



Focus on alcohol

**Guidance on alcohol misuse and its implications for dental health
Local Dental Network – Shropshire and Staffordshire**

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The National Health Service Commissioning Board was established on 1 October 2012 as an executive non-departmental public body. Since 1 April 2013, the National Health Service Commissioning Board has used the name NHS England for operational purposes.

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Introduction

New research carried out since October 2015 has led to updated guidance from Public Health England and NHS England. Some of the factors considered when producing the new guidance were:

- The benefits of moderate drinking for heart health were not as strong as previously thought and apply to a smaller proportion of the population – specifically women over the age of 55. In addition, there are more effective methods of increasing your heart health, such as exercise.
- The risks of cancers associated with drinking alcohol were previously not fully understood. Taking these risks on board, we can no longer say that there is such a thing as a "safe" level of drinking. There is only a "low risk" level of drinking.
- The previous guidelines did not address the short-term risks of drinking (especially heavy drinking) such as facial/head injury and fractures.
- In pregnancy, it is now thought a precautionary approach is best and it should be made clear to the public that it is safest to totally avoid drinking in pregnancy.

Alcohol misuse in England is a significant public health problem with major health, social and economic consequences. The consumption of alcohol has almost doubled since the 1950s and it is estimated that about 22% of adults exceed the Department of Health guidelines (Department of Health, 2010). However, over 83% of people who regularly drink above these guidelines do not think their drinking is putting their long-term health at risk. Alcohol consumption above the recommended (low risk) levels is a major cause of illness, injury and premature death. Alcohol-related crime, disorder and domestic violence are also significant social consequences of alcohol misuse. The annual total cost of alcohol misuse to the UK economy is estimated to be more than £21 billion (PHE – DBOH, 2014).

Dental teams are in a unique position to provide brief advice and support to their patients who drink above the lower-risk levels.

Dental effects of alcohol misuse

Drinking above the recommended limits adversely affects oral health in a range of ways. The most important effect is undoubtedly the significantly increased risk of oral cancers among drinkers. The incidence of oral cancer has steadily increased since the 1970s and now oral cancer among men is more common than cervical cancer in women (Conway et al., 2006). The most important risk factors for oral cancers are the combined effect of tobacco use and consumption of alcohol, which together account for about three quarters of oral cancer cases (La Vecchia et al., 1997). It is estimated that heavy drinkers and smokers have 38 times increased risk of developing oral cancer than those people who abstain from both products (Blot, 1992).

Excessive alcohol intake is also associated with dental trauma and facial injury either through accidental falls, road traffic accidents or violence, both domestic and street related (Hutchison et al., 1998).

Drinking above recommended levels is also associated with non-cariious tooth surface loss due to the acidity of drinks such as alcopops, cider and wine (Robb and Smith, 1990).

What are the revised guidelines?

Regular drinking

The guidance advises that:

- to keep health risks from drinking alcohol to a low level you are safest not regularly drinking more than 14 units per week – 14 units is equivalent to a bottle and a half of wine or five pints of export-type lager (5% abv) over the course of a week – this applies to both men and women
- if you do drink as much as 14 units per week, it is best to spread this evenly over three days or more
- if you have one or two heavy drinking sessions, you increase your risks of death from long-term illnesses and from accidents and injuries
- the risk of developing a range of illnesses (including, for example, cancers of the mouth, throat and breast) increases with any amount you drink on a regular basis
- if you wish to cut down the amount you're drinking, a good way to achieve this is to have several alcohol-free days each week.

Single drinking sessions

The guidelines also look at the potential risks of single drinking sessions, which can include accidents resulting in injury (causing death in some cases), misjudging risky situations, losing self-control and domestic violence.

You can reduce these risks by:

- limiting the total amount of alcohol you drink on any occasion
- drinking more slowly, drinking with food, and alternating alcoholic drinks with water
- avoiding risky places and activities, making sure you have people you know around, and ensuring you can get home safely.

Some groups of people are more likely to be affected by alcohol and should be more careful of their level of drinking. These include:

- young adults
- older people
- those with low body weight
- those with other health problems
- those on medicines or other drugs.

Drinking and pregnancy

The guidelines recommend that:

- if you are pregnant or planning a pregnancy, the safest approach is not to drink alcohol at all, to keep risks to your baby to a minimum
- drinking in pregnancy can lead to long-term harm to the baby, with the more you drink the greater the risk.

If you have just discovered you are pregnant and you have been drinking then you shouldn't automatically panic as it is unlikely in most cases that your baby has been affected; though it is important to avoid further drinking.

What is a unit of alcohol?

One unit of alcohol is 10ml (1cl) by volume or 8g by weight of pure alcohol. This is equivalent to:

- half a pint of ordinary strength beer, lager or cider (3-4% alcohol by volume)
- a small pub measure (25ml) of spirits (40% alcohol by volume)
- a standard pub measure (50ml) of fortified wine such as sherry or port (20% alcohol by volume)
- half a glass (87.5ml) of wine (12% by volume)

Useful patient education aids

1. Unit measuring cup



This is a very useful educational tool as it is difficult to judge the volume of what is being drunk. By clicking on the link below and registering, practitioners can get a **FREE** unit measuring cup & unit & calorie calculator.

<https://resources.drinkaware.co.uk/>

Dental teams are in a unique position to identify and provide advice and support to members of the public who are hazardous or harmful drinkers and signpost to their GP and/or local alcohol services (where appropriate).

2. Drink Responsibly Alcohol Wheel



This is an easy-to-use, interactive tool for measuring the alcoholic unit content in the most commonly consumed alcohol drinks. It has been specially produced, printed and distributed by the LDN in Shropshire and Staffordshire.

3. Alcohol disorder identification test – AUDIT C

Audit C

HAVE A WORD

Questions	Scoring System					Your score
	0	1	2	3	4	
How often do you have a drink containing alcohol?	Never	Monthly or less	2-4 times per month	2-3 times per week	4+ times per week	
How many units do you drink on a typical day when you are drinking?	1-2	3-4	5-6	7-9	10+	
How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	

1 Unit =  1/3 glass of wine  1/3 pint of beer  25ml of a spirit

Scoring:

- 1-4 Lower risk drinking
- 5-7 Increasing risk drinking
- 8-10 Higher-risk drinking
- 11-12 Possible dependant drinking

Score

ONEYOU Think about your Drink

HAVE A WORD

Delivered by



WHAT'S YOUR SCORE?

QUESTIONS	SCORING SYSTEM				
	NEVER	MONTHLY OR LESS	2-4 TIMES PER MONTH	2-3 TIMES PER WEEK	4+ TIMES PER WEEK
How often do you have a drink containing alcohol?	0	1	2	3	4
How many units do you drink on a typical day when you are drinking?	1-2	3-4	5-6	7-9	10+
How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?	NEVER	LESS THAN MONTHLY	MONTHLY	WEEKLY	DAILY OR ALMOST DAILY
	0	1	2	3	4

1 UNIT =

- 1/3 pint of beer
- OR
- 1/3 glass of wine
- OR
- 1 single shot of spirit

YOUR TOTAL

CHECK BELOW TO FIND OUT YOUR RESULTS

0	1	2	3	4	5	6	7	8	9	10	11	12
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SCORED 0-4?

Congratulations! You are a safe and sensible drinker! Keep it up but remember it does not take much for drink to sneak up on you!

SCORED 5-10?

You may be drinking at a level that could put your health at risk. A few small changes could make all the difference.

SCORED 11 OR 12?

It may be worth speaking to your GP about your score. Take this scratch card with you and ask for some advice. Or, you could call Drinkline.

There are several of these available for use, but they all follow a similar theme. They are a useful tool for dental teams to quickly screen patients that may be drinking more than normal. They take approximately three minutes to complete and offer direct and personalised feedback to the patient, identifying excessive drinking.

Once a total score has been established appropriate advice can be given. It would be very easy to incorporate this as part of a routine dental assessment, especially for those patients that had already identified themselves as alcohol drinkers in their medical / social history.

Role of the dental team in supporting drinkers

Alcohol consumption is clearly an important risk factor to good oral health. A significant proportion of the healthy general population visit a dentist on a regular basis; 56% of adults in England were seen by a dentist in the last two years (Health and Social Care Information Centre, 2013). Dental teams are therefore in a unique position to provide very brief advice and support to members of the public who are hazardous or harmful drinkers and signpost to local alcohol services.

A substantial body of high quality evidence has highlighted the effectiveness of delivering brief advice to drinkers. The most recent Cochrane review included 29 RCTs of brief interventions delivered in primary care settings. It reported significant reductions in weekly drinking at one year follow up with an average reduction of four to five drinks per week (Kaner et al., 2007).

The overall goals of providing brief advice to patients includes:

- raising awareness of drinking guidelines and whether they are exceeding these lower-risk levels
- offering them feedback on how their drinking may adversely affect their oral and general health
- providing support e.g. resources to support the need to reduce alcohol consumption levels.

Local alcohol support services

Referral services for patients that have been identified as being harmful or hazardous drinkers:

Shropshire, Telford and Wrekin - Aquarius - 0300 4564299 <http://aquarius.org.uk/>

Stoke on Trent - Aquarius - 01782 283 113 <http://aquarius.org.uk/>

Staffordshire - Staffordshire and Stoke on Trent Partnership NHS Trust - 0300 111 8006

Resources and further training

Dentist resources –

1. Drinkaware - Drinkaware works to reduce alcohol misuse and harm in the UK. It is an independent charity, supported by voluntary donations from the drinks industry and from major UK supermarkets. They provide evidence-based information about alcohol and work with the medical community, third sector organisations, government and the drinks industry. See link below,

<https://www.drinkaware.co.uk/>

2. Public Health England - 'Delivering better oral health' is an evidence based toolkit to support dental teams in improving their patient's oral and general health.

<https://www.alcohollearningcentre.org.uk/Topics/Browse/have-a-word/>

<https://www.gov.uk/government/publications/delivering-better-oral-health-an-evidence-based-toolkit-for-prevention>

Patient resources -

www.nhs.uk/Change4Life/Pages/drink-less-alcohol.aspx
www.drinkaware.co.uk/
www.alcoholconcern.org.uk/home

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