Additional Information and Resources
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How effective are treatments for reducing symptoms of depression?

Both **dual-focussed** and **single-focussed** treatments are effective at reducing symptoms of depression. Most of the available evidence (five out of nine studies) shows that...

Dual-focussed treatments (for both alcohol and depression) **are better than** single-focussed treatments (for alcohol only or depression only) at reducing symptoms of depression.

These effects of dual-focussed treatments last just after treatment ends, over the short-term (3 weeks to 4 months after treatment ends), and **over the longer-term** (up to 6 months after treatment ends).

This evidence-base has been rated **EXCELLENT**

Most of the available evidence shows that dual-focussed treatments **are better than** single-focussed treatments.

Graphic shows best estimates based on averages from Baker et al., 2010; Brown al., 1997; O'Reilly et al., 2019 (414 participants) which used the same measure (BDI or BDI-II) at similar time points.
How effective are treatments for remission of depression?

There is limited, mixed evidence to show that both dual-focussed and single-focussed treatments help with remission or complete recovery from depression. Evidence from one study\(^7\) shows that:

- Dual-focussed treatment (for both alcohol and depression) is the same as (i.e. no better than) single-focussed treatment at improving people’s chances of recovery from depression.

- These effects for both treatment types are shown to last over the short-term (1 month after treatment ends).

This evidence-base has been rated GOOD

This study has also shown that dual-focussed treatment is the same as (i.e. no better than) single-focussed treatment at short-term follow-up

- Dual-focussed treatment group 51.9% in remission
- Single-focussed treatment group 56.7% in remission

Graphic shows best estimates based on Pedrelli et al., 2020 (84 participants).
How effective are treatments for reducing the amount and frequency of alcohol use?

Both dual-focussed and single-focussed treatments are effective in reducing how much and how often you drink alcohol. Most of the available evidence (five of nine studies) shows that…

Dual-focussed treatments (for both alcohol and depression) are the same as (i.e., no better than) single-focused treatments at reducing how much and how often people drink.

The effects for both these treatment last just after treatment ends, over the short-term (1 – 4 months after treatment ends), and over the longer-term (6 – 18 months after treatment ends).

This evidence-base has been rated EXCELLENT

Studies show that dual-focussed treatments are the same as (i.e., no better than) single-focused treatments at reducing how much people drink at short-term follow-up.

19 – 20 drinks per week at follow-up vs. 52 – 53 drinks before dual-focussed treatment

21 – 22 drinks per week at follow-up vs. 46 drinks before single-focussed treatment

Graphic shows best estimates based on averages from Baker et al., 2010; Brown al., 1997; O’Reilly et al., 2019, Oslin et al., 2003 (511 participants) which used the same measure (TLFB) at similar time points.
How effective are treatments for overall abstinence from alcohol?

There is limited evidence to show that treatments help with abstinence from alcohol. Evidence from one small study\(^1\) shows that…

- **Dual-focussed treatment** is better than single-focussed treatment (for alcohol only) at improving people’s overall abstinence from alcohol.

- These effects of dual-focussed treatment are seen over the longer-term (6 months after treatment ends) but not over the short-term (3 months after treatment ends).

This evidence-base has been rated Satisfactory.

The same study has also shown that dual-focussed treatment is better than single-focussed treatment (for alcohol use) at longer-term follow-up.

- **Dual-focussed treatment group**: 47.1% abstinent
- **Single-focussed treatment group**: 13.3% abstinent

Graphic shows best estimates based on Brown et al, 1997 (35 participants).
Other information and resources

Alcohol information

Australian Drug Foundation
- Tel: 1300 85 85 84 (Information line)
- Help and support services finder

NSW Your Room
- Drug and alcohol website with information and links to support services
- Online directory of alcohol and other drugs support, health and welfare services

Alcohol support services

Alcohol and Drug Information Service (ADIS)
- 24-hour support line with counsellors available to provide information, referrals and crisis counselling
- Tel: 1800 250 015
- Web chat available Monday to Friday 8.30am –5pm

Turning Point: Alcohol and Drug Counselling Online
- https://www.counsellingonline.org.au

DirectLine
- Alcohol and drug counselling via phone or online
- https://www.directline.org.au
- Tel: 1800 888 236 or 1300 652 820

Family Drug Support
- Provides telephone support 24 hours a day, seven days a week, to users, families and carers in crisis due to alcohol and other drug use issues in NSW
- Tel: 1300 368 186
- https://www.fds.org.au
Mental health information

WayAhead
- Website with fact sheets on a wide range of mental health issues, information for carers and an online directory of mental health and community services

SANE Australia

Black Dog Institute
- https://www.blackdoginstitute.org.au/resources-support

Head to Health
- Fact sheets and online directory of mental health support services
- https://headtohealth.gov.au

Beyond Blue
- Information and referral to relevant services for depression and anxiety related matters
- https://www.beyondblue.org.au/get-support/get-immediate-support
- Tel: 1300 224 636

Mental health support services

MindSpot
- Free digital mental health service for Australian adults experiencing anxiety, depression or chronic pain
- Tel: 1800 614 434
- https://mindspot.org.au

SANE Australia
- Provides comprehensive resources including telephone and online counselling and support
- Tel: 1800 187 263
- https://www.sane.org
Evidence used in the decision aid

The evidence presented in the decision aid is based on the best available research studies and reviews.

The studies included in this decision aid for single-focussed (alcohol only or depression only) and dual-focussed (both alcohol use and depression) treatment options come from a published systematic review (Hobden et al., 2018) and more recent searches of randomised controlled trials and clinical trials in:

- adults (aged 16 years or older) who have
- mild to moderate symptoms of depression or a diagnosis of depression, and
- some form of alcohol misuse

Since the studies all use different measures and report on different outcomes at different time-points, it was not possible to make direct comparisons between studies or combine results across all studies.

Key studies and other references are listed in the following section. You can view some of the papers online, or a clinician or librarian can assist you to access these references.


Acknowledgements and disclosure

• This decision aid was conceived and developed by a team from the Matilda Centre for Research in Mental Health and Substance Use at The University of Sydney.

• The project was led by Dr Alana Fisher (PhD, postdoctoral research fellow), in collaboration with senior research fellows Prof Katherine Mills (PhD), Dr Christina Marel (PhD) and Prof Maree Teesson (PhD), and a clinical senior psychologist with expertise in the treatment of alcohol/other drug use conditions, Mr Logan Harvey (M.ClinPsych).

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• The estimated readability of the full decision aid resource sits just under Year 10 on the Flesch Kincaid Readability Calculator, so should be understandable by ages 14-16 and above.

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