

### **Q.** What is a brief alcohol intervention?

**A.** A brief alcohol intervention (BAI) consists of one or more time-limited conversational interactions designed to reduce unhealthy alcohol use. Sometimes referred to as risky drinking or alcohol misuse, unhealthy alcohol use is characterized as drinking above the recommended drinking limits, which can be defined as no more than three drinks on any single day and no more than seven drinks per week for women, and no more than four drinks on any single day and no more than 14 drinks per week for men (NIAAA, 2015). BAIs are typically delivered over the course of one to four sessions and in five to 15 minute increments, although a single session can endure for more than 30 minutes in some models. The content of a BAI typically includes feedback regarding the individual's alcohol consumption, techniques to enhance motivation to change, and negotiation of a goal to reduce or quit alcohol use.

### **Q.** What is the treatment model underlying BAIs?

**A.** The aims of a BAI are to help the individual increase awareness of his or her alcohol use and its consequences, and to encourage the person to create a plan to change his or her drinking behavior to stay within safe limits. Motivational interviewing techniques are often included to enhance the individual's motivation to reduce his or her drinking. Rather than promoting abstinence only, BAIs often follow a harm reduction paradigm to help the person manage his or her drinking behavior within safe limits. BAIs are often delivered as part of the Screening, Brief Intervention, and Referral to Treatment (SBIRT) model (see Centers for Disease Control and Prevention, 2014; SAMHSA, 2011).

### **Q.** Are BAIs recommended in the Military Health System (MHS)?

**A.** **Yes.** The 2015 *VA/DoD Clinical Practice Guideline for the Management of Substance Use Disorder (SUD)* gives a “strong for” strength of recommendation for “providing a single initial brief intervention regarding alcohol-related risks” to patients who screen positive for unhealthy alcohol use who are without documented alcohol use disorder (AUD).

*The MHS relies on the VA/DoD clinical practice guidelines (CPGs) to inform best clinical practices. The CPGs are developed under the purview of clinical experts and are derived through a transparent and systematic approach that includes, but is not limited to, systematic reviews of the literature on a given topic and development of recommendations using a graded system that takes into account the overall quality of the evidence and the magnitude of the net benefit of the recommendation. A further description of this process and CPGs on specific topics can be found on the VA clinical practice guidelines website.*

### **Q.** Do other authoritative reviews recommend BAIs for unhealthy alcohol use?

**A.** **Yes.** Other authoritative reviews have substantiated the use of brief alcohol interventions for unhealthy alcohol use.

Several other recognized organizations conduct systematic reviews and evidence syntheses on psychological health topics using similar grading systems as the VA/DoD CPGs. These include the Agency for Healthcare Research and Quality (AHRQ) Systematic Review Repository and the Cochrane Database of Systematic Reviews. AHRQ provides support to the US Preventive Services Task Force (USPSTF), which makes evidence-based recommendations about clinical preventive services.

- AHRQ: A 2012 comparative effectiveness review found that “behavioral counseling interventions improve behavioral outcomes for adults with risky/hazardous drinking.”
- Cochrane: A 2007 systematic review found that brief alcohol interventions in primary care reduced alcohol consumption. A 2011 systematic review found that brief alcohol interventions in the emergency

department were associated with reduced alcohol consumption up to nine months later, as well as fewer deaths up to a year later.

- USPSTF: Recommends that primary care clinicians screen adults age 18 or older for alcohol misuse and provide persons engaged in risky or hazardous drinking with brief alcohol interventions to reduce alcohol misuse.

**Q. What conclusions can be drawn about the use of BAIs as a treatment for unhealthy alcohol use in the MHS?**

**A.** Brief alcohol interventions are recommended for patients who screen positive for unhealthy alcohol use. It is important to note that whereas BAIs are effective for unhealthy alcohol use, BAIs may not be effective for alcohol use disorders (see Saitz, 2010). Providers should refer to service-specific policies and regulations for the management of alcohol use disorders.

*\*Find the full series of Psych Health Evidence Briefs and subscribe to receive future briefs at <http://www.pdhealth.mil/research/evidence-synthesis/evidence-briefs>.*

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