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The Ways of Improvement the Alcohol Abuse Prevention in Primary Health Care

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Medical and sociological survey by special questionnaire of 552 people with alcohol abuse or alcohol dependence was performed in drug-treatment facilities of Ivano-Frankivsk region (Ukraine). The control group consisted of 150 people with negative drug's test. It was found out that in order to prevent and reduce alcohol abuse in society it is necessary to implement screening and counselling in primary health care. There were established that standardized screening programs (e.g. AUDIT) are straightforward to use and interpret, and therefore should be applied in primary care, and make for early detection patients with harmful alcohol consumption. There were proved that physicians (general practitioners) should perform short informational and educational counselling not only to people with harmful use of alcohol, but also their relatives and friends as the main motivational factor to look for professional care.

Keyword: Alcohol Harm Consumption, Prevention, Physician.

1. Introduction

Medical and social importance of the problem of alcohol abuse are caused by its considerable spread in society, consistently high levels of the number of crimes committed by drunk, significant levels of mortality from injuries, poisonings and suicides on the basis of alcohol consumption especially among men of working age, the highest in Europe incidence of alcoholic psychoses and the development of alcohol-related health problems (chronic diseases of the nervous, circulatory, digestive and respiratory system) [1, 2, 4, 6]. In Ukraine alcohol addiction prevalence over 1 million people and alcohol is the second leading risk factor for disease and mortality after tobacco [8, 9]. The Ukraine is the country with the highest alcohol consumption in the world: in 2009, average adult (aged 15+ years) alcohol consumption was 15.6 liters of pure alcohol – 27g of pure alcohol or nearly three drinks a day, more than double the world average (6,13 liters) [2, 4].

Therefore, prevention of alcoholism, including the early detection of active abusers of alcohol, the delivery of timely professional care and rehabilitation, are appropriate [1, 5, 6-9].

However, the liberal system of drug treatment in Ukraine, which is based on the passive detection and handling of patients for voluntary treatment, against psychological characteristics of patients, who usually deny own disease and the necessity of treatment, in addition to long-term hiding the problems by patients' families, often leads to delay detection or even lack of proper medical care [7-10].

International experience, particularly with the implementation of anti-alcohol strategy for the European Union (2006), showed methods of screening studies and brief alcohol interventions

(counseling) in primary care are quite effective [1, 2, 4, 5]. This was one of the key recommendations of the Global Strategy to reduce the harmful effects of alcohol consumption is accepted in 2010 by the World Health Assembly and the European action plan to reduce the harmful use of alcohol in the years 2012-2020 [1].

2. Aim of Study: To propose an improved scheme of prevention of alcoholism in primary care.

3. Material and Methods:

International documents, existing laws and regulations, researches on the problem of alcoholism are analyzed. There was performed medical and social research in drug treatment offices of central district and central city hospitals of Ivano-Frankivsk region, as well as in regional drug facility (narcological dispensary). There were surveyed selected randomly 552 people with alcohol abuse or alcohol dependence by special questionnaire. The control group consisted of 150 people with negative drug's test. Due to categorical data are obtained in research, chi-square test was used to estimate significance of difference between two groups [3].

4. Results and Discussion:

Our results confirmed the data of other research on the existence in Ukraine within present legal framework the problem of early detection and conviction of persons who consume alcohol with harm to health to visit a qualified specialist for medical care.

It is known that the effectiveness of prevention programs depends on the real integration efforts of all stakeholders: public authorities and local governments, non-governmental and religious organizations, employers, education institutions, media, health authorities and health facilities etc., to achieve the main tasks on prevention of alcohol abuse in the society [1, 5, 8].

However, we created an improved model of reducing alcohol-related harm measures, focused on the possibility of its implementation, first of all, in general practice. Specific methods of prevention interventions vary depending on the model of alcohol use: relatively safe, risky, dangerous, and addictive [10]. The object of primary prevention is a person with a relatively safe alcohol consumption model, namely abstinence (just do not use it) and those who drink by accident (several times a year under the influence of a tribute to tradition or under pressure from others) [10]. Clearly, at this stage, a separate group of special attention must be people with risk factors (biological, social, personal and psychological) [1, 5, 6, 8-10].

Preferred method of primary prevention according with WHO recommendations [1, 5] is adequate delivery of information and continuous monitoring patterns of alcohol consumption and risk factors for its use of harmful consequences.

A key figure his genuine responsibilities are to manage and enforce basic preventive programs is known to be a general practitioner (GP). Physician is coordinator and consultant for their patients not only medical, but also on issues that are beyond medical care.

To increase awareness of their registered patients on alcohol abuse and alcohol dependence GP should involve all possible sources for medical information at the public, family and individual levels. Knowing each family, its social and economical status, social and psychological relationships, lifestyle, medical and biological profile, physician is able to provide individuals and families with risk factors, including alcohol, targeted outreach interventions. In addition, he may to hang out informational materials in the waiting room, conduct interviews, give attractions, brochures, etc., and recommend interesting publications and broadcasts in media.

In our opinion GP have to provide screening to identify individuals with problematic alcohol consumption models. Pretty effective in this regard and available for use at the primary level are standardized screening tests (e.g., AUDIT, CAGE, Baltimor et al.). In Ukraine the most commonly used are recommended by WHO one of the most tried and true Test - AUDIT (The Alcohol Use Disorders Identification Test, developed by T. Babor and V. Grant, 1989). It was found that it provides an accurate assessment, regardless of gender, age and cultural

background of the respondent, has high sensitivity (92%) and specificity (93%) corresponds to the diagnostic criteria of ICD-10 [10].

So far, on practice, in Ukraine AUDIT is used only by drug treatment doctors (in Ukraine – narcologists) during patient's visits and in according with regulations of medical examinations for issue of drug's abuse certificate (permission to drive a car, weapon, etc.). But, our research displayed that alcoholics have visited narcologists most commonly too late (87.4±1.7%), so testing is ineffective.

However, the screening test AUDIT short and well structured, and therefore very easy to use and it can be used in primary medical care by physician. Methods of testing are not difficult; either in the form of an interview conducted by doctor, or like patient self-reports. This questionnaire is easy to arrange, for example, while patient is waiting for an appointment with the doctor, or during the letter visits a patient at home and so on. If GP evaluates the result of a screening test as harmful alcohol consumption, one have to recommend patient specialized medical consultation.

Secondary prevention measures are applied to people with risky (100-150 ml vodka 400 ml - maximum 1-4 times a month) and dangerous (200-500 ml vodka and more than 1-3 times per week) alcohol consumption [10]. Of course, their efficiency is depend on performance coordination and cooperation between general practitioner and medical specialists (narcologist, therapist, etc) to activity with contingent risk for early disease detection and prevention of alcohol abuse and dependence.

The functions of GP at this stage have also informational character about the risks and the need to appeal to professional care of those people who consume alcohol with harm to health as well as their families as the primary motivational factor such appeals.

In this regard, it is important to emphasize that the main sources of information on medical topics significantly differ for alcoholics and people without alcohol abuse ($p<0.001$). Alcohol addicted people are inclined to trust information obtained during direct communication with doctors and other health care providers (49.4±2.2 answers per 100 respondents vs. 38.7±4.0% in the control group), as well as family, friends, acquaintances (40.0±2.1% vs. 21.3±3.3%).

Another important source of medical information differed too. Patients with alcoholism regularly enough watch television or listening to the radio (39.8±2.1% vs. 56.0±4.1% of people without alcohol dependence), but they read magazines and newspapers twice less than in control group (18.2±1.7% vs. 39.3±4.0%), and bit - professional literature (3.1±0.8% vs. 8.7±2.3%).

Thus, short informational and educational interventions (counseling) by health care providers would be impactful to reduce the amount of alcohol consumption and to prompt people who use alcohol with harm to health, as well as people with alcohol dependence, to make a decision to treat.

WHO experts admitted that short informational intervention would be no less effective than more expensive specialized treatment [1, 5].

The necessity of informational intervention is the most often defined by general practitioner, according to patient health status. During the intervention GP has to appraise the alcohol consumption degree, to inform the patient about alcohol-related harm and to provide clear advice. Advice should include information about certain patient's health problems caused by alcohol consumption. Furthermore it is important to supply patient with informational materials, encourage them to read and to inform about next steps (including ways of special treatment). The patient should be aware that necessary condition of cure or reduce progress of alcohol harm is a significant limitation of alcohol consumption or absolute sobriety. An additional argument would be information about synergy action of prescribed drugs and alcohol, possibility of additional complications as well as health impairment caused by this interaction.

It is important to destroy the myth that effective treatment of alcohol abuse is impossible. GP has to discuss this problem with the patient only from medical sight, not in moral categories. It is advisable to schedule an appointment in order to

check if the patient follows recommendations. The proper intervention should help to reduce drinking by 10-30%.

Another factor that helps to reach success of the intervention is the patient's relatives engaging in this process. Our research results proved that the main motivation for alcohol abusers to ask professional care were insisting by relatives and friends (55.0±2.1%) compared to other reasons: own visit 15.7±1.6%, direction of law authorities 10.0±1.3%, the employers' insist 3.8±0.8%, medical professionals' advice – 6.7±1.1%. Therefore, GP has to involve to cooperation patient's relatives in order to early detection and timely direction to specialized care the people with harmful alcohol consumption.

However, GP has to consider that patient's family often inclines to hide such delicate problem or denies it, due to save own social reputation.

Objects of tertiary prevention are the patients with alcohol dependence (daily or dipsomania with clinically severe signs of disease). In Ukraine they have to be provided with specialized care in narcological (drug) facility and must be under medical supervision of the doctor-narcologist. At this stage checking of patient compliance and narcologist appointment is performed by GP should reduce the load on the secondary and tertiary level of medical care. In addition, general practitioners together with specialists and other stakeholders (non-governments and religious organizations, community authorities, educational institutions, media, health centers, and rehabilitation centers) provide a significant amount of rehabilitation measures and further socialization of patients with alcohol dependence.

5. Conclusions

1. It was found out that in order to prevent and reduce alcohol abuse in society it is necessary to implement screening and counselling in primary health care.
2. There were established that standardized screening programs (e.g. AUDIT) are straightforward to use and interpret, and therefore should be applied in primary care, and make for early detection patients with harmful alcohol consumption.
3. There were proved that physicians (general practitioners) should perform short informational and educational counselling not only to people with harmful use of alcohol, but also their relatives and friends as the main motivational factor to look for professional care.

In order to further research appraisement of effectiveness of prevention measures implementation in primary care will be performed.

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