

Important role of GPs in reducing alcohol-related harms

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Two new reports launched at the Royal College of Physicians of Edinburgh on 22 June 2017, involving the University of Stirling, highlight the important role that GPs have in raising the issue of alcohol use in GP consultations.

The reports, 'Practice and attitudes of General Practitioners in the delivery of Alcohol Brief Interventions in Scotland' and 'Financial incentives for Alcohol Brief Interventions in Primary Care in Scotland' discuss challenges relating to the central role that GPs can play in raising the sensitive issue of [alcohol](#) use with [patients](#) to prevent and reduce harms, and the role that incentives such as financial payments and sufficient support for training for primary care staff can play in ensuring effective interventions.

The reports precede the imminent publication of the Scottish Government's 'refresh' of its 2009 strategy, Changing Scotland's Relationship with Alcohol: A Framework for Action.

Scotland continues to have the highest level of [alcohol consumption](#) and harm in the UK. One million Scots drink above the recommended guidelines, and 22 Scots die because of alcohol every single week – twice the rate of the 1980s.

Benefit patients

Dr Niamh Fitzgerald, Institute for Social Marketing, University of Stirling said: "Whilst Scotland's national programme of Alcohol Brief Interventions is amongst the most extensive of any country, it has contributed little in terms of research on how best to incentivise practitioners to talk to patients about alcohol. As Scotland rolls out its new national strategy, there is also an opportunity for Scotland to lead not only in terms of practice, but in developing globally innovative research on how to optimise such conversations to benefit patients."

Professor Aisha Holloway, University of Edinburgh, said: "Delivering Alcohol Brief Interventions (ABIs) is not just about the operational mechanisms associated with the national ABI programme i.e. funding, training and IT systems. It is also about GPs having the time to provide person-centred care to understand the complexities of external social and personal issues that people are facing that can trigger harmful/hazardous consumption."

Dr Peter Rice, Chair of Scottish Health Action on Alcohol Problems (SHAAP), who funded both investigations, said: "SHAAP has advocated for Alcohol Brief Interventions (ABIs) since our foundation in 2006 and Scotland has been a world leader in the implementation of ABIs. ABIs are strongly supported by the World Health Organisation and the Organisation for Economic Development (OECD) as a key tool in reducing alcohol related harm. It is vital that, as it refreshes its Alcohol Strategy, the Scottish Government draws on important sources of data, such as these two new reports, to understand how to enhance and develop the national ABI programme, for the benefit of patients."

Dr Richard Watson, who represents the Royal College of General Practitioners on SHAAP's Steering Group, and who works in a busy GP practice in Cambuslang, said: "GPs in Scotland see patients with hazardous drinking not just every working day but every working hour. Both reports show in different ways that brief interventions can and

should be delivered in [primary care](#). I hope that when the new GP contract is finalised, it finds a place for them."

More information: Practices and Attitudes of General Practitioners in the Delivery of Alcohol Brief Interventions in Scotland:

[www.shaap.org.uk/images/hollow ... al print version.pdf](http://www.shaap.org.uk/images/hollow...al_print_version.pdf)

Financial Incentives for Alcohol Brief Interventions in Primary Care in Scotland: [www.shaap.org.uk/images/remune ... al print version.pdf](http://www.shaap.org.uk/images/remune...al_print_version.pdf)

Provided by University of Stirling

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