

Observations on the past, present and future of brief interventions research (in 10 min)

Jim McCambridge & Rich Saitz



- How did we get here? *The alcohol story*
- Where are we now? *"*
- Where do we go from here? *Drugs...*

The early history of ideas on brief interventions for alcohol

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ABSTRACT

Aims This study explores the early development of brief interventions for alcohol using a history of ideas approach with a particular focus on intervention content. **Methods** The source publications of the key primary studies published from approximately 1962 to 1992 were examined, followed by a brief review of the earliest reviews in this field. These studies were placed in the context of developments in alcohol research and in public health. **Results** After early pioneering work on brief interventions, further advances were not made until thinking about alcohol problems and their treatment, most notably on controlled drinking, along with wider changes in public health, created new conditions for progress. There was then a golden era of rapid advance in the late 1980s and early 1990s, when preventing the development of problem drinking became important for public health reasons, in addition to helping already problematic drinkers. Many research challenges identified at that time remain to be met. The content of brief interventions changed over the period of study, although not in ways well informed by research advances, and there were also obvious continuities, with a renewed emphasis on the facilitation of self-change being one important consequence of the development of internet applications. **Conclusions** Ideas about brief interventions have changed in important ways. Brief interventions have been studied with different populations of drinkers, with aims embracing both individual and population-level perspectives, and without well-specified contents. The brief intervention field is an appropriate target for further historical investigations, which may help thinking about addressing alcohol and other problems.

Keywords Alcohol, brief intervention, controlled drinking, history, primary care, public health.

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Brief historical notes

- A 'golden age' captured by Bien et al 1993 review in which *"a truly new paradigm had been forged"* ...
- 1993 need to study *"intervention components and mechanisms of effects....assessment reactivity...uncertainty about effectiveness among more dependent drinkers"* not met
- BIs *"have been more focused on making and taking opportunities for interventions than well specified activities with distinct characteristics"* (2014 conclusion)



ANALYSIS

Rethinking brief interventions for alcohol in general practice

Jim McCambridge and **Richard Saitz** question the effectiveness of brief advice and counselling in primary care to prevent harm from heavy alcohol use and call for a more strategic approach

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Summary points

- The limitations of research on brief interventions for alcohol in general practice have received too little attention
- Existing evidence should be interpreted as demonstrating efficacy, at best

Summary points

- Important questions remain about generalisability of findings and implementation
- Health system approaches to the management of unhealthy alcohol use and other health risk behaviours and problems need to be more joined up

Alcohol Use Disorders in Primary Health Care: What Do We Know and Where Do We Go?

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Kevin D. Shield^{1,3}, Pierluigi Struzzo^{9,10}, Marcin Wojnar^{11,12},
and Antoni Gual^{13,14,15}

Conclusions: A paradigm shift is proposed for dealing with problematic alcohol consumption in primary health care, where initiation for treatment for AUD is seen as the central element.

Although the field of alcohol brief intervention (ABI) has achieved an unstoppable momentum in both research and practice, it is no exaggeration to say that it now faces **a crisis of evidence**...due to the failure of research clearly to demonstrate effects of ABI in real-world practice settings.

http://www.bmj.com/sites/default/files/attachments/bmj-article/pre-pub-history/First_decision_3.8.16.pdf

What needs to change? The screening part to begin with. Practitioners have always been reluctant to do screening. We need to find smarter ways to initiate discussions about alcohol use; more related to clinical relevance and patient concerns, recognizing that alcohol use contributes to much of the morbidity encountered in primary care...

We also need to rethink the target group...unless practitioners feel confident that they can help dependent drinkers they will continue to be reluctant to ask people about their drinking. So, paradoxically, to reach hazardous and harmful drinkers, we need to equip practitioners with simple but effective tools to treat dependence.

So, given that the analysis of McCambridge and Saitz is correct, the right response is not to throw out the baby with the bathwater

<http://www.bmj.com/content/356/bmj.j1119>

A high quality quantitative evaluation of the Scottish programme would have been desirable,but the realities of catching the political tide and issues of funding and health service organisation mean that evaluation of real life implementation of health initiatives is often sub optimal.

<http://www.bmj.com/content/356/bmj.j116/rapid-responses>

I continue to be surprised at how quick we are to accept the weak cost-effectiveness evidence on SBI...

INEBRIA google group discussion

- Where do we go from here?

Some informed speculation

Box 2: Research questions for enhanced health system management of alcohol

- What do the general public understand about unhealthy alcohol use, and what are the implications for receptivity to interventions?
- What do clinicians see as their roles in relation to unhealthy alcohol use and prevention more broadly, and how can strategic health system-wide prevention be better designed?
- What knowledge and skills do clinicians need to prevent and treat the consequences of heavy alcohol use?
- How can the prevention and management of unhealthy alcohol use be delivered in the contexts of comorbidities, multiple risk behaviours and conditions, and health inequities?
- How much treatment of more severe alcohol use disorders should be delivered in general practice, and what are the roles of specialist services?
- How far can the effectiveness of alcohol interventions be enhanced in comparison with existing care for patients, and with what cost effectiveness and cost savings?



COMMUNITY PAGE

Meta-research: Evaluation and Improvement of Research Methods and Practices

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Abstract

As the scientific enterprise has grown in size and diversity, we need empirical evidence on the research process to test and apply interventions that make it more efficient and its results more reliable. Meta-research is an evolving scientific discipline that aims to evaluate and improve research practices. It includes thematic areas of methods, reporting, reproducibility, evaluation, and incentives (how to do, report, verify, correct, and reward science). Much work is already done in this growing field, but efforts to-date are fragmented. We provide a map of ongoing efforts and discuss plans for connecting the multiple meta-research efforts across science worldwide.



- Scale and nature of the problem makes logic of prevention compelling
- Unexplored settings offer possibilities requiring pragmatic trials
- Long overdue need to develop contextually appropriate intervention content
- Redefine BI to more explicitly draw on IT

- Avoid extension of alcohol SBI paradigm
- Is there any role for opportunistic BIs – probably not in in health settings, youth an exception?
- Readiness for discussion of difficult issues presented by patients integrated with digital?

- BIs more acceptable alcohol policy content than more effective pop-level measures
- BIs alone are unlikely to improve health & this means BIs may be a source of harm...
- BIs need to be integrated with pop level measures AND need to be studied as such

Conclusions

- Stronger scientific scrutiny of existing evidence needed
- Recalibration of expectations of BI remains to be translated in policy and practice
- Early stage in paradigm shift; limitations of the present are much clearer than future directions

Thank you