



Kath O'Connor

# Risks and comedy

The old adage that an alcoholic is someone who drinks more than their doctor always brings a smile. It also reveals a deeper truth. What is 'normal drinking' depends on the environment you were raised in and your current social, emotional and employment context. Doctors have an increased lifetime risk of suffering from mental ill health and drug and alcohol abuse.<sup>1</sup> Furthermore, as Demirkol et al<sup>2</sup> point out in this issue of *Australian Family Physician*, much of the Australian community think it is completely normal to drink at levels that current National Health and Medical Research Council (NHMRC) guidelines<sup>3</sup> would describe as harmful.

Not long after the new NHMRC guidelines<sup>3</sup> were released in 2009, I went to see the comedian Judith Lucy at the Melbourne International Comedy Festival. She had recently read about the guidelines in the newspaper and thought them excellent material for comedy! Certainly the packed audience at Her Majesty's Theatre in Melbourne roared as she verbally compared the "Two drinks!?!?" recommended by the guidelines<sup>3</sup> to an ordinary night of social drinking for most Australians. I have to admit to thoughts along the same lines while moving on to my third or fourth glass of wine on an evening out.

While the 'two drinks' recommendation grates against the experience of many Australians, including their doctors, the evidence base suggests that the risk of health problems from drinking rises steadily above these levels.<sup>1</sup> This makes starting a conversation with patients about risk from alcohol both challenging and important. The tricky part is to avoid alienating patients while adequately conveying information about levels of risk.

As human beings, we all live with some background level of risk. We board airplanes, we take medicines that have side effects, and we open ourselves emotionally to other people. Each person must judge for themselves what risks they are comfortable with and weigh these up against the benefits of what is proposed. Unfortunately, negative mental states such as anxiety and depression, as well as social pressures, can impact on our ability to do this in a rational manner and we are not always capable of making choices that are in our best interests. This is particularly true when we feel there is something else at stake that really matters.

In this issue of *AFP*, Pennay et al<sup>4</sup> describe the pressures on young people to drink. In addition to the ceaseless promotion of drinking to young people by the alcohol industry, at stake is the primal need to belong and form an individual identity. Many young people hold drinking as an essential part of this process. The risk of developing alcoholic liver disease, outlined in the article by Duggan et al,<sup>5</sup> in years to come pales into insignificance against this primal need. More relevant for young people are the acute risks of intoxication such as unwanted sexual contacts, accidents and violence. In this context, it is clear that while two drinks may be desirable, if the young person can stick to four drinks, this is much better than 'working through a slab'. In my practice, when a young person says they are a 'social drinker' or that they have a 'few', I have learned to start by assuming that this means eight or 10 drinks in a session. Those that drink below this level are horrified at the suggestion but more importantly, those who do drink at higher levels don't go running from the room thinking that I expect them to be a teetotaler.

Avoiding judgment is also important when talking with adults about drinking. As Demirkol et al<sup>5,6</sup> suggest in this issue of *AFP*, this can help create an environment where a brief intervention

or an offer of treatment may be successful. Importantly, randomised controlled trials show that brief interventions such as the 'FLAGS' approach can reduce drinking in nondependent drinkers and effective management strategies exist for dependent drinkers.<sup>6</sup>

It is impossible to separate problem or risky drinking behaviours seen in patients attending general practice from the cultural factors that influence them. The reality is that we live in a culture where drinking is promoted as an essential part of social life and where the idea of stopping at two drinks verges on comedy. As general practitioners we are part of this culture, in fact the stress of our work increases our risk of heavy drinking. In this context it is important to remember that the 'why' of drinking is just as important as the 'what'.

## Author

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