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Centre for Interdisciplinary  
Addiction Research, Hamburg  
University (CIAR)



# **Brief interventions (BI) in social service settings**

## **BISTAIRS Project**



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# **Brief interventions (BI) in social service settings**

**- including an overview on  
emergency care and workplace settings -**

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## 3 systematic reviews

- 2002 – July 2012
- English language only
- RCTs or prospective, controlled studies
- Feasibility / cost-effectiveness studies excluded
- (mean) intervention length  $\leq 40$  min



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## Emergency care

- Setting: emergency departments and trauma units
- Target population: injury patients screened for hazardous alcohol consumption (e.g. AUDIT score > 8; or daily intake limits)
- → 36 primary studies included
- Varying outcome criteria: AUDIT score, heavy episodic drinking days, total alcohol intake per week, negative consequences, DWI arrests, rehospitalization, etc.)



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## Emergency care

- Interventions:
  - mostly 1-2 face-to-face sessions, FRAMES or MI approach, 10-40 min;
  - Also computer-based; personalized feedback, text messages („booster“)



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  - mostly 1-2 face-to-face sessions, FRAMES or MI approach, 10-40 min;
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- Effectiveness overview
  - BI superior than control condition in primary outcome measures: 10
  - BI effect only for subgroups 4
  - short term effect (3 months), but not long-term (6 / 12 months) 4
  - No significant BI effect 5
  - All groups showed marked and significant improvements 11



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- Open questions:
  - Role of injury itself or screening procedures as interventions?
  - Barriers: lack of time; training sometimes not sufficient; population: often young people who do not want to change their drinking behaviour



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## Workplace health services

- → 8 primary studies
- All at large companies or EAP (Employee Assistance Program) services with many customers
- Job types were different (blue collar and white collar)
- 5 studies used website/pen and paper intervention or compared it with face-to-face





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## Workplace health services

- Results overview
  - Most interventions reduced alcohol consumption significantly after 1 – 3 month follow up.
  - Result for differences between web based and face-to-face interventions were ambiguous
  - Recruiting among all employees of a company often led to very low response rates (about 2 %)



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  - Result for differences between web based and face-to-face interventions were ambiguous
  - Recruiting among all employees of a company often led to very low response rates (about 2 %)
- Open questions:
  - Too little evidence for interventions at the workplace
  - Studies only at large companies – how can workers of small businesses or with external work be reached?
  - More evidence for web based Bis?
  - Problem of low response rates: What can be done?



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## What are social services?

- employment agencies
- accomodation offices
- youth work / youth welfare services



- (drug) counselling centres
- colleges/ universities
- antenatal care
- criminal justice system



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## Systematic review – BI in social service settings

- Homeless adolescents **x 1**
- **(Homeless veterans** **x 1; treatment entry)**
- Community-based alcohol counselling centre **x 1**
- Smoking cessation treatment **x 1**
- Criminal justice system
  - Driving under the influence **x 2**
  - Violent offenders **x 1**
  - Probation services (one trial protocol, two feasibility studies)



## Systematic review – BI in social service settings

Homeless adolescents (Peterson et al. 2006)	No effect regarding alcohol
(Homeless veterans) (Wain et al. 2010)	Treatment entry improved)
Community-based alcohol counselling centre (Shakeshaft et al. 2002)	BI not inferior to CBT
Smoking cessation treatment (Kahler et al. 2008)	Short-term effects
Driving under the influence - (Wells-Parker et al. 2002) - (Brown et al. 2009, Brown et al. 2012)	- Only on subgroup with depressed mood - Both groups improved, partly superiority of BI
Violent offenders (Watt et al. 2007)	Both groups improved, no superiority of BI in alcohol measures, but readiness to change and injuries





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## Discussion:

- Why implementation in social services?
  - or: better first improve implementation in primary healthcare?
- Why brief interventions?
  - in some settings: more extensive interventions also feasible?
- Which settings are most adequate?
  - accomodation services?
  - employment services?
  - (drug) counselling centres?
  - Criminal justice system?
- How about general population approaches? (e.g. surveys, recruitment of treatment-seeking individuals by media ads, web-based interventions, etc.?)