# Clarifying alcohol brief interventions: 2013 update

*IBA, extended brief interventions, brief treatment approaches and implementation issues*

***In 2010 the Alcohol Academy released a briefing 'Clarifying brief interventions', co-authored by Professor Nick Heather, Don Lavoie and James Morris. This revised version accounts for developments in the field, including new research and the national implementation effort.***

## Summary

In recent years, efforts on the implementation of brief interventions in health care and other settings have continued. With this has come significant debate, and sometimes confusion, over what constitutes different 'brief intervention' approaches and their application across various settings.

The core delivery principles remain. That is, following 'identification' via the use of a validated screening tool, such as the Alcohol Use Disorder Identification Test (AUDIT), a number of actions should follow:

1. Congratulate those drinking at lower-risk levels and encourage them to keep to this level of alcohol consumption
2. Deliver 'brief intervention' to at-risk drinkers
3. Encourage referral to a specialist treatment service for those showing signs of dependence and/or in need of more in-depth support

However, a variation in the interpretation of 'brief intervention' approaches is apparent and still subject to ongoing discussion.

Simpler 'brief intervention' approaches, typically lasting not more than 5 or so minutes, are commonly referred to as 'IBA' (Identification and Brief Advice) in England. Longer approaches have been commonly referred to as 'EBI' (Extended Brief Intervention), based on brief motivational approaches typically lasting 20-30 minutes.

> "feedback + leaflet should be considered as a 'minimal intervention' or 'IBA lite' approach"

However, recent attention, particularly since the SIPS trial, has focused on whether even simple 'feedback' (informing a drinker of their risk level) and provision of a leaflet constitutes 'brief intervention'.

The authors here have agreed that feedback + leaflet should be considered as a 'minimal intervention' or 'IBA lite' approach. This is in light of the fact that the evidence here remains inconclusive and that such approaches may have practical value given real world implementation challenges. However seeking to deliver IBA – which includes the offer of simple brief advice – should still be prioritised whenever possible.

## IBA – 'simple brief advice'

IBA commonly refers to the delivery of 'simple brief advice' following identification, which is supported by an extensive literature. It is noteworthy that:

- 'Simple brief advice' typically entails structured advice lasting 5 or so minutes, commonly delivered by non-alcohol specialists working in front line settings
- 'Simple brief advice' must include 'feedback'; that is informing at-risk drinkers of their AUDIT (or other valid screening tool) score and what this means concerning their level of risk
- A typical 'feedback statement', such as *'your answers indicate you are placing your health at risk'*, is crucial so the patient understands what their score means – for example, how this compares with the general population
- Allowing at-risk drinkers to reflect on the feedback statement should be encouraged, for instance by also asking *'how do you feel about that?'* However where drinkers seem uncomfortable or unwilling to discuss, a leaflet should be offered instead
- Use of a 'patient information leaflet' should be regarded as part of feedback/brief advice and not as a substitute – unless a patient does not wish to discuss further
- IBA should be 'opportunistic' – practitioners should initiate screening questions routinely with all patients whenever possible
- 'Simple brief advice' is intended for increasing and higher-risk drinkers. The value of brief intervention for dependent drinkers, if any, is far less certain
- Generic (Tier 1) practitioners should be offered short training or make use of available e-learning modules to deliver 'simple brief advice', which should include the provision of self-help literature and information on further support
- Routine, opportunistic 'simple brief advice' in general settings is essentially a public health approach that will bring benefits at population level over time, as well as individual benefits
- 'Simple brief advice' is not treatment. If it is falsely perceived to be treatment or counselling it can deter risky drinkers from accepting 'simple brief advice'
- Commissioners must ensure that 'simple brief advice' is not presented as a treatment approach, but ensure it takes place within the context of integrated alcohol care pathways

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## Does 'feedback + leaflet' count as 'IBA'?

Significant attention has been given to the issue of whether offering 'feedback' + information leaflet suffices as 'IBA', particularly following the SIPS trial *(see page 4)*. It is the view of the authors that feedback + leaflet should be considered a 'minimal intervention' approach, or as 'IBA lite'.

In the light of uncertain, conflicting evidence and the limited time of practitioners, such 'minimal' approaches may be acceptable in some scenarios. Therefore the delivery of IBA including simple brief advice should still be sought as a minimum, but feedback + leaflet may be considered worthwhile if 'brief advice' is not otherwise possible or accepted.

> "the delivery of IBA including simple brief advice should still be sought as a minimum"

## Shorter screening tools without full AUDIT

There has also been discussion as to whether the use of shorter screening tools, such as AUDIT-C, FAST or SASQ, are acceptable for leading straight into 'brief advice' without obtaining a full AUDIT score. This issue is also subject to discussion, with very limited evidence directly addressing this issue.

> **"Shorter tools do not allow for differentiation between at-risk or likely dependent drinking"**

However, the conclusion may be regarded again as a matter of balancing the optimum desired approach with what may be more feasible in practice. Shorter tools do not allow for differentiation between at-risk or likely dependent drinking. However, if the only goal is to offer 'brief advice' to at-risk drinkers, shorter tools will allow for this. The provision of information, including local services or further help, should be considered essential if this approach is adopted.

## IBA training

Non-specialists require training in order to effectively deliver Identification and Brief Advice. In most cases, training to deliver 'simple brief advice' should be prioritised based on the following key points:

- 'Simple brief advice' can be effectively taught to non-specialists within in a relatively short time-frame, often within a few hours of training
- 'Non-specialists will be likely to benefit from face-to-face training which allows them to practice the skills and methods for delivering Identification and Brief Advice
- An IBA e-learning course is available at www.alcohollearningcentre.org.uk which identifies the key skills and tools necessary to deliver 'simple brief advice'
- More advanced skills and training approaches are required to deliver 'brief motivational interviewing' and 'brief treatment' approaches as explored below

## 'Extended' brief interventions or 'brief motivational interviewing'

There is a wide variation in the interpretation and use of what is commonly referred to as 'extended' brief interventions, referred to in *'Models of Care for Alcohol Misusers'* as a Tier 2 intervention. There is still some discussion over the terminology and distinctions between 'simple brief advice', 'extended brief interventions', 'brief motivational interviewing' and 'brief treatment'. The key issues here are that:

- 'Extended' brief interventions are essentially 'brief motivational interviewing' approaches, sometimes referred to as 'brief lifestyle counselling'
- In common with 'simple brief advice', 'brief motivational interviewing' is usually delivered in one session but, unlike 'simple brief advice', is extended to 20-30 minutes to allow for interaction and motivational enhancement
- Technically, anything beyond 'simple brief advice' usually involves motivational interviewing or cognitive behavioural therapy techniques. This has significant implications for who should deliver alcohol interventions and in which settings
- Generic practitioners may not typically be trained to deliver motivational interviewing as part of their professional learning and development. Practitioners should only deliver 'brief motivational interviewing' having received the appropriate training

> **"'brief motivational interviewing' may be useful for those who have not responded to 'simple brief advice'"**

- There is no conclusive evidence base to suggest 'brief motivational interviewing' is more effective than 'simple brief advice'. However, it should be noted there is no firm evidence to show they do not confer added benefit either. The jury is still out on this issue.
- It has however been highlighted that 'brief motivational interviewing' may be useful for those who have not responded to 'simple brief advice' and/or are ambivalent about change and/or may be seeking further help
- 'Brief motivational interviewing' may involve one or more follow up sessions where both the client and practitioner support this

## Brief treatment

When interventions are delivered over a number of sessions, are appointment-based and delivered by alcohol specialists, they are essentially 'brief treatment' (a tier 3 activity). These treatments are described in detail in chapters 8 and 9 of the 'Review of the effectiveness of treatment for alcohol problems' (NTA 2006). These approaches are aimed at mild to moderately dependent individuals who are help-seeking but may also be offered to higher-risk drinkers who are willing to engage in treatment.

## SIPS findings

The SIPS trial, a £4 million study applying brief intervention approaches in key settings, has published the Primary Care results in the BMJ. The A&E and Probation results will follow shortly. A number of significant questions have been raised by the findings, prompting further debate about the challenges of real world implementation.

Attracting obvious attention were the findings showing no significant differences between the three intervention approaches tested. That is, additional brief advice or extended intervention did not show better outcomes than simple feedback plus a leaflet. The reasons for this, and indeed the results themselves, are subject to ongoing discussion. Crucially though, it is likely that identification using a validated tool and feedback is essential – and not to be substituted by leaflets alone.

## Implementation challenges

The SIPS findings have also highlighted the significant challenges in achieving implementation in real world settings. Previous international work has consistently found that achieving routine and high quality brief intervention approaches is difficult. Training alone is unlikely to result in routine delivery, so the role of incentives and other organisational levers continues to be studied.

In England, implementation of brief intervention approaches, typically focusing on simple IBA, have focussed on Primary Care settings. Most practices will ask new registrations about alcohol use as part of a 'Direct Enhanced Service' (DES), and IBA is now included as a mandatory part of the NHS 'Health Check' programme for adults aged 40-74.

## Other settings?

NICE Guidance (PH 24) encourages the implementation of IBA by a wide range of healthcare services. Other initiatives are also being carried out at local level to implement brief intervention across a wide variety of settings. These range from incentivised commissioning contracts with

hospitals, such as CQUINs, to one-off training programmes for a range of community organisations. Organisations such as Probation services have given IBA significant attention in many areas, and the use of web or app based approaches is also increasingly popular.

Again though, there is debate about the role of brief intervention approaches in other settings. Some settings, such as Pharmacies, have an emerging evidence base or clear opportunities for delivery, whereas others, such as opportunities within workplace environments, are less clear cut. Either way, there is some acceptance that if opportunities to deliver IBA exist, these should be pursued. This may be on the basis that they are likely to be effective if delivered properly, or that to 'hold out' for more setting-specific evidence would be to deny people a chance to improve their health.

## Data collection & monitoring

'Read codes' are available to record IBA delivered in primary care practices. However, there has been no national data collection system for recording brief interventions delivered in England outside of primary care or the National Drug Treatment Monitoring System (NDTMS).

Further questions remain over the benefits of monitoring activity in other settings, particularly around the risks of creating extra time barriers for busy practitioners. However, for commissioners who are seeking to implement interventions and keep track of actual activity, there is a clear desire to establish data collection and monitoring approaches. Assessing the quality of delivery is another key consideration. A variety of approaches are being rolled out, and a recent product known as an 'IBA tracker' has been offered to commissioners.

> "Assessing the quality of delivery is another key consideration."

## Conclusions

Since 2010 interest in brief intervention has remained high despite significant changes taking place within the public sector and NHS. The focus though appears to have been largely around IBA and the delivery of simple brief advice. This is desirable given that, in most cases, simple IBA is likely to be as effective as extended or motivational approaches. However there may be some risk that 'IBA' will be prematurely reduced to leaflet giving or 'IBA lite' without sufficient evidence, or where proper IBA should still be offered. This may be considered a reflection of the challenges of real world implementation by busy front line staff.

> "there may be some risk that 'IBA' will be prematurely reduced to leaflet giving or 'IBA lite'"

In addition, there are cases where extended brief intervention or 'brief treatment' approaches are still warranted. Those who do not respond to simple brief advice, want further help, or may have some level of psychological dependency should be offered more than simple IBA. Many of these drinkers do not require or would not accept specialist treatment. So like IBA, opportunities for extended interventions or brief treatment approaches need to be accessible outside of traditional treatment services.

*The attached table has been developed to outline some of the key distinctions and discussion points*

| | 'Minimal intervention' or 'IBA lite' | IBA – 'simple brief advice' | 'Extended brief interventions' i.e. 'brief motivational interviewing' | Brief treatment |
|---|---|---|---|---|
| **Key components** | ■ Identification +<br>■ Feedback statement +<br>■ Patient information leaflet. | ■ Identification +<br>■ Structured simple brief advice typically 5 minutes or so.<br>■ Patient information leaflet. | ■ Identification +<br>■ 20-30 minutes lifestyle counselling with Motivational Interviewing (MI) skills applied. | Typically 50 minute sessions applying a range of approaches, most commonly Motivational Interviewing and Cognitive Behavioural Therapy. |
| **Typical AUDIT score** | **8 +**<br>(though full AUDIT is not always used for 'minimal intervention'). | **8 +** | **16-19**<br>(but suitable for 8+ scores) | **20+** |
| **Typical aim** | Lower risk drinking. | Lower risk drinking. | Lower risk drinking. | Lower risk drinking or abstinence. |
| **Key training requirements** | Simple skills to understand the delivery of screening and feedback. | Simple skills to understand the delivery of screening, simple structured brief advice and referral. | Training required for delivery of Motivational Interviewing approaches. | Advanced/intensive training to accredited standard essential. |
| **Typical number of sessions** | One 'session' | One 'session' | One session, with follow-up sessions if supported by practitioner and client. | **1-5** |
| **Benefits** | Evidence for minimal intervention approaches is unclear, but has practical benefits given implementation challenges. | Effective in reducing increasing/higher risk drinking to lower risk levels. | Not proven to confer added benefits to 'simple brief advice' but may do so.<br>May be most useful for those who have not responded to 'simple brief advice' and are ambivalent about change or require further help. | Effective in supporting higher-risk/dependent drinkers achieve goals of abstinence, moderation or harm reduction. |
| **Discussion** | The appeal of minimal intervention approaches is strong given the perceived value of screening and time pressures facing frontline roles.<br>However, the evidence is unclear as to what extent 'IBA lite' approaches may be effective, so seeking to deliver IBA as a minimum should always be sought where possible.<br>Similarly, use of full AUDIT following positive scores on shorter tools should also be sought. | Some concerns have been raised that IBA/brief interventions are not always distinguished from 'extended brief interventions' or counselling approaches. Therefore those delivering IBA may be delivering longer interventions where unnecessary or without the appropriate skills.<br>The implementation or commissioning of IBA within wider treatment pathways also needs consideration, for instance how increased demand on specialist treatment may be met or whether pathways are suitably integrated. | Is 'extended brief intervention' useful as a term or even correct given skills required are closer to delivering treatment/MI approaches?<br>'Brief motivational interviewing' or 'lifestyle counselling' may be more accurate. However, both 'counselling' and 'treatment' are terms that may put people off accepting help or support. Use of the term 'brief' has also been identified in a range of different interventions, possibly contributing to a lack of clarity between different approaches.<br>'Brief motivational interviewing' has since been suggested as the most accurate description. | Extensive discussion about effectiveness of different treatment approaches, but not largely relevant to outlined discussion.<br>See *'Review of the effectiveness of the treatment of alcohol problems'* for further information. |

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| | 'Minimal intervention' or 'IBA lite' | IBA – 'simple brief advice' | 'Extended brief interventions' i.e. 'brief motivational interviewing' | Brief treatment |
|---|---|---|---|---|
| **Case study example (theoretical)** | 'John' attends an A&E after falling over on a night out. The nurse who sees him asks him the three AUDIT-C questions and he scores 9, indicating a level of consumption above lower risk.<br>The nurse informs him his score could be placing his wellbeing at risk and gives him a leaflet. The nurse then moves onto other routine questions and does not offer 'brief advice'. | 'Sacha' sometimes drinks in the evenings when at home, typically 2 medium glasses of wine. On weekends she regularly goes out where she will drink more which she sees as a normal way to enjoy herself.<br>Sacha visits her GP because she has had trouble sleeping and feels low on energy. Her GP asks her about lifestyle factors including alcohol use, and with permission asks further questions about alcohol using the AUDIT screening tool. Sacha's answers give her an AUDIT score of 10 (drinking at 'increasing risk'), prompting her GP to engage her in 'simple brief advice' lasting 5 minutes. | 'Daniel' is on a supervision order with his probation service following conviction for an offence not thought to be related to alcohol use.<br>His Offender Manager has been trained to deliver IBA and Motivational Interviewing. During a supervision session, Daniel agrees to answer an AUDIT and scores 18 ('higher risk drinking'). Daniel's Offender Manager follows this up with 'simple brief advice' but Daniel seems ambivalent about change, though not resistant. His Offender Manager spends 20 minutes delivering *brief motivational interviewing* (brief lifestyle counselling). He is given information on other services and is offered the chance to explore this further in their next supervision session if he wishes. | 'Dennis' was seen by the alcohol worker at his local health centre following referral from his GP. He scored 24 (probable dependence) on AUDIT. He was very ambivalent about what he wanted to do about his alcohol use.<br>He agreed to attend 5 sessions with the alcohol worker over the next several weeks to monitor his use of alcohol and explore what relationship he wants with alcohol in the future. |

# Acknowledgements

*The briefing was facilitated by the Alcohol Academy as an update to the 2010 'Clarifying brief interventions' paper. It was co-produced by the three authors listed below:*

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Nick Heather is Emeritus Professor of Alcohol & Other Drug Studies in the Department of Psychology at Northumbria University. During his career he gained significant experience working as a clinical psychologist and developed and led a number of influential research groups. These include the Addictive Behaviours Research Group at the University of Dundee and the Centre for Alcohol and Drug Studies in Newcastle.

He has published many scientific articles, books, book chapters and other publications, mostly in the area of addictions and with an emphasis on the treatment of alcohol problems and alcohol brief interventions. **See here for more about Professor Nick Heather**.

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Don Lavoie is an Alcohol Programme Manager at Public Health England. Prior to joining PHE, he was part of the Alcohol Policy Team at the Department of Health. He leads on various initiatives to improve the early identification and response to alcohol misuse.

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**James Morris,** *Director, The Alcohol Academy*

James has worked in the alcohol field in a variety of roles and in 2009 established the Alcohol Academy – a social enterprise set up to support and promote effective alcohol harm reduction approaches. James has steered the Academy into a leading body on alcohol brief intervention training, implementation and leadership.

James has developed and delivered extensive IBA training and delivery projects and sat on a number of advisory boards on the development and implementation of alcohol interventions. He is also a committee member for the New Directions in the study of Alcohol Group and runs Alcohol Policy UK and the Alcohol IBA blog (www.alcoholiba.com).

*The Alcohol Academy is a social enterprise which aims to promote effective alcohol harm reduction approaches. It receives support from Alcohol Research UK to help it achieve its aims.*