

**BEYOND BRIEF ADVICE:
SHOULD FURTHER INTERVENTIONS BE
DELIVERED IN COMMUNITY SETTINGS?**

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BACKGROUND

- Raistrick, D., Heather, N., & Godfrey, C. (2006). *A Review of the Effectiveness of Treatment for Alcohol Problems*. London: National Treatment Agency.
- National Institute for Health & Clinical Excellence (2010). *Preventing the Development of Hazardous and Harmful Drinking*. NICE Public Health Guidance (*forthcoming*).
- Kaner, E. *et al.* (2007). Effectiveness of brief interventions in primary care populations (Review). The Cochrane Library, Issue 2.

TERMINOLOGY (1)

- BRIEF INTERVENTIONS:
 - “Opportunistic” brief interventions
 - In community settings
 - Delivered by generalists (ie, non-alcohol specialists)
 - Among the non-(alcohol)treatment-seeking population
 - With relatively low success rate multiplied across wide and sustained delivery
 - Therefore, major contribution to public health (and to early intervention/ individual recovery).

TERMINOLOGY (2)

- BRIEFER TREATMENT
 - Or “less intensive treatment”
 - In specialised treatment centres
 - Delivered by alcohol (addiction) specialists
 - Among (alcohol)treatment-seeking population
 - Higher success rate
 - Contribution to individual recoveries

TYPES OF BRIEF INTERVENTION (1)

- BRIEF STRUCTURED ADVICE
 - Delivered primarily in time-limited situations
 - One session of 5-10 minutes based on standard package (eg, 'How Much Is Too Much?')
 - Only minimal training necessary
 - Often based on FRAMES principles
 - Accompanied by self-help literature
 - Follow-up appointment good clinical practice
 - Goal almost always low-risk drinking;
 - Good evidence of effectiveness in PHC and some evidence of effectiveness in A&E
 - Evidence based on superiority over no or lesser intervention
 - NB ALL screening positive for an AUD should receive it as a minimum.

TYPES OF BRIEF INTERVENTION (2)

- EXTENDED BRIEF INTERVENTION
 - Delivered when more time available and as a supplement to brief advice
 - 30-40 minutes based on principles of health behaviour counselling (eg, Rollnick *et al.*, 1999) or “motivational interviewing” (Rollnick *et al.*, 2008)
 - Relatively intensive training in MI principles and methods needed
 - Follow-up appointments if necessary (up to 4)
 - Goal of low-risk drinking or abstinence
 - After brief advice, offered to patients who:
 - (i) request further discussion of their drinking and help;
 - (ii) in the practitioner’s view, need further help to improve;
 - (iii) are ambivalent about the need for change in drinking;
 - (iv) score 16-19 on the AUDIT;
 - (v) have failed to benefit from brief advice (stepped care)

TYPES OF BRIEFER TREATMENT

- Several types listed in Effectiveness Review:
 - Basic treatment scheme (Orford & Edwards, 1977)
 - Condensed CBT (Sanchez-Craig and colleagues)
 - Brief conjoint marital therapy
- But, these days, by far the most common form is MI or MET
- From 1 to 5 50 minute sessions
- Often with abstinence as goal
- Intensive training essential
- Evidence for effectiveness based on lack of inferiority to more intensive treatment.

DOES EXTENDED BI CONFER ADDED BENEFITS TO BRIEF ADVICE?

- We don't know
- Incorrect to claim either that it definitely does or definitely does not
- Mixed evidence:
 - DRAMS trial (1987) – insufficient power
 - Several trials show very promising effects of BI over 2 or 3 consultations
 - Wallace *et al.* (1988) trial – dose-response effect
 - WHO Collaborative Study Phase II – finding differed between centres and some evidence for interaction with type of patient
 - Some studies have found increased benefits for more extended BI over simple advice (see Effectiveness Review)
 - Good evidence for MI in general, especially in educational settings
 - Kaner *et al* review – hypothesis of added benefit for more extended BI rejected at $P = 0.06!$
 - Results of SIPS trial may clarify matters.

REFERRAL

- Referral to specialised alcohol treatment should be made when:
 - the patient has failed to benefit from brief advice and extended brief intervention, and is open to further help;
 - there is evidence of severe alcohol dependence;
 - AUDIT score of 20+
- If no facilities available for referral:
 - treatment, especially briefer treatment, can be carried out in, eg, PHC but only if adequate training has been received;
 - mutual aid groups could be used, eg, AA, SMART Recovery
 - for less serious problems, Drinkline.

CONCLUSIONS

- In generalist settings, ALL individuals screening positive for an AUD should be offered brief advice;
- Research may discover the types of individuals or circumstances that indicate the added benefits of a more extended, motivationally-based approach;
- In the meantime, more extended brief interventions should be implemented on pragmatic grounds;
- The distinction between extended brief intervention and briefer treatment should be retained to avoid further confusion in the alcohol problems field.