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[Intervention Review]

Managed alcohol as a harm reduction intervention for alcohol addiction in populations at high risk for substance abuse

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ABSTRACT

Background

Managed alcohol programmes (MAP) are a harm reduction strategy used to minimise the personal harm and adverse societal effects that alcohol dependence can lead to by providing an alternative to zero-tolerance approaches that incorporate drinking goals (abstinence or moderation) that are compatible with the needs of the individual, and promoting access to services by offering low-threshold alternatives. This enables clients to gain access to services despite continued alcohol consumption and works to help the patient understand the risks involved in their behaviour and make decisions about their own treatment goals.

Objectives

To assess the effectiveness of MAP treatment regimens (serving limited quantities of alcohol daily to alcoholics) on their own or as compared to moderate drinking (self-controlled drinking), screening and brief intervention using a harm reduction approach, traditional abstinence-based interventions (12 step programmes) and no intervention.

Search methods

We searched the Cochrane Central Register of Controlled Trials (CENTRAL), MEDLINE, EMBASE, CINAHL and PsycINFO up to March 2012. This search was expanded by handsearching of high-yield journals and conference proceedings that had not already been handsearched on behalf of The Cochrane Collaboration, searching reference lists of all papers and relevant reviews identified, references to ongoing and recently completed clinical trials in the National Research Register and IFPMA Clinical Trials Database (which contains ClinicalTrials.gov, Centerwatch, Current Controlled Trials and ClinicalStudyResults.gov, and Osservatorio Nazionale sulla Sperimentazione Clinica dei Medicinali). Trials registers, grey literature and reference lists were also searched. Individuals, organisations and experts in the field were contacted.

Selection criteria

Randomised control trials (RCT), controlled clinical trials (CCT), interrupted time series (ITS) studies, and control before and after (CBA) studies involving vulnerable people aged 18 years or older who were at high risk for alcohol abuse attending MAP, defined as a structured programme that provided clients with controlled amounts of alcohol on a daily schedule, comparing no treatment, moderate drinking, brief intervention or 12-step variants.

Data collection and analysis

All study citations were collated into a single database. Two review author independently screened titles and abstracts and selected references potentially relevant to the review. Differences between selection lists were resolved by discussion. Two review authors independently evaluated whether studies should be included or excluded according to the eligibility criteria. In the event of a disagreement, a third author was consulted.

Main results

No studies were included in the review. This systematic review was intended to assess the effectiveness of a brief MAP on the reduction of incidence of harmful behaviour; however, no evidence was available to make this comparison; 22 articles were considered possibly relevant and all were excluded. Most articles were excluded because they failed to compare or consider managed alcohol as the experimental or control intervention, as well as one study (Baker 2010), which was also excluded because study participants were under 18 years of age. No study reviewed offered an intervention that was compared with managed alcohol or considered it as the intervention of interest, providing insufficient evidence to address the objectives of the review. Four studies (Aalto 2001; Baker 2010; Bertholet 2005; Tracy 2007) considered alcohol reduction as an outcome of interest, while four engaged interventions in a shelter setting or targeted vulnerable people (Baker 2010; Bradford 2005; Lapham 1993; McGlynn 1993); only one study (Kidd 2011) offered a qualitative assessment of a participant being admitted to MAP, but offered no analysis of the programme itself. These results accurately reflect the use of MAPs in current practice as existing programmes are ongoing only in a small number of sample pilot projects that target individuals with severe alcohol dependence or who consume non-beverage alcohol.

Authors' conclusions

The lack of evidence does not allow for a conclusion regarding the efficacy of MAP on their own, or as compared to brief intervention, moderate drinking, no intervention or 12-step variants. It is the review authors' opinion that it is likely to be the objective of MAPs that reduce their reportability and use in current practice, rather than a failure to provide an intervention that reduces the effects of alcohol dependence. Aiming to reduce harmful or antisocial behaviour in vulnerable individuals through the regulation of daily alcohol intake, rather than reducing harmful alcohol intake over time, provides considerable difficulty in developing measures of success from self-reported data (low treatment thresholds), monitoring long-term efficacy or establishing causal links between programme admission and a reduction in targeted behaviours, owing to the fact that prolonged participation in the programme is likely to indicate a willingness in the individual to change their behaviour patterns. More effort is needed to develop reporting measures, as well as methodologies, which address these specific challenges.

PLAIN LANGUAGE SUMMARY

Managed alcohol as a harm reduction intervention for alcohol addiction in populations at high risk for substance abuse

Managed alcohol programmes (MAPs) are harm reduction initiatives that treat the alcohol abuse of vulnerable people by serving controlled amounts of alcohol on a daily schedule, with the goal of ensuring individuals consume safe alcoholic beverages in an environment that has been shown to retain vulnerable people in treatment programmes, decrease alcohol consumption and improve social functioning (decreasing criminal activity, seeking regular medical care and improving quality of life). As well as MAP, there are alternative interventions such as brief intervention, moderate drinking and abstinence oriented 12-step programmes. With the exception of 12-step programmes, which emphasise abstinence, these interventions are aimed at changing drinking patterns and reducing the associated behaviours. No experimental studies were available to demonstrate the effectiveness of MAPs in reducing alcohol use or antisocial behaviour compared with other treatments.