

World Health Organisation Regional Office for Europe

World Health Organisation, (2009), Evidence for the effectiveness and cost-effectiveness of interventions to reduce alcohol related harm. Geneva: WHO.

“Disorders related to alcohol use are included as mental and behavioural disorders within the ICD-10 classification of mental and behavioural disorders...” – Page 41.

“Brief advice heads the list of effective evidence-based treatment methods (109). A systematic review and meta-analyses of the effectiveness of brief interventions for hazardous and harmful alcohol consumption have found a positive impact of such interventions on alcohol consumption, mortality, morbidity, alcohol-related injuries, alcohol-related social consequences, use of health care resources and laboratory indicators of harmful alcohol use (110).

Brief interventions have been shown to be effective in both men and women, with evidence suggesting a trend towards increased effectiveness among men. Study populations are made up primarily of adult populations, although limited evidence has been identified for the effectiveness of brief interventions in children, adolescents and young adults. Socioeconomic status has not been shown to influence the effectiveness of such interventions. The available evidence suggests that even very brief interventions may be effective in reducing negative alcohol-related outcomes, enhanced by motivational interviewing (111), but with little additional benefit arising from increased exposure (110).” – Pages 41-42.

“There is evidence that matching individuals with alcohol use disorders to specified treatment does not improve outcome (132). Although Project MATCH found a significant positive impact of treatment and no differences in outcome between 12-step facilitation therapy designed to help patients become engaged in the fellowship of Alcoholics Anonymous, a 12-session cognitive behavioural therapy designed to teach patients coping skills to prevent a relapse into drinking, and a motivational enhancement therapy designed to increase motivation for and commitment to change (132), **the meso-grand study found evidence of ineffectiveness of 12-step facilitation from 6 studies and of ineffectiveness of Alcoholics Anonymous from 7 studies (109). An additional systematic review of 8 studies found no studies that unequivocally demonstrated the effectiveness of Alcoholics Anonymous or 12-step facilitation approaches for reducing alcohol dependence or alcohol-related problems (133).**” – Pages 44-45, *emphasis added*.

109. Miller WR, Wilbourne PD, Hetema JE. What works? A summary of alcohol treatment outcome research. In: Hester RK, Miller WR, eds. *Handbook of alcoholism treatment approaches: effective alternatives*, 3rd ed. Boston, MA, Allyn and Bacon, 2003:13–63.

110. Kaner EFS et al. Effectiveness of brief alcohol interventions in primary care populations. *Cochrane Database of Systematic Reviews*, 2007, (2):DC004148.

111. Vasilaki EI, Hosier SG, Cox WM. The efficacy of motivational interviewing as a brief intervention for excessive drinking: a metaanalytic review. *Alcohol and Alcoholism*, 2006, 41(3):328–335.

132. Babor TF, Del Boca F K, eds. *Treatment matching in alcoholism*. Cambridge, Cambridge University Press, 2003.

133. Ferri M, Amato L, Davoli M. Alcoholics Anonymous and other 12-steps programmes for alcohol dependence. *Cochrane Database of Systematic Reviews*, 2006, (3):CD005032.