

WHAT ARE BRIEF INTERVENTIONS?

Brief interventions, as discussed here, comprise a single or several short (5-15 minutes) counselling sessions, that can be delivered by any health or social services worker. Their efficacy in reducing the harmful use of substances is well demonstrated and workers from all disciplines should take opportunities to deliver such interventions in the course of their every-day work. They are aimed at the patient who has not openly reported a drug or alcohol problem, rather than the individual who has actively sought help for a drug or alcohol problem. They thus comprise two main elements: identification of the problem via a screening-based approach, and the counselling intervention itself.

HOW DO I DELIVER A 'BRIEF INTERVENTION'?

There are two stages:

STAGE ONE: IDENTIFICATION OF A PROBLEM

Problem substance users can be identified by use of the CAGE questionnaire (Section A2). This has a high sensitivity (pick-up rate); if there are two or more positive responses to the four questions, then it is advisable to proceed to the counselling intervention.

STAGE TWO: 5-10 MINUTES DISCUSSION using counselling skills

The **FRAMES** approach utilises best practice for the delivery of substance misuse-related brief counselling interventions. Confrontational styles tend to be ineffective (Miller W et al, 1993). Rather, the themes of effective counselling are to 'Roll with Resistance', to avoid confrontation, and to lead the patient towards making their own decisions.

FRAMES COUNSELLING APPROACH

FEEDBACK

So, you say your difficulty getting to work on time may be related to alcohol.

RESPONSIBILITY

Well, only you can make the decision to stop drinking for the next two weeks.

ADVICE

Yes, I recommend you stop drinking for two weeks, to see if that makes a difference.

MENU OF OPTIONS

If this turns out to be too hard, we can consider other options such as AA or referral to the specialist team.

EMPATHY

I know this will be hard for you because you feel alcohol helps you relax, and I'm concerned about the amount of stress you have.

SELF-EFFICACY

Considering how difficult you find this, I'm impressed by your willingness to consider a change.

For drinkers, a combination of this approach with feedback on GGT levels has been shown to be effective (Nilssen O, 1991):

FIRST APPOINTMENT:

- Identify alcohol problem with the CAGE questionnaire.
- Use FRAMES counselling approach.
- Take blood for GGT.
- Book second appointment for one month's time.

SECOND APPOINTMENT:

- Discuss the most common reasons for an elevated GGT, including alcohol, within the FRAMES approach.
- Ask the patient to consider the reasons for their raised GGT.
- Take a second GGT, and mail the result to the patient.
- Plan to review in one year.

Further components may be built in such as making a list of drinking/drug using cues, keeping a drinking/drug use diary, signing a drinking/drug using agreement, dispensing written self-help materials.

DO BRIEF INTERVENTIONS WORK?

There can be little doubt that such interventions are effective; over the last decade a wealth of evidence has accumulated in favour of their effectiveness. Most of the studies are on populations of drinkers (greater public health implications), but there is no reason to believe similar interventions should not be effective for non-dependent illicit substance misusers and smokers (Russell M et al, 1979). 'Brief Interventions' typically yield around a 25% reduction in alcohol consumption compared with control conditions. One meta-analysis of six fairly compatible studies reported a 95% confidence interval of 18-31% (Effective Health Care Team). On average, three patients will need to receive such an intervention for one of the three to benefit (Wilk A et al, 1997). The reductions in alcohol use seem to be maintained at 12 months (Fleming M et al, 1997), and have been demonstrated to be effective in elderly as well as younger populations (Fleming M et al, 1999). There is some indication that men may benefit more than women (Kahan M et al, 1995). An international multicentre randomised controlled trial conducted by 'The WHO Brief Intervention Study Group' studied 1260 men and 299 women who were drinking at levels considered to put them at risk of alcohol-related problems, but who had no prior history of alcohol dependence. They concluded that brief interventions were consistently robust across healthcare settings and socio-cultural groups (WHO Brief Intervention Study Group, 1996).