Preventing alcohol problems: preparing physicians for their roles and responsibilities

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The adverse effects of alcohol use constitute one of the most serious public health problems in Canada.[1] The total burden of alcohol-related problems on the drinker, the drinker's family and the community is far greater than that of all illegal drugs.[1-3]

Alcohol-related problems are more frequent in the small portion of drinkers who are "alcohol abusers", "alcoholics" or "alcohol-dependent". However, acute alcohol intoxication or relatively low levels of chronic alcohol consumption can have serious effects on people who otherwise fit within the social norms of alcohol use.[4] Consequently, although the relatively small number of alcohol-dependent people contributes disproportionately to alcohol-related problems it is the moderately heavy drinking but still "at-risk" population that, by virtue of its size, contributes more.[5,6]

Physicians can play an important role by recognizing and modifying the harmful or potentially harmful use of alcohol by their patients and by responding to the health needs of those already affected by alcohol. As highlighted in the special supplement in this issue (pages 1041 to 1098) there is substantial evidence to support the effectiveness of early identification and intervention among patients who use alcohol in harmful or potentially harmful ways but in whom severe alcohol dependence or other alcohol-related health problems have not yet developed. Such action can significantly reduce the amount of alcohol consumed by these people and thereby decrease the number of days absent from work, admissions to hospital and deaths.[7,8]

People whose drinking puts them at risk are found in a range of community settings that are not concerned specifically with alcohol problems, such as inpatient, emergency and outpatient medical facilities as well as industrial, educational, legal and social service settings. They are overrepresented among patients seen by family physicians and certain specialists, such as gastroenterologists, orthopedic surgeons and psychiatrists. Since most Canadians interact with a physician each year[9] health care settings provide frequent and appropriate opportunities for identifying those at risk and for planning interventions. A concerted effort by physicians could lead to the prevention of incipient alcohol problems (as well as the treatment of established ones) in a substantial number of patients, with considerable benefit to public health.

Canadian physicians, however, are ill-prepared to prevent alcohol problems. As stated in the supplement few medical schools provide adequate undergraduate instruction on this topic, and relevant educational experiences in most residency programs are virtually nonexistent. Such a state of inadequacy probably characterizes continuing medical education as well.

It is therefore not surprising that Canadian physicians appear to be ambivalent toward the prevention of alcohol-related problems. Although concerned about the ways in which alcohol harms their patients they feel uncomfortable and relatively helpless when confronted with those patients' needs. They lack specific knowledge and skills. Moreover, the absence of positive role models, the negative attitudes and behaviour of peers, and the impact of past experience with severely alcohol-dependent pa-

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tients all contribute to ambivalence. Yet many Canadians view their physician as the professional best able to deal with alcohol problems,[10] and the evidence that supports early identification and intervention cannot be ignored. Appropriate educational initiatives are needed so that Canadian physicians can feel comfortable with their responsibility of preventing alcohol problems.

A step toward this end was taken in October 1989, when the first national conference was held to consider the roles of the Canadian medical schools in teaching undergraduates and residents how to prevent alcohol-related problems in their patients and in the community. The inadequacies of current undergraduate and postgraduate training were noted (continuing medical education is no less important but was not examined), as were the responsibilities of the profession in preventing alcohol problems. In addition, the roles of the provincial and territorial alcohol and other drug agencies were examined. The compelling evidence of the effectiveness of early identification and intervention was also reviewed.

The issue of medical education regarding the prevention of alcohol-related problems is now open to wider examination by not only the medical schools but also the profession in general and the national bodies concerned with certification and accreditation. What are the roles of the Medical Council of Canada, the Association of Canadian Medical Colleges, the Royal College of Physicians and Surgeons of Canada, the College of Family Physicians of Canada and the Canadian Medical Society on Alcohol and Other Drugs, among others, in ensuring that physicians are adequately prepared to deal with alcohol problems? What are the roles of provincial and territorial alcohol and other drug agencies in medical education? How does the issue of medical education relate to the National Drug Strategy?

The inclusion of the proceedings of the October 1989 conference in this issue is intended to stimulate debate on these questions and to help place medical education regarding alcohol-related problems on the agenda of a wide range of organizations. Participants at the conference provided numerous suggestions (see pages 1097 to 1098) that should serve to prime the debate.

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