

3.10 Brief intervention leaves teenage drinkers less likely to revisit accident and emergency

Findings A brief intervention aimed at teenagers attending accident and emergency units after an alcohol-related incident cut the number of such incidents in the following six months.

Staff and researchers in a busy urban US hospital emergency room identified 184 18–19-year-olds who had drunk alcohol prior to the event that led to their attendance. 141 were there long enough to be invited into the study. 94 agreed and were randomly assigned to receive a handout on drink-driving plus a list of local alcohol agencies (the control condition) or a 35–40 minute motivational intervention intended to reduce harmful/risky drinking. Roughly 90% completed outcome interviews three and six months later.

Before conducting the interventions research staff took baseline measures, including an assessment of the patient's 'involvement' with alcohol which was fed back during the motivational session. This was also personalised in relation to the event which precipitated attendance. In the year before admission patients on average admitted to drinking nine units of alcohol twice a week. In the following six months both groups reduced their drinking. However, clients offered the motivational intervention evidenced greater reductions in drink-related problems: 23% fewer admitted drink-driving, far fewer were convicted of traffic violations, one in five suffered an alcohol-related injury compared to half the controls, and there were fewer alcohol-related conflicts with friends, family or authority figures.

In context The US 'legal drinking age' is 21 rather than 18, perhaps why nearly half the patients attended solely because they were intoxicated, raising a query over transferability of the results to the UK. The control handout focused on drink driving so may have seemed irrelevant to the three-quarters of the sample not attending after a motor accident, giving the motivational intervention a head start.

At up to 40 minutes, the intervention tested in the study was already at the upper end of 'brief'. However, far more was involved than just the session itself, adding to the cost. Motivational patients were encouraged to commit themselves to drinking/harm reduction goals; the knowledge that within a few months their commitment would be checked may have stiffened their resolve. Perhaps more so than controls, they may have reacted to intervention and research assessment as if they were one; they were conducted sequentially by the same person, and one included feedback from the other. Therapists were specially recruited, extensively trained, and supervised weekly.

This is not the first study to have found that a brief intervention in hospital reduced drink-related problems but not drinking as such. However, the featured study's drinking measure conflated indices of amount, frequency and intoxication, obscuring potential impacts on patterns of drinking most likely to lead to accidents.

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Practice implications Youngsters not yet fixed in their drinking habits and (generally) not alcohol dependent can be expected to react well to an intervention timed to coincide with a serious reminder of the immediate risks of injudicious drinking. However, the situation which creates this opportunity also entails logistical problems (short stays and having to wait for patients to sober up) apparent in the high proportion of patients in the study who left before they could be approached.

With no cost data and no indication of how *many* injuries may have been prevented, even a guess at the cost-benefit balance cannot be attempted, but savings would have to be substantial to offset the costs of deploying specialist staff. Using regular staff is cheaper, but it is difficult to persuade pressured nurses to implement interventions seen as peripheral to their core task. A short information-only intervention, especially if it could be tailored to the incident which led to admission, might prove as or more cost-effective because it can more readily be learnt and delivered by regular staff.

Main sources Monti P.M., *et al.* "Brief intervention for harm reduction with alcohol-positive older adolescents in a hospital emergency department." *Journal of Consulting and Clinical Psychology*. 1999, 67(6). Copies: apply Alcohol Concern.

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