Problem drinking

EPIDEMIOLOGICAL analyses during the twentieth century show increasingly that the major health problems and the main causes of death today have less and less to do with acute bacterial infections and more and more to do with aspects of human behaviour. The key to better health lies in understanding and learning how to alter human behaviour, particularly behaviour in the home which is harmful to health. As the front-line doctors in the National Health Service and those with the greatest contact with the greatest number of people, general practitioners are becoming steadily more involved with this form of behavioural medicine. One aspect of this concerns the use of alcohol.

In 1974, one of the most important publications on this subject came from general practice. Wilkin's book, *The hidden alcoholic in general practice*[1] stood like a beacon pointing the way ahead. The very title had an important message and it remains true today that most heavy drinkers are at present unknown to their general practitioners. While most of the medical profession accepts that heavy drinking is indeed associated with a wide range of morbidity, there has been some argument about how to define it. The Alcohol Working Party of the Royal College of General Practitioners last month published its report — *Alcohol — a balanced view* — which now offers a practical framework for classifying heavy drinkers as men who take more than 50 units of alcohol per week and women who take more than 35. The working party is confident that such a group will not form a large part of the list of the average general practitioner — about 55 people. The drinkers might, in fact, not be too difficult to find. Buchan and colleagues[2] showed that known drinkers attend general practitioners more often than average and this has been confirmed more recently by the *General household survey*[3] which states that heavy drinkers experience more health problems and consult their general practitioners 'twice as often as light drinkers'. Thus it seems that general practitioners might see one heavy drinker each week and that together heavy drinkers form a reasonable sized group of vulnerable patients clearly worthy of special consideration.

The working party report also stresses that there are likely to be over 200 patients, about 10% of the average general practitioner's list, who can be regarded as at intermediate risk: that is to say, men who drink more than 20 units of alcohol per week and women who drink more than 15. This report stresses that, because of its larger numbers, this group actually causes more alcohol-related problems than the very heavy drinking group, while at the same time its members are in danger of moving into the high risk group in future.

In making a powerful plea for the identification of the patients at risk the report issues comprehensive guidelines about those who are vulnerable through occupation, through opportunity, through family history, through unemployment, or through disease. Practitioners whose records are well-ordered will be able to detect many of them simply by searching for risk factors in the medical record. Some problem drinkers will undoubtedly be much harder to find, although recent research published in this *Journal*[4,5] suggests that by using a relatively simple screening instrument useful numbers of problem drinkers can be identified. Crucial questions arise, however, about the effectiveness of general practitioner intervention and even about the justification for spending what is bound to be a substantial amount of time and effort. The working party report makes it clear that intervention by general practitioners can be effective for the types of problem drinkers most frequently encountered. There is also evidence that general practitioners could, with limited resources and in a relatively short time, do a great deal to help patients who are drinking heavily[6-8] and, furthermore, that useful gains could be achieved by one brief counselling session by nurses trained for the task.

The logic of this evidence is that much more should be done in terms of education about the management of alcohol problems at the undergraduate, vocational training, and continuing education stages. The College working party recommends that responsibility for teaching medical students about alcoholism should be transferred to the departments of general practice in the medical schools and should usually be offered on a multidisciplinary basis. In the meantime a new responsibility is falling on general practice course organizers to cover this health problem adequately on their release courses for trainees, while for doctors in almost all clinical specialties the identification and management of problem drinkers now emerges as a high priority for programmes of continuing education.

There can be little doubt that this education will be most fruitful if the research basis which the working party report displays so well continues to grow. It is beginning to look as if another marker of quality of care in general practice will be the number of intermediate risk and high risk drinkers who are recorded in the general practitioner's problem summaries and the number who have been offered sensitive and professional advice.

Alcohol — a balanced view is an important report. It stands with the other preventive medicine documents issued by the College in recent years in making a major contribution to the wider role of modern general practice. It identifies a major professional challenge, extends the horizons of care, and offers good academic reasons why identification and intervention in the area of problem drinking are both possible and appropriate. All in all, it fulfils well the College's primary aim of encouraging, fostering and maintaining the highest possible standards of general practice.

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References

1. Wilkin RH. *The hidden alcoholic in general practice.* London: Elek Science, 1974.
2. Buchan IC, Buckley EG, Deacon GLS, *et al.* Problem drinkers and their problems. *J R Coll Gen Pract* 1981; **31:** 151-153.
3. Office of Population Censuses and Surveys. *General household survey 1983.* London: HMSO, 1985.
4. Wiseman SM, McCarthy SN, Mitcheson MC. Assessment of drinking patterns in general practice. *J R Coll Gen Pract* 1986; **36:** 407-408.
5. Nicol EF, Ford MJ. Use of the Michigan alcoholism screening test in general practice. *J R Coll Gen Pract* 1986; **36:** 409-410.
6. Orford J, Edwards G. *Alcoholism: a comparison of treatment and advice, with a study of the influence of marriage.* Oxford University Press, 1977.
7. Miller WR, Hester RK. The effectiveness of treatment techniques: what works and what doesn't. In: Cox EM (ed). *Treatment and prevention of alcohol problems: a resource manual.* New York: Academic Press, 1985.
8. Chick J, Lloyd G, Crombie E. Counselling problem drinkers in medical words. *Br Med J* 1985; **290:** 965-967.

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