Violence and crime
The prevalence of offending is substantially higher among binge drinkers than among non-binge drinkers. Young binge drinkers are almost three times more likely to report committing an offence than those who drink but do not normally get drunk, and five times more likely than non-drinkers of the same age. The differences are particularly marked for fights and other violent offences.

Effects on functioning and performance
Hangover resulting from binge drinking has been shown to have adverse effects in regard to a number of aspects of human performance: A single episode of binge drinking has been shown to cause significant impairment of memory during hangover in healthy subjects. Physical performance of healthy subjects and athletes is significantly reduced during hangover.

Unwanted/unsafe sexual activity
40% of 13-14 year olds reported being drunk or stoned when they experienced first sexual intercourse. After binge drinking, one in seven 16-24 year olds have had unprotected sex, one in five have had sex they later regretted and one-in-ten have been unable to remember if they had sex the night before.

Other drug use
Young binge drinkers are substantially more likely than non-binge drinkers to take illegal drugs. Frequency of drunkenness is associated with taking the most commonly used illegal drugs, particularly amphetamine and cocaine.

The Equal Opportunities Department recognises the growing problem of binge drinking. The problem is evident throughout society, as the above detail very articulately demonstrates.

If you would like more information on binge drinking, its impact on health and social aspects, please go to the Institute of Alcohol Studies.

Their website can be found at: www.ias.org.uk or phone 01480 466766

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General Secretary: Dave Ward
Alcohol poisoning
The acute toxic effects of alcohol are generally related to blood alcohol concentrations. Severe intoxication causes marked muscular inco-ordination; blurred or double vision, sometimes stupor and hypothermia; occasionally hypoglycaemia (low blood sugar concentration); convulsions; depressed reflexes; respiratory depression; hypotension; coma. Death may occur from respiratory or circulatory failure or as the result of aspiration of stomach contents in the absence of a gag reflex.

The severe hypoglycaemia that can accompany alcohol intoxication, and which may result in coma, occurs more commonly in adolescents than in adults. Although adequate statistics are hard to come by, deaths from alcohol poisoning appear to occur most often when relatively inexperienced drinkers consume very large amounts of alcohol in a short time. Blood alcohol levels of > 300-400mg% carry a high risk of death in the naïve drinker. This much can be obtained by drinking 150-200g of alcohol, equal to 6-8 pints of strong lager or 2/3 bottle of vodka.

Brain damage
Alcohol in large doses is neurotoxic and sustained high consumption can destroy brain cells. Studies are continuing into the effects of binge drinking in adolescence, but there is evidence to suggest that adolescent brains are particularly vulnerable to its effects. American studies that compared brain scans and cognitive tests in underage binge drinkers and nondrinkers found that the drinkers had impaired memory and reasoning skills, and their hippocampi – the brain area that handles memory and learning – were about 10% smaller than the non-drinkers. It is not known if these effects are reversible.

Blood pressure
Alcohol consumption at least in excess of 3-4 units per day appears to increase blood pressure. Binge drinking can cause a surge in blood pressure not found in those consuming the same quantity spread over a longer period.

Strokes
Alcohol intoxication and binge drinking increase the risks of acute haemorrhagic and ischemic strokes by up to ten fold. The increased risk of haemorrhagic stroke is mediated by acute increases in blood pressure and spasm of the cerebral arteries. The increased risk of ischaemic stroke is mediated by emboli from the heart that are likely to result from cardiac arrhythmias. Subarachnoid haemorrhage particularly affects the young to middle-aged.

Heart diseases
Alcohol intoxication diminishes myocardial contraction, which can reduce output and increase the risk of acute heart failure. Alcohol intoxication at least doubles the risk of heart arrhythmias, particularly atrial fibrillation, which can lead to heart failure and sudden death. The increased risk of sudden cardiac death occurs in the absence of pre-existing heart disease. Studies have found that 30-60% of all cases of atrial fibrillation, with other causes excluded, are due to alcohol, particularly in younger men. A quarter of sudden cardiac deaths in young men are due to alcohol intoxication.

Breast cancer
Alcohol is a cause of breast cancer, the increase in risk being directly proportional to the amount consumed. It is feared that the increase in binge drinking among young women will lead to a significant increase in breast cancer in the next half century. One drink a day increases a woman’s risk of getting the disease by 6 per cent; drinking up to 14 units a week increases the risk by 20 per cent. Most at risk are the increasing number of young binge drinkers who have four or more drinks on a night out. Their risk of breast cancer is estimated to increase by 40 per cent. The above is a small flavour of how binge drinking can negatively impact on a woman’s health. More revealing information can be found on the IAS website by going to the relevant fact-sheets.

The social cost of binge-drinking
Binge drinking also has a bearing on social issues and the consequences of binge drinking are demonstrated in further detail below:

Patterns and trends relating to accidents, violence and criminal behaviour are always inextricably linked to alcohol consumption.

Alcohol intoxication and accidents
Consumption patterns are reflected in hospital casualty statistics and hospital emergency room data. In emergency rooms, self-reported alcohol consumption within six hours of admission is higher for injured than un-injured attendees. 20-40% of emergency admissions are intoxicated; the night-time rate is higher at 80%. In general population surveys, dose-response relationships between the frequency of heavy drinking and non-fatal injuries have been observed.