

ALCOHOL PROBLEMATIC CONSUMPTION AND ASSOCIATED VARIABLES AMONG USERS OF A PRIMARY CARE SERVICE

Consumo problemático de álcool e variáveis associadas entre usuários de um serviço de atenção primária

Consumo problemático de alcohol y variables asociadas entre usuarios de un servicio de atención primaria

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ABSTRACT

Objective: to identify the problematic consumption of alcohol and variables associated (socio-demographic, clinical and behavioral) of users of a primary health care service located in the city of São Paulo/ SP. **Method:** cross-sectional study with 865 users of a primary health care service in the city of São Paulo. The Alcohol Use Disorders Identification Test and questionnaire with socio-demographic, clinical and behavioral variables were applied. The association between each independent variable of the study and the problematic consumption of alcohol was made through Poisson regression estimating the adjusted prevalence ratio with 95% CI. In the statistical analysis it was by logistic regression and probability tests of problematic consumption by odds ratio. **Results:** it was found 31,1% made problematic alcohol. Among these, 15,5% made risk use, 4,1% harmful use and 11,5% had probable alcohol use disorder. **Conclusion:** variables associated with problematic consumption were be male gender, younger, sexually transmitted infections, use of substances, consumption of beer and consumption of drip and beer.

DESCRIPTORS: Mass screening; Primary prevention; Alcohol-related disorders; Delivery of health care; Primary health care.

RESUMO

Objetivo: identificar o consumo problemático de álcool e variáveis associadas (sociodemográficas, clínicas e comportamentais) de usuários de um serviço de atenção primária à saúde localizado no município de São Paulo/ SP. **Métodos:** estudo transversal com 865 usuários. Utilizou-se o instrumento *Alcohol Use Disorders Identification Test* e um questionário contendo variáveis sociodemográficas,

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clínicas e comportamentais. A associação entre cada variável do estudo e o consumo problemático de álcool foi realizada por meio da regressão Poisson estimando a razão de prevalência ajustada com intervalo de confiança de 95%. **Resultados:** constatou-se que 31,1% da amostra faz uso problemático. Destes, 15,5% faziam uso de risco, 4,1% uso nocivo e 11,5% apresentavam provável transtorno por uso de álcool. **Conclusão:** as variáveis associadas ao consumo problemático foram ser do sexo masculino, idade jovem, ter infecções sexualmente transmissíveis, consumir substâncias, consumir pinga e consumir cerveja e pinga. **DESCRITORES:** Programas de rastreamento; Prevenção primária; Transtornos relacionados ao uso de álcool; Assistência à saúde; Atenção primária à saúde.

RESUMEN

Objetivo: identificar la problemática del consumo de alcohol e variables asociadas (sociodemográficas, clínicas y conductuales) de los usuarios de un servicio de atención primaria de salud ubicado en la ciudad de São Paulo/SP. **Método:** estudio transversal con 865 usuarios de un servicio de APS en la ciudad de São Paulo. Se utilizó la prueba de Identificación de Trastornos por Consumo de Alcohol y un cuestionario con variables sociodemográficas, clínicas y de comportamiento. La asociación entre cada variable independiente del estudio y el consumo problemático de alcohol se realizó mediante la regresión de Poisson, estimando la tasa de prevalencia ajustada (RPa) con un IC del 95%. En el análisis estadístico se hizo mediante regresión logística y pruebas de probabilidad de consumo problemático por odds ratio. **Resultados:** se encontró que el 31,1% de la muestra hace un uso problemático. De estos, el 15,5% hacían de uso de riesgo, el 4,1% de uso nocivo y el 11,5% tenían un probable trastorno por consumo de alcohol. **Conclusión:** las variables asociadas con el consumo problemático fueron el sexo masculino, edad joven, ter infecciones de transmisión sexual, uso de sustancias, consumo de goteo, consumo de cerveza y goteo.

DESCRITORES: Tamizaje masivo; Prevención primaria; Transtornos relacionados con alcohol; Prestación de atención de salud; Atención primaria de Salud.

INTRODUCTION

Problem drinking is among the leading causes of ill health and morbidity and mortality,¹ and is responsible for 3 million deaths worldwide, according to data from the World Health Organization (WHO).²

In Brazil, a national survey showed an increase in the number of deaths fully attributable to alcohol between the years 2000 and 2013, especially among males, browns and blacks, under 20 years of age, and residents of the poorest regions of the country (North and Northeast).³

The last national survey on population health indicated the prevalence of problem drinking in 18.8% of Brazilians over 18 years old, with a predominance in the 25 to 34 age group, and that 5.6% of the interviewed population drives a vehicle after drinking alcoholic beverages.⁴

The concept of problem drinking goes beyond the dichotomous biomedical criteria between dependent and non-dependent, encompassing both individual and collective health risks,⁵ taking into account the health and social harms. Therefore, this definition includes not only alcohol dependence, but also heavy drinking patterns, even

if sporadic, but capable of harming the individual and the community, such as, for example, the death of others in automobile accidents due to drunken driving.⁶

Therefore, due to the negative impact of alcohol on public health and society, the use of measures to prevent problematic use is essential.⁷⁻⁸ Therefore, it is important to detect this use in the population, as well as associated factors, in order to perform brief interventions and minimize or intervene on the underlying causes.⁹

In this context, primary health care is an ideal field for this detection, since it must identify health risk conditions in its target population.¹⁰

Taking these facts into account and the need to know the factors linked to problem drinking¹⁰, this study aims to identify problem drinking and associated variables (sociodemographic, clinical and behavioral) of users of a primary health care service located in the city of São Paulo/ SP.

METHODS

Cross-sectional study conducted in a basic health unit (BHU) in the city of São Paulo-SP, between January and June 2015.

To define the sample size, the expected outcome of 22% prevalence of people with some level of problematic alcohol use was established, based on a survey developed in a similar setting¹⁰. From then on, the formula for sample size for unlimited populations $N = Z^2 \times p \times (1 - p) / E^2$ where Z = value of the normal curve (95% confidence level = 1.96); p = expected proportion of prevalence (22%, then 0.22) and E = margin of error of 5%, then 0.05 and at the end of applying the formula results in a minimum total of 264 people to compose the sample. However, to ensure a representative sample and to compensate for eventual losses this value was tripled, leaving the minimum sample required at 792.

The eligibility criteria were: being a registered user in the health service, aged 18 years or older, Brazilian, and of both sexes. The exclusion criteria were: refusal and mental/cognitive incapacity to understand the data collection instrument.

The sociodemographic variables investigated were: sex, age (in years), color, marital status, religion, education, occupation (Brazilian classification of occupations from the Ministry of Labor and Employment)¹² and family income. The clinical variables were personal history (psychiatric illness, diabetes, hypertension, other health problems, more than one health problem/sexually transmitted infections - STIs), health treatment (yes/no/which treatment). Behavioral: physical activity (yes/no), type of activity (gym/walking/other: which), substance use (yes/no), type of substance (cocaine/crack/cannabis/psychotropic medication/more than one substance/drugs in general), type of alcoholic beverage consumed (no consumption/cachaça or pinga/distilled spirits/wine/beer/beer and cachaça/all types).

The variables were obtained through a questionnaire, and to identify alcohol consumption, the Alcohol Use Disorders Identification Test (AUDIT) was used. The AUDIT is a

questionnaire developed by the WHO which makes it possible to identify the pattern of alcohol consumption in the last 12 months. It consists of 10 questions related to quantity, frequency, intoxication, alcohol dependence disorders and symptoms. According to the score obtained in this instrument, there are four possible classifications for the pattern of alcohol use: low risk use or abstinence (0 to 7 points); risky use (8 to 15 points); harmful use (16 to 19 points), and probable dependence (above 20 points). In this study, problematic use was considered as a classification from risk use (score above 7).¹³

Participants were randomly selected by convenience while waiting for service. Data were collected by previously trained interviewers and lasted an average of ten minutes. All users who agreed to participate were directed to a reserved room provided by the unit management to collect the information and signed the Informed Consent Form.

The data obtained were double entered and analyzed in the Statistical Package for Social Science (SPSS) for Windows® (version 20.0). Descriptive analyses were performed by calculating absolute and relative frequencies, mean and standard deviation (SD). We calculated the crude (crude-PR)

and adjusted (adjusted-PR) prevalence ratios, and estimated their respective 95% confidence intervals (95%CI), through the Poisson regression model with robust variance estimation. All variables that showed a p value <0.20 in the bivariate analysis were included in the multiple regression analysis; a model was built with all variables and then one variable at a time was removed, starting with the least significant. Variables with p<0.05 were kept in the final model.

This study met the ethical and legal requirements for research involving human beings, in accordance with the resolution in force, and was approved by the Research Ethics Committee of the School of Nursing of the University of São Paulo under opinion no. 772.025 of August 29, 2014.

RESULTS

The sample was composed of 865 individuals, predominantly males (460), with a mean age of 44 years (SD±15), mixed race (392), single (363), Catholic (453), with incomplete elementary school education (257), workers in operational positions (327), with family income of one minimum wage (410), as shown in Table 1.

Table 1 - Distribution of users of the studied BHU according to sociodemographic variables and their association with problem drinking. São Paulo, SP, Brazil, 2020 (n = 865)

Variables Average age 44 years (SD±15)	N	%	Problematic alcohol use n (%)		p-value
			No	Yes	
Gender					≤0,001
Male	460	53,2	272 (59,1)	188 (40,9)	
Female	405	46,8	324 (80,0)	81 (20,0)	
Color					0,268
White	318	36,8	220 (69,2)	98 (30,8)	
Grizzly	392	45,3	260 (66,3)	132 (33,7)	
Black	138	16,0	104 (75,4)	34 (24,6)	
Yellow	17	2,0	12 (70,6)	5 (29,4)	
Marital status					0,001
Single	363	42,0	230 (63,4)	133 (36,6)	
Married	232	26,8	182 (78,4)	50 (21,6)	
Divorced/ Separated	106	12,3	63 (59, 4)	43 (40,6)	
Widower	32	3,7	26 (81,2)	6 (18,8)	
Amalgamated	123	14,2	88 (71,5)	35 (28,5)	
Stable Union	8	0,9	6 (75,0)	2 (25,0)	
Not answered	1	0,1	1 (100,0)	0 (0,0)	
Religion					0,017
Catholic	453	52,4	303 (66,9)	150 (33,1)	
Evangelical	189	21,8	147 (77,8)	42 (22,2)	
Spiritist	42	4,9	30 (71,4)	12 (28,6)	
Other religions	23	2,7	18 (78,3)	5 (21,7)	
Atheist	2	0,2	2 (100,0)	0 (0,0)	
No religion	156	18,0	96 (61,5)	60 (38,5)	

Variables Average age 44 years (SD±15)	N	%	Problematic alcohol use n (%)		p-value
			No	Yes	
Education					0,229
Illiterate	16	1,8	9 (56,2)	7 (43,8)	
Incomplete elementary school	257	29,7	175 (68,1)	82 (31,9)	
Elementary school complete	108	12,5	79 (73,1)	29 (26,9)	
High school incomplete	122	14,1	79 (64,8)	43 (35,2)	
High school complete	240	27,7	160 (66,7)	80 (33,3)	
Incomplete Higher Education	48	5,6	35 (72,9)	13 (27,1)	
Higher Education Complete	74	8,6	59 (79,7)	15 (20,3)	
Occupation					0,002
None	234	27,1	141 (60,3)	93 (39,7)	
Student	12	1,4	8 (66,7)	4 (33,3)	
Administrative Positions	20	2,3	16 (80,0)	4 (20,0)	
Operational Positions*	327	37,8	240 (73,4)	87 (26,6)	
Management Positions	6	0,6	6 (100,0)	0 (0,0)	
Professional Liberal	37	4,3	28 (75,7)	9 (24,3)	
Retired	90	10,4	71 (78,9)	19 (21,1)	
Other (ambulant/or informal)	139	16,1	86 (61,9)	53 (38,1)	
Family income**					≤0,001
More than 20 minimum wages	6	0,7	5 (83,3)	1 (16,7)	
From 10 to 20 minimum wages	9	1,0	7 (77,8)	2 (22,2)	
4 to 9 minimum wages	117	13,5	89 (76,1)	28 (23,9)	
2 to 3 minimum wages	215	24,9	168 (78,1)	47 (21,9)	
Up to 1 minimum wage	410	47,4	269 (65,6)	141 (34,4)	
It does not	63	7,3	29 (46,0)	34 (54,0)	
Doesn't know	40	4,6	26 (65,0)	14 (35,0)	
Not answered	5	0,6	3 (60,0)	2 (40,0)	

* Positions whose function is to perform technical tasks that are not associated with people or production management.12

**minimum reference salary in the period of data collection = R\$ 788,00

The data show that 269 (31.1%) of the interviewees were identified, according to the AUDIT questionnaire with a problem drinking pattern (sum of the total number of interviewees classified as hazardous drinking, harmful drinking and probable dependence).

Table 2- Classification of the pattern of alcohol use of users of the studied BHU according to the AUDIT and association with problem drinking. São Paulo, SP, Brazil, 2020 (n = 865)

Usage Pattern	N	%	Problematic alcohol use n (%)		p-value
			No	Yes	
Low risk/abstemia	596	68,9	596 (100)	0 (0,0)	≤0,001
Use of risk	133	15,5	0 (0)	133 (100)	
Harmful use	36	4,1	0 (0)	36 (100)	
Probable dependency	100	11,5	0 (0)	100 (100)	
Total	865	100	596(68,9)	269 (31,1)	

Significant association for problem drinking was linked to the variables personal background, type of health treatment, type of substance consumed, alcohol consumption and type of alcoholic beverage (Table 3).

Table 3 - Characterization of users of the UBS Sé and association of clinical and behavioral variables with problematic alcohol use. São Paulo, SP, Brazil, 2020 (n = 865)

Variables	N	%	Problematic alcohol use n (%)		p-value
			No	Yes	
Physical activity					0,286
No	524	60,6	365 (69,7)	159 (30,3)	
Yes	340	39,3	231 (67,9)	109 (32,1)	
Not answered	1	0,1	0 (0,0)	1 (100,0)	
Type of physical activity					0,131
None	529	61,2	368 (69,6)	161 (30,4)	
Stretching	1	0,1	1 (100,0)	0 (0,0)	
Yoga	5	0,6	4 (80,0)	1 (20,0)	
Sports	35	4,0	17 (48,6)	18 (51,4)	
Gym	59	6,8	40 (67,8)	19 (32,2)	
Walk	178	20,6	126 (70,8)	52 (29,2)	
Fights	4	0,5	1 (25,0)	3 (75,0)	
Cycling	9	1,0	8 (88,9)	1 (11,1)	
Race	15	1,7	11 (73,3)	4 (26,7)	
Gymnastic	20	2,3	13 (65,0)	7 (35,0)	
Dance	4	0,5	4 (100,0)	0 (0,0)	
Not answered	6	0,7	3 (50,0)	3 (50,0)	
Personal Background					≤0,001
Smoking	146	16,9	54 (37,0)	92 (63,0)	
Hypertension	98	11,3	68 (69,4)	30 (30,6)	
Diabetes	23	2,7	18 (71,3)	5 (21,7)	
Cholesterol	23	2,7	18 (71,3)	5 (21,7)	
Gastric problems	8	0,9	6 (75,0)	2 (25,0)	
STIs	2	0,2	0 (0,0)	2 (100,0)	
Psychiatric Diseases	9	1,0	2 (22,2)	7 (77,8)	
Osteoarticular problems	11	1,3	10 (90,9)	1 (9,1)	
Respiratory problems	13	1,5	7 (53,8)	6 (46,2)	
More than one health problem	172	19,9	140 (81,4)	32 (18,6)	
Other	52	6,0	34 (65,4)	18 (34,6)	
None	307	35,5	239 (77,9)	68 (22,1)	
Not answered	1	0,1	0 (0,0)	1 (100,0)	
Health care					0,108
No	428	49,4	295 (68,9)	133 (31,1)	
Yes	432	50,3	300 (69,2)	132 (30,8)	
Not answered	5	0,5	0 (0,0)	5 (100,0)	
Type of health treatment					≤0,001
STIs	21	2,4	7 (33,3)	14 (66,7)	
Hypertension and/or Diabetes	179	20,7	140 (78,2)	39 (21,8)	
Psychological and / Psychiatric	50	5,8	18 (36,0)	32 (64,0)	
Other	160	18,5	118 (73,8)	42 (26,2)	
Hypertension and/or Diabetes and/or Psychiatric	13	1,5	8 (61,5)	5 (38,5)	
Not answered	9	1,0	5 (55,6)	4 (44,4)	

Variables	N	%	Problematic alcohol use		p-value
			n (%)		
			No	Yes	
Substance Use					0,023
No	419	48,4	296 (70,6)	123 (29,4)	
Yes	443	51,1	300 (67,7)	143 (32,3)	
Not answered	3	0,3	0 (0,0)	3 (100,0)	
Type of substances consumed					≤0,001
None	419	48,6	296 (70,6)	123 (29,4)	
Medicines in general	323	37,3	234 (72,4)	89 (27,6)	
Psychotropic Medications	46	5,3	28 (60,9)	18 (39,1)	
Marijuana	11	1,4	3 (27,3)	8 (72,7)	
Crack	5	0,6	1 (20,0)	4 (80,0)	
Cocaine	4	0,5	0 (0,0)	4 (100,0)	
More than one substance and psychotropics	11	1,4	2 (18,2)	9 (81,8)	
Drugs and medication	24	2,8	14 (58,3)	10 (41,7)	
Not answered	22	2,5	19 (85,7)	3 (14,3)	
Consumption of alcoholic beverages					≤0,001
No	360	41,6	340 (94,4)	20 (5,6)	
Yes	503	58,2	256 (50,9)	247 (49,1)	
Not answered	2	0,2	0 (0,0)	2 (100,0)	
Type of alcoholic beverages consumed					0,001
Beer	222	25,7	115 (51,8)	107 (48,2)	
Wine and Sparkling Wine	56	6,5	49 (87,5)	7 (12,5)	
Pinga	51	5,9	4 (7,8)	47 (42,2)	
Distillates	35	4,0	13 (37,1)	22 (62,9)	
Beer and Cachaça	27	3,1	4 (14,8)	23 (85,2)	
Beer and Wine	20	2,3	13 (65,0)	7 (35,0)	
All Types	9	1,0	2 (22,2)	7 (77,8)	
Not answered	83	10,8	53 (64,0)	30 (36,0)	

From the crude analysis, we proceeded to the adjusted regression model, finding that problem drinking is associated with male gender, substance use, and especially with the consumption of liquor and the consumption of beer and liquor (Table 4).

Table 4 - Association between problem drinking and significant study variables. São Paulo, SP, Brazil, 2020 (n = 865)

Variable	RP* _{drive}	(IC 95%)	p-value
Age (continuous)			
Gender	- 1,00	0,99;1,00	0,044
Male	1,069	1,26;1,11	0,001
Occupation			
Management positions	- 0,77	0,64;0,92	0,004
Type of Physical Activity			
Stretching	- 0,73	0,59;0,92	0,007
Personal Background			
STIs	1,48	1,06;2,07	0,022
Types of substances consumed			
None	- 0,70	0,61;0,81	≤0,001
Medicines in general	1,09	1,01;1,18	0,026
Psychotropic Medications	1,19	1,07;1,31	0,001
Crack	1,20	1,06;1,36	0,005
Cocaine	1,19	1,00;1,43	0,052
Drugs and Medications	1,13	1,02;1,23	0,020
Type of beverage consumed			
Wine and Sparkling Wine	- 0,85	0,76;0,94	0,002
Pinga	1,32	1,22;1,43	≤0,001
Distillates	1,13	1,01;1,27	0,030
Beer and Cachaça	1,28	1,17;1,40	≤0,001
All Types	1,21	1,04;1,41	0,014

*Prevalence ratio

DISCUSSION

This research identified that 269(31.1%) users in the sample studied had problematic alcohol consumption (score above 7 in the AUDIT questionnaire). This is a considerable percentage, which should be taken into account by the health service, since this is a harmful factor to the health and well-being of the individual and the community.¹⁴

It was found that this consumption was more prevalent in men, single, brown-skinned, with incomplete elementary school education, Catholic, with no occupation and earning up to one minimum wage, which shows that this use is linked, in addition to socio-cultural gender issues,¹⁵ to economic and social issues of the country, since low income and education, lack of occupation/job, and prejudice against black and brown-skinned people generate more difficulties to meet the needs of human subsistence and fewer leisure options that do not involve drinking alcohol.¹⁴ Therefore, a vicious circle is created, since problematic use contributes to the maintenance of the status quo.¹⁶

The variables that were positively and significantly associated with problematic use were male gender, decreasing age, having STIs, substance abuse, beer consumption, and consumption of beer and cachaça. It is

important to recognize these variables to seek understanding and intervention on them.

The problematic consumption of alcohol by men is high in the country,¹⁴⁻¹⁶ because studies^{15,17} indicate that this type of use is a symbol of male self-affirmation, which is worrisome because this habit may precede driving.¹⁸

In relation to problem drinking among young people, this is due to their greater susceptibility to alcohol industry advertisement,¹⁸ the lack of state enforcement of the law that prohibits the sale of alcohol to persons under 18 years of age,¹⁸ the conception that drinking alcohol is a way of entering adulthood¹⁵ and the fact that they are entering college.¹⁷

The association between substance use and problem drinking is an important finding of this study, since alcohol can interact with drugs and other substances, enhancing or inhibiting their effect,¹⁹ and it can even impair the drug treatment of patients with hypertension, diabetes, and STIs. The problematic consumption of alcohol by hypertensive people can increase the risk of cardiovascular diseases³, and in diabetics it can catalyze coagulopathies typical of the disease due to ineffective glycemic control. In people with STIs, problematic use can hinder the cure of the disease,²⁰ maintaining the chain of transmission, since problematic consumption can lead to unprotected sex. In people under psychiatric treatment and users of illicit drugs, especially crack, alcohol can induce suicide.²⁰

The association of problematic consumption among beer drinkers and beer and cachaça drinkers is not by mere chance, since beer is the most consumed beverage in Brazil³ and is socially accepted.⁸ Cachaça, on the other hand, is rooted in Brazilian culture,¹⁰ and its low price and high alcohol content (about 40%),⁸ makes this drink a good attraction to those who desire intoxication (drunkenness), at a low financial cost, since the majority of the sample has an income of up to 1 minimum wage.

The cases suggesting alcohol dependence disorder (above 20 points in the AUDIT), was 11.5% of the sample, similar to the national rate (12.3%)⁴ and to what has been verified in other investigations involving PHC users.^{10,16}

Thus, these cases should be promptly identified in the health service, in order to perform the brief intervention that has proven effective in the PHC setting²² and, in more severe cases, referral to specialized services.

This study identified some variables related to problem drinking, allowing us to draw a profile of predisposing characteristics to the occurrence of this health problem. It can serve as a subsidy for public health actions aimed at preventing problematic alcohol consumption.

The limitations of this research are related to the fact that it was conducted in only one health care unit, which does not allow generalizing the data, and during data collection biases may have occurred in the memory of the interviewees.

CONCLUSION

This study detected a considerable prevalence of people with problem drinking patterns, whose associated variables were male gender, decreasing sample age, sexually

transmitted infections, substance use, consumption of liquor and consumption of beer and liquor, which ratifies the importance of tracking this type of alcohol consumption in the population using PHC services and also the associated variables, since this is the first step for intervention and planning of health actions.

Further research should be conducted seeking to understand the interaction between these variables and alcohol consumption.

Thus, it is suggested the implementation of routine tracking of the pattern of alcohol use among users of primary care services, and investment in professional training by the governance so that the problematic use of alcohol is not treated by the health service only as an individual maladjustment unrelated to the sociocultural context of which the individual is inserted and is a product of it.

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