**Approaches for Improving Practice in Detection and Treatment of Unhealthy Alcohol Use in Primary Health Care. Where Are the Gaps?**

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**Introduction and Aims:** Evidence-based management of unhealthy alcohol use in primary health care has been advocated since 1979. However, sustained and systematic implementation has proved challenging. Previous literature reviews have concentrated on improving screening and brief intervention (SBI). There is little literature on improved implementation of evidence-based treatments for alcohol dependence, where brief intervention is less effective.

**Design and Methods:** We conducted a systematic review of peer-reviewed literature on strategies to improve implementation of screening and interventions for the full spectrum of unhealthy alcohol use in primary care. We describe trends in strategies used to improve implementation and identify gaps in evidence.

**Key Findings:** Fifty-six papers representing 45 projects were included. Of these, 24 papers were randomized controlled trials, 12 controlled studies and 20 before/after and other designs. Most reported on strategies for improving implementation of SBI. Mean and median duration of implementation was 54.6 and 28.2 weeks respectively. Six studies addressed implementation of alcohol relapse prevention pharmacotherapies. Significant positive results were most often found for screening and least often for referrals. Only five papers reported on patient outcomes. Only four had an indigenous setting and none were in developing countries.

**Discussions and Conclusions:** Despite increases in available peer-reviewed literature, there is little high-quality research into strategies for improving treatments in indigenous settings, developing countries and for alcohol dependence. Very few studies investigate the effects on patient outcomes.

**Implications for Translational Research:** More high-level evidence and longer follow-ups are needed to inform sustainability of strategies to improve treatment implementation and their effect on patient outcomes.

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