



Put In Your 2¢ Worth...
**About 2¢ a drink yields \$44 million annually
to reduce the impact of
alcohol problems in Missouri.**

Question:

Since April is Alcohol Awareness Month, we are likely to hear about “alcohol screening” and “brief interventions” in the media. How effective are these practices anyway?

Answer:

Very effective, considering how easy they are to do and how little additional time is needed. A number of valid and reliable screening tools can help identify the majority of patients who have alcohol problems, and cost-benefit analyses have shown impressive savings in future health care costs.

MISSOURI ALCOHOL IMPACT FACT #46

- A review of 10 studies that evaluated the CAGE* questionnaire in primary care settings found that it identified 60 to 71 percent of patients with abuse or dependence disorders when a cutoff of one positive response was used. Another study found that combining the CAGE questionnaire with quantity-frequency questions identified 81% of patients with life alcohol abuse or dependence.
- Randomized, controlled clinical trials have shown that brief interventions can decrease alcohol use significantly among people who drink above the recommended limits but are not dependent. Major studies have found reductions of up to 30% over 12 months in consumption and binge drinking, as well as significant decreases in blood pressure readings, GGT levels, psychosocial problems, hospital days, and hospital readmissions for alcohol-related trauma.
- A cost-benefit analysis showed that each dollar invested in brief physician intervention could reap more than fourfold savings in future health care costs.

**For more information about the CAGE questionnaire, see Alcohol Impact Fact #47. The data presented above are found in Helping Patients With Alcohol Problems: A Health Practitioner’s Guide, National Institute on Alcohol Abuse and Alcoholism, NIH Publication No- 03-3769, January, 2003.*

**For more information call one of the
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