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Chapter 1

Guidelines for the treatment of alcohol problems: an introduction

Alcohol offers a mixed legacy to our society, having long been used in a broad range of social, cultural and religious contexts; some countries and cultures routinely permit alcohol use while others frown upon or prohibit consumption. In 2017, per capita alcohol consumption in Australia was at its lowest within the past 50 years, at 9.5 L of pure alcohol consumed annually, yet it is the sixth highest risk factor contributing to the burden of disease in Australia.¹ Notably, consumption of alcohol is higher among key demographic groups, including males,^{2,3} younger people,⁴ sexually diverse and gender diverse individuals,⁵ some culturally and linguistically diverse individuals,⁴ and people from regional areas.⁴

Importantly, although Australia is seeing a general reduction in alcohol consumption (particularly among young people), alcohol still causes considerable health and societal harm and there does not appear to have been a corresponding decrease in alcohol-related harms. Key alcohol-related harms in Australia include:

- Alcohol-related deaths: these have risen, with 5552 deaths attributed to alcohol in 2017.⁴
- The link between alcohol and disease: alcohol consumption is linked to over 200 diseases, including alcohol-related injuries, cancers, cardiovascular diseases, and liver disease.⁶ This contributes to 4.6% of Australia's overall burden of disease.⁴
- Alcohol-related hospitalisations: in 2012–13, there were about 150 000 alcohol-related hospitalisations. Despite declines in consumption, alcohol attributable emergency department presentations, hospitalisations and ambulance attendances have remained stable or increased.^{7,8}
- The economic impact of alcohol problems: alcohol problems negatively impact the economy. Conservative estimates in 2010 suggest a \$14.4 billion cost to the economy, more than double Australia's alcohol-related tax revenue.⁹

It is also important to consider the impact of stigma and associated harms that are linked to alcohol use. Stigma is a label or stereotype that devalues, discredits and discriminates against individuals.¹⁰ People who experience alcohol-related problems often experience stigma, as these are frequently viewed as personal moral failings that are undeserving of sympathy.^{11,12}

Stigma is, unfortunately, common across health care settings for people experiencing

problems with alcohol and it is a significant barrier to accessing health and other services.^{13,14} Research has found examples of clinicians denying appropriate care to patients experiencing problems (eg, regarding them as less deserving of liver transplants).^{15,16} Patients have reported being offered advice based on clinicians' own opinions rather than evidence, and being talked down to, scolded and blamed for the problems they are experiencing with alcohol; such experiences deter future and further help-seeking.¹⁶

It is critical to reduce stigma where possible. Although stigma should be addressed at the structural and organisational level (as individual clinicians can struggle to make behavioural changes where this is not supported by the broader workplace)^{16,17}, there are a number of steps that individual clinicians can take:

- use person-centred practice that treats patients with respect and compassion and includes the patient in decision making about their treatment;
- use language consistent with guides produced by peer support organisations, to prevent the use of any potential prejudicial or stigmatising language when communicating with patients and the general community; and
- take part in anti-stigma training, especially training that is peer-led or has had substantial peer input into its development.

Here, we introduce the Guidelines for the Treatment of Alcohol Problems, an evidence-based guideline document which aims to provide information for clinicians on available treatments for people with alcohol problems.¹⁸ Having been periodically updated over the past 25 years, the present version of the guidelines, released in April 2021, was commissioned by the Commonwealth of Australia to remain current and integrated with the updated National Health and Medical Research Council Australian Guidelines to Reduce Health Risks from Drinking Alcohol (Box 1).¹⁹

The aim of this supplement is to provide a succinct review and outline the key recommendations of the current Guidelines for the Treatment of Alcohol Problems. It should be noted that this supplement does not focus on prevention. We acknowledge that a comprehensive public health approach to reducing alcohol-related health and social harms includes community level approaches, and these are comprehensively covered in the National Alcohol Strategy 2019–2028.²⁰ This supplement will also not recommend consuming alcohol for health benefits, because: (i) the latest research indicates there are no net health benefits from alcohol use;¹⁸ (ii) there is a clear link between alcohol use and harm; and (iii) there is a risk that a non-drinker will develop an alcohol use disorder if we recommend drinking alcohol. Broadly, this supplement will provide information on four key areas:

- Screening and assessment (Chapter 2): screening techniques to identify patients with alcohol problems, and subsequent assessments for clinicians to undertake before providing specific treatments or interventions.
- Interventions, treatments, relapse prevention and aftercare (Chapter 3): a range of varying interventions and treatments, including brief interventions, brief e-health interventions, psychosocial interventions, alcohol withdrawal management,

pharmacotherapy options, and peer support programs. In the final section of this chapter, relapse prevention, aftercare, and long term follow-up strategies are discussed.

- Considerations for specific populations (Chapter 4): the management of alcohol problems and treatment considerations for specific population groups of interest in Australia — gender-specific considerations, adolescents and young people, pregnant and breastfeeding women, Aboriginal and Torres Strait Islander peoples, culturally and linguistically diverse groups, sexually diverse and gender diverse populations, older people, and cognitively impaired people.

- Understanding comorbidities (Chapter 5): the importance of considering a range of comorbidities when providing treatment for alcohol problems. Polydrug use, comorbid mental disorders, and physical-related comorbidities are discussed.

The content of this supplement is based on the various chapters of the full Guidelines for the Treatment of Alcohol Problems, which were based on reviews of the evidence, including well designed meta-analyses and randomised controlled trials, wherever possible. Where this evidence was not available, recommendations were based on the best available research or clinical experience. Each recommendation in the guidelines is accompanied with a level of evidence based on National Health and Medical Research Council evidence recommendations (Box 2),²¹ with “A” representing the most evidence and “GPP” (good practice point) indicating a recommendation with no evidence.

For more on the Guidelines for the Treatment of Alcohol Problems, visit <https://alcoholtreatmentguidelines.com.au/>.

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[Boxes]

1 National Health and Medical Research Council guidelines to reduce health risks from drinking alcohol¹⁹

Guideline	Description
1: Reducing the risk of alcohol-related harm for adults	<ul style="list-style-type: none"> ▪ To reduce the risk of harm from alcohol-related disease or injury, healthy men and women should drink no more than 10 standard drinks a week and no more than 4 standard drinks on any one day. ▪ The less you drink, the lower your risk of harm from alcohol.
2: Children and people under 18 years of age	<ul style="list-style-type: none"> ▪ To reduce the risk of injury and other harms to health, children and people under 18 years of age should not drink alcohol.
3: Women who are pregnant or breastfeeding	<ul style="list-style-type: none"> ▪ A. To prevent harm from alcohol to their unborn child, women who are pregnant or planning a pregnancy should not drink alcohol. ▪ B. For women who are breastfeeding, not drinking alcohol is safest for their baby.

2 Levels of evidence²¹

Grade of recommendation	Description
A	Body of evidence can be trusted to guide practice
B	Body of evidence can be trusted to guide practice in most situations
C	Body of evidence provides some support for recommendation(s) but care should be taken in its application
D	Body of evidence is weak and recommendation must be applied with caution
GPP	Good practice point, but there is insufficient direct evidence for a higher grade

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