



Harmful consumption of alcoholic beverages among users of a Family Health Unit*

Consumo nocivo de bebidas alcoólicas entre usuários de uma Unidade de Saúde da Família

Consumo nocivo de bebidas alcobólicas entre usuarios de una Unidad de Salud de la Familia

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ABSTRACT

Objectives: To identify harmful alcohol consumption among users of a Family Health Unit, analyzing its association with sociodemographic characteristics. **Methods:** A cross-sectional study conducted with 1,115 subjects who responded to the *Alcohol Use Disorders Identification Test* and questions referring to sociodemographic variables. Data were submitted to tests of association, using the Statistical Package for the Social Sciences. **Results:** An elevated prevalence was observed of harmful alcohol consumption (31.0%), strongly associated with male gender, low education level and family income. **Conclusion:** We observed a high prevalence of harmful alcohol consumption strongly associated with male patients, with lower education and income up to two times the minimum wage.

Descriptors: Alcohol drinking; Cross-sectional studies; Primary health care; Public health nursing

RESUMO

Objetivos: Identificar o consumo nocivo de álcool entre usuários de uma Unidade de Saúde da Família, analisando sua associação com características sociodemográficas. **Métodos:** Estudo seccional realizado com 1.115 sujeitos que responderam ao Alcohol Use Disorders Identification Test e a perguntas referentes às variáveis sociodemográficas. Os dados foram submetidos a testes de associação, utilizando o programa estatístico Statistical Package Social Science. **Resultados:** Observou-se elevada prevalência de consumo nocivo de álcool (31,0%), fortemente associado ao sexo masculino, ao baixo nível de escolaridade e à renda familiar mensal. **Conclusão:** Observou-se a elevada prevalência do consumo nocivo de álcool fortemente associado a pacientes do sexo masculino, à baixa escolaridade e à renda mensal até 2 salários mínimos.

Descritores: Consumo de bebidas alcoólicas; Estudos transversais; Atenção primária à saúde; Enfermagem em saúde pública

RESUMEN

Objetivos: Identificar el consumo nocivo de alcohol entre usuarios de una Unidad de Salud de la Familia, analizando su asociación con características sociodemográficas. **Métodos:** Estudio seccional realizado con 1.115 sujetos que respondieron al Alcohol Use Disorders Identification Test y a las preguntas referentes a las variables sociodemográficas. Los datos fueron sometidos a tests de asociación, utilizando el programa estadístico Statistical Package Social Science. **Resultados:** Se observó una elevada prevalencia de consumo nocivo de alcohol (31,0%), fuertemente asociado al sexo masculino, al bajo nivel de escolaridad y al ingreso familiar mensual. **Conclusión:** Se observó una elevada prevalencia de consumo nocivo de alcohol fuertemente asociado a pacientes del sexo masculino, a la baja escolaridad y al ingreso mensual de hasta 2 sueldos mínimos.

Descriptorios: Consumo de bebidas alcohólicas; Estudios transversales; Atención primaria de salud; Enfermería en salud pública

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INTRODUCTION

Alcohol consumption-related disorders represent one of the ten main health conditions that contribute to explain the years of life lost due to premature death in the adult population all over the planet⁽¹⁾. Despite regional differences, per capita alcohol consumption on the American continents is estimated at up to 50% in comparison with the global mean per capita consumption of 5.8 liters of alcohol per year. In addition, 4.8% of all deaths and 9.7% of disability-adjusted years of life lost on these continents were attributed to alcohol abuse in the year 2000⁽²⁾.

Despite illegal substance use and in age range, alcohol and tobacco abuse show the highest global prevalence levels, as well as the most severe consequences for public health around the world⁽³⁾. In this sense, direct or related consequences of excessive alcohol abuse include the emergence of cardiovascular diseases and tumors, as well as mental and behavioral disorders, absenteeism, occupational and transportation accidents, aggressions, homicides, suicides and high hospital bed occupation frequencies⁽⁴⁾.

In Brazil, a large study in 2007, involving a representative population sample, evidenced concerning data for alcohol consumption, as approximately 12% of the Brazilian population attend to diagnostic criteria for alcohol dependence, and between 30% and 35% of young people show alcohol abuse⁽⁵⁾. These data justify the high percentage of individuals with alcohol-related problems and alcoholism at hospitalization units or who seek care at primary health care services⁽⁶⁾.

In view of the above, it should be highlighted that there are different forms of alcohol abuse that can cause important or harmful risks for people's health. These include daily heavy drinking, repeated alcohol intoxication episodes, drinking that causes physical or mental harm and addictive drinking⁽⁷⁾.

In this context, it should be highlighted that primary care services represent one of the best options to screen for alcohol abuse, and an appropriate field for prevention actions concerning that use⁽⁸⁾. Most patients at this care level and with hazardous alcohol consumption do not necessarily reveal alcohol addiction, so that detection, not only of alcohol addicts, but also of patients with dangerous alcohol consumption, is very important at these services⁽⁹⁾.

In view of the above, the aim of this study was to identify harmful alcohol consumption among users at a Family Health Unit (FHU), analyzing its association with sociodemographic characteristics.

METHODS

This cross-sectional study involved users from a Family Health Unit (FHU) in the West of Rio de Janeiro,

RJ (Brazil), with three Family Health teams, responsible for primary health care delivery to approximately 9,793 people, distributed among 768 families.

Data were collected at the FHU itself. The convenience sample comprised 1,015 subjects over 18 years of age, male and female, who attended the collection site for care delivery, independently of the motive. Data were collected between October and December 2009 by eight undergraduate nursing students who were previously trained to act as interviewers. Subjects were invited to participate in the study at the service's waiting room, and interviews were performed without the presence of third parties, at a reserved location in the FHU.

The instrument used was the Alcohol Use Disorders Identification Test (AUDIT). The World Health Organization developed this internationally acknowledged screening questionnaire to identify, at services of different levels and in different contexts, people with hazardous and harmful alcohol consumption.

The AUDIT measures consumption, addiction symptoms and personal and social consequences of drinking. The questionnaire addresses the consumption pattern and its consequences in the last 12 months and contains ten questions: the first three assess the quantity, frequency and drunkenness; the next three focus on addiction symptoms; and the final four ask about the risk of harmful consequences for the user. It should be highlighted that the AUDIT emphasizes the identification of harmful drinking and adverse consequences of drinking instead of addiction, and mainly focuses on the symptoms that happened in the last 12 months, instead of *symptoms that occurred at some moment in life*⁽⁷⁾.

AUDIT scores range from 0 to 4, and high scores indicate problems, with 7 as the cut-off point for hazardous use, harmful use and probable alcohol addiction⁽⁷⁾. Thus, for the sake of analysis of the presented data, harmful alcohol consumers were considered as individuals who scored 8 or more on the AUDIT (outcome).

The validation of the AUDIT for the Brazilian culture showed an 87% sensitivity rate and 81% specificity rate for problematic consumption, besides satisfactory reliability and capacity to respond to consumption changes at primary care services⁽¹⁰⁾.

The independent variables were sex, age range, education, marital status and family income. Statistical Package for the Social Sciences (SPSS) software, version 17.0, were used for association tests, with significance set at $p < 0.05$.

Approval from the Research Ethics Committee of the Rio de Janeiro Municipal Health and Civil Protection Secretary was obtained to comply with ethical requirements, under protocol number 132/09. Also, subjects who accepted to participate in the research signed the Informed Consent Term.

RESULTS

According to data in Table 1, most of the interviewees (65.6%) were female, between 18 and 34 years old (58.8%), unfinished primary education (47%), married (57%) and with a monthly family income between one and two minimum wages (66%).

Table 1. Sociodemographic characteristics of users at the FHU under analysis, Rio de Janeiro, RJ, Brazil. (n=1015)

Variables	No.	%
Sex		
Female	666	65.6
Male	349	34.4
Age range		
18-34	597	58.8
35-59	304	31.0
60 or more	114	10.2
Education		
Illiterate	37	3.7
Unfinished primary	477	46.9
Finished primary	168	16.5
Unfinished secondary	126	12.4
Finished secondary	175	17.3
Unfinished higher	17	1.7
Finished higher	15	1.5
Marital status		
Single	312	30.7
Married	578	57.0
Separated	68	6.7
Widowed	57	5.6
Family income		
No income	60	5.9
Less than 1 MW	151	14.9
1-2 MW	671	66
2-3 MW	95	9.4
3-4 MW	38	3.8

Data in Table 2 appoint that, according to the AUDIT questionnaire, 31% of the interviewees were identified as harmful alcohol consumers.

Table 2. Harmful alcohol consumption among users at the FHU under analysis, Rio de Janeiro, RJ, (Brazil). (n=1015)

Harmful alcohol consumption	No.	%
No	769	69.0
Yes	346	31.0

Data in Table 3 show the statistically significant association between harmful alcohol consumption and sex, education and income variables.

Table 3. Association between harmful alcohol consumption and sociodemographic characteristics of users at the FHU under analysis, Rio de Janeiro, RJ, (Brazil). (n=1015)

	Harmful alcohol consumption		p-value
	No No. (%)	Yes No. (%)	
Sex			
Female	509 (76.50)	157 (23.5)	<0.001
Male	191 (54.7)	158 (45.3)	
Total	700 (69.00)	315(31.0)	
Age range			
18-34	408 (68.3)	189 (31.7)	0.241
35-59	205 (67.3)	99 (32.7)	
60 or more	88 (77.3)	26 (22.7)	
Total	701 (69.1)	314 (30.9)	
Education			
Illiterate	22 (58.5)	15 (41.5)	0.008
Unfinished primary	317 (66.5)	160 (33.5)	
Finished primary	110 (65.6)	58 (34.4)	
Unfinished secondary	86 (68.6)	40 (31.4)	
Finished secondary	141 (80.6)	34 (19.4)	
Unfinished higher	11 (63.2)	06 (36.8)	
Finished higher	11 (76.5)	4 (23.5)	
Total	698 (68.8)	317 (31.2)	
Income			
No income	47 (78.0)	13 (22.0)	< 0.001
Less than 1 MW	81 (53.7)	70 (46.3)	
1 – 2 MW	493 (73.5)	178 (26.5)	
2 – 3 MW	71 (74.5)	24 (25.5)	
3 – 4 MW	23 (60.5)	15 (39.5)	
Total	715 (70.4)	300 (29.6)	
Marital status			
Single	229 (73.3)	83 (26.7)	0.067
Married	365 (63.1)	213 (36.9)	
Divorced	48 (71.1)	20 (28.9)	
Widowed	39 (66.7)	18 (33.3)	
Total	681 (68.5)	334 (31.5)	

DISCUSSION

In this study, high prevalence levels of harmful alcohol consumption were observed, strongly associated with the male gender, low education levels and monthly family income.

The harmful alcohol consumption rate (31.0%) in our sample was similar to other Brazilian studies⁽¹¹⁻¹²⁾, and almost twice as high among men than among women, as frequently described in the literature⁽¹¹⁻¹³⁾.

In view of the above, it is known that harmful alcohol consumption among men can be partially explained by the group reinforcement of consumption, besides the aspect of drinking as a *male privilege* and one of their leisure forms, as well as a way of establishing or keeping up social interactions with other people in their environment. Also, the freedom the context grants them because they are men should be underlined⁽¹⁴⁾.

It is also highlighted that the study sample showed low education levels, as little more than half either had not finished primary education or was illiterate; and that little more than 20% of the sample gained a monthly family income of up to one minimum wage or no income whatsoever. Moreover, harmful alcohol consumption showed associations with these two variables. In that sense, literature has demonstrated a trend towards higher alcohol addiction rates in social groups with low education levels⁽¹⁵⁻¹⁶⁾, which can also be an important factor in the involvement of people with alcohol abuse⁽¹⁴⁾.

In that context, it is important to consider that formal education opportunities represent a determining factor in people's health conditions⁽¹⁷⁾ and that, as the Family Health Strategy proposal seeks accountability for the health of the population in its territory, teams in this care sphere should move beyond the curative-preventive practice of the traditional biomedical model, with a view to enhancing quality of life⁽¹⁸⁾ in terms of formal education and access to better salary and work conditions.

Although the age ranges showed no statistically significant association with harmful alcohol consumption, the high prevalence of this consumption among the youngest participants in this study stands out. Concerning age and alcohol consumption, it is known that younger individuals tend to show higher or more hazardous alcohol consumption levels⁽¹⁹⁾ and that this group is considered at the greatest risk of alcohol-related problems. Therefore, the prevalence levels of consumption standards in that demographic group need to be particularly monitored⁽⁵⁾.

Health prevention actions should be highlighted in the current Brazilian public health context, mainly harmful alcohol consumption control actions, which

should be directed at the most vulnerable groups, as found in this study: male individuals with low education and income levels.

In that sense, it is important to consider nurses' preparation, so that their professional conducts in primary care services do not only focus on alcoholics' signs and symptoms, but also aim to respond to the needs the current context of alcohol use and abuse imposes, mainly acting in the early identification of harmful consumption and, consequently, preventing that resulting problems get even worse⁽⁶⁾.

In view of these study results, nurses need to develop preventive activities related to harmful alcohol consumption in Primary Healthcare, so as to cooperate with the reduction of associated unwanted and preventable events. Therefore, this theme should be further addressed in undergraduate Nursing programs and students should be involved in community service projects, so as to prepare them for an adequate approach of alcohol consumers.

CONCLUSION

In this study, the observed prevalence of harmful alcohol consumption was high, strongly associated with the male gender, low education level and monthly family income. Based on these data, it can be affirmed that identifying people's alcohol consumption standard, mainly at Primary Care services, is fundamental, so as to offer them information about the harm of alcohol abuse already at this healthcare level, helping to prevent the problems it causes.

The application of the AUDIT is recommended as an instrument to screen for harmful alcohol consumption because it is simple and easy to apply, and provides the intervention structure to help users at risk to reduce or cease alcohol consumption and, thus, avoid its dangerous consequences, besides identifying probable alcohol dependence and some consequences of its harmful use.

Also, the use of the AUDIT at primary healthcare services can facilitate preventive interventions and practices involving users, facilitating their approach about the use of alcoholic beverage and helping to conduct more individualized interventions, particularly of the short type.

The study limitations were: no random sampling of interviewee group, possibility of reverse causality and possibility of memory bias to answer AUDIT questions. Nevertheless, results can serve as indicators to develop and plan actions to prevent harmful alcohol consumption in the context of the FHU where the study was developed.

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