

# 37 factsheet

## Alcohol

**Tim Morrison**  
Drug and alcohol  
training consultant  
at [www.alcohol-drugs.co.uk](http://www.alcohol-drugs.co.uk)



### What is it?

Chemically, it is ethanol (C<sub>2</sub>H<sub>5</sub>OH). It is the socially preferred intoxicant in western societies. It has been produced since the first people started planting grains and establishing settled communities.

### Effects

The effects of short-term alcohol intoxication are well known – the long-term effects less well so. As a poison, it has the potential to damage each part of the body it touches. Amongst the risks are:

- brain damage;
- peripheral neuropathy (nerve damage to the hands and feet);
- increased risks of certain cancers, strokes and cardiovascular disease;
- issues to do with the liver including alcohol hepatitis;
- issues to do with fertility, pregnancy and birth defects.

Many of these issues can occur at levels of drinking that many would consider safe or normal.

### Prevalence

In 2007, 73 per cent of men and 57 per cent of women reported drinking an alcoholic drink on at least one day in the week prior to interview. 13 per cent of men and 7 per cent of women reported drinking on every day in the previous week.

In 2007, 41 per cent of men drank over 4 units on at least one day in the week prior to interview and 34 per cent of women drank more than 3 units on at least one day in the week prior to interview. Twenty five per cent of men reported drinking over 8 units and 16 per cent of women reported drinking over

6 units on at least one day in the week prior to interview. (Source: *Statistics on Alcohol, England 2009* [NS] May 20, 2009 <http://www.ic.nhs.uk/pubs/alcohol09>)

### Trends

Over the last 20 years, drinking in Britain has increased significantly. Women tend to be drinking about 70 per cent and men 30 per cent more than their predecessors. With relatively small variations, this is across all age groups.

### Units

Strength of drink is described as ABV (alcohol by volume) expressed as percentage points and is normally on the label. However this doesn't help people gauge how much they drink, so guidelines for sensible drinking are described as units. One unit of alcohol is 15ml of pure ethanol and is the amount it takes the body approximately one hour to process.

The formula for working out a unit is to take the volume of drink, multiply it by the ABV and then divide the total by 1000:

- Bottle of wine 750 ml x 13 % abv = 9,750
- Divide by 1000 = 9.75
- A 250 ml glass will contain 1/3 of a bottle so 3.25 units.

### Government guidelines for adults

	Max. number of units per day	Max. number of units per week	Number of units consumed in a week considered to be hazardous
Men	3 to 4	21	50
Women	2 to 3	14	21

There has been debate about these limits but there is little disagreement in the scientific community. The rationale was published in the report *Sensible Drinking* by the Department of Health in December 1995. There are certain caveats:

- as people become elderly tolerance levels drop so it seems likely that safe levels decrease – this is further complicated by medication;
- there are no proven safe levels in pregnancy;
- effects of alcohol in adolescence are debated. Government guidelines are now that no one under 15 should drink ANY alcohol.

## Intoxication

The symptoms of drunkenness are well known and are caused by a complex interaction between the person's physicality, environment, expectations, tolerance level and the sheer quantity of alcohol consumed.

The traditional idea that someone has an alcohol problem if they get drunk frequently is not helpful. Certainly the person who is always or repeatedly drunk has a problem, but many people who drink heavily will not always appear under the influence due to their high tolerance levels. Indeed, that someone can handle their drink could well be a cause of concern.

## Physical dependency

Physical dependency occurs when a person is so used to drinking they become physically ill without a drink. Levels of drinking at which it may be an issue are not strictly defined and appear to be at approximately 80-120 units a week for a woman and around 100 -150 units a week for a man. A useful tool for assessing physical dependency is SADQ (the Severity of

Alcohol Dependence Questionnaire) available online at GP notebook ([www.gpnotebook.co.uk/simplepage.cfm?ID=x20070718165754672570](http://www.gpnotebook.co.uk/simplepage.cfm?ID=x20070718165754672570)). A key diagnostic question is 'what happens if you cannot get a drink?'

Symptoms are diverse and potentially life threatening. If a client experiences discomfort when they stop drinking they MUST drink or see a doctor urgently. Alcohol withdrawal is a medical emergency. There is no third option and this can be a difficult issue for carers and support staff, especially when waiting lists for inpatient detox are long. At the very least it seems counter intuitive to give someone a drink when everyone is desperate for them to change their behaviour.

## Detox

The normal treatment for physical dependency is known as detoxification – this involves reducing doses of Librium and thiamine over a period of between 5 days and two weeks. Detox could take place at home or in a hospital setting.

Hospital detox is appropriate when the person has:

- little social support and is not in an environment conducive to the change;
- has poor physical and mental health (in particular liver disease or certain mental health conditions);
- has had bad experiences in previous attempts at giving up, for example, experience of hallucinations.

Detox removes the alcohol from the system but does not deal with the reasons it got into the system in the first place. Unless followed on by appropriate residential or community rehabilitation, it will be hard for most people to stay within their drinking goals.

## Problematic but not physically dependent

Many people experience all sorts of physical, social and psychological problems to do with alcohol but are not physically dependent. These problems are often unnoticed due to their gradual build up and as the person who is drinking heavily is not drinking in a way that is unusual in their group, they assume what they do is normal. This is classically expressed as 'if you think I drink a lot, you should see Fred'. Common issues include depression, sleep disturbances and impotence.

In response to the general rise in drinking, the last government instituted a programme encouraging front line workers to carry out short sessions with clients to discuss drinking called IBA (Identification and Brief Advice), based around AUDIT (Alcohol Use Disorders Identification Test). AUDIT is the most validated tool for identifying problem drinking and is often more useful than traditional methods (red nose, skin problems, probing questions). The Alcohol Learning Centre provides comprehensive guidance and a set of tools.

[www.alcohollearningcentre.org.uk](http://www.alcohollearningcentre.org.uk)