

This is the abstract of a review or synthesis of research findings selected by Drug and Alcohol Findings as particularly relevant to improving outcomes from drug or alcohol interventions in the United Kingdom. It was not published by Drug and Alcohol Findings. Unless permission has been granted, we are unable to supply full text. Click on the [Title](#) to visit the publisher's or other document supplier's web site. Other links to source documents also in blue. Hover mouse over orange text for explanatory notes. Free reprints may be available from the authors - click [Request reprint](#) to send or adapt the pre-prepared e-mail message. The abstract is intended to summarise the findings and views expressed in the study. Below are some comments from Drug and Alcohol Findings.

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► **[Systematic review and meta-analyses of strategies targeting alcohol problems in emergency departments: interventions reduce alcohol-related injuries.](#)**

Havard A., Shakeshaft A., Sanson-Fisher R. [Request reprint](#)

Addiction: 2008, 103(3), p. 368–376.

Combining results from the few available evaluations of emergency department-based alcohol interventions suggests these substantially reduce alcohol-related injuries, but the estimate may not be applicable outside the USA or to all emergency patients.

Abstract Brief alcohol interventions in emergency departments substantially reduce the number of alcohol-related injuries later suffered by the patients was the major conclusion of a [meta-analysis](#) which combined outcomes from evaluations of emergency department-based interventions for alcohol problems in order to assess the extent to which these reduce alcohol consumption and related harm. An electronic search of 11 databases and a manual search of reference lists were conducted to identify studies published in peer-review journals between January 1996 and July 2007 (inclusive). Studies evaluating the outcome of an intervention designed to reduce alcohol problems in patients presenting to emergency departments were eligible for inclusion.

Thirteen such studies were identified for inclusion in the review. All trialled a brief intervention which typically involved one counselling session lasting up to an hour conducted by research project staff rather than the department's own staff. Eight of the counselling interventions incorporated motivational interviewing principles, and the same number provided handouts providing either standard or personalised advice and/or feedback on the patient's drinking or risk profile. Methodological quality of the studies was found to be reasonable, except for poor reporting of the size of the interventions' effects and inconsistent selection of outcome measures.

Combining the findings using meta-analytic techniques revealed that overall the interventions did not significantly reduce subsequent alcohol consumption, and impacts on drink-related problems were variable. However, six to 12 months after the interventions patients were approximately half as likely as comparison patients to have suffered an alcohol-related injury. Though this result derived from just three studies, it

was highly statistically significant so very unlikely to have occurred by chance, and tests suggested that the effect was reasonably consistent across the studies.

The analysts concluded that while there are few evaluations of emergency department-based interventions for alcohol problems, such studies as there are suggest these reduce alcohol-related injuries. But they do not appear to do this by reducing alcohol consumption. The implication is that in respect of injury prevention, it may be more profitable to focus on harm minimisation strategies rather than strategies to reduce consumption. However, the authors cautioned that these results derived largely from studies which used research staff, not an option for sustained routine implementation, and that so few studies recorded injuries that the results can only be considered promising.

FINDINGS

The three studies from which the featured analysis derived its injury-reduction estimate were all from the USA, and two involved only teenage patients whose drinking would have been illegal in that country. In all three the patients were known to have recently been drinking or had a history of drink problems. This profile underlines the fragility of the estimate as an indication of the general impact of such interventions across the entire emergency department caseload and/or in other countries. The studies concerned were:

- A study of 18–19-year-old teenagers attending an accident and emergency department after an alcohol-related incident. [Previously analysed](#) by Drug and Alcohol Findings, this recorded the largest intervention impact of the three studies.
- A study of injured adults not admitted as inpatients who had recently consumed alcohol (but were not still drunk) or who registered a history of hazardous or harmful drinking on the AUDIT screening test. This has also [been analysed](#) by Drug and Alcohol Findings.
- A [study](#) of 13–17-year-olds treated in an emergency department after an alcohol-related event, whose drinking was revealed by themselves or by a positive blood alcohol concentration.

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