

3.4 Not just for the patients: community health and safety benefit from alcohol treatment

Findings Whilst beneficial for the individuals concerned, treating heavy drinkers has not been seen as a way to reduce the overall level of alcohol-related problems in society. Attention has instead focused on initiatives to prevent heavy drinking or reduce drinking levels across the board. However, a new review has convincingly argued that treatment's impact on some of these problems is perhaps as great as conventional prevention policies.

The researchers first recap evidence showing that interventions targeting high-risk drinkers (treatment, membership of Alcoholics Anonymous, drink-driving programmes and brief interventions in primary care) do reduce their drinking and related problems. Then they assess the evidence that at a community level (city, state or country) these impacts cumulate into worthwhile reductions in alcohol-related problems.

Evidence (mostly from North America) was strongest for cirrhosis of the liver. At varying time lags, greater participation in conventional treatment and in Alcoholics Anonymous (AA) were associated with fewer cirrhosis cases and fatalities. There was also some evidence of an impact on accidents and drink-driving. Effects may have been substantial: mathematical models suggest that increased participation in treatment/AA alone could have accounted for the reductions in cirrhosis deaths in the USA and in Ontario in the 1970s and '80s. Importantly, these benefits could not be explained by changes in the availability and overall consumption of alcohol.

The authors admit that showing a link between treatment/AA and community-level alcohol problems does not prove one caused the other. A plausible alternative explanation is that both trends result from changes in policy and public opinion relating to alcohol. However, on balance they argue that treatment interventions should be seen as a viable public health strategy which can achieve 'prevention' outcomes similar to those expected from population-level prevention approaches.

LINKS [Nugget 3.3](#)

In context The idea that engaging relatively few severely problematic substance users in treatment can have worthwhile impacts on public health and welfare is common currency in the drugs field, where preventing infectious diseases spreading to the general population and protecting them from crime are major justifications for investing in addiction treatment. The current review extends this perspective to alcohol treatment. Along with other studies (➤ [Nugget 3.3](#)) it argues for treatment to be seen as creating public health and community safety benefits for society at large. Evidence is strongest for cirrhosis perhaps because it is most amenable to alcohol treatment. Caused by heavy, prolonged drinking, it can nevertheless be stabilised and its precursors reversed by abstinence.

Practice implications The issue of the journal which published this study also published five experts commentaries which generally endorsed its conclusions and explored the implications. If confirmed, these would justify more aggressive marketing and outreach initiatives to bring currently unmotivated risky drinkers into treatment, and treatment regimes which target the social and public health consequences of risky drinking (➤ *Secondary sources*). Lasting abstinence might no longer be the yardstick of success, as repeated treatment episodes can still reap social and public health benefits. Health services may be encouraged to fund treatment expansion by the prospect of savings to their own budgets due to reduced alcohol-related disease and injury.

Rather than one being an alternative to the other, treatment and conventional prevention are best seen as complementary ways to reduce the overall level of alcohol-related problems: they affect different types of drinkers and drinking patterns, so are likely to affect different types of problems. Even when the same problem (eg, car accidents) is affected, their impacts are likely to be additive.

Main sources Smart R.G., *et al.* "The impact of programs for high-risk drinkers on population levels of alcohol problems." *Addiction*: 2000, 95(1), p. 37–52. Copies: apply Alcohol Concern.

Secondary sources Stockwell T. "A bridge to cross the treatment-prevention divide?" *Addiction*: 2000, 95(1), p. 57–58. Copies: apply Alcohol Concern.

Contacts [Reginald Smart](#), Centre for Addiction and Mental Health, Addiction Research Foundation, 33 Russell Street, Toronto, Ontario, Canada M5S 2S1.