

Is Christmas the time to rethink alcohol?

Editor **Julie Bissett** and London hygienist **Anna Middleton** consider the implications of the upcoming boozy festive season

Julie Bissett talks about bonding with booze...

Alcohol is the only drug we are actively encouraged to enjoy. In the run-up to Christmas, ad campaigns ramp up their efforts to ensure we're all 'merry and bright' by way of a festive beverage.

Indeed, for the teetotalers among us, we could be forgiven for thinking there is something wrong with us for not partaking in more than a tipples or two at this often over-indulgent time of the year.

However, as healthcare professionals know only too well, with the booze comes a raft of risks to our wellbeing – not least of which are the severe oral health implications.

According to NHS Digital,¹ in England the percentage of adults reporting they usually drink more than the recommended 14 units of alcohol per week has been falling. Whilst we seem to be drinking less, many of us are still exceeding the recommended guidelines – especially older, more affluent cohorts. Statistics show that the proportion of men and women usually drinking over 14 units in a week varies across age groups but

was reportedly most common among men and women aged 55 to 64 (36% and 20% respectively). Proportions drinking at these levels then declined amongst both sexes from the age of 65.

Meanwhile, alcohol sales in Scotland fell to the lowest level for almost quarter of a century last year.

Binge drinking

Starting from about now, the celebrations begin – endless rounds of partying and after-work drinking coupled with gatherings with family and friends increase our access to alcohol and, with it, the opportunities to binge drink.

The NHS defines binge drinking as 'drinking lots of alcohol in a short space of time or drinking to get drunk'.²

Because everybody is different, it is not easy to say exactly how many units in one session count as binge drinking. The definition used by the Office of National Statistics for binge drinking is having more than 8 units in a single session for men and over 6 units for women.

But 'pre drinks' is now a popular across-the-generations phenomenon. Many of us are choosing to pre-load on alcohol at home before any big event or before going 'out out', as comedian Micky Flanagan might say! Studies suggest such practices can ultimately result in heavy drinking in public settings and lead to greater harm.

Preventative measures include limiting the total amount of alcohol drunk on any one occasion, drinking more slowly, alternating alcohol with water, drinking with food and avoiding risky places and activities. But, more importantly, it's a mindset that needs to change if we are to see the tide turn in the number of social issues related to heavy drinking.

Our society is steeped in a drinking culture – and peer pressure encourages us to do so to excess, which means the battles we may have with our high intake is not always restricted to our own conscience. As very much a part of the fabric of social interaction within our culture, we can find ourselves up against opposition from peers. Reportedly, 1 in 4 drinkers believe that drinking with colleagues can improve workplace relationships and develop a sense of belonging by bonding with booze.

However, thanks to the trend of 'clean living' celebrity posts on platforms such as Instagram, going sober is becoming more acceptable and can sometimes be an inspiration to those struggling with their intake. That said, it was sad to read that *Good Morning Britain* host Susanna Reid's sobriety was a deal breaker when a possible suitor



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cancelled a date after she informed him she had given up alcohol.

With Dry January knocking on our doors, it can be the ideal opportunity to reassess our relationship with alcohol, as well as promote the health benefits to patients. In any medical record taking, alcohol and other risky lifestyle habits should be discussed – and help offered if needed.

By abstaining for a month, it can help reduce intake over time, it can improve physical and mental health, it can mean a better night's sleep. It can give patients the opportunity to spend money on other luxuries, such as teeth whitening, perhaps.

Going sober is often a decision borne out of a long-term battle with booze. Whilst we may not be alcoholics, news coverage featuring scary statistics and celebrity sobriety help to keep the health risks of alcohol in the public eye.

According to a survey by **totaljobs.com**,³ there are many of us seeking to become more mindful drinkers. The survey calculated that the average UK worker spends £532 a year on work-related boozing. But the sober-curious are swelling in numbers, mindful perhaps of the pennies spent – both at the bar and during the night after an evening of alcohol-fuelled fun, thanks to alcohol's diuretic qualities!

Indeed, 66% of the 2,400 workers and 250 employers surveyed claimed they were choosing to drink less, having already reduced intake in the past two years with weight control and physical fitness the two key reasons for doing so.

So, how do we make the break from everyday drinking? We can:

- Set personal limits. Only you know what will work for you and the limits that are manageable
- Opt for weekend drinking or for key dates in the diary. Make it a treat rather than an emotional crutch after a stressful day
- Drink wisely when out and alternate with water
- Talk about it – with patients, with colleagues, with friends and family
- Get on board with Dry January
- Organise alcohol-free challenges.

Anna Middleton suggests knowledge is power...

Dental teams play a big part in communicating the importance of lowering alcohol intake and raising awareness is always important. Patients often do not

know the risks due to a lack of information, so knowledge is power. Discussing alcohol consumption and its effects is key, as alcohol misuse in England is a significant public health issue with major health, social and economic consequences. Providing information and having open conversations can help to change the habits of patients at risk.

Is record taking a good time to engage with patients about their alcohol intake?

Recording units of alcohol is vital for record keeping. It allows to identify if a patient is at risk from alcohol-related diseases and signpost accordingly. The identification of those at risk and offering advice is in three stages:

1. Initial screening to determine if the patient is drinking above lower risk limits.
2. Offering brief advice to patients who are drinking above the lower risk levels.
3. Referring or signposting possible high-risk drinkers to their GP or local alcohol support service(s.)

By doing this, you are raising awareness of drinking guidelines, offering feedback about their intake that may impact their oral/general health and providing support.

Do you refer on to GPs if there is a concern?

You should always refer when you have concerns. In doing so, you are acting in the patient's best interest and upholding your GDC Standards. Sadly, those who may have a high intake of alcohol or a dependency often do not access dental services. When they do it usually is only as an emergency because they are in pain from say a broken or decayed tooth. Perhaps in some cases as a result from excessive alcohol consumption. If you see this or have concerns this would be an opportunity to help but must be approached sensitively.

UK Chief Medical Officers' Low Risk Drinking Guidelines
 Drinkaware explains

Unit guidelines are now the **SAME** for men & women. **BOTH** are advised **not to regularly drink** more than **14 units a week**

This is what 14 units looks like:

- 6 pints of 4% beer
- 6 glasses of 13% wine (175ml)
- 14 glasses of 40% whisky (25ml)

BUT don't 'save up' your 14 units, it's best to **spread evenly** across the **week**.

If you want to cut down the amount you're drinking, a good way is to have several **drink-free days** each week.

If you're pregnant you shouldn't drink alcohol at all

Keep the short-term health risks low by:

- limiting the total amount of alcohol in one session
- drinking more slowly, alternating with food and/or water

The guidelines have been set at a level to keep the risks of cancer or other diseases low.

Are posters and leaflets helpful?

A picture speaks a thousand words. Having posters in the waiting room can help deliver messages – even if they are subtle. I like the one that shows what 14 units (the weekly maximum recommended number of units) of alcohol looks like in a different number of drinks. This really helps patients add up roughly how much they drink without too much number crunching. There are also a variety of alcohol screening questionnaires have been developed for use in primary

care settings (AUDIT; AUDIT-C; AUDIT-PC; FAST) and all have been shown to be a reliable and valid means of detecting alcohol misuse among patients.

How do you empower your patients to make healthier choices?

I have been using my social media channels and blog to talk about a whole range of topics. Something I have always been passionate about is promoting good oral health for overall wellbeing. By tackling various trends and topics, I have been able to help my patients make well-informed choices.

Is Dry January a good campaign to mention?

Dry January is a public health campaign that encourages people to abstain from alcohol and was introduced by Alcohol Change UK as a means to solve the alcohol problem that has been affecting the UK for decades. In 2018, millions of people participated in the Dry January campaign, which illustrated its success in encouraging individuals to remain sober. Many people did it for the health benefits, as alcohol is known to have a negative impact on our wellbeing. However, many people don't consider the effect alcohol can have on their teeth. Its acidity, staining effects, and other influences can alter the appearance and durability of teeth over time.

Do you address the impact of alcohol on aesthetics as well as health?

Yes, alcohol contains acid, and some alcohols contain more than others. It is found in beers, spirits and wine, which is especially acidic. The most common acids found in wine are citric acid, tartaric acid and malic acid. The reality is acid is awful for teeth, and when left on the teeth for extended periods of time, it causes erosion. It eats away at the enamel, resulting in permanent and irreversible damage. Acids also respond to bacteria in the mouth by creating lactic acid, which further destroys the enamel, which increases the risk of decay and sensitivity.

Alcoholic drinks that boast deep, dark shades are generally the culprits staining teeth. These include beers, red wine, coffee liqueurs and other concentrated beverages.



They cause discolouration and staining that can have long-lasting effects.

Do you mention oral cancer, caries, halitosis, periodontal disease and trauma?

Absolutely, one of the most common causes of tooth decay is the continuous intake of sugars. Various forms of alcohol contain sugar. The sweeter the wine or alcohol tastes, the more sugar it contains.

Prosecco is one of the worst.

Sipping the famous bubbles constantly means a double whammy of sugar and acid, which can wreak havoc on teeth as they are constantly attacked. This can lead to demineralisation of the enamel resulting in erosion and decay. Healthy enamel should be white and shiny but too much fizz will dissolve the teeth leaving them dull, chalking and at risk of crumbling away.

As for oral cancer, there were 8,337 new cases of mouth cancer in the last year. Drinking alcohol to excess increases the risk of mouth cancer. Alcohol is linked to just under a third (30%) of all mouth cancers. Smoking and drinking together increases the risk of mouth cancer by up to 30 times.

Too much alcohol can lead to poor oral hygiene habits such as skipping brushing and cleaning interdentally which can cause bad breath, decay and gum disease.

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.

Should dental nurses read up on *Delivering better oral health – an evidence-based toolkit for prevention guidelines*?

Yes, I always refer to the DBOH Toolkit for recommendations and guidelines. Section 8 covers alcohol misuse and oral health. There is also www.drinkaware.co.uk which can be referenced for advice, facts and resources.

Do you recommend alcohol-free alternatives or suggest they go booze free a few days a week?

Definitely, having alcohol-free days is a fantastic way of keeping within the guidelines. I make a conscious effort to not drink on week nights. If I do decide to have a drink, I will opt for just one small glass of wine, single spirit with a sugar-free mixer or a bottle of light beer.

References

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