

Alcohol use in young women attending sexual health services in Glasgow

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What is the evidence of a link between alcohol and poor sexual health outcomes in adolescents?

People aged 16–24 are among the highest consumers of alcohol (in the UK) and have the highest rates of sexually transmitted infections.

Alcohol and sexual activity often go together, and although young people associate this with having fun, alcohol is significantly related to poor sexual health outcomes.

BASHH/RCP joint report. Alcohol and sex: a cocktail for poor sexual health.

A report of the Alcohol and Sexual Health Working Party December 2011

Summary of key relevant evidence 2

Early alcohol use is associated with earlier sexual activity that is more likely to be regretted, and clusters with other risk behaviours, including smoking and drug use.

Young people who are drunk when they first have sex are less likely to use a condom than those who are not drunk.

There is increasing evidence for a relationship between alcohol use and teenage pregnancy, although more research is needed into causality.

BASHH/RCP joint report. Alcohol and sex: a cocktail for poor sexual health.

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Summary of key relevant evidence 3

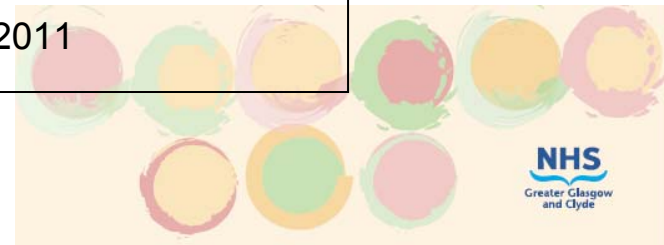
People who drink hazardously are more likely to have multiple sexual partners.

Hazardous consumption of alcohol is more common in people attending genitourinary medicine departments than the general population.

Use of alcohol by both victim and perpetrator is common in cases of sexual assault.

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Sandyford activity data

About 60 000 individuals in 2011, about
110 000 attendances

~70% women, 38% SIMD 1

About 42% under 25

~9500 individuals 16-19

~1700 individuals under 16

- About 3700 attended Place clinics in the calendar year, 90% ♀
- ~760 attended Sandyford Central and 600 Sandyford Renfrewshire



Alcohol brief interventions at Sandyford

Tradition of including questions about alcohol for all in the social history (Sandyford sexual health screen) and incorporated in some form in the record

Alcohol worker attached to the Place since 2003 after staff became concerned about link between alcohol use and emergency contraception requests

Glasgow

Survey of 300 Place clients 2003

42% said they had experienced concern or hurt through someone else's drinking

As a result of drinking alcohol

26% had been injured or hurt

12% had been in hospital

25% had been in trouble with the police

35% said that their alcohol use was linked to unprotected sex

26% said alcohol had been linked to sex they later regretted

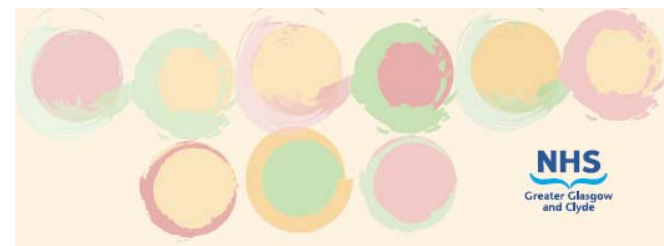
ABI at Sandyford (continued)

No tradition of alcohol SBI by wider staff group until 2009/10 and slow to be adopted – as yet only about 3 dozen of the 100+ clinical staff group have had formal training, although several others have had other training in behaviour change techniques, motivational interviewing

AUDIT screening tools in use in youth priority clinics, but still not in all clinics all the time – best uptake in Central & Renfrewshire

BIRDY – brief interventions for risky drinking in young people

To determine the length of effect of alcohol brief interventions in young women in a sexual health setting



Summary of study

Recruitment December 2010 - July 2011

During that time around 2700 young people would have been expected to be eligible but only 670 AUDIT (alcohol use disorder identification test) forms completed/partly completed by young people under 18 at Place clinics at SC and participating hubs

Progress report & preliminary results

These are provisional data and processing and analysis of the follow up data is incomplete. Further details can be requested from Pauline McGough paulinemcgough@nhs.net

June 2011 preliminary results*

Ages 13-17 (6% under 15, 57% 16)

In the last 3 months:

20% had had an accidental injury

6% had been assaulted

16% of the ♀ recalled taking Emergency Contraception

10% recalled being diagnosed with a Sexually Transmitted Infection

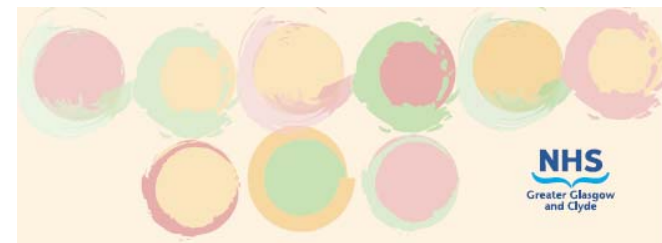
11% had had no sexual contact

64% had one sexual partner

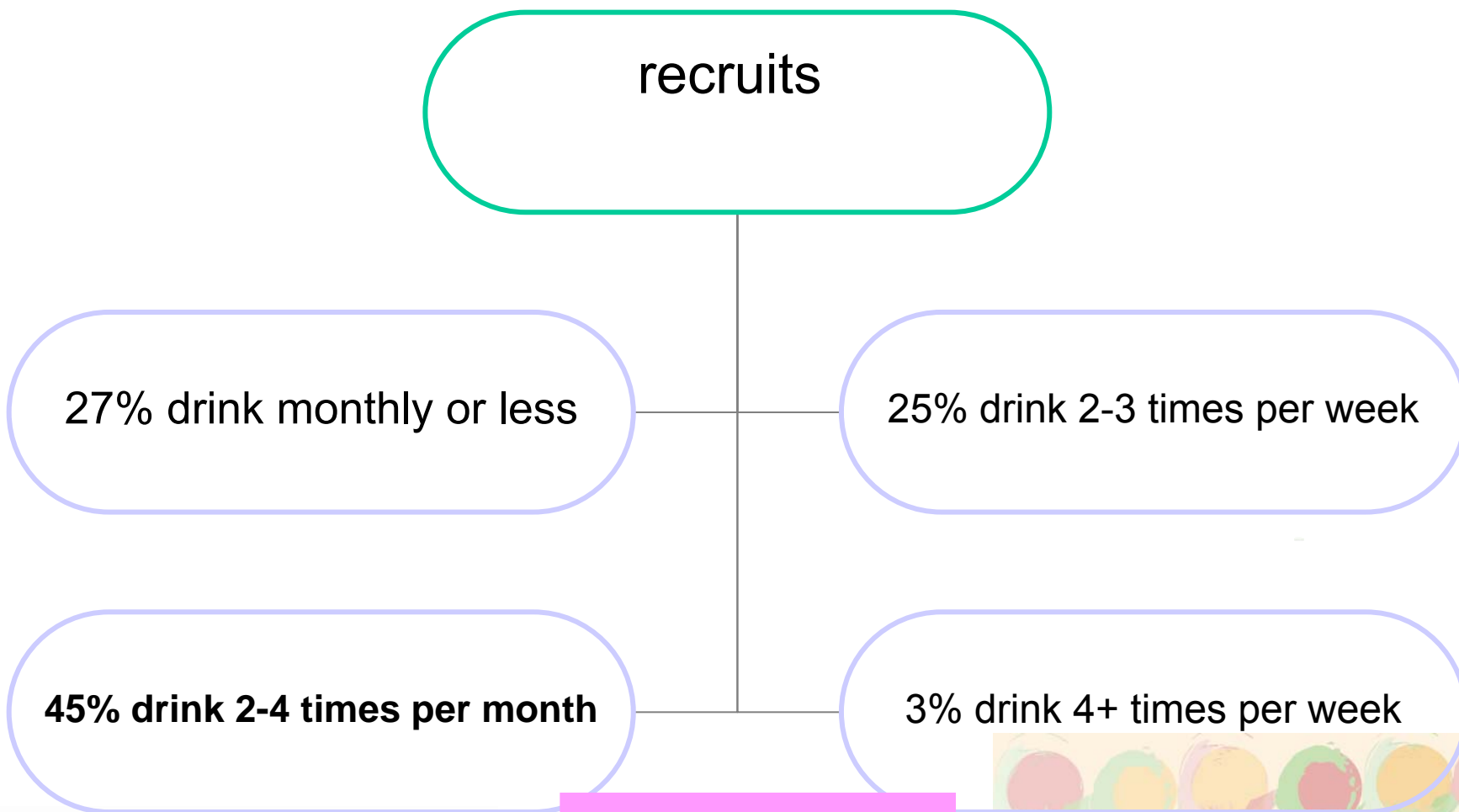
25% had had 2 or more sexual partners

21% recalled having sex they would not otherwise have had after drinking

*See slide 11



At baseline*



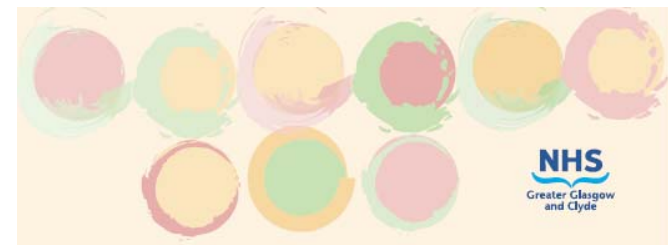
*See slide 11












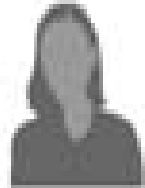



How many units of alcohol do you have on a typical day when you are drinking?*

Units	Percent
1-2	5
3-4	20
5-6	19
7-8	20
10+	35

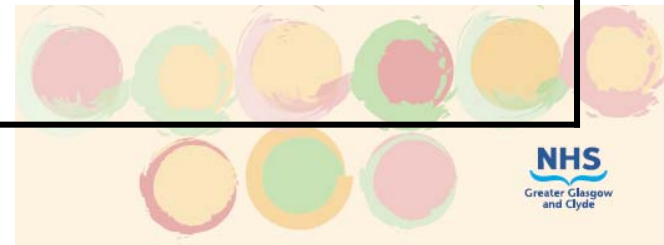
*See slide 11



1 unit	1.5 units	2 units	3 units	9 units	30 units
 Normal beer half pint (284ml) 4%	 Small glass of wine (125ml) 12.5%	 Strong beer half pint (284ml) 6.5%	 Strong beer large bottle/can (440ml) 6.5%	 Bottle of wine (750ml) 12.5%	 Bottle of spirits (750ml) 40%
 Single spirit shot (25ml) 40%	 Alcopops bottle (275ml) 5%	 Normal beer large bottle/can (440ml) 4.5%	 Large glass of wine (250ml) 12.5%	<p>Government advises alcohol consumption should not regularly exceed:</p>   <p>Men 3-4 units daily</p> <p>Women: 2-3 units daily</p>	
<p>Where is the 3 litre bottle of cider? 2 litre coke bottle topped up with spirits?</p>		 Medium glass of wine (175ml) 12.5%			

How often during the last year have you been unable to remember what happened the night before because you had been drinking?*

Response	Percent
Never	59
Less than monthly	23
Monthly	10
Weekly	6
Daily/almost daily	1

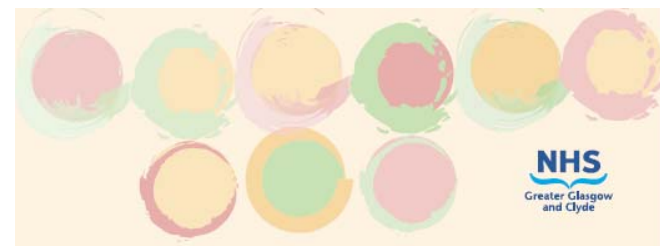


*See slide 11

Have you or someone else been injured as a result of your drinking?*

No	66%
Yes but not in the last year	14
Yes in the last year	20

*See slide 11



Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down?*

No	85%
Yes but not in the last year	3
Yes in the last year	12



AUDIT Scores

A score of 0–7 indicates low-risk drinking or abstinence therefore eligible for education only.

A score of 8–19 indicates a strong likelihood of hazardous or harmful consumption therefore eligible for a brief intervention.

A score of >19 indicates possible alcohol dependence and these clients should be referred to a specialist service for diagnostic evaluation and possible treatment.

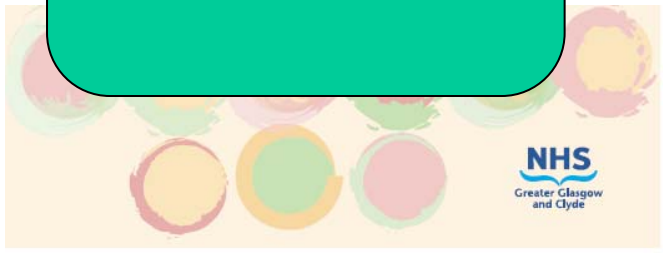
Had AUDIT screen
Agreed to participate
in study

36%
not eligible for ABI
(‘control group’)

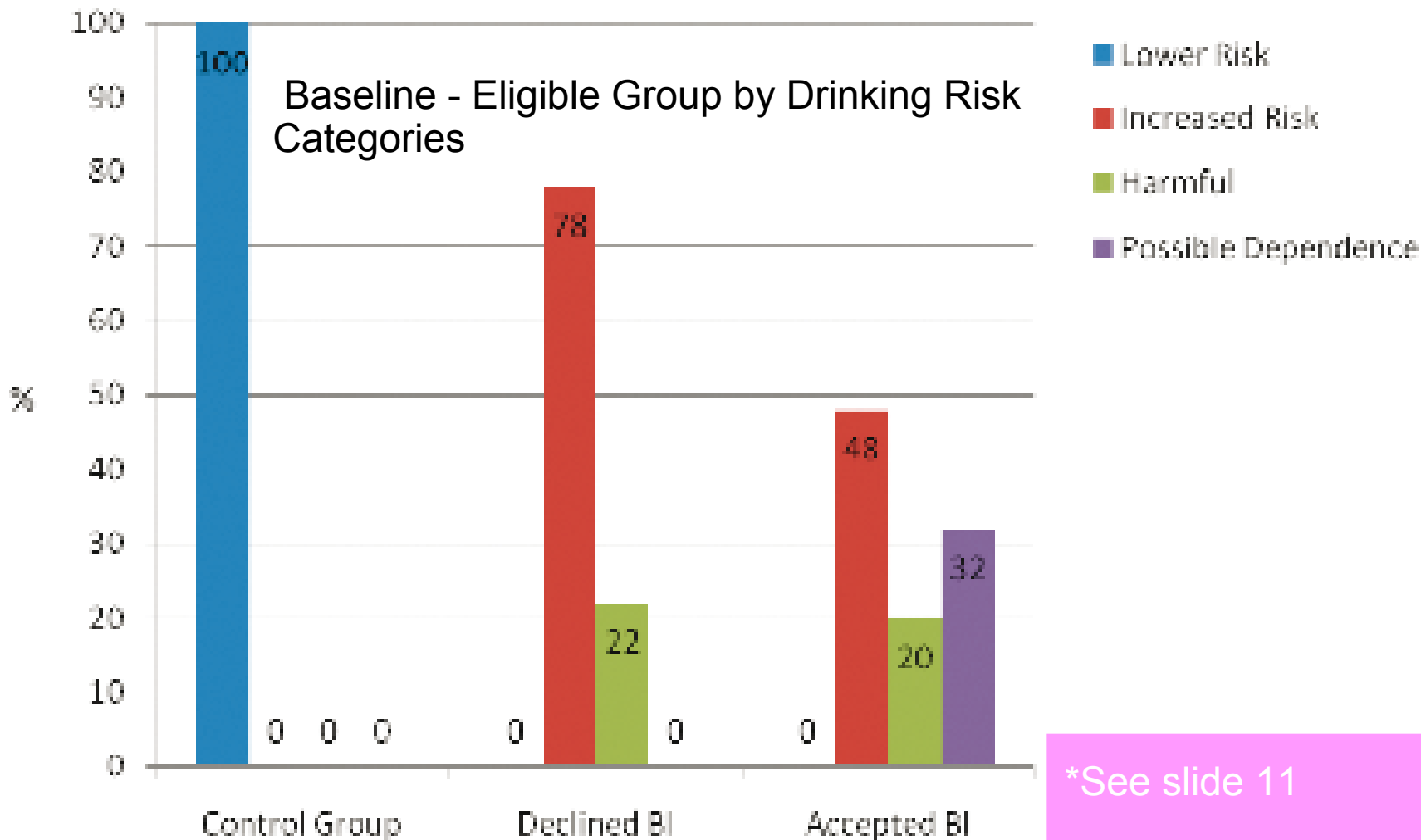
30%
Eligible and
accepted ABI

33%
Eligible but
Declined ABI

*See slide 11



Preliminary baseline results*



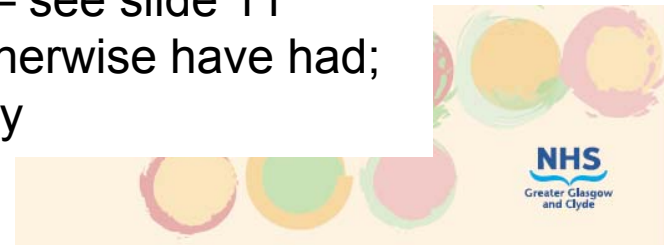
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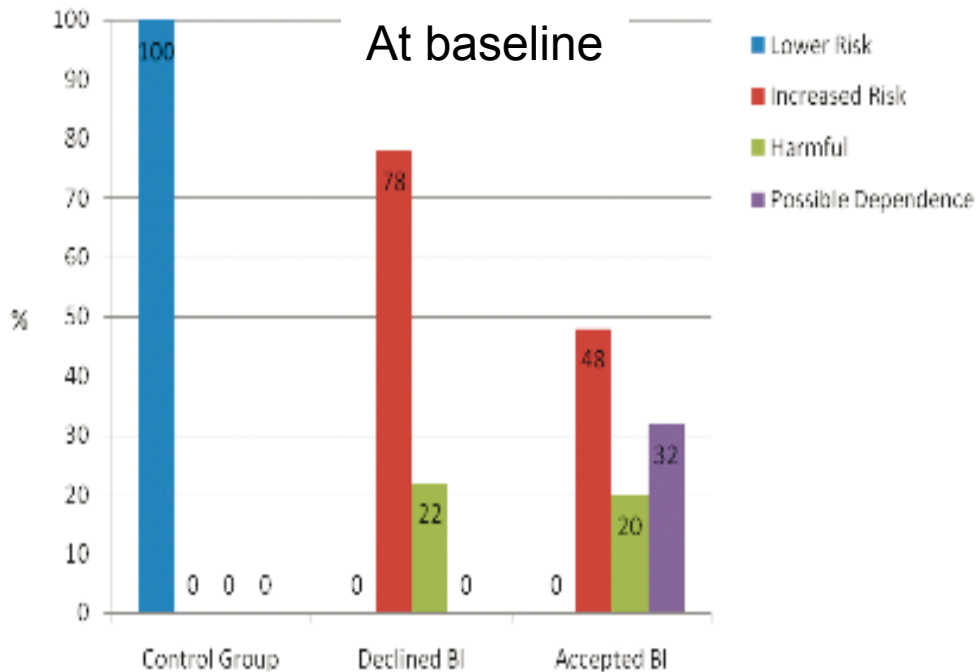


Alcohol consumption at 3 month follow up*

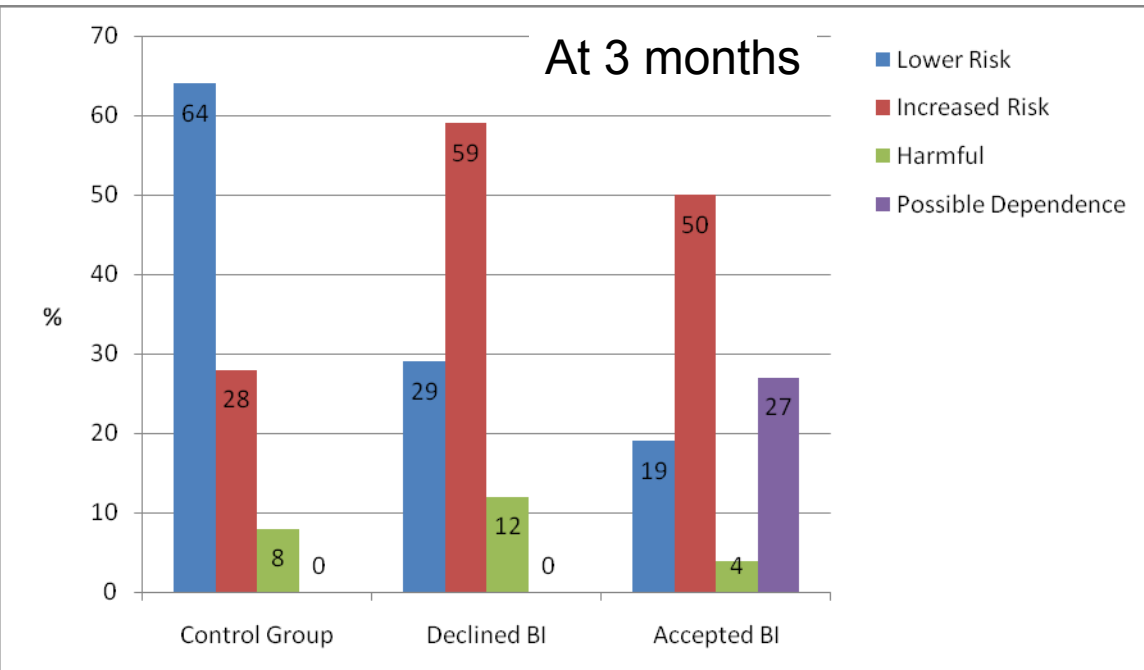
Increased	28%
No change	22%
Reduced	50%

Note these figures are very provisional – see slide 11
13% recalled EC; 13% sex they would not otherwise have had;
Promising but too early to say





Again, very provisional, too early to say (see slide 11), but trend is to
 ↑ risk in control group
 ↓ risk in those eligible for BI
 (even if declined it)



Other factors may have been more important – e.g exams, peers, birthdays

Next steps

Complete data cleaning and analysis

Write up

Disseminate results

Decide on whether this should change practice – difficult when policy moves forward faster than we can contribute to evidence

Thanks to

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References

BASHH/RCP joint report. Alcohol and sex: a cocktail for poor sexual health. A report of the Alcohol and Sexual Health Working Party
December 2011

GCPH briefing paper 32. Young people, gender and alcohol. February 2012

