



Early Identification and Brief Intervention in Primary Healthcare **FACT SHEET**

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Facts and Figures

Almost 20% of patients treated by General Practitioners (GPs) have a drinking level that can be considered as “risky” or “hazardous” (NIAAA). Hazardous and harmful alcohol consumption is an important determinant of health and welfare. Causal relationships between alcohol consumption and over 60 types of disease and injury have been clearly identified (Global Status Report: Alcohol Policy (2004). Geneva: WHO).

In general, health problems related to drinking regularly occur with increasing alcohol consumption. Health damages can be caused by a single occasion of heavy drinking (accidents, drunk driving, violence, unprotected sexual exposure, etc.) or can be linked to regular heavy drinking (i.e. liver cirrhosis, irreversible neurological damage, possible increased risk for cardiovascular disease and for certain cancers, exacerbation of pre-existing difficulties such as depression and family problems, loss of employment, etc). The direct and indirect health consequences of alcohol consumption make alcohol one of the three leading contributors to preventable death (Marks DF, Murray M, Evans E, Willig C.).

Early identification and brief interventions have proven to be efficient tools to diminish physical and psychological harm caused by the consumption of alcohol (Lutz G. Schmidt). A brief intervention can lead to a diminution of alcohol consumption by 10 to 50 % (Programme “Boire moins, c’est mieux”, France).

Early Identification - Definition

Early identification is an approach to detect a real or potential alcohol problem through screening, mainly with the help of questionnaires. Early identification is generally followed by a series of brief interventions.

The earlier a patient with alcohol problems is identified, the easier it will be to help them with brief intervention tools.

Brief Intervention - Definition

Brief interventions are short advisory or educational sessions and psychological counseling provided in primary health care. Physicians, nurses and other health professionals can conduct brief interventions and help decrease the harm that results from risky drinking.

Within the framework of brief interventions, alcohol consumption is assessed with the help of a brief screening tool. Patients are advised to reduce their alcohol consumption and if necessary they agree on individual goals. The health professional assists the patient and arranges the follow-up and support for reaching these goals.

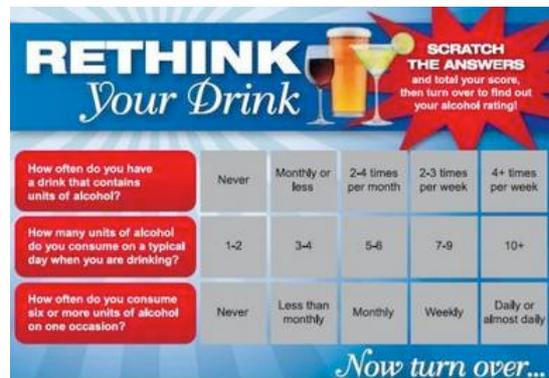
Brief interventions are not very expensive tools that have proven to be very effective.

The role of the GP

The GP is best placed for detecting problems linked to alcohol, such as:

- 85% of the patients consult a GP at least once a year
- most of the time, the GP is the first contact with the health system
- GPs can combine prevention and continuous care in a comprehensive and holistic manner
- GPs can make sure that there is continuity between prevention, treatment and rehabilitation.

(Programme "Boire moins, c'est mieux", France)



Alcohol Use Disorder Identification Test (AUDIT)

AUDIT was developed by the World Health Organisation (WHO). It was initially designed for healthcare professionals as a method for screening of patients with hazardous and harmful drinking patterns. Furthermore, it provides a framework for intervention to help these patients reduce or stop alcohol consumption.

Although it has been designed for health care professionals, other persons working with people who have to face alcohol-related problems may find it useful (AUDIT Guidelines 01.6a, 2001).

WHO recommends to use AUDIT in conjunction with a document providing complementary information on early intervention, entitled "Brief Intervention for Hazardous and Harmful Drinking: A Manual for Use in Primary Care" (Brief Interventions, 2001).

The role of policy-makers

Despite the fact that alcohol misuse leads to a high number of medical diseases and social problems, alcohol is still considered as a simple commodity. Hence, governments at all levels have the obligation to help preventing the harm that is caused by the use of alcohol. This can be done by:

- keeping a public health-based alcohol policy high on the political agenda
- supporting identification, dissemination and monitoring of measures that have proven to be efficient for diminishing the impacts of the harmful use of alcohol
- strengthening the development and the dissemination of preventive programmes
- developing and implementing early identification and brief intervention programmes in healthcare settings
- developing training programmes for health professionals
- encouraging initiatives to raise awareness of the impact of harmful use of alcohol on health and social welfare.

(EU Council Conclusions on Alcohol and Health, 2009)

Regions with competence in financing and delivering health care and education have a key role to play in informing and educating their healthcare professionals.

Some examples...

In two areas of **Northern Italy**, a study (part of the WHO Phase IV collaborative study) has been carried out to examine the knowledge of general practitioners in regards to early identification and brief intervention of risky drinkers. Unlike past studies that primarily focused on identifying either abstainers or heavy drinkers, this study sought to identify moderate or risky drinkers. The outcomes show that more education and training is needed to improve the efficiency of brief interventions. GPs taking part in the study also underlined the importance of the governmental involvement to support and strengthen these actions. (P. Struzzo, B. Gianmoena, R. Kodilija, 2003)

According to a survey on drinking habits conducted by the Finnish Institute of Occupational Health in Helsinki, alcohol consumption is still on the increase in **Finland**. In 1997 and 2000, a questionnaire survey was carried out to obtain information on early identification and brief intervention in Finnish occupational health services. The aim of the study was to find out if and to what extent the centres were able to carry out early identification and brief interventions. The results have shown that there is a clear increase in individual interventions (10 000 in 1997 and 12 000 in 2000) and that a majority has been carried out in the large occupational health centres. 30% of the smaller centres against and 70% of the big centres were able to carry out such activity.

As a follow-up, a new national project (Brief interventions by occupational health services to reduce hazardous drinking) was started in 2004 at the Finnish Institute of Occupational Health with the aim of increasing the number of brief interventions in Finnish occupational health services and of making them become a normal part of occupational health procedures (SJWEH Supplements 2005, no. 1).

In **Great Britain**, a study carried out in 2009 compared the knowledge, attitude and practices of GPs to a WHO survey from 1999 regarding prevention and management of alcohol-related problems. The main outcomes are that GPs consider preventive measures as more important for public health than they did 10 years ago. However, although GPs report being better prepared to counsel for alcohol problems, they also underline that there would be a greater potential if they had further training. The lack of time was mentioned as the main obstacle to delivering appropriate counseling by the majority of the GPs, who admitted to be too busy. When asked what measures might support their preventive work, they mainly cited “better education about alcohol in schools, minimum unit pricing and further regulation of off-sales”. In general, they were positive about becoming part of a coordinated approach to combat alcohol problems (Alcohol Insight no. 69).

Bibliography, References & Links

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- Further information on the AER Alcohol Peer Reviews is available at: <http://www.aer.eu/main-issues/health/alcohol-prevention/aer-alcohol-peer-reviews.html>