

ALCOHOL AND MEN'S HEALTH

Males are twice as likely as females to drink daily and to drink alcohol in risky quantities. Consequently, males have consistently had higher rates of alcohol-related deaths and hospitalisations than have females. Males who drink above the low-risk guidelines have around a 30% risk of lifetime alcohol-related disease or injury. Half of all males have had a drinking session that placed them at immediate risk of harm and almost a quarter of males take this risk at least once a week. The overall increased risk of death for men from at-risk regular drinking is:

- 10% from 3 standard drinks per day
- 19% from 4-5 standard drinks per day
- 52% from 6 or more standard drinks per day.

Males aged between 15 and 29 years account for around 28% of all alcohol related injury deaths and over a third of alcohol-injury hospitalisations. Alcohol-related hospitalisations are increasing in some parts of Australia. It has been calculated that about 4% of male deaths are alcohol-related, with the main causes of such deaths being alcoholic liver cirrhosis, road injury, stroke and suicide.

RESEARCH SHOWS THAT FOR MEN:

- Binge patterns of drinking and blood alcohol levels above .05 are associated with greater risk of injury and death, especially amongst younger men.
- Drinking above two standard drinks on any day is associated with significantly greater risk of harm in the long term and drinking above four drinks on any one occasion is associated with a greater risk of injury during or soon after the drinking.
- The greater the amount of alcohol consumed, the higher the risk.
- Maximum health benefits for the heart may be possibly be gained from about one standard drink every second day for men aged 40–45 years and older.

THE MAIN ACUTE AND CHRONIC ALCOHOL-RELATED CONDITIONS IN MALES

Acute conditions (that is, conditions associated with intoxication) account for around 40% of alcohol-related male deaths (especially road injuries and suicide) and two thirds of alcohol-related male hospitalisations (especially falls, assaults and road injuries).

- Alcohol is a major cause of road injury and males are about four times more likely to be alcohol-related fatalities in single driver accidents than are females. Those men at particularly high risk include men less than 25 years of age, particularly those living in country regions.
- Alcohol is an added risk factor for injury and death during activities such as swimming, diving, surfing, boating, water skiing and fishing, and accounts for around one third of drownings in males aged 15–29 years.

- Alcohol is a major contributing cause of violence; about three quarters of hospital admissions for alcohol-related assaults are male.
- Heavy drinking is a major risk factor for suicide.

Chronic conditions (conditions associated with long-term alcohol use above the low-risk limits) account for over half of alcohol-related male deaths with the main causes being alcoholic liver cirrhosis and strokes. Other conditions that have an increased risk from drinking above the low-risk levels include:

- Type 2 diabetes from 6 standard drinks a day (however, 2 standard drinks a day might be mildly protective of developing diabetes).
- Early onset of macular degeneration (which can lead to partial blindness) increases by nearly half from 3 standard drinks or more a day.
- Pancreatitis increases by 20% from 3 standard drinks a day and by four times (400%) from 8 or more standard drinks a day.
- Sexually transmitted diseases from unprotected sex are more likely after a drinking session
- Heavy drinking is associated with poor sexual performance, reduced desire, and impotence.
- For many men, heavy drinking will lead to increased weight.

Depression and anxiety can be caused or made worse by heavy drinking.

Cancer

A wide range of cancers is more likely when drinking regularly. Some of the more prominent cancers include:

- Gastric cancer (increases by 20% from 4 standard drinks a day)
- Liver cancer increases by 16%, 46% and 66% from 3-4, 5-9, and 10 or more standard drinks a day respectively
- Colorectal (bowel) cancer increases by 7%, 38% and 82% from 1, 5-9, and 10 or more standard drinks a day respectively
- Oral cavity (mouth and surrounding tissues) cancer increases by 17% from any regular drinking (i.e. from 1 standard drink a day)
- Oesophageal cancer increases by 30% from any regular drinking (i.e. from 1 standard drink a day)

Alcohol might help to prevent heart disease from about 40–45 years of age for males but the maximum benefit can be gained from just one standard drink every second day. (See the fact sheet on alcohol and heart disease for more information on the possible protective effects of alcohol on the heart and the limitations of the research). However, alcohol is not necessary to achieve this health benefit, as it can be obtained equally effectively by using other strategies, preferably in combination, such as stopping smoking, increasing exercise, improving diet, and taking small quantities of aspirin.

RECOMMENDED CONSUMPTION LEVELS FOR LOW-RISK DRINKING

For healthy men and women, drinking **no more than two standard drinks on any day** reduces the **lifetime risk of harm** from alcohol-related disease or injury.

Drinking **no more than four standard drinks on a single occasion** reduces the risk of alcohol-related **injury** arising from that occasion.

For children and young people under 18 years of age, not drinking alcohol is the safest option.

For women who are pregnant, planning a pregnancy, or breastfeeding, not drinking is the safest option.

Further reductions in the lifetime risk of alcohol-related disease or injury can be achieved by reducing the number of occasions of drinking across a lifetime, for example through regular alcohol-free days.

You can find more information on the recommended levels of alcohol consumption in the Guidelines for Alcohol Consumption Fact Sheet.

Adapted from Australian Department of Health and Ageing, Australian Alcohol Guidelines Fact Sheets
www.alcoholguidelines.gov.au

Guidelines source: National Health and Medical Research Council (NHMRC) (2009). Australian Guidelines to Reduce Health Risks from Drinking Alcohol, Commonwealth of Australia, Canberra.

Other sources: Allsop, S. (Ed) (2008). *Drug Use and Mental Health*. Melbourne, IP Communications.

Australian Bureau of Statistics (2006). *Alcohol Consumption in Australia: A snapshot, 2004-05*. Cat 4832.0.55.001

Australian Institute of Health and Welfare (2011). 2010 National Drug Strategy Household Survey report, *Drug Statistics Series, No. 25*.

Bagnardi, V., et al (2013). Light alcohol drinking and cancer: a meta-analysis, *Annals of Oncology*, v24(2), 301-308.

Baliunas, D., et al (2009). Alcohol consumption and the risk of incident human immunodeficiency virus infection: A meta-analysis, *International Journal of Public Health*, v55, 159-166.

Chong, E.W., et al (2008). Alcohol consumption and the risk of age-related macular degeneration: A systematic review and meta-analysis, *American Journal of Ophthalmology*, v145(4), 707-715.

Collins, D & Lapsley, H. (2008). *The cost of tobacco, alcohol and illicit drug abuse to Australian society 2005/05*. Commonwealth of Australia.

Irving, H., et al (2009). Alcohol as a risk factor for pancreatitis: A systematic review and meta-analysis, *Journal of Public Health*, v10(4), 387-392.

Jayasekara, H., et al (2014). Alcohol consumption over time and risk of death: A systematic review and meta-analysis, *American Journal of Epidemiology*, March 26, on-line.

Ministerial Council on Drug Strategy (2006). National Alcohol Strategy, 2006-2009, *Towards Safer Drinking Cultures*. Commonwealth of Australia, Canberra.

Rehm, J., et al (2012). Alcohol consumption and the intention to engage in unprotected sex: A systematic review and meta-analysis of experimental studies, *Addiction*, v107(1), 51-59.

Tramacure, I., et al (2011). A meta-analysis on alcohol drinking and gastric cancer risk, *Annals of Oncology*, v23(1), 28-36.

Turati, F., et al. (2014). Alcohol and liver cancer: A systematic review and meta-analysis of prospective studies, *Annals of Oncology*, v 25(4), on-line.

Alcohol is a major risk factor for men's health.

YOUR HEALTH AND ALCOHOL