Now that the dust has settled on the Christmas festivities it is a good time to focus again on our national predilection, alcohol. Hopefully Christmas was a joyous occasion for the majority of people but for many it will have been ruined by the consequences of excess drinking and alcohol dependence. Family members who live with someone in active alcohol dependence absolutely dread this time of the year.

I have a long association of working with nurses. I have very happy memories of their wonderful care and professionalism in the various places I have worked – in particular in St Patrick’s Hospital. Their willingness to support and teach me in the early stages of my career is very much appreciated. In more recent years I have had a lot of contact with practice nurses given my role with the ICGP and since I left that post I have been privileged to be invited to speak at a number of practice nurse meetings. I spoke at their AGM in Limerick in October 2014 on this very subject.

Context
Addiction, in all its forms, is all around us and yet it is often badly missed in the medical arena. There is no stereotype of what someone with an alcohol problem looks like, sounds like or smells like except in the more extreme presentations. If PNs have some inappropriate stereotype in their minds they will ‘miss’ many people with significant problems.

Healthcare practitioners are stretched and stressed these days, and in some local areas have little or no support due to the absence of referral sources and treatment options. Morale is at a very low point. There are many other obstacles to intervention on alcohol problems in primary care settings. Nurses may feel that they are lacking in the necessary training to get more involved in lifestyle problems and thus may not have the confidence to conduct brief interventions. Another difficulty is that alcohol problems often have to be uncovered at consultations because patients and family members are in denial, ashamed or guilty. PNs may also fear opening up a Pandora’s box when asking about
alcohol problems with patients. Finally, they may have the false belief that any intervention will make no difference.

These issues are in play right across the world in healthcare settings. I firmly believe however that they can be easily solved.

Alcohol problems
We have a horrendous problem with our use and abuse of alcohol in this country. Most of the international league tables put us near or at the top for consumption levels and binge drinking. In very simple terms we drink too much, for too long and too often, over relatively short periods of time with severe consequences in the short, medium or long term for many people.

Acute problems and incidents as well as chronic illness occur as a direct consequence of the amount that we consume and patterns of our consumption. Women and girls are at greater risk, as are younger and older people. When drunk, people are much more at risk of experimenting with other drugs and so are at further risk of more complicated addictions. The ‘go on, go on go on’ is alive and well for pushing alcohol. There exists significant social pressure on people to imbibe.

In my work I regularly spend a lot of time helping patients who are in the process of recovery to be comfortable with a ‘story’ as to why they are not drinking to resist pressure and to stay sober. The phrase ‘have one’ or ‘not to be a stick in the mud’ or some such gets worse at the end of drinking evenings and events as people get ‘tanked up’ and lose any sensitivity or tact.

For me the signs of dependence on alcohol involve some or all of the following at least

- Progressive deterioration in health and appearance, with increasing obsession and compulsion
- Detrimental changes to personality
- Severe suffering on the part of the individual and his/her family
- Inability to control behaviour or amounts
- Denial and covering up
- Compromising one’s own value system
- The presence of guilt or shame
- Furtiveness or secret ‘indulgence’

For some, medical consequences are the ‘wake-up’ call and they get help but sadly for many the medical sequelae are terminal or result in chronic illness.

Some signs/symptoms in practice that may also indicate the presence of the range of alcohol problems:

General health: blood pressure, headaches, tiredness, vague symptoms, infections, liver problems, gout, heart problems, skin disorders, weight loss/gain etc.

Sexual health: pregnancy and fertility problems, foetal alcohol syndrome, STIs, morning after pills, assaults and rape.

Occupational health: absenteeism, ‘presenteeism’ (at work but not really there), accidents, incidents, fraud etc.

Mental health: depression, suicidal ideation, anxiety, phobias, confusion, mood swings, and insomnia.

Other: marital problems, domestic violence, child sexual abuse, etc.

The medical consequences come much later for others and allow folk to fool themselves into believing they are ‘bullet proof’. -- despite the fact that the group contained almost all of the leading ‘experts’ in the field. The ICGP at the time was represented by me! It should be pointed out that the drinks industry were part of the group and issued a minority report as well as lobbying politicians more at risk of experimenting with other drugs and so are at al further risk of more complicated addictions. The ‘go on, go on go on’ is alive and well for pushing alcohol. There exists significant social pressure on people to imbibe.

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We need strong political leadership to confront the vested interests if we want to implement real change. We also need perhaps to focus more on harm reduction as in keeping with the strategy on other drugs.

**What’s new**
A new medication is now available for patients with alcohol dependence. I am hopeful that this might help some patients to reduce the harm that is caused for themselves and their families. Selincro (Nalmefene) produced by Lundbeck has been available in Europe for some time with encouragingly positive results. I must declare my own particular interest in this development in that I helped Lundbeck to develop BRIEFCases, a comprehensive resource pack on psychosocial interventions to support primary care in this work. The B stands for Begin, R for Reassure, I for Intervene, E for Engage and F for Finish. It provides GPs with all they need to assess alcohol problems and includes patient information leaflets, drink diaries etc.

**Conclusions**
Imagine a world where all patients were screened for alcohol problems routinely in every healthcare setting. If everyone was offering screening services patients would be more accepting. Especially so if they found that it served to improve their health and welfare. Patients need to be helped to make the connection between lifestyle behaviours and symptoms. There is massive ignorance out there as regards to alcohol specifics; gender differences, ‘limits’, safe levels, units v standard drinks, the fear of being labelled, uncertainty as to how to initiate and sustain change. etc. All of these confusions are shared by healthcare professionals. The facts and interviewing skills required can be easily taught to PNs. A great deal could be achieved in a half day of training.

If we could help patients to reduce their drinking, so that they suffer less harmful consequences, it would be an enormous improvement on the current situation. We must also offer more help and support to families and children. Greater treatment resources for patients, especially people without private health insurance are badly needed.

BRIEFCases can be used by PNs and, if necessary, we can adapt a specific ‘BRIEFCases’ manual. Finally, PNs would need to work closely with their GP colleagues to work out how this whole area should be handled so that everyone sings off the same ‘hymn sheet’. In my view there should be a practice policy on this important issue in every primary care setting outlining roles and responsibilities. All very doable.

**About the author**

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**The untold story in Ireland**

is the extent of torment and harm that children have experienced due to parental alcohol problems.