

Back to the Future: A very brief history of brief interventions

Jim McCambridge, John Cunningham,
Kypros Kypri

INEBRIA Boston Conference

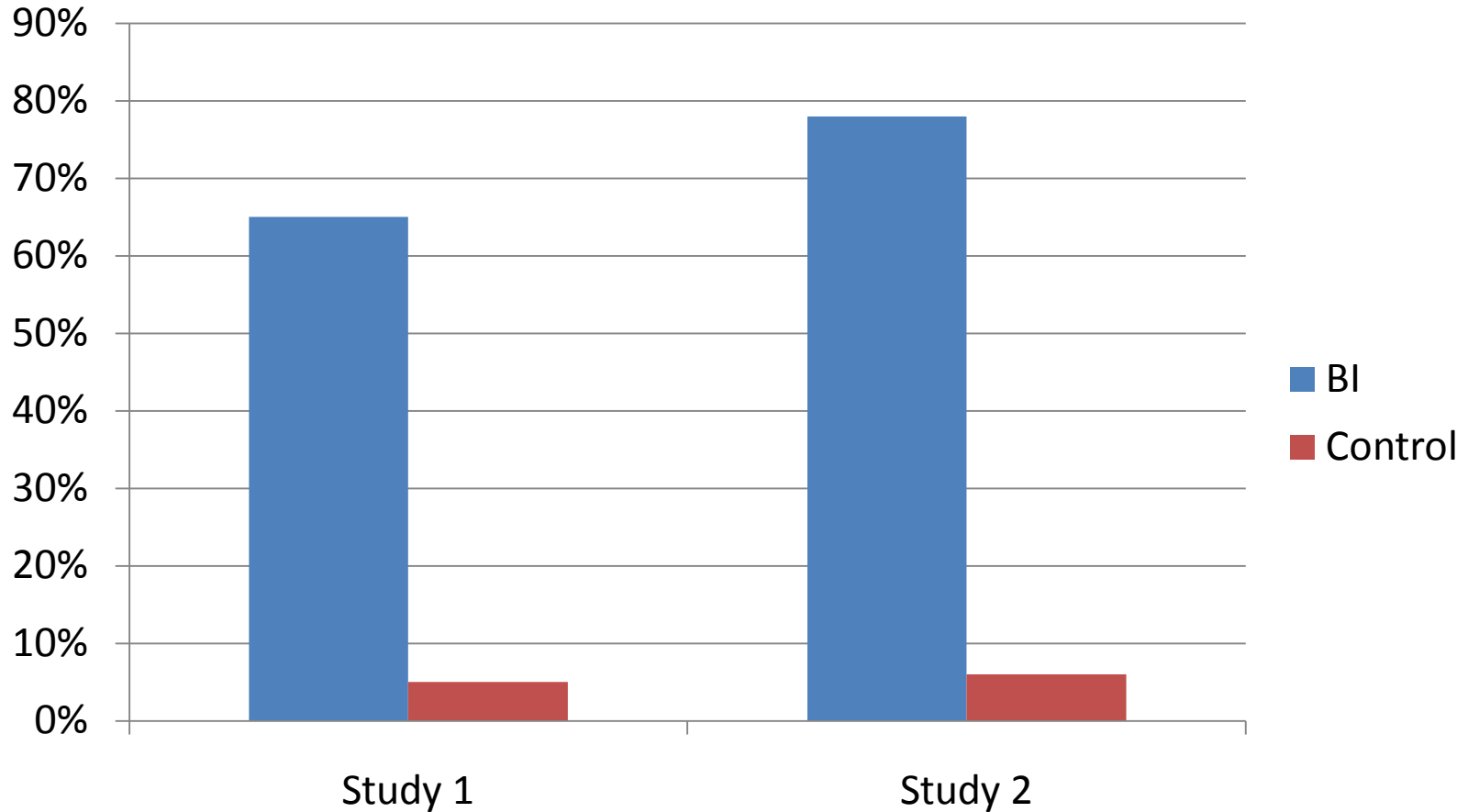
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Early history of brief alcohol interventions

- First BI trial done in by Chafetz et al. in Boston approx 50 years ago
- Published in 1962, as was DL Davies paper 'Normal drinking in recovered alcohol addicts'
- Subsequent revolution in thinking about drinking problems, controversies raged through the 1970s
- Heavy drinking a behaviour that can be influenced and associated problems could reduce without abstinence

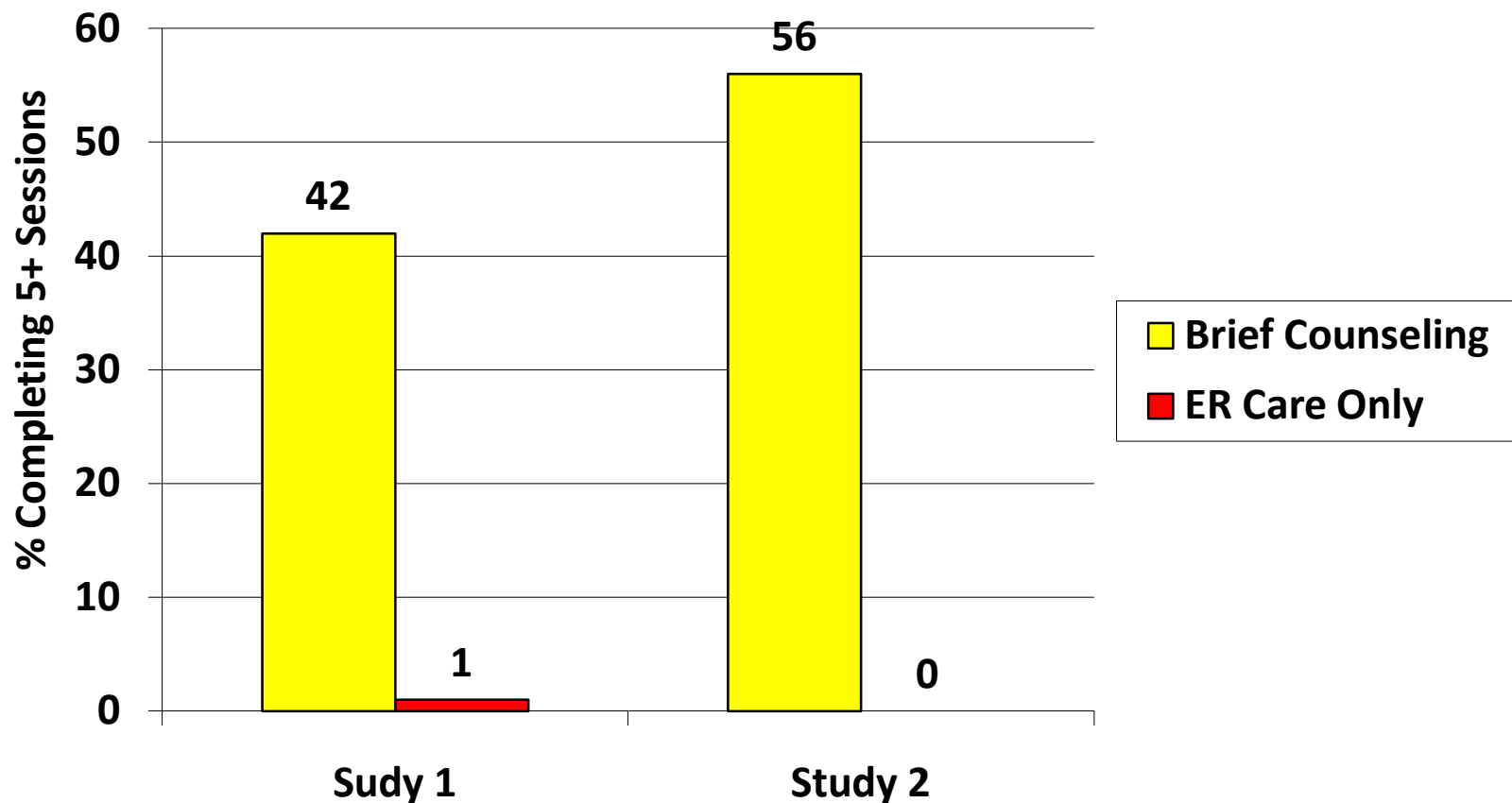
Chafetz et al. 1962, 1964

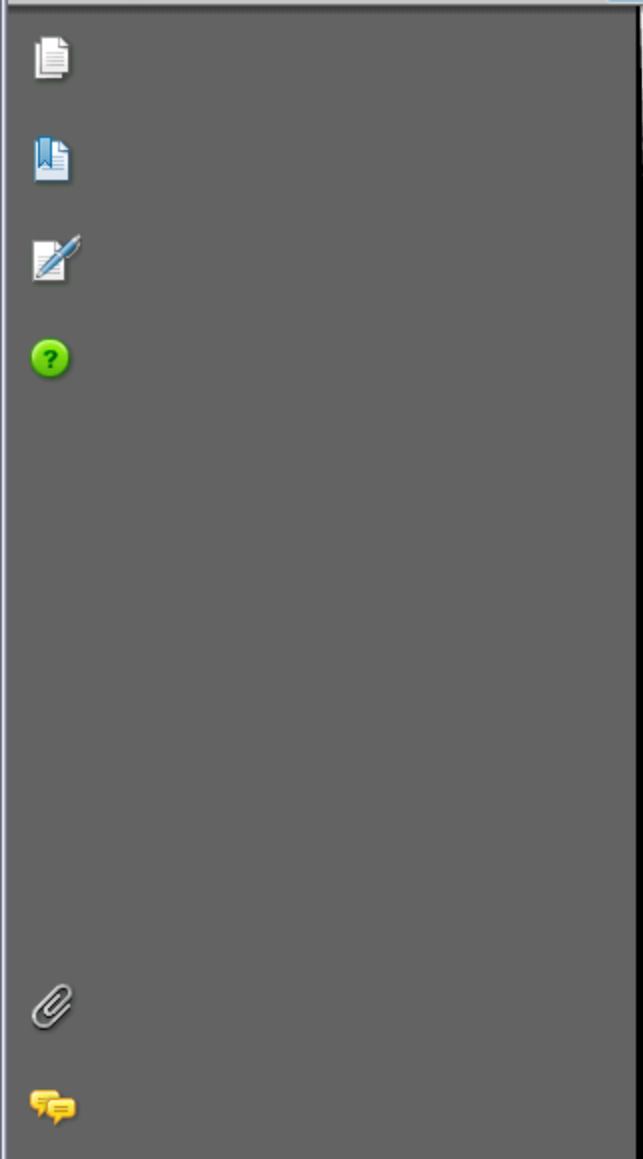
Referral of 'alcoholics' to any outpatient treatment sessions in Emergency Room



Chafetz et al. 1962, 1964

Referral of 'alcoholics' to outpatient treatment in Emergency Room





COMMENTARIES

Alcohol-Related Problems in the Primary Health Care Setting: a review of early intervention strategies

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Summary

This paper reviews conceptual issues and research findings relevant to the secondary prevention of alcohol-related problems in the primary care setting. A discussion of public health concepts and recent epidemiological studies is followed by a review of screening procedures developed to identify individuals at risk. Representative programmes designed to reduce alcohol misuse and treat harmful drinking are summarized. The results of several systematic programme evaluations suggest that modest but reliable effects on drinking behaviour and related problems can follow from brief interventions, especially with the less serious type of problem drinker. The basic elements of these interventions include information giving, brief advice, self-help manuals, self-help groups and periodic monitoring of progress by the health worker. It is concluded that low intensity, brief interventions have much to recommend as the first approach to the problem drinker in the primary care setting.

1. Introduction

Alcohol consumption is increasing in most countries in the world and there is some evidence that the increase is accelerating most sharply in developing countries.^{1,2} To the extent that increasing consumption is associated with a rise in alcohol-related problems³, this trend will inevitably result in a greater demand for social and health services. National and global statistics speak to the urgency of alcohol-related problems and indicate the merit of appropriate primary prevention strategies involving alcohol controls and education. Nonetheless it is likely that the number of alcohol-related casualties will increase for some time in many parts of the world. There is therefore a need to develop simple procedures which will enable alcohol problems to be recognized early and dealt with as effectively and economically as possible.

To this end, the present review was undertaken

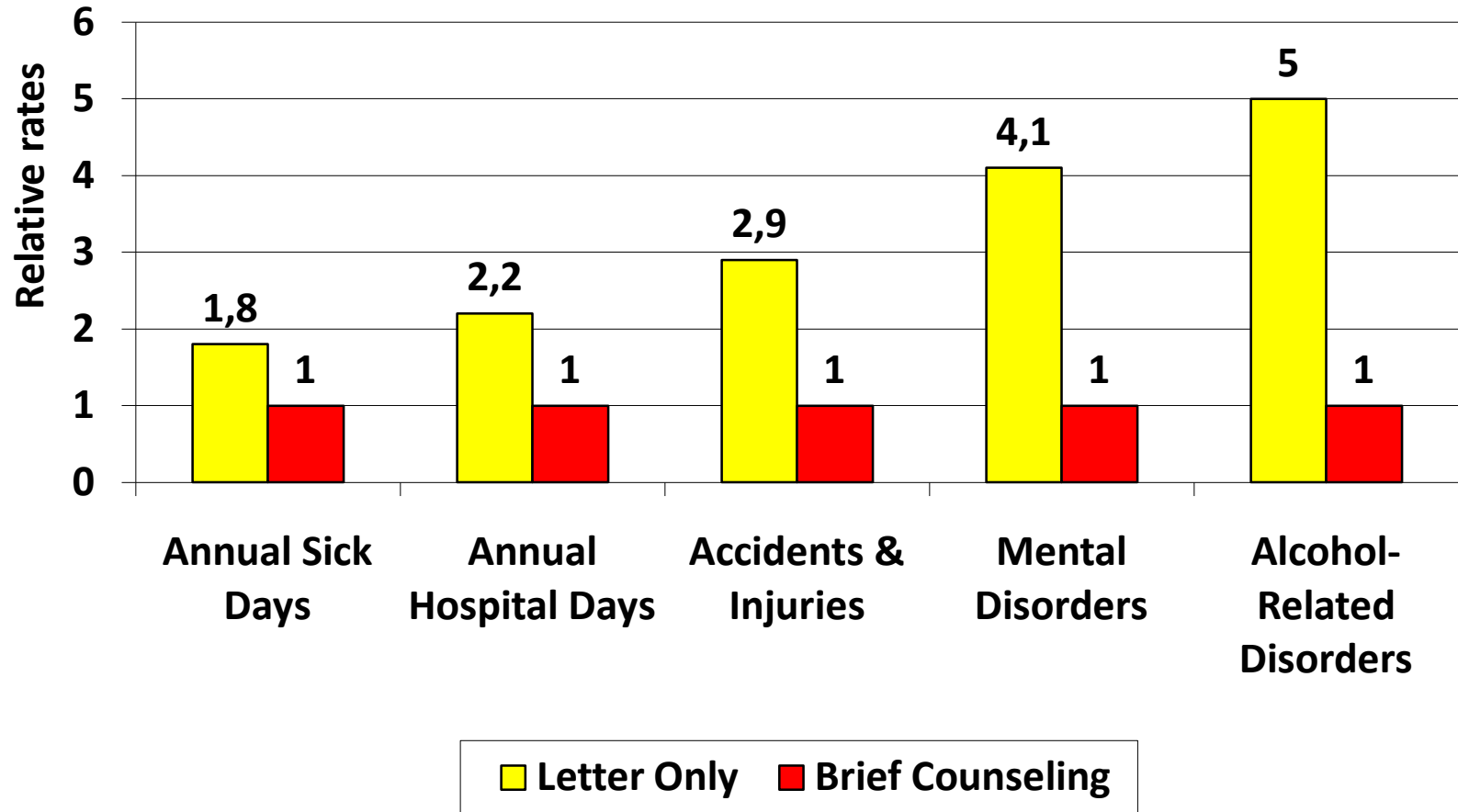
to identify concepts, procedures and empirical findings relevant to the secondary prevention of alcohol problems in the primary care setting. Special attention is given to approaches that are inexpensive, brief, capable of implementation in a variety of settings, and applicable to a variety of different cultural groups. The review begins with a discussion of relevant public health concepts. Recent epidemiological studies dealing with the nature and cultural patterning of alcohol-related problems are also summarized. This is followed by a section devoted to the concept of risk, and another to a review of screening procedures developed to identify individuals at risk. A major part of the paper summarizes recent international developments in the implementation of early intervention programmes in a variety of settings. In the final sections, a theoretical model for effecting behavioural change is discussed, and

First BI review – in primary care

- Part of 1980s major WHO international primary care project, which developed the AUDIT and did major large trial in 10 countries
- Heavier drinkers at risk of problems main target
- Synergy with other WHO developments in global health – Alma-Ata 1978
- Only 2 alcohol trials discussed, neither in primary care, both men only : Kristenson 1983; Chick 1985

Kristenson et al. 1983

5 year outcomes following GGT screening & feedback



Addiction (1993) 88, 315-336

COMMENTARY

Brief interventions for alcohol problems: a review

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Abstract

Relatively brief interventions have consistently been found to be effective in reducing alcohol consumption or achieving treatment referral of problem drinkers. To date, the literature includes at least a dozen randomized trials of brief referral or retention procedures, and 32 controlled studies of brief interventions targeting drinking behavior, enrolling over 6000 problem drinkers in both health care and treatment settings across 14 nations. These studies indicate that brief interventions are more effective than no counseling, and often as effective as more extensive treatment. The outcome literature is reviewed, and common motivational elements of effective brief interventions are described. There is encouraging evidence that the course of harmful alcohol use can be effectively altered by well-designed intervention strategies which are feasible within relatively brief-contact contexts such as primary health care settings and employee assistance programs. Implications for future research and practice are considered.

Introduction

In the course of a career, virtually any human service professional will encounter a large number of individuals who are consuming alcohol in a harmful or risky manner. Within the US population, for example, the point prevalence of heavy or problem drinking has been consistently estimated at 9-10% of the adult population for the past two decades (Cahalan, 1970; Moore & Gerstein, 1981). Within populations seeking health care or other social services, the rate of alcohol problems is likely to be higher than in the general population (Royal College of Physicians, 1987), and problem drinkers more frequently seek consultation in such settings than from specialist alcohol treatment services (Institute of Medicine, 1990).

If any action is taken by nonspecialists who detect alcohol problems in the course of service delivery, it may be to refer the drinker for specialist consultation and treatment. Often however, such referral is unsuccessful. Chafetz (1961, and Chafetz *et al.* 1962) reported that among 1200 emergency room patients diagnosed as alcoholic and advised to seek treatment, fewer than 5% did so. More recently, a large population of US veterans was screened for at-risk drinking while seeking services from a general medicine clinic (Luckie *et al.*, 1992). Among those identified and notified of their at-risk status, fewer than 5% followed advice to return for a single consultation session regarding their drinking.

Is there something that can be done within brief care contexts to reduce heavy drinking and related risks? Research now offers encouragingly affirmative evidence. In this review we first

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Bien et al. 1993 review 1

- Easily most cited BI effectiveness study, approx 700 times
- Referral to, and within treatment BI applications
- BIs delivered in other health services
- General population, media recruited

Bien et al. 1993 review 2

- First presentation of 'FRAMES' – far from all BIs
- Need to study content of BIs
- Assessment reactivity prominently flagged up as methodological concern
- Uncertainty about effectiveness among more dependent drinkers

BI is more than advice & brief counselling

“brief interventions represent a set of principles regarding intervention (arising from the public health approach to alcohol problems)

Heather, 1996

“a family of interventions varying in length, structure, targets of intervention, personnel responsible for their delivery, media of communication and several other ways including their underpinning theory and intervention philosophy”

Heather, 1995

Facilitation of self-change

- Some form of self-change facilitation has always been an integral component of BIs
- Necessarily so, because it is the person themselves who does the changing, not us
- Internet provides new potential for reach and tailored and pragmatic intervention, most obviously among young people

Back to the future...

- Talking interventions will continue to get briefer – ‘minimal’ needs to be repackaged
- Key challenge to equip generic practitioners with simple, quick and helpful responses
- You can't talk to everyone – so what is the role of talking interventions in the internet age?
- New intervention models needed that integrate electronic/internet and talking interventions

In talking to people about drinking:

“meeting patients initially with understanding, sympathy, and attention to expressed needs, however concrete they may be, can assure higher rates of follow-through on treatment recommendations”

Chafetz 1964

...and if we can't talk?

If something as simple as a brief questionnaire designed for other purposes can alter people's drinking, how potent might be simple questions selected for their behaviour change potential?