

ALCOHOL HAS PLAYED A LARGE ROLE IN AMERICAN CULTURE

Alcohol has been used to celebrate, to socialize, and to relax after a long day.

There are holidays where drinking has been central, for example New Year's Eve.

Some people's nonchalant attitude towards alcohol consumption makes it appear that it has no potential to be dangerous. But like many other things in life, without moderation Alcohol can be dangerous and life-threatening.

88,000 people die in the United States each year due to excessive alcohol use.

One in six US adults binge drink about four times a month. Binge drinking is classified as men consuming five or more drinks in two hours, and women consuming four or more drinks in that time.

Alcohol is a depressant, meaning it slows down the body's vital functions.

Immediate side effects of drinking include:

- Reduced inhibitions
- Slurred speech
- Motor impairment
- Memory and concentration problems
- Coma
- Difficulty breathing
- Death

ALCOHOL USE IS DANGEROUS

Drinking can cause people to place themselves in risky situations that they would never do if they were sober. Drinking can lead to several illegal activities including

drunk driving and car accidents, violent behavior, risky behavior, suicide, and even homicide.

Alcohol Use Disorder has been linked to several types of cancer. In 2009, it was estimated that 3.5 percent of all cancer deaths in the U.S. (about 19,500 deaths) had a relation to alcohol. Alcohol is a major risk factor for head and neck cancers, as well as esophageal cancer. It is an independent risk factor and the primary cause of liver cancer. It has also shown an increased risk in breast and colorectal cancers.

Too much alcohol consumption can weaken the immune system, making the body more susceptible to disease. Chronic drinkers are at a higher risk of contracting respiratory diseases such as pneumonia and tuberculosis.

ALCOHOL AND MEDICATION

Many medications, both prescription and over-the-counter, can react badly with alcohol. Some of these include:

- Aspirin
- Acetaminophen
- Cold and allergy medicines
- Cough syrup
- Sleeping pills
- Pain Medications
- Anxiety and depression medicine

WHO IS AT RISK?

Certain populations are more susceptible to developing an alcohol dependency, including:

- Older adults
- Women
- People of color and underserved populations
- People with a mental health diagnosis

OLDER ADULTS

Older adults can face more disparities in alcohol consumption than other populations. They have an increased sensitivity to alcohol, so the effects of alcohol are magnified, and can increase the risk of falling, car crashes and other injuries. Older alcohol users face an increased risk of diabetes, high blood pressure, congestive heart failure, liver problems, osteoporosis, difficulty with memory, and mood disorders.

WOMEN

Women face specific risks because their bodies process alcohol differently than men's bodies. Women have less water in their body than men do, and alcohol typically resides in body water. Less water means less dilution of alcohol. Health risks for women can include liver damage, heart disease, breast cancer and can cause complications in a pregnancy.

PEOPLE OF HISPANIC, BLACK, AND NATIVE AMERICAN BACK- GROUNDS

These groups may have different alcohol related health consequences but fortunately for some, rates of use may be lower. People of Hispanic and Black backgrounds face a higher risk of developing alcohol-related liver disease. People of Hispanic background are overrepresented among DUI-related fatalities. Between 2001 and 2005,

alcohol played a role in the deaths of 11.7 percent of people with Native American background.

PEOPLE LIVING WITH AIDS

Studies estimate that more than 80 percent individuals with HIV consume alcohol

and that 30 to 60 percent have alcohol use disorders. Chronic alcohol consumption accelerates the disease process of people living with AIDS, and may interfere with the metabolism of medications. Statistically, people with alcohol use disorders are less likely to seek testing and treatment for HIV, and

are less compliant with treatment regimens than those without alcohol use disorders.

HOW MUCH ALCOHOL IS IN YOUR DRINK?

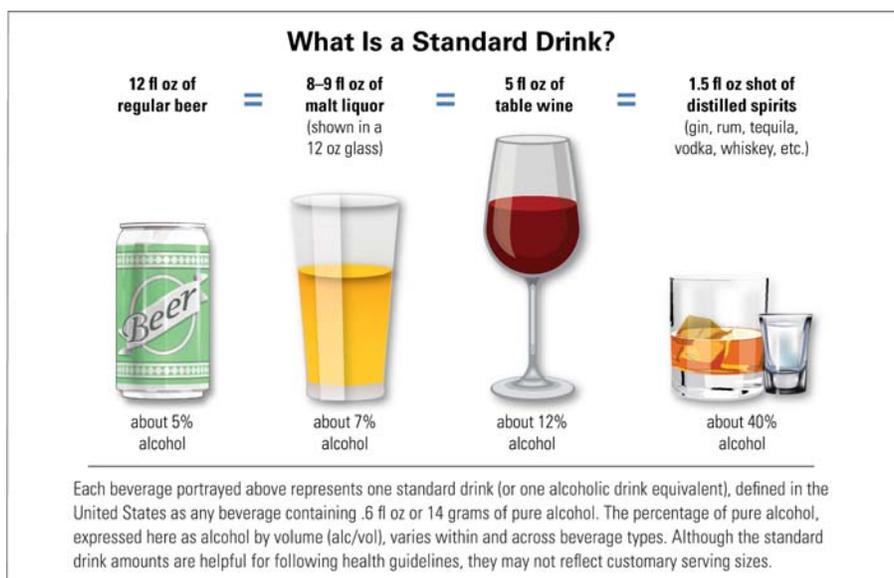
The amount of liquid in your glass, can, or bottle does not necessarily match up to how much alcohol is in your drink. Different types of beer, wine, or malt liquor can have quite different amounts of alcohol content. For example, many light beers have almost as much alcohol as regular beer—about 85% as much. Here is another way to put it:

- Regular beer: 5% alcohol content
- Some light beers: 4.2% alcohol content

That's why it's important to know how much alcohol your drink contains. In the US, one "standard" drink (or one alcoholic drink equivalent) contains roughly 14 grams of pure alcohol, which is found in:

- 12 ounces of regular beer, which is usually about 5% alcohol
- 5 ounces of wine, which is typically about 12% alcohol
- 1.5 ounces of distilled spirits, which is about 40% alcohol

The drinks below are all examples of one standard drink:



THINKING ABOUT A CHANGE?

DON'T WAIT TO "HIT BOTTOM"

When someone is drinking too much, making a change *earlier* is likely to be more successful and less destructive to you, families, and friends.

QUITTING NOW IS IMPORTANT IF YOU

- Tried to cut down before but cannot stay within the limits you set
- Have had an alcohol use disorder
- Have a physical or mental condition caused or worsened by drinking
- Are taking a medication that interacts with alcohol
- Are or may become pregnant

YES, BUT NOT YET

That's a start! Consider these suggestions in the meantime:

- Keep track of how often and how much you're drinking
- Notice how drinking affects you
- Make a list of pros and cons
- Deal with other priorities that hold you back
- Ask for support from your doctor, a friend, or someone else you trust

PLANNING FOR CHANGE

Even when you have committed to change, you still may have mixed feelings at times. Making a written "change plan" will help you to solidify your goals, why you want to reach them, and how you plan to do it.

- If so, keep reading the next sections for support. But don't be surprised if you continue to have mixed feelings. You

may need to re-make your decision several times before becoming comfortable with it

STRATEGIES TO REDUCE DRINKING

Small changes can make a big difference in reducing your chances of having alcohol related problems. Here are some strategies to try. Choose perhaps two or three to try in the next week, then add some others as needed. If you haven't made progress after 2 to 3 months, consider quitting drinking altogether, seeking professional help, or both.

KEEP TRACK OF DRINKS

- Find a way that works for you, like a 3x5" card in your wallet, check marks on a kitchen calendar, or notes in a mobile phone notepad. Making note of each drink before you drink it may help you slow down
- Count and measure using the "standard" drink sizes above for accuracy. Measure drinks at home. Away from home, it can be hard to keep track, especially with mixed drinks. You may be getting more alcohol than you think.

SET GOALS

- Decide how many days a week you want to drink and how many drinks you'll have on those days, including some days when you don't drink. Drinkers with the lowest rates of alcohol use disorders are able or learn to stay within these limits

RECOMMENDED LIMITS

- For men, no more than 4 drinks on any day and 14 per week

- For women, no more than 3 drinks on any day and 7 per week
- Both men and women over age 65 generally are advised to have no more than 3 drinks on any day and 7 per week
- Depending on your health status, your doctor may advise you to drink less or not at all

OTHER STRATEGIES

- Pace and space: Consider alternating with non-alcoholic drinks
- Include food
- Use time you might be drinking to develop healthier alternatives, like walking or reading
- Avoid "triggers." What people, places, and things are there when you drink?
- Plan to handle urges. Remind yourself of the life you'll enjoy going forward, or talk with a friend, or go for a walk instead
- Say no to friends who offer you a drink outside your plan. A simple "No, thanks" works, without any further explanation

RESOURCES

[Alcoholics Anonymous \(AA\)](#)

212-870-3400

[Al-Anon/Alateen](#) 888-425-2666

[National Clearinghouse for Alcohol and Drug Information](#) 800-729-6686

[Adult Children of Alcoholics \(ACOA\)](#)

310-534-1815

Sources used:

[National Institute on Alcohol Abuse and Alcoholism \(NIAAA\)](#)

[Rethinking Drinking](#) brochure from NIH