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Alcohol can cause both health and social problems. Some of the harm associated with alcohol is caused by acute intoxication, some by regular, excessive consumption over a long period. There are a range of problems associated with alcohol dependence. Problems can be psychological, physical or social, and they exist in varying degrees of severity.

Intoxication

Medical

Social

Acute alcohol poisoning
Gastritis
Cardiac Arrhythmias
Pancreatitis
Disturbed sleep

Inappropriate sexual behaviour
Criminal behaviour
Unsafe sex
Unwanted pregnancy
Accidents

Excessive Consumption

Liver damage
Brain damage
Hypertension
Cardiomyopathy
Cardiovascular disease
Malignancies

Absenteeism from work
Impaired social relationships
Psychological problems
Criminal behaviour
Sexual problems

Alcohol Dependence

Dementia
Alcoholic hallucinations
Withdrawal symptoms

Social disintegration
Morbid jealousy
Family problems
Financial problems
Unemployment

Harmful Drinking

Quantitative definitions of 'excessive drinking' and similar terms are provided by the guidelines on "sensible drinking" endorsed by medical authorities and the Department of Health.

Drinking Guidelines

These guidelines are sometimes described as the “safe drinking limits”, but this is a misnomer as no level of alcohol consumption is totally devoid of risk. The guidelines are more accurately described as the levels of regular consumption below which adults are relatively unlikely to experience a significantly raised risk of illness or premature death. They are also formulated to take into account any beneficial effects on health of alcohol consumption, particularly evidence suggesting that in some older people low levels of consumption may reduce the risk of ischemic heart disease.

Until 1995, the recommended “sensible limits” of regular consumption were no more than 21 units of alcohol per week for men and no more than 14 units per week for women. There was also guidance on hazardous and definitely harmful levels of consumption.

(1 unit being 1 standard drink i.e. 1/2 pint ordinary strength beer; a single measure of spirits; a standard glass of wine)

Source:
Medical Students Handbook: Alcohol and Health. MCA 1998



In December 1995, following a Government review of the “sensible drinking” message, the guidance was changed from weekly to daily limits - no more than 3-4 units per day for men, and no more than 2-3 units per day for women, with the qualification that regular consumption of 4 units a day for men and 3 units for women was not recommended on health grounds.

It should be borne in mind that these guidelines are derived from medical research into the relationship between alcohol and disease in adults. They cannot be assumed to apply to children and adolescents; to adults who have particular health problems, or a family history of alcohol problems, or to women in pregnancy. In regard to social problems, there does not appear to be any clear threshold of regular consumption below which no problems are ever reported. Any significant amount of alcohol in the body increases the risk of accident compared with zero alcohol.

Recent research has thrown further light on the relationships between alcohol, health and disease at different ages. This shows a direct dose response relation between alcohol consumption and risk of death in men aged 16 – 34 and women aged 16 – 54 i.e., any alcohol consumption increases the risk of death and the level of risk increases in line with the amount consumed. At older ages, there is evidence that light drinking reduces the risk of death.

Based on this research, the maximum recommended daily limits for men and women are:

Men	Women
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Age	Units per day	Age	Units per day
>34	1	>44	1
35 - 44	2	44 - 74	2
45 - 54	3	75 +	3
55 - 84	4		
85 +	5		

Scientific Concepts of Alcohol Intoxication, Abuse and Dependence

Acute Intoxication

The current definition of acute intoxication is "A transient condition following the administration of alcohol or other psychoactive substance, resulting in disturbances in level of consciousness, cognition, perception, affect or behaviour, or other psychophysiological functions and responses".

Abuse and Dependence

While still in popular use, in scientific and medical discourse the term 'alcoholism' has largely been replaced by the concepts of 'harmful drinking' and 'alcohol dependence', each with its own set of criteria. Until recently the term 'alcohol abuse' was used to refer to a pattern of drinking which, while harmful, fell short of alcohol dependence.

While alcohol abuse may sometimes be a precursor to alcohol dependence, in most cases they are two separate disorders with varying histories and prognoses. Alcohol abuse is a milder and less persistent disorder that does not normally progress to dependence.

Criteria of Alcohol Abuse

- A. A maladaptive pattern of substance use leading to clinically significant impairment or distress, as manifested by one (or more) of the following, occurring within a 12-month period:
- 1) Recurrent substance use resulting in a failure to fulfil major role obligations at work, school, or home (e.g. repeated absences or poor work performance related to substance use; substance-related absences, suspensions, or expulsions from school; neglect of children or household).
 - 2) Recurrent substance use in situations in which it is physically hazardous (e.g. driving an automobile or operating a machine when impaired by substance use)
 - 3) Recurrent substance-related legal problems (e.g. arrests for substance-related disorderly conduct)
 - 4) Continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance (e.g. arguments with spouse about consequences of intoxication, physical fights)
- B. The symptoms have never met the criteria for Substance Dependence for this class of substance

However, in the current International Classification of Diseases 'substance abuse' has been replaced by the term 'harmful use'. The purpose of this change is to facilitate accurate reporting of health problems related to substance use.

'Harmful use' is defined as *'A pattern of psychoactive substance use that is causing*

damage to health. The damage may be physical (as in the case of hepatitis from the self-administration of injected drugs) or mental (eg episodes of depressive disorder secondary to heavy consumption of alcohol).’ It is also stated that ‘the fact that a pattern of use or a particular substance is disapproved of by another person or by the culture, or have led to socially negative consequences such as arrest or marital arguments is not in itself evidence of harmful use. Harmful use should not be diagnosed if dependence syndrome, a psychotic disorder, or another specific form of drug- or alcohol-related disorder is present.’

Criteria of Alcohol Dependence

Three or more of the following have been experienced exhibited at sometime during the previous year:

- (a) Evidence of tolerance, such that increased dosages are required in order to achieve effects originally produced by lower dosages.
- (b) A physiological withdrawal state when substance use has ceased or been reduced as evidenced by: characteristic substance withdrawal syndrome, or use of the same (or a closely related) substance with the intention of relieving or avoiding withdrawal symptoms.
- (c) Difficulties in controlling substance-taking behaviour in terms of its onset, termination, or levels of use
- (d) Progressive neglect of alternative pleasures or interests because of substance use, increased amount of time necessary to obtain or take the substance or to recover from its effects.
- (e) Persisting with substance use despite clear evidence of overtly harmful consequences, such as harm to the liver through excessive drinking, depressive mood states consequent to heavy substance use, or drug-related impairment of cognitive functioning.

References:

International Classification of Diseases 10. World Health Organisation 1992.

Handbook on Alcohol & Health, The Medical Council on Alcoholism, 1998.

E. Epstein: Classification of Alcohol-Related Problems and Dependence. In N. Heather, T.J. Peters & T Stockwell: International Handbook of Alcohol Dependence & Problems. Wiley 2001.

White, I.R., Altman, D.R. & Nanchatal, K: Alcohol Consumption and Mortality: Modelling Risks for Men & Women of Different Ages. British Medical Journal 26th July 2002

See also: Fact Sheet on Excessive and Problem Drinking in England and Wales

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