

PEER REVIEW HISTORY

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ARTICLE DETAILS

TITLE (PROVISIONAL)	How effective are brief interventions in reducing alcohol consumption: does setting, practitioner group and content matter? Findings from a systematic review and meta-regression analysis
AUTHORS	Platt, Lucy; Melendez-Torres, G.J.; O'Donnell, Amy; Bradley, Jennifer; Newbury-Birch, Dorothy; Kaner, Eileen; Ashton, Charlotte

VERSION 1 - REVIEW

REVIEWER	Lynn Owens Department of Molecular and Clinical Pharmacology Institute of Translational Medicine University of Liverpool Liverpool UK
REVIEW RETURNED	24-Mar-2016

GENERAL COMMENTS	<p>I really enjoyed your paper and think it will be an important contribution to the literature.</p> <p>"How effective are brief interventions in reducing alcohol consumption: does place, practitioner group and content matter? Findings from a systematic review and meta-regression analysis"</p> <p>Place is used in the title but subsequently is replaced by setting. This should perhaps be amended</p> <p>Overall, please check that nomenclature is reduced for both setting and intervention. I also feel that as studies were international there may be some bias toward certain settings or providers, in particular the definition of counsellor which can range from highly trained and certified professional to the equivalent of a support worker. Perhaps this could be discussed or clarified.</p> <p>A few minor suggestions; The distinction between primary care and community setting needs to be clarified early on, as this may introduce some confusion.</p> <p>Abstract line 28 : this is unclear and need to state if the role of nurses is superior or not Intro line 15 missing word "not taking account of"</p> <p>Methods very clear and easy to follow.</p> <p>Line 56: rather than total discussion time it might be more accurate to refer to total intervention time.</p> <p>Page 6. Data synthesis The grouping of intervention by descriptors</p>
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	<p>provided seems reasonable, however there will be a lot of overlap. The stated aim of this study was to test effectiveness of ABI's. As brief advice approaches sit under the broad umbrella of motivational approaches I feel that the authors may want to consider testing 'any brief motivational approach' compared to motivational approach plus.</p> <p>I do not understand the rationale for categorising research nurses as different providers. As they work to the same ethos and standards as any other nurse I feel that they belong in the category of nurse delivered intervention.</p> <p>Results Figure 2 has a small printing error. (truncated box right side)</p> <p>Line 21 " primary or healthcare settings" does this mean primary health care and other NHS treatment settings.</p> <p>Line 30 again not sure if research nurse should be distinct from nurse.</p> <p>Table 2 is confusing, it would benefit from reformatting</p> <p>Discussion</p> <p>P 10 Line 28: this is the first time you have introduced the concept of ambulatory setting, please describe what this refers to.</p> <p>Line 39: this might be the case for PC, not sure it is true for any other setting</p> <p>P11 line 3 "longer lifestyle advice" introduces some nomenclature. Remain consistent in descriptors for interventions.</p> <p>I think the paper would benefit from specialist statistical review as although the methods are clearly described and seem appropriate I have limited knowledge in the use of methods described</p> <p>Over all I really enjoyed you paper</p>
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REVIEWER	Celia Álvarez-Bueno Social and Health Research Center, Spain
REVIEW RETURNED	15-Apr-2016

GENERAL COMMENTS	<p>Review checklist.</p> <p>1. Is the research question or study objective clearly defined? The objective provided in the abstract is not written consequently with the test and the main paragraph of the discussion.</p> <p>2. Is the abstract accurate, balanced and complete? Overall the abstract is balanced, albeit it contains an inaccuracy and inconsistency with the main text.</p> <p>Also the authors need to take into consideration some important references:</p> <ul style="list-style-type: none"> • E.P. Whitlock, M.R. Polen, C.A. Green, T. Orleans, J. Klein. Behavioral counseling interventions in primary care to reduce risky/harmful alcohol use by adults: a summary of the evidence for the U.S. Preventive Services Task Force. <i>Ann. Intern. Med.</i>, 140 (7) (2004), pp. 557–568 • Beich, T. Thorsen, S. Rollnick. Screening in brief intervention trials
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	<p>targeting excessive drinkers in general practice: systematic review and meta-analysis. <i>Br. Med. J.</i>, 327 (7414) (2003), pp. 536–542</p> <p>• K. Poikolainen. Effectiveness of brief interventions to reduce alcohol intake in primary health care populations: a meta-analysis. <i>Prev. Med.</i>, 28 (5) (1999), pp. 503–509</p> <p>• Álvarez-Bueno, C., Rodríguez-Martín, B., García-Ortiz, L., Gómez-Marcos, M. Á., & Martínez-Vizcaíno, V. (2015). Effectiveness of brief interventions in primary health care settings to decrease alcohol consumption by adult non-dependent drinkers: a systematic review of systematic reviews. <i>Preventive medicine</i>, 76, S33-S38.</p> <p>3. Is the study design appropriate to answer the research question? Yes, although the inclusions and exclusion criteria need to be elaborated.</p> <p>4. Are the methods described sufficiently to allow the study to be repeated? Yes.</p> <p>5. Are research ethics (e.g. participant consent, ethics approval) addressed appropriately? Yes.</p> <p>6. Are the outcomes clearly defined? No. Please see Major Issues #3.</p> <p>7. If statistics are used are they appropriate and described fully? Yes, but the authors should write consequently throughout the test.</p> <p>8. Are the references up-to-date and appropriate? No, the authors are encouraged to include some relevant systematic reviews and meta-analysis.</p> <p>9. Do the results address the research question or objective? N/A The research questions require further clarification which will have an impact on the results of the review.</p> <p>10. Are they presented clearly? N/A</p> <p>11. Are the discussion and conclusions justified by the results? No, the discussion should be more deeply elaborated. The methodology provides some important outcomes that should be take into account</p> <p>12. Are the study limitations discussed adequately? Yes.</p> <p>13. Is the supplementary reporting complete (e.g. trial registration; funding details; CONSORT, STROBE or PRISMA checklist)? Yes.</p> <p>14. To the best of your knowledge is the paper free from concerns over publication ethics (e.g. plagiarism, redundant publication, undeclared conflicts of interest)? Yes.</p> <p>15. Is the standard of written English acceptable for publication? Yes, it is acceptable for publication, however a better scientific English should be used.</p> <p>Major comments:</p> <ol style="list-style-type: none"> 1. The main objective requires clarification and be written consequently through the text. 2. The introduction should include other important references and also the framework of the paper should be clearly defined. 3. The inclusion and exclusion criteria need to be clearly stated. A table with specific inclusion and exclusion criteria would be helpful. 4. Search procedure and data extraction should be described in more detail. The flow chart should be elaborated and should take into consideration the list of inclusion and exclusion criteria.
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	<p>Minor comments:</p> <p>Introduction: Some major reviews on the issue of this paper should be included. Pag 5, line 17: Please, define "traditional advice"</p> <p>Methods: Page 5; line 47: Could the authors provide a separated list of included and excluded criteria. Here they provided a mixed list of them and it does not help to clarify the selection criteria Page 5; line 52: Are the authors going to include any study on adult population, including those developed in emergency settings or including population on psychiatrist treatment or alcoholic groups? Please, define the target group. Page 6; line 16: Could the authors provide the complete date (at least the month) when the last search was developed? Page 6; line 16: The authors provide a complete search strategy but they do not specify for which data base is. Could they specify clearly this issue? Page 6; line 26: I encourage the authors to review this section. Cochrane recommends the use of Jadad scale or a check list that include more items than those presented in this paper. I feel that the bias assessment should be improved and I recommend the authors to consult the 8.6.c section of the Cochrane Handbook to resume the risk of bias assessment. Page 6; line 34-40: Could the authors include a brief explanation on which is the aim of this section? And also, could they better perform this paragraph? Page 7; line 19: please, write consequently. These outcomes are not the outcomes written in table 3, and not with the same spelling as the table 4-5. Could the authors maintain the name of the outcomes through the text? Page 7; line 34: softwares and devices need more description details such us company, country, year... Please provide those data for each used software and devices. Page 7; line 47: could the authors describe when the use of fixed effects or random effect is needed?</p> <p>Results Page 8; line 3: the same comment as page 7; line 34. Page 8; line 16: could the authors describe which those "key characteristics" are? Page 8; line 44 to page 9; line 48: the results of the analyses by quantity and frequency outcomes are mixed. I really encourage the authors to present separately the results of each outcome.</p> <p>Discussion: The discussion section needs to be more deeply justifies, and also to write consequently. Both paragraphs seem to main in different ways. Page 10; line 11: I encourage to better structure this paragraph in order to be clear providing the main findings of the analyses. Table 3: the authors should include the abbreviators as footnotes. Table 4: this grey box should be substituted by other clearer form such as NA (not available), some kind of "-", or something like that</p> <p>References: References need to be edited.</p> <p>Tables and figures: Table 1: Tables should not contain places without information. If there are lost information that could not be extracted, this should be reflected in the tables as NA or NR</p>
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	<p>Table 1: line 36: There is a B instead an F, This should be an error Figure 2: authors should detail the number of paper retrieved by each data base. Also, they should write consequently and indicate here or in the test which they defined as "other sources", and which are those that they have included in the search. The flow chart needs to be edited and better performed. Additionally, the reasons for excluding "the full-test excluded" should be written in the same way as the inclusion and exclusion criteria of the main test Page 31. Please, provide the title of these figures. Also those should be provided with better resolution Online table 2: the same comments as table 1 List of included studies: references need to be edited.</p>
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VERSION 1 – AUTHOR RESPONSE

Reviewer: 1

Please leave your comments for the authors below

I really enjoyed your paper and think it will be an important contribution to the literature.

"How effective are brief interventions in reducing alcohol consumption: does place, practitioner group and content matter? Findings from a systematic review and meta-regression analysis"

Place is used in the title but subsequently is replaced by setting. This should perhaps be amended
We agree with the Reviewer's suggestion and have changed the title to 'setting'.

Overall, please check that nomenclature is reduced for both setting and intervention. I also feel that as studies were international there may be some bias toward certain settings or providers, in particular the definition of counsellor which can range from highly trained and certified professional to the equivalent of a support worker. Perhaps this could be discussed or clarified.

We thank the reviewer for this helpful comment. We have tried to simplify the terms used for setting, intervention and provider. Any categorisation in meta-regression requires a trade-off between parsimony and specificity, especially given the concern for power. In this case, we grouped anyone described as being a mental health provider, including psychologists and clinical social workers as a counsellor. We have included a more detailed definition of this group in the methods and added in a sentence into the discussion, commenting on the diversity in qualification of practitioners categorised as 'counsellors'.

A few minor suggestions;

The distinction between primary care and community setting needs to be clarified early on, as this may introduce some confusion.

We state in the methods (Page 7 Line 12) that community based delivery included a range of non-clinical of settings. We have added another sentence to clarify that primary or ambulatory care refer to outpatient care provided in clinical settings in order to differentiate between primary care and the community.

Abstract line 28 : this is unclear and need to state if the role of nurses is superior or not
This has been amended.

Intro line 15 missing word "not taking account of"
This has been amended.

Methods very clear and easy to follow.

Line 56: rather than total discussion time it might be more accurate to refer to total intervention time. Agreed, this has been amended.

Page 6. Data synthesis The grouping of intervention by descriptors provided seems reasonable, however there will be a lot of overlap. The stated aim of this study was to test effectiveness of ABI's. As brief advice approaches sit under the broad umbrella of motivational approaches I feel that the authors may want to consider testing 'any brief motivational approach' compared to motivational approach plus.

We thank the Reviewer for this helpful observation. We acknowledge that there may be some overlap in our groupings of interventions, but they represent three levels of increasing intensity of motivational input (advice, motivational interview and motivational interview plus other active elements). A fuller analysis of intervention content is beyond the scope of this review and there have been a number of comprehensive reviews specifically focused on motivational approaches. (1, 2)

I do not understand the rationale for categorising research nurses as different providers. As they work to the same ethos and standards as any other nurse I feel that they belong in the category of nurse delivered intervention.

We thank the reviewer for raising this point. We wish to clarify that interventions classed as delivered by 'different providers' were delivered by staff from a variety of backgrounds. In this case, then, studies including research nurses as providers did not solely use research nurses as providers (e.g. the intervention could also have been delivered by a psychologist or a social worker, but not as part of a fixed combination). If an intervention was delivered solely by a nurse, it was classed as a 'nurse' intervention, regardless of whether the nurses were research nurses or clinical nurses on secondment. We have added a sentence into the methods to clarify this point.

Results

Figure 2 has a small printing error. (truncated box right side)

This has been amended.

Line 21 " primary or healthcare settings" does this mean primary health care and other NHS treatment settings.

This sentence has been corrected to clarify that this is referring to primary care, Accident and Emergency or Hospital settings.

Line 30 again not sure if research nurse should be distinct from nurse.

We have addressed this point above.

Table 2 is confusing, it would benefit from reformatting

We have clarified Table 2 (now relabelled Table 3) by inserting column headers and definitions. We have removed the column heading Mean (Standard Deviation) so that it is more clearly labelled to the row it refers to. We hope this is clearer now.

Discussion

P 10 Line 28: this is the first time you have introduced the concept of ambulatory setting, please describe what this refers to.

We refer to ambulatory care in the methods section describing how settings were categorised as either primary or ambulatory care. We have added a further definition here defining ambulatory care as out-patient care provided in clinical settings.

Line 39: this might be the case for PC, not sure it is true for any other setting

We thank the reviewer for this observation. We acknowledge that the growing evidence in support of the use of nurses does focus on primary care settings predominantly, but nurses have been deployed in other settings including schools as evidenced in the Lock review and trial by Werch et al.(3, 4) We have qualified this sentence to reflect that evidence in support of nurses is predominantly derived from primary care settings but there is emerging evidence from other settings.

P11 line 3 “longer lifestyle advice” introduces some nomenclature. Remain consistent in descriptors for interventions.

We have changed this term to say 'longer motivational interviewing' to make this consistent with terminology used elsewhere.

I think the paper would benefit from specialist statistical review as although the methods are clearly described and seem appropriate I have limited knowledge in the use of methods described

Over all I really enjoyed you paper
Thank you for your helpful review.

Thank you

Reviewer: 2

Reviewer Name
Celia Álvarez-Bueno

Institution and Country
Social and Health Research Center, Spain

Please state any competing interests or state 'None declared':
None declared

Please leave your comments for the authors below
Review checklist.

1. Is the research question or study objective clearly defined?

The objective provided in the abstract is not written consequently with the text and the main paragraph of the discussion.

We have edited the abstract and first paragraph of the discussion to ensure that the objective of the study is presented consistently.

2. Is the abstract accurate, balanced and complete?

Overall the abstract is balanced, albeit it contains an inaccuracy and inconsistency with the main text. We have edited inconsistencies between the abstract and the main text.

Also the authors need to take into consideration some important references:

- E.P. Whitlock, M.R. Polen, C.A. Green, T. Orleans, J. Klein. Behavioral counseling interventions in primary care to reduce risky/harmful alcohol use by adults: a summary of the evidence for the U.S. Preventive Services Task Force. *Ann. Intern. Med.*, 140 (7) (2004), pp. 557–568
- Beich, T. Thorsen, S. Rollnick. Screening in brief intervention trials targeting excessive drinkers in general practice: systematic review and meta-analysis. *Br. Med. J.*, 327 (7414) (2003), pp. 536–542
- K. Poikolainen. Effectiveness of brief interventions to reduce alcohol intake in primary health care populations: a meta-analysis. *Prev. Med.*, 28 (5) (1999), pp. 503–509
- Álvarez-Bueno, C., Rodríguez-Martín, B., Garca-Ortiz, L., Gómez-Marcos, M. Á., & Martínez-

Vizcaíno, V. (2015). Effectiveness of brief interventions in primary health care settings to decrease alcohol consumption by adult non-dependent drinkers: a systematic review of systematic reviews. *Preventive medicine*, 76, S33-S38.

We thank the reviewer for highlighting these references. We have added two of these references (Poikolainen et al and Álvarez-Bueno et al) to support key points made in the introduction and discussion. Key findings from the other two references were captured through O'Donnell et al's review of reviews that is referenced in the introduction.

3. Is the study design appropriate to answer the research question?

Yes, although the inclusions and exclusion criteria need to be elaborated.

We have addressed this point in the comments below.

4. Are the methods described sufficiently to allow the study to be repeated?

Yes.

5. Are research ethics (e.g. participant consent, ethics approval) addressed appropriately?

Yes.

6. Are the outcomes clearly defined?

No. Please see Major Issues #3.

We have addressed this point in the comments below.

7. If statistics are used are they appropriate and described fully?

Yes, but the authors should write consequently throughout the text.

We have edited the text to ensure statistics are reported consistently.

8. Are the references up-to-date and appropriate?

No, the authors are encouraged to include some relevant systematic reviews and meta-analysis.

These have been included, please see the point above.

9. Do the results address the research question or objective?

N/A

The research questions require further clarification which will have an impact on the results of the review.

We have clarified the research question in the abstract and introduction.

10. Are they presented clearly?

N/A

11. Are the discussion and conclusions justified by the results?

No, the discussion should be more deeply elaborated. The methodology provides some important outcomes that should be taken into account

We have revised the discussion based on your comments below.

12. Are the study limitations discussed adequately?

Yes.

13. Is the supplementary reporting complete (e.g. trial registration; funding details; CONSORT, STROBE or PRISMA checklist)?

Yes.

14. To the best of your knowledge is the paper free from concerns over publication ethics (e.g. plagiarism, redundant publication, undeclared conflicts of interest)?

Yes.

15. Is the standard of written English acceptable for publication?

Yes, it is acceptable for publication, however a better scientific English should be used.

We have tried to clarify the language throughout the text and specifically in relation to the comments.

Major comments:

1. The main objective requires clarification and be written consequently throughout the text.

We have clarified the main objective in the abstract and reported on this consistently throughout the text.

2. The introduction should include other important references and also the framework of the paper should be clearly defined.

We thank the reviewer for pointing out the additional references. These have been added in and we have attempted to more clearly define the research question to be addressed in the paper.

3. The inclusion and exclusion criteria need to be clearly stated. A table with specific inclusion and exclusion criteria would be helpful.

We have clarified the inclusion and exclusion criteria and referenced the review protocol where a more detailed description of the criteria are reported.

4. Search procedure and data extraction should be described in more detail. The flow chart should be elaborated and should take into consideration the list of inclusion and exclusion criteria.

We have provided more detail in the flow chart and edited the reasons given for exclusion at full text review to reflect the stated exclusion criteria.

Minor comments:

Introduction:

Some major reviews on the issue of this paper should be included.

Please see the point above, these reviews have now been included.

Pag 5, line 17: Please, define "traditional advice"

We have included a definition for traditional advice into this section.

Methods:

Page 5; line 47: Could the authors provide a separated list of included and excluded criteria. Here they provided a mixed list of them and it does not help to clarify the selection criteria.

We summarize inclusion and exclusion criteria consecutively in terms of 1) study design, 2) population 3) control groups 4) definition of intervention. A detailed description of eligibility criteria is included in the review protocol, which is referenced in the text.

Page 5; line 52: Are the authors going to include any study on adult population, including those developed in emergency settings or including population on psychiatrist treatment or alcoholic groups? Please, define the target group.

We included all populations except those aged less than 16 years, those seeking help at specialist additional, mental health or antenatal clinics. We have edited this sentence to make the target population clearer.

Page 6; line 16: Could the authors provide the complete date (at least the month) when the last search was developed?

We have inserted the month and year the search was conducted, this is also summarized in the abstract.

Page 6; line 16: The authors provide a complete search strategy but they do not specify for which data base is. Could they specify clearly this issue.

We thank that reviewer for this observation. These were the general search terms used, which were adapted to the search functionality of each database. We have clarified this point in the text. We have included the full search strategy used in Medline as a web appendix and would be happy to provide the other searches as an online appendix.

Page 6; line 26: I encourage the authors to review this section. Cochrane recommends the use of Jadad scale or a check list that include more items than those presented in this paper. I feel that the bias assessment should be improved and I recommend the authors to consult the 8.6.c section of the Cochrane Handbook to resume the risk of bias assessment.

The risk of bias assessment approach that we use was taken from the Cochrane handbook and has been used in other systematic reviews of this kind.(5) We have further checked the Cochrane handbook and are confident that our approach is correct. The latest Cochrane handbook (8.3.3) explicitly recommends not using the Jadad Scale. (6)

Page 6; line 34-40: Could the authors include a brief explanation on which is the aim of this section? And also, could they better perform this paragraph?

The aim of this paragraph is to demonstrate the approaches we took to ensure that data were extracted accurately. We then describe the type of data extracted. We feel that this paragraph is important to show the measures taken to ensure accuracy of data extraction as well as type of data extracted.

Page 7; line 19: please, write consequently. These outcomes are not the outcomes written in table 3, and not with the same spelling as the table 4-5. Could the authors maintain the name of the outcomes through the text?

We thank the reviewer for raising this point. We have edited Tables 3, 4 and 5 to ensure the outcomes are consistent with the description presented on page 7. These include: i) all quantity outcomes; (ii) quantity per unit of time; (iii) quantity per drinking occasion;; (iv) all frequency outcomes; (v) frequency of any drinking occasion; and (vi) frequency of binge drinking occasions.

Page 7; line 34: softwares and devices need more description details such us company, country, year... Please provide those data for each used software and devices.

We have reworded the referencing of the statistical packages used to make this clear. We used the open-source statistical package R for all multilevel analyses. We have included a citation for both the software and the statistical model in the text.

Page 7; line 47: could the authors describe when the use of fixed effects or random effect is needed? We have added in a sentence explaining that random effects models were used because of anticipated heterogeneity both within and across studies.

Results

Page 8; line 3: the same comment as page 7; line 34.

We have added in a reference for the R open source software.

Page 8; line 16: could the authors describe which those “key characteristics” are?

We have added in a sentence summarising the key study characteristics that are presented in Table 1.

Page 8; line 44 to page 9; line 48: the results of the analyses by quantity and frequency outcomes are mixed. I really encourage the authors to present separately the results of each outcome.

We have presented the results for quantity outcomes first and then frequency throughout the results. We have attempted to make this clearer by separating out the results into separate paragraphs and introducing each paragraph with the outcome they refer to.

Discussion:

The discussion section needs to be more deeply justifies, and also to write consequently. Both paragraphs seem to main in different ways.

We apologise but we do not fully understand this point. We have added in new details to the review, which we believe has improved it.

Page 10; line 11: I encourage to better structure this paragraph in order to be clear providing the main findings of the analyses.

We have attempted to clarify paragraph 1 of the discussion to bring out the key findings.

Table 3: the authors should include the abbreviators as footnotes.

These have been added in

Table 4: this grey box should be substituted by other clearer form such as NA (not available), some kind of "-", or something like that

We have removed the grey shading and left these boxes.. The boxes should not contain data, so it would not be appropriate to put in a 'not available'.

References:

References need to be edited.

The references have been checked and are now consistent with the BMJ open source formatting style used in Endnote.

Tables and figures:

Table 1: Tables should not contain places without information. If there are lost information that could not be extracted, this should be reflected in the tables as NA or NR

We have added in N/A where data were not available. We have left some boxes blank where data were not extracted. For example we did not extract information on duration of the control so that has been left blank.

Table 1: line 36: There is a B instead an F, This should be an error

This was an error and has now been corrected.

Figure 2: authors should detail the number of paper retrieved by each data base. Also, they should write consequently and indicate here or in the text which they defined as "other sources", and which are those that they have included in the search.

We have added into Figure 2 the number of papers identified in each database. We have added in the number of papers that were identified through 'other sources' at each stage of the search.

The flow chart needs to be edited and better performed. Additionally, the reasons for excluding "the full-text excluded" should be written in the same way as the inclusion and exclusion criteria of the main test

We have edited the reasons papers were excluded at the full-text review stage so that it reflects the inclusion and exclusion criteria.

Page 31. Please, provide the title of these figures. Also those should be provided with better resolution

We have presented the figures in a higher resolution file and added in the titles.

Online table 2: the same comments as table 1

We have added in column headings into table 1 to make this clearer.

List of included studies: references need to be edited.

The references have been checked and are now consistent with the BMJ open source formatting style used in Endnote.

We thank the Reviewer for their detailed comments and thorough reading of our study.

References

1. Rubak S, Sandbaek A, Lauritzen T, et al. Motivational interviewing: a systematic review and meta-analysis. *Br J Gen Pract* 2005;55:305-12.
2. Smedslund G, Berg RC, Hammerstrøm KT, et al. Motivational interviewing for substance abuse. *Cochrane Database of Systematic Reviews* 2011.
3. Lock CA. Screening and brief alcohol interventions: what, why, who, where and when? A review of the literature. *J Subst Use* 2004;9:91-101.
4. Werch CE, Owen DM, Carlson JM, et al. One-year follow-up results of the STARS for Families alcohol prevention program. *Health Educ Res* 2003;18:74-87.
5. Kaner EF, Beyer F, Dickinson HO, et al. Effectiveness of brief alcohol interventions in primary care populations. *Cochrane Database Syst Rev* 2007:CD004148.
6. Higgins JPT, S. G. *Cochrane Handbook for Systematic Reviews of Interventions* Version. 5.1.0 [updated March 2011]. Higgins JPT, Green S, editors. Available from www.cochrane-handbook.org: The Cochrane Collaboration 2011.

VERSION 2 – REVIEW

REVIEWER	Celia Álvarez-Bueno Universidad de Castilla-La Mancha, Health and Social research center, Cuenca. Spain
REVIEW RETURNED	01-Jul-2016

GENERAL COMMENTS	I am happy with the changes the authors have made. They have improved considerably the paper
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