



LET'S TALK ABOUT ALCOHOL

Making alcohol screening and brief intervention routine in primary health care

Starting a conversation about alcohol can be a turning point. In Europe, alcohol is normalized and its harms are often left unsaid. In primary health care, prevention opportunities are missed when professionals hesitate to ask about alcohol.

Alcohol is a major contributor to many of the most common conditions seen in primary health care, including noncommunicable diseases, such as cancer, as well as injuries and mental health disorders (1). **Screening and Brief Interventions (SBI) involves structured, evidence-based conversations about alcohol use**, associated risks and potential behaviour changes.

Delivered as part of routine primary health care, SBI enables providers to move from a reactive approach to alcohol-related harm towards a preventive model of care (2,3). For the full approach to substance use disorders, the term SBIRT (screening, brief intervention and referral to treatment) is often used (7).

Did you know?

ALCOHOL

is often the least discussed behavioural risk factor for ill health – less than smoking, physical activity or diet.

ONLY 6%

of surveyed patients in a multicountry study were asked about their alcohol use (6).

Let's change this!

How does alcohol SBI work

SBI aims to identify current or potential problems with substance use and motivate people at risk to change their behaviour.

SBI includes two components:

1

Screening

This involves a validated set of questions used to identify drinking patterns and levels of risk; common tools include the Alcohol Use Disorders Identification Test (AUDIT) and its shorter version, the AUDIT-C (4,5).

2

Brief intervention

This comprises personalized feedback on alcohol-related risk, discussion of potential health impacts, support for goal-setting and behaviour change (often using motivational techniques), and referral to additional care when needed.



Brief interventions are **not designed to treat alcohol dependence**, which usually requires more intensive and specialized care.

SBI can be delivered in just a few minutes.

Assessing risk of harm using the AUDIT

The AUDIT was developed by WHO to help identify potential risks related to alcohol use. It consists of 10 questions about drinking habits and the consequences of alcohol use. The AUDIT-C is a brief, three-question version of the AUDIT that can be used as an initial screening tool when time is limited.



What is one standard drink?

A standard drink (SD) is a measure of ethanol contained in different beverages. Different countries use different measures and sizes of SDs. The AUDIT uses 10 g of pure alcohol as the measure of 1 SD.

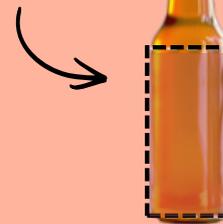
How much is 10 g of alcohol in different drinks?

About 30 ml of
40% spirit



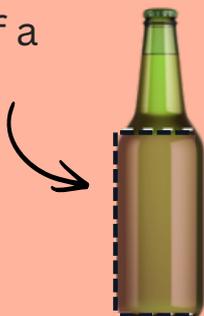
in a shot glass

230 ml of a
5.5% cider



in a small bottle

250 ml of a
5% beer



in a small bottle

100 ml of a
12% wine



in a small glass

Five facts about alcohol SBI in primary care

1

Alcohol is a routine health issue in primary care

Alcohol is a causal factor in more than 200 disease and injury conditions and exacerbates many problems commonly managed in primary care, including hypertension, depression, sleep disorders, injuries and several cancers. It can also interfere with medications (1). Knowing how much a patient drinks is as clinically relevant as knowing their blood pressure or smoking status. Alcohol is also high in empty calories and can make weight management more difficult (4).

2

Most harm comes from nondependent drinkers

Alcohol dependence affects a minority of patients, but a much larger group drinks at levels that increase health and social risks. From a population perspective, much alcohol-attributable harm arises in this wider group, so waiting until dependence is suspected is a missed prevention opportunity (2).

3

SBI works, but remains underused

Alcohol SBI is an evidence-based approach that can reduce consumption and prevent future harm. It is cost-effective and even cost-saving when integrated into routine primary health care, yet coverage remains low in many settings (6).

4

Patients are open to conversations about alcohol

Patients are usually open to questions about alcohol, even if providers expect resistance. Most patients appreciate clear, nonstigmatizing explanations of how alcohol relates to their health. When delivered in a supportive, nonjudgemental and patient-centred way, SBI is generally seen as a normal part of the clinician's role (4).

5

Primary care professionals can make a real difference

Primary care professionals have regular contact with patients and often manage conditions affected by alcohol, such as hypertension, depression and obesity, making them uniquely placed to start conversations about alcohol. Trusted clinician-patient relationships make discussions about alcohol more acceptable, and the preventive focus of primary care allows early identification of risky drinking patterns (2,4).

When to talk about alcohol



Alcohol conversations in primary care can start in simple ways:

Routine (systematic): asked as a standard part of care for all patients or defined groups.

“We ask all our patients about alcohol as part of routine care. Would it be okay if I ask you a few questions?”

Responsive (linked to reason for visit): raised when a symptom, condition or event could be influenced by alcohol (for example, sleep problems or hypertension).

“Sometimes alcohol can contribute to this. Would it be okay if we talk briefly about your drinking?”

Patient-led: initiated when a patient mentions alcohol use or expresses concern, doubts or curiosity.

“It sounds like this has been on your mind. Would you like to talk about it?”



It's important to have up-to-date information on **local support services and referral pathways.**

If a patient needs additional support, there should be a clear next step: brief advice (including supporting material, if available), a follow-up appointment or a referral to a specialist.

References



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