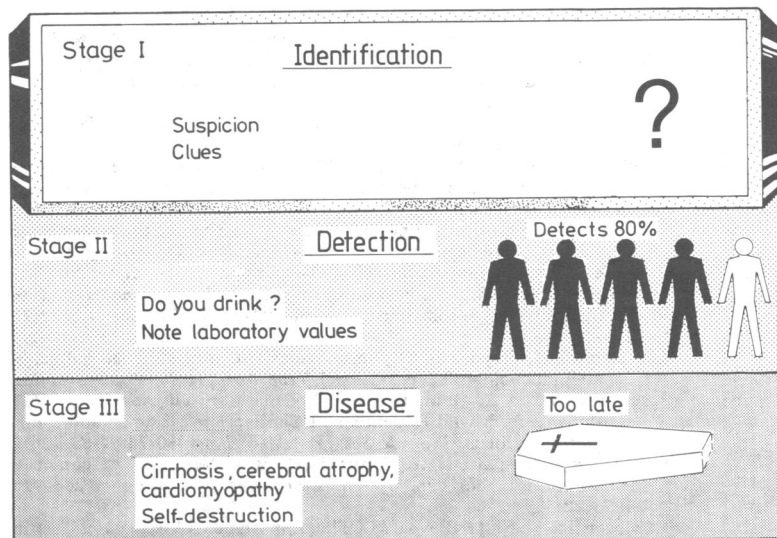


ABC of Alcohol

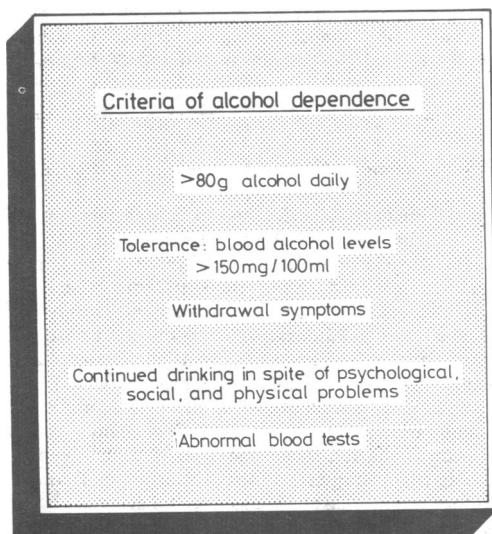
A PATON
J B SAUNDERS

DEFINITIONS



Confused thinking about alcohol abuse arises from (a) disagreement over the definition of alcoholism, (b) different ways of expressing alcohol consumption, and (c) lack of awareness, among doctors and others, of the hazards associated with excessive drinking. The purpose of these eight articles is to provide background information and practical guidelines for those who are not directly concerned with alcoholism, so that they may become more sensitive to an increasingly common social phenomenon and can take action at an early stage.

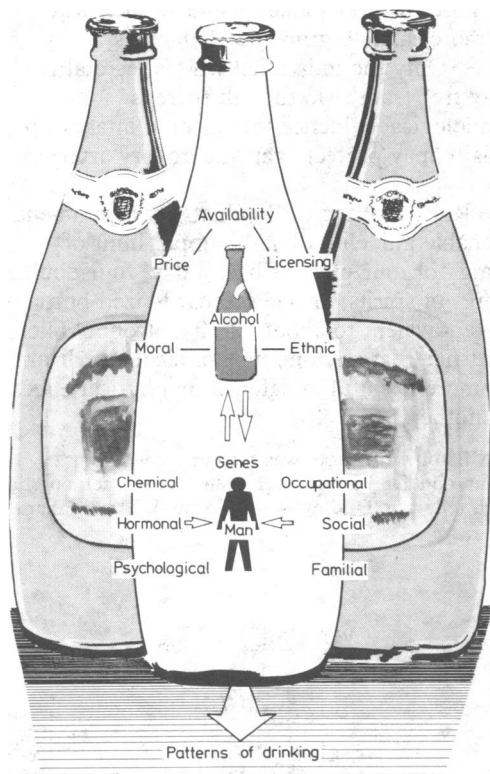
No single disease



The term "alcoholism" is unsatisfactory because it implies a single disease. There are many different types of alcohol abuse, and a whole range of physical, psychological, and social problems is associated with excessive drinking. The term will be used here as a convenient shorthand to indicate repeated consumption of alcohol leading to dependence, physical disease, or other types of harm. In any one individual these are not necessarily directly related to the quantity of alcohol drunk, since such factors as constitution, social background, occupation, pattern of drinking, and dietary habits contribute to individual susceptibility.

A heavy drinker may or may not harm himself or others. The important thing is to recognise him and to assume that he is a potential alcoholic

Range of drinking

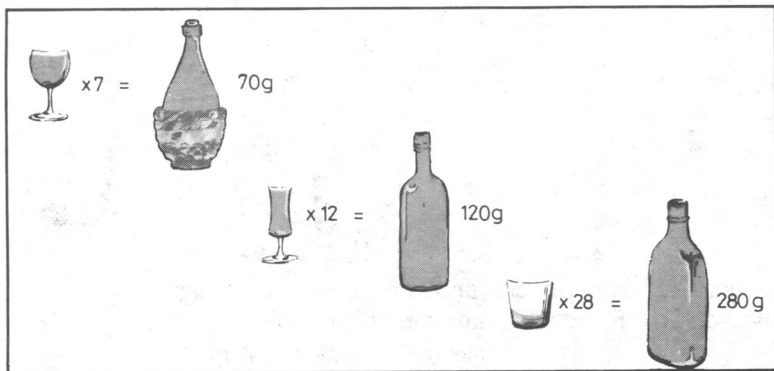
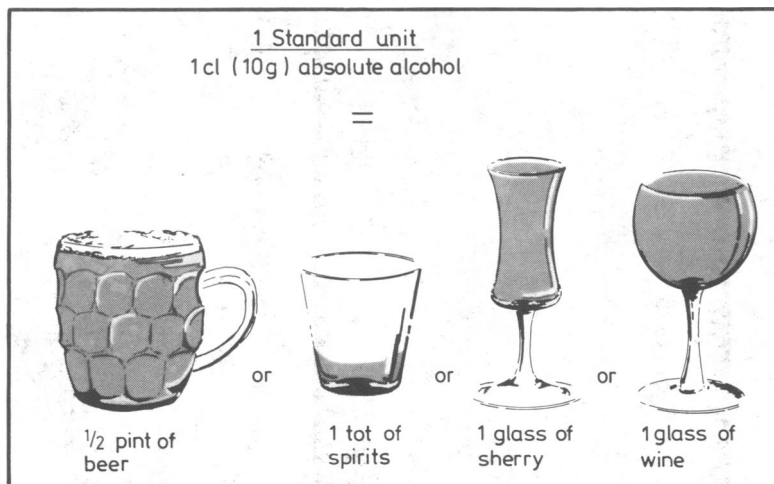


Some examples may make clear the wide range of alcoholism. A few particularly sensitive people, women more often than men, harm themselves physically from drinking “social” amounts of alcohol. They suffer from alcoholism in a medical sense, and if they could be identified they would be warned to avoid alcohol altogether.

Prolonged *heavy drinking* causes serious physical damage, such as cirrhosis, heart disease, and brain damage in about half of those who drink heavily, yet it may have no effect on the individual’s personal relationships or performance at work until disease supervenes. *Problem drinkers* develop a pathological dependence on alcohol so that they continue to drink in spite of the physical, psychological, and social problems the drinking causes. The *addicted drinker*, who has an especially high alcohol intake, seems totally unable to stop in spite of the havoc he causes, and is at risk of severe withdrawal symptoms if he does.

Skid-row alcoholics may have repeated convictions for drunkenness but in general do not develop physical disease, perhaps because of periods of enforced abstinence which allow the body time to recur. Certain people who drink to excess may be a nuisance to themselves or others because of *personality problems* or *compulsive tendencies*, without becoming dependent on alcohol or developing physical disease.

Quantities



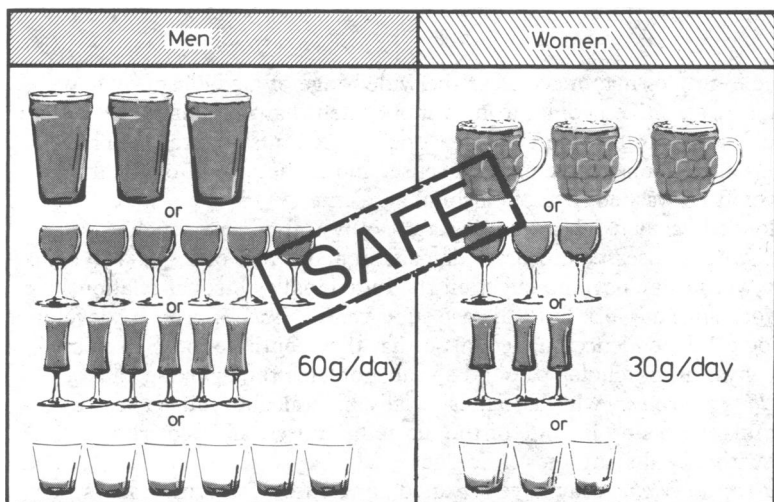
Epidemiological comparisons of alcoholism are bedevilled by lack of uniformity in designating quantities. Statements such as “five drinks a day” are meaningless, if, for example, quantity and type of alcohol are to be related to physical damage. Measurement of alcohol intake in terms of grams (g) of absolute alcohol daily is gradually being adopted for scientific and professional use. Quantities can be quickly calculated by a nomogram (see below).

One pint of beer may vary in alcohol content from 12-40 g according to strength, and one single tot of spirits, one small glass of sherry, or one glass of wine can be considered for purposes of calculation to contain 10 g (they vary from 7 to 11 g).

An agreed measure that can be readily understood by the layman is also needed. The “standard unit” used in Britain is one centilitre (again approximately 10 g) of absolute alcohol, equivalent to half a pint of average-strength beer, a single tot of spirits, a glass of wine, or a small glass of sherry.

An arbitrary level for the development of cirrhosis has been given as six pints of beer, a third of a bottle of spirits, or half a bottle of sherry daily (60-80 g alcohol), but this may be too high in some individuals. Thresholds of 120-160 g, once proposed for physical damage, are certainly excessive, and there may be no absolutely safe limits. In France, for example, thresholds as low as 60 g alcohol daily for men and 20 g for women have been suggested for liver damage. Men who

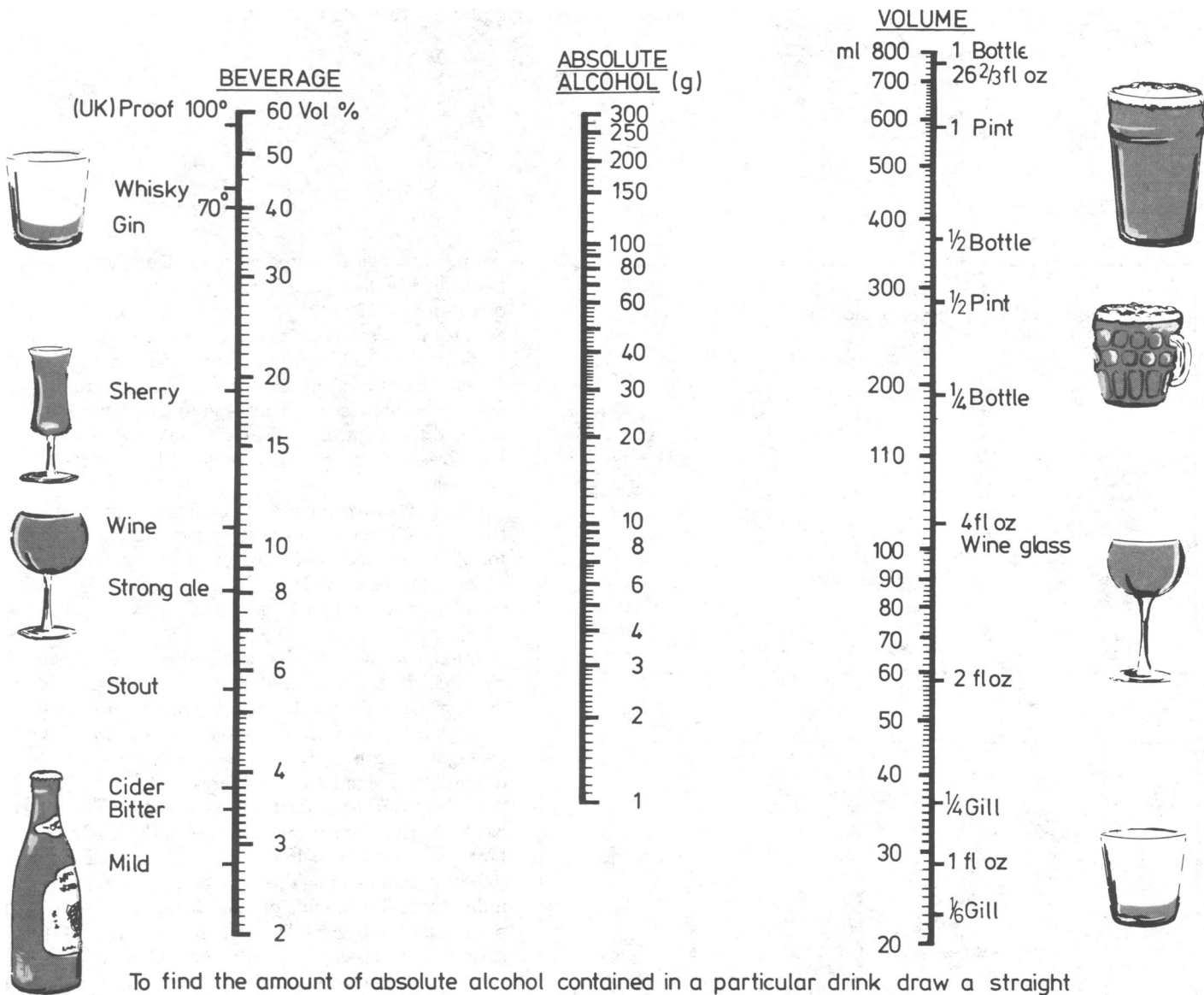
Limits



drink more than 80 g alcohol and women who drink more than 40 g may be defined as heavy drinkers. Only the individual who is teetotal is entirely free from risk, though there is epidemiological evidence that alcohol intakes up to 30 g daily may protect against coronary artery disease.

The Royal College of Psychiatrists recommend "reasonable guidelines for the upper limit of drinking" of four pints of beer a day, four double measures of spirits, or one standard-sized bottle of wine—equivalent to about 60-80 g alcohol. There is no evidence that any one type of alcoholic drink is either more harmful or safer in its physical effects than another.

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To find the amount of absolute alcohol contained in a particular drink draw a straight line between the beverage and volume scales. Read the amount of alcohol in grams on the middle scale

(Mellor C.S. *Br Med J* 1970;iii:703)