

Four ways alcohol is bad for your health

March 2 2018, by Steve Allsop, Eveline Lensvelt And Tanya Chikritzhs



Credit: Adam Jaime/Unsplash

In Australia, almost [6,000 deaths a year](#) can be attributed to alcohol, as well as around 400 hospitalisations a day. While drinking has declined in some segments of the population, with related stabilising of rates of death and illness, these numbers are far too high. Similar [reports](#) are emerging in other countries.

Many people [remain unaware](#), blissfully or otherwise, of [long-term risks](#), which aren't just restricted to "heavy drinkers". Alcohol is one of the [largest risk factors](#) for avoidable death and illness.

The [growing list of alcohol-related diseases](#) includes bowel cancers, mouth and oesophageal cancers, breast cancers, [heart disease](#), respiratory infections and [mental health problems](#). [Some evidence](#) is emerging of a link with other diseases such as prostate [cancer](#).

We have also seen the [transgenerational impact](#) through fetal [alcohol](#) spectrum disorders (FASD). These are lifelong and severe disorders that occur as a result of exposure to alcohol in the womb.

Here are four diseases evidence shows are linked strongly with [alcohol consumption](#).

1. Cancer

In total, cancers account for the [largest proportion](#) (more than one-third, or around 2,000 Australian deaths a year) of alcohol-attributable deaths. Breast cancer is the leading cause of death for women, followed by liver disease. For men, the leading cause is liver disease, followed by bowel cancer.

Three decades ago, the [World Health Organisation](#) identified alcohol as a group one carcinogen, in the same category as tobacco. But many health professionals and others [still don't connect](#) alcohol and cancer.

It has been estimated that alcohol is a leading cause of cancer worldwide, [contributing to 770,000 cases](#).

Cancer risk can increase at relatively low levels of consumption, and rises the more you drink. It's also influenced by individual vulnerability.

For [bowel cancer](#), risk increases from two standard drinks a day. For every standard drink, [breast cancer risk](#) for women increases by around 12%. Cancers of the larynx (voice box) increase from one standard drink a day – daily consumption of ten standard drinks a day increases the risk four-fold compared to not drinking.

Similar evidence exists for mouth, oesophageal and liver cancers. Emerging [evidence suggests](#) we also need to consider associations with prostate, pancreatic, lung and gallbladder cancers and malignant melanoma.

2. Heart disease

There are [strong claims](#) about the benefits of low doses of alcohol.

But [systematic reviews](#) (where multiple studies are analysed) conclude that there is no net benefit, or very limited benefit, of moderate drinking over abstention. Even where protective effects for the heart are identified, these are often at very low levels of consumption (such as one standard drink every other day).

There is evidence alcohol is [associated with high blood pressure](#), ischaemic heart disease and stroke. Heart diseases attributed to alcohol are [major contributors](#) to death and hospitalisations in Australia.

3. Injury

Alcohol consumption affects judgment, reaction time and contributes to risk-taking. Alcohol-related injuries from falls, drowning, vehicle accidents and violence contribute to a [high proportion of hospitalisations](#) in Australia and overseas.

Falls and assaults contribute to 21% of [alcohol-attributable hospitalisations](#) in Australia. These injuries resonate through the whole community in terms of harm to family members, innocent bystanders and the cost to our policing and health systems.

4. Neuropsychiatric disorders

Neuropsychiatric conditions, which include [alcohol dependence and abuse](#), are the leading causes of alcohol-attributable hospitalisations (37%) in Australia.

Mental health conditions associated with alcohol include [depression, self-harm and suicide](#).

Evidence is emerging of alcohol's impact on the [developing brain](#) and the significant cost of alcohol-acquired brain injury [is well established](#).

Knowing your risk

There are [guidelines to help drinkers](#) understand risk.

Individual vulnerability and the context in which you drink are relevant. But, in general, low-risk drinking to avoid alcohol-related death is two standard drinks or less a day. Single-occasion low-risk drinking is four standard drinks or less.

The safest option for those thinking about pregnancy, or who are pregnant, and for those under 18 years old, is not to drink. Exposing an unborn child to alcohol is a dose-dependent risk that can endure across their lifetime.

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