

Keywords Alcohol, alcoholmisuse, alcohol treatment utilization, brief alcohol interventions, brief interventions, treatment utilization.

NICOLAS SIMIONI^{1,2}, BENJAMIN ROLLAND¹ & OLIVIER COTTENCIN¹

Service d'Addictologie, CHRU Lille, Lille, France,¹Centre de Soins et d'Accompagnement et de Prévention en Addictologie, EPSMVal de Lys-Artois, Béthune, France²
E-mail: simioni.nicolas@gmail.com

References

1. Glass J. E., Hamilton A. M., Powell B. J., Perron B. E., Brown R. T., Ilgen M. A. Specialty substance use disorder services following brief alcohol intervention: a meta-analysis of randomized controlled trials. *Addiction* 2015; **110**: 1404–15.
2. Apodaca T. R., Miller W. R., Schermer C. R., Amrhein P. C. A pilot study of bibliotherapy to reduce alcohol problems among patients in a hospital trauma center. *J Addict Nurs* 2007; **18**: 167–73.
3. Liu S.-I., Wu S.-I., Chen S.-C., Huang H.-C., Sun F.-J., Fang C.-K. *et al.* Randomized controlled trial of a brief intervention for unhealthy alcohol use in hospitalized Taiwanese men. *Addiction* 2011; **106**: 928–940.
4. Runge S. W., Garrison H., Hall W., Waller A., Shen G. Identification and referral of impaired drivers through emergency department protocols. *US Department of Transportation* 2002. Available at: <http://www.nhtsa.gov/people/injury/research/idemergency> (accessed 12 August 2015).
5. Simioni N., Cottencin O., Rolland B. Interventions for increasing subsequent alcohol treatment utilisation among patients with alcohol use disorders from somatic inpatient settings: a systematic review. *Alcohol Alcohol* 2015; **50**: 420–9.
6. Simioni N., Rolland B., Cottencin O. Interventions for increasing alcohol treatment utilization among patients with alcohol use disorders from emergency departments: a systematic review. *J Subst Abuse Treat* 2015; doi: 10.1016/j.jsat.2015.06.003.

REVISITING OUR REVIEW OF SCREENING, BRIEF INTERVENTION AND REFERRAL TO TREATMENT (SBIRT): META-ANALYTICAL RESULTS STILL POINT TO NO EFFICACY IN INCREASING THE USE OF SUBSTANCE USE DISORDER SERVICES

We appreciate the response to our meta-analysis [1] by Simioni and colleagues [2]. They published two systematic reviews this year in other peer-reviewed addiction journals on this topic [3,4]. The major differences between our review and theirs is that our study meta-

analyzed the data, whereas they were focused on providing an overview of the literature, and each research team chose different eligibility criteria leading to slightly different samples of trials. Through a meta-analysis of randomized controlled trials (RCTs), we determined that there was a lack of evidence to support the efficacy of brief interventions, as currently implemented, in increasing the utilization of alcohol treatment [1], whereas they determined, based on qualitative summaries of RCTs and non-RCTs, that there is no firm evidence or limited evidence [3,4].

Their commentary raises two issues with our meta-analysis. First, they suggest that the two published [5,6] and one unpublished [7] studies found in their literature reviews may have altered our meta-analytical results had we identified and analyzed them. Herein we put the two published studies in context by providing a supplemental meta-analysis that used the same data extraction and analytical techniques as described in our original report [1]. Our published report meta-analyzed 1930 participants in the nine studies that had an acceptable risk of bias and available data [1]. We added the two additional published studies [5,6], yielding 2380 participants in 11 studies. The revised random-effects pooled risk ratio (RR) was 1.16 [95% confidence interval (CI) = 0.96–1.40]. The heterogeneity statistic (I^2) was 6.8% ($\chi^2=10.72$, $P=0.379$), indicating no evidence of heterogeneity. Our findings and conclusions have not changed. Brief interventions as currently implemented do not appear to have efficacy in increasing the utilization of alcohol treatment.

It is not surprising that two different research teams conducting systematic reviews would differ slightly in their identification of studies due to their search and/or screening processes, or in their findings due to their different eligibility criteria and analytical techniques. These are known issues in systematic reviews and meta-analyses [8–10]. None of the studies Simioni and colleagues mentioned [2] were identified in our database search, expert query or hand search. Two of the studies were pertinent. The end-point for the third, unpublished study was an assessment to see if treatment was needed [7], whereas we were interested in treatment utilization. There were also issues of bias in how the outcome was assessed that would have led to its exclusion had we identified it.

Simioni and colleagues posed the question: 'Is there really no evidence of the efficacy of brief alcohol interventions for increasing subsequent utilization of alcohol-related services?'. We believe the answer is still 'yes', but there is much room for innovation. One of the published RCTs identified by their team

was a pilot study of a bibliotherapy intervention among emergency department patients, which was not designed to detect statistically significant effects and did not detect them [6]. However, it demonstrated the feasibility and acceptability of a bibliotherapy intervention to engage patients following a time-limited emergency department visit to help inspire them to obtain treatment. The other study showed that a multiple-session brief alcohol intervention had a statistically significant effect on the utilization of alcohol treatment in medical in-patients [5]. This study by Liu and colleagues offers important insights. In particular, their *post-hoc* analysis showed that the association between the number of brief intervention sessions attended (there were up to three) and alcohol treatment utilization was positive and statistically significant. Interestingly, the two commentaries published in this journal in response to our meta-analysis, as well as our response to them [11–13], argued that more intensive interventions may be needed to facilitate linkage from medical settings to addiction treatment. Liu and colleagues' study supports this hypothesis. There is an emerging consensus that our field needs to study more intensive referral to treatment efforts [11–14].

The second point in their commentary argues that our research question necessitates the exclusion of trials that included lower-severity individuals. Our response does not address their second issue; rather, we refer readers back to our meta-analysis, which addressed this issue both analytically in severity-specific subgroup analyses and conceptually within the text [1]. Overall, we share Simioni and colleagues' perspective that brief interventions hold promise [3,4] as methods to link individuals with higher severity to alcohol treatment, but we feel that conclusive demonstration of these benefits will require additional work as well as potential new modifications to existing brief intervention approaches.

Declaration of interests

None.

Keywords Alcohol, brief intervention, meta-analysis, referral to treatment, treatment initiation, treatment utilization.

JOSEPH E. GLASS¹, ASHLEY M. HAMILTON², BYRON J. POWELL³, BRIAN E. PERRON⁴, RANDALL T. BROWN⁵ & MARK A. ILGEN⁶

School of Social Work, University of Wisconsin-Madison, Madison, WI, USA¹Chrysalis, Inc., Madison, WI, USA²Department of Health Policy and Management, Gillings School of Global Public Health, University of North Carolina at Chapel Hill, Chapel Hill, NC, USA³School of Social Work, University of Michigan, Ann Arbor, MI, USA⁴Department of Family Medicine, School of Medicine and Public Health, University of Wisconsin-Madison, Madison, WI, USA⁵Center for Clinical Management Research (CCMR), VA Ann Arbor Healthcare System and the Department of Psychiatry, University of Michigan Medical School, Ann Arbor, MI, USA⁶
E-mail: jglass2@wisc.edu

References

- Glass J. E., Hamilton A. M., Powell B. J., Perron B. E., Brown R. T., Ilgen M. A. Specialty substance use disorder services following brief alcohol intervention: a meta-analysis of randomized controlled trials. *Addiction* 2015; **110**: 1404–15.
- Simioni N., Rolland B., Cottencin O. Is there really no evidence of the efficacy of brief alcohol interventions for increasing subsequent utilization of alcohol-related services? Comment on the paper by Glass *et al.* *Addiction* 2015. DOI: 10.1111/add.13145.
- Simioni N., Cottencin O., Rolland B. Interventions for increasing subsequent alcohol treatment utilisation among patients with alcohol use disorders from somatic inpatient settings: a systematic review. *Alcohol Alcohol* 2015; **50**: 420–9.
- Simioni N., Rolland B., Cottencin O. Interventions for increasing alcohol treatment utilization among patients with alcohol use disorders from emergency departments: a systematic review. *J Subst Abuse Treat* 2015; **58**: 6–15.
- Liu S.-I., Wu S.-I., Chen S.-C., Huang H.-C., Sun F.-J., Fang C.-K., *et al.* Randomized controlled trial of a brief intervention for unhealthy alcohol use in hospitalized Taiwanese men. *Addiction* 2011; **106**: 928–40.
- Apodaca T. R., Miller W. R., Schermer C. R., Amrhein P. C. A pilot study of bibliotherapy to reduce alcohol problems among patients in a hospital trauma center. *J Addict Nurs* 2007; **18**: 167–73.
- Runge S. W., Garrison H., Hall W., Waller A., Shen G. Identification and referral of impaired drivers through emergency department protocols [internet]. 2002. Available at: <http://www.nhtsa.gov/people/injury/research/idergency/index.htm>.
- Crumley E. T., Wiebe N., Cramer K., Klassen T. P., Hartling L. Which resources should be used to identify RCT/CCTs for systematic reviews: a systematic review. *BMC Med Res Methodol* 2005; **5**: 24.
- Edwards P., Clarke M., DiGiuseppi C., Pratap S., Roberts I., Wentz R. Identification of randomized controlled trials in systematic reviews: accuracy and reliability of screening records. *Stat Med* 2002; **21**: 1635–40.
- Higgins J. P. T., Green S.. Cochrane Collaboration, editors. *Cochrane Handbook for Systematic Reviews of Interventions*. Chichester, UK/. Wiley-Blackwell: Hoboken, NJ; 2008.
- Glass J. E. Challenges ahead in developing and testing referral to treatment interventions. *Addiction* 2015; **110**: 1419–20.

12. Saitz R. SBIRT' is the answer? Probably not. *Addiction* 2015; **110**: 1416–7.
13. Cucciare M., Timko C. Bridging the gap between medical settings and specialty addiction treatment. *Addiction* 2015; **110**: 1417–9.
14. Cucciare M. A., Coleman E. A., Timko C. A conceptual model to facilitate transitions from primary care to specialty substance use disorder care: a review of the literature. *Primary Health Care Res Dev* 2014; **16**: 492–505.