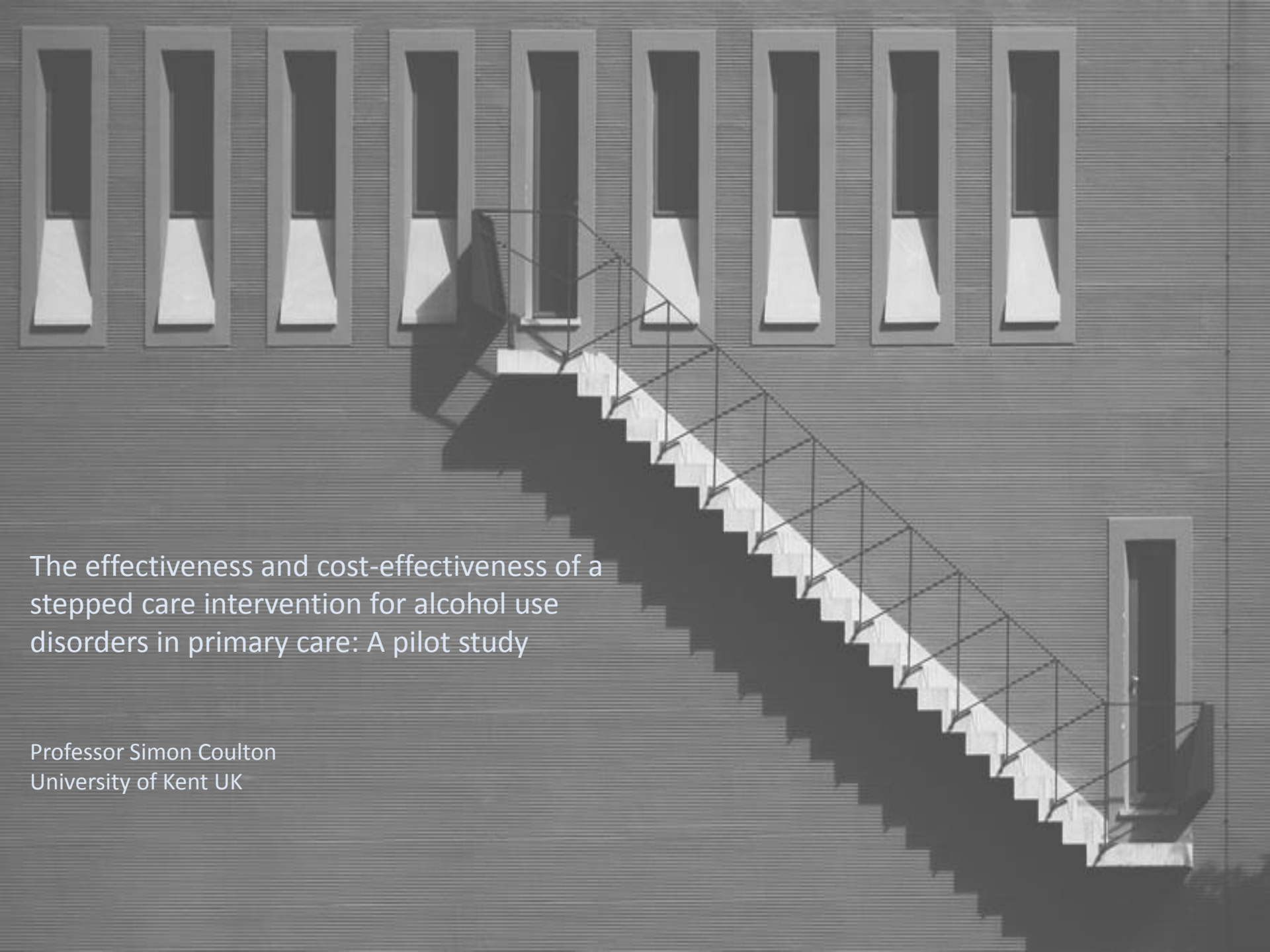


A black and white photograph of a modern building facade. The building features a series of rectangular windows, some of which are open, revealing a dark interior. A long, wide staircase with a metal railing leads up from the ground level to a platform in front of one of the windows. The staircase is made of light-colored steps and has a dark metal railing. The building's facade is a light color, and the overall scene is captured in a high-contrast, black and white style.

The effectiveness and cost-effectiveness of a stepped care intervention for alcohol use disorders in primary care: A pilot study

Professor Simon Coulton
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The Background

In the United Kingdom alone alcohol use disorders are responsible for.....

- 22 000 premature deaths annually
- Cost the economy £20 billion annually
- 7 million people are hazardous or harmful drinkers
- 1.1 million are dependent drinkers

There exists a wealth of evidence for interventions to address alcohol use disorders.....

- 13 meta-analyses/ systematic reviews
- 20-30% reduction in alcohol consumed
- Recent meta-analysis highlights opportunistic screening and brief intervention in primary care as the most promising

The outstanding issues

A number of outstanding questions remain....

- Efficacy versus effectiveness
- Role of primary care in delivering interventions
- The public health paradigm
- Primary care skills

The spectrum of need and associated responses...

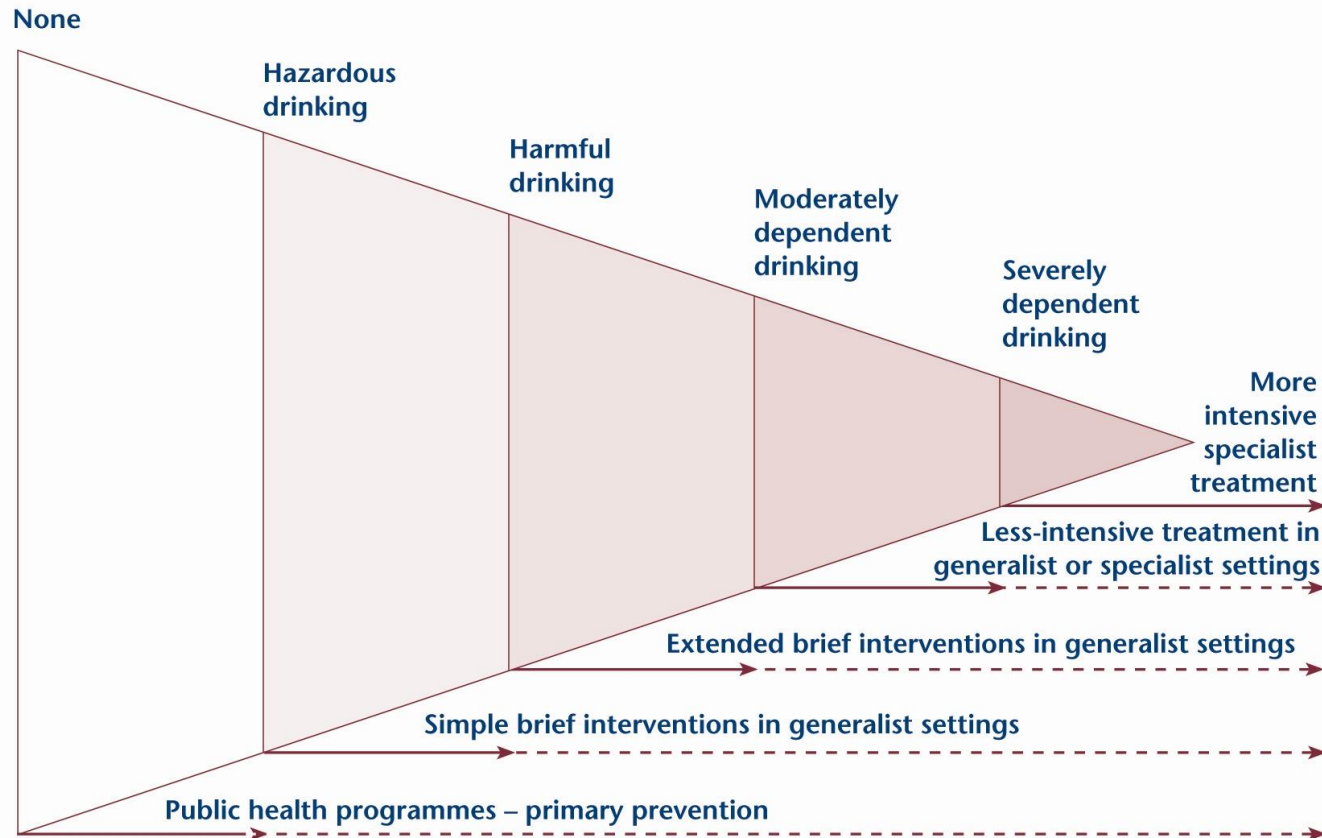


Figure 1 A spectrum of responses to alcohol problems

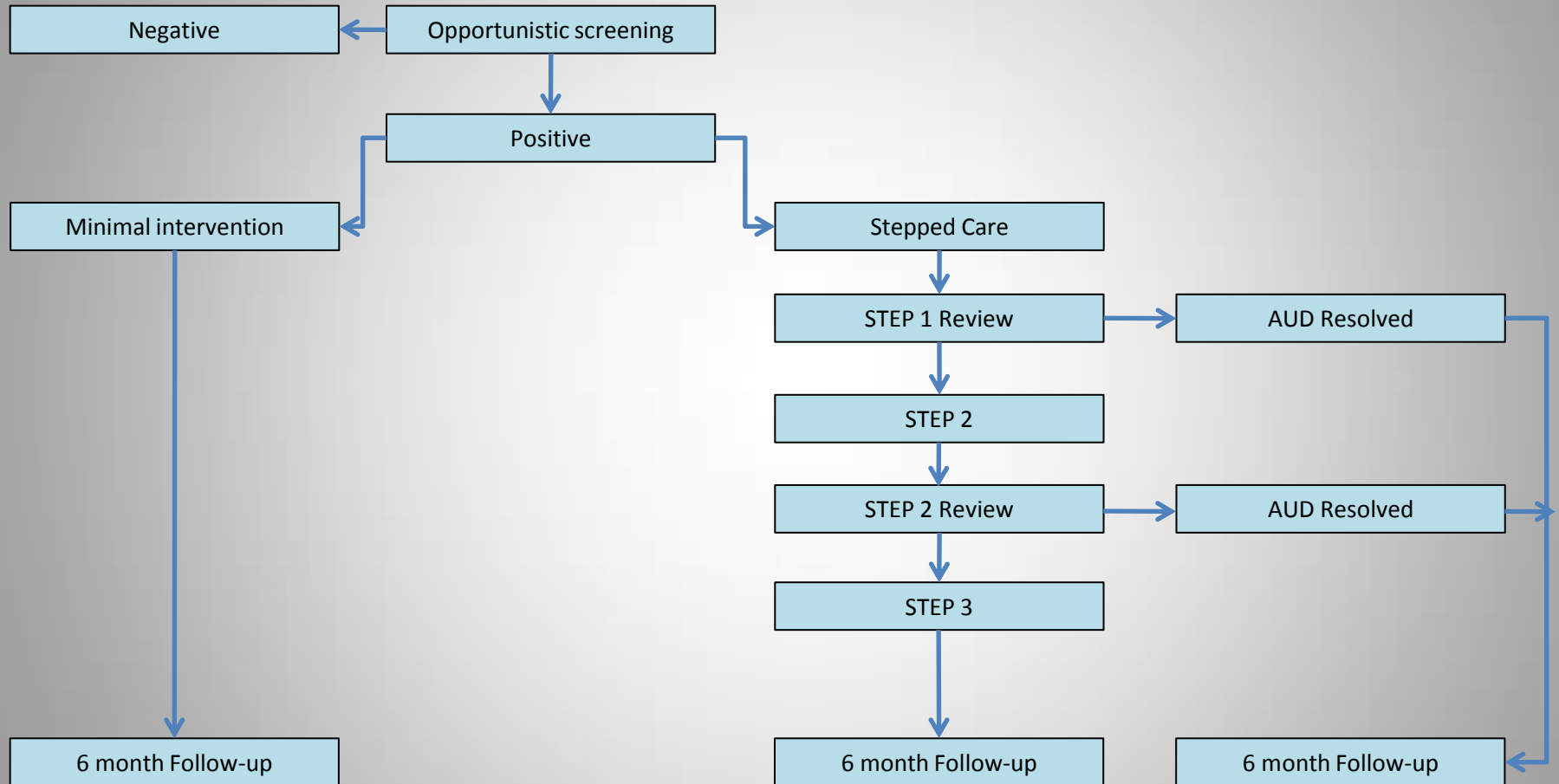
Source: Rastrick et al. (2006),¹ adapted from Institute of Medicine (1990).²

The potential of stepped care.

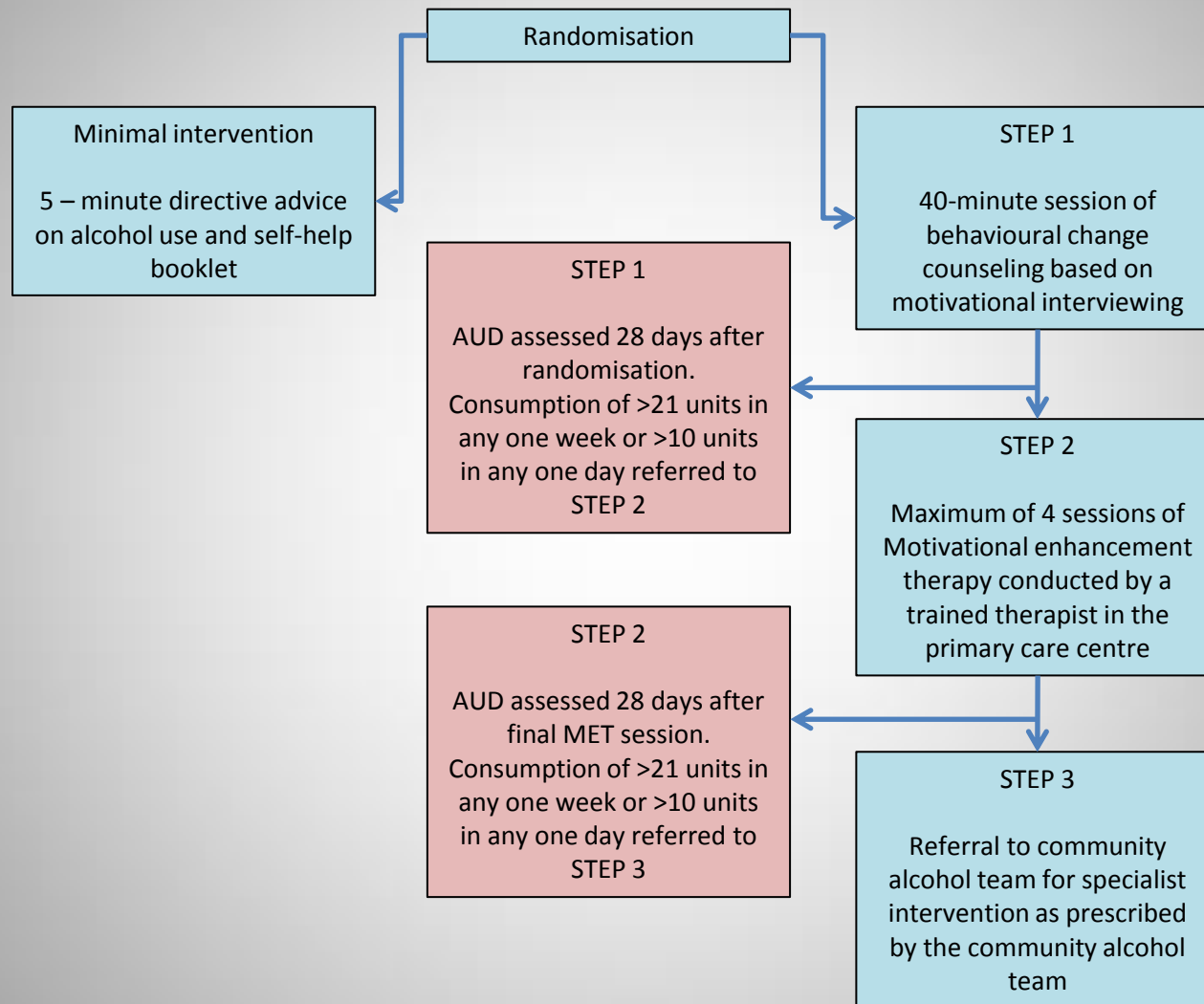
Stepped care aims to address these questions....

- Pragmatic evaluations
- Caters for a wide range of needs
- Practical clinical algorithm
- Already accepted by primary care staff
- Intensive interventions delivered only to those who need them
- Provides shared care between generalist and specialist staff

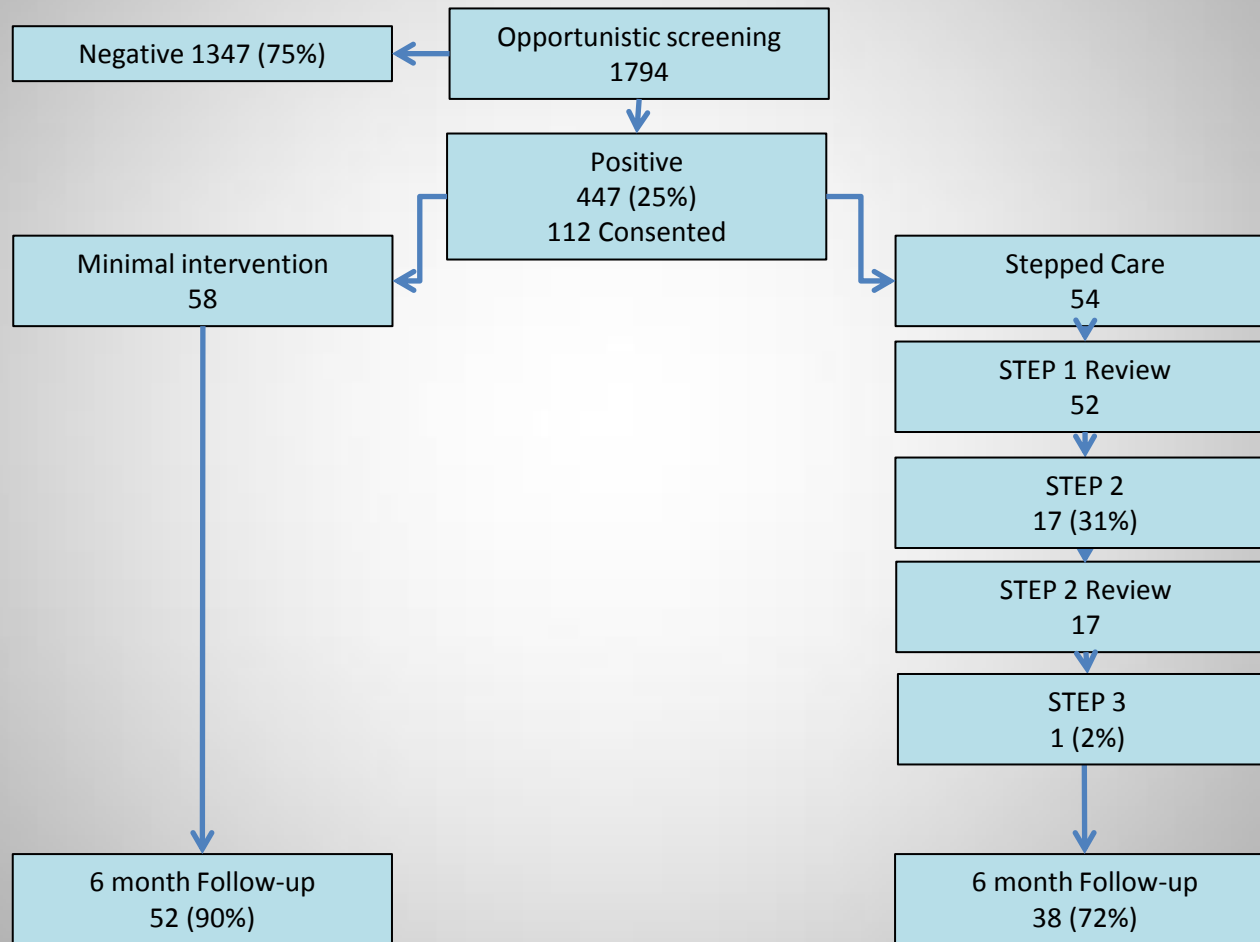
The Study Design



The interventions



The CONSORT Statement



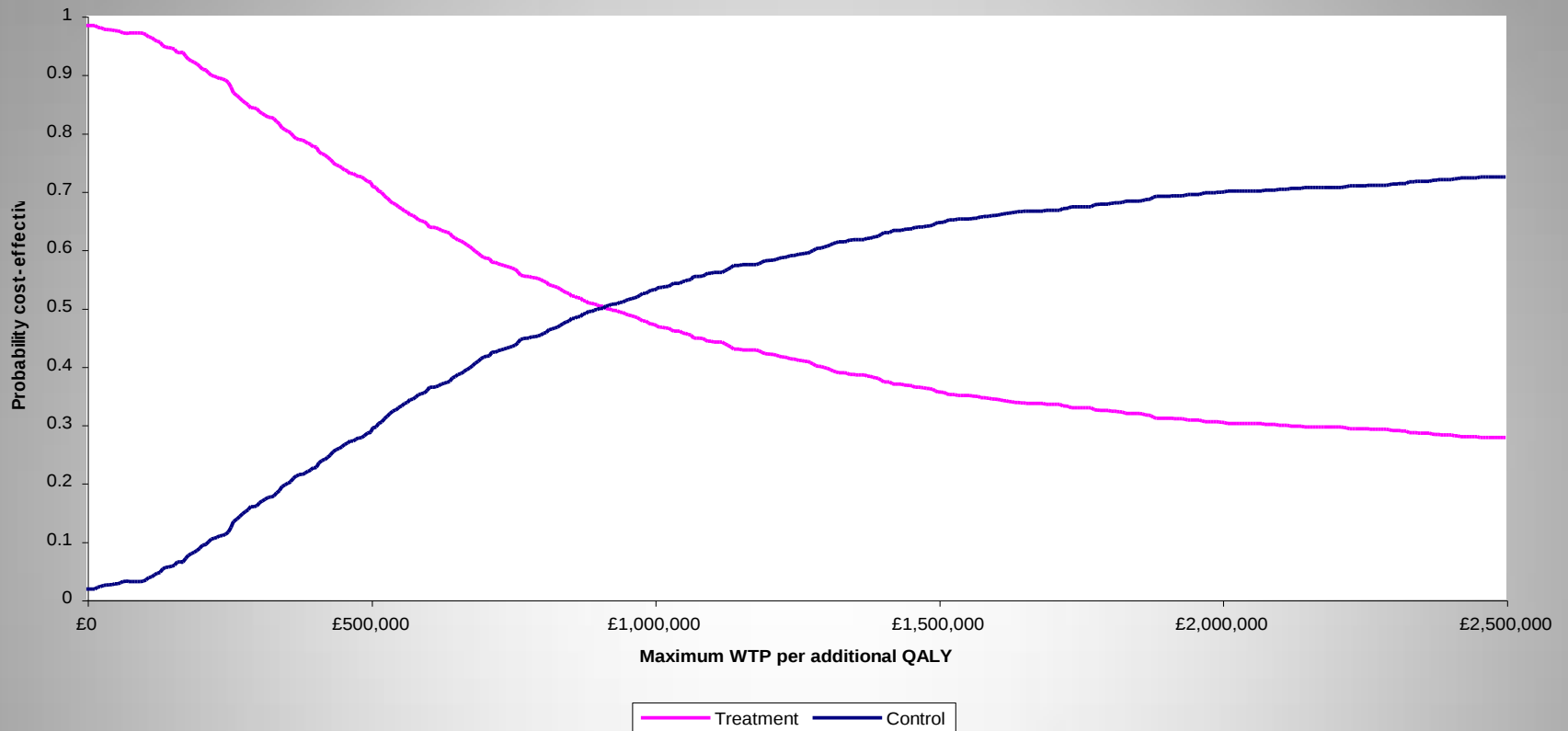
Baseline Characteristics

	Stepped Care	Control
Age (SD)	41.4 (2.3)	42.1 (1.9)
AUDIT Score (SD)	13.6 (0.8)	13.3 (0.7)
Drinks consumed in 180 days (SD)	1699 (194.8)	1423.0 (113.3)
Drinks per drinking day (SD)	15.2 (1.1)	12.9 (0.8)
Percent days abstinent (SD)	37.9 (3.8)	36.6 (3.4)
RCQ-Action (SD)	0.1 (0.7)	0.6 (0.6)
Alcohol problems (SD)	5.6 (0.6)	4.7 (0.4)
Severity of dependence (SD)	8.2 (0.9)	8.8 (1.2)
Situational confidence (SD)	72.8 (18.0)	74.9 (17.8)
Physical Health SF12 (SD)	40.5 (1.0)	40.6 (1.0)
Mental Health SF12	45.6 (1.8)	49.2 (1.4)

Adjusted mean differences at 6 months favouring stepped care

	Stepped Care
Drinks consumed in 180 days (SD)	-171.2
Drinks per drinking day (SD)	-1.4
Percent days abstinent (SD)	+2.21
RCQ-Action (SD)	+1.9
Alcohol problems (SD)	-0.4
Severity of dependence (SD)	-0.3
Situational confidence (SD)	+0.7
Physical Health SF12 (SD)	-0.2
Mental Health SF12	+2.0

Cost effectiveness acceptability curve



The intervention costs 10 times as much to deliver than the control treatment.

Analysis of bootstrapped cost-effectiveness ratios suggest that in 818 of 1000 scenarios stepped care is less costly and more effective than minimal intervention.

In conclusion

- Stepped care in primary care is feasible
- Stepped care addresses the needs of the population in primary care
- Stepped care addresses the concerns of primary care staff
- It is associated with greater reductions in terms of alcohol use, alcohol related problems and severity of dependence
- It is associated with increased action orientated readiness to change and increased situational confidence
- It is also more cost-effective than minimal intervention and has a net cost saving of £9000 (\$15000)

A Caveat

This study represents a pilot of stepped-care interventions. It provides evidence of potential effectiveness and cost-effectiveness...but larger scale studies are required to confirm this evidence.

The Cast list.....

Professor Simon Coulton, University of Kent
Professor Colin Drummond, Institute of Psychiatry, London
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Mr Steve Parrott, University of York
Dr John Baxter, GP, Swansea
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Professor Ian Russell, University of Swansea
Professor Tim Peters, Kings College London

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