EARLY INTERVENTIONS:
EARLY IDENTIFICATION AND BRIEF INTERVENTION
FOR HAZARDOUS AND HARMFUL DRINKING

An early intervention aims to identify and intervene before the onset of medical and social problems or early in the course of such problems and requires proactive case finding of patients at risk. Early interventions involve various educational and health promotion programmes and techniques including community development and education aimed at enhancing the capacity of community members to identify and assist people at risk. Early interventions include the early identification of patients whose drinking behaviour can be harmful followed by brief interventions (BI) addressed to its reduction and both belong to the domain of primary and secondary prevention in the population at risk (in public health terms).

In the context of alcohol-related problems, the early interventions most studied are the early identification and brief intervention (EIBI) strategies. Already in 1980, a WHO expert committee called for efficient methods to identify persons with hazardous and harmful alcohol consumption before health and social consequences become pronounced. The WHO Collaborative Project on Identification and Management of Alcohol-related Problems in Primary Care was initiated in 1982 to develop a scientific basis and methods for screening and brief intervention in primary care settings.

There is now substantial evidence that early identification of potential or actual alcohol problems and brief intervention by health professionals is effective in preventing future alcohol related problems and in reducing the gap between those who need and those who receive help.

The European Alcohol Action Plan 2012-2020 highlights that the majority of hazardous and harmful drinkers do not receive advice from primary care providers and that many people with alcohol use disorders who would benefit from intervention are not receiving it. Countries are urged by WHO to put into place appropriate systems, including training for providers, so that a substantial number of patients at risk are offered early identification and brief intervention.

The scope of this background paper is to define Early Identification and Brief Intervention for hazardous and harmful drinking (EIBI), its effectiveness and the barriers and facilitators for its implementation in various settings.

What is early identification?

Early identification is an approach to detecting an actual or potential alcohol problem through clinical judgement or by screening using standardized questionnaires[1]. The screening tools used for early identification are typically self-completion questionnaires (e.g. AUDIT, AUDIT-C, FAST), comprising between one and ten questions that can be answered in a few minutes. Early identification should lead to further assessment, to a brief intervention or to specialized treatment if necessary. The earlier people with alcohol-related problems are identified, the easier it will be to help them.

What are brief interventions?

Brief interventions are short advisory or educational sessions and psychological counseling provided in primary health care settings[1].Brief alcohol interventions are typically delivered by physicians, nurses or health workers to hazardous and harmful drinkers identified by opportunistic screening in the context of routine primary care.

A brief intervention can consist of simple clinical feedback and structured advice (based on the FRAMES or motivational interviewing principles), often accompanied by appropriate hand-outs. A simple brief intervention typically takes around 5 minutes.

Brief advice, following the **FRAMES** approach, consists of the following components**:**

- **Feedback:** on the patient's degree of risk for alcohol problems;
- **Responsibility:** change is the patient's responsibility;
- **Advice:** provision of clear advice when requested;
- **Menu:** what are the options for change?;
- **Empathy:** an approach that is warm, reflective and understanding; and
- **Self-efficacy:** increasing optimism about behaviour change[3].

Brief interventions can themselves be subdivided into:

- Simple brief interventions – structured advice taking no more than a few minutes (sometimes also referred to as a minimal intervention)

Extended brief interventions – structured therapies taking perhaps 20–30 minutes and often involving one or more repeat sessions.Brief interventions have also been studied in the context of stepped care. The principle of stepped care is that more intensive interventions are only delivered to people who have not responded to less intensive interventions; this offers a potentially resource-efficient method of delivering alcohol interventions.

In summary, the main elements of EIBI are:

- **assessing** alcohol consumption with a (brief) screening tool followed by clinical assessment as needed,
- **advising** patients to reduce alcohol consumption,
- **agreeing** on individual goals for reducing alcohol consumption or abstinence (if indicated),
- **assisting** patients with acquiring the motivation, self-help skills or support needed for behaviour change,
- and **arranging** follow-up support and repeat sessions, including referring dependent drinkers for specialty treatment[4].

The effectiveness of Brief Interventions

There is increasing evidence of effectiveness in other health and social care settings including emergency departments, trauma care, acute medical care, obstetric services, sexual health clinics, pharmacies, and criminal justice services. Because brief interventions have proven to be effective across the spectrum of alcohol problems, and can be delivered by non-alcohol specialists, they are increasingly used to fill the gap between selective and indicated prevention efforts and more intensive treatment for persons with serious alcohol use disorders (See Figure 1).

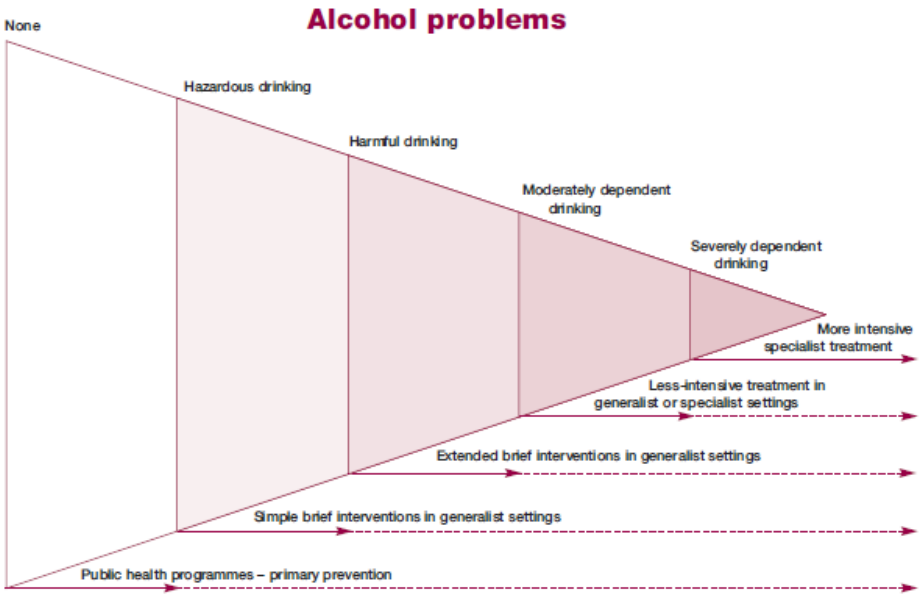

Figure 1: A Spectrum of responses to alcohol problems. Source Raistrick D et al 2006[2]

BI effectiveness has been studied in the following settings and is summarized here.

- **Primary health care services:** Brief advice in primary health care has been shown to reduce the quantity, frequency and intensity of drinking, and alcohol-related morbidity and mortality. Early studies in the UK estimated that consistent implementation of brief intervention in primary care settings result in a reduction from hazardous or harmful to low-risk levels of both of men and women[5]. Later reviews have also concluded that brief interventions are effective in reducing consumption among both men and women at six and 12 months following intervention[6].

- **Emergency care:** There is a smaller evidence base for the impact of brief advice undertaken in emergency care settings. Studies carried out in the UK and USA provided strong support for the effectiveness of brief interventions in accident and emergency departments. In the USA, researchers recommended to include screening and brief interventions for alcohol-related problems in these contexts[7]. A British study followed a group of patients and found that those who received an intervention were drinking at significantly lower levels than those in the control group and made a mean of 0.5 fewer visits to the A&E department over the following 12 months[8]. Another international study estimated that 10-18% of injured patients attending emergency departments are alcohol-related cases. Thus, there is potential for brief interventions in such cases since this might be the only medical care some of these patients receive. In order to determine how this can be done, assessment of alcohol intoxication and drinking before the injury occurred is an important step[9].

- **Workplace settings:** Although the evidence for the impact of occupational health based brief advice programmes is very limited and guidance for practice is not widely available, occupational health services can consider offering them. Several examples already exist in Sweden, Finland, Belgium, Scotland, Ireland, Poland and Catalonia (Spain). EIBI strategies should be implemented as part of well-being at work initiatives and comprehensive alcohol

prevention programmes, and should include: an identification of the target population using an appropriate screening instrument, providing brief advice, specialist referrals where necessary, adaptation to the individual workplace, information to the employee and assuring privacy and confidentiality (See: EWA toolkit – available at: www.ewaproject.eu)[10].

- **Social services settings:** There is no robust evidence to justify a comprehensive roll-out of brief advice programmes in social service settings. Rather, action is now focussed on gathering useful evidence for the acceptability and feasibility of EIBI, including the identification of specific barriers and facilitators, generating useful data on system readiness data. Implementation of programmes should be adapted to the specific social service setting in each country.

- **Computerized or electronic EIBI: T**here is growing evidence that web-based information and self-help guidance can produce similar outcomes to clinician-delivered brief intervention. Some of this evidence suggests that users can benefit from online alcohol interventions, particularly groups less likely to access to traditional alcohol-related services, such as women, young people and at-risk users[11]. In follow-ups, heavy drinkers reduced their alcohol-related problems when participating in Internet-based programs, thus justifying the use of Web applications and resources available online to help heavy drinkers reduce their drinking and alcohol-related problems[12].

- **Cost-effectiveness:** Brief interventions have the potential to save future costs and bring individual benefits in terms of reducing the risk of premature death and alcohol-related morbidity. Studies published in 2002 in the UK suggested that brief interventions would yield savings of around £2,000 per life year[13]. More recently, another study analysed the cost-effectiveness of SBI in Italy, confirming them as highly cost-effective with estimated scores of ICERs (Cost-Effectiveness Ratios) of €550/Quality Adjusted Life Year (QALY) gained for a programme of SBI at the next GP registration and €590/QALY for SBI at next GP consultation[14]. Another systematic review, including studies from USA, UK and Australia showed that those studies that met quality criteria also provided strong evidence that SBIs in a primary care setting are a cost-effective policy option for tackling alcohol-related harms, at least in high-income countries[15].

How to implement EIBI

Recently, some researchers have analysed the development of brief intervention on alcohol, including the assessment of the extent to which it has achieved the four key phases of intervention research: efficacy, effectiveness, implementation, and demonstration[16]. They concluded that both efficacy and effectiveness of brief alcohol interventions have been comprehensively demonstrated, and that intervention effects seem replicable and stable over time and across different study contexts. However, according to these authors, some issues remain unanswered and they suggested focussing on promoting sustained implementation of screening and brief alcohol intervention approaches in primary care to ensure that those who might benefit from screening and brief alcohol interventions actually receive such support.

The implementation of EIBI in primary care centres should firstly improve professionals' performance in screening and brief intervention activities. Although not yet published, some studies have found that compared with the reduction of the patients' alcohol consumption, the strongest evidence from the study of EIBI is seen in the improvement in professionals' techniques in screening and brief intervention. Authors also suggest that combining professional with patient-oriented strategies and

having a multidisciplinary team of primary healthcare professionals leads to more improvement in screening and brief intervention behaviour. Combining professional, patient and organizational strategies was more effective than solely professionally- oriented implementation strategies on patient alcohol consumption.

Implementing early interventions to reduce the harmful consumption of alcohol should be done by means of:

- Adequate training and support of the professionals involved, including the best strategy for identifying the alcohol problems of their patients, the importance of reducing them and the best (evidenced-based) tools to advise patients how to reduce alcohol consumption.
- The implementation of educational and office-based interventions addressed to health and social workers on how to improve identification and brief intervention of alcohol problems.
- An improvement in the professionals' feelings of security in their role and therapeutic commitment to alcohol, both of which have been related to increasing rates of identification and brief intervention.
- Providing sufficient support, including material and economic resources, addressed to implementing a comprehensive process of identification and brief advice on alcohol[17].

Barriers[18]

- ✓ Health and social workers are just too busy dealing with the problems people present with;
- ✓ Health and social workers are not trained in counselling for reducing alcohol consumption;
- ✓ Health and social workers believe that alcohol counselling involves family and wider social effects, and is therefore too difficult;
- ✓ General practices are not organised to do preventive interventions;
- ✓ Health and social workers do not believe that patients would take their advice and change their behaviour;
- ✓ Health and social workers do not have suitable materials available;
- ✓ Government health policies in general do not support health and social workers who want to implement preventive activities.

Conclusion

According to the WHO recommendation, we suggest considering the following questions as necessary to the implementation of brief interventions for alcohol problems in Europe[17]:

- Are there clinical guidelines for early identification and brief advice programmes?
- Are there training programmes for primary care providers on early identification and brief advice interventions?
- Are there systems for monitoring the quantity and quality of early identification and brief advice programmes, so that their effectiveness can be analysed and improved?
- Is there any financial support for delivering early identification and brief intervention programmes?

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Links of interest:

- Primary Health Care European Project on Alcohol (PHEPA). http://www.phepa.net
- Brief interventions in the treatment of alcohol use disorders in relevant settings (BISTAIRS) http://www.bistairs.eu/
- Optimizing delivery of health care interventions (ODHIN) http://www.odhinproject.eu/
- International Network on Brief Interventions for Alcohol & Other Drugs (INEBRIA) http://www.inebria.net
- The three-part ASSIST package for screening and brief interventions covers alcohol, tobacco and other psychoactive substance use. http://www.who.int/substance_abuse/publications/media_assist/en/
- The Alcohol use Disorders Identification Test AUDIT: Guidelines for use in primary care (2nd ed.). http://whqlibdoc.who.int/hq/2001/WHO_MSD_MSB_01.6a.pdf

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