



Lifestyle Risk Factors: Alcohol Use



Keeping Connecticut Healthy
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Why is this important?

- Nearly 3 in 10 U.S. adults engage in at-risk drinking behaviors. Less than 1 in 5 of those who develop [alcohol dependence](#) will receive treatment.
- An estimated 20% - 30% of patients in large urban hospitals are there because of illnesses that have been caused or made worse by their drinking.
- Each year, about 75,000 deaths occur in the U.S. due to excessive alcohol use, making [excessive drinking](#) the 3rd leading lifestyle-related cause of death in the nation. In 2003, there were over 2 million hospitalizations—and over 4 million emergency room visits—for alcohol-related conditions.
- Binge drinkers are 14 times more likely to drive while impaired by alcohol than non-binge drinkers. About 75% of the alcohol consumed by adults in the U.S. is in the form of binge drinking.
- Excessive drinking—which includes [heavy drinking](#), [binge drinking](#) or both—can:
 - raise blood pressure;
 - produce irregular heartbeats;
 - cause heart failure and lead to stroke;
 - contribute to high triglycerides, cancer & other diseases;
 - and, contribute to accidents, obesity, alcoholism and suicide.

Immediate risks of excessive drinking to health and safety include:

- impaired brain function resulting in poor judgment, reduced reaction time, loss of balance and motor skills, and/or slurred speech;
- unintentional injuries, including traffic injuries, falls, drownings, burns & firearm injuries;
- violence, including intimate partner violence, homicide, suicide & child maltreatment;
- risky sexual behaviors, including unprotected sex, sex with multiple partners, and increased risk of sexual assault, increasing in turn the risk of unintended pregnancy and sexually transmitted diseases;
- if pregnant... miscarriage, stillbirth, [fetal alcohol syndrome](#), and a combination of physical and mental birth defects; and,
- [alcohol poisoning](#).

Long-term risks of excessive drinking to health and safety include:

- neurological damage and other problems, including dementia and neuropathy;
- cardiovascular problems, including [hypertension](#), [heart disease](#) and [stroke](#);
- psychiatric problems, including anxiety, depression and suicide;
- social problems, including unemployment, lost productivity and family problems;
- cancer of the mouth, throat, larynx, esophagus, liver, prostate and breast;
- liver diseases, including [alcoholic hepatitis](#), [cirrhosis](#) and worsening of Hepatitis C;
- and, other gastrointestinal problems, including [pancreatitis](#) and gastritis.

(See the [Online Resources](#) section for additional information.)

How does this affect me?

In 2007, 65.8% of Connecticut adults reported having had at least [one drink](#) of alcohol within the previous 30 days, compared to 54.8% of adults nationwide.

Statistics on both [binge drinking](#) and [heavy drinking](#) are higher in Connecticut than for the country as a whole, not only among the general adult population, but by sex and age group as well. [BRFSS, 2007]



- ❖ **Age:** alcohol's [effects vary with age](#).
 - Alcoholism is a chronic disease that may strike at any age.
 - Risk for alcohol dependence is greatest among adults younger than 30, who are almost 7 times more likely to develop alcohol dependence than those 65 or older.
 - People who start drinking at an early age (14 or younger) are at much higher risk of developing alcohol problems at some point in their lives than those starting at 21 or older.

- ❖ **Sex:** alcohol [affects women differently](#) than men.
 - Excessive alcohol use among men can result in impotence, infertility, and reduction in male characteristics such as facial and chest hair. Among women it can increase the risk of infertility, miscarriage, stillbirth and premature delivery.
 - Men are more likely than women to drink excessively, and are 3 times more likely than women to develop an alcohol disorder.
 - Men account for over 80% of binge drinking episodes.
 - It is estimated that approximately 20% of men and 8% of women will meet criteria for alcohol dependence at some point in their lives.

- ❖ **Race & ethnicity:**
 - American Indians/Alaska Natives have a 40% greater risk for alcohol dependence than whites. Alcohol-related traffic deaths are also highest among this group.
 - Alcohol-related death rates are higher among blacks than whites.

- ❖ Individuals who **should not drink any alcohol** include those who are:
 - pregnant or may become pregnant;
 - taking prescription or over-the-counter medications that may cause harmful reactions when mixed with alcohol;
 - under the age of 21;
 - recovering from alcoholism or unable to control the amount they drink;
 - suffering from a medical condition that may be worsened by alcohol;
 - driving, planning to drive, or participating in other activities requiring skill, coordination and alertness.

(See the [Facts & Figures](#) section for additional data.)

Who has a drinking problem?



The following 4 questions can help you determine if you or a loved one has a drinking problem:

1. Have you ever felt you should cut down on your drinking?
2. Have people annoyed you by criticizing your drinking?
3. Have you ever felt bad or guilty about your drinking?
4. Have you ever had a drink first thing in the morning to steady your nerves or to get rid of a hangover?

One "yes" answer suggests a possible alcohol problem. More than one "yes" response means it is highly likely that a problem exists.

Alcohol dependence is a chronic disease, and it can be treated. If you think that you or someone you know might have an alcohol problem, it is important to see a doctor or other health care provider right away. They can help you determine if a drinking problem exists and plan with you the best course of action.

Note: For information about treatment programs in your local community, contact the *National Drug & Alcohol Treatment Referral Routing Service @ 1-800-662-HELP*.

Take control: Strategies for Cutting Down ¹

Small changes can make a big difference in reducing your chances of having alcohol-related problems. Here are some strategies to try. Check off some to try the first week, and add some others the next.

1. **Keeping track:** keep track of how much you drink. Find a way that works for you, such as a 3x5" card in your wallet, check marks on a kitchen calendar, or a personal digital assistant. If you make note of each drink before you drink it, this will help you slow down when needed.
2. **Counting & measuring:** know the [standard drink](#) sizes, so you can count your drinks accurately. Measure drinks at home. Away from home it can be hard to know the number of standard drinks in mixed drinks. To keep track you may need to ask the server or bartender about the recipe.
3. **Setting goals:** decide how many days a week you want to drink and how many drinks you'll have on those days. You can reduce your risk of alcohol dependence and related problems by drinking within the recommended limits (see *Know Your Goal*, below). It's good to have some days when you don't drink.
4. **Pacing & spacing:** when you do drink, pace yourself. Sip slowly. Have no more than one drink with alcohol per hour. Alternate "drink spacers"—non-alcoholic drinks such as water, soda or juice—with drinks containing alcohol.
5. **Including food:** don't drink on an empty stomach. Have some food so the alcohol will be absorbed more slowly into your system.
6. **Avoiding triggers:** what triggers your urge to drink? If certain people or places make you drink even when you don't want to, try to avoid them. If certain activities, times of day or feelings trigger the urge, plan what you'll do instead of drinking. If drinking at home is a problem, keep little or no alcohol there.
7. **Planning to handle urges:** when an urge hits, consider these options: remind yourself of your reasons for changing. Talk it through with someone you trust; get involved with a healthy, distracting activity. Or "urge surf"—instead of fighting the feeling, accept it and ride it out, knowing that it will soon crest like a wave and pass.
8. **Knowing your "no":** you're likely to be offered a drink at times when you don't want one. Have a polite, convincing "no, thanks" ready. The faster you can say "no" to these offers, the less likely you are to give in. If you hesitate, it allows you time to think of excuses to go along.
9. **If you want to quit drinking altogether...** the last three strategies can help. In addition, you may wish to ask for support from people who might be willing to help, such as a significant other or non-drinking friends. Joining Alcoholics Anonymous or another mutual support group is one way to acquire a network of friends who have found ways to live without alcohol.
10. **If you're dependent on alcohol and decide to stop drinking completely...** don't go it alone. Sudden withdrawal from heavy drinking can cause dangerous side effects such as seizures. See a doctor to plan a safe recovery.

Note: For information about treatment programs in your local community, contact the *National Drug & Alcohol Treatment Referral Routing Service* @ **1-800-662-HELP**.

¹ *Helping patients who drink too much: A clinician's guide.* "Patient Education Materials: Strategies for cutting down." National Institutes of Health, National Institute on Alcohol Abuse & Alcoholism. May 2007. p. 26.

Know Your Goal!

The National Institute on Alcohol Abuse & Alcoholism recommends the following **maximum drinking limits:** ²

- For **healthy men** up to age 65:
 - no more than 4 drinks in a day AND
 - no more than 14 drinks in a week.
- For **healthy women** (& healthy men over age 65):
 - no more than 3 drinks in a day AND
 - no more than 7 drinks in a week.

Lower limits or abstinence are recommended where medically indicated, as in the case of individuals who:

- take medications that interact with alcohol;
- have a health condition exacerbated by alcohol; or,
- are pregnant (abstinence).

² *Helping patients who drink too much: A clinician's guide.* Updated 2005 edition. p. 4. National Institute on Alcohol Abuse & Alcoholism, National Institutes of Health, U.S. Department of Health & Human Services.

[References:](#) American Cancer Society, American Medical Association, Behavioral Risk Factor Surveillance System, Centers for Disease Control & Prevention, National Cancer Institute, National Clearinghouse for Alcohol & Drug Information, National Institute on Alcohol Abuse & Alcoholism, Substance Abuse & Mental Health Services Administration, U.S. Department of Agriculture.

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