

## 8.4 Family doctors' alcohol advice plus follow up cuts long-term medical and social costs

- Findings** A rare long-term study of brief alcohol interventions by family doctors found drinking reductions over four years leading to substantial health and social cost-savings.
- Nearly 18,000 US general practice patients waiting for routine care completed a health screen with questions about drinking. 774 recent heavy drinkers (but with no history of alcohol withdrawal or treatment) were randomly assigned to intervention or control groups. Controls were handed a health booklet and advised to consult their doctor over any concerns. The same booklet was handed to intervention patients but they also spent 15–20 minutes with their doctor and were scheduled to return a month later. During these sessions they were led through a workbook about problem drinking and drinking cues, leaving with diary cards on which to record their drinking and a prescription-type agreement to moderate it. A reinforcing phone call was made by the practice nurse two weeks after each session.
- Six months later intervention patients had made 15–30% greater reductions in drinking (consumption, 'binge' drinking, and proportion of risky drinkers) than controls, which were broadly maintained through to four years. Other statistically significant gains included 20% and 37% greater reductions in days in hospital and emergency unit visits and fewer drink/drugs offences and deaths. The intervention group was also involved in 41% fewer traffic accidents causing injuries or death. Largely as a result, the intervention saved society at least five times more than it cost; the best estimate was 39 times more. For health care costs alone, the savings to cost ratio was four to one.

- In context** Among brief intervention studies, the featured study is almost unprecedented in combining length of follow-up with breadth of application. Other long follow-up studies were not set in primary care and most involved restricted populations recruited for the study rather than 'intercepted' while attending for routine care. They found that intervention reinforced by later contact created substantial reductions in drink-related problems, days in hospital and sick leave over the next four or five years. Reinforcing re-contacts probably make a major contribution. A compilation of relevant studies found that (when patients actually return for them) multi-session brief interventions have more impact than a single session, as did a study which tested both on emergency patients. However, unless very brief and non-intrusive, repeated contact can be counterproductive if patients see no need for this degree of attention.

LINKS

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In one respect the study departed from normal practice. Normally a patient's doctor would be informed of health screen results and would respond in the usual way. Had this been done for the controls, their outcomes might have been closer to those of intervention patients.

- Practice implications** The featured intervention seems feasible in everyday practice and applicable to a wide range of moderately heavy drinking patients and primary care practices. For primary care trusts, embedding alcohol screening and intervention in general practice offers a way to improve patients' health and to make savings in hospital and emergency care costs which greatly outweigh the initial costs. A one-off motivational interview reaps some benefits but larger and longer term changes are most likely when this is reinforced by monitoring and further brief motivational inputs. These would occur most naturally if the intervention is integral to the practice's preventive health care programme, but for workload reasons it may be more feasible to refer positive screen patients to an alcohol specialist in the surgery. Screening should be universal using a brief standard test, otherwise only more extreme cases are identified. Implementation, health gains and cost-savings are optimised when training and continued support from brief intervention specialists upgrade the skills and confidence of the entire primary care team and enlist their support.

- Featured studies** Fleming M.F. *et al.* "Brief physician advice for problem drinkers: long-term efficacy and benefit-cost analysis." *Alcoholism: Clinical and Experimental Research*: 2002, 26(1), p. 36–43. Copies: apply Alcohol Concern.

- Additional reading** Alcohol Concern Primary Care Information Service. Press the Primary Care button at [www.alcoholconcern.org.uk](http://www.alcoholconcern.org.uk).

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