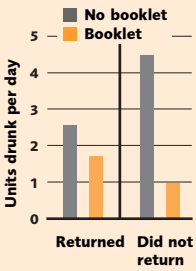


**7.3 Non-returners benefit from making initial alcohol assessment into a brief intervention**

**Findings** A brief motivational intervention integrated into initial assessment for alcohol treatment substantially reduced drinking among people who did not return for treatment. The intervention involved verbal feedback on the attender's drinking and its consequences which was summarised in a takeaway self-help booklet. The booklet also enabled clients to compare their drinking with national norms, indicated the degrees of risk at different drinking levels, provided a sample drink diary, noted the benefits of reducing consumption, invited the reader to weigh up the pros and cons of reducing their drinking and to set a target for doing so, emphasised the value of getting help, and outlined next step options.

**LINKS** Nuggets 6.9 • [Investing in alcohol treatment](#), issue 7 • [How brief can you get?](#) issue 2

On alternate months over a six-month period either routine assessment was applied to all adults attending for alcohol problem assessment at a Canadian addiction centre or this was supplemented by the intervention. 132 out of 198 randomly selected for follow-up were interviewed by phone six months after their assessment. After adjusting for pre-assessment drinking levels, in the three months before follow-up, intervention subjects had drunk significantly less often and less heavily than those routinely assessed (on average, 1.6 v 3 units a day). Even people who had returned for treatment had consumed a third less after the intervention, but the impact was greatest among non-returners. The 10 given the booklet had drunk on average about 4 UK units on each of 11 days, the 14 not given it 10 units on 32 days. Perhaps because non-returners were so few, differences in this sub-sample did not reach statistical significance.



**In context** Studies have shown that brief interventions and entry in to treatment (including assessment feedback) can have a substantial impact on treatment-seeking drinkers. However, subjects in these studies were not as severely dependent or problematic as those seen at alcohol treatment units. Also, 'brief' interventions have often been quite extended. In the featured study, levels of drinking were even lower than in other studies and the five-minute intervention was built on the prior assessment, which presumably took much longer. Though sufficiently persuasive to underpin further exploratory work, there are queries over the study. Outcomes from the third of subjects not re-interviewed could have affected the findings, especially since different clients responded very differently to the intervention. Non-returners who received the booklet might have ended up drinking less just because they were drinking less at baseline. Non-randomisation means the study falls short of the methodological 'gold standard', but also that it more closely approximated normal practice. A deliberate decision was taken not to use the booklet to encourage patients to return for treatment. Those who rejected face-to-face advice were unlikely to be swayed, and it would have been incongruous to hand it to people whose drinking did not warrant advice to return. Importantly, there was no evidence that handing over the booklet led some patients to think there was no need to return.

**Practice implications** Clearly the emphasis should be on persuading clients who need treatment to return for it and there will be some so severely affected that immediate action is advisable. But in outpatient services, taking steps to ameliorate the drinking of the many patients who will not return for treatment seems a responsible precaution. The intervention tested was so cheap, quick and easy to deliver that it could be widely adopted, with the safeguard of at least an initial monitoring period to assess its impact on returners and non-returners and on return rates. In general, seeing the initial assessment as doubling up as a brief intervention should have benefits for patients who take up treatment and for those who do not, as long as care is taken not to give the impression that this is the treatment.

**Featured studies** Cunningham J.A. *et al.* "Using self-help materials to motivate change at assessment for alcohol treatment." *Journal of Substance Abuse Treatment*: 2001, 20, p. 301–304. Copies: apply Alcohol Concern DrugScope.

**Contacts** John Cunningham, Centre for Addiction and Mental Health, 33 Russell Street, Toronto, Ontario M5S 2S1, Canada, e-mail John\_Cunningham@camh.net.