CLARIFYING BRIEF INTERVENTIONS

Nick Heather PhD,
Emeritus Professor of Alcohol & Other Drug Studies,
Northumbria University

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BACKGROUND


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.
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
  - 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 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.