Alcohol, drugs and men's health

The relationship of alcohol and drug use to men's health is a function of both sex differences in the effect of alcohol on health and gender differences in the use of these substances. Men are in general less sensitive to the pathologic effects of alcohol such as hepatic cirrhosis (Kamper-Jorgeson et al., 2004) and may be more likely to reduce the risk of ischemic cardiac disease than pre-menopausal women through regular, moderate alcohol use (Corrao et al., 2004). However, it is well known that the use of alcohol and drugs by men is more frequent and in larger quantities than in women (Australian Institute of Health and Welfare, 2008). This higher consumption is sufficient to overwhelm any sex related health advantage.

It is hardly necessary to state that alcohol and drugs are consumed for a variety of reasons such as social expectations, control of physical and psychological distress, habit and dependence as well as their positive hedonic effects. The conventional image of men in Australian society includes significant elements of physical endurance, courage and autonomy. While such qualities themselves are admirable, the wide acceptance of alcohol and drug use as indicators perpetuates a subculture of excessive alcohol and drug use. Men may be more likely to drink in response to interpersonal and social stresses (Lemke et al., 2008) or pain (Booker et al., 2003) and less likely to respond to interventions for problem drinking (Reinhardt et al., 2008)

The result of this is that men are overrepresented not only in the problematic use of alcohol and drugs, but in the health disorders attendant upon such use. Men are more likely to die from alcohol-related chronic disorders like hepatic cirrhosis and diabetes. More men than women are infected by blood-borne disorders associated with intravenous drug use. They are more likely to present in hospital emergency departments with acute disorders or injuries related to excessive use of alcohol or drugs (Cherpitel and Ye, 2008) and to die of alcohol-related trauma (Wong et al., 2006).

The cost of these adverse effects of excessive alcohol and drug use in men is not only represented in estimates of lost productivity, consumption of health resources and forfeited lifespan, but in the negative consequences that affect those in contact with excessive drinkers and ultimately all those who must bear the associated public expense. The most recent of such estimates for all Australians totals over AUD55 billion per year in Australia (Collins & Lapsley, 2008a). The division of these costs by sex is far from uniform. Perhaps the most striking example is the estimates for alcohol attributable deaths, where the male estimate is well over 1000 for 2004/2005 and the female estimate is negative, that is fewer deaths were caused by alcohol than prevented. Comparing these figures to a similar breakdown of tobacco attributable deaths, the same relationship is observed, with the estimate of male deaths almost twice as high as that for females. The difference from alcohol is largely due to the greater likelihood of acute alcohol-related deaths such as trauma among males, whereas practically all tobacco-related deaths are due to chronic disease.

It is clear that the greater drug-related harm suffered by males is not due to greater susceptibility, but to the tendency of males toward more excessive drug use. The government's responses to public health concerns tend to be confined to broadcast measures such as taxation or public health campaigns, or targeted measures such as funding interventions that are restricted to those individuals for whom they are most appropriate. The latter, as exemplified by brief interventions for alcohol misuse, are estimated to lead to more significant reductions in social costs (Collins & Lapsley, 2008b). In terms of reducing social costs and improving effectiveness, it is likely that defining and targeting the appropriate group, in this case males who indulge in excessive use, should receive appropriate interventions for that use. The complement to this is more general measures aimed at reducing the acceptance of, and support for, excessive drug use in males in the Australian population.

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