



Brief Interventions

EVIDENCE

Brief
Interventions

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Brief Interventions

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Brief Interventions

Introduction

Alcohol use has been identified by the World Health Organisation as the second greatest risk to public health in developed countries. Brief Interventions (BIs) are one preventative approach to address this issue. In fact, Graham and Mackinnon (2010) described Scotland's programme to deliver alcohol BIs for hazardous drinkers as a 'key plank' of the wider strategy to reduce population alcohol consumption.

BIs can generally be described as short-term preventive consultations to detect problematic alcohol use in an early stage and to motivate nontreatment-seeking heavy drinkers to change their behaviour or seek treatment. BIs may involve 1 to 5 sessions of 5 to 60 minutes of structured information and advice giving, or counselling based approaches such as brief motivational interviewing (BMI), wherein patients' own motivations are empathetically explored and guided toward change.

BMI incorporate principles of motivational interviewing (MI), such as empathetic and reflective listening and commonly include the provision of individualised feedback. Feedback typically consists of information about the individual's alcohol use, peer and environmental influences on drinking, and reflects the individual's beliefs about alcohol. BMI present normative information on drinking to correct an individuals' inflated perceptions of the amount of alcohol that peers typically consume (i.e., descriptive norms). This tailored approach is seen to perhaps be more effective than the delivery of a more general prevention message, due to the fact that the individual is more likely to identify with and pay more attention to personally relevant information than to general information.





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The delivery of BIs in health care settings to reduce problematic alcohol consumption is a key preventive strategy for public health, although evidence of effectiveness beyond primary care has so far proven to be inconsistent. McCambridge and Kypri (2011) however, argued that the effects of alcohol BIs may have been consistently under-estimated. They reviewed 10 trials and found that answering questions on drinking in

BI trials appears to alter subsequent self-reported behaviour, thus potentially generating bias by exposing non-intervention control groups to an integral component of the intervention.

Wilson et al (2011) outlined various issues with studies reporting on the effectiveness of BIs.

- Information on the persistence of the effectiveness of BIs is often unclear. Generally follow-up time is one year, with only a small number of studies having longer follow-ups.
- The extent to which evidence for the effectiveness of screening and BI (SBI) in primary care can be extrapolated to other populations and settings.
- The considerable variation in the scale, approach, and content of BIs, indicating the need to clarify and delineate their essential and effective components.
- There is a need to understand in which contexts or with which populations different models of BI may be most effective.
- Uptake of BI by professionals in various health care settings continues to fall short of expected levels.

Johnson et al (2011) conducted a review of qualitative evidence for barriers and facilitators to effective implementation of screening and brief interventions (SBI) for alcohol misuse in adults and children over 10 years. Most studies evaluated implementation in primary care settings. Implementation was reported to be limited by lack of resources, training and support from management, and workload. The appropriateness of context in which discussions took place was reported as an acceptability factor for patients and practitioners.

The need for health professionals to have sufficient knowledge about alcohol guidelines and risk in order to implement SBI to those most in need was highlighted.

Duration and content of BIs

Recent evidence has suggested that BI can be effective if they are very brief in nature, with positive results being shown for interventions lasting only 10 minutes. Kulesza et al (2010) investigated the duration of BI among college drinkers and found that a very brief BI (10 minutes) can have an impact on short-term alcohol use outcomes, with potentially no advantage of using longer interventions. Ekman et al (2011) conducted a Swedish randomised controlled trial examining the impact of electronic SBI among young adult students who were considered risky drinkers. The intervention group (n=80) received extensive normative feedback and the control group (n=78) received very brief feedback consisting of only three statements. Results indicated no significant differences in





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Research with non-students

Research on BIs does not provide a clear indication on how effective they are for particular groups. For example, Gaume et al (2011) conducted research with young men (n = 752) attending the mandatory Swiss army conscription process to evaluate the effectiveness of BMI in reducing alcohol use among heavy episodic users and in maintaining low-risk drinking among non-heavy episodic users. Participants were assigned to an intervention (receiving a 20-minute BMI) or control group (BMI after the 6-month follow-up assessment, in a waiting list design). Results indicated that among non-heavy but not heavy episodic users, there was a protective effect of BMI on weekly alcohol use.

However, Daeppen et al (2011) found the opposite results with a sample of Swiss young men in the community. They conducted a randomised control trial with 318 men either assigned to receive a single face-to-face BMI or no intervention (N=219). The BI reduced the alcohol use of binge drinkers (particularly those who experienced certain alcohol-related adverse consequences) but there was no preventive effect of BI among non-bingers. Thus, they concluded BMI may be an effective preventive option for young binge drinkers.

Hagger et al (2011) evaluated a theory-based intervention (adopting an outcome mental simulation technique) aimed at reducing corporate employees' alcohol consumption in excess of guideline limits using a randomised controlled trial in Australia. Results supported the use of the mental simulation intervention in reducing alcohol consumption (but not to the extent of reducing binge drinking or alcohol consumption in excess of guideline limits) among corporate employees.





Brief Interventions

Research with students

The transition from high school to college is a critical developmental period commonly associated with escalations in a range of health-risk behaviours including alcohol, tobacco and illicit drug use (Fromme et al., 2008). A number of factors, including a more alcohol-supportive environment and independence from day-to-day parental monitoring, influence the high rates of underage alcohol use and misuse observed in students. The prevalence of heavy drinking among college students and its associated health related consequences highlights an urgent need for theory-based and cost-effective brief interventions targeting 18 to 24 year olds. BMIs are the most empirically supported individual-level interventions for reducing alcohol use and consequences among heavy drinking students. The primary goal of BMIs with student drinkers is to reduce alcohol-related harmful consequences by encouraging students to moderate consumption and avoid high-risk behaviours.

Various recent studies have shown BIs (or BMIs) to be effective in reducing alcohol and drug related behaviours. For example, Dermen and Thomas (2011) evaluated a BMI for college students at behavioural risk for sexually transmitted diseases using a randomised controlled trial. The two-session, in-person intervention focused on (a) reducing alcohol risk behaviour, (b) reducing HIV risk behaviour, or (c) reducing both alcohol and HIV risk behaviour. Results were positive for alcohol but not sexual behaviours. At follow-up, intervention participants drank less frequently and consumed fewer drinks per drinking day than control participants. Hagger et al (2011) tested the effectiveness of an integrated theory-based intervention in reducing undergraduates' alcohol consumption in excess of guideline limits in national samples from Estonia, Finland, and the UK. The evaluation consisted of a randomised controlled trial involving baseline and one month follow up. Findings indicated that alcohol consumption was significantly reduced in the implementation condition for the Estonian and UK samples. Significant reductions in binge-drinking occasions in the implementation group for the UK sample only were also observed.

Various studies have examined the effectiveness of the Brief Alcohol Screen and Intervention in College Students (BASICS; Dimenoff, 1999- for explanation of BASICS, see Special Interest Articles - Grossbard et al (2010) and Wood et al (2010)). For example, Amaro et al (2010) evaluated BASICS in a college student health clinic, with results indicating that drinking and drug use among respondents (n = 449) decreased between baseline and 6 months. Participants also reported an increase in protective factors and in readiness to change alcohol-related behaviours, and a decrease in negative alcohol-related consequences. This was taken as evidence that BASICS may be effective when implemented in a primary health care setting. Kazemi et al (2011) examined the effectiveness of BASICS for decreasing high-risk drinking and negative consequences. The BMI intervention was administered at baseline and 2 weeks later (n = 102). Findings indicated that number of drinks, hours of drinking, and negative consequences decreased following the intervention.





Brief Interventions

Computer or electronic media based interventions

To enhance the efficacy of alcohol prevention programmes, new and advanced strategies are warranted. A promising method may be the application of electronic media to deliver alcohol preventive materials, as this presents an opportunity to widely disseminate interventions in an easy and cost-effective way. Moreover, since the majority of adolescents have access to the internet and make frequent use of internet technologies, web-based interventions may be particularly suitable to target adolescent audiences.

Voogt et al (2011) outlined various advantages with using web based interventions over the more traditional delivery methods.

- Heavy drinkers are generally not interested in help or treatment because they either do not think of themselves as heavy drinkers or they do not recognise that their drinking patterns may cause serious health risks; therefore, they prefer less formal interventions to address their drinking behaviour.
- Web-based BIs allow easy access to large audiences.
- Such interventions allow participants to access the intervention at their own convenience, which may enhance participants' feelings of privacy and anonymity.
- These types of interventions are brief; therefore, less time-consuming and easier to implement.
- Tailored information can be provided in an automated, cost-effective and flexible way.

Overall, evidence indicates that computer based interventions are an effective means of delivering BIs, although the extent to which these are preferable to more traditional formats still remains questionable. For example, Carey et al (2011) found that BMIs optimised outcomes for respondents compared with two computer based interventions.

Khadjesari et al (2011) conducted a review of computer-based interventions aimed at reducing alcohol consumption in adults. The review suggested that computer-based interventions were more effective than minimally active comparator groups (e.g. assessment-only) at reducing alcohol consumed per week in student and non-student populations. However, many of the research studies were said to have methodological weaknesses including not investigating non-student populations, not comparing interventions with active comparator groups, and using statistics which could be misleading in small samples.





Brief Interventions

Computer or electronic media based interventions (continued)

Vaca et al (2011) used an observational study to measure change in alcohol consumption following a computerised SBI in an emergency department. At 6 months follow up, just under half of the study sample of at-risk patients were no longer drinking over the recommended limits, with readiness to change being a good predictor of drinking below the recommended limits. The authors concluded that the use of this computerised BI was a viable tool for a wide range of emergency department patients.

Suffoletto et al (2011) investigated the use of text messaging (TM) for BI with young adults after emergency department discharge. Respondents were young hazardous drinkers (n = 45) who took part in a randomised controlled trial. At three months follow up, participants exposed to the TM-based intervention had fewer heavy drinking days in the last month and fewer drinks per drinking day than other respondents. The study was seen to provide evidence that TM can be used to assess drinking in young adults and can deliver BI to young adults discharged from the emergency department, although it was emphasised that larger studies are needed to establish efficacy.

Butler and Correia (2009) investigated the efficacy of face-to-face and computer delivered interventions relative to an assessment-only control condition among 84 at risk students. Results suggested that both face-to-face and computerised interventions were equally successful in reducing the quantity and frequency of alcohol consumption, and that both interventions were more effective than the control condition. Participants also rated both interventions as acceptable, although the face-to-face intervention was given a more favourable rating. These initial results suggest that computerised interventions can be used to efficiently reduce alcohol use among college students.

Bingham et al (2010) investigated the Michigan Prevention and Alcohol Safety for Students (M-PASS), a web-based alcohol BMI to reduce college student at-risk drinking. The intervention consists of 4 online sessions where participants receive feedback tailored to individual drinking patterns and concepts from 4 behaviour change theories. The evaluation consisted of a randomised controlled trial (n = 1137). Results were positive and indicated that the intervention was associated with advanced stage of change, lower tolerance of drinking and drink-driving, fewer reasons to drink, and use of more strategies to avoid at-risk drinking. Preliminary evidence of behavioural change was also found.





Brief Interventions

Gender differences

Recent studies have indicated that computerised interventions may be more effective for males than females. However, more research on this gender difference is warranted.

Carey et al (2011) investigated the use of alcohol related interventions for college students violating alcohol policies using a randomised controlled trial (n = 677). Specifically, they investigated whether a BMI was more effective than two computer-delivered interventions (Alcohol 101 Plus™, Alcohol Edu for Sanctions®). Findings indicated gender differences with male and female students responding differently to sanctions for alcohol violations and to risk reduction interventions. BMIs optimised outcomes for both genders. Male students improved after all interventions, but female students improved less after computer interventions than BMI. Intervention effects decayed over time, especially for males.

Special Interest Article - Spijkerman et al (2010)

Spijkerman et al (2010) investigated the effectiveness of web-based BIs in reducing alcohol use among 15-20 year old Dutch binge drinkers by means of a randomised controlled trial. Participants screened as binge drinkers were recruited through an online access panel (n = 575) and randomly assigned to (1) a web-based BI without normative feedback, (2) a web-based BI with normative feedback, or (3) a control group (no intervention).

The interventions consisted of:

- (1) a questionnaire on participants' drinking patterns, drinking motives, and health risk status and;
- (2) personalised feedback based on the participants' questionnaire including advice about moderate drinking.

The feedback was tailored to the participant's age (under 16, 16 -17, and 18+) and gender and organised along various topics. Participants were either provided with advice on the Dutch National Health Council guidelines on daily alcohol limits, advised to abstain from alcohol, or advised to drink moderately. The topics covered were as follows: Personal Drinking Behaviour and Related Health Risks; Drinking Motives and Suggestions to Reduce Alcohol Use; Risk of Developing Problematic Alcohol Use or Alcohol Dependence; and Personal Perceptions About Own Alcohol Use and Related Risks.





Brief Interventions

Special Interest Article - Spijkerman et al (2010)

The time taken to complete the intervention was approximately 15 minutes. The implementation with normative feedback also provided an overview of how much participants thought their peers would drink, how much their peers actually drank, and how much the participants drank themselves.

Results were as follows.

- 1) The impact of the interventions differed for males and females: males who received the intervention showed lower levels of weekly alcohol use and were more likely to have engaged in moderate drinking at follow-up; whereas the intervention did not have any significant impact on females, with it being hypothesised that this may have been due to the web-based format. In support of this, another study demonstrated that female college students receiving a face-to-face intervention showed greater reductions in alcohol use than female students who received a computer intervention [Carey et al, 2009].

These findings suggested that female drinkers may be less responsive to computer-tailored BIs, although further research on this issue is warranted.

- 2) At the 3-month follow-up, only the intervention without normative feedback resulted in a decrease in participants' weekly drinking rates, suggesting that the inclusion of normative feedback does not contribute to the effectiveness of the tested BI in adolescent male drinkers in the long term.





Brief Interventions

Special Interest Article - Spijkerman et al (2010)

The study limitations were as follows.

- 1) Only a short follow up time of 3 months was used.
- 2) The study involved a convenience sample with some inevitable dropout, particularly among the younger and less highly educated participants.

3) Just over half who agreed to participate in the research did not respond after being allocated to the intervention or control condition, suggesting a substantial portion of the recruited participants were not interested in the intervention. These high dropout rates may suggest that some adolescents might not use or benefit from web-based brief alcohol interventions.

4) The study used self-reported data to assess participants' alcohol consumption levels, which may show response bias due to social desirability concerns and memory effects.

It was concluded that the finding that a web-based alcohol BI reduced excessive alcohol consumption in males aged 15 to 20 years is encouraging for the further implementation of alcohol BI among late adolescents.





Brief Interventions

Community Pharmacies

Research studies have also investigated the role of community pharmacists in delivering alcohol screening and BIs, as well as providing general advice to service users.

McCaig et al (2011) examined the role of community pharmacists in relation to providing advice to clients on public health issues such as alcohol use by means of a postal survey sent to all community pharmacies in Scotland (n=1098). Results indicated that although knowledge of recommended alcohol-intake limits was high, few respondents currently advised clients on alcohol consumption once a week or more, with many having never done so. Further results indicated that although some were confident in explaining alcohol limits, binge drinking and confidentiality issues, many lacked confidence in screening and providing a BI on alcohol. The authors concluded that implementation of a BI in community pharmacy would firstly require an appropriate staff training programme covering both knowledge and confidence issues.

Sheridan et al (2008) explored attitudes, knowledge, barriers and incentives towards involvement of community pharmacists in New Zealand with problem drinkers. In contrast to the Scottish study, knowledge of alcohol content of drinks and recommended safe drinking limits was poor. Respondents were generally well motivated towards undertaking this role, but lacked knowledge, skills and confidence. Thus, it was concluded that there is potential for involvement of community pharmacists in SBI for problem drinkers. Dhital et al (2010) investigated the views of service users in London towards pharmacists delivering alcohol screening and BIs. Results indicated that regardless of drinking status, most were willing to utilise the service and were positive about pharmacists' involvement.

Multi-component approaches aimed at young people

Many of the BIs targeted at young people consist of combined approaches involving schools and parents. Research has suggested that this use of combined approaches is more effective than single approaches.





Brief Interventions

Special Interest Article - Werch et al (2010)

Werch et al (2010) evaluated a brief image-based prevention intervention based on the Behaviour Image Model (BIM). The Behaviour-Image Model (BIM) is a paradigm for planning brief, multiple behaviour interventions, based on the premise that activating existing or creating new images of attractive others (i.e., prototype or social images) and our possible selves (i.e., future self-images) can integrate and motivate change across divergent health behaviours (Werch, 2007). The BIM is also founded on the self-regulation theory of health (Scheier & Carver, 2003), with interventions based on BIM providing feedback on participants' health behaviours and self-images to increase commitment to setting concrete goals aimed at reducing discrepancy between health behaviours and social and self-images. The study was thought to provide a departure from mainstream prevention research by evaluating an innovative brief prevention intervention targeting multiple commonly used drugs using positive social and future self-images related to health promoting and personal development habits among adolescents in a high school setting.

The study consisted of a randomised clinical trial, with students ($n = 416$) randomised to either the BI or usual care control with data collected at baseline and 3-month follow-up. The Planned Success intervention (based on the BIM) consisted of a tailored in-person communication and a follow-up series of parent and guardian print materials. The printed text and scripted messages were designed to elicit a social image of a successful young adult as one who sets life goals to increase positive behaviours while avoiding behaviours that interfere with being more successful. The BI materials were designed to provide feedback on current health and personal development behaviours and help participants set concrete goals to improve targeted behaviours and achieve desired future self-images.

The in-person communication consisted of a screening survey, consultation, and goal plan. The mean length of the consultation was 20 minutes. One week later, parents and guardians of participants were sent three weekly mailings of five parent-youth cards with messages that paralleled those in the consultation.





Brief Interventions

Special Interest Article - Werch et al (2010)

Results were positive, with intervention participants increasing their health behaviour goal setting, and decreasing alcohol use frequency and quantity (although these effects were small).

Interestingly, the effects on adolescents reporting current substance use were larger, with these students reducing their

frequency and heavy use of alcohol, and frequency and quantity of alcohol and drug problems with larger effects. Thus, it was suggested that these types of BIs should be examined for adolescents already engaged in alcohol or illicit drug consumption. It was noted that prevention programmes are often aimed at either younger adolescents or older college-aged young adults, leaving high school adolescents without critical programmes designed to increase and maintain motivation to avoid harmful substance use.

The results also supported the Behaviour-Image Model. Thus, it was suggested that such interventions might provide a more feasible and acceptable alternative to typical lengthy and involved prevention programmes found in school settings.

Noted limitations were the relatively small sample from a single high school and the limitation of a 3-month follow-up. In addition, as the intervention included both an in-person communication and a follow-up series of parent and guardian print materials, it is unclear which of these strategies individually or in combination resulted in the positive changes found among those receiving the intervention.





Brief Interventions

Multi-component approaches aimed at young people (continued)

In particular, BIs for adolescents have been shown to have better results if there is a parent component to the intervention.

Winters et al (2011) evaluated two school based brief interventions for adolescents (aged 12-18 years) identified as abusing alcohol and other drugs by means of a randomised controlled trial. Adolescents and their parents (n = 315) were randomly assigned to either a two-session adolescent-only, two-session adolescent and additional parent session, or assessment-only control condition. Results indicated that adolescents in the intervention conditions generally showed significantly more reductions in drug use behaviours compared with the control group. In addition, respondents receiving the adolescent and parent condition showed significantly better outcomes compared with the adolescent intervention group on several variables. Results also indicated that problem-solving skills and use of additional counselling services mediated outcome.

Mallet et al (2010) investigated whether age of onset impacted on the effectiveness of alcohol interventions among a high-risk population of college students (i.e., former high school athletes). Students (n = 1275) were randomised to one of four conditions: assessment only control, combined parent-based intervention (PBI) and brief motivational intervention (BMI), PBI alone, and BMI alone. The combined intervention demonstrated the strongest and most consistent reductions across all outcomes, particularly with the youngest initiators, with it being suggested that this is an appropriate and effective way to reduce drinking and related consequences among individuals who initiated drinking earlier in adolescence and are at an increased risk of experiencing alcohol problems.





Brief Interventions

Special Interest Articles – Grossbard et al (2010) and Wood et al (2010)

Grossbard et al (2010) explored secondary effects of a multi-site randomised alcohol prevention trial on tobacco, marijuana and other illicit drug use among a sample of incoming college students who participated in high school athletics. Students

(n = 1275) completed measures at baseline before starting college and ten months later. Students were randomised to one of four conditions: a parent-delivered intervention, the Brief Alcohol Screening and Intervention for College Students (BASICS; Dimeff et al., 1999), a condition combining the parent intervention and BASICS, and assessment only control.

BASICS has been established as a Tier I intervention by the National Institute on Alcohol Abuse and Alcoholism (NIAAA, 2002). The BASICS intervention included a 45–60 minute session led by a trained peer facilitator, during which computer-generated motivational feedback based on the participant's baseline assessment was reviewed. Feedback components included participant's alcohol use, normative perceptions, expectancy challenge, negative consequences, and protective behaviour strategies. The Parent BI was a handbook-based intervention modified from Turrisi and colleagues (2001) designed to raise parental awareness of alcohol abuse and consequences among college students and increase parental effort to address this issue with their teenager. The handbook included facts about college student drinking, strategies and techniques for communicating with teenagers in an effective manner, tips on ways to help teenagers develop assertiveness and resist peer pressure, and in-depth information on how alcohol impacts on the body.

Parents were asked to make notes directly on the handbook materials and to return it by mail.

Results of the ten-month follow up revealed students who received the combined intervention used marijuana significantly less frequently compared to those receiving BASICS alone and the control group (students in the BASICS and control groups reported more frequent marijuana use at follow-up compared to students in the combined intervention who did not increase their marijuana use).





Brief Interventions

Special Interest Articles – Grossbard et al (2010)

and Wood et al (2010) (continued)

The results were said to be promising, that a combined intervention focused solely on alcohol use also reduced marijuana use among first-year college students. In addition, given the secondary effects found in the combined parent

and BASICS condition, it may be that interventions targeting alcohol and drug use behaviours in transitioning college students require multiple approaches.

Wood et al (2010) evaluated a similar approach, involving a brief motivational intervention based on the BASICS programme (BMI) and parent-based intervention (PBI) based on Turrisi et al (2001). Participants (n = 1,014 parent and incoming college student dyads) were randomly assigned to one of four conditions: BMI only, PBI only, BMI and PBI, or an Assessment-Only Control Group. As in Grossbard et al (2010), the BMI was based on the BASICS programme and included two semi-structured in-person sessions (one being a booster session). The parent handbook was revised to include constructs shown to have protective effects on substance misuse, such as encouraging clear expectations about alcohol use, monitoring, and drinking-related communication.

Results were more limited for the combined intervention than in other studies, with evidence being limited to alcohol consequences and not heavy episodic drinking. However, the effect on consequences was larger at the 22 month follow-up than the 10 month follow-up, with it being suggested that the BMI booster session was especially useful for delaying the onset of heavy episodic drinking and consequences among those who had not yet initiated these behaviours, perhaps by explicitly emphasising that many other college students also avoid heavy drinking and consequences and by enhancing the participants' self-efficacy.

Results also indicated that BMI participants were significantly less likely than non-BMI participants to initiate heavy episodic drinking and to begin experiencing alcohol-related consequences, thus suggesting that the BMI was a successful intervention for delaying the onset of heavy episodic drinking and consequences, which suggests the utility of universal interventions in reducing alcohol risks during the developmental period in which such risks peak. However, as effect sizes were small, and the BMI was time and resource intensive; this indicated the need for further refinement and tailoring of this intervention.





Brief Interventions

Factors impacting on effectiveness of BI

Research indicates that various features of both the practitioner and client can impact on the effectiveness of the BI, particularly in relation to BMIs. Mulia et al (2011) highlighted that to ensure all individuals in need can benefit from SBI, the SBI should be considered and adapted for a wide range of service venues frequented by more disadvantaged communities as implementing SBI in mostly primary care settings could inadvertently widen the gap in alcohol-related health disparities.

Daepfen et al (2010) conducted a Swiss study which suggested that the skills of the counsellor in delivering the BI are key in determining change in the individual. The study consisted of a randomised controlled trial with at-risk drinkers at an emergency department (n = 987). The overall results demonstrated a general decrease in alcohol use with no differences across groups. However, further analysis indicated a relationship between counsellor motivational interviewing (MI) skills and patient change talk during the intervention. Specifically, communication characteristics of patients during the BI predicted changes in alcohol consumption 12 months later. Moreover, despite systematic training, important differences in counsellor performance were highlighted. Counsellors who had superior MI skills achieved better outcomes overall; counsellors with inferior MI skills were effective mostly with patients who had higher levels of ability to change.

McCambridge et al (2008) tested the effectiveness of motivational interviewing in comparison with drug information and advice in opportunistically securing reductions in drug-related risk among young cannabis users not seeking help. Students from London FE colleges who smoked cannabis took part in a randomised controlled trial (n = 326). Results indicated no differences between motivational interviewing and drug information and advice. However, there were wide-ranging individual practitioner effects on observed outcomes.

Bear et al (2008) investigated whether client language about change is related to actual behavioural change (which is central to motivational interviewing). Respondents were homeless adolescents who used alcohol or illicit substances but were not seeking treatment (n = 54). Results indicated that statements about desire or ability against change, although infrequent, were strongly and negatively predictive of changes in substance use rates. In contrast, statements about reasons for change were associated with greater reductions in days substance use. Results suggested that specific aspects of adolescent speech in BIs may be important predictors of change in substance use. Similarly, Vaca et al (2011) found that readiness to change was a good predictor of drinking below the recommended limits, and Amaro et al (2010) found that participants reported an increase in readiness to change alcohol-related behaviours following a BI.

Capone and Wood (2009) found that heavy drinking students demonstrating higher traits toward deliberative reflection benefitted more from BMI, as evidenced by greater reductions in both total alcohol use and heavy episodic drinking. Similarly, higher levels of motivational readiness at baseline were associated with stronger effects on drinking over time.





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Factors impacting on effectiveness of BI

Becker et al (2011) investigated factors influencing change in relation to frequency of substance use and quality of life among adolescents with a substance use disorder who received a five session evidence based BI. Results indicated that at baseline, higher peer substance involvement and conduct severity predicted higher frequency of substance use, whereas higher peer substance involvement and depression severity predicted poorer quality of life.

Special Interest Article - Conrod et al (2010)

Conrod et al (2010) conducted a randomised controlled trial to investigate the effectiveness of targeted coping skills interventions on illicit drug use in English adolescents with personality risk factors for substance misuse. Personality factors such as hopelessness, anxiety sensitivity, impulsivity, and sensation seeking have been shown to be concurrent or predictive risk factors for substance misuse in adulthood and adolescence. After screening, 2028 students aged 13 to 16 years with elevated scores of hopelessness, anxiety, sensitivity, impulsivity, and sensation seeking were involved in the trial. Participants were randomly assigned to a control no-intervention condition or a 2-session group coping skills intervention targeting 1 of 4 personality profiles.

The BI involved two 90-minute group sessions which were in manual form and carried out by psychologists or special needs teachers. The manuals included various components such as psycho-educational, motivational, and a cognitive behavioural therapy component and included real-life scenarios shared by high-personality-risk British youth in specifically organised focus groups. The interventions were designed with the intention to change how individuals with specific personality risk factors coped with their vulnerability.

Results indicated the control group showed significant growth in the number of drugs used as well as more frequent drug use over the 2-year period relative to the intervention group. The intervention was also associated with reduced odds of taking up the use of marijuana, cocaine and other drugs. An important advantage of the personality-targeted approach is that high-risk youth can be selected and targeted before they have initiated substance use, and they can be assisted in preventing onset and escalation to regular and problematic use by managing early behavioural risk profiles. This study extends the evidence that brief, personality-targeted interventions can prevent the onset and escalation of substance misuse in high-risk populations.





Brief Interventions

Implications for Practice

Consideration that BI not always effective

The review of current evidence in relation to BI indicates that BIs do not always result in effective outcomes for all populations. There is mixed and contradicting evidence showing the effectiveness of BIs among males and females, heavy and non-heavy drinkers, and different types of individuals (e.g. community members, students etc.). In addition, BIs have also been shown to only have partial success such as reductions in alcohol consumption but not binge drinking, or alcohol consequences but not alcohol consumption per se. The appropriateness of context and the setting in which the BI is undertaken are crucial factors. Thus, when considering BIs with a particular population, it is recommended that pilot work is undertaken to establish the needs of the target group and tailor the intervention and setting accordingly.

Ensuring practitioner has necessary knowledge and skills provided by training

Various factors have been shown to have an impact on the success of the BI including the skills of the practitioner, suggesting the need for appropriate training for staff tasked with delivering the BI in order to ensure the best outcomes possible.

Tailoring BI to specific target groups

Research has indicated that various personal attributes can impact on the success of the BI. These include communication skills, reasons for change, traits towards deliberate reflection and motivational readiness, peer substance use involvement as well as gender and age. The desire and ability against change has been shown to be negatively associated with reductions in drinking behaviour. In addition, various personality traits such as sensation seeking and impulsivity are also associated with increased risk of substance misuse. Consideration of all these variables when developing appropriate BI approaches may result in better outcomes.

Using multi-component approaches involving parents

A common finding across all chapters is the benefits of using combined, multi-component approaches for undertaking preventative work. In relation to BIs, although school based approaches have been shown to be effective, the addition of a parenting element improves outcomes (particularly when younger pupils are involved). Such approaches have also led to positive impacts in relation to drug behaviour.

Considering computerised and web based approaches

Such approaches are seen as a promising alternative to more traditional face-to-face approaches as they are less formal, easy to access, more cost effective, and more flexible. Evidence for such approaches is mixed, although generally it has been suggested that such approaches are not significantly less effective. As such, it is recommended that these approaches are considered due to their various benefits. The use of text messaging can also provide a useful modern day alternative.





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Implications for Practice

However, a note of caution should be observed, in that given the reported gender difference in relation to computerised interventions, the use of these interventions for females may be limited. It appears that females prefer the more traditional face to face methods and are less responsive to computerised approaches, although this finding requires more evidence.

Importance of BI for range of age groups

The literature highlights that many BIs are rightly targeted at primary age and early secondary age children (to delay onset of alcohol and drug behaviour) or at students who are at a vulnerable stage due to changes in drinking culture when entering college or university. For example, Brief Motivational Interventions (BMIs) have been shown to be effective in delaying drinking onset and so should be encouraged with younger individuals. Evidence has also shown the positive impact of a booster BMI session with this group. In relation to students, there is evidence too of the effectiveness of e.g. the BASICS intervention which as well as reducing drinking and drug taking behaviour, has also led to increases in protective factors and in readiness to change alcohol related behaviours.

The use of positive images has also been shown to be particularly effective for those adolescents already abusing substances, suggesting that BIs are also beneficial for the middle age group of adolescents.

Brief means brief

Finally, recent evidence has indicated that a BI lasting 10 minutes is no less effective than a longer, more resource intensive intervention; and that interventions including normative feedback have limited additional benefits. Thus, it would appear appropriate to pilot 10-15 minute BIs which can be used in a range of settings and be tailored to the target group.

Links to other core elements

Resilience and Protective Factors

Education

Training

Parenting Programmes





Brief Interventions

Links to other core elements

Resilience and Protective Factors

Education

Training

Parenting Programmes

