**Aims and Objectives**

In the context of a strong association between alcohol use, injury, and ED presentations:

- Identify attitudes and beliefs associated with existing emergency department (ED) responses to alcohol-related injury (ARI)
- Determine prevailing facilitators and barriers to adoption of alcohol screening and brief intervention (ASBI) across Australian EDs
- Utilise/test a theoretical framework to understand relationships around current ED practice/response to ARI

**Lack of Routine Response**

- Some research has focused on Screening & Brief Intervention (SBI) practices and implementation within Australia, but on a limited scale (Indig, 2009; Freeman, 2007)
- Systematic reviews have shown that attitudes and beliefs towards alcohol-related problems vary (Mabood, 2012; Cooke, 2000)
- ED clinician confidence has been identified as one reason for lack of a standardised response (Jelinek, 2013; Sivakumar, 2011)

**Current Project**

- Identified attitudes and beliefs associated with existing ED responses to alcohol-related injury (ARI)
- Theoretical framework used to guide method and conceptualisation
- Mixed methods design: focus groups and survey
- Hypotheses:
  - Clinician attitude/belief towards people who sustain alcohol-related injury will be directly related to the strength of the intent to intervene

**Survey Items Assessed Attitudes Towards Alcohol-Related Injury and Screening & Brief Intervention**

1. “Alcohol-related injuries are the result of patients making poor decisions”
2. “I have had bad experiences with ED cases that involved alcohol-related injuries”
3. “Brief interventions are effective for managing alcohol-related issues associated with injury”
4. “The ED is a practical setting to address individual patterns of harmful alcohol consumption”

Survey Items

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
</table>

Demographics (n=544)

- **Doctor**: 36.0%
  - Male: 108
  - Female: 84
- **Nurse**: 59.4%
  - Male: 6
  - Female: 287
- **Allied Health**: 4.7%
  - Male: 30
### Demographics (n=543)

<table>
<thead>
<tr>
<th>Hospital Location</th>
<th>ACT</th>
<th>QLD</th>
<th>NSW</th>
<th>NT</th>
<th>SA</th>
<th>TAS</th>
<th>VIC</th>
<th>WA</th>
<th>NZ</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Professions</td>
<td>12</td>
<td>83</td>
<td>124</td>
<td>8</td>
<td>17</td>
<td>169</td>
<td>70</td>
<td>38</td>
<td></td>
</tr>
</tbody>
</table>

Total (%): 2.2, 15.3, 22.8, 1.5, 3.1, 1.8, 33.0, 19.2, 7.0

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### Alcohol Screening Training

<table>
<thead>
<tr>
<th>Alcohol Screening Training</th>
<th>No</th>
<th>Yes</th>
<th>Don’t Know/Recall</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Profession</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nurse</td>
<td>228</td>
<td>51</td>
<td>38</td>
<td>317</td>
</tr>
<tr>
<td>Doctor</td>
<td>117</td>
<td>55</td>
<td>20</td>
<td>192</td>
</tr>
<tr>
<td>Allied Health</td>
<td>23</td>
<td>8</td>
<td>4</td>
<td>35</td>
</tr>
</tbody>
</table>

Total (%): 360 (67.6), 114 (21.0), 62 (11.4), 544

*χ²(4, n=544) = 26.159, p>.05 (between professions)*

- Substantial majority of respondents (79%) reported not having or recalling formal training in alcohol screening
- ~21% reported they did have training

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### Analyses

<table>
<thead>
<tr>
<th>Dependent Variable</th>
<th>Profession</th>
<th>Mean Difference</th>
<th>Std. Error</th>
<th>Sig.</th>
<th>95% CI Lower</th>
<th>95% CI Upper</th>
</tr>
</thead>
<tbody>
<tr>
<td>The ED is a practical setting to address individual patterns of harmful alcohol consumption *</td>
<td>Doctor</td>
<td>Nurse</td>
<td>.788</td>
<td>.149</td>
<td>.000</td>
<td>.44</td>
</tr>
<tr>
<td></td>
<td>Nurse</td>
<td>Allied Health</td>
<td>.139</td>
<td>.300</td>
<td>.889</td>
<td>- .57</td>
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<tr>
<td>Brief interventions are effective for managing alcohol-related issues associated with injury *</td>
<td>Nurse</td>
<td>Doctor</td>
<td>.446</td>
<td>.127</td>
<td>.001</td>
<td>.15</td>
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<tr>
<td></td>
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<td>Allied Health</td>
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<td>.254</td>
<td>.551</td>
<td>-.86</td>
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<tr>
<td></td>
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<td>Allied Health</td>
<td>-.711</td>
<td>.246</td>
<td>.011</td>
<td>-.129</td>
</tr>
</tbody>
</table>

*The mean difference is significant at the .01 level. *F (2, n=544) = 6.524, p=.01

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### Alcohol Brief Intervention Training

<table>
<thead>
<tr>
<th>Alcohol Brief Intervention Training</th>
<th>No</th>
<th>Yes</th>
<th>Don’t Know/Recall</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Profession</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nurse</td>
<td>232</td>
<td>66</td>
<td>20</td>
<td>317</td>
</tr>
<tr>
<td>Doctor</td>
<td>127</td>
<td>41</td>
<td>24</td>
<td>192</td>
</tr>
<tr>
<td>Allied Health</td>
<td>17</td>
<td>17</td>
<td>1</td>
<td>35</td>
</tr>
</tbody>
</table>

Total (%): 378 (69.1), 118 (21.7), 123 (22.8), 544

*χ²(4, n=544) = 24.147, p<.01 (between professions)*

- Similar number (376) reported no formal training in alcohol brief interventions
- Allied Health reported split

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### “The ED is a practical setting to address individual patterns of harmful alcohol consumption”

![Estimated Marginal Means](image1)

![Summary Results](image2)

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### “Brief Interventions are effective for managing alcohol-related issues associated with injury”

![Estimated Marginal Means](image3)

![Summary Results](image4)
Conclusions

- Although there is evidence of SBI efficacy for ARI, ~80% of the ED clinicians in our study have not received or recalled any SBI training
- However, clinicians generally agreed that the ED is a practical setting for addressing alcohol harms
- Staff somewhat agree that it is their role to intervene
- Allied Health generally were more optimistic on the presented measures
- Profession (nurse, doctor, allied health) may have an ongoing relationship with attitudes towards ARI
- Age differences at this point do not seem as important

Implications

- Further analyses will build on these findings to specify clinician attributes and environmental factors that may explain differences in attitudes and beliefs
- Intuitively it would seem that more time in role equates to increased optimism and more positive attitudes
- Some may expect less optimism over time
- Current findings have not yet fully supported either idea
- Training and education efforts may need to focus on inherent individual, organisational and cultural beliefs

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- Australian Government Dept of Health and Ageing

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REFERENCES