



**Cochrane**  
**Library**

Cochrane Database of Systematic Reviews

## Psychosocial interventions to reduce alcohol consumption in concurrent problem alcohol and illicit drug users (Review)

Klimas J, Tobin H, Field CA, O'Gorman CSM, Glynn LG, Keenan E, Saunders J, Bury G, Dunne C, Cullen W

Klimas J, Tobin H, Field CA, O'Gorman CSM, Glynn LG, Keenan E, Saunders J, Bury G, Dunne C, Cullen W.  
Psychosocial interventions to reduce alcohol consumption in concurrent problem alcohol and illicit drug users.  
*Cochrane Database of Systematic Reviews* 2014, Issue 12. Art. No.: CD009269.  
DOI: [10.1002/14651858.CD009269.pub3](https://doi.org/10.1002/14651858.CD009269.pub3).

[www.cochranelibrary.com](http://www.cochranelibrary.com)

Psychosocial interventions to reduce alcohol consumption in concurrent problem alcohol and illicit drug users  
(Review)

Copyright © 2014 The Cochrane Collaboration. Published by John Wiley & Sons, Ltd.

WILEY

[Intervention Review]

# Psychosocial interventions to reduce alcohol consumption in concurrent problem alcohol and illicit drug users

Jan Klimas<sup>1,2</sup>, Helen Tobin<sup>2</sup>, Catherine-Anne Field<sup>3</sup>, Clodagh SM O'Gorman<sup>4,5,6</sup>, Liam G Glynn<sup>7</sup>, Eamon Keenan<sup>8</sup>, Jean Saunders<sup>9</sup>, Gerard Bury<sup>2</sup>, Colum Dunne<sup>4,5</sup>, Walter Cullen<sup>2,5,10</sup>

<sup>1</sup>Addiction & Urban Health Research Initiative, BC Centre for Excellence in HIV/AIDS, Vancouver, Canada. <sup>2</sup>School of Medicine and Medical Science, University College Dublin, Dublin, Ireland. <sup>3</sup>National University of Ireland Galway, Galway, Ireland. <sup>4</sup>Centre for Interventions in Infection, Inflammation & Immunity (4i), Faculty of Education and Health Sciences, University of Limerick, Limerick, Ireland. <sup>5</sup>Graduate Entry Medical School, Faculty of Education and Health Sciences, University of Limerick, Limerick, Ireland. <sup>6</sup>Department of Paediatrics, Mid-Western Regional Hospital, Limerick, Ireland. <sup>7</sup>Department of General Practice, National University of Ireland, Galway, Ireland. <sup>8</sup>Addiction Services, Health Service Executive, Dublin, Ireland. <sup>9</sup>Statistical Consulting Unit/ Applied Biostatistics Consulting Centre / CSTAR, Graduate Entry Medical School, University of Limerick, Limerick, Ireland. <sup>10</sup>Academic General Practice, UCD School of Medicine and Medical Sciences, Dublin 4, Ireland

**Contact address:** Jan Klimas, Addiction & Urban Health Research Initiative, BC Centre for Excellence in HIV/AIDS, 611 Powell Street, Vancouver, BC, V6A 1H2, Canada. [jan.klimas@ucd.ie](mailto:jan.klimas@ucd.ie).

**Editorial group:** Cochrane Drugs and Alcohol Group.

**Publication status and date:** New search for studies and content updated (no change to conclusions), published in Issue 12, 2014.

**Citation:** Klimas J, Tobin H, Field CA, O'Gorman CSM, Glynn LG, Keenan E, Saunders J, Bury G, Dunne C, Cullen W. Psychosocial interventions to reduce alcohol consumption in concurrent problem alcohol and illicit drug users. *Cochrane Database of Systematic Reviews* 2014, Issue 12. Art. No.: CD009269. DOI: [10.1002/14651858.CD009269.pub3](https://doi.org/10.1002/14651858.CD009269.pub3).

Copyright © 2014 The Cochrane Collaboration. Published by John Wiley & Sons, Ltd.

## ABSTRACT

### Background

Problem alcohol use is common among illicit drug users and is associated with adverse health outcomes. It is also an important factor contributing to a poor prognosis among drug users with hepatitis C virus (HCV) as it impacts on progression to hepatic cirrhosis or opiate overdose in opioid users.

### Objectives

To assess the effects of psychosocial interventions for problem alcohol use in illicit drug users (principally problem drug users of opiates and stimulants).

### Search methods

We searched the Cochrane Drugs and Alcohol Group trials register (June 2014), the Cochrane Central Register of Controlled Trials (CENTRAL) (*The Cochrane Library*, Issue 11, June 2014), MEDLINE (1966 to June 2014); EMBASE (1974 to June 2014); CINAHL (1982 to June 2014); PsycINFO (1872 to June 2014) and the reference lists of eligible articles. We also searched: 1) conference proceedings (online archives only) of the Society for the Study of Addiction, International Harm Reduction Association, International Conference on Alcohol Harm Reduction and American Association for the Treatment of Opioid Dependence; 2) online registers of clinical trials: Current Controlled Trials, Clinical Trials.org, Center Watch and the World Health Organization International Clinical Trials Registry Platform.

### Selection criteria

Randomised controlled trials comparing psychosocial interventions with another therapy (other psychosocial treatment, including non-pharmacological therapies, or placebo) in adult (over the age of 18 years) illicit drug users with concurrent problem alcohol use.

## Data collection and analysis

We used the standard methodological procedures expected by The Cochrane Collaboration.

### Main results

Four studies, involving 594 participants, were included. Half of the trials were rated as having a high or unclear risk of bias. The studies considered six different psychosocial interventions grouped into four comparisons: (1) cognitive-behavioural coping skills training versus 12-step facilitation (one study; 41 participants), (2) brief intervention versus treatment as usual (one study; 110 participants), (3) group or individual motivational interviewing (MI) versus hepatitis health promotion (one study; 256 participants) and (4) brief motivational intervention (BMI) versus assessment-only (one study; 187 participants). Differences between studies precluded any data pooling. Findings are described for each trial individually.

Comparison 1: low-quality evidence; no significant difference for any of the outcomes considered

Alcohol abstinence as maximum number of weeks of consecutive alcohol abstinence during treatment: mean difference (MD) 0.40 (95% confidence interval (CI) -1.14 to 1.94); illicit drug abstinence as maximum number of weeks of consecutive abstinence from cocaine during treatment: MD 0.80 (95% CI -0.70 to 2.30); alcohol abstinence as number achieving three or more weeks of consecutive alcohol abstinence during treatment: risk ratio (RR) 1.96 (95% CI 0.43 to 8.94); illicit drug abstinence as number achieving three or more weeks of consecutive abstinence from cocaine during treatment: RR 1.10 (95% CI 0.42 to 2.88); alcohol abstinence during follow-up year: RR 2.38 (95% CI 0.10 to 55.06); illicit drug abstinence as abstinence from cocaine during follow-up year: RR 0.39 (95% CI 0.04 to 3.98), moderate-quality evidence.

Comparison 2: low-quality evidence, no significant difference for all the outcomes considered

Alcohol use as AUDIT scores at three months: MD 0.80 (95% -1.80 to 3.40); alcohol use as AUDIT scores at nine months: MD 2.30 (95% CI -0.58 to 5.18); alcohol use as number of drinks per week at three months: MD 0.70 (95% CI -3.85 to 5.25); alcohol use as number of drinks per week at nine months: MD -0.30 (95% CI -4.79 to 4.19); alcohol use as decreased alcohol use at three months: RR 1.13 (95% CI 0.67 to 1.93); alcohol use as decreased alcohol use at nine months: RR 1.34 (95% CI 0.69 to 2.58), moderate-quality evidence.

Comparison 3 (group and individual MI), low-quality evidence: no significant difference for all outcomes

Group MI: number of standard drinks consumed per day over the past month: MD -0.40 (95% CI -2.03 to 1.23); frequency of drug use: MD 0.00 (95% CI -0.03 to 0.03); composite drug score (frequency\*severity for all drugs taken): MD 0.00 (95% CI -0.42 to 0.42); greater than 50% reduction in number of standard drinks consumed per day over the last 30 days: RR 1.10 (95% CI 0.82 to 1.48); abstinence from alcohol over the last 30 days: RR 0.88 (95% CI 0.49 to 1.58).

Individual MI: number of standard drinks consumed per day over the past month: MD -0.10 (95% CI -1.89 to 1.69); frequency of drug use (as measured using the Addiction Severity Index (ASI) drug): MD 0.00 (95% CI -0.03 to 0.03); composite drug score (frequency\*severity for all drugs taken): MD -0.10 (95% CI -0.46 to 0.26); greater than 50% reduction in number of standard drinks consumed per day over the last 30 days: RR 0.92 (95% CI 0.68 to 1.26); abstinence from alcohol over the last 30 days: RR 0.97 (95% CI 0.56 to 1.67).

Comparison 4: more people reduced alcohol use (by seven or more days in the past month at 6 months) in the BMI group than in the control group (RR 1.67; 95% CI 1.08 to 2.60), moderate-quality evidence. No significant difference was reported for all other outcomes: number of days in the past 30 days with alcohol use at one month: MD -0.30 (95% CI -3.38 to 2.78); number of days in the past month with alcohol use at six months: MD -1.50 (95% CI -4.56 to 1.56); 25% reduction of drinking days in the past month: RR 1.23 (95% CI 0.96 to 1.57); 50% reduction of drinking days in the past month: RR 1.27 (95% CI 0.96 to 1.68); 75% reduction of drinking days in the past month: RR 1.21 (95% CI 0.84 to 1.75); one or more drinking days' reduction in the past month: RR 1.12 (95% CI 0.91 to 1.38).

### Authors' conclusions

There is low-quality evidence to suggest that there is no difference in effectiveness between different types of interventions to reduce alcohol consumption in concurrent problem alcohol and illicit drug users and that brief interventions are not superior to assessment-only or to treatment as usual. No firm conclusions can be made because of the paucity of the data and the low quality of the retrieved studies.

## PLAIN LANGUAGE SUMMARY

### Which talking therapies (counselling) work for drug users with alcohol problems?

#### Review question

We wanted to determine whether talking therapies have an impact on alcohol problems in adult users of illicit drugs (mainly opiates and stimulants) and whether one type of therapy is more effective than another.

#### Background

Problematic use of alcohol (that is drinking above the recommended safe drinking limits) can lead to serious alcohol problems or dependence. Excessive drinking in people who also have problems with other drugs is common and often makes these problems worse as well as having serious health consequences for the person involved.

Psychosocial interventions are talking therapies that aim to identify an alcohol problem and motivate an individual to do something about it. They can be performed by trained staff (for example, doctors, nurses, counsellors, psychologists, etc.). Talking therapies may help people reduce their drinking but their impact in people who also have problems with other drugs is unknown.

**Search date:** The evidence is current to June 2014.

### Study characteristics

We found four studies that examined 594 people with drug problems. One study focused on the way people think and act versus an approach based on Alcoholics Anonymous, aiming to motivate the person to develop a desire to stop using drugs or alcohol. One study looked at a practice that aimed to identify and alcohol problem and motivate the person to do something about it versus usual treatment. One study looked at a counselling style for helping people to explore and resolve doubts about changing their behaviour (group and individual format) versus hepatitis health promotion. The last study looked at the same style versus assessment-only.

### Key results

Overall, there was low-quality evidence only for the comparisons reported in this review.

- The studies were so different that we could not combine their results to answer our question.
- It remains uncertain whether talking therapies affect drinking in people who have problems with both alcohol and other drugs because of the low quality of the evidence.
- It remains uncertain whether talking therapies for drinking affect illicit drug use in people who have problems with both alcohol and other drugs. There was not enough information to compare different types of talking therapies.
- Many of the studies did not account for possible sources of bias.
- More high-quality studies, such as randomised controlled trials, are needed to answer our question.