Counseling Patients On Alcohol Consumption

The Challenge: Alcohol consumption in America costs approximately 88,000 lives and $249 billion per year. Oddly enough, that latter figure is fairly close to the calculated economic benefit of the alcoholic beverage business. There is also a persistent message that the health benefits of alcohol, if not outweighing the risks, at least balance them. This is, unfortunately for those who like to drink, untrue.

Obstacles: There does appear to be some equivocal evidence of a positive influence on cardio-vascular, stroke and diabetes risk but, in comparison to cancer, liver disease and injury, the ratio of harm is about 4:1 in favor of not drinking. Almost certainly, any alcohol adds to the risk of some cancers (esophageal, stomach, mouth, liver, larynx, colorectal and breast – the latter notably so and probably making alcohol a net harm for most middle-age moderate-alcohol-drinking women). Effects are, of course, dose dependent and this is true for both chronic and acute consumption patterns.

The Evidence: It is estimated, in accordance with the Pareto Principle, that 20% of the American population consumes 80% of the total alcohol in the US, which works out to more than 10 drinks per day for the top decile. 30% of the population does not drink at all and another 30% has a drink less than once per week. From a clinical perspective we don't need to worry about them unless the latter do their years' worth of drinking in one go. Again, back to dose dependence. Binge-drinking is currently defined as more than 4 drinks in a two hour period for women and 5 drinks in a 2 hour period for men. Binge drinking is highly health damaging, especially at younger ages (e.g. assaults and car crashes) and it is often a major cause of social problems (violence, crime, etc). If you binge drink 5 times in a 30 day period or have, on a regular basis, more than 14 drinks per week for men or 7 drinks per week for women you are considered a heavy drinker. Neither is a particularly good idea and yet our culture makes it seem not only insignificant but, in certain communities, required. How then to help our patients?

Here's How You Can Help: The first step in addressing any problem is non-judgmental inquiry. In this case does the patient drink alcohol? If so, ask not only how much but when and with what regularity. These can easily be included in your standard intake materials. Resources and information can then be targeted to specific profiles. Generally there are considered three levels of use: abstention/low-risk use, harmful/risky use, and dependent use. Determination may be made based initially on the simple questions noted above. If there seems to be a possibility of use-associated problems or risk one should proceed to a more standardized screening tool. A brief intervention comprised of raising the subject, providing feedback, enhancing motivation and advice on a plan of action is appropriate in the case of either risky or dependent use. Dependent use should prompt the provider to provide further resources or referral. A good overview of this information is available at:

http://www.integration.samhsa.gov/clinical-practice/alcohol_screening_and_brief_interventions_a_guide_for_public_health_practitioners.pdf