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Q: What is a brief alcohol intervention?

A: A brief alcohol intervention (BAI) consists of one or more time-limited conversations 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 (National Institute on Alcohol Abuse and Alcoholism, 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 for unhealthy alcohol use?

A: The aims of a BAI are to increase awareness of one's alcohol use and its consequences, and to encourage individuals to create a plan to change their drinking behavior to stay within safe limits. Motivational interviewing techniques are often included to enhance motivation to reduce drinking. Rather than promoting abstinence only, BAIs often follow a harm reduction paradigm to help individuals manage their drinking behavior within safe limits. BAIs are often delivered as part of the Screening, Brief Intervention, and Referral to Treatment (SBIRT) model (Centers for Disease Control and Prevention, 2014; Substance Abuse and Mental Health Services Administration, 2011).

Q: Are BAIs recommended for unhealthy alcohol use in the Military Health System (MHS)?

A: Yes. The *2021 VA/DoD Clinical Practice Guideline for the Management of Substance Use Disorders* provides a "weak for" strength of recommendation for a BAI. The CPG suggests "providing a single, initial, brief intervention regarding alcohol-related risks, and advice to abstain or drink within nationally established age and gender-specific limits for daily and weekly consumption" to patients without a documented alcohol use disorder (AUD) who screen positive for unhealthy alcohol use.

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 BAIs for unhealthy alcohol use.

Other recognized organizations conduct systematic reviews and evidence syntheses on psychological health topics using similar grading systems as the VA/DoD CPGs. Most notable of these organizations is Cochrane – an international network that conducts high-quality reviews of healthcare interventions.

- Cochrane: A 2018 systematic review (Kaner et al., 2007) included trials of brief interventions to reduce unhealthy alcohol use in patients presenting to primary care settings for reasons other than alcohol treatment. The main analysis of 34 studies found evidence of moderate quality that participants receiving a brief intervention consumed less alcohol than control participants after one year.

Q: What conclusions can be drawn about the use of BAIs for unhealthy alcohol use in the MHS?

A: BAIs are suggested 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 (Saitz, 2010). Providers should refer to service-specific policies and regulations for the management of alcohol use disorders.

References

Centers for Disease Control and Prevention. (2014). Planning and implementing screening and brief intervention for risky alcohol use: A step-by-step guide for primary care practices. <https://www.cdc.gov/ncbddd/fasd/documents/alcoholbsiimplementationguide.pdf>

Department of Veterans Affairs/Department of Defense. (2021). *VA/DoD clinical practice guideline for the management of substance use disorders. Version 4.0*. Washington, DC: Department of Veterans Affairs/Department of Defense.

Kaner, E. F., Beyer, F., Dickinson, H. O., Pienaar, E., Campbell, F., Schlesinger, C., ... & Burnand, B. (2007). Effectiveness of brief alcohol interventions in primary care populations. *Cochrane Database Systematic Reviews*, 2.

National Institute on Alcohol Abuse and Alcoholism. (2015). *Drinking Levels Defined*. Retrieved from <https://www.niaaa.nih.gov/alcohol-health/overview-alcohol-consumption/moderate-binge-drinking>.

Saitz, R. (2010). Alcohol screening and brief intervention in primary care: absence of evidence for efficacy in people with dependence or very heavy drinking. *Drug and Alcohol Review*, 29(6), 631–640.

Substance Abuse and Mental Health Services Administration. (2011). *Screening, Brief Intervention and Referral to Treatment (SBIRT) in behavioral healthcare*. https://www.samhsa.gov/sites/default/files/sbirtwhitepaper_0.pdf