


Reducing alcohol consumption: guidelines, local government and digital technologies

12 October, 2016



#SPHRUCLevent, #reducingalcohol



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Please note:

The studies presented include research funded by the NIHR School for Public Health Research (SPHR) and the views expressed are those of the author(s) and not necessarily those of the NHS, the NIHR or the Department of Health.

NIHR SPHR is a collaboration between: the Universities of Sheffield, Bristol, Cambridge, Exeter, UCL; The London School of Hygiene and Tropical Medicine; the LiLaC collaboration between the Universities of Liverpool and Lancaster and Fuse: The Centre for Translational Research in Public Health, a collaboration between Newcastle, Durham, Northumbria, Sunderland and Teesside Universities.



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Cochrane Collaboration
systematic review of the
effectiveness of digital
alcohol interventions at
reducing alcohol
consumption in
community based heavy
drinkers

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- Excessive alcohol use is a major public health problem (25-33% of adults) and linked to > 60 disease conditions
- Brief alcohol interventions delivered by practitioners have been well evaluated over nearly three decades
- Face-to-face brief alcohol interventions are consistently effective (small effect sizes) but little used in routine practice
- Digital intervention could provide wide reach at low cost if **effective** and **acceptable**
- We aimed to assess the effectiveness of digital alcohol intervention compared to controls
- A linked review explored user views about acceptability and factors influencing engagement etc.

Included studies: RCTS; community-dwelling individuals

Exclusions: people seeking specialist treatment for alcohol

Robust methods: Cochrane approach – transparency/rigour

Analysis: random effects meta-analysis & meta-regression of the mean difference in consumption between trial arms

Primary outcome: alcohol consumption in grams/week

Review yield: 55 randomized controlled trials met inclusion criteria

- 40 trials with 19,026 participants in primary meta-analysis
- 32 USA, 16 EU, 2 UK, 1 Japan, 4 Australasia
- 35 trials considered teens, younger adults and/or students

Difference in quantity of alcohol consumed between the digital intervention and controls, based on longest period of follow-up:

	No. of trials	Effect size (g/week)	(95% CI)	Heterogeneity: I ²
All trials	40	-23.6	(-31.2, -16.0)	78%
Excluding those at high risk of bias*	27	-16.2	(-23.4, -9.1)	65%
Adolescents, young adults or students	26	-14.0	(-19.9, -8.1)	52%
Trials including older adults	14	-56.1	(-82.1, -30.0)	89%

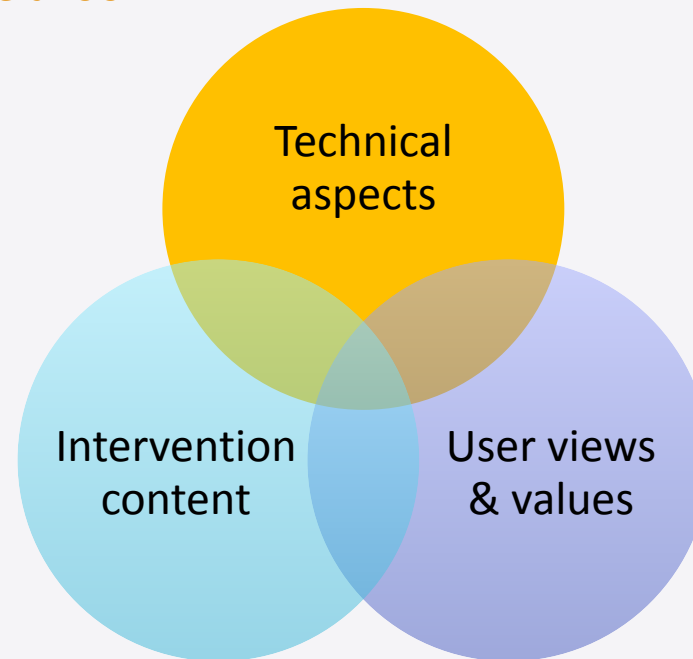
* Due to incomplete follow-up

- Meta-regressions: effect size not significantly related to length of follow-up, but was significantly smaller for more recent trials

Author	Participants	Location	Digital focus
Reis 2000	University students	US	CD-ROM
Chambers 2005	Youth aged 10-16yrs	N. Ireland	Any digital
Witbrodt 2007	Pregnant women	US	PC
Hallett 2009	University students	Australia	Web based
Kay-Lambkin 2011	General community	Australia	Web sites
Fraeyman 2012	University students	Belgium	Web based
Irvine 2012	Disadvantaged men	Scotland	Mobile (text)
Lapham 2012	Veterans	US	Web based
Murray 2012	GP patients	England	Web based
Nygaard 2012	University students	US	Web based
Osilla 2012	General community (driving offenders)	US	Web based
Goodyear-Smith 2013	GP patients	NZ	Web based
Moore	University students	Wales	Mobile (text)
Gorman 2013	US Indian/Alaska ♀	US	Web based

- “Easy to follow. Didn’t take very long. Very easy to use”
- “I like colour... when it is very clinically written, I just sit back. But when it is colour and it gives a genuine feeling of welcome, then I wanted to have a look...”

- “You think to yourself ‘I don’t drink too much’ and ‘it causes no harm,’ but then it appears that it does...”
- “when these websites say don’t do this, don’t do that, I don’t want to listen... whereas if it says, if you are going to do it, do it responsibly... that is more interesting.”

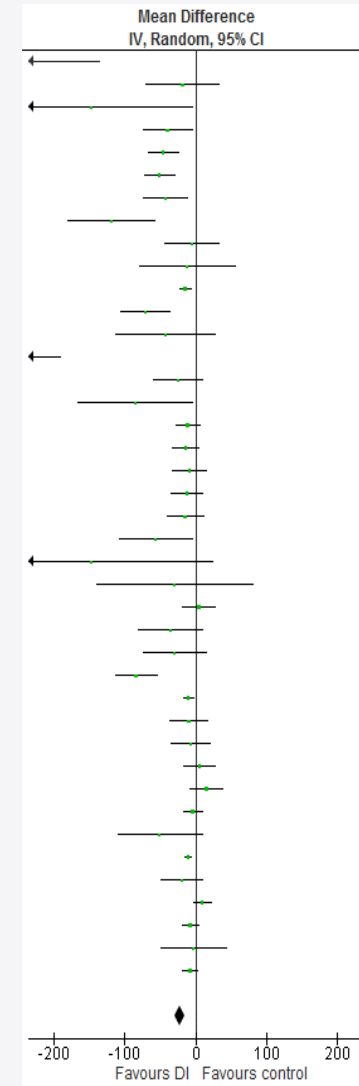


- “Could be honest about things you might not want to say...”
- “I don’t like the idea of the answers being on record for anyone to see, eg, insurance companies”

Conclusions

- A large, young, rapidly growing field
- Digital input effective at reducing weekly drinking – small effect size
- Broadly similar results to recent PHC review (latter robust at 12M)
- Digital intervention appears to be acceptable to a range of users
- Acceptability is determined by modality, content and fit with user values

digital



Practitioner

