September 2008

# Factsheet

## Alcohol Concern's information and statistical digest

## Men and alcohol

### Introduction

Over the past few decades, men's health has become an increasing public health concern as UK statistics consistently show that there are significant differences between men and women in both health status and use of services. However, these differences are mediated in complex ways by factors such as income and social class, age and ethnicity.

Whilst media and public attention continues to focus on the increase in women's drinking and its impact on society, the effects of problem drinking on men's health and well-being are often overlooked.

This factsheet aims to help redress the balance. It provides information on the prevalence of harmful drinking among men and looks at the effects of excess drinking on the male population.

**Key Statistics: Men's drinking patterns:**

- Average weekly alcohol units for men: 18.7, compared with 9.0 units for women [1].
- 71% of men had had a drink on at least one day during the previous week [1].
- 29% of men did not drink in the last week. 40% of men drank more than four units on at least one day in the previous week [1].
- Whilst 33% of men had drunk in a pub or bar in the previous week – 50% had drunk an alcoholic drink in their own home [2].
- Binge-drinking – taken to mean drinking more than twice the daily recommendations (i.e. 8 units for men). 23% of men reported drinking over twice the recommended daily allowance on at least one day in the week prior to interview [1].

### Men's health

Although men's health has improved over time, they still have a lower life expectancy than women and on average, men in all developed countries die five years earlier than women. Heart disease, cancer, high blood pressure, suicide and accidents are also generally more prevalent among men.

Men are less likely to engage in preventative health action and less likely to seek medical help, particularly in the early stages of an illness, and this has been associated with poorer health outcomes [3].

Male lifestyles can also have a detrimental impact on their health and life expectancy. For example, a recent international study of patterns of mortality across forty-four countries (among younger men and women) found that lifestyle choices appeared to be a major factor in the rates of premature death – from the physical risk associated with road traffic accidents to the personal lifestyle risk associated with smoking, poor diet and alcohol consumption [4].

As well as harmful lifestyle issues, men's behaviour can also contribute towards a greater likelihood of experiencing alcohol-related harm particularly, for example, if heavy drinking is associated with displays of masculinity or male camaraderie and/or if drunken behaviour is considered normal or acceptable. Thom and Francome's literature review on "men at risk", for example, highlighted men's tendencies towards engaging in risk-taking behaviour, including drinking to excess [5]. Other researchers too contend that "popular notions of masculinity which both encourage and are reinforced by heavy drinking create fertile ground for violence and other high-risk behaviour" [6].

### Men and alcohol

Men are less likely than women to abstain; they drink more alcohol than women and are more likely to experience harm associated with their drinking. "Irrespective of geographical location and cultural contexts, simply being male entails a risk of running into problems with drinking" [7].

Indeed, the gender gap in the consumption of alcohol is seen as one of the few universal gender differences in human social behaviour [8]. "It is evident in all areas of the world, in drinking versus abstinence, in heavy drinking and intoxication and in alcohol use disorders." [9]

### Men's alcohol consumption

Both the volume of alcohol consumption and the pattern of drinking, determine the harm caused by alcohol misuse. Generally the volume of consumption is associated principally with longer-term consequences, whilst particular patterns of drinking - particularly binge-dinking - are more associated with acute consequences.

#### Prevalence of alcohol consumption

In the UK, alcohol consumption is commonplace, and it is estimated that 90% of adults in the country consume alcohol [10], which equates to approximately 26 million men.

#### Per capita alcohol consumption

Historically, alcohol consumption in the UK varied considerably over the 20th century but since 1950 consumption has risen from 3.9 litres pure alcohol per capita per year to a peak of 9.4 in 2004. In 2006, per capita consumption fell slightly to 8.9 litres [11]. Despite this recent decline per capita consumption in the UK has remained consistently above 7 litres per capita per year since 1980, while consumption in other European countries, including France, Italy and Spain has fallen steadily over the same period [12].

Whilst per capita consumption data are of use from a public health perspective, they do not explain whether the alcohol is drunk in small amounts across a large number of occasions, or whether a month's alcohol is drunk all in one session. This is why surveys ask about the frequency of drinking as well as the amount consumed.

Men's drinking patterns: national statistical surveys indicate that most men drink alcohol and drink more alcohol than women. Latest figures suggest that they drink twice as much alcohol as women – 18.7 units a week on average, compared with 9.0 units for women [1]. In 2006, 71% of men (and 56% of women) reported drinking in the week prior to interview. Men were also more likely to drink on more days of the week than women, with 21% reporting drinking on five or more days compared to 11% of women [1]. Men were also more likely than women to have exceeded the daily benchmarks on at least one day during the previous week [1].

*(Note: Please see notes on survey methodologies on Page 7)*

### Trends in alcohol misuse

An examination of data from various surveys suggests that although the proportion of individuals misusing alcohol remains at high levels, the upward trend in alcohol misuse may have peaked [12]. For example during the 1990s the General Household Survey showed a slight increase in overall weekly alcohol consumption among men. Following an increase between 1998 and 2000, there has been a decline since 2002 in the proportion of men drinking more than 21 units a week: from 27% in 2002 to 23% in 2006 [1].

Other survey data also suggest a slight reduction in alcohol consumption amongst men. For example, in 1998 75% of men said that they had had a drink in the previous week, whilst this figure was down to 71% in 2006. Similarly in 1998 39% of men said that they had drunk more than four units on at least one day in the previous week, and in 2006 this figure was 33% [1].

*(Note: Please see notes on survey methodologies on Page 7)*

However, when trying to identify trends in alcohol misuse it is important to note that there is conflicting information on consumption and trends in consumption. HMRC (HM Revenue and Customs) data on clearances for 2005, for example, show "that the average UK adult purchased the equivalent of 11.3 litres of pure alcohol over the year. This is almost double an estimate based on the GHS data reported by the Office for National Statistics (ONS)". [13] It is possible therefore that surveys generally under-report alcohol consumption and that people are drinking more than they think they are.

### Sensible drinking guidelines and definitions

NHS advice on drinking recommends that men should not regularly drink more than 3–4 units of alcohol a day and women should not regularly drink more than 2–3 units a day. Consumption above these levels may harm the drinker's health (or, especially with higher consumption, cause them to harm the health of others). The government has identified categories of 'increasing risk' and 'higher risk' drinking in relation to the number of units consumed per week. For men these are 21-50 units per week (increasing risk) and 50+ units per week (higher risk).

Using these categories it is estimated that there are 1,597,560 men who are higher-risk drinkers in England [14].

Know Your Limits: general consumer guidance on units and information on alcohol awareness is available through the Know Your Limits website at: http://units.nhs.uk/index.php

#### Awareness about the daily recommendations

Knowledge of the units system is relatively high. In a survey of drinking behaviour and knowledge 85% of men said that they had heard of measuring alcohol consumption in units [2].

However, although most drinkers had heard of measuring alcohol consumption in units and most people were aware of the daily benchmarks (69%) only 15% kept a check on the number of units they drank [2].

### Influencing factors

Male drinkers are clearly not a homogeneous group, and closer analysis of the figures from national surveys, combined with the results of smaller studies can help to identify demographic and socio-economic variables that are a factor in the drinking behaviour of different groups of men.

#### Geographic location

Consumption levels among men in England vary according to region. Yorkshire and the Humber recorded the highest prevalence of those exceeding daily benchmarks (48% of men), whilst London had the lowest prevalence of adults drinking over the daily recommendations: 35% of men[15].

**Age**

Age is one of the most significant factors in male drinking and there are particularly high levels of heavy drinking and binge-drinking among men (and women) in the 16 to 24 and 25 to 44 age groups. In 2006, 42% of British men who exceeded recommended daily guidelines on at least one day in the previous week were aged 16-24, whilst the corresponding figure for the 25 to 44 age group was 48% of men [12]. In 2006 the average weekly consumption by men aged 16 to 24 years was 18.6 units, compared to 13.5 units for men over 65 years [1].

*(Note: Please see notes on survey methodologies on Page 7)*

**Socio-economic factors**

Latest figures suggest that men and women in 'managerial and professional households' drink more than people in households classified as 'routine and manual'. 15.1 units a week compared with 11.6 units a week [1].

- In general the higher the level of gross weekly income, the more likely men were to have drunk alcohol and exceeded the daily benchmarks.
- Among men in households with a gross weekly income of over £1,000, 83% had had a drink in the previous week, and 51% had drunk more than four units on at least one day.
- But among men in households with an income of £200 or less, only 61% had had a drink and only 32% had drunk more than four units on any one day[1].

**Social exclusion**

Excess drinking is generally higher among men who are socially excluded. Given that drinking at high levels can itself lead to or exacerbate social exclusion, it is sometimes hard to disentangle the cause and effect relationship. Factors that can contribute to social exclusion include poverty and low income, family break-up, unemployment, lack of education and training, poor housing and homelessness, crime and anti-social behaviour, inequalities in health, and mental health problems.

Specific groups of socially excluded men with alcohol problems include:

- Homeless men and street drinkers: Many homeless people have problems which are related to alcohol and drug misuse. In some cases, this actually contributes to their homelessness and difficulties with finding accommodation. A report in 2002 for example found that 36% of people interviewed said that alcohol use was their perceived reason for first becoming homeless[16]. It is estimated that up to 50% of rough sleepers are dependent on alcohol [10].
- Prison inmates: Exact figures on the numbers of prisoners with alcohol problems are difficult to gauge. A recent review of international studies on the prevalence of substance misuse in the prison population showed estimates of alcohol abuse/dependence among male prisoners to vary between 18% to 30% [17]. The Prison Reform Trust estimates that nearly two thirds of sentenced male prisoners (63%) admit to hazardous drinking which carries the risks of physical or mental harm. Of these, about half have a severe alcohol dependency. It is also common for prisoners who have alcohol problems to have drug problems. Just over a quarter of male prisoners who are hazardous drinkers are dependent on at least one type of illicit drug [18].
- Young men with combined alcohol problems and mental health/behaviour problems: This group of men is particularly vulnerable to social exclusion, as they have a high rate of mental health problems, are at risk from being excluded from school and further educational opportunities and often have a high rate of involvement in crime [19]. A report in 2003 on youth homelessness and substance misuse found that 14% of the sample were defined as 'problem' drinkers and well over half of them failed to recognise the harm they could be doing to their health [20].
- Ethnicity: There are large variations in the usual drinking frequency between different ethnic groups. In a recent survey [21] it was found that among both sexes, all of the minority ethnic groups, except the Irish, were more likely than the general population to be non-drinkers. This was particularly true for Bangladeshi and Pakistani adults, the vast majority of whom were non-drinkers. Among male past week drinkers, Irish men were the most likely to exceed the government recommendations on daily drinking amounts (i.e. 4 units for men). 71% of Irish men drank more than 4 units, and 40% more than 8 units on their heaviest drinking day. The results for Indian, Black, Caribbean, Black African and Chinese men were similar, with around two-fifths to a half exceeding government guidelines and one-fifth binge-drinking. Male past week drinkers in all minority ethnic groups, except the Irish, were less likely than those in the general population to exceed 4 and 8 units on their heaviest drinking day.
- Sexual orientation: A range of studies over the past few decades have consistently shown that non-intravenous drug use and alcohol consumption are common among gay and bisexual men [22]. In 2005, the Gay Men's Sex Survey (GMSS) found that two-thirds of men regularly used alcohol more than once per week. GMSS 2005 also showed that 29.6% of drinkers were concerned about their alcohol use and that concern was associated with frequency of use, rising to 36.9% among men who drank more than weekly (67% of the entire sample). This survey concluded that significant proportions of gay men both use alcohol and are concerned about their use of alcohol [23].

**Adolescent drinking**

Drinking among young people is a major issue of concern for parents and people working with the young, particularly in relation to the risks of excess drinking.

The 2003 ESPAD (European School Survey Project on Alcohol and Other Durgs) report found that in Europe, teenage levels of alcohol consumption in the UK were amongst the highest with nearly half (46%) of 15-16 year olds having been drunk at least once in the last month [24].

Despite the increased media attention on girls' drinking, it is still the case that boys are more likely than girls to drink, to drink heavily and to binge-drink [25].

The Chief Medical Officer has recently highlighted the problems of binge-drinking among teenagers, stating that: "Binge-drinking (drinking five or more alcoholic drinks once a week or more) is a particularly harmful pattern of drinking in adolescence, associated with alcohol-related violence and regretted sex. It is more common among those from deprived areas. Alcohol-related hospital admissions of children under 16 years increased by a third to 5,280 in the decade 1996 to 2006. Adolescent binge-drinkers are 50% more likely than their peers to be dependent on alcohol or taking illicit drugs when they reach 30 years old. The rate of liver cirrhosis amongst young adults has increased in the last 10 years, likely to be associated with heavier drinking in the teenage years." [26]

## Alcohol and health

There is evidence that alcohol in low amounts may reduce the risk of vascular-caused dementia, gallstones and diabetes, but these findings are not consistent across all studies [27].

But drinking regularly over the recommended limits increases health risks over the long term and research has linked alcohol consumption to at least 60 different medical conditions [28], including injuries, mental and behavioural disorders, gastrointestinal conditions, cancers, cardiovascular diseases, immunological disorders, lung diseases, skeletal and muscular diseases, reproductive disorders and pre-natal harm, including an increased risk of prematurity and low birth weight.

In terms of years of life lost (YLL), it is estimated that in England men who die from alcohol-related causes lose an average of 20.2 years of life [29].

There are a number of significant chronic health conditions associated with alcohol consumption in men, including:

### Liver disease

Liver disease is currently the fifth most common cause of mortality in the UK for both men and women. The death rate from liver cirrhosis is an important indicator of population levels of harm from alcohol and in Britain, since the early 1950s, cirrhosis mortality rates have substantially increased. Between the periods 1987-1991, and 1997-2001, cirrhosis mortality in men (in England and Wales) rose by over two-thirds (69%) [30]. Each year in England and Wales alcohol misuse leads to some 33,000 hospital admissions for alcohol-related liver disease [29].

### Heart disease and strokes

High blood pressure or hypertension will make a person more susceptible to heart disease and strokes. At least 5-7% of diagnosed cases of hypertension are due to heavy drinking and it is the commonest cause after obesity, to which alcohol misuse can contribute [31]. Binge-drinking can cause a surge in blood pressure that does not occur with steady alcohol consumption, which suggests that the manner of drinking may be a more critical factor than the amount [32].

### Cancer

Alcohol misuse is thought to be a major cause in about 3% of all cancers, and can increase the risk of cancers of the mouth and throat. Liver cancer is also associated with heavy drinking [33]. A recent survey performed by YouGov on behalf of the World Cancer Research Fund (WCRF) found that the message that drinking alcohol increases the risk of cancer is not getting through to the majority of men. WCRF found that the proportion of British men who were aware of the link between alcohol and cancer had not risen over the last twelve months, and remained at only 36% [34].

## Acute problems related to alcohol misuse

Findings suggest that men, particularly young men, are more vulnerable to acute alcohol-related harms as they drink more than women and have a greater tendency to engage in risk-taking behaviour. Acute events include alcohol-related accidents, and injuries and suicides.

### Accidents

International studies show that the patterns of alcohol consumption of a population are reflected in injury patterns. Injuries among population groups who consume most are most likely to be alcohol-related: so are injuries at certain times (nights, weekends) and in certain places (pubs, streets) [35].

- It is estimated that over 130,000 leisure and home accidents "involve alcohol drink injuries" (Royal Society for the Prevention of Accidents)
- Studies in the US suggest a strong association between alcohol consumption, risk-taking behaviour, and injury, and also quantity and frequency of consumption. Injured subjects were more likely to be male, younger and to report heavy drinking and more frequent drunkenness compared with those with no injuries [36].

### Assaults

Research in the UK shows that assaults are some of the most common form of alcohol-related injury encountered in accident and emergency departments, accounting for 70% of all alcohol-related injuries. Figures drawn from a range of surveys suggest that men are particularly vulnerable to assault.

### Suicide

Evidence in the literature linking alcohol use and suicidal behaviours goes back many decades. Most of the research that jointly evaluates alcohol and

suicidal behaviour indicates that suicide rates are higher among people who have alcohol-related problems[37]. A survey that tracked suicides in England and Wales over a five-year period found that 40% of suicides that had contacted a mental health service within a year of their deaths, had a history of alcohol misuse[38].

***Drink driving***

Alcohol was linked with 14,380 UK road casualties in 2006. Of these, there were 1,960 serious injuries and 540 deaths[39]. Although there has been a steady decline in the number of drink-drive casualties in the UK since the 1980s, the fatality levels remain very similar – with the 2006 figure now at the same level as 1995.

Men are nearly three times more likely to admit to driving whilst 'over the limit' (17%) than women (6%). Young men (aged 16-29) were the most likely to drive whilst 'over the limit'[40]. In his latest Annual Report, the Chief Medical Officer has recommended addressing the specific problems of drink-driving amongst young people, by reducing the legal blood alcohol limit to zero (for drivers aged between 17 and 20). [26]

## Alcohol dependency and mental health problems

A survey of psychiatric morbidity in 2000 showed that 1 in 8 adult men in Britain were dependent on alcohol and men were three times as likely as women to be dependent on alcohol [41].

Another study (in South London) found prevalence rates of 32% for alcohol abuse and 16% for the use of street drugs amongst mental health service users [42].

## Alcohol-related hospital admissions

Alcohol misuse is a major cause of admissions to hospital in both accident and emergency and non-emergency settings. The Prime Minister's Strategy Unit has estimated that 70% of all admissions to A & E departments at peak times are alcohol-related[10].

Up until recently, hospital admission data (reported via the *Alcohol Statistics Bulletin* from the Information Centre for Health and Social Care) typically covered just three principal blocks of information on alcohol-related admissions: alcoholic liver disease, acute toxic effect of alcohol and alcohol-related mental health disorders. Using this method of data collection, hospital admissions data for England shows that in 2006/07 there were 57,142 admissions to NHS hospitals with a primary diagnosis of an illness or disease that was specifically related to alcohol consumption. Of these, over two-thirds (69%) were men. Using this same data collection method it was also shown that there were 207,788 admissions with either a primary or secondary diagnosis of an illness or disease that specifically related to alcohol consumption. Again over two-thirds of these admissions were male [15].

However, It has become increasingly clear that this method of calculating alcohol-related hospital admissions "significantly underestimated the extent to which patients with alcohol-related disease and injury are presenting for treatment". [43]

As a result, the Department of Health (DoH) is now presenting data in the form of a new national indicator for hospital admissions, which is generated by using Alcohol Attributable Fractions (AAFs). These AAFs take into account a range of diseases and injuries in which alcohol can play a part*. The methodology used by the DoH measures a total of 44 conditions which research shows are caused by or are strongly associated with alcohol consumption. This method of calculating alcohol-related harm in relation to hospital admissions in England indicates that there were around 811,000 admissions in 2006/07 (accounting for 6% of all admissions). This data also indicates that there is almost double the number of men (compared to women) admitted to hospital with conditions caused by or associated with alcohol consumption [43].

*(Note: please see notes on survey methodologies on page 7)*

## Alcohol and mortality

Mortality rates are key indicators of levels of alcohol-related harm within a population and globally it is estimated that alcohol causes 3.2% of all deaths – or 1.8 million deaths annually - and accounts for 4% of disease burden[45]. The World Health Organisation Global Burden of Disease study found that alcohol is the third most important risk factor, after smoking and raised blood pressure, for European ill-health and premature death [46].

In the UK between 1991 and 2006, death rates from alcohol-related causes in the UK rose from 9.1 to 18.3 per 100,000 men (and from 5.0 to 8.8 per 100,000 for women) [47]. In 2006 in England there were 6,517 deaths directly linked to alcohol consumption of which two-thirds were men [15].

In addition, the burden of alcohol-related mortality is moving towards younger age groups (in both men and women). For UK men, the death rates in all age groups increased between 1991 and 2006 with the biggest increase in the 34-54 age group. Rates in this age group more than doubled, from 13.4 to 31.1 deaths per 100,000 over the period [48].

A different method of calculating alcohol-related mortality rates involves applying alcohol-attributable fractions (AAFs) to mortality data (see above*). In a recent study on AAFs for England it was estimated that considerably more deaths were attributable to alcohol consumption – 14,982 in total, representing 3.1% of all deaths in 2005. Men were more at risk of harm from their alcohol consumption than women; 4.4% of male deaths (compared with 2.0% of female deaths) were alcohol attributable [44].

## Alcohol-related crime, disorder and anti-social behaviour

There is considerable literature surrounding the issue of alcohol misuse by men and its relationship to crime or disorderly behaviour. Whilst there is no evidence of a causal link between alcohol misuse and crime, it is generally agreed that alcohol misuse, combined with personality and personal circumstances, are factors that trigger a wide range of crimes, disorders, and anti-social behaviours.

According to the BMA's report into alcohol misuse, "there are two main categories of offences associated with alcohol-related crime and disorder:

- Alcohol-defined offences such as drunkenness offences or driving with excess alcohol.
- Offences in which alcohol consumption was a contributory factor in the committing of an offence, usually where the offender was under the influence of alcohol at the time." [12]

The government's Interim Analytical Report [10] found that the profile of both perpetrators and victims of alcohol-related violence was very similar and many shared risk factors, e.g.:

- Being male aged 16 to 29
- Being single
- Visiting pubs or clubs frequently
- Drinking on average 3-4 times a week
- Drinking more than 10 units on a typical day.

Alcohol is strongly associated with anti-social behaviour. "Of young people aged 18-24, those who binge-drink were far more likely to admit to committing criminal or disorderly behaviours during or after drinking (63%) than other regular drinkers of the same age group". [13]

As well as actual crime, the perception of alcohol-related rowdy behaviour has also been increasing over the past five years and the proportion of people who think that drunk and rowdy behaviour in public places is a fairly/very big problem in their area increased from 22% to 25% [49].

### Violent crime

Data on alcohol-related violent crime and disorders is available from crime surveys which indicate that:

- In nearly half (45%) of all violent incidents, victims believed offenders to be under the influence of alcohol.
- This figure rose to 58% in cases of attacks by people they did not know.
- 39% of domestic violence cases involve alcohol.
- In nearly a million violent attacks in 2007-08, the aggressors were believed to be drunk [50].

## The impact of alcohol on men's lives

For men there are a number of areas where alcohol misuse can impact directly on their lives including:

### Marital harm and violence

"A large number of cross-sectional studies have demonstrated a significant positive association between heavy drinking and the risk of marital break-down." [27]. It is estimated that marriages where one or both partners have an alcohol problem are twice as likely to end in divorce [10]. A Home Office study found that "62% of domestic violence offenders had been drinking at the time of the assault" [51].

### Child abuse

Parental drinking can affect the environment in which a child grows up through financial strain, poor parenting, marital conflicts and so on. Both spouses and children can be victims of alcohol-related violence, and children can also suffer medical and social problems that may persist into adulthood. Parental alcohol misuse affects up to 1.3 million children in England [52].

### Occupational problems

The main costs to the economy of alcohol-related ill-health have been identified as: absenteeism, poor performance and productivity, accidents and loss of staff and recruitment costs [53]. It has been estimated that the cost of loss of productivity at work (and associated alcohol-related workplace issues) is up to £6.4 billion [10].

## Treatment and Intervention

Surveys in many countries find that men are more than twice as likely as women to have alcohol use disorders. "Men are much more likely than women to report diagnosable alcohol abuse, either currently or as a lifetime experience. Men are also much more likely than women to report diagnosable alcohol dependence". [54]

### Prevalence of alcohol use disorders

Estimates of the number of individuals in the UK who misuse alcohol vary due to different methods of data collection and analysis.

In England, the 2004 National Alcohol Needs Assessment Research Project [55] (ANARP) reported that 38% of men and 16% of women (aged 16-64) have an alcohol use disorder (including hazardous, harmful, or dependent drinking), which is equivalent to approximately 8.2 million people.

Briefly, ANARP found:

- Over eight million people have an alcohol use disorder.
- Some 38% of men were found to have an alcohol use disorder. Within this, 32% of men were hazardous or harmful alcohol users. There were also 21% of men who were binge- drinkers.
- The prevalence of alcohol dependence overall was 3.6% of the adult population, equating to 1.1 million people.
- There was a decline in all alcohol use disorders with age.

- Levels of alcohol dependence varied between regions from 1.6% to 5.2%.
- There were low levels of identification, treatment and referral of patients with alcohol use disorders by GPs.
- GPs tended to under-identify younger patients with alcohol use disorders compared to older patients.
- Women were 1.7 times more likely to access alcohol treatment than men.

**Treatment and intervention**
There is a large amount of literature that shows that there are a number of effective and cost-efficient intervention/treatment approaches for alcohol problems and all service users have a right to expect that "their culture, gender and practical needs will be sensitively accommodated in so far as this is reasonably possible". [56]

Although the research evidence into substance misuse "demonstrates that gender is not necessarily a significant predictor of retention, completion or outcome once an individual begins treatment", there may be a number of other factors that might influence treatment outcomes and these may vary according to the gender of the service user [57].

## What motivates men to drink and drink to excess

Gender studies on why men drink and what triggers problem drinking are scarce in comparison with women's drinking. Findings from one study of male and female drinking suggests that the motivation is fairly similar, with pleasure and socialising being key factors [58]. Thom and Francome suggest that men's drinking behaviour is due to our cultural values. They argue that "in societies where most people drink, it is especially difficult for men to be abstainers, an image linked to being 'weak' or 'sissy'. Alcohol…has economic and symbolic value. It functions as a symbol of earning power and social exchange and is significant as an expression of gender identity and gender position within society, peer groups and families". [5]
Any examination of male drinking must therefore take into consideration the role that alcohol plays both in our culture as a whole and within the stereotypical male 'macho' identity. "Drunkenness is just tolerated more in some countries (e.g. the UK and Ireland) than it is in others (e.g. Cyprus, Italy and Portugal)". [59]

Any effective initiatives to reduce alcohol-related harm among men must be based on an understanding of what triggers problem drinking among different groups of men. Drinking can be a pleasurable activity for men but there needs to be a greater awareness of the demarcation between safe, enjoyable drinking behaviour and harmful drinking that causes problems both for the individual and for those around him.

## Conclusion

Across the world, men are more likely to drink, consume more alcohol, and cause more problems by doing so but the reasons why men drink in the ways that they do, and how to address some of the problems associated with their drinking behaviours needs much further examination. Future research also "needs to take account of a range of personal, psychological and social factors that impact differently on men and women". [60]

**Notes on methodology used in surveys**
Estimates of alcohol consumption in surveys are given in standard units derived from assumptions about the alcohol content of different types of drink, combined with information from the respondent about the volume drunk. In recent years, new types of alcoholic drink have been introduced, the alcohol content of some drinks has increased and drinks are sold in more variable quantities. As a result of this the *General Household Survey* has reconsidered its assumptions made in obtaining estimates of alcohol consumption and has updated its conversion factors. Care must therefore be taken when comparing data across different years and when interpreting data. For further information please refer to the *General Household Survey*: http://www.statistics.gov.uk/Statbase/Product.asp?vlnk=5756

* The attributable fraction may be defined as the proportion of disease risk in a population that would not have occurred if exposure to a risk factor or set of factors had not occurred. The alcohol-attributable fraction (AAF) is therefore calculated as a positive function of the prevalence of drinking (the exposure) and the relative risk function of each alcohol-related condition (the disease risk) to enable the estimation of the proportion of cases of a disease or type of injury that may be attributed to the consumption of alcohol". [44]

## References


1. Goddard, E (2008) *Smoking and drinking among adults*, *2006*, Newport, Office for National Statistics.

2. Goddard, E (2008) *Drinking: adults' behaviour and knowledge in 2007: a report on research using the National Statistics Omnibus Survey,* Newport, Office for National Statistics.

3. Robertson, D. et al (2008) *What works with men? A systematic review of health promoting interventions targeting men,* BMC Health Services Research (8), p141.

4. White, A. and Holmes, M. (2006) *Patterns of mortality across 44 countries among men and women aged 15-44 years,* Journal of Men's Health and Gender, 3(2), pp139-151.

5. Thom, B. and Francome, C. (2001) *Men at risk: risk taking, substance use and gender,* London, Middlesex University.

6. Alcohol Concern (2008) *Unequal partners: a report into the limitations of the alcohol regulatory regime,* London, Alcohol Concern.

7. Thom, B (2003) *Men and alcohol: a matter of gender?* Men's Health Journal, 2(3), p84.

8. Bloomfield, K., Gmel, G., and Wilsnack, S. (2006) *Introduction to special issue 'gender culture and alcohol problems: a multi-national study',* Alcohol & Alcoholism, 41(Supplement 1), pp13-17.

9. Wilsnack, R.W., Wilsnack, S.C. and Obot, I.S. *Why study gender, alcohol and culture?* In Obot, I.S. and Room, R. (eds) (2005) Alcohol, gender and drinking problems: perspectives from low and middle income countries, Geneva, World Health Organisation.

10. Strategy Unit Alcohol Harm Reduction Project (2003) *Interim analytical report,* London, Cabinet Office.

11. Tighe, A (ed) (2007) *Statistical handbook 2007,* London, British Beer

and Pub Association.

12. BMA Board of Science (2008) *Alcohol misuse: tackling the UK epidemic,* London, British Medical Association.

13. Department of Health et al (2007) *Safe. Sensible. Social. The next steps in the National Alcohol Strategy,* London, Department of Health.

14. Health Improvement Analytical Team, Department of Health (2008) *The cost of alcohol harm to the NHS in England,* London, Department of Health.

15. NHS Information Centre (2008) *Statistics on alcohol: England, 2008,* London, NHS Information Centre.

16. Crisis (2002) *Home and dry: homelessness and substance use in London,* London, Crisis.

17. Fazel, S., Bains, P., and Doll, H. (2006) *Substance abuse and dependence in prisoners: a systematic review,* Addiction, 101(2), pp181-191.

18. Prison Reform Trust (2008) *Bromley briefings: prison factfile,* London, Prison Reform Trust.

19. Alcohol Concern (2000) *Britain's ruin,* London, Alcohol Concern.

20. Wincup, E., Buckland, G., and Bayliss, R. (2003) *Youth homelessness and substance use: report to the drugs and alcohol research unit,* London, Home Office Research Development and Statistics Directorate.

21. Sproston, K. and Mindell, J. (eds) (2006) The health of minority ethnic groups, London, NHS Information Centre.

22. Stall, R. et al (2001) *Alcohol use, drug use and alcohol-related problems among men who have sex with men: the Urban Men's Health Study,* Addiction, 96(11), pp1589-1601.

23. Hickson, F. et al (2007) *Consuming passions: findings from the United Kingdom's Gay Men's Sex Survey 2005,* London, Sigma Research.

24. Hibell, B. et al (2004) *The ESPAD report 2003: alcohol and other drug use among students in 35 European countries,* Stockholm, Swedish Council for Information on Alcohol and Other Drugs.

25. Jernigan, D.H. (2001) *Global status report: alcohol and young people,* Geneva, World Health Organisation.

26. Donaldson, L. (2008) *On the state of public health: annual report of the Chief Medical Officer 2007,* London, Department of Health.

27. Anderson, P., and Baumberg B. (2006) *Alcohol in Europe,* Cambridge, Institute of Alcohol Studies.

28. Rehm, J. et al (2002) *Alcohol-related morbidity and mortality,* Alcohol Research and Health, 27(1), pp39-51.

29. Department of Health (2008) *Know your limits: a brief guide,* London, Department of Health.

30. Leon, D.A. and McCambridge J. (2006) *Liver cirrhosis mortality rates in Britain from 1950 to 2002: an analysis of routine data,* Lancet, 367, pp52-56.

31. Heather, N. et al (eds) (2001) *International handbook of alcohol dependence and problems,* Chichester, Wiley.

32. Marques-Vidal P. et al (2001) *Different alcohol drinking and blood pressure relationships in France and Northern Ireland: The PRIME study,* Hypertension, 38, pp1361-1366.

33. Department of Health (2000) *NHS cancer plan: a plan for investment, a plan for reform,* London, Department of Health.

34. Cancer Research UK (2008) *Men unaware of link between alcohol and cancer* Press Release 12 August 2008, http://info.cancerresearch uk.org/news/archive/newsarchive/2008/august/18728255

35. Honkanen, R(1993) *Alcohol in home and leisure activities,* Addiction 88(7), pp939-944.

36. Miller, T.R. et al (2001) *Injury risk among medically identified alcohol and drug abusers,* Alcoholism: Clinical and Experimental Research, 25(1), pp54-59.

37. Conner, K.R. and Chiapella, P. (2004) *Alcohol and suicidal behavior: overview of a research workshop,* Alcoholism: Clinical and Experimental Research, 28(5), pp2-5.

38. Appleby, L. et al (2001) *Safety first: five year report of the national confidential inquiry into suicide and homicide by people with mental illness,* London, Department of Health.

39. Department for Transport (2007) *Road casualties Great Britain 2006,* London, Stationery Office.

40. Brasnett, L. (2004) *Drink-driving: prevalence and attitudes in England and Wales 2002,* London, Home Office Research Development and Statistics Directorate.

41. Singleton, N. et al (2001) *Psychiatric morbidity among adults living in private households 2000,* London, The Stationery Office.

42. Took M. (2001) *Homeless people with a severe mental illness,* National Schizophrenia Fellowship Policy Statement, London, NSF.

43. Department of Health (2008) *Hospital admissions for alcohol-related harm: understanding the dataset,* London, Department of Health.

44. Jones, L. et al (2008) *Alcohol-attributable fractions for England. Alcohol-attributable mortality and hospital admissions,* Liverpool, Centre for Public Health and North West Public Health Observatory.

45. World Health Organisation (2007) *Alcohol and injury in emergency departments: summary of the report from the WHO collaborative study on alcohol and injuries,* Geneva, World Health Organisation.

46. World Health Organisation (2002) *Reducing risks, promoting healthy life,* Geneva, World Health Organisation.

47. Office for National Statistics (2008) *Health highlights,* http://www.statistics.gov.uk/cci/nugget.asp?id=1930

48. Office for National Statistics (2008), *Alcohol deaths: rates in the UK continue to rise,* http://www.statistics.gov.uk/cci/nugget.asp?id=1091

49. Department of Health (2008) *Safe, sensible, social – consultation on further action. Impact assessments,* London, Department of Health.

50. Kershaw, C., Nicholas, S. and Walker, A. (2008) *Crime in England and Wales 2007/08: findings from the British Crime Survey and police recorded crime,* London, Home Office Research Development and Statistics Directorate and Office for National Statistics.

51. Gilchrist, E. et al. (2003) *Domestic violence offenders: characteristics and offending related needs*. Findings 217. London: Home Office Research Development and Statistics Directorate.

52. Prime Minister's Strategy Unit (2004) *Alcohol harm reduction strategy for England,* London, Strategy Unit.

53. Alcohol Concern Drug and Alcohol Workplace Service (2002) *Impact of alcohol and drug problems in the workplace: glancesheet number 2,* London, Alcohol Concern.

54. Obot, I.S. and Room, R. (eds.) (2005) *Alcohol, gender and drinking problems: perspectives from low and middle income countries,* Geneva, World Health Organisation.

55. Department of Health (2005) *Alcohol needs assessment research project (ANARP),* London, Department of Health.

56. Raistrick, D., Heather, N. and Godfrey, C. (2006) *Review of the effectiveness of treatment for alcohol problems,* London, National Treatment Agency for Substance Misuse.

57. Greenfield, S.F. et al (2007) *Substance abuse treatment entry, retention, and outcome in women: a review of the literature,* Drug and Alcohol Dependence, 86(1), pp1-21.

58. Plant, M.A., Plant, M., and Mason, W. (2002) *People who enjoy drinking: findings from a survey of British adults,* Drug and Alcohol Professional, 2(4), pp26-37.

59. Plant, M. and Plant, M. (2006) *Binge Britain: alcohol and the national response,* Oxford, OUP.

60. Plant, M. *Gender and alcohol* In Alcohol Research Forum (eds) (2002) 100% proof: research on alcohol, London, Alcohol Concern.

Disclaimer: This Alcohol Concern fact sheet provides an overview of some of the issues relevant to men and alcohol. It is designed to introduce the topic, rather than be a comprehensive summary.

*Men and alcohol* is one of a series of factsheets produced by Alcohol Concern. Full details are available on the Alcohol Concern website: www.alcoholconcern.org.uk.

August 2008

## Alcohol Concern Is

- The national agency on alcohol misuse
- Working to reduce the level of alcohol misuse, and to develop the range and quality of helping services available to problem drinkers and their families
- England's primary source of information and comment on a wide range of alcohol related matters

## Join Us Today...

Becoming a member of Alcohol Concern provides you with access to our inside knowledge on the latest political developments on alcohol policy and to a wide array of local and national information on alcohol issues.

In addition, our Membership Benefits include:

- Free subscription to Alcohol Concern's quarterly news and policy magazine Straight Talk
- Free copies of all Alcohol Concern's publications and reports printed during the period of membership (one copy per member)
- Free copy of all Alcohol Concern's factsheets on a wide range of alcohol issues
- Free copy of new/updated factsheets developed during the period of membership (one copy per member)
- The quarterly email "CEO letter to Members" on current political developments and project work at Alcohol Concern
- Local media strategy pack, on request
- Discounts on Alcohol Concern conferences and training
- 10% bulk discount on purchase of Alcohol Concern publications in excess of 100 copies
- 20% discount to organisation members for the total cost of conference/event fees where 3 or more bookings are received from the member

Become a member and be a part of a growing network of alcohol experts. For more information on Alcohol Concern membership see www.alcoholconcern.org.uk

## Information Service

We produce a range of information and publications covering the wide spectrum of alcohol-related issues. These include:

- Reports and briefings on key issues for people in the alcohol field and related areas.
- A range of general factsheets on topics of current interest .
- A range of leaflets giving detailed information and advice to specific groups including women, young people, older people, families and those taking medication.
- An email-based information enquiry service via Email: info@alcoholconcern.org.uk.
- Alcohol Concern's quarterly news and policy magazine Straight Talk.

## Website

The Alcohol Concern website contains information about the work of Alcohol Concern, copies of our press releases, factsheets, reports and briefings, many of which are available to download from the site as pdfs. The site allows users to search our library database and services directory and order booklets and publications form our online bookshop. To visit the Alcohol Concern go to: www.alcoholconcern.org.uk

## AC News

This monthly e-bulletin offers a regular update on the latest news and information from Alcohol Concern, including new publications, training and events. To subscribe, visit the Alcohol Concern website: www.alcholconcern.org.uk

Alcohol Concern, 64 Leman Street, London E1 8EU
Tel: 020 7264 0510, Fax: 020 7488 9213
Email: contact@alcoholconcern.org.uk
Website: www.alcoholconcern.org.uk

Alcohol Concern is a registered charity no. 291705 and a company limited by guarantee registered in London no. 1908221.

Alcohol Concern
Making Sense of Alcohol