

# Can brief interventions ever really take on the alcohol industry and win?

Jim McCambridge, 25/11/22, Lisbon



# No Col: Funding



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# Many people to thank...including

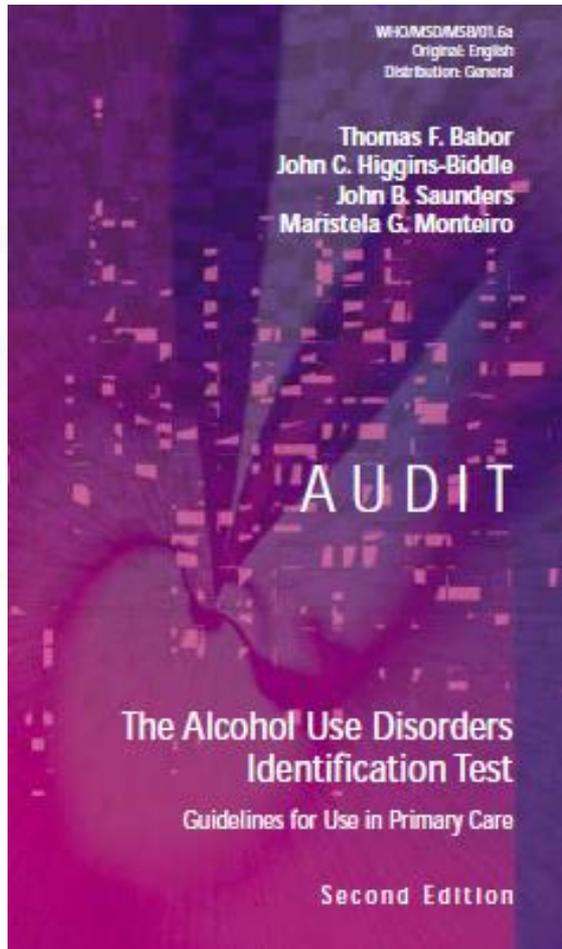
Kyp Kypri, Steve Rollnick, Nick Heather, Mary Madden, Duncan Stewart, Matt Lesch, Andy Bartlett, Marcus Bendtsen, Ranjita Dhital, Brendan Gough, Ronan O'Carroll, Cate Whittlesea, Andre Bedendo, Su Golder, Robin Room, Tom Babor, Mark Petticrew, Jacques Gaume, Toni Gual, Lidia Segura, Ingeborg Rossow, Joan Colom, Abhi Nadkarni, Sven Andreasson, Preben Bendtsen, Cees Goos.....



**Alcohol Policy Network**

- A short history of brief interventions
- The nature of the challenge posed by the alcohol industry
- An invitation to think differently about brief interventions

# The 1980s SBI paradigm



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PROGRAMME ON  
**SUBSTANCE  
ABUSE**

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Project on  
identification and  
management of  
alcohol-related  
problems.

Report on Phase II:  
A randomized  
clinical trial of brief  
interventions in primary  
health care

Edited by  
Thomas F. Babor and  
Marcus Grant



WORLD HEALTH ORGANIZATION

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*British Journal of Addiction* (1986) 81, 23–46

## COMMENTARIES

# Alcohol-Related Problems in the Primary Health Care Setting: a review of early intervention strategies

THOMAS F. BABOR<sup>1</sup>, E. BRUCE RITSON<sup>2</sup> & RAY J. HODGSON<sup>3</sup>

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### Summary

*This paper reviews conceptual issues and research findings relevant to the secondary prevention of alcohol-related problems in the primary care setting. A discussion of public health concepts and recent epidemiological studies is followed by a review of screening procedures developed to identify individuals at risk. Representative programmes designed to reduce alcohol misuse and treat harmful drinking are summarized. The results of several systematic programme evaluations suggest that modest but reliable effects on drinking behaviour and related problems can follow from brief interventions, especially with the less serious type of problem drinker. The basic elements of these interventions include information giving, brief advice, self-help manuals, self-help groups and periodic monitoring of progress by the health worker. It is concluded that low intensity, brief interventions have much to recommend as the first approach to the problem drinker in the primary care setting.*

## The early history of ideas on brief interventions for alcohol

Jim McCambridge<sup>1</sup> & John A. Cunningham<sup>2,3</sup>

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### ABSTRACT

**Aims** This study explores the early development of brief interventions for alcohol using a history of ideas approach with a particular focus on intervention content. **Methods** The source publications of the key primary studies published from approximately 1962 to 1992 were examined, followed by a brief review of the earliest reviews in this field. These studies were placed in the context of developments in alcohol research and in public health. **Results** After early pioneering work on brief interventions, further advances were not made until thinking about alcohol problems and their treatment, most notably on controlled drinking, along with wider changes in public health, created new conditions for progress. There was then a golden era of rapid advance in the late 1980s and early 1990s, when preventing the development of problem drinking became important for public health reasons, in addition to helping already problematic drinkers. Many research challenges identified at that time remain to be met. The content of brief interventions changed over the period of study, although not in ways well informed by research advances, and there were also obvious continuities, with a renewed emphasis on the facilitation of self-change being one important consequence of the development of internet applications. **Conclusions** Ideas about brief interventions have changed in important ways. Brief interventions have been studied with different populations of drinkers, with aims embracing both individual and population-level perspectives, and without well-specified contents. The brief intervention field is an appropriate target for further historical investigations, which may help thinking about addressing alcohol and other problems.

**Keywords** Alcohol, brief intervention, controlled drinking, history, primary care, public health.

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Submitted 27 November 2012; initial review completed 6 August 2013; final version accepted 11 December 2013

- A 'golden age' captured by Bien et al 1993 review in which "a truly new paradigm had been forged"
- Need to study "intervention components and mechanisms of effects....assessment reactivity...uncertainty about effectiveness among more dependent drinkers" not met
- BIs "have been more focused on making and taking opportunities for interventions than well specified activities with distinct characteristics"

# Theoretical foundations

“Simple advice was chosen as the minimal intervention to determine whether **social influence**, as communicated through firm advice to modify unhealthy drinking, would be sufficient to motivate patients to modify their drinking.

The brief counseling strategy was chosen to evaluate whether drinking may be even more amenable to change when **behavioral techniques are added to social influence**”.

WHO trial AJPH 96 report



**Pergamon**

Addictive Behaviors, Vol. 21, No. 6, pp. 857–868, 1996  
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**PII S0306-4603(96)00040-8**

## **THE PUBLIC HEALTH AND BRIEF INTERVENTIONS FOR EXCESSIVE ALCOHOL CONSUMPTION: THE BRITISH EXPERIENCE**

**NICK HEATHER**

Centre for Alcohol & Drug Studies, Newcastle City Health NHS Trust

**Abstract** — Widely disseminated brief interventions against excessive drinking, as part of the new public health movement, have a potentially crucial role in reducing alcohol-related harm on a national scale. However, a number of conceptual problems and practical barriers to progress in this area can already be identified. This article focuses on the British experience of research and implementation of community-based brief interventions, which is longer than that of other countries, as a means of discussing these problems. Rather than being pessimistic about the possible impact of brief interventions, the article is based on the assumption that it is only by clearly recognizing and solving such problems that the potential of brief interventions in the alcohol field will be fully realized.

# Alcohol Use Disorders in Primary Health Care: What Do We Know and Where Do We Go?

Jürgen Rehm<sup>1,2,3,4,5,6,\*</sup>, Peter Anderson<sup>7,8</sup>, Jakob Manthey<sup>4</sup>,  
Kevin D. Shield<sup>1,3</sup>, Pierluigi Struzzo<sup>9,10</sup>, Marcin Wojnar<sup>11,12</sup>,  
and Antoni Gual<sup>13,14,15</sup>

**Conclusions:** A paradigm shift is proposed for dealing with problematic alcohol consumption in primary health care, where initiation for treatment for AUD is seen as the central element.

Glass et al. *Addict Sci Clin Pract* (2017) 12:14  
DOI 10.1186/s13722-017-0079-8

Addiction Science &  
Clinical Practice

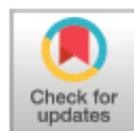
MEETING REPORT

Open Access



# Rethinking alcohol interventions in health care: a thematic meeting of the International Network on Brief Interventions for Alcohol & Other Drugs (INEBRIA)

Joseph E. Glass<sup>1\*</sup>, Sven Andréasson<sup>2</sup>, Katharine A. Bradley<sup>1,3,4</sup>, Sara Wallhed Finn<sup>2</sup>, Emily C. Williams<sup>3,4</sup>,  
Ann-Sofie Bakshi<sup>5</sup>, Antoni Gual<sup>6</sup>, Nick Heather<sup>7</sup>, Marcela Tiburcio Sainz<sup>8</sup>, Vivek Benegal<sup>9</sup> and Richard Saitz<sup>10,11</sup>



## ANALYSIS

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# Rethinking brief interventions for alcohol in general practice

**Jim McCambridge** and **Richard Saitz** question the effectiveness of brief advice and counselling in primary care to prevent harm from heavy alcohol use and call for a more strategic approach

Jim McCambridge *professor of addictive behaviours and public health*<sup>1</sup>, Richard Saitz *professor of community health sciences*<sup>2</sup>

<sup>1</sup>Department of Health Sciences, University of York, York, UK; <sup>2</sup>Department of Community Health Sciences, Boston University School of Public Health, Boston, MA, USA

# Summary points on BI 1.0

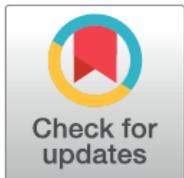
- The limitations of research on brief interventions for alcohol in general practice have received too little attention
- Large body of existing evidence should be interpreted as demonstrating efficacy, at best
- Implementation challenging, for many many reasons...



RESEARCH ARTICLE

## Effectiveness and treatment moderators of internet interventions for adult problem drinking: An individual patient data meta-analysis of 19 randomised controlled trials

Heleen Riper <sup>1,2,3\*</sup>, Adriaan Hoogendoorn <sup>2,3</sup>, Pim Cuijpers <sup>1,3</sup>, Eirini Karyotaki<sup>1,3</sup>, Nikolaos Boumparis <sup>1,3</sup>, Adriana Mira<sup>4,5</sup>, Gerhard Andersson<sup>6,7</sup>, Anne H. Berman <sup>7,8</sup>, Nicolas Bertholet <sup>9</sup>, Gallus Bischof <sup>10</sup>, Matthijs Blankers<sup>11,12,13</sup>, Brigitte Boon<sup>14</sup>, Leif Boß <sup>15</sup>, Håvar Brendryen<sup>16</sup>, John Cunningham <sup>17,18,19</sup>, David Ebert<sup>20</sup>, Anders Hansen <sup>21</sup>, Reid Hester <sup>22</sup>, Zarnie Khadjesari <sup>23</sup>, Jeannet Kramer<sup>13</sup>, Elizabeth Murray<sup>24,25</sup>, Marloes Postel<sup>26,27</sup>, Daniela Schulz <sup>28</sup>, Kristina Sinadinovic <sup>7,8</sup>, Brian Suffoletto<sup>29</sup>, Christopher Sundström <sup>30</sup>, Hein de Vries<sup>28</sup>, Paul Wallace<sup>25</sup>, Reinout W. Wiers<sup>31</sup>, Johannes H. Smit <sup>2,3</sup>



# Same trajectory?

- Effectiveness/efficacy distinction?
- Risk of bias consideration does not include self-report
- Effects in smaller trials larger than for face-to-face
- 3/4 outliers are the 3 largest trials, unexplained heterogeneity

Heather *Addiction Science & Clinical Practice* 2012, 7:15  
<http://www.ascpjournal.org/content/7/1/15>



ADDICTION SCIENCE &  
CLINICAL PRACTICE

REVIEW

Open Access

# Can screening and brief intervention lead to population-level reductions in alcohol-related harm?

Nick Heather\*

acceptability. It is tentatively concluded that widespread dissemination of SBI, without the implementation of alcohol control measures, might have indirect influences on levels of consumption and harm but would be unlikely on its own to result in public health benefits. However, if and when alcohol control measures were introduced, SBI would still have an important role in the battle against alcohol-related harm.



## Ways of Seeing

### Mixed up: alcohol and society

GarofPhanie/S science Photo Library



I walked through a supermarket recently and saw candles saying “Wine not?”, greeting cards with “On your marks, get set, prosecco!”, and t-shirts emblazoned with “You’ve got to be gin it to win it.” When I reached the pharmacy, I saw a sign saying that alcohol is the leading cause of ill health, disability, and death among people aged between 15–49 years in the UK.

It strikes me that, when it comes to alcohol, we’re living a direct recreation of the push-pull, contradictory attitudes to smoking in 1980s Britain. We knew by then that smoking was collectively killing us, yet candy cigarettes were for sale in the shops, smoking was still regarded as cool and relaxing, and those who quit smoking were sneered at for being boring, smug, and sanctimonious.

with suspicion. The culture around alcohol is a marketer’s dream. *The Lancet Psychiatry* report included a line that I think is absolutely crucial: “regulation of availability and marketing can substantially reduce alcohol-related harm.”

That, right there. Availability, I think, will only reduce with a drop in demand, so let us take on marketing. It is incredible—disturbing, even—that there are still no health warnings on alcohol, despite projections that liver disease is set to overtake heart disease as the leading cause of death in the UK by 2020. Really think about that. All we have is the lame, blame-dodging “drink responsibly”, which places the problem directly at the feet of the drinker. “It’s not our fault you misused our luxury product!”, shrugs the alcohol industry.

In the UK, alcohol is a national treasure. While advocates

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# EDITORIALS

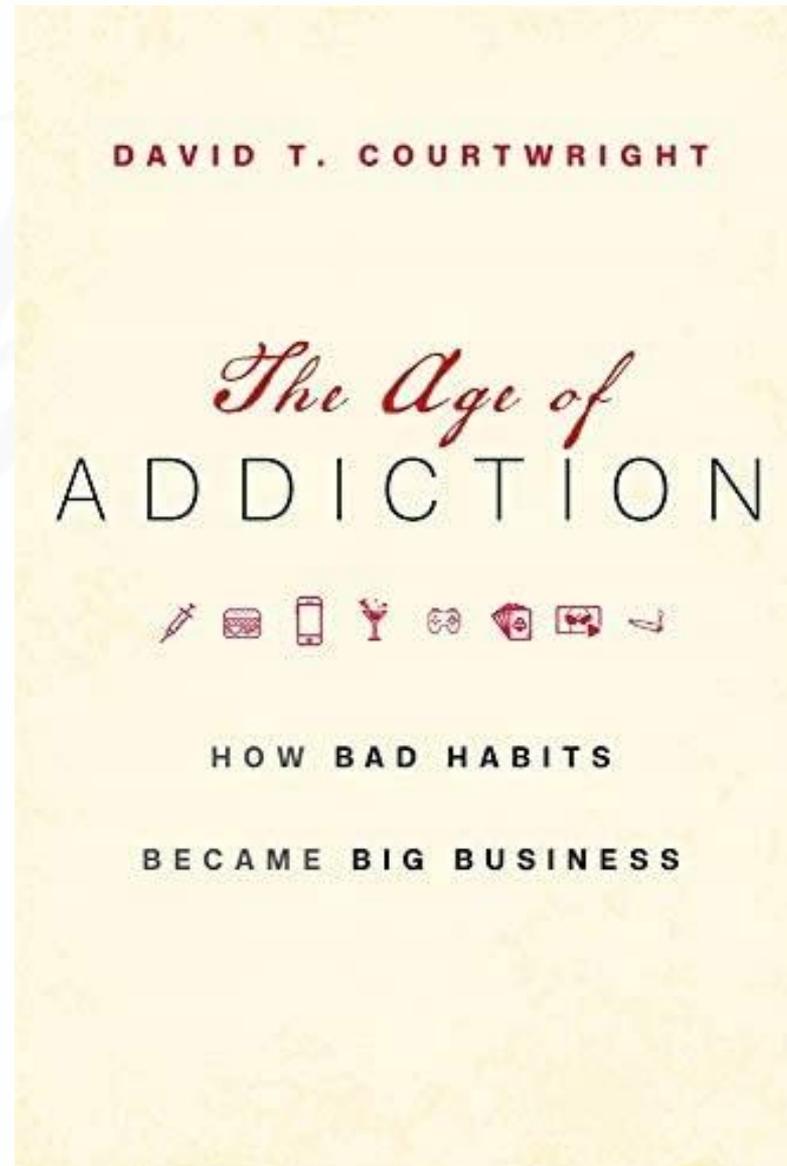
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## Alcohol marketing: grooming the next generation

Children are more exposed than adults and need much stronger protection

Gerard Hastings *director*<sup>1</sup>, Nick Sheron *head of clinical hepatology*<sup>2</sup>

# Limbic capitalism?



# Is this an alcohol problem?



*"The focus on the (flawed) individual consumer downplays the role of big business in producing excess, and the role of governments and regulators in creating the political conditions for them to do so"*

## Time for a new obesity narrative

The prevailing narrative about the causes and nature of obesity suggests that obesity is a matter of individual responsibility and mainly an issue in affluent countries. The reality, however, is that most of the world's population live in places where overweight and obesity kill more people than underweight. In 2016, more than a third of adults worldwide were classified as overweight or living with obesity, as were 41 million children younger than 5 years.<sup>1</sup> Obesity affects people of all ages, all geographies, and all socioeconomic backgrounds. The misleading obesity narrative has inhibited coordinated action, partly because the language and images that describe the problem can distort it.

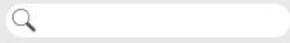
people with obesity in negative terms as “guilty” of obesity through “weakness” and “lack of willpower”, succumbing to the siren call of fast and other poor food choices. This narrative leads to stigmatisation, discrimination—including in health services, employment, and education—and undermines individual agency. The established narrative also oversimplifies and obfuscates the causes of obesity.<sup>8</sup> For example, the food industry has engineered ultraprocessed foods with high levels of salt, sugar, and fats to enhance their addictive properties.<sup>9</sup> Moreover, the roles of the built environment and epigenetics in obesity do not get the attention they warrant. The continued temptation to chase easy



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October 10, 2018  
[http://dx.doi.org/10.1016/S0140-6736\(18\)32537-6](http://dx.doi.org/10.1016/S0140-6736(18)32537-6)

*"Putting the blame on the individual level provides a solution to the contradictions of a system built both around expectations of sober attention and around a relatively free availability of alcohol. The solution is congenial to those committed to a free market in alcohol with few or no state controls – including alcohol beverage industry interests"*

Addictive commodities especially problematic to such framing



# U.S. federal lobbying \$ 2021

Client/Parent	Total (USD)
AB InBev	\$5,040,000
DISCUS	\$4,570,000
Molson Coors Brewing	\$2,840,000
Diageo PLC	\$2,710,000
Beer Institute	\$2,660,000
Pernod Ricard	\$2,380,000
Brown-Forman Corp	\$1,200,000
Suntory Holdings	\$1,110,000
Wine & Spirits Wholesalers of America	\$1,020,000
National Beer Wholesalers Association	\$850,000
Vineyard Wind	\$630,000
Bacardi Ltd	\$590,000
Constellation Brands	\$560,000

“Partly an accidental offshoot of the craft revolution and partly a last line of defence for Big Beer fighting off the advancing spirits tide, speers will enter the mainstream and carve their own niche ... with the **common denominator of higher ABVs**”



# The **SECRET** and **SOUL** of **Marlboro**

**Phillip Morris and the Origins, Spread,  
and Denial of Nicotine Freebasing**

| Terrell Stevenson, BA, and Robert N. Proctor, PhD



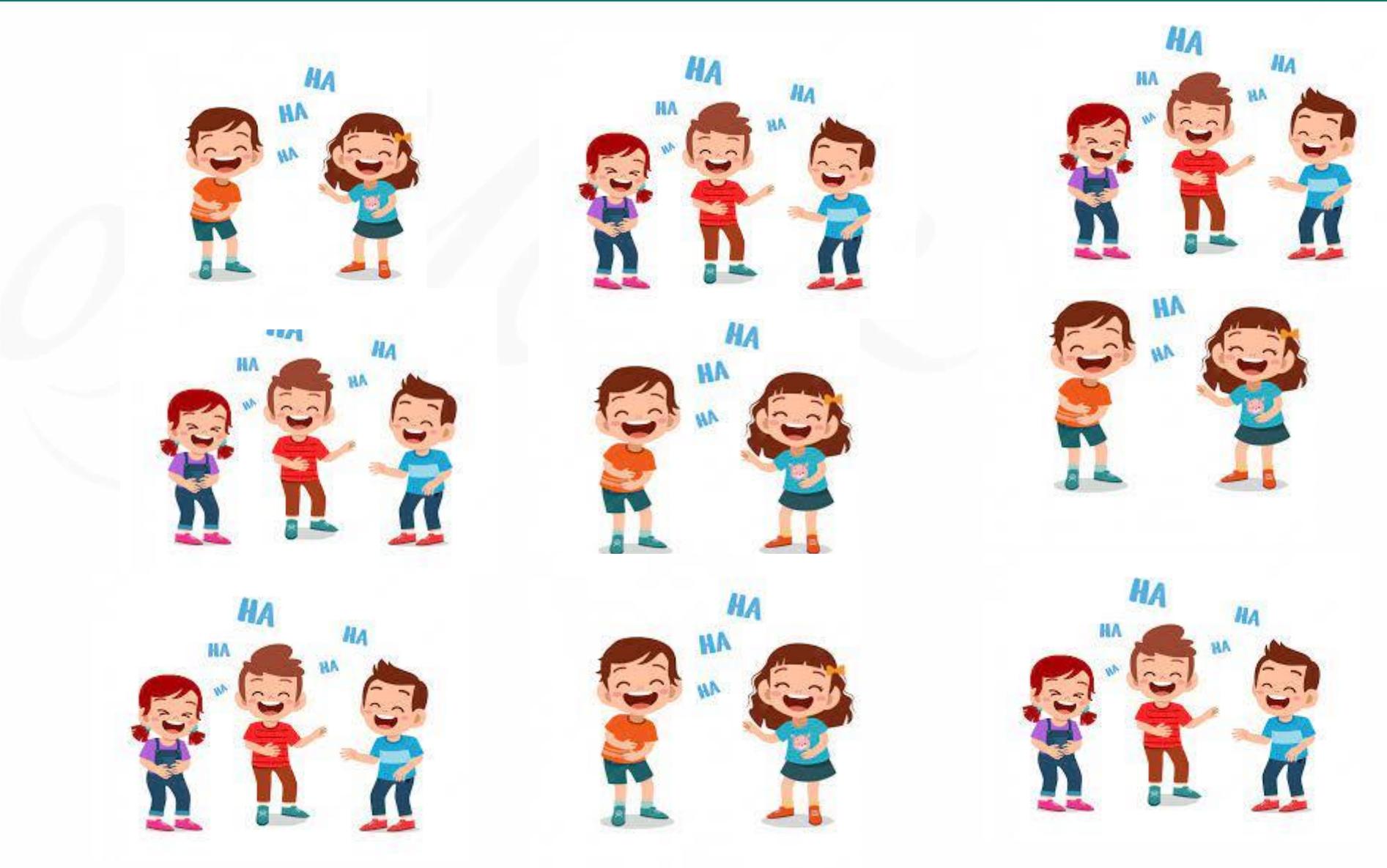
# **The Alcohol Marketing Landscape: Alcohol Industry Size, Structure, Strategies, and Public Health Responses**

DAVID JERNIGAN, PH.D.,<sup>a,\*</sup> & CRAIG S. ROSS, M.B.A., PH.D.<sup>b</sup>

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<sup>b</sup>*Department of Epidemiology, Boston University School of Public Health, Boston, Massachusetts*

# Can BI 1.0 win?



- It was never the task of SBI to do more than identify and help heavy drinkers avoid or manage problems at an early stage
- Industry have made this task more challenging
- Brief interventions in the future must take on this challenge...and deal better with ideas about problems

McCambridge *Addict Sci Clin Pract* (2021) 16:41  
<https://doi.org/10.1186/s13722-021-00250-w>

Addiction Science &  
Clinical Practice

COMMENTARY

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## Reimagining brief interventions for alcohol: towards a paradigm fit for the twenty first century?

INEBRIA Nick Heather Lecture 2019: This lecture celebrates the work of Nick Heather in leading thinking in respect of both brief interventions and wider alcohol sciences

Jim McCambridge\*

### Abstract

**Background:** There is no longer support for the idea that brief intervention programmes alone can contribute meaningfully to the improvement of population health relating to alcohol. As a result, calls for major innovations and paradigm shifts grow, notably among research leaders.

**Main text:** This paper briefly examines the history of the development of the evidence-base from the landmark World Health Organisation projects on Screening and Brief Intervention (SBI) in the 1980s onwards. Particular attention is given to weaknesses in the theorisation of social influence and interventions design, and declining effect sizes over time. Although the old SBI paradigm may be exhausted where it has been applied, it has not been replaced by a new paradigm. Alcohol marketing encourages heavy drinking and today may have more powerful effects on thinking about alcohol, and about alcohol problems, than previously. The nature of the societal challenge being faced in an algogenic environment in which alcohol is widely promoted and weakly regulated underpins consideration of the possibilities for contemporary evidence-informed public health responses. Evidence-informed perspectives in discourses on alcohol problems need to be strengthened in redeveloping rationales for brief interventions. This process needs to move away from sole reliance on a model based on a two-person discussion of alcohol, which is divorced from wider concerns the person may have. Reimagining the nature of brief interventions involves incorporating digital content, emphasising meso-level social processes based on material that people want to share, and seeking synergies with macro-level population and media issues, including alcohol policy measures.

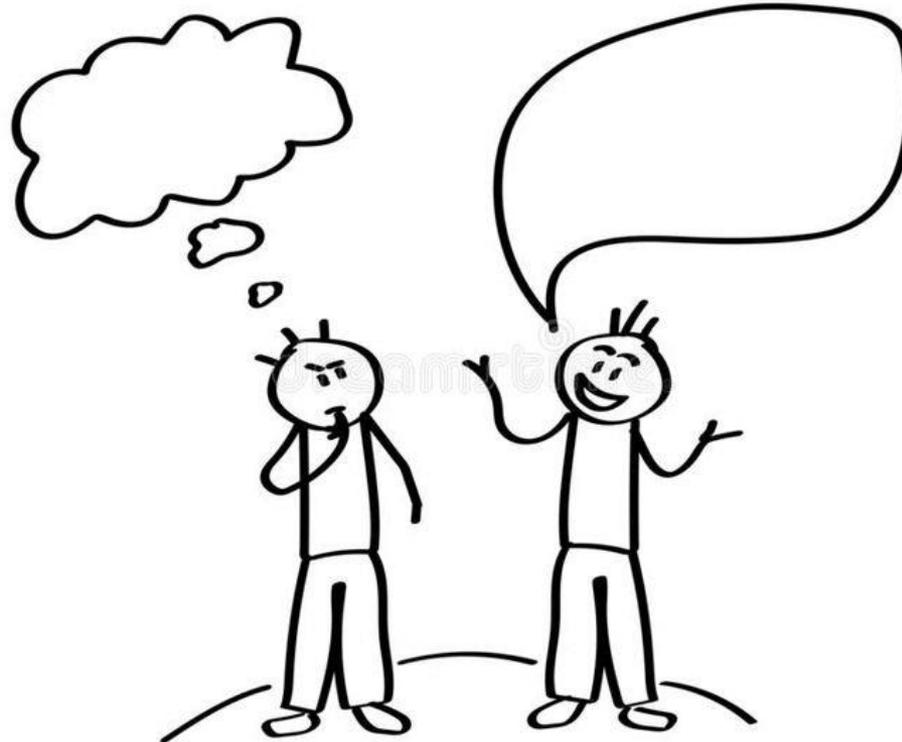
**Conclusions:** Current versions of brief interventions may be simply too weak to contend with the pressures of an algogenic environment. A new generation of brief interventions could have a key role to play in developing multi-level responses to the problems caused by alcohol.

**Keywords:** Alcohol, Brief interventions, Primary care, Screening, Public health, Alcohol marketing, Alcohol policy, Alcohol industry

The challenge facing us:

“Widespread experiences of alcohol problems, from the relatively trivial to those that are of a more serious nature are challenging to discuss. Our culture does not support honest conversations about our own drinking, particularly so the more one drinks...”

# We can talk about anything in BIs



## WHO launches SAFER alcohol control initiative to prevent and reduce alcohol-related death and disability

WHO-led initiative and action package aim to support global target of reducing harmful use of alcohol by 10% by 2025

28 September 2018 | Departmental news | New York | Reading time: 4 min (1154 words)

## WHO to accelerate action to reduce the harmful use of alcohol

Assignment given to the WHO Secretariat by the Executive Board

28 March 2020 | Departmental news | Reading time: 1 min (306 words)



**World Health Organization**  
**EXECUTIVE BOARD**  
**150th session**  
**Provisional agenda item 7**

**EB150/7 Add.1**  
**11 January 2022**

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**Political declaration of the third high-level meeting  
of the General Assembly on the prevention and  
control of non-communicable diseases**

- SBI dislocated ie not designed to operate in concert with alcohol policy measures
- Political science shows “quiet politics” permits corporate actors to secure preferred policy outcomes
- Talking about alcohol & the politics of alcohol and the alcohol industry increases “salience” and makes policy change more likely

Received: 8 October 2021 | Accepted: 5 September 2022

DOI: 10.1111/add.16058

POLICY ANALYSIS

ADDICTION

SSA

# The emperor has no clothes: a synthesis of findings from the Transformative Research on the Alcohol industry, Policy and Science research programme

Jim McCambridge  | Gemma Mitchell  | Matthew Lesch  | Andreas Filippou |  
Su Golder  | Jack Garry  | Andrew Bartlett | Mary Madden 



# What could BI 2.0 look like?

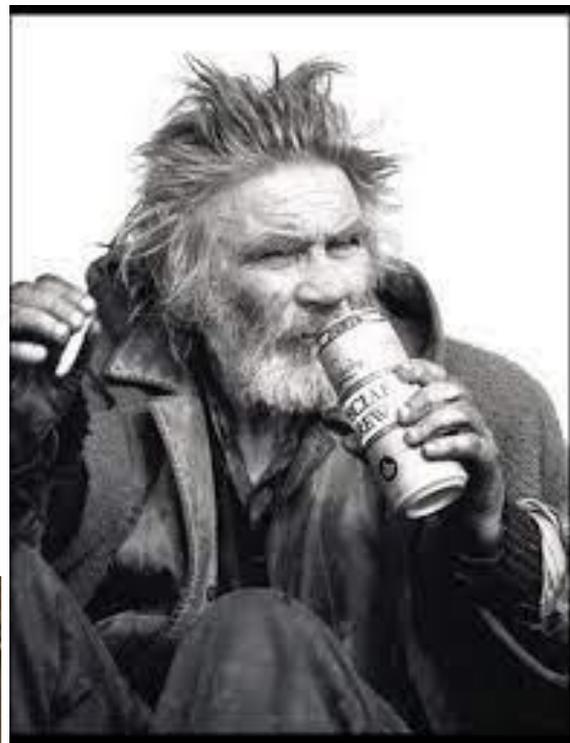
- Need to intervene to change the public conversation on alcohol & related problems
- Brief interventions can play an important role if content as well as aims reconsidered as..
- ..ways of providing resources to people to help them think about alcohol, including but not only their own drinking
- Topics for conversations as well as links for sharing

# Counter branding?

“Special Brew was originally brewed by the Danes for Winston Churchill. His visit to Copenhagen in 1950 was commemorated with a 'special' brew produced in his honour... Churchill's favourite drink was cognac, so in brewing him a commemorative beer, the brewers at Carlsberg created a stronger lager with cognac flavours among its tasting notes”



# Not in the marketing...





## How alcohol companies are using International Women's Day to sell more drinks to women

Published: March 7, 2019 3:59pm GMT



### Author



**Carol Emslie**

Professor / Lead Substance use & misuse research group, Glasgow Caledonian University

### Disclosure statement

Carol Emslie has received funding for research from NIHR, Cancer Research UK, Scottish Health Action on Alcohol Problems and the Medical Research Council. She is on the Grants Advisory Panel for Alcohol Research UK. Carol consulted Alison Douglas of Alcohol Focus Scotland in putting this article together.

### Partners



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# Prince Charming is nowhere to be found in our toxic sexual landscape

*Barbara Ellen*



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The Hepburn rape case reveals a ruthless, boorish culture that dehumanises women

# Alex Hepburn



“Always been me dragging the birds [women] back. You raping them.” “Oi, last night was my 60th.” “Get them blind [drunk] and then back to mine.”

# Reynhard Sinaga

- 136 rape convictions  
2015-17
- N of victims unknown
- Preyed on drunk men  
leaving bars & clubs
- Often used GHB
- Alcohol underplayed  
as date rape drug...



- Alcohol as a weapon of violence; example of a more assertive brief intervention topic
- Need to develop material on other currently experienced risks and harms
- Can challenge industry framing of ideas about individual responsibility & alcohol problems for self and harm to others

# Concluding comments

- Need to develop digital and talk content libraries for BI 2.0 to counter marketing
- Discourses on problems under-developed
- Necessary to get beyond moralization and paternalism to engage with whatever people want to discuss, not just self-regulation
- Need to re-orientate existing BI and future digital programmes to have broader horizons

# Take home messages

The development of BI 2.0 may assist securing more evidence informed alcohol policies, and be an essential component of comprehensive strategies

We need to become more ambitious by applying population-level perspectives on alcohol talk and integrating with other policy measures

BI 2.0 can't win by itself, but it can be on the winning team