LIVING WELL

# Drinking and Where the Line Really Is

The useful line is not one magic number, but what you drink, how quickly, and what alcohol is beginning to cost you.

## The question after the glass

You pour another drink and pause. Nothing dramatic has happened. You are not missing work, hiding bottles or waking to a crisis. Still, the question has arrived: Is this too much?

It is tempting to want a single line. Stay below it and you are fine; cross it and you have a problem. Alcohol does not divide life that neatly. There are thresholds used to describe drinking patterns, health risks that begin before dependence, and warning signs that matter more than a weekly total.

For women, excessive use includes four or more drinks on an occasion or eight or more in a week. For men, it includes five or more on an occasion or 15 or more in a week. Moderate use is described as no more than one drink in a day for women or two for men. A beverage may contain more than one standard drink, however, so glasses and drinks are not always interchangeable.

Those numbers are guideposts, not certificates of safety and not a diagnosis. Most people who drink excessively do not have alcohol use disorder. At the same time, drinking below an excessive-use threshold does not erase every health risk. The useful question is broader: how much, how often, how quickly-and what happens because you drank?

## There is more than one line

The first line concerns what can happen during a single occasion. Binge drinking means consuming enough alcohol to produce a blood alcohol concentration of at least 0.08%. That commonly corresponds to four or more drinks for a woman or five or more for a man within a few hours.

Crossing that line can have immediate consequences, including crashes, falls, drowning, burns, violence and alcohol poisoning. Alcohol used with other drugs, including opioids, can contribute to overdose. Drinking can also lead to sex without protection, with the possibility of sexually transmitted infections or an unplanned pregnancy.

Another line concerns accumulated exposure. Excessive drinking over time is associated with

high blood pressure, heart disease, liver disease, stroke, digestive problems, weaker immune function and alcohol use disorder. It is also linked with depression, anxiety, memory problems, difficulties at work or school, and damaged relationships.

Pregnancy has a clearer boundary: any alcohol use is considered excessive because it can cause miscarriage, stillbirth or fetal alcohol spectrum disorder. Any drinking by someone younger than 21 is also categorized as excessive. These are not judgments about character. They are descriptions of risk.

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## Low risk is not no risk

Cancer makes the reassuring line harder to draw. Drinking beer, wine or liquor is linked with cancer, and the risk of some cancers rises with any amount of alcohol. That does not mean one drink guarantees illness. It means the risk is not confined to people who drink heavily.

A 2023 systematic review examined 139 prospective cohort studies, including 106 in its quantitative analysis. It found no statistically significant association between light drinking and overall cancer risk, although it did find a dose-response relationship: as alcohol consumption increased, cancer risk increased.

The detail matters. Light drinking was associated with higher risks of esophageal, colorectal and breast cancers. Light-to-moderate drinking was associated with elevated risks of esophageal, colorectal, laryngeal and breast cancers. Heavy drinking extended the association to stomach, liver, pancreatic and prostate cancers, increasing risk across almost all cancer types examined.

General guidance sometimes describes moderate drinking as probably not harmful for most adults. The cancer review makes that reassurance less complete. Its conclusion was that there is no safe level associated with cancer risk. So "moderate" describes an amount; it does not mean harmless. If health risk is your concern, drinking less is better than drinking more, and not drinking carries less alcohol-related risk.

## Notice what alcohol is taking

The line that deserves your closest attention may not be numerical. Alcohol misuse means drinking that causes distress or harm. Alcohol use disorder can be mild, moderate or severe, depending on the number of signs-not on whether your life resembles somebody else's worst day.

Look at the past year. Have you repeatedly drunk more, or for longer, than you intended? Have you wanted to cut down or tried unsuccessfully? Have drinking and recovering from it begun to consume your time? A strong urge to drink, or finding it hard to stop once you start, also matters.

Then look at the trade-offs. Alcohol may be interfering with family life, work or school. You may keep drinking despite conflict, give up things you enjoy, enter dangerous situations, or continue even when alcohol worsens anxiety, depression or another health problem. Two or more recognized signs may indicate alcohol use disorder and warrant an evaluation.

Tolerance and withdrawal are especially important. Needing more alcohol to feel its effects can be a warning sign. As alcohol wears off, withdrawal may bring sleeplessness, shakiness, irritability, anxiety, depression, restlessness, nausea or sweating. Fever, seizures or hallucinations can occur in severe cases. At this point, this is not a lifestyle experiment: seek medical care rather than trying to manage it alone.

## Help is not reserved for rock bottom

If you recognize yourself here, you do not have to prove that things are bad enough. A health care professional can evaluate your drinking and help you decide what kind of support fits. Most people with alcohol use disorder can benefit from some form of care, and options include behavioral therapies, medicines and support groups.

Counseling can help you identify the feelings and situations connected with heavy drinking, build coping skills and strengthen your reasons for change. Brief interventions may involve only a small number of conversations about your drinking pattern, its risks and your goals. Family counseling can address relationships as well as alcohol use. If a mental health condition is also present, both need attention.

Medicines are a real, underused part of the picture-not a substitute dependence. Approved options include acamprosate, naltrexone and disulfiram. A 2023 systematic review of 118 clinical trials involving 20,976 participants found that acamprosate and oral naltrexone helped prevent a return to drinking. Oral naltrexone also reduced returns to heavy drinking. Side effects were more common than with placebo, including diarrhea with acamprosate and nausea or vomiting with naltrexone.

Treatment is not a promise of a straight line. Setbacks happen, and they do not mean recovery is impossible. This week, make the question concrete: notice how much you drink, how quickly, whether you exceed your intention, and what gets displaced afterward. If cutting down feels unexpectedly difficult-or any warning sign is already present-put one honest conversation with

a health care professional on your calendar.

## Where this comes from

- Alcohol Use Disorder (AUD)

  MedlinePlus, U.S. National Library of Medicine · https://medlineplus.gov/alcoholusedisorderaud.html
- Alcohol Use Disorder (AUD) Treatment

  MedlinePlus, U.S. National Library of Medicine · https://medlineplus.gov/alcoholusedisorderaudtreatment.html
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  Centers for Disease Control and Prevention · https://www.cdc.gov/alcohol/about-alcohol-use/index.html
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  JAMA, 2023 · https://pubmed.ncbi.nlm.nih.gov/37934220/
- Cancer risk based on alcohol consumption levels: a comprehensive systematic review and meta-analysis.

  Epidemiology and health, 2023 · https://pubmed.ncbi.nlm.nih.gov/37905315/
- Emotion regulation in substance use disorders: a systematic review and meta-analysis.

  Addiction (Abingdon, England), 2022 · https://pubmed.ncbi.nlm.nih.gov/35851975/