

# Alcohol and heart health



## BACKGROUND AND PURPOSE

This Position Statement is based on the scientific literature discussed in the Evidence Paper on Alcohol and Heart Health (National Heart Foundation of New Zealand, 2012).

The purpose is to provide an up to date assessment of the evidence linking alcohol and cardiovascular disease, and place it in the wider context of alcohol use, as the basis for advice on low risk alcohol consumption.

The conclusions drawn about the evidence in this document are similar to those expressed by the Alcohol Policy Coalition in Australia, which includes the Australian Heart Foundation.<sup>1</sup> Recommendations made in this document are consistent with those of the New Zealand Health Promotion Agency (formerly ALAC), and align closely with the NHMRC Australian Guidelines to Reduce Health Risks from Drinking Alcohol.<sup>2</sup>

## KEY FINDINGS

The most up to date scientific research suggests that although there may be some benefits of alcohol for reducing heart disease for some people, that this is not true for everyone, even when consumption is low or moderate.

The relationship between alcohol and cardiovascular disease is complex, but for most people there will be little, or no, overall benefit.

Heavy drinking episodes increase risk of heart disease even in people who don't usually drink heavily.

Alcohol can have a range of harmful health effects. As there is no safe drinking threshold for many of the impacts, there is no potential "window of benefit" where benefits can be gained without risk of harm.

There are evidence-based guidelines and safe, effective treatments for reduction in cardiovascular risk. Alcohol is not a safe or effective treatment.

Low average consumption of alcohol without any heavy drinking episodes, or no alcohol consumption, are the best options for cardiovascular health.

## RECOMMENDATIONS

### For the General Population

Drinking alcohol comes with risks to health, and not drinking alcohol is a healthy choice. The most damaging pattern of drinking is frequent heavy drinking episodes. The following recommendations are consistent with current guidelines from the Health Promotion Agency (formerly ALAC)

Reduce your long-term health risks by drinking no more than:

- 2 standard drinks a day for women and no more than 10 standard drinks a week
- 3 standard drinks a day for men and no more than 15 standard drinks a week
- AND at least two alcohol-free days every week.

Reduce your risk on a single drinking occasion by drinking no more than:

- 4 standard drinks for women
- 5 standard drinks for men

Advice for pregnant women or those planning to get pregnant: No alcohol. There is no known safe level of alcohol use at any stage of pregnancy.

Advice for parents of children and young people under 18 years: Not drinking alcohol is the safest option, and any drinking should be supervised. Under 15 years alcohol should be avoided completely. Delaying the onset of drinking alcohol as long as possible is the healthiest option.

### For those with or at high risk of heart disease

Apart from specific contraindications below, the advice for the general population is appropriate.

- Conditions for which abstinence is recommended:
- Pregnancy, or planning pregnancy
- Chronic active liver disease
- Uncontrolled hypertension
- Congestive heart failure
- Previous haemorrhagic stroke
- Depression
- Medications that interact with alcohol

## REFERENCES

1. Australian Drug Foundation, Cancer Council Victoria, Heart Foundation, Turning Point Alcohol & Drug Centre, VicHealth. Alcohol Policy Coalition Position Statement: Cancer, Cardiovascular Disease and Alcohol Consumption, 2011.
2. National Health and Medical Research Council. Australian Guidelines to Reduce Health Risks from Drinking Alcohol, 2009: <http://www.nhmrc.gov.au>.