

Avoid Harmful Drinking

Recommendations	Grades of Recommendations [^]
1. Educate all on harmful health effect of alcohol consumption ¹	B
2. Assess alcohol consumption by the client at every opportunity ²	A
3. Advise all drinkers against harmful drinking pattern ²	A
4. Strongly advise the following groups not to drink: ² <ul style="list-style-type: none"> ♦ Pregnant women ♦ Persons feeling unwell ♦ Persons with a prior history of alcohol or drug dependence or physical damage ♦ Persons with prior or current serious mental illness ♦ Persons operating a vehicle or machinery, or engaging in sports 	A
5. Suggest non-drinkers not to start drinking alcohol for the perceived health benefits of alcohol consumption ³	B

[^] Scottish Intercollegiate Guidelines Network (SIGN) classification

Recommended Care Components

For Who?	Recommended Care Components ^a	By Whom? ^b	How Often?
Empowerment			
All	Provide messages about the harmful health effect of alcohol consumption + advise not to drink ²	Primary Healthcare Providers	Opportunistically
Drinkers who are planning for pregnancy, or are pregnant	Provide message about the effects of alcohol consumption on both maternal and fetal health + advise not to drink ²	Primary Healthcare Providers	Opportunistically and At each antenatal visit
Assessment			
All, including pregnant women	Assess drinking habit using Alcohol Screening and Brief Intervention Guideline and Alcohol Use Disorders Identification Test (AUDIT) ⁴ Accessible at: https://www.change4health.gov.hk/filemanager/comm on/pdf/presentation material/dh audit 2017 alcohol guideline en.pdf	Trained Healthcare Professionals	Opportunistically
Management			
Drinkers drinking at Lower Risk (AUDIT scores of 1-7)	Advise: 1. Drinking less or abstinence 2. For regular women drinkers, limit alcoholic drinks to 1 unit a day	Trained Healthcare Professionals	Opportunistically
Drinkers drinking at Increasing Risk (AUDIT scores of 8-15)	Offer: 1. Simple advice to minimise alcohol-related harm ² 2. Patient education materials ²	Trained Healthcare Professionals	Opportunistically

For Who?	Recommended Care Components ^a	By Whom? ^b	How Often?
Management			
Drinkers with Harmful Drinking (AUDIT scores of 16-19)	Offer: (1) Brief Intervention: ^{2, 5} <ul style="list-style-type: none"> ♦ Present screening results ♦ Identify risks and discuss consequences ♦ Provide medical advice ♦ Solicit patient commitment ♦ Identify goal: reduced drinking or abstinence ♦ Give advice and encouragement + continued monitoring to assist drinkers to drink less OR (2) Motivational Interviewing or Motivational Enhancement Therapy (MET) ⁶	Trained Healthcare Professionals	Opportunistically
Drinkers with Probable Alcohol Dependence (AUDIT scores of 20 or above)	Refer to cessation service or a specialist for diagnostic evaluation and possible treatment for alcohol dependence ²	Trained Healthcare Professionals	Opportunistically
Pregnant women with harmful drinking	Refer to fetal medicine subspecialist to scan for fetal alcohol syndrome	Trained Healthcare Professionals	As early as possible once identified during pregnancy

AUDIT = Alcohol Use Disorders Identification Test; MET = Motivational Enhancement Therapy

^a **Grade of recommendation according to colour code:**

Recommended (Strong)	Conditionally recommended	Practice points	Generally not recommended	Not recommended (Strong)
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^b **Primary Healthcare Providers** – All providers of health services in primary healthcare settings
Primary Healthcare Professionals – Includes doctors, dentists, chinese medicine practitioners, nurses, pharmacists, physiotherapist, occupational therapist, dietitians
“Trained” Healthcare Professionals – Additional post-qualification training required to deliver the respective care component(s)

Collaborative Care

Specialist Referral Recommended

Refer to Specialist: Drinkers with **probable** alcohol dependence (i.e. AUDIT scores of 20 or above)

Refer to Fetal Medicine Subspecialist: Pregnant women with harmful drinking to scan for fetal alcohol syndrome

Consider Referral to Multidisciplinary Services in the Community

Alcohol Cessation Services:

- ♦ **Pilot Alcohol Cessation Counselling Service** (subvented by the Department of Health) 戒酒輔導服務先導計劃 (由衛生署資助)
https://www.change4health.gov.hk/en/alcohol_aware/facts/affecting/help/counselling_service.html
- ♦ **Tung Wah Group of Hospitals Integrated Centre for Addiction Prevention and Treatment (ICAPT)** 東華三院「心瑜軒」預防及治療成癮問題綜合服務
<http://icapt.tungwahcsd.org>
- ♦ **Tung Wah Group of Hospitals “Stay Sober Stay Free” Alcohol Abuse Prevention and Treatment Service** 東華三院「遠酒高飛」預防及治療酗酒服務
<http://atp.tungwahcsd.org/>
- ♦ **Alcoholics Anonymous (AA)** <http://aa-hk.org>

AUDIT = Alcohol Use Disorders Identification Test

Further Readings

Harms of Excessive Alcohol Consumption

- ♦ Alcohol-related harm is expressed as a continuum; no level of alcohol consumption is completely safe.⁷ Even small amounts can pose risks and cause harm. Those who consume alcohol are directly affected, but innocent bystanders can also suffer from alcohol-related violence or accidents, such as drunk driving. Additionally, social issues like workplace difficulties, family problems, and interpersonal violence have substantial costs for the entire community.⁷
- ♦ Acute effects of “excessive” alcohol intake include impaired judgment and coordination, significantly raising the risk of accidents, while higher consumption can lead to emotional changes and alcohol poisoning, potentially life-threatening. Clinical signs and symptoms of acute alcohol intoxication include mental confusion, difficulty to remain conscious, vomiting, seizures, slow breathing, irregular breathing, and slow heart rate.⁸
- ♦ Chronic heavy drinking is associated with serious health issues. According to the WHO Global status report, in 2019, 2.6 million deaths were attributable to alcohol consumption due to detrimental causes such as digestive diseases, cardiovascular diseases, cancer, and unintentional injuries.⁹ Binge drinking also negatively affects mental health and social relationships.
- ♦ Alcohol has been classified as a Group 1 carcinogen by the International Agency for Research on Cancer of the World Health Organization, as the consumption of alcoholic beverages has been linked to cancers of oral cavity, pharynx (excluding nasopharynx), larynx, oesophagus, liver, colorectum, and female breasts in humans.¹⁰
- ♦ Specifically for women, alcohol consumption impacts fertility, and during pregnancy poses severe risks to both the mothers and the fetus. Fetal alcohol spectrum disorders (FASDs) refers to the range of physical and neurobehavioral conditions due to prenatal alcohol exposure, including fetal alcohol syndrome, alcohol-related neurodevelopmental disorder, and alcohol-related birth defects.¹¹ Complications also includes miscarriage, stillbirth, preterm delivery¹² and an ongoing series of developmental disorders after birth.¹¹
- Exposure of infants to alcohol via breast milk has been associated with delayed cognitive

development, increased infant agitation, and disrupted sleep patterns.¹³⁻¹⁵

Interventions to Reduce Harmful Drinking

- ♦ The Alcohol Use Disorders Identification Test (AUDIT) was considered the best screening instrument for the whole range of alcohol problems in primary care, as it provides an accurate measure of risk of hazardous and harmful alcohol use, as well as possible dependence across gender, age and cultures.²
- ♦ Screening, brief intervention, and referral to treatment (SBIRT) programmes have been consistently reported to be effective in both primary care and emergency department settings.¹ Brief interventions in primary care could reduce alcohol consumption in hazardous and harmful drinkers compared to minimal or no intervention (mean difference: -20 grams/week, 95% CI: -28 to -12), regardless of socioeconomic status.⁵
- ♦ It was estimated that the lifetime quality-adjusted life-year (QALY) gained from screening plus brief intervention was likely to be in the region of 4-19 per 1000 compared to no intervention.¹⁶