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

Nick Heather PhD,
Northumbria University

Presentation at "IBA: Commissioning and Delivery Issues", AERC Alcohol Academy, London, 8-2-10

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.