

European status report on alcohol and health 2014

Health services' response



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Background

The health sector can play an important role in reducing ill health, premature death and expenditure related to hazardous and harmful alcohol consumption through the implementation of brief advice programmes by general practitioners and evidence-based treatment programmes for alcohol use disorders by specialist practitioners. Furthermore, health care providers are in a position to intervene to reduce alcohol consumption during pregnancy and to implement support to protect family members other than the drinker from the consequences of alcohol dependence and alcohol-related harm. Governments and health insurance companies can encourage the expansion of such interventions in the health sector by providing adequate incentives, guidelines and training for providers.¹

Strategies

The *European action plan to reduce the harmful use of alcohol 2012–2020*¹ advises that governments can support identification and brief advice programmes and referral to specialist services by ensuring that:

- clinical guidelines for such interventions are widely available;
- primary care providers receive the training, clinical materials and advice they need to set up such programmes;
- primary care providers are adequately reimbursed for the interventions, either as part of quality improvement initiatives or with fee-for-service payments; and
- specialist services for managing alcohol withdrawal and treating alcohol use disorders, using evidence-based behavioural and pharmacological treatments, are offered to those who have been assessed as likely to benefit.

Other health service-related strategies set out in the action plan include:

- ensuring that all pregnant women are offered information and, if appropriate, advice about drinking during pregnancy by midwifery and obstetric services; and
- implementing support through social welfare services to help protect family members other than the drinker and children from the harmful consequences of alcohol dependence and alcohol use disorders.

Methods

This chapter presents the results from the WHO survey on alcohol and health, carried out during the period February–December 2012. Unless otherwise noted, the responses reflect the policy situation in each Member State as at 31 December 2011. The survey was sent to

¹*European action plan to reduce the harmful use of alcohol 2012–2020*. Copenhagen, WHO Regional Office for Europe, 2012.

the WHO national focal points for alcohol policy in each Member State, to be completed in consultation with various national experts. All 53 Member States of the WHO European Region participated in the survey.

Results

The survey included a few questions addressing health services. Twenty-seven Member States² reported that they had clinical guidelines for brief interventions which had been approved or endorsed by at least one health care professional body.

Respondents were asked to provide an estimate of the importance, at national level, of the role played by various stakeholders in different alcohol policy areas. Of the Member States who provided estimates,³ over half rated health professionals/health services as having a high importance in the areas of targeted support for harmful and hazardous drinkers, public policy development to reduce alcohol-related harm, and prevention of underage drinking (Table 1).

Table 1. Importance at the national level of health professionals/health services in various alcohol policy areas, by number of Member States (n=48)

POLICY AREA	HIGH IMPORTANCE	MEDIUM IMPORTANCE	LOW IMPORTANCE	NO INVOLVEMENT
Targeted support for harmful and hazardous drinkers	28	18	1	1
Public policy development to reduce alcohol-related harm	27	14	6	1
Prevention of underage drinking	26	15	5	2
Prevention of drink-driving	19	17	9	3

Conclusion

Prior research suggests that the majority of hazardous and harmful drinkers are not receiving advice from primary care providers as a matter of course, and that many people with alcohol use disorders who would benefit from treatment are not currently receiving it.¹ Thus, there is considerable room for improvement.

The *European action plan to reduce the harmful use of alcohol 2012–2020*¹ proposes a portfolio of policy options and strategies for health services' response. Key among these strategies is the introduction or expansion of early identification and brief advice programmes in primary care settings for individuals with hazardous or harmful alcohol consumption.

² No data available for two Member States.

³ No data available for five Member States.

In the most recent WHO survey on alcohol and health, approximately half of the Member States reported that they had clinical guidelines for brief interventions which had been approved or endorsed by at least one health care professional body. However, the extent of the coverage was not assessed by the survey, nor was the level of training of health professionals.

Ninety-six per cent of responding Member States reported that health professionals/health services play at least a moderately important role in the area of targeted support for harmful and hazardous drinkers (Table 1). Further expanding the role of health professionals through investments in early identification and brief advice programmes may not only improve health and save lives, but also save health systems money.¹