Overview:

The effectiveness of brief interventions in different settings

Institute of Health & Society, Newcastle University, United Kingdom
Centre for Interdisciplinary Addiction Research of Hamburg University (CIAR), Germany

Corresponding authors:
Amy O'Donnell (primary health care)
Christiane Schmidt (emergency care, workplace health, social services)

Methods:

- Searched electronic databases, key websites, consulted experts in field
- **Primary health care**
  - Rapid narrative review of reviews (RoR)
  - Inclusion criteria:
    - Systematic reviews and/or meta-analyses;
    - Patients with excessive alcohol consumption and / or experienced alcohol-related harm as result of their drinking behaviour;
    - Primary care settings;
    - Published 2000+ and in English language
- **Emergency care, workplace health and social services**
  - Inclusion criteria:
    - RCTs or prospective, controlled studies
    - Feasibility / cost-effectiveness studies excluded
    - (Mean) intervention length ≤ 40 min
    - Published 2002 – July 2012 and in English language

Results

Primary health care

- 27 eligible reviews / meta-analyses
- What we know:
  - Alcohol BI effective in addressing harmful drinking in PHC;
  - Reduces weekly consumption by 38g (Kaner et al, 2009) to approx. 23-49g (Jonas et al, 2012);
  - Can be delivered by a range of practitioners;
  - Short, simple interventions as effective as longer, more intensive input.
  - But: Barriers to implementation.
- Evidence gaps
  - Low-middle income countries;
  - Studies in languages other than English;
  - Gender, particularly pregnant women;
  - Younger and older drinkers;
  - 'Control' question;
  - Longer-term effectiveness of brief interventions.

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Emergency care

- 34 primary studies included
- Setting: emergency departments and trauma units
- Target population: injury patients screened for hazardous alcohol consumption (e.g. AUDIT score > 8; or daily intake limits)
- Varying outcome criteria:
  - AUDIT score, heavy episodic drinking days, total alcohol intake per week, negative consequences, DWI arrests, rehospitalization, etc.
- Effectiveness overview:

BI superior than control condition in primary outcome measures:	10
BI effect only for subgroups	4
Short term effect (3 months), but not long-term (6 / 12 months)	4

No significant BI effect	5
All groups showed marked and significant improvements	11

Workplace health

- 8 primary studies included
  - All at large companies or EAP (Employee Assistance Program) services with many customers
  - Job types were different (blue collar and white collar)
  - 5 studies used website/pen and paper intervention or compared it with face-to-face
- Results overview
  - 5 interventions reduced alcohol consumption significantly after 1 – 3 month follow up in at least one of the measured categories
  - Result for differences between web based and face-to-face interventions were ambiguous
  - Recruiting among all employees of a company often led to very low response rates (about 2 %)
- Open questions
  - Too little evidence for interventions at the workplace
  - Studies only at large companies – how can workers of small businesses or with external work be reached?
  - Problem of low response rates: What can be done?

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Social services

- 7 primary studies included
- Settings: housing offices, employment agencies, criminal justice setting, (drug) counselling centres, youth work / youth welfare services
- Effectiveness overview

Homeless adolescents (Peterson et al. 2006)	No effect regarding alcohol
Homeless veterans (Wain et al. 2010)	Treatment entry improved
Community-based alcohol counselling centre (Shakeshaft et al. 2002)	BI not inferior to CBT
Smoking cessation treatment (Kahler et al. 2008)	Short-term effects
Driving under the influence	
(Wells-Parker et al. 2002)	Only on subgroup with depressed mood
(Brown et al. 2010, Brown et al. 2012)	Both groups improved, partly superiority of BI
Violent offenders (Watt et al. 2007)	Both groups improved, no superiority of BI in alcohol measures, but readiness to change and injuries

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Primary health care (26 reviews/meta-analyses included)

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Workplace health (8 primary studies included)

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Social services (7 primary studies included)

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