- How could a brief intervention be effective against the sophisticated marketing mix of the alcohol industry when public policies are so inadequate? No country has developed a comprehensive policy and key measures are typically avoided. Scotland is the only country to have recently implemented a minimum unit price (£0.50/8 g ethanol),[5] similar to that in the Northern Territory (AU$1.30/10 g ethanol).[6] This reduced the prevalence of hazardous drinking but not of harmful levels.[5] With respect to health warnings, the Canadian territory of Yukon was a worldwide exception when it mandated cancer warnings in 2017, but this only lasted a few months due to alcohol industry interference.[7] Ireland has approved extensive health labelling on alcoholic beverages, including cancer warnings and a calorie count, which is expected to come into force in May 2026.[8]

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Competing interests: No relevant disclosures. ■

doi: 10.5694/mja2.52162

1 Grigg J, Manning V, Lockie D, et al. A brief intervention for improving alcohol literacy and reducing harmful alcohol use by women attending a breast screening service: a randomised controlled trial. *Med J Aust* 2023; 218: 511-519. https://www.mja.com.au/journal/2023/218/11/brief-intervention-improving-alcohol-literacy-and-reducing-harmful-alcohol-use
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In reply: Braillon[1] questions the rationale for investigating brief alcohol interventions for reducing alcohol consumption among women attending breast screening. Our recent trial[2] represents one example of the wider efforts to rethink potential applications of brief alcohol interventions[3] — in this instance, within a national breast screening program.

An e-health brief intervention was chosen based on meta-analytic evidence supporting their effectiveness in reducing alcohol consumption among community populations,[4] and with potential for wide-scale implementation. The intervention was adapted to address alcohol literacy and consumption in the context of breast cancer risk reduction and was co-produced with women to ensure its appropriateness for the breast screening setting.

The trial[2] found that alcohol was largely a blind spot in women's awareness of breast cancer risk factors. The brief intervention improved knowledge of the alcohol–breast cancer link, and alcohol literacy more broadly. As discussed in the article, although brief intervention trials typically include only participants drinking at hazardous levels, our universal approach meant that women drinking at all levels (including low risk) received the intervention, expanding its utility as a health promotion intervention while discretely targeting harmful consumption. While not powered to detect change in alcohol consumption, this preliminary study provides data on consumption endpoints (and rates of missing data and participant attrition), providing important estimates for future, scaled-up research.

We agree that brief interventions are not a panacaea for reducing alcohol consumption and related harms. As we emphasised, sustained, multifaceted strategies comprising alcohol policy measures, media/social media campaigns, and individual-level interventions are needed to address the numerous cognitive and social influences on alcohol consumption, and to counterbalance the actions of the alcohol industry. We argue that the utility of brief alcohol interventions warrants continued exploration, as a frontline intervention that can be implemented in diverse clinical settings, complementing other public health and policy measures to increase alcohol literacy and empower people to make informed decisions about their alcohol use and health.

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Open access: Open access publishing facilitated by Monash University, as part of the Wiley - Monash University agreement via the Council of Australian University Librarians.

Competing interests: Dan Lubman, Victoria Manning and Jasmin Grigg have received grants from the National Health and Medical Research Council. Dan Lubman and Victoria Manning have received grants from the Medical Research Future Fund. Dan Lubman, Victoria Manning and Jasmin Grigg have received funding from Shades of Pink and the Victorian Department of Health. Dan Lubman and Victoria Manning have received grants from the HCF Research Foundation, the Alcohol and Drug Research Innovation Agenda, the Alcohol and Drug Foundation, the Eastern Health Foundation, the Victorian Responsible Gambling Foundation, and the National Centre for Clinical Research on Emerging Drugs. Dan Lubman has received grants from Google, the Australian Research Council, VicHealth, and the Australian Department of Health and Aged Care. Victoria Manning has received funding from the Transport Accident Commission (Victoria). Jasmin Grigg has received funding from the Victorian Department of Transport and Planning. Dan Lubman is supported by a National Health and Medical Research Council Leadership Fellowship. ■

doi: 10.5694/mja2.52161

1 Braillon A. A brief intervention for improving alcohol literacy and reducing harmful alcohol use by women attending a breast screening service: a randomised controlled trial [letter]. *Med J Aust* 2023; 219: 559-560.
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