

Fact sheet:

Do brief interventions for risky drinking and treatments for alcohol use disorders work?

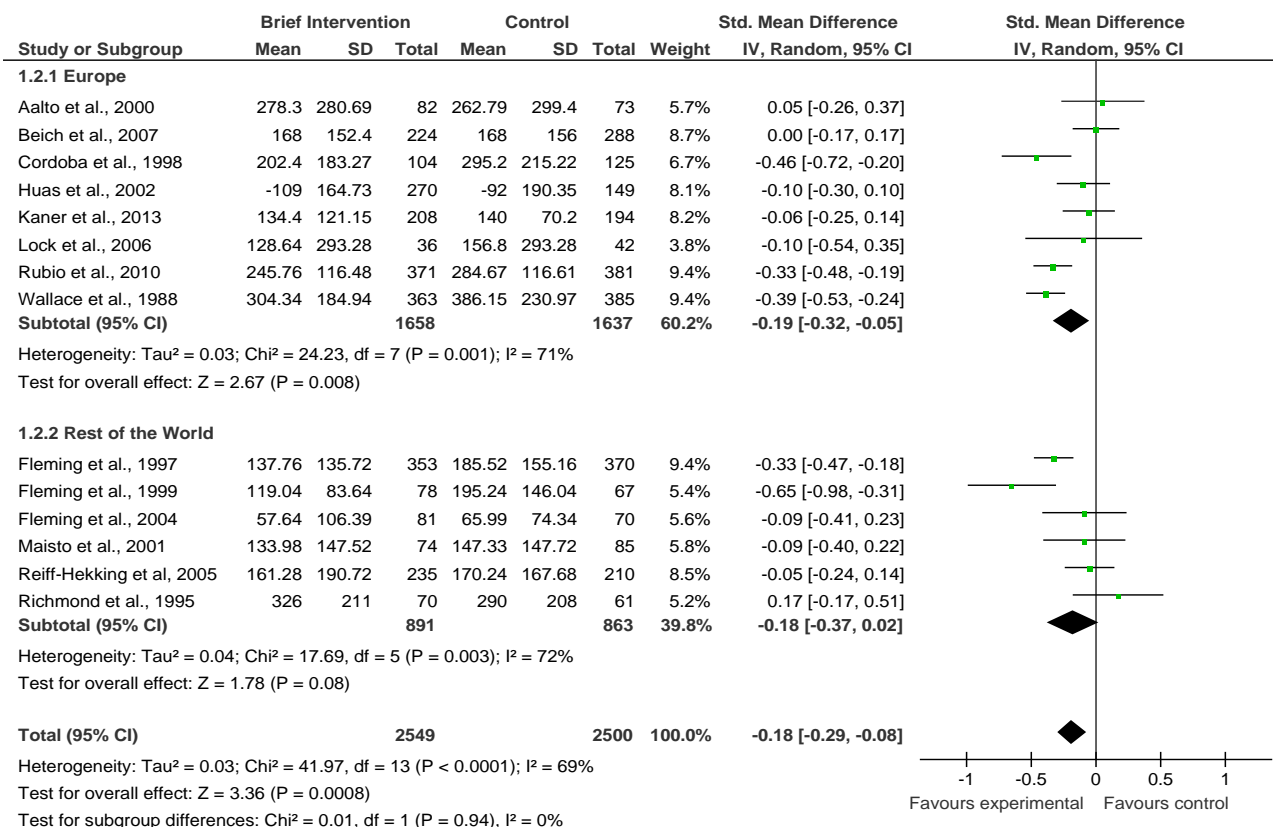
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Effectiveness of brief interventions in primary health care settings

The effectiveness of brief interventions for risky drinking in primary health care settings was analysed, comparing the results from studies undertaken in Europe with those undertaken in the rest of the world. Figure 1 summarizes the results, and finds that brief interventions work, and they work just as well in European studies as they do in studies from the rest of the world. In European studies, brief interventions lead to about 20 grams less alcohol (two drinks) being drunk per week compared to groups that did not received the brief intervention 12 months after the intervention. This is a large difference.

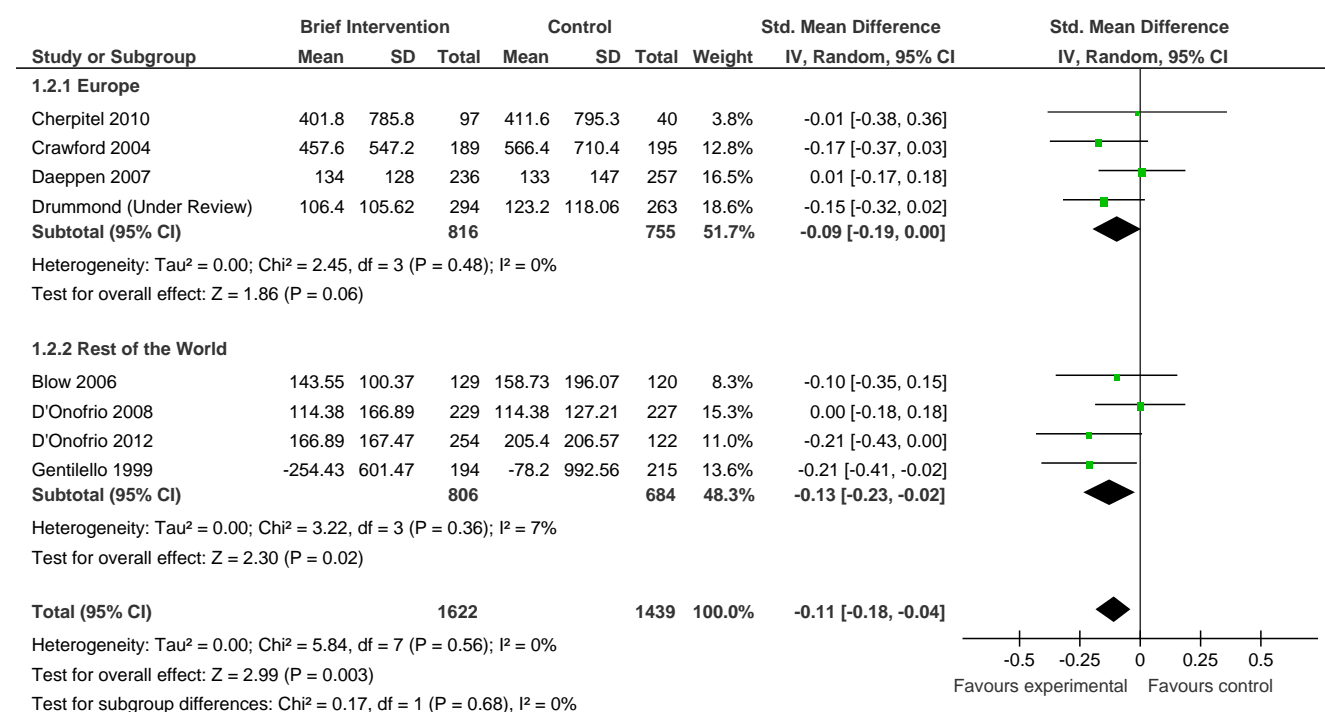
Figure 1. Forest plot taken from primary care meta-analysis. Estimated standardised mean difference (with standard deviation) of final quantity value for alcohol consumption in grams per week at 12 months follow-up between brief intervention and control groups in included trials for the Europe region and the rest of the world.



Effectiveness of brief interventions in emergency departments

The effectiveness of brief interventions for risky drinking in emergency departments was analysed, comparing the results from studies undertaken in Europe with those undertaken in the rest of the world. Figure 2 summarizes the results, and finds that brief interventions work, and they work just as well in European studies as they do in studies from the rest of the world. In European studies, brief interventions lead to 9 grams less alcohol (one drink) being drunk per week compared to groups that did not received the brief intervention 12 months after the intervention. This is a large difference.

Figure 2. Forest plot taken from emergency department meta-analysis. Estimated standardised mean difference (with standard deviation) of final quantity value for alcohol consumption in grams per week at 12 months follow-up between brief intervention and control groups in included trials for the Europe region and the rest of the world.

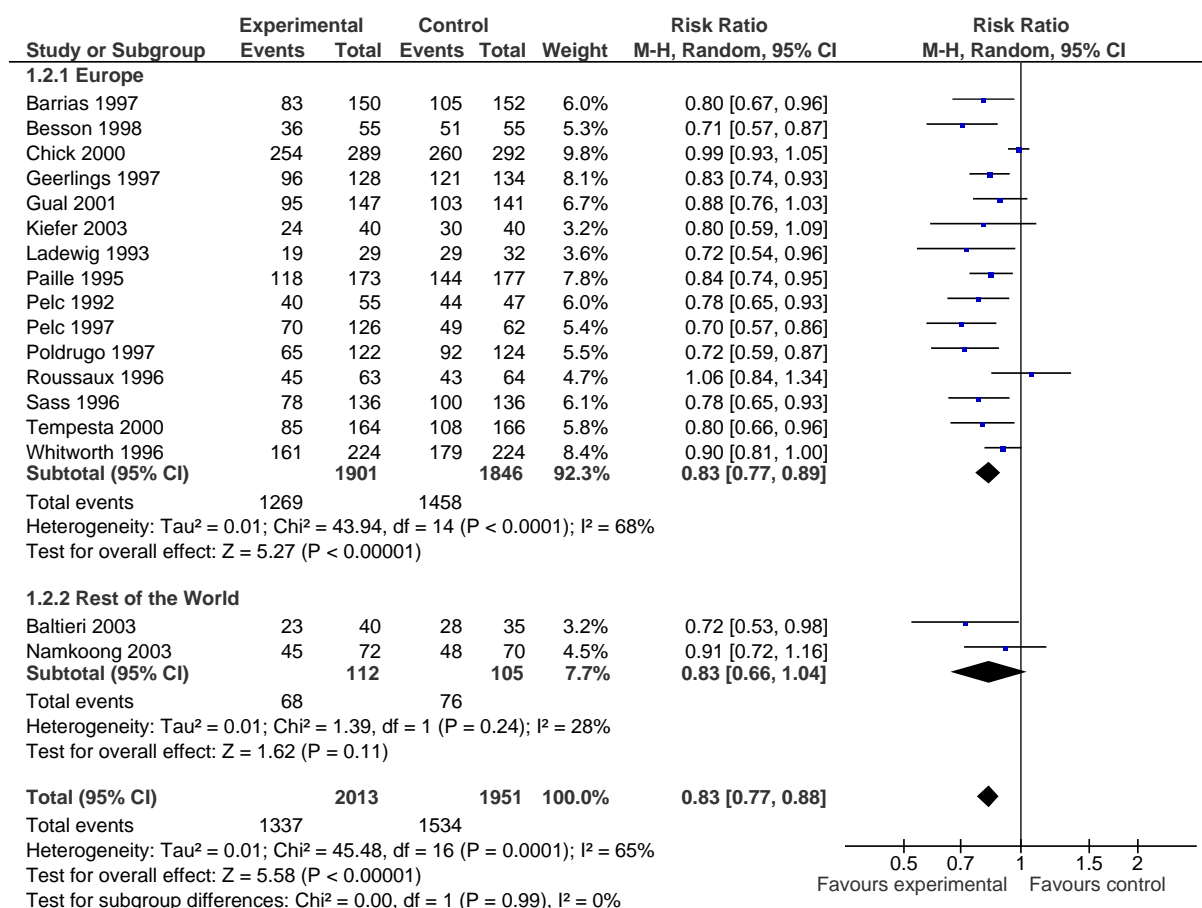


Effectiveness of the pharmacological treatment, acamprosate, in treating alcohol use disorders

The effectiveness of the pharmacological treatment, acamprosate, in treating alcohol use disorders was analysed, comparing the results from studies undertaken in Europe with those undertaken in the rest of the world. Figure 3 summarizes the results, and finds that acamprosate works, and it works just as well in European studies as it does in studies from the rest of the world. In European studies, acamprosate resulted in a nearly 20% less chance of

returning to drinking after stopping, six months after starting the treatment. This is a large difference.

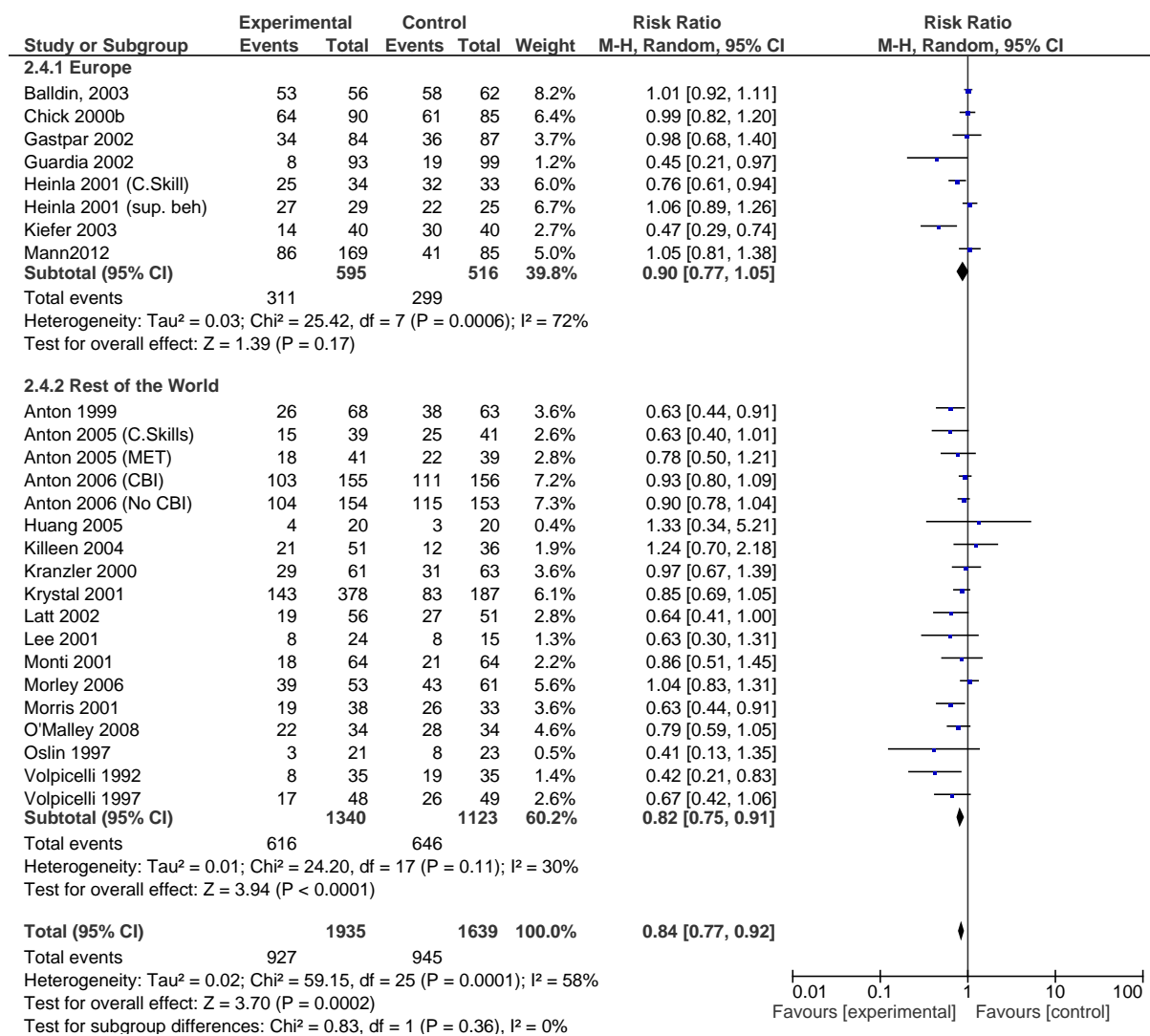
Figure 3. Forest plot for the comparison of treatment with acamprosate and placebo for the outcome Lapsed (individuals returning to any drinking at 6 month follow-up), Europe versus the Rest of the World.



Effectiveness of the pharmacological treatment, naltrexone, in treating alcohol use disorders

The effectiveness of the pharmacological treatment, naltrexone, in treating alcohol use disorders was analysed, comparing the results from studies undertaken in Europe with those undertaken in the rest of the world. Figure 4 summarizes the results. In the European studies, it could not be conclusively demonstrated that naltrexone worked, but the results of the European studies did not differ significantly from the results of the studies from the rest of the world. Thus, it is fair to conclude that naltrexone seems to work just as well in European studies as it does in studies from the rest of the world. In all studies naltrexone resulted in an 18% less chance of relapsing to heavy drinking three months after starting the treatment. This is a large difference.

Figure 4. Forest plot for the comparison of treatment with Naltrexone and placebo for the outcome Relapse to heavy drinking (3 month follow-up), Europe versus the Rest of the World.



Take home messages

1. Brief interventions for risky drinking delivered in primary care settings work, and work just as well when they are studied in Europe as when they are studied in the rest of the world. Throughout the world, they lead to about 18 grams less alcohol (just under two drinks) being drunk per week compared to groups that did not receive the brief intervention 12 months after the intervention. This is a large difference.
2. Brief interventions for risky drinking delivered in emergency care settings work, and work just as well when they are studied in Europe as when they are studied in the rest of the world. Throughout the world, they lead to about 11 grams less alcohol (just over one drink) being drunk per week compared to groups that did not receive the brief intervention 12 months after the intervention. This is a large difference.
3. The pharmacological treatment, acamprosate works for treating alcohol use disorders and works just as well when it is studied in Europe as when it is studied in the rest of the world. Throughout the world it leads to a nearly 20% less chance of returning to drinking after stopping, six months after starting the treatment. This is a large difference.
4. The pharmacological treatment, naltrexone works for treating alcohol use disorders and works just as well when it is studied in Europe as when it is studied in the rest of the world. Throughout the world it leads to an 18% less chance of relapsing to heavy drinking three months after starting the treatment. This is a large difference.

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