ALCOHOL BRIEF INTERVENTIONS FOR MILITARY PERSONNEL MOVING BACK TO CIVILIAN LIFE

BACKGROUND

Higher levels of alcohol consumption have been observed in the UK armed forces compared to the general population [1]. For some this may increase the risk of using alcohol as a coping strategy when adjusting to multiple life events occurring when moving back into civilian life [1-5]. Alcohol brief interventions are a low intensity preventative approach for reducing harmful levels of drinking, that have been shown effective in the general population [6-8]. A systematic review was conducted in 2016 on the effectiveness of alcohol brief interventions relevant to the UK armed forces at the time of moving back to civilian life. Ten studies were found [9-18]. All were carried out in the USA. The findings suggest some evidence for effectiveness of self-administered web-based interventions, and system level electronic clinical reminders. Delivery of interventions by a clinician during motivational interviews was most effective for those with subclinical post-traumatic stress disorder (PTSD) symptoms. A UK trial of web-based interventions with military personnel is recommended.

INTERVENTIONS

Internet interventions [15-18]

'Alcohol Savvy' an online brief intervention (focussing on levels of alcohol use, consequences of heavy drinking, coping skills, and testimonials) had no significant effect with active duty personnel [17]. A 15-minute web-delivered intervention demonstrated no effects in veterans with some subclinical mental health symptoms [18].

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'VetChange' is a cognitive behavioural therapy (CBT) based intervention. It includes motivational strategies and information on mental health, pros and cons of drinking, readiness to change, goal setting, internal/external high risk situations for drinking (e.g. anger, social situations), coping strategies and support systems. Individuals receiving 'VetChange' showed significant reductions on measures of drinking including comparison to a group not receiving the intervention [15, 16]. 'Drinker's Check-Up' (3 modules on the pros and cons of drinking, family history, risk factors, personalised feedback, norms, physical effects, tolerance, and goal setting) significantly improved drinking outcomes [17]. All of the interventions included personalised feedback.

INTERVENTIONS

Educational information [14]

Veterans receiving personalised feedback reduced alcohol consumption the same as those receiving general educational information about the physical effects of alcohol. Though abstaining veterans receiving personalised feedback were more likely to continue to abstain from alcohol 6 months later.

Electronic clinical reminders [9-11]

Reminders are put into electronic medical records. This is instigated at organisational level. The reminders are triggered by positive screens for unhealthy alcohol use on the Alcohol Use Disorders Identification Test (AUDIT-C) and prompt clinicians to give advice to reduce alcohol consumption. Out of three studies one found evidence of effectiveness [10].

Clinician-administered interventions

Personalised drinking feedback delivered by a clinician face-to-face or over the telephone did not significantly improve drinking outcomes compared to standard care (brief advice on risks, and information on recommended drinking limits). Veterans with subclinical PTSD however demonstrated better outcomes when receiving the personalised feedback during a motivational interview with a clinician [12,13].

INTERVENTIONS

Barriers and Facilitators

Reasons why some interventions in the review worked better than others may include: poor understanding of the goals of brief interventions and inadequate infrastructure and training [19]; lack of clarity on which components of interventions are having the most effect [14-17] e.g. linking financial cost and calories to drinking has been reported a useful motivator [20]. The findings in the review which supported effectiveness of web-based interventions accord with reported preferences for anonymous web-based formats [20, 21].

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RECOMMENDED FUTURE RESEARCH

❏ A UK-based trial of a web-based intervention.

❏ Further UK research to identify the most effective elements of composite programmes to different cohorts e.g. severity of alcohol use, individuals with subclinical symptoms, and branch of service [14-17].

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POLICY IMPLICATIONS

❏ Online brief interventions were found to have some effect on reducing alcohol consumption in the US military and have potential for adaptation to the UK context.

❏ Self-administered internet interventions have the advantage of being light on resources, flexible and accessible with regards to geography and time [22]. They also facilitate anonymity and may limit stigma around alcohol use [20].

❏ There is potential for adaptation to different points along the alcohol pathway across different UK armed forces service settings.

❏ For further details please see: Wigham, S, Bauer, A, Robalino, S, Ferguson, J, Burke, A & Newbury-Birch, D. A systematic review of the effectiveness of alcohol brief interventions for the UK military personnel moving back to civilian life. Journal of the Royal Army Medical Corps 2017;0:1–9.

The original article can be found at: http://jramc.bmj.com/content/early/2017/03/20/jramc-2016-000712

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