NOTE: this example was prepared for undergraduate work. While it accurately summarises the article and carefully critiques it, it doesn't go further and e.g., examine the credentials of the author using bibliometrics or comment on the source's journal citation report. You should!


Lock et al. (2006) reported on a community brief alcohol intervention. The research team provided training for this to an unknown number of practice nurses working in 93 GP practices across the North East of England. From these practices, half were randomly selected to provide either (a) brief alcohol intervention or (b) the usual treatment. Those nurses who were to deliver the intervention were provided with a specific protocol. However neither group of nurses knew whether they were in the intervention or control group. Following the intervention, the research team used questionnaires to identify the average number of alcohol drinks taken daily; to ascertain the client’s reported quality of life and severity of the drinking problem. Ultimately there were 21 practices in the intervention group and 19 in the control, representing 67 clients receiving intervention and 60 receiving regular care.

Although both groups reduced their intake, the researchers reported no differences between drinking behaviours or quality of life between the groups. The authors concluded that having any type of intervention in the primary care setting seems to be effective. However results from this trial need to be viewed with caution as the sample size was very small. Furthermore there was little attempt to match intervention and control candidates, rather it was the practice itself, rather than the individual who was in the “control” group. Extraneous variables (Gerrish & Lacey 2010) that could have caused differences between individuals in both groups were not considered. Individuals came from several UK practices, thus socioeconomic, physical and emotional variables could have differed considerably between individuals. Levels of support received by GPs and nurses also varied.

Interestingly the researchers cited lack of interest by nurses taking part in the study. Given the authors’ places of work and the geographical location groups of nurses could easily be targeted with the label of those reluctant to take part in research trials. The researchers also fail to recognise that (by their own admission) a reported “lack of consultation about their [nurses] consent” (Lock et al. 2006 p. 437) was cited as reason not to take part. Furthermore and nurses were not informed as to their true involvement in the study, and were unclear as to whether they were in the intervention or control group. Ultimately they were misled as to how the data would be analysed as “the intervention condition of the study was masked by informing all nurses that the impact of alcohol advice was being evaluated” (Lock et al. 2006 p. 429). This indicates a certain lack of trust on behalf of the researchers, and non-compliance with veracity principles of research ethics (Gerrish & Lacey 2010). Notwithstanding these criticisms it is useful to know that cost effective, community based measures can be effective in reducing people’s alcohol intake.
This study recruited an equal number of males and females, with no specific gender differences noted. However there is some emergent discussion in the literature about the need to intervene specifically in situations of women’s overuse of alcohol. The rationale for this is that dependence in women can emerge more rapidly than men, is often overlooked, or masked by physical symptoms (Vandermause 2007).