

Educational approaches towards tackling alcohol misuse

Robert Patton (May 2004)

Educational interventions are designed to increase knowledge about alcohol and in doing so to change an individual's attitude and behaviour. Providing information about health risks and brief advice emphasising strategies to reduce consumption are the only interventions that have been recommended for both hazardous and harmful consumption of alcohol. Education may be usefully employed as part of more complex (brief) interventions; however in this section we shall evaluate the 'stand alone' application of this form of treatment.

Harmful use of alcohol

Recommended first line treatment in official national guidelines

Provision of information about health risks

UK Alcohol forum(2001)¹, WHO Brief Intervention for Hazardous and Harmful Drinking: A Manual for use in Primary Care (2001)², Scottish Intercollegiate Guideline Network (2003)³, WHO Guide to Mental Health in Primary Care (2004)⁴,

Written information / Information leaflets: Wallace et al (1988)⁵ conducted a RCT to compare advice (booklet/GP delivered information) with a no-intervention control. The results indicated significant reduction in GGT for the experimental group. Babor & Grant (1992)⁶ found in a clinical trial of brief interventions that simple advice (and brief counseling) significantly reduced hazardous and harmful alcohol consumption. A meta-analysis by Mullen et al (1997)⁷ showed that patient education programmes could reduce alcohol consumption.

Recommended second line treatment in official national guidelines

The use of self help manuals and / or brief advice

(PRODIGY Guidance, 2000)⁸, WHO Guide to Mental Health in Primary Care (2004)⁴

Brief advice: WHO (1996)⁹ International RCT of brief advice or counselling or no-treatment control for hazardous drinkers. The authors reported that brief advice significantly reduced levels of alcohol consumption by 17%.

Bibliotherapy / Self help manuals: Spivak et al (1994)¹⁰ found that problem drinkers who received specific written advice on how to reduce their drinking demonstrated significantly fewer heavy drinking days than those in a general information control group. Apodaca & Miller (2003)¹¹ reviewed studies of the effectiveness of self-help materials for problem drinkers, concluding that this approach could decrease at-risk and harmful drinking.

Recommended as valuable but not officially endorsed as first or second line treatment

Asking questions about alcohol consumption: Watson (1999)¹² noted that asking patients about their alcohol consumption could help emphasise the impact of drinking on their health and could lead to a change in drinking behaviours.

Strengthening Families Program (SFP): Foxcroft et al (2003)¹³ undertook a systematic review of educational programmes to prevent alcohol misuse among young people. Following an intention-to-treat re-analysis, the authors conclude that the SFP showed promise as an effective prevention initiative, with a NNT of 9.

Used often but not endorsed or advised against

Brief interventions that include an educational component: A review of educational interventions by Poikolainen (1999)¹⁴ concluded that such interventions were sometimes effective.

Mass media campaigns: Raistrick et al (1999)¹⁵ report that such campaigns demonstrate some effect on knowledge and attitude, but do not alter behaviour.

Schools based programmes: White & Pitts (1998)¹⁶ reviewed education programmes that addressed alcohol as well as other drugs, finding a small effect size (3.7%).

Widely used despite official evidence to the contrary

Educational lectures / films: Miller et al (1998)¹⁷ reviewed 31 studies finding that only 4 demonstrated a positive outcome. In the most recent review of alcohol treatment modalities, Miller & Wilbourne (2002)¹⁸ rated educational lectures, films and groups as the least effective.

Used less commonly and with little information available

Internet based education: Joinson & Banyard (2003)¹⁹ present limited evidence that drinkers who are contemplating reducing their alcohol consumption are less likely to access related information of the internet compared to those who are at a pre-contemplative stage.

Computer based education: Reis et al (2000)²⁰ present data from an uncontrolled study of 4695 students in an evaluation of a CD-ROM aimed at preventing alcohol related harm that suggest improvements in knowledge among participants.

Alcohol dependence

Recommended first line treatment in official national guidelines

Provision of information about health risks

WHO Brief Intervention for Hazardous and Harmful Drinking: A Manual for use in Primary Care (2001)², WHO Guide to Mental Health in Primary Care (2004)⁴

Babor & Grant (1992)⁶ found in a clinical trial of brief interventions that simple advice (and brief counseling) significantly reduced hazardous and harmful alcohol consumption

Recommended second line treatment in official national guidelines

The use of self help manuals and / or brief advice

WHO Guide to Mental Health in Primary Care (2004)⁴

No published evidence

Alcohol Withdrawal

Recommended first line treatment in official national guidelines

Provision of information about health risks

WHO Guide to Mental Health in Primary Care (2004)⁴

No published evidence

Recommended second line treatment in official national guidelines

The use of self help manuals and / or brief advice

WHO Guide to Mental Health in Primary Care (2004)⁴

No published evidence

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