

Brief Interventions for Alcohol Misuse

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KEYWORDS

• Alcohol • AUDIT • Dependency • At-risk alcohol use

EVIDENCE-BASED BRIEF INTERVENTIONS

Alcohol misuse harms individuals and society with massive biopsychosocial and economic consequences: decreased worker productivity, increased unintentional injuries, aggression and violence against others, and child and spouse abuse (<http://pubs.niaaa.nih.gov/publications/arth27-1/52-62.htm>). The US Preventive Services Task Force recommends brief interventions for reducing alcohol misuse by adults, including pregnant women.¹ Brief counseling improves health outcomes, with the benefits outweighing the harms. However, the number, quality, and consistency in these studies limit the strength of the evidence. Brief interventions are effective in primary care settings, emergency departments, and college student health centers.²⁻⁵ A review of a 22-study meta-analysis (7619 participants) showed that a brief intervention delivered to patients in primary care settings resulted in lower alcohol consumption (mean difference, -38 g/week, 95% confidence interval, -54 to -23) compared with controls.¹ Another review of a 19-study meta-analysis (5639 participants) showed that a brief intervention reduced alcohol consumption by 10% to 30%.² In a college student health center study, students who were screened positive for high-risk drinking reduced their alcohol consumption, with fewer peak number of drinks per sitting (control [C], 8.03; intervention [I], 6) and decrease in blood alcohol levels at 3 and 6 months (C, 0.071; I, 0.057 and C, 0.073; I, 0.057, respectively).

Although brief interventions are effective for certain populations, they have many limitations. They may or may not work with adolescents and do not conclusively reduce alcohol consumption in women and in heavy alcohol users in hospitals and primary care settings.^{1,4,6} In drinkers with Alcohol Use Disorders Identification Test

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