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Alcohol Concern's Quarterly Information and Research Bulletin

Alcohol and Men

Introduction

The improvement of male health in the United Kingdom is a pressing public health issue. However, with public attention firmly focused on the increase in women's drinking, the impact of problem drinking on men's health and well being is often overlooked.

This article attempts to redress the balance. It maps out the prevalence of harmful drinking among men, looks at the effects of excess drinking and some of the associated risks factors and finally suggests ways of changing male behaviour in this area.

Focus on alcohol and men

Men are less likely than women to abstain, twice as likely to drink above recommended levels ('Office for National Statistics, 2003) and more likely to report alcohol-related problems).

One indicator of men's vulnerability is the gap between men and women in terms of life expectancy. On average, men in all developed countries die five years earlier than women. The World Health Organisation has identified cardiovascular disease, cancer and diabetes as the three principal health problems for developed countries, with shared risk factors including "smoking, unhealthy nutrition, lack of physical exercise and heavy drinking" ('Mach, 1998). In the UK, rates of heart disease, cancer and obesity are substantially higher among men than women. In addition 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.

Individual behaviour is a significant factor in health and life expectancy. Health commentators have noted: "Most of the leading causes of death among men are the result of men's behaviours - gendered behaviours that leave men more vulnerable" ('Kimmel and Messner, 1995).

Thom and Francome in their literature review "Men at Risk" ('Thom and Francome, 2001) have attributed this vulnerability to men's tendencies to engage in risk-taking behaviour. This includes drinking to excess. There is considerable debate around the question of whether the disinhibiting effect of alcohol and intoxication results in other forms of risk-taking behaviour. Some argue that alcohol consumption increases the probability that the drinker will lose inhibition and engage in behaviour that would normally be held in check. Other commentators argue that excess drinking and risky behaviour reflect a more

general tendency in certain individuals to "seek sensation, impulsivity and deficiencies in behavioural restraint" ('Plant, Miller and Plant 2005) However, it is generally agreed that there is a link between gender roles and expectancies around these roles that results in more risk-taking behaviour among men.

Sensible drinking guidelines

Until 1995 the recommended levels were 21 units of alcohol for men and 14 units for women per week. The government's report 'Sensible Drinking' (1995) advised changing this to a daily basis: 3-4 units for men and 2-3 units for women. These guidelines are intended to draw people's attention to limits for daily drinking by identifying a safe level for moderate, regular drinking and help people to decide how much to drink on a single occasion and 'avoid drunkenness'.

Binge-drinking is currently defined as drinking twice the daily recommended number of units in one session - i.e. 8 units for a man and 6 units for a woman.

Male drinking patterns

There are three key measures of consumption:

In 2003:

- frequency of drinking - 75% of men drank at least once a week and 23% drank at least 5 days a week
- maximum daily amount drunk in the last week - 25% of men drank nothing, 35% drank up to 4 units of alcohol and 40% drank over 4 units ('ONS, 2004)
- mean weekly consumption - in 2002 the mean weekly consumption for men was 17.2 units ('ONS, 2003)

In comparison among women in 2003

- maximum daily amount drunk - 40% of women drank nothing, 37% drank up to 3 units, 23% drank over 3 units. (6 - ONS, 2004)
- frequency of drinking - 60% of women drank at least once a week and 13% drank at least 5 days a week (6 - ONS, 2004)
- mean weekly consumption - In 2002 the average weekly consumption for women was 7.6 units. ('ONS, 2003)

How many men drink too much?

In 2002:

- mean weekly consumption - 27% of adult men aged 16 and over (5.6 million approx.) reported

drinking over 21 units per week, of which 7% (1.2 million approx.)) drank at very risky levels of over 50 units per week (¹ONS, 2003).

In 2003:

- heaviest drinking day - 17% drank between 4 and 8 units and 23% drank over 8 units on one day. (⁶ONS, 2004)

Hazardous drinking

Hazardous or problematic drinking is not just measured by quantity consumed* Drinking behaviour and its consequences can also indicate problems with alcohol. A recent national survey of a representative sample of adults in private households indicated that over 38% of adult males aged 16 to 74 years were 'hazardous drinkers' according to their scores on the AUDIT screening tool. The highest proportion of these (53%) were aged 16 to 24 years. This means that not only did these men drink a lot, they also engaged in risky behaviour including becoming involved in arguments, injuring themselves or another person, or failing to turn up for work the morning after. These are precisely the patterns of behaviour that make men vulnerable to harm (⁷National Statistics, 2001).

Are men drinking more?

Figures from the General Household Survey indicate that the proportion of men drinking over 21 units per week and 50 units per week has remained fairly constant over the past decade, with around 27% drinking over 21 units and 6% drinking over 50 units (¹ONS, 2003). Overall figures also indicate that since 1998 around one in five men drank over 8 units on at least one day in the previous week. In the younger age groups (16-24 years) the proportion drinking over 8 units at least once a week has dropped from 39% in 1998 to 35%. (¹ONS, 2003) However, these are aggregate figures and it is clear from anecdotal evidence that many groups of young men regularly drink far in excess of 8 units in one session.

Influencing factors

Male drinkers are clearly not a homogeneous group, and closer analysis of figures from national surveys combined with findings from 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 vary according to region, showing a north-south geographical divide. In terms of amounts drunk on the heaviest day, in 2003 28% of men in the North West and Merseyside had drunk over 8 units on at least one day, compared to 18% living in London or the South. In addition, 45% of men in the North West had drunk over 4 units at least once in the previous week compared to 32% of men living in London (⁶ONS, 2004).

Age - Age is one of the most significant factors in male drinking. In 2002 the mean weekly consumption of men aged 16 to 24 years was 21.5 units compared to 10.7 units for men over 65 years. Around 35% of men in younger age group drink heavily (8+ units per session). While the overall proportion of men exceeding 21 units per week has remained constant, the proportion of young men aged 16 to 24 drinking at these levels increased from 31% in 1988 to 40% in 2001 and the proportion drinking over 50 units increased from 10% in 1988 to 15% in 2001. These figures dropped slightly in 2002 (¹ONS, 2003).

Adolescent drinking - Findings from the comparative 2003 European School Survey Project on Alcohol and Drugs indicate worrying levels of harmful drinking among 15-16 year old British males with 24% reporting 10 occasions of drunkenness in the previous 12 months and 26% reporting "binge-drinking" 3 or more times in the previous 30 days. Levels of "binge-drinking" and drunkenness among adolescent males have decreased since the previous survey, in 1999 and interestingly adolescent girls have out-stripped them in binge-drinking (29% of girls aged 15-16 reported binge-drinking) (⁸Hibell et al, 2004).

- In this survey binge-drinking among adolescents is defined as 5 or more drinks in a row.

Socio-economic group - Overall figures from national surveys show that men in managerial or professional occupations drink on average 17.3 units of alcohol per week compared to men in routine and manual occupations who drink an average of 16.8 units per week. Also men in managerial/professional occupations tend to drink more regularly with 28% drinking on 5 or more days in the week compared to 17% of men in routine/manual occupations who drink on 5 or more days in the week.

However, evidence from the Independent Inquiry into Health and Inequalities found that problem drinking (ie regularly drinking in excess of recommended guidelines) is twice as common in the poorest socio-economic groups (⁹Acheson, 1998). The General Household survey shows that men in the lowest income brackets (up to £200.00 per week) are more likely than men in the highest income bracket (£800.00+ per week) to drink 8 or more alcohol units on one day in the previous week, with 28% of the lowest earners drinking at this level compared to 22% of the highest earners. As aggregate figures from national surveys do not show dramatic differences across different socio-economic groups, individual more in-depth studies are required to demonstrate how socio-economic factors affect male drinking. Evidence from a range of studies suggests that socio-economic status is an "important predictor of acute and chronic alcohol-related harms" (¹⁰Makela, 1999). One study found a link between socio-economic status and alcohol, particularly among men aged 25 to 39 in the unskilled manual class who are 10 and 20 times more likely to die from alcohol-related

*The term "hazardous drinking" is based the WHO's definition of drinkers who score 8 or more on the AUDIT screening questionnaire

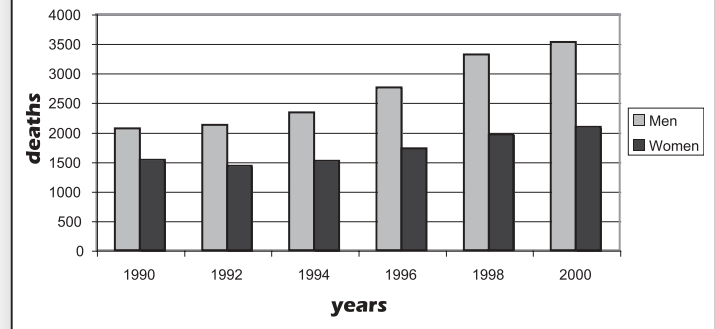
causes than those in the professional classes (¹¹Harrison and Gardiner, 1999). Thom and Francome (¹²Thom and Francome, 2001) in their review "Men at Risk" have identified three UK studies indicating high levels of risky drinking, particularly binge drinking among young men in deprived or working class areas. This is another area that requires further attention and research.

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. However, it is certain that alcohol plays a role in social exclusion and vice versa so government strategies to address either problem should take account of this inter-relationship. Factors which contribute to social exclusion have been identified as 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 or street drinkers** - Around 30% of homeless people are problem drinkers and studies show that 49% of homeless men and 15% of homeless women are high-risk drinkers (¹²Harrison and Luck, 1996).
- **Prison inmates** - Over half of male prisoners were hazardous drinkers in the year prior to entering prison, as were one third of female prisoners (¹³Singleton, Farrell, and Meltzer, 1999).
- **Young men with combined alcohol problems and mental health or behavioural problems** - This group of men are 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. (¹⁴ Britain's Ruin, 2000).
- **Ethnic origin** - A recent study of second and subsequent generation ethnic minorities found that although 62% abstained from alcohol there were signs that some sub-groups drank to excess. Whereas only 4% of Pakistani men and 5% of Bengali men exceeded safe guidelines (21 units per week), 24% of Indian Sikhs and 35% of Black African and Caribbean men, drank fairly heavily (21+ units per week). Of these, 6% of Sikhs drank very heavily (50+ units per week) and 15% of Black men also drank very heavily - a higher proportion than in the male population in general (¹⁵Purser, 2001).
- **Sexual orientation** - International studies suggest that gay men are less likely to abstain from drinking alcohol than heterosexual men and are more likely to be heavy drinkers. The exact scale of alcohol misuse among gay or bisexual or transgender men is difficult to determine, however, studies show that men in these groups are more likely to identify alcohol as a problem (¹⁶Alcohol Concern, 2004).

Fig. 1 Deaths from selected causes linked to alcohol consumption, by gender, England and Wales 1990 to 2000



The impact of problem-drinking on men

There are various patterns of problematic drinking among men. The two clearest patterns are frequent heavy chronic drinking and occasional heavy episodic drinking. The two styles of drinking are not mutually exclusive but it is possible to see patterns of harm resulting from each style. Frequent heavy drinking tends to be linked to chronic conditions such as liver cirrhosis and heavy episodic drinking is more likely to result in assaults, accidents and suicide. Statistics show that men are more likely than women to experience both long-term health effects and acute problems from their drinking.

Alcohol-related mortality among men

Mortality rates are key indicators of levels of alcohol-related harm within a population. Figure 1 shows just how adversely men are affected. In 2000 83% more men died of alcohol-related causes than women. With the exception of K74 (chronic hepatitis) male deaths in all selected causes of alcohol-related deaths outnumber female deaths. (¹⁷DoH, 2004) In addition, between 1979 and 2003:

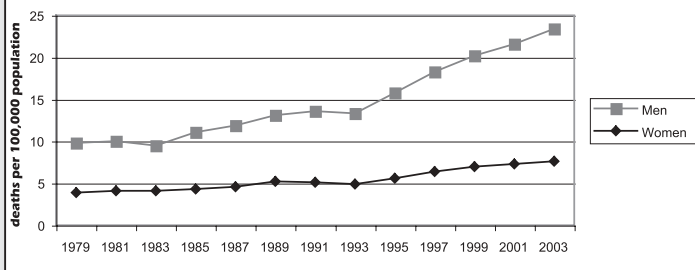
- among men, the age-standardised rate of alcohol-related deaths rose from 5.9 to 15.8 deaths per 100,000
- among women, the age-standardised rate rose from just under 3.9 deaths per 100,000 to 7.6 deaths per 100,000 (¹⁸ONS, 2005)

In terms of years of life lost (YLL) for deaths below the age of 55, among men 15,933 YLLS were lost compared to 8,564 for women in 2000. In the main these figures represent premature death among men due to accidents, assaults and suicide linked (¹⁹Baker and Rooney, 2003).

Chronic illness

Although light or moderate drinking can protect older men against heart disease, regularly drinking above safe guidelines can contribute to a wide range of diseases, including coronary heart disease, strokes, impotence, cancer, liver cirrhosis, digestive problems and injury. In 2002/2003 27,500 men were admitted to hospital with a primary diagnosis of alcohol-related illnesses and 86,600 were admitted with a primary and secondary diagnosis.

For men there are a number of significant

Fig. 2 Alcohol-related death rates, England and Wales, 1979 to 2003

chronic conditions that need to be flagged up:

- **Liver disease** - Among men deaths from liver disease and liver cirrhosis between 1990 and 2000 increased by 74% (from 1,680 to 2,921 deaths) compared to a 34% rise among women (17DoH, 2004). In addition approximately 13,000 men were admitted to hospital with liver disease where alcohol was a primary or secondary cause (17- DoH, 2004). Since the early 1970s there has been a greater than four-fold increase in men aged 45-54 years dying from chronic liver disease and cirrhosis. The figures also show a worrying increase among younger men with an eight-fold increase among men aged 35-44 years and a four-fold increase among men aged 25-34 years (20 - DoH 2001)
- **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 also contribute (21Heather et al 2001). Binge-drinking is a particular problem as the latest research indicates that the incidence of hypertension is approximately doubled in people who drink over 6 units per day (21Heather et al 2001).
- **Cancer** - It is estimated that alcohol alone is responsible for about 3% of all cancers. It is estimated that among men 273.2 per 100,000 population died of cancer compared to 203.9 per 100,000 population women in 1998. (22Mens' Health Forum 2005). Cancers of the mouth, larynx and oesophagus are the most common forms and people who drink more than 5 units per day are more at risk than non-drinkers. Recent studies suggest that 80% of these types of cancer could be avoided by abstaining from alcohol and tobacco (21Heather et al 2001).

Other health problems

- **Gastritis** - Inflammation of the stomach, the acute form responsible for nausea and vomiting the morning after heavy drinking, and the chronic condition associated with prolonged heavy drinking. Both forms of the problem can be cleared up by avoiding alcohol, but left untreated they can be fatal.
- **Osteoporosis** - Heavy drinking contributes to osteoporosis making the bones thin, soft and liable to collapse. It's estimated that nearly 50% of heavy drinkers have osteoporosis or osteopenia (reduced

bone mass) (21Heather et al, 2001).

- **Sexual problems** - Temporary impotence following heavy drinking is a common problem experienced by men. However, prolonged heavy drinking can also cause loss of libido and potency, and can lead to shrinking of the testes, reduction in the size of the penis and reduced sperm count, thereby affecting fertility.

Alcohol dependency and mental health problems

A survey of psychiatric morbidity in 2000 showed that 1 in 8 adult men in Britain (2.5 million approx.) were dependent on alcohol. Men were three times as likely as women to be dependent on alcohol. The highest rate of mild alcohol dependency was found among young men aged 20-24 years (237 per thousand population). The rate of mild dependency decreases with age, with all cases of severe dependency being found among those aged 30-65 years. (Office for National Statistics, 2001).

There is a clear association between substance misuse and psychiatric disorder. Analysis of findings from the earlier 1995 national survey of psychiatric morbidity found that dependence on alcohol was "associated significantly and independently with having a psychiatric disorder". Although alcohol dependent women are more likely to report a psychiatric disorder, men are also affected. The study also suggests severity of disorder is related to frequency and quantity of consumption. The study recommended regular screening of alcohol dependent patients/clients to identify people at risk of psychiatric disorder (23Farrell et al, 2001). In 2002/2003 19,200 men were admitted to hospital with a primary diagnosis of mental and behavioural disorder due to alcohol. (17DoH, 2004)

Acute health problems arising from intoxication

Studies indicate that the proportion of premature years of life lost due to the chronic effects of alcohol is lower than the proportion due to acute conditions - this is because of the high involvement of young people in accidents, assaults and suicide. 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.

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 (e.g. non-professional men of working age) are most likely to be alcohol-related: so are injuries at certain times (nights, weekends) and in certain places (pubs, streets) (24Honkanen, 1993).

- Of an estimated 33,000 alcohol-related home accidents in 1998, 62% involved men, and 38% involved women (25 Consumer Affairs Directorate, 2001).
- Adult men under 60 years are twice as likely as

women to be involved in alcohol-related leisure 1998 (²⁵Consumer Affairs Directorate, 2001).

- 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 (²⁶Miller et al, 2001).
- Data on fatal alcohol-related accidents in the UK do not indicate the full scale of the problem, as accident mortality figures only record where alcohol is the underlying cause of death, not a contributory factor. However a statistical analysis of overall accident mortality and per capita consumption in 14 western European countries estimated that in central European countries (including the UK) 35% of all accidental deaths among men aged 15-69 years were alcohol-related (²⁷Skog, 2001).

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:

- Young men are nearly five times as likely to become victims of violent crime, and regular visitors to pubs and clubs are twice as likely to become victims of violent crime (²⁸Home Office, 2000).

Suicide

One notable trend in the last 2 decades has been the increase in young male suicides. In 1999 for men aged 15 to 24 these were 16 per 100,000 population compared to a rate of 7 per 100,000 in 1971. Also the suicide rate for men aged 25 to 44 years doubled in this period from 13 to 26,000 per 100,000 population (²⁹Mill et al, 2001).

Alcohol is often implicated in male suicides. A recent survey tracking 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. (³⁰Appleby, 2001).

The impact on men's lives

For men there are a number of areas where alcohol misuse can impact directly on their lives. Some key areas include:

- **Personal and family relationships** - With 27% of men drinking at hazardous levels, there is likely to be at least one partner and possibly two children experiencing difficulties as a result of that individual's drinking problems. Heavy drinking by one or both partners in a relationship can exacerbate personal tensions and in extreme situations can lead to domestic violence. It is estimated that between 60% and 70% of men who assault their partners do so under the

influence of alcohol, although this is a complex relationship in terms of cause and effect of alcohol misuse (³¹Jacobs, 1998). Childline's report "Beyond the limit: children who live with parental alcohol misuse" found that in just over a half of calls, the father was the problem drinker and about a third, the mother. (³²Childline, 1997)

- **Occupational problems** - A joint survey of employers carried out by Alcohol Concern, DrugScope and Personnel Today (³³Alcohol Concern, 2000) found that 60% of employers had experienced problems as a result of employees' misuse of alcohol including poor performance, absenteeism, disciplinary action and damage to business. Alcohol problems can stem from an attempt to deal with underlying problems such as stress or emotional difficulties. A recent study by the organisation Working Families found that around one in five working parents resorted to drinking to try and cope with work-related stress. (³⁴Swan and Cooper, 2005). Another survey by the Reed employment group estimated that ten million working days were lost through alcohol-related absenteeism and a further 72 millions days blighted by people turning up for work with a hangover and working at two thirds of their normal capacity. (35 Reed 2004). It is recognised that some male dominated occupations are high risk in terms of stress or associated drinking cultures, which makes for higher levels of alcohol-related mortality for men, particularly among publicans, the legal and medical professions manual labouring.

Men, alcohol and risk-taking behaviour

Studies indicate that there is a range of risk-taking behaviours that men become involved in that is associated with alcohol consumption. These include:

- Taking drugs they would not have otherwise taken
- Having unprotected sexual intercourse
- Being involved in an argument or fight
- Driving a car (under the influence of alcohol) (¹⁵Purser, 2001)

These risks are often associated with single episode high consumption or binge-drinking. However, the link between alcohol consumption and risk taking is unclear. For example, where unsafe sex is concerned, a number of studies show links between alcohol consumption and unsafe or first sex. Hingson et al (³⁶Hingson et al, 1989) reports that adolescents who drank more than 5 drinks per day were 2.8 times less likely to use condoms compared to abstaining adolescents. There has been some research however, which claims that it is too simple to suggest that alcohol use leads to unsafe sex and that this claim can divert attention from other factors.

A recent literature review (⁴Thom and Francome, 2001) which examines individual traits

and personal circumstances suggests that alcohol misuse, anti-social behaviour, offending, crime and other risk-taking activities share common developmental predictors. These predictors include:

- Disrupted family background
- Poor parental supervision and communication
- Problems at school
- Poor social skills
- Physical or sexual abuse in childhood
- Having a risk-seeking personality
- Having a history of age-inappropriate behaviour

For males, the following factors in particular have been found to be associated with alcohol use and other risky behaviours:

- Involvement with 'delinquent' groups or having 'delinquent' siblings
- Feeling alienated
- Males seem to be under more pressure to drink
- Males face greater expectations that alcohol will be accompanied by increased aggression and fighting
- Males are under pressure to adopt a 'macho' image in relation to alcohol use
- Alcohol use is associated with, and is frequently used as an excuse for bad behaviour, including aggression and offending.
- Cultural norms and values regarding drinking and drinking behaviour (Various reports, cited in Thom and Francome, 2001).

Heavy drinking sessions do not necessarily lead to serious consequences. Various qualitative studies of young people's drinking have identified a "work hard, play hard" philosophy. Occasionally they experienced problems on their nights out such as getting involved in a fight or an embarrassing incident, but these were generally accepted as the flip side to many successful evenings with no long-term ill effects. (³⁷Egginton, R., Williams, L. and Parker, H., 2002).

Men, alcohol and crime

There is considerable literature surrounding the issue of alcohol misuse by men and its relationship to crime or disorderly behaviour. While 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 anti-social behaviour and offending. Understanding of the risk factors and their cumulative effect is essential to tackling problems of male offending.

Studies do indicate that alcohol is a significant factor in male offending. For example:

- heavy users of alcohol are more likely than other drinkers to have criminal records (³⁸Fergusson et al, 1996)
- Studies also indicate that 58% of male remand

prisoners and 63% of male sentenced prisoners drink at harmful or hazardous levels in the year prior to entering prison. (¹³Singleton, Farrell, and Meltzer, 1999).

- A Home Office report into intoxicated arrestees showed that 80% of arrestees were male. (³⁹Home Office 2002).
- Drive-drive statistics in 2004 showed that young male drivers had the highest incidence of breath test failure when involved in a road accident (between 4.7 and 5.9% of drivers age 17 to 29 years failed). Overall the failure rate for men was around three times that of women. (⁴⁰Department for Transport, 2004)
- In a UK study of 142 men imprisoned for rape, 58% reported drinking in the six hours before the rape and 37% of these men were judged to be alcohol-dependent. (⁴¹Grubin and Gun, 1990)
- A Home Office youth life styles study found that 69% of the young male binge-drinkers surveyed, reported either being involved in a fight/argument or damaged something or stole in the last year compared to 45% of female binge-drinkers surveyed and 34% of regular male drinkers. (⁴²Richardson and Budd, 2003)
- The 2000 British Crime Survey showed that in 47% of incidents the victims of a violent assault judged that the offender was under the influence of alcohol. In 53% of cases, these incidents happened near pubs and clubs and involved violence between strangers. (⁴³Home Office, 2002).
- Government's "Interim analytical report found that the profile of both perpetrators and victims of alcohol-related violence was very similar with many shared risk factors, eg:
 - 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

These factors are largely accounted for by "exposure to risk" such as social situations where large numbers have been drinking (⁴⁴Cabinet Office Strategy Unit Alcohol Project, 2003)

Men's awareness of the risk of alcohol-related harm

Surveys of public attitudes to alcohol misuse suggest that men in general are very alert to the problems caused in society as a whole such as drink-driving and disorder. However, they are less aware of the problems it creates for them personally. A 2004 survey of adult drinking behaviour and knowledge showed that around 80% of men had heard of measuring but that the greatest degree of awareness of shown by men drinking over the recommended levels. There was wide variation in men's knowledge of how many units there are in different drinks and only 13% kept a

check of the units of alcohol they drank (⁴⁵Lader and Meltzer 2004). In a study by the Institute of Alcohol Studies, 61% reported that they have never worried that they might be drinking too much, although 52% reported that they personally knew someone with an alcohol problem (⁴⁶Institute of Alcohol Studies, 2000).

Given the levels of excess drinking and the potential harm it causes there is an argument for public health campaigns on alcohol aimed at men. In general men are less open than women to public health campaigns. The Men's Health Forum, has suggested various ways to make health and help seeking more attractive to men, such as extensive outreach work, taking services to venues where they feel more comfortable and better training for health staff to enable them to work with younger men. Public health campaigns around alcohol would need to be carefully targeted to tie in with men's specific concerns about alcohol.

Alcohol treatment issues for men

A 1996 census of alcohol treatment services showed that 66% of those seeking help for an alcohol problem were men. Most of these men are in their late thirties/early forties, in employment (64%) and living in permanent, stable housing (82%). (⁴⁷Alcohol Concern, 1997).

The Government's proposed alcohol services audit in 2005, will provide an update on the demographic nature of the population of people needing alcohol treatment which should provide an interesting breakdown of the comparative needs of men and women and an important update on earlier surveys.

There are numerous questions around help-seeking among men and the effectiveness of different types of interventions for men. However, Alcohol Concern in its report on future of alcohol services suggested a number of issues that need to be addressed which are relevant to problem drinking among men:

- Alcohol problems are not restricted to a distinct group of "problem drinkers" or "alcoholics" and episodes of problem drinking are found in a large proportion of the population. There is a need for interventions that target individuals and the reduction of problems at a community level.
- There is a need to take an holistic approach to working with clients that considers the factors that are causing and maintaining problematic use for example by addressing violent offending behaviour
- Services should work to contain and protect individuals whose behaviour puts them at risk or makes them vulnerable

Other questions to consider include:

- Given that men are disinclined to use primary healthcare services, what can be done to target men by taking advantage of existing contact situations where opportunistic brief interventions could be delivered, for example in the workplace?

- Looking at types of generic therapies that are most effective with men. Research suggests that the male gender role is in conflict with help-seeking behaviour and with the fundamental principles of therapy, introspection, emotional expressivity and acknowledgement of difficulties common to alcohol treatment. The research argues that interventions which address the gender role and challenge men's perceptions of themselves are critical variables in the outcome of therapy, i.e. enabling them to make the necessary changes in order to promote psychological well-being (⁴⁹Ritter, 1992). However, there is a distinct lack of research in this area, and more needs to be done.

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. First findings from a recent gender study of male and female drinking suggest that the motivation is fairly similar, with pleasure and socialising being key factors (⁵⁰Plant, Plant and Mason- Plant, 2002).

Thom and Francome suggest that men's drinking behaviour is due to our cultural values. They argue: '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' ('Thom and Francome, 2001).

Any examination of male drinking must also take into consideration the role alcohol plays both in the culture as a whole and within the stereotypical male 'macho' identity. In the UK, where the majority of people drink, there is an acceptance that men drink and sometimes drink to excess. 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

Research into different aspects of men and drinking is scarce. The reasons why men drink in the ways that they do, and how to address some of the problems associated with their drinking behaviours, urgently need further examination. Men's drinking often has a negative impact on their own health, their family's health and the levels of crime and safety in their communities. In order to tackle these issues, it is essential that those involved in working with men have the evidence they need to design effective interventions.

In their study of men and risk, Thom and Francome suggest a range of alcohol harm prevention strategies for men. In particular, strategies that:

- address both alcohol specific issues and the wider family, environmental and cultural factors which contribute to both problem drinking and anti-social behaviour/offending/crime and
- in the case of young men, strategies that pay particular attention to supporting positive alternatives to 'macho' /aggressive/heavy drinking images and to images which sustain traditional 'patriarchal' views on authority and control relationships. (Thom and Francome, 2001)

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Updated April 2005