Alcohol in Moderation

December 2023

International Digest on alcohol and health and the responsible consumption of alcohol

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Uganda

In Uganda, proposed legislation in the Alcoholic Drinks Control Bill, 2023, introduced by Sarah Opendi on November 14, includes stringent regulations for licensing, operating hours, packaging, and penalties for non-compliance. It specifically targets the sale of alcoholic drinks to minors, sets packaging standards, and addresses the prevalence of illicit alcohol trade. The measures within Opendi's bill are part of a broader strategy to regulate alcohol sales and consumption, with a particular focus on safeguarding minors and maintaining public decorum.

United States

A Senate panel in New Jersey have approved a bill that would create new penalties for underage alcohol possession.

The bill was approved by the Senate Judiciary Committee in a 9-2 vote. New measures would subject individuals under the age of 21 found to possess alcohol to a $50 fine and a complaint summons, the equivalent of a disorderly persons offence. Like existing law, the bill would require a written parental notification if the violator is under the age of 18.

Supporters of the bill say that it will provide some measure of enforcement for underage users who flout drinking laws, but the bill has been criticised as it is likely to result in more young people entering the criminal justice system.

France

A cross-party group of senators in France is calling for a minimum price for alcohol. The group wants the government's finance bill to be amended to introduce a 50 cents per unit price, which would mean a bottle of 12% ABV wine could not be sold for less than €4.50.

Véronique Guillotin, deputy chairwoman of the Senate's social affairs committee, said the policy would reduce alcohol consumption and that the country was in a "dramatic situation in public health terms", with around 42,000 deaths from alcohol each year.

President Macron's cabinet has not yet responded to the amendment.

Europe

On 8 December, new EU rules on labelling of ingredients and nutritional values on wine and aromatised wine products came into force. The additional information provided on the labels are designed to enable consumers to make more informed choices.

The list of ingredients and the nutrition information can be either on the physical label of the wine or through a dedicated electronic means, such as a QR code. Allergenic substances will continue to be presented on the physical label alongside energy value.

The new rules will apply to all wines and wine products obtained from the harvest 2024 while all wines produced before 8 December 2023 will still be exempted from the new rules until stocks are exhausted.

New perspectives on how to formulate alcohol drinking guidelines

Authors

Shield K; Paradis C; Butt B; Naimi T; Sherk A; Asbridge M; Myran D; Stockwell T; Wells S; Poole N; Heatley J; Hobin E; Thompson K; Young M and the Low-Risk Alcohol Drinking Guidelines Scientific Expert Panel

Citation

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Author's Abstract

Background Low-Risk Alcohol Drinking Guidelines (LRDGs) aim to reduce the harms caused by alcohol. However, considerable discrepancies exist in the 'low-risk' thresholds employed by different countries.

Argument/analysis Drawing upon Canada's LRDGs update process, the current paper offers the following propositions for debate regarding the establishment of 'low-risk' thresholds in national guidelines: (1) as an indicator of health loss, years of life lost (YLL) has several advantages that could make it more suitable for setting guidelines than deaths, premature deaths or disability adjusted years of life (DALYs) lost. (2) Presenting age-specific guidelines may not be the most appropriate way of providing LRDGs. (3) Given past overemphasis on the so-called protective effects of alcohol on health, presenting cause-specific guidelines may not be appropriate compared with a 'whole health' effect derived from a weighted composite risk function comprising conditions that are causally related to alcohol consumption. (4) To help people reduce their alcohol use, presenting different risk zones associated with alcohol consumption instead of a single low risk threshold may be advantageous.

Conclusions National LRDGs should be based on years of life lost and should be neither age-specific nor cause-specific. We recommend using risk zones rather than a single drinking threshold to help people assess their own risk and encourage the adoption of behaviours with positive health impacts across the alcohol use spectrum.

Forum comments

Another paper has been published in the 'Opinion and Debate' section of the journal Addiction. The paper basically defends the strategy followed for the proposed updated Canadian low-risk (zero alcohol) drinking guidelines and proposes their strategy as a guideline for all national alcohol drinking guidelines (Shield et al. 2023). Following up on this proposal, this critique intends to overview and discuss the various strategies available to develop (dietary) guidelines and debate that outlined in the paper.

In general, public health recommendations on alcohol consumption are being developed to provide recommendations on safe and responsible consumption. A methodologically rigorous process that involves systematic literature reviews, evidence grading and a transparent guideline development process should provide evidence-based recommendations that promote responsible and safe alcohol consumption. The last several decades alcohol drinking guidelines recommend lower quantities of alcohol to be consumed. This may be related to new scientific evidence, in other words a new science-base, or to a changed guideline development process. At least it seems that guideline development processes are changing.

Acceptable risk. Guidelines for alcohol and other dietary components were based on the concept of acceptable risk. Knowing that all foods consumed will have inherent adverse effects (it is all in the dosage as Paracelsus remarked) and benefits (we need to and we love to eat and drink) it is considered best to advice consumption with overall minimal adverse effects for the majority of the population. Such benefit may be best defined by the parameter 'overall mortality' since this measure includes adverse effects and benefits, both those known and unknown. Consequently, a consumption level of one to two glasses (10-20 g alcohol) daily for women and two to three glasses (20-30 g alcohol) daily for men is associated with an overall reduced mortality risk. Such an advice corresponds to what people experience: drinking in moderation (and drinking responsibly) is enjoyed and will most likely not negatively affect the health of oneself and others.

Optimal health. Some countries have been using the concept of optimal health. Leaving behind the concept of acceptable risk, it is proposed that all would have to strive for optimal health. Therefore, those specific quantities of food items are being assessed and advised which are associated with the lowest risk for the most devastating diseases in the population. This led into the recommendation of one optimal dosage minimizing health care burden. In the case of alcohol consumption, it was determined in The Netherlands that 5 g alcohol, so half a glass on

average per day, was ideal for that purpose. The interpretation of that notion was that nobody would drink half a glass (also not on average) and that, therefore, the advice would have to be 'do not drink'.

No risk. The last concept is a concept used in toxicology and the proposed updated Canadian drinking guidelines: the concept of 'no risk'. In this concept all short-term and long-term adverse and beneficial effects of alcohol consumption are considered, weighed and modelled to generate an overall risk of alcohol consumption. The resulting approach consists of a very elaborate construction with (badly described) weighing factors and mathematical modelling ultimately showing what was intended: there is always a risk when drinking alcohol. This concept has been applied to drinking guidelines only so far, not to any other dietary component, which is logical since, in this specific context, alcohol consumption is not considered a food item but a psychoactive substance.

Hence, it seems that at least the guideline development processes are changing from an overall acceptable risk expressed as no effect or a reduced risk for overall mortality (Bryazka et al., 2022) into obtaining optimal health for the most health care burdening diseases (Food-based dietary guidelines of The Netherlands) and into no risk at all for any possible short-term and long-term alcohol consumption (Canada's Guidance on Alcohol and Health).

Perhaps all these guideline concepts are far too complex to get a simple message across. Simple messages are proposed to be key to the acceptability of public health advice. The simple message could be 'when drinking alcohol, drink in moderation'; moderation being one to two glasses (10-20 g alcohol) per day, not on all days of the week and preferably with meals.

Now Shield et al. (2023) propose to use a 'whole health' effect derived from a weighed composite risk function. The question arises what 'whole health' really means. Possibly in this context 'whole health' means all known causes of death that are or may be related to alcohol consumption without the benefits derived from pleasure and enjoyment. 'Whole health' as such is different from World Health Organization (WHO) definition of 'health', which is 'health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity'.

Furthermore, Shield et al. (2023) wants to help people reduce their alcohol use by presenting risk zones. There are four risk zones defined: no risk at no alcohol consumption, low risk at 1-2 glasses per week, moderate risk at 3-6 glasses per week and increasingly high risk at 7+ glasses per week. Figures 1 and 2 in this paper, however, show that for men and women the lifetime alcohol-attributable deaths per 1000 remains under 0 or is equal to 0 over a range up to 5-7 gm alcohol per day, similarly for 'years of life lost' and 'disability adjusted years of life lost'. The authors did not opt for this threshold since they considered that not all age effects and other adverse effects may have been underestimated. The latter underestimate what was taken into account whereas other underestimates such as alcohol consumption underreporting, which would increase a 'no risk' level, were not taken into account.

Also, people are prepared to take a small risk for something that will benefit them, maybe not so much in health (where a benefit does exist) as in enjoyment and pleasure. Guidelines based on optimal mainly physical health, disregard these aspects and will therefore not be taken seriously by consumers.

Furthermore, an interesting commentary was published following on from the guidelines by Greenfield (2023). He remarked that guidelines based on weekly consumption would disregard one's drinking pattern, which is clearly related to health outcomes (his refs 4 and 5) and even with alcohol use disorder (his ref 8). Also, the call to broader implement the risk zone approach for all national drinking guidelines was considered to be premature since no evidence exists that this approach will work in stimulating people to drink less.

Specific Comments from Forum Members

Forum member Harding "disagrees with the assumption of the effectiveness this paper, as stated in the first sentence of the abstract, 'Low-Risk Alcohol Drinking Guidelines (LRDGs) aim to reduce the harms caused by alcohol.' The purpose of public health messages on alcohol should be to give advice to the generality of

the population who choose to consume alcohol about what are sensible levels and patterns of drinking within their lifestyles, and to explain the rationale for that advice. Experience has shown that those who indulge in harmful levels and patterns of alcohol consumption are simply not receptive to such public health advice and do not respond to it. If they were receptive and they did respond, after decades of public health advice, then these problems would not exist. Obviously, other approaches than public health advice are needed to address them.

Second, it is unclear why a mathematical modelling approach is an appropriate way to formulate a public health message on anything. The usual way to formulate public health messages is to compare those with a particular lifestyle characteristic with those without that characteristic, compare the health outcomes, and then examine whether the particular characteristic causes the outcome. Consequently, we are advised, for example, not to smoke, to take regular exercise, to consume lots of fruits and vegetables, and we required to wear seat belts in our cars, on the basis that these behaviours will make us all healthier or at least, less likely to die, based on an examination of the all the available evidence. When the same exercise is carried with respect to alcohol consumption, a very clear picture emerges. Those adults in western society who drink alcohol moderately and regularly tend to have longer and healthier lives than those who choose to abstain or drink more heavily. Such an observation does not sit happily with guidelines that are based on the assumption that any alcohol consumption by its very nature carries a health risk (see Figure 3). According to the model, the highest risk category of consumption (7 or more drinks/ week) equates to 13.5g/day, which is close to the bottom of the all-cause mortality curves for both men and women, i.e. the lowest overall risk from the epidemiology, for example, Di Castelnuovo et al., (2006). Both can't be correct.

All mathematical models need to have a central criterion to which the evidence is applied within the model. In this case, it is that no more than one death in 1000 is due to an alcohol-related cause. This criterion is does not emerge from the examination of the body of evidence of the effect of alcohol consumption on public health. Rather, it is completely arbitrary, totally made up. If a different criterion were chosen, then different public health advice would emerge from the model, and would be completely unrelated to the actual evidence. That cannot be right.

Further, the level of alcohol consumption that emerges from the mathematical model is then, by some intellectual sleight of hand, passed off as being appropriate consumption for all individuals in the population, when it is clearly nothing of the sort. It is the level of consumption that everyone must adhere to in order to meet the made-up criterion inherent in the model, namely, in this case, no more than one death in 1000 due to an alcohol-related cause. This is not dissimilar to communism, in the sense that everyone is required to behave in a way to achieve some arbitrary national target, whether such behaviour is appropriate for individuals or not.

On the evidence itself, there is the general assumption throughout the paper that risks associated with alcohol consumption at various levels (see Table 2 and Figure 3) are real risks, when in fact they are based largely upon studies which can only establish association, not causation. It has been recognised that, for example, the reduction in risk mortality from ischaemic heart disease associated with regular, moderate alcohol consumption is causal, based on the application of the Bradford-Hill criteria of causation (Roerecke and Rehm, 2014). Where is the application of the Bradford Hill criteria for causality to the causes of death listed in Table 2? The public expect - and have the right to expect - that all public health advice is based on causation, i.e., if they take the advice and make the effort to change their behaviour, then their health status will improve in some way, and not based on assumptions of risk that may well not be risks at all.

The paper is written, quite understandably, in the context of the harm observed from alcohol consumption within the Canadian drinking population. One reason for this harm is mentioned in the discussion, 'Canada is a country with a high prevalence of……heavy episodic drinking (21.2% of all adults)'. That is one behaviour in the population, for example, that needs to be addressed, rather than trying to reduce consumption across the whole

population with no clear benefit, and indeed, likely harm."

Forum member Skovenborg considers each section of Shield et al. (2023) separately as follows.

"Page 2: references

Expert opinion has a place at the bottom of the evidence hierarchy pyramid; accordingly, the level of trust in the conclusions and recommendations of the Low-Risk Alcohol Drinking Guidelines Scientific Expert Panel (SEP) rests on the quality level of the evidence base presented in the list of references. And the only way to establish an unbiased approach to the evidence is to look at the references chosen by the SEP. Please note that Addiction uses Vancouver reference style: "Check the reference details against the actual source - you are indicating that you have read a source when you cite it."

Let us look at the references used in this statement: "Despite hypothesized benefits of red wine on cardiovascular disease [14–18] or the disbenefits of spirits on alcohol intoxication and injury due to rapid ethanol ingestion [19] …" Four of the five references [14-17] related to "the hypothesized benefits of red wine on cardiovascular diseases" focus on resveratrol. The fifth reference [18] is a 21 years old "Fact Sheet" review of red wine and cancer prevention that firstly is not related to cardiovascular disease and secondly not any longer accessible by means of PubMed or Google Scholar. The reference regarding "the disbenefits of spirits" [19] is the 2020 American Cancer Society Guideline for diet and physical activity for cancer prevention. The Guideline section on alcohol and cancer risk have no information or references with specific relation to spirits.

Thus, two of the six references [18, 19] are flawed and irrelevant, and the resveratrol studies in relation to "hypothesized benefits of red wine on cardiovascular disease" [14-18] are outdated as well as misleading:

- Polyphenol composition in one-year-old red wine includes around 5-8% of catechins, 5-10% dimer procyanidins, 10-15% of anthocyanidins, 3-6% phenolic acids, <1% of flavonols, 60-80% polymeric polyphenols and only <0.3% of resveratrol (Li and Sun, 2017).
- Resveratrol is a phytoalexin – a low molecular weight antimicrobial compound that is produced by plants as a response to biotic and abiotic stresses. In this regard, the resveratrol content of wine is usually low, highly variable and thus unpredictable. Red wine contains an average of 1.9 ± 1.7 mg trans-resveratrol, ranging from non-detectable levels to 14.3 mg/L (Stervbo et al., 2007).
- The presence of resveratrol in the human diet is almost negligible and not enough to support healthy biological actions. Accordingly, the simple correlation of cardiovascular benefits of red wine and resveratrol is questionable, and a role for resveratrol in explaining the so-called French paradox, associated with red wine consumption, has likely been overestimated (Tomé-Carneiro et al., 2013).
- The vast majority of studies dealing with the biological activity of resveratrol have been carried out with in vitro cell cultures and to a lesser extent in animal models with resveratrol doses from 5-100 mg/kg bodyweight. The doses used in human studies vary from 10 mg to 7,000 mg per day. With a proposed therapeutic dose of 1 g resveratrol per day, you would have to drink 505-2762 L of Pinot Noir from France or 3448 L Rosé from Serbia or 2564-17544 L Riesling from Spain every day (Weiskirchen et al., 2016).
- Relatively few human clinical trials have been performed so far and some of the results have been contradictive. For example, in trials of obese individuals with impaired insulin sensitivity, a Dutch randomized trial (Timmers et al., 2011) demonstrated a robust decrease in both systolic and diastolic blood pressures and statistically significant improvements in HOMA-IR, suggesting a favourable effect on insulin sensitivity with a resveratrol dose of 150 mg/day, while a Danish randomized trail found no effect of 500 mg trans-resveratrol thrice daily (Poulson et al., 2012).

Why did SEP not select a recent reference such as Haseeb et al. (2017), which is a comprehensive and unbiased review published in Circulation, a medical journal with an impact factor of 37.8. In comparison, Addiction has an impact factor of 6.34. The flawed choice of references cited above might be a result of ignorance on the part of SEP, however, a more likely explanation would

be "White hat Bias" – defined as bias leading to distortion of research-based information in the service of what may be perceived as "righteous ends" (Cope and Allison, 2010).

Page 3: Risk modelling

Sir David Spiegelhalter is Chair of the Winton Centre for Risk and Evidence Communication at the University of Cambridge, which aims to ensure that quantitative evidence and risk is presented to people in a fair and balanced way. In The Norm Chronicles: stories and numbers about danger, Spiegelhalter and Blastland (2013) explore the statistics for personal activities through the stories of average Norm and an ingenious measurement called the MicroLife. Imagine the duration of your adult life divided into 1 million equal parts. A MicroLife is one of these parts and lasts 30 minutes. It is based on the idea that as young adults we typically have about 1 million half-hours left to live on average. MicroLives can measure how fast you are using up your stock of life – faster or slower depending on the lifestyle habits and chronic risks to which you are exposed. One cigarette reduces life-expectancy by around 15 minutes on average, so two cigarettes cost 1 MicroLife. Twenty cigarettes mean you burn an extra 10 MicroLives a day on average, which is to say you move towards death five hours faster, every day. Here are examples of MicroLives lost or gained with different lifestyle habits:

- First 20 minutes of moderate exercise + 1
- Subsequent 40 minutes of moderate exercise + 1
- 2 hours watching television - 1
- Per 5 kilos above optimum weight - 1
- One burger (85 g red meat) - 1
- Five servings of vegetable and fruit + 4
- Smoking 15-24 cigarettes/day - 10
- 2-3 cups of coffee + 1
- First drink (10 g alcohol) + 1
- each subsequent drink (up to 6) - ½

Page 3: mathematical modelling and drinking pattern

"The models based on one in 1000 life-time deaths (i.e. 17.5 YLL per 1000 life-times) indicated that the thresholds for men were 6 g (g)/day when based on deaths, 5 g/day when based on premature deaths and 4 g/day when based on YLL or DALYs lost. For women, the thresholds were 7 g/day when based on deaths, 5 g/day when based on premature deaths and 4 g/day when based on YLL or DALYs lost."

In real-life, no-one drinks 4 g of alcohol per day. The use of mathematical modelling disregards the importance of drinking pattern and the problem of missing information on drinking pattern in many studies. "One of the most serious problems in this literature, and often encountered, is the use of average amounts per day. This does not provide a realistic description of a drinking pattern (Knupfer, 1987)." Most of the results from alcohol and cancer research are expressed in terms of average daily intake, often calculated by dividing the alcohol consumption per week with seven, which discloses nothing about the pattern of consumption and is a questionable method of classifying drinkers: an average can mean occasional excess (binge drinking) or regular moderate drinking. So, what kind of drinking is actually being described when averages per day are the basis of classification: someone drinking a little every day or those who drink a lot once a week?

Page 4: age-specific advice

Age-specific guidelines are in use for the young but not recommended for the elderly by SEP. According to the recent evidence from the Global Burden of Disease study, alcohol consumption carries significant health risks and no benefits for young people, however, people aged 40+ years can safely drink small amounts of alcohol some older adults may benefit from drinking a small amount of alcohol (Bryazaka et al., 2022). Similar results were found in an analysis by White et al. (2002). A direct dose-response relation exists between alcohol consumption and risk of death in women aged 16-54 years and in men aged 16-34 years. At older ages the relationship is U-shaped. The level at which the risk is lowest increases with age, reaching 3 units a week in women aged over 65 and 8 units a week in men aged over 65. The level at which the risk is increased by 5% above this minimum is 8 units a week in women aged 16-24 and 5 units a week in men aged 16-24, increasing to 20 and 34 units a week in women and men aged over 65, respectively.

Page 5: counterproductive information

According to Shield and Rehm (2019) [SEP's ref. 39] lifetime abstainers have a slightly elevated risk of conditions for which alcohol is protective at low-consumption levels (that is, ischaemic heart disease, ischaemic stroke and diabetes). "Additionally, the GBD study does not model the risks of ischaemic heart disease, ischaemic stroke, and injury by irregular heavy drinking status. Non-binge drinkers have a lower risk of ischaemic stroke, ischaemic heart disease, and injury. As a result of these biases, the TMREL (theoretical minimum risk exposure level) overweighs alcohol's detrimental effects compared with its protective effects." Shield and Rehm (2019) conclude: "Although it is an unfounded conclusion that there is no beneficial individual level of alcohol consumption, the detrimental effects at the population level far outweigh the beneficial effects." SEP agreed that cause- or disease-specific risks should be discussed between a patient and a health professional with access to the patient's medical history, but "shared the view that from a public health perspective aiming to educate people of the overall health risk of alcohol, it would be counterproductive to present such risks. A disease-specific approach may lead people to pick and choose a disease upon which to focus."In other words: because the harm caused by heavy drinking, binge drinking and abuse of alcohol is detrimental, it would be counterproductive to inform the public about the beneficial effects associated with a regular, moderate intake of wine or beer with a meal.

Page 5: No safe level of alcohol consumption

"In order to identify a "safe" level of alcohol intake, valid scientific evidence would need to demonstrate that at and below a certain level, there is no risk of illness or injury associated with alcohol consumption (WHO 2023). The condition to demonstrate a certain "safe level" without risk does not conform with the current scientific method, the principle of falsifiability, a deductive standard of evaluation of scientific theories and hypotheses introduced by the philosopher of science Karl Popper. The condition of "no safe level" is pseudoscience. In a true science, the following statement can be easily made: "If x happens, it would show demonstrably that theory y is not true." We can then design an experiment, a physical one or sometimes a simple thought experiment, to figure out if x actually does happen. Falsification is the opposite of looking for verification; you must try to show the theory is incorrect, and if you fail to do so, thereby strengthen it. It is not possible to design an experiment that would prove the existence of a safe level of alcohol consumption.

Page 8: confounding factors

"LRDGs based on modelled life-time deaths attributable to alcohol use rely upon data from meta-analyses which aggregate results from cohort studies. These meta-analyses account for confounding, but do not account for interactions between alcohol use and other behavioural, environmental and genetic risk factors, such as body mass index, smoking, socio-economic status…"

With no randomized, controlled trials in view for the foreseeable future we are left with evidence from observational studies with: 1) information about moderate, low-risk lifestyle factors; and 2) the socio-economic status of the participants should preferably be homogeneous. Using data from the Nurses' Health Study (1980-2014; n=78 865) and the Health Professionals Follow-up Study (1986-2014, n=44 354), Li et al. (2018) defined five low-risk lifestyle factors as never smoking, body mass index of 18.5 to 24.9 kg/m2, ≥30 min/day of moderate to vigorous physical activity, moderate alcohol intake (5-15 g/day for women, 5-30 g/day for men), and a high diet quality score (upper 40%), and estimated hazard ratios for the association of total lifestyle score (0–5 scale) with mortality (Li et al., 2018). The authors estimated that the life expectancy at age 50 years was 29.0 years (95% CI, 28.3-29.8) for women and 25.5 years (95% CI, 24.7-26.2) for men who adopted zero low-risk lifestyle factors. In contrast, for those who adopted all five low-risk factors, they projected a life expectancy at age 50 years of 43.1 years (95% CI, 41.3-44.9) for women and 37.6 years (95% CI, 35.8-39.4) for men. The projected life expectancy at age 50 years was on average 14.0 years (95% CI, 11.8-16.2) longer among female Americans with five low-risk factors compared with those with zero low-risk factors; for men, the difference was 12.2 years (95% CI, 10.1-14.2).

In a sensitivity analysis using a low-risk score without moderate alcohol consumption, the projected life expectancy at age 50 years was on average only 11.4 years (95% CI, 9.5-13.3) longer among female Americans with four low-risk factors compared with those with zero low-risk factors; for men, the difference was 10.0 years (95% CI, 9.2-10.9). In conclusion, the results of this large, state-of-the-art cohort study suggest that a moderate alcohol consumption in addition to four low-risk lifestyle factors is associated with a life expectancy at age 50 years, on average, 2.6 years longer for female nurses and 2.2 years longer for male health professionals in comparison with nurses and health professionals with four low-risk lifestyle factors and no habit of moderate alcohol intake. Supposedly it would be counterproductive to inform the general public about the results of this study and similar results from 19 other cohort studies of the same type including the latest of such studies: the Australian study of 11,340 men and women (median age 73.9 years) from the ASPirin in Reducing Events in the Elderly study, followed for a median of 6.8 years (Robb et al., 2023).

A lifestyle score was constructed based on four lifestyle factors (alcohol consumption, smoking status, physical activity and diet) ranged from 0 to 4, with higher scores indicating higher adherence to healthy lifestyle recommendations. A previous study using ASPREE data found a 'U' shaped association between alcohol consumption and mortality in older adults since a moderate alcohol consumption was associated with a reduced risk of CVD and all-cause mortality when compared to those reporting low/none or high levels. The lowest risk was observed for about 55 g alcohol/week = 6 standard drinks/week (Neumann et al., 2022). In the current analyses, participants were, therefore, categorised as either having moderate alcohol consumption (51–100 g of alcohol/week) or not at baseline."

Concluding comments

Forum member Ellison states that "Other Forum reviewers have presented a very detailed and accurate criticism of the methods used by the authors of this paper in reaching their conclusions. While I agree with their arguments, I feel that the idea of testing for the effects of 'alcohol' are misguided, as essentially no one consumes alcohol itself, but a variety of beverages that may contain some alcohol. Each of these beverages, especially wine and beer, also contain many other substances, some considered harmful and others considered beneficial. Further, the pattern of consumption is probably the most critical factor in determining the health risks or benefits of such beverages. For example, the effects of having two drinks of a beverage each day are quite different from having 14 drinks on one day over the weekend. Also, if a beverage containing alcohol is consumed with food it makes a large difference in its health effects.

Finally, for developing data for setting policy, it is not recommended to combine data from mature adults with data from young people who may drink to excess, that often leads to violent death at an early age and inevitably results in large number of 'years lost to alcohol'. The important question is what should a physician advise for a 50-to-60-year-old patient with risk factors for cardiovascular disease? This should be based on comparing data from similarly-aged adults who do, or do not, consume alcoholic beverages in a specific way. It has clearly been shown that 50-year-olds who do not consume any beverages containing alcohol have more cardiovascular disease and earlier death than 50-year-olds who drink moderately (Streppel et al., 2009)."

As Kerr and Stockwell (2011) stated, "for consumers to follow drinking guidelines and limit their risk of negative consequences they need to track their ethanol consumption… but drinkers have difficulty defining and pouring standard drinks with over-pouring being the norm such that intake volume is typically underestimated." What Shield et al. (2023) also fail to take into account with their 'formula' is that is no robust evidence that the general population changes its level of alcohol consumption in response to governments defining standard drinks and publishing low-risk drinking guidelines. Comparing the potential health impact of different nations' guidelines would be a worthy activity for international research teams. Furthermore, guideline developers should respond to such criticisms as those levelled at the product of the Canadian Low-Risk Alcohol Drinking Guidelines Scientific Expert Panel and focus particularly on the balance between epidemiological evidence, expert judgement and pragmatic consideration (Holmes et al., 2018).

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The Norm Chronicles: stories and numbers about danger by Michael Blastland and David Spiegelhalter, Profile Books Ltd, London, 2013. No. of pages: 288. ISBN: 9781846686207

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Cancer risk according to alcohol consumption trajectories: A Population-based cohort study of 2.8 million Korean men

Alcohol drinking behaviours change temporally and can lead to changes in related cancer risks. Previous studies have been unable to identify the association between the two using a single-measurement approach. A study aimed to investigate the association of drinking trajectories with the cancer risk in Korean men.

A trajectory analysis was performed on 2,839,332 men using data on alcohol drinking levels collected three times during the Korean National Health Insurance Service's general health screening program, conducted between 2002 and 2007. The associations between drinking trajectories and cancer incidence were evaluated, after adjustments for age, income, body mass index, smoking status, physical activity, family history of cancer, and comorbidities.

During 10.5 years of follow-up, 189,617 cancer cases were recorded. Six trajectories were determined: non-drinking, light, moderate, decreasing-heavy, increasing-heavy, and steady-heavy. Light-to-heavy alcohol consumption increased the risk for all cancers combined in a dose-dependent manner (adjusted hazard ratio [aHR] 1.03; 95% confidence interval [CI], 1.02–1.05 for light drinking, aHR 1.06; 95% CI 1.05–1.08 for moderate drinking, aHR 1.19; 95% CI, 1.16–1.22 for decreasing-heavy drinking, aHR 1.23; 95% CI, 1.20–1.26 for increasing-heavy drinking, and aHR 1.33; 95% CI, 1.29–1.38 for steady-heavy drinking). Light-to-heavy alcohol consumption was linked to lip, oral cavity, pharyngeal, esophageal, colorectal, laryngeal, stomach, and gallbladder and biliary tract cancer risks, while heavy alcohol consumption was associated with hepatic, pancreatic, and lung cancer risks. An inverse association was observed for thyroid cancer. The cancer risks were lower for decreasing-heavy drinkers, compared to steady-heavy drinkers.

No safe drinking limits were identified for cancer risks; reduction in heavy intake had protective effects.

Source: Bui TT, Han M, Luu NM, Tran TPT, Lim MK, Oh JK. Cancer Risk According to Alcohol Consumption Trajectories: A Population-based Cohort Study of 2.8 Million Korean Men. J Epidemiol. 2023 Dec 5;33(12):624-632. doi.org/10.2188/jea.JE20220175.

Risk for esophageal cancer based on lifestyle factors–smoking, alcohol consumption, and body mass index

Esophageal cancer constitutes a global public health challenge. However, South Korean population-specific information on the association of lifestyle (smoking, alcohol consumption, and obesity status) with esophageal cancer risk is sparse.

A study analysed the Korean national health screening cohort data (2002–2019) of 1,114 patients with esophageal cancer and 4,456 controls (1:4 propensity-score matched for sex, age, income, and residential region). Conditional and unconditional logistic regression analyses, after adjustment for multiple covariates, determined the effects of lifestyle factors on esophageal cancer risk.

Smoking and alcohol consumption increased the esophageal cancer risk (adjusted odds ratio [95% confidence interval]: 1.37 [1.15–1.63] and 1.89 [1.60–2.23], respectively). Overweight (body mass index [BMI] ≥ 23 to <25 kg/m2), obese I (BMI ≥ 25 to <30 kg/m2), or obese II (BMI ≥ 30 kg/m2) categories had reduced odds of esophageal cancer (0.76 [0.62–0.92], 0.59 [0.48–0.72], and 0.47 [0.26–0.85], respectively). In the subgroup analyses, the association of incident esophageal cancer with smoking and alcohol consumption persisted, particularly in men or those aged ≥55 years, whereas higher BMI scores remained consistently associated with a reduced esophageal cancer likelihood across all age groups, in both sexes, and alcohol users or current smokers. Underweight current smokers exhibited a higher propensity for esophageal cancer.

In conclusion, smoking and alcohol drinking may potentially increase the risk, whereas weight maintenance, with BMI ≥ 23 kg/m2, may potentially decrease the risk, for esophageal cancer in the South Korean population. Lifestyle modification in the specific subgroups may be a potential strategy for preventing esophageal cancer, the researchers state.

Source: Kwon MJ, Kang HS, Choi HG, Kim JH, Kim JH, Bang WJ, Hong SK, Kim NY, Hong S, Lee HK. Risk for Esophageal Cancer Based on Lifestyle Factors-Smoking, Alcohol Consumption, and Body Mass Index: Insight from a South Korean Population Study in a Low-Incidence Area. J Clin Med. 2023 Nov 14;12(22):7086. doi.org/10.3390/jcm12227086.

Association between alcohol consumption patterns and glaucoma in Japan

A study in Japan examined the association between alcohol consumption patterns and glaucoma. The case-control study evaluated 3,207 cases with glaucoma and 3,207 matched controls. Patients over 40 years of age were included from 1,693,611 patients admitted to 34 hospitals in Japan. Detailed alcohol consumption patterns (drinking frequency, average daily drinks, and total lifetime drinks) were obtained, as well as various confounding factors, including smoking history and lifestyle-related comorbidities. Odds ratios (ORs) and 95% CIs for glaucoma prevalence were calculated.

Drinking frequency showed an association with glaucoma for "a few days/week" (OR, 1.19; 95% CI, 1.03–1.38) and "almost every day/week" (OR, 1.40; 95% CI, 1.18–1.66). Average daily drinks showed an association for ">0–2 drinks/day" (OR, 1.16; 95% CI, 1.03–1.32). Total lifetime drinks showed an association for ">60–90 drink-year" (OR, 1.23; 95% CI, 1.01–1.49) and ">90 drink-year" (OR, 1.23; 95% CI, 1.05–1.44).

As alcohol consumption levels differed considerably between men and women, additional analyses were conducted separately for men and women. Among men, drinking frequency of "a few days/week" and "almost every day/week," average daily drinks of ">0–2 drinks/day" and ">2–4 drinks/day," and total lifetime drinks of ">60–90 drink-year" and ">90 drink-year" had an association with glaucoma. Conversely, among women, neither drinking frequency, average daily drinks, nor total lifetime drinks were associated.

Both the frequency and quantity of alcohol consumption were associated with glaucoma. The researchers suggest that further research on gender differences is warranted.

Source: Sano, Kei Terauchi, Ryo Fukai, Kota Furuya, Yuko; Nakazawa, Shoko; Kojimahara, Noriko MD, Hoshi, Keika, Nakano, Tadashi Toyota, Akihiro MD, PhD; Tatemichi, Masayuki. Association Between Alcohol Consumption Patterns and Glaucoma in Japan. Journal of Glaucoma 32(11):p 968-975, November 2023. doi.org/10.1097/IJG.0000000000002308.

International burden of cancer deaths and years of life lost from cancer attributable to four major risk factors

A study published in the Lancet eClinical Medicine, and led by Harriet Rumgay, provides a comprehensive review of the impact of alcohol consumption and other risk factors on cancer mortality and years of life lost (YLLs) in seven countries: Brazil, Russia, India, China, South Africa, the United Kingdom, and the United States. The research gives an insight into how alcohol and other risk factors contribute to the worldwide burden of cancer.

The research team collected population attributable fractions for four risk factors (alcohol consumption, tobacco smoking, excess body weight and human) from global population-based studies and applied these to estimates of cancer deaths in 2020 to obtain potentially preventable cancer deaths and their 95% confidence intervals (Cis). The researchers calculated the number and age-standardised rates of YLLs (ASYR).

In the seven countries, an estimated 5.9 million (3.3 million–8.6 million) YLLs from cancer were attributable to alcohol consumption, 20.8 million (17.0 million–24.6 million) YLLs to tobacco smoking, 3.1 million (2.4 million–3.8 million) YLLs to excess body weight, and 4.0 million (3.9 million–4.2 million) YLLs to HPV infection.

The ASYR from cancer due to alcohol consumption was highest in China (351.4 YLLs per 100,000 population [95% CI 194.5–519.2]) and lowest in the US (113.5 [69.6–157.1]) and India (115.4 [49.7–172.7). For tobacco smoking, China (1159.9 [950.6–1361.8]) had the highest ASYR followed by Russia (996.8 [831.0–1154.5). For excess body weight, Russia and the US had the highest ASYRs (385.1 [280.6–481.2] and 369.4 [299.6–433.6], respectively). The highest ASYR due to HPV infection was in South Africa (457.1 [453.3–462.6]). ASYRs for alcohol consumption and tobacco smoking were higher among men than women, whereas women had higher ASYRs for excess body weight and HPV infection.

This research highlights the critical yet preventable role of alcohol and other risk factors in global cancer rates. By focusing on reducing these risk factors, significant strides can be made in decreasing cancer incidence and mortality.

Source: Harriet Rumgay; et al. International burden of cancer deaths and years of life lost from cancer attributable to four major risk factors: a population-based study in Brazil, Russia, India, China, South Africa, the United Kingdom, and United States. eClinicalMedicine, ISSN: 2589-5370, Page: 102289 doi.org/10.1016/j.eclinm.2023.102289.

Health effects associated with exposure to intimate partner violence against women and childhood sexual abuse

The health impacts of intimate partner violence against women and childhood sexual abuse are not fully understood. Researchers conducted a systematic review by comprehensively searching seven electronic databases for literature on intimate partner violence-associated and childhood sexual abuse-associated health effects. Following the burden of proof methodology, the evidence strength linking intimate partner violence and/or childhood sexual abuse to health outcomes supported by at least three studies was evaluated.

Results indicated a moderate association of intimate partner violence with major depressive disorder and with maternal abortion and miscarriage (63% and 35% increased risk, respectively). HIV/AIDS, anxiety disorders and self-harm exhibited weak associations with intimate partner violence. Fifteen outcomes were evaluated for their relationship to childhood sexual abuse, which was shown to be moderately associated with alcohol use disorders and with self-harm (45% and 35% increased risk, respectively). Associations between childhood sexual abuse and 11 additional health outcomes, such as asthma and type 2 diabetes mellitus, were found to be weak. Although understanding remains limited by data scarcity, these health impacts are larger in magnitude and more extensive than previously reported. Renewed efforts on violence prevention and evidence-based approaches that promote healing and ensure access to care are necessary.

Source: Spencer CN, Khalil M, Herbert M, et al. Health effects associated with exposure to intimate partner violence against women and childhood sexual abuse: a burden of proof study. Nature Medicine. 11 December 2023. doi.org/10.1038/s41591-023-02629-5.

Alcohol intake and cause-specific mortality: conventional and genetic evidence in a prospective cohort study

Genetic variants that affect alcohol use in East Asian populations could help assess the causal effects of alcohol consumption on cause-specific mortality. A study published in the Lancet investigated the associations between alcohol intake and cause-specific mortality using conventional and genetic epidemiological methods among more than 512,000 adults in China.

The prospective China Kadoorie Biobank cohort study enrolled 512,724 adults aged 30–79 years, during 2004–08. Residents with no major disabilities from ten diverse urban and rural areas of China were invited to participate, and alcohol use was self-reported. During 12 years of follow-up, 56,550 deaths were recorded through linkage to death registries, including 23,457 deaths among 168,050 participants genotyped for ALDH2-rs671 and ADH1B-rs1229984. Adjusted hazard ratios (HRs) for cause-specific mortality by self-reported and genotype-predicted alcohol intake were estimated.

33% of men drank alcohol most weeks. In conventional observational analyses, ex-drinkers, non-drinkers, and heavy drinkers had higher risks of death from most major causes than moderate drinkers. Among current drinkers, each 100 g/week higher alcohol intake was associated with higher mortality risks from cancers (HR 1·18 [95% CI 1·14–1·22]), cardiovascular disease (CVD; HR 1·19 [1·15–1·24]), liver diseases (HR 1·51 [1·27–1·78]), non- medical causes (HR 1·15 [1·08–1·23]), and all causes (HR 1·18 [1·15–1·20]). In men, ALDH2-rs671 and ADH1B-rs1229984 genotypes predicted 60-fold differences in mean alcohol intake (4 g/week in the lowest group vs 255 g/week in the highest). Genotype-predicted alcohol intake was uniformly and positively associated with risks of death from all causes (HR 1·07 [95% CI 1·05–1·10]) and from pre-defined alcohol-related cancers (1·12 [1·04–1·21]), liver diseases (1·31 [1·02–1·69]), and CVD (1·15 [1·10–1·19]), chiefly due to stroke (1·18 [1·12–1·24]) rather than ischaemic heart disease (1·06 [0·99–1·14]). Results were largely consistent using a polygenic score to predict alcohol intake, with higher intakes associated with higher risks of death from alcohol-related cancers, CVD, and all causes. Approximately 2% of women were current drinkers, and although power was low to assess observational associations of alcohol with mortality, the genetic evidence suggested that the excess risks in men were due to alcohol, not pleiotropy.

Higher alcohol intake increased the risks of death overall and from major diseases for men in China. There was no genetic evidence of protection from moderate drinking for all-cause and cause-specific mortality, including CVD.

Source: Iona Y Millwood, Pek Kei Im et al. Alcohol intake and cause-specific mortality: conventional and genetic evidence in a prospective cohort study of 512 000 adults in China. Lancet Public Health 2023; 8: e956–67 Published Online. November 21, 2023. doi.org/10.1016/S2468-2667(23)00217-7.

Are dopamine receptors related to risk of developing an alcohol use disorder?

The effect of using risky substances, such as alcohol, on the brain's so-called "reward system" has received considerable attention, particularly in terms of what it signifies for the risk of developing a substance use disorder. A longitudinal study investigated the association between PET data and later self-report measures in healthy individuals.

The study conducted in Sweden measured receptor availability for dopamine, a neurotransmitter that is abundant throughout a part of the reward system called the ventral striatum, in people without a history of alcohol use disorder, and tested whether it predicted risk for harmful alcohol use 8 to 16 years later. There were 71 individuals (68 of whom had evaluable PET data, 5 females, 42.0 years mean age) from a series of previous PET studies.

The research found no relationship between dopamine receptor levels and future alcohol consumption, reward sensitivity, or family history, and only a modest-sized link to some impulsivity traits, all of which suggests that this brain marker may not be well-suited to predicting later hazardous drinking for those with no history of alcohol use disorder.

Source: Jangard S, Jayaram-Lindström N, Isacsson NH, Matheson GJ, Plavén-Sigray P, Franck J, Borg J, Farde L, Cervenka S. Striatal dopamine D2 receptor availability as a predictor of subsequent alcohol use in social drinkers. Addiction. 2023 Jun;118(6):1053-1061. doi.org/10.1111/add.16144.

The association between alcohol drinking and glycemic management among people with type 2 diabetes in China

A study investigated the association between alcohol drinking and glycemic management among adult patients with type 2 diabetes in regional China.

The cross-sectional survey was conducted in Nanjing Municipality of China in 2018. Adult type 2 diabetes patients were randomly selected from urban and rural communities. The outcome variable was the glycemic management status. The explanatory measure was alcohol drinking. Mixed-effects regression models were employed to estimate odds ratios (ORs) and 95% confidence interval (95% CI) for examining the associations of alcohol drinking with glycemic management among type 2 diabetes patients.

Among the overall 5,663 participants, the glycemic management rate was 39.8% (95% CI = 38.5, 41.1), with 41.2% (95% CI = 39.7, 42.7), 43.9% (95% CI = 38.9, 48.8), and 34.1% (95% CI = 31.5, 36.7) for non-drinkers, mild/moderate drinkers, and heavy drinkers, respectively. After adjustment for potential confounders and community-level clustering effect, heavy and mild/moderate alcohol drinkers were at 0.76 (95% CI = 0.66, 0.89) and 1.04 (95% CI = 0.87, 1.28) times odds to have glycemia under control than non-drinkers among the overall participants. Furthermore, when stratified separately by gender and use of anti-diabetes agents, the scenario within men, either regular or irregular users of anti-diabetes agents was the same as that for overall participants, while the association between alcohol drinking and glycemic management became non-significant among women.

Heavy alcohol drinking might have a negative effect on glycemic management among patients with type 2 diabetes irrespective of the use of anti-diabetes agents in regional China. The authors comment that this study has important public health implications regarding precision intervention on patients' glycemia control for type 2 diabetes management.

Source: Ye Q, Ouyang X, Qin Z, Chen Y, Zhang X, Liu Y, Lou Q, Xu F. The association between alcohol drinking and glycemic management among people with type 2 diabetes in China. J Diabetes Investig. 2023 Nov 20. doi.org/10.1111/jdi.14108.

Exploring human metabolome after wine intake - A review

Wine has a rich history dating back to 2200 BC, originally recognised for its medicinal properties. Today, with the aid of advanced technologies like metabolomics and sophisticated analytical techniques, remarkable insights have been made into the molecular-level changes induced by wine consumption in the human organism.

A review published in the journal, Molecules, gives a comprehensive exploration of the alterations in human metabolome associated with wine consumption. 51 studies from the last 25 years were reviewed; these studies systematically investigated shifts in metabolic profiles within blood, urine, and feces samples, encompassing both short-term and long-term studies of the consumption of wine and wine derivatives. Significant metabolic alterations were observed in a wide variety of metabolites belonging to different compound classes, such as phenolic compounds, lipids, organic acids, and amino acids, among others. Within these classes, both endogenous metabolites as well as diet-related metabolites that exhibited up-regulation or down-regulation following wine consumption were included. The up-regulation of short-chain fatty acids and the down-regulation of sphingomyelins after wine intake, as well as the up-regulation of gut microbial fermentation metabolites like vanillic and syringic acid are some of the most important findings reported in the reviewed literature. The results confirm the intact passage of certain wine compounds, such as tartaric acid and other wine acids, to the human organism.

The authors say that this review offers a holistic perspective on the metabolic underpinnings of this centuries-old tradition.

Source: Lekka P, Fragopoulou E, Terpou A, Dasenaki M. Exploring Human Metabolome after Wine Intake—A Review. Molecules. 2023; 28(22):7616. doi.org/10.3390/molecules28227616.

Alcohol consumption may have positive and negative effects on cardiovascular disease risk

While past research has indicated that moderate alcohol consumption can lower one's risk of cardiovascular disease (CVD), more recent studies suggest that moderate levels of drinking may be hazardous to heart health. A new analysis led by Boston University School of Public Health (BUSPH) and the Friedman School of Nutrition Science and Policy at Tufts University has given new insight on this complex relationship between alcohol consumption and the progression of CVD.

Published in the journal BMC Medicine, the study found that alcohol consumption may have counteractive effects on CVD risk, depending on the biological presence of certain circulating metabolites—molecules that are produced during or after a substance is metabolized and studied as biomarkers of many diseases.

The researchers observed a total of 60 alcohol consumption-related metabolites, identifying seven circulating metabolites that link long-term moderate alcohol consumption with an increased risk of CVD, and three circulating metabolites that link this same drinking pattern with a lower risk of CVD. The findings provide a better understanding of the molecular pathway of long-term alcohol consumption and highlight the need for and direction of further research on these metabolites

For the study, the researchers examined blood samples to measure the association between the cumulative average consumption over 20 years of beer, wine, and liquor and 211 metabolites among 2,428 Framingham Heart Study Offspring Study participants. Among the participants, 636 developed CVD over the study period.

Among the 60 drinking-related metabolites, 13 metabolites had a stronger association with alcohol consumption in women than in men, perhaps due to women's generally smaller body size and likely higher blood alcohol concentration after consuming the same amount of alcohol as men. The results also showed that consumption of different types of alcohol was linked to different metabolomic responses, with beer consumption generating a slightly weaker association overall than wine and liquor. In roughly two-thirds of the 60 metabolites, higher plasma levels were detected in participants who consumed greater amounts of alcohol. Branched-chain amino acids (BCAAs) were among the metabolites that were not associated with alcohol consumption. The researchers then calculated two alcohol consumption-associated metabolite scores, which had opposite associations with the development of CVD.

"While our study presents intriguing findings, validation through state-of-the-art methods and large and diverse study populations is crucial," researchers Ma commented. "To enhance reliability, we aim to conduct larger-scale research involving a more diverse racial and ethnic background, as the current study participants are all white. In addition, we will expand our study to integrate with other molecular markers such as genetic information to illustrate the complex relationships between alcohol consumption, metabolite features, and cardiovascular risk."

nutrition.tufts.edu/news/study-shows-alcohol-intake-may-have-positive-and-negative-effects-cardiovascular-disease-risk

Source: Li, Y., Wang, M., Liu, X. et al. Circulating metabolites may illustrate relationship of alcohol consumption with cardiovascular disease. BMC Med 21, 443 2023. doi.org/10.1186/s12916-023-03149-2.

International alcohol conference returns to Australia in 2024

For the first time in more than a decade, the Kettil Bruun Society (KBS) Symposium returns to Australia, with the 2024 annual symposium to be held from May 27-31 in Fremantle/Walyalup, hosted by Curtin University's National Drug Research Institute (NDRI).

Organising Committee Chair Michael Livingston said "As always, the aims of KBS are to promote and discuss social and epidemiological research that fosters a comparative understanding of the social aspects of alcohol use and alcohol problems, and to promote a spirit of international cooperation".

The 49th Annual Alcohol Epidemiology Symposium of the Kettil Brunn Society is supported by Business Events Perth and the Mental Health Commission of Western Australia.

Registration and the Call for Abstracts will open in December via the 2024 conference website at kbs2024perth.org. To join the mailing list and be notified, email kbs2024perth@gmail.com

Alcohol and skeletal muscle in health and disease

Alcohol-related myopathy is one of the earliest alcohol-associated pathological tissue changes that is progressively exacerbated by cumulative long-term alcohol misuse. Acute and chronic alcohol use leads to changes in skeletal muscle mass and function. An evidence-based review discusses how alcohol-mediated mechanisms are multifactorial with effects on anabolic and catabolic signaling, mitochondrial bioenergetics, extracellular matrix remodeling, and epigenomic alterations. However, systematic studies are limited, especially regarding the acute effects of alcohol on skeletal muscle.

The researchers identified relevant peer-reviewed manuscripts published between January 2012 and November 2022. Of the 708 manuscripts considered for the review, 96 were included. Additionally, relevant papers published earlier than 2012 were included to provide context to the review.

Both acute and chronic alcohol use decrease protein synthesis and increase protein degradation. Alcohol also impairs mitochondrial function and extracellular matrix remodeling. However, there is a gap in the literature on the known alcohol-mediated mechanisms, including senescence, role of immune activation, and interorgan communication, on the development of alcohol-related myopathy.

The researchers say that with increased life expectancy, changing alcohol use patterns, and increasing frequency of alcohol use among females, current observational studies are needed on the prevalence of alcohol-related myopathy. Additionally, the compounding effects of acute and chronic alcohol use on skeletal muscle with aging or exercise, in response to injury or disuse, and in the context of comorbidities including diabetes and human immunodeficiency virus (HIV), call for further investigation. Though evidence suggests that abstinence or reducing alcohol use can improve muscle mass and function, they are not restored to normal levels. Hence, understanding the pathophysiological mechanisms can help in the design of therapeutic strategies to improve skeletal muscle health.

Source: Simon L, Bourgeois BL, Molina PE. Alcohol and Skeletal Muscle in Health and Disease. Alcohol Res. 2023 Nov 2;43(1):04. doi.org/10.35946/arcr.v43.1.04.

Binge-pattern alcohol consumption and genetic risk as determinants of alcohol-related liver disease

Individuals who binge drink and have a certain genetic makeup are six times more likely to develop alcohol-related cirrhosis, according to new research from UCL, the Royal Free Hospital, the University of Oxford and the University of Cambridge.

The study, published in Nature Communications, is the first to assess how an individual's pattern of drinking, their genetic profile (via a polygenic risk score) and whether or not they have type-2 diabetes affects their risk of developing alcohol-related cirrhosis (ARC).

In the study, researchers analysed data from 312,599 actively drinking adults in the UK Biobank cohort, to assess the impact of pattern of drinking, genetic predisposition and type-2 diabetes on the likelihood of developing ARC.

A baseline hazard ratio (HR) of one was set using data from participants who reported drinking within daily limits, had low genetic predisposition to ARC and were free of diabetes.

Those who engaged in heavy binge drinking, which is categorised as having 12 units in a day at some point during a week, were three times as likely to develop alcohol-related cirrhosis. The risk for those with a high genetic predisposition was four times higher and the risk for type-2 diabetics was two times higher.

When heavy binge drinking and high genetic predisposition were at play, the risk of developing alcohol-related cirrhosis was six times higher than the baseline risk. The addition of type-2 diabetes as well resulted in an even greater risk.

The observation that pattern of drinking is more important than volume, coupled with the increased risk when genetic makeup and type-2 diabetes are also present, provides more accurate information with which to identify those most vulnerable to liver disease.

Source: Ding, C., Ng Fat, L., Britton, A. et al. Binge-pattern alcohol consumption and genetic risk as determinants of alcohol-related liver disease. Nat Commun 14, 8041 (2023). doi.org/10.1038/s41467-023-43064-x

Brain volume in Fetal Alcohol Spectrum Disorders over a 20-year span

Anomalous brain development and mental health problems are prevalent in fetal alcohol spectrum disorders (FASD), but there is a paucity of longitudinal brain imaging research into adulthood. Researchers investigated whether cortical volumes decline faster in individuals with a fetal alcohol spectrum disorders (FASD) than unaffected controls over 20 years from adolescence to middle age.

A cohort study used magnetic resonance imaging (MRI) data collected from individuals with FASD and control individuals (age 13-37 years at first magnetic resonance imaging [MRI1] acquired 1997-2000) compared with data collected 20 years later (MRI2; 2018-2021). Participants were recruited for MRI1 through the University of Washington Fetal Alcohol Syndrome (FAS) Follow-Up Study. For MRI2, former participants were recruited by the University of Washington Fetal Alcohol and Drug Unit. Data were analysed from October 2022 to August 2023.

Intracranial volume (ICV) and regional cortical and cerebellar gray matter, white matter, and cerebrospinal fluid volumes were quantified automatically and analysed, with group and sex as between-participant factors and age as a within-participant variable.

Of 174 individuals with MRI1 data, 66 individuals (37.9%) were rescanned for MRI2, including 26 controls, 18 individuals with nondysmorphic heavily exposed fetal alcohol effects (FAE; diagnosed prior to MRI1), and 22 individuals with FAS. Mean (SD) age was 22.9 (5.6) years at MRI1 and 44.7 (6.5) years at MRI2, and 35 participants (53%) were male. The FAE and FAS groups exhibited enduring stepped volume deficits at MRI1 and MRI2; volumes among control participants were greater than among participants with FAE, which were greater than volumes among participants with FAS. Despite these persistent volume deficits, the FAE participants and FAS participants showed patterns of neurodevelopment within reference ranges: increase in white matter and decrease in gray matter of the cortex and decrease in white matter and increase in gray matter of the cerebellum.

The study findings support a nonaccelerating enduring, brain structural dysmorphic spectrum following prenatal alcohol exposure and a diagnostic distinction based on the degree of dysmorphia. FASD was not a progressive brain structural disorder by middle age, but whether accelerated decline occurs in later years remains to be determined. These findings suggest a sustained spectrum of brain volume deficits endured from adolescence into early middle age based on the original severity of dysmorphia and a diagnostic distinction between fetal alcohol syndrome and alcohol-related neurodevelopment disorder.

Source: Pfefferbaum A, Sullivan EV, Pohl KM, Bischoff-Grethe A, Stoner SA, Moore EM, Riley EP. Brain Volume in Fetal Alcohol Spectrum Disorders Over a 20-Year Span. JAMA Netw Open. 2023 Nov 1;6(11):e2343618. doi.org/10.1001/jamanetworkopen.2023.43618.

Alcohol-related liver disease: is there a safe alcohol consumption limit for liver disease?

A review evaluated how much alcohol is safe in the context of alcohol-related liver disease (ALD). In patients without an established diagnosis of ALD consuming alcohol at quantities below 12 to 20g daily with alcohol-free days is associated with a very low risk of developing disease. This risk is mediated by the presence of cofactors such as sex, medical comorbidity, obesity, and genetic factors. A threshold effect below which liver disease will not occur is not seen, instead a dose-response relationship where risk ranges from low to high. Once ALD is present, natural history studies confirm that continued alcohol consumption is clearly associated with an increased risk of ill health and premature death.

In conclusion, low-level alcohol consumption in the absence of liver disease is associated with a very small risk of developing ALD, but once ALD is present patients should be supported to achieve complete abstinence from alcohol.

Source: Pekarska K, Parker R. Alcohol-Related Liver Disease: Is There a Safe Alcohol Consumption Limit for Liver Disease? Semin Liver Dis. 2023 Aug;43(3):305-310. doi.org/10.1055/s-0043-1772836.

Moderate alcohol consumption and risk of stroke in US Veterans

There is inconsistent evidence on the association of moderate alcohol consumption and stroke risk in the general population and is not well studied among US Veterans. It is also unclear whether primarily drinking beer, wine, or liquor is associated with a difference in stroke risk.

185,323 participants in the Million Veteran Program who self-reported alcohol consumption on the Lifestyle Survey were included in the study. Moderate consumption was defined as 1–2 drinks/day and beverage preference of beer, wine or liquor was defined if ≥ 50% of total drinks consumed were from a single type of beverage. Strokes were identified from the participants' electronic health record.

The mean age of the sample was 64 years. 4,339 (94% ischemic; 6% haemorrhagic) strokes over a median follow-up of 5.2 years were observed. In Cox models adjusted for age, sex, race, education, income, body mass index, smoking, exercise, diet, cholesterol, prevalent diabetes, prevalent hypertension, lipid-lowering medication, antihypertensive medication, and diabetes medication, moderate alcohol consumption (1–2 drinks/day) was associated with a 22% lower risk of total stroke compared with never drinking [Hazards ratio (HR) 95% confidence interval (CI): 0.78 (0.67, 0.92)]. When stratifying by stroke type, a similar protective association with moderate consumption and ischemic stroke [HR (95% CI): 0.76 (0.65, 0.90)], but a non-statistically significant higher risk of haemorrhagic stroke [HR (95% CI): 1.29 (0.64, 2.61)] was observed. A difference in ischemic or haemorrhagic stroke risk among those who preferred beer, liquor or wine vs. no beverage preference was not observed. When stratifying by prior number of hospital visits (≤ 15, 16–33, 34–64, ≥ 65) as a proxy for health status, the researchers observed attenuation of the protective association with greater number of visits [HR (95% CI): 0.87 (0.63, 1.19) for ≥ 65 visits vs. 0.80 (0.59, 1.08) for ≤ 15 visits].

The research found a lower risk of ischemic stroke, but not haemorrhagic stroke with moderate alcohol consumption and did not observe substantial differences in risk by beverage preference among a sample of US Veterans. Healthy user bias of moderate alcohol consumption may be driving some of the observed protective association.

Source: Song, R.J., Larson, M.G., Aparicio, H.J. et al. Moderate alcohol consumption on the risk of stroke in the Million Veteran Program. BMC Public Health 23, 2485 (2023). doi.org/10.1186/s12889-023-17377-x.

Why do some people get headaches from drinking red wine?

A study published in the journal Scientific Reports explored the reason why red wine causes headaches in some subjects who can drink other alcoholic beverages without suffering. The cause for this effect has been attributed to a number of components, often the high level of phenolics in red wine, but a mechanism has been elusive.

In the study researchers discovered that red wine's rich flavonol content, specifically quercetin, impacts how the body metabolizes alcohol, which can result in a headache. Quercetin is naturally present in all kinds of fruits and vegetables, including grapes. It's considered a healthy antioxidant. Corresponding author of the study Andrew Waterhouse, professor emeritus with the UC Davis Department of Viticulture and Enology explained "When it gets in your bloodstream, your body converts it to a different form called quercetin glucuronide. In that form, it blocks the metabolism of alcohol." Waterhouse said levels of this flavanol can vary dramatically in red wine.

As a result of quercetin blocking alcohol metabolism, people can end up accumulating acetaldehyde which is a well-known toxin, irritant and inflammatory substance that can cause facial flushing, headache and nausea."

Scientists will next compare red wines that contain a lot of quercetin with those that have very little to test their theory about red wine headaches on people.

Researchers said there are still many unknowns about the causes of red wine headaches. It's unclear why some people seem more susceptible to them than others. Researchers don't know if the enzymes of people who suffer from red wine headaches are more easily inhibited by quercetin or if they are just more easily affected by the buildup of the toxin acetaldehyde.

Source: Devi, A., Levin, M. & Waterhouse, A.L. Inhibition of ALDH2 by quercetin glucuronide suggests a new hypothesis to explain red wine headaches. Sci Rep 13, 19503 (2023). doi.org/10.1038/s41598-023-46203-y.

Medical research listed by publication date

- Striatal dopamine D2 receptor availability as a predictor of subsequent alcohol use in social drinkers 29/01/2023
- Alcohol-related liver disease: is there a safe alcohol consumption limit for liver disease? 28/08/2023
- New perspectives on how to formulate alcohol drinking guidelines 08/09/2023
- Association between alcohol consumption patterns and glaucoma in Japan 26/09/2023
- Alcohol and Skeletal Muscle in Health and Disease 02/11/2023
- Risk for esophageal cancer based on lifestyle factors–smoking, alcohol consumption, and body mass index 14/11/2023
- Exploring human metabolome after wine intake - A review 15/11/2023
- International burden of cancer deaths and years of life lost from cancer attributable to four major risk factors 15/11/2023 available online
- Circulating metabolites may illustrate relationship of alcohol consumption with cardiovascular disease 16/11/2023
- Brain Volume in Fetal Alcohol Spectrum Disorders Over a 20-Year Span 17/11/2023
- The association between alcohol drinking and glycemic management among people with type 2 diabetes in China 20/11/2023
- nhibition of ALDH2 by quercetin glucuronide suggests a new hypothesis to explain red wine headaches 20/11/2023
- Alcohol intake and cause-specific mortality: conventional and genetic evidence in a prospective cohort study of 512 000 adults in China 21/11/2023
- Cancer risk according to alcohol consumption trajectories: A Population-based Cohort Study of 2.8 Million Korean Men 05/12/2023
- Health effects associated with exposure to intimate partner violence against women and childhood sexual abuse 11/12/2023
- Moderate alcohol consumption on the risk of stroke in the Million Veteran Program 12/12/2023
- Binge-pattern alcohol consumption and genetic risk as determinants of alcohol-related liver disease 14/12/2023

Association between public health policies on alcohol and worldwide cancer, liver disease and cardiovascular disease outcomes

The long-term impact of alcohol-related public health policies (PHP) on disease burden is unclear. A paper published in the journal of Hepatology assessed the association between alcohol-related PHP and alcohol-related health consequences.

The Alcohol Preparedness Index (API) is a new instrument to assess the existence of alcohol-related public policies for each country. Researchers collected data on alcohol-related PHP from the WHO Global Information System of Alcohol and Health 2010 for 169 countries. Data on alcohol-related health consequences between 2010–2019 were obtained from the Global Burden of Disease database. PHP were classified into five items, including criteria for low, moderate, and strong PHP establishment. An alcohol preparedness index (API) and an incidence rate ratio (IRR) for outcomes according to API were estimated.

The median API in the 169 countries was 54 [IQR:34.9–76.8]. The API was inversely associated with alcohol use disorder prevalence (AUD) (IRR:0.13, 95% CI: 0.03–0.60), alcohol-associated liver disease (ALD) mortality (IRR:0.14 95% CI: 0.03–0.79), mortality due to neoplasms (IRR:0.09, 95% CI:0.02–0.40), alcohol-attributable hepatocellular carcinoma (HCC) (IRR:0.13, 95% CI: 0.02–0.65), and cardiovascular diseases (IRR:0.09, 95% CI: 0.02–0.41). The highest associations were observed in the Americas, Africa, and Europe. The association between API and alcohol-related outcomes became more robust over time, which indicates that the benefits of a stricter policy environment become more evident over time. AUD prevalence was significantly lower after 2 years, while ALD mortality and alcohol-attributable HCC incidence decreased after 4 and 8 years from baseline API assessment, respectively.

The researchers conclude that the API is a valuable instrument to quantify the robustness of alcohol-related PHP establishment. A more stringent policy environment correlates with declines in alcohol use disorder prevalence and alcohol-associated liver disease mortality over time. Those countries with a higher API were associated with lower AUD prevalence, ALD mortality, neoplasms, alcohol-attributable HCC, and cardiovascular diseases. The results encourage the development and strengthening of alcohol-related policies worldwide.

Source: Díaz LA, Fuentes-López E, Idalsoaga F, Ayares G, Corsi O, et al. Association between public health policies on alcohol and worldwide cancer, liver disease and cardiovascular disease outcomes. J Hepatol. 2023. doi.org/10.1016/j.jhep.2023.11.006.

Changes in alcohol consumption according to the duration of unemployment

A study published in the BMJ Open prospectively examined the association between the duration of unemployment among job seekers and changes in alcohol use in a year.

The study included 84 943 participants from the CONSTANCES cohort included between 2012 and 2019 who, at baseline and 1-year follow-up, were either employed or job-seeking.

The study estimated the odds of reporting continuous no alcohol use, at-risk alcohol use, increased or decreased alcohol use compared with being continuously at low risk, according to employment status. The duration of unemployment was self-reported at baseline. Employment status at 1-year follow-up was categorised as (1) employed, (2) return to employment since less than a year, (3) unemployed for less than 1 year, (4) unemployed for 1 to 3 years and (5) unemployed for 3 years or more. Analyses were adjusted for age, gender, education, household monthly income, marital status, self-rated health, smoking status and depressive state.

Compared with being continuously at low risk (i.e., ≤10 drinks per week), the unemployment categories were associated in a dose-dependent manner with an increased likelihood of reporting continuous no alcohol use (OR: 1.74–2.50), being continuously at-risk (OR: 1.21–1.83), experiencing an increase in alcohol use (OR: 1.21–1.51) and a decrease in alcohol use (OR: 1.17–1.84).

The researchers comment that although their results suggest an association between the duration of unemployment and a decrease in alcohol use, they also revealed associations between at-risk and increased alcohol use. Therefore, screening for alcohol use among unemployed job seekers should be reinforced, especially among those with long-term unemployment.

Source: El Haddad R, Meneton P, Melchior M, Wiernik E, Zins M, Airagnes G. Changes in alcohol consumption according to the duration of unemployment: prospective findings from the French CONSTANCES cohort. BMJ Open. 2023 Nov 19;13(11):e077255 doi.org/10.1136/bmjopen-2023-077255.

Young adults report lower alcohol use after learning that drinking is declining among their peers

Alcohol use and its related consequences are a public health problem among young adults. The authors of a study state that building upon effective personalised normative feedback interventions, dynamic norms can be used to highlight the decreasing prevalence of alcohol use over time among young adults' peers, thereby increasing their motivation to change drinking consistent with the trend. Because limited research has examined dynamic norms feedback interventions for alcohol use, their study examined the acceptability and initial efficacy of such an intervention, and potential effects of showing norms feedback about drinking to light drinkers and non-drinkers.

546 unvaccinated young adults aged 18–24 who completed a baseline survey, intervention, and 1-month follow-up assessment participated in the study. Participants randomly allocated to receive a brief web-based dynamic norms intervention, with feedback content focused on either (a) alcohol-related behaviours (intervention) or (b) COVID-19 vaccine behaviours (control).

On average, participants who received the alcohol intervention rated it as generally engaging, helpful, and acceptable, with the majority (90.8%) indicating that they would recommend it to a friend. The alcohol intervention was associated with statistically and clinically significant reductions in all indices of perceived drinking norms, drinking quantity, drinking frequency, and driving after drinking occasions. Lighter drinkers showed no adverse effects.

Presenting alcohol-related personalized normative feedback using dynamic trends is a promising intervention for reducing alcohol use in a community sample of young adults. Further research clarifying the optimal presentation of dynamic norms is needed.

Source: Graupensperger, S., Jaffe, A.E., Blayney, J.A., Duckworth, J.C. & Stappenbeck, C.A. A pilot study of the acceptability, efficacy, and iatrogenic effects of a brief dynamic norms intervention for reducing young adult alcohol use. Alcohol: Clinical and Experimental Research. 2023 00, 1–12. doi.org/10.1111/acer.15202.

Peer-led BASICS intervention to reduce alcohol consumption and alcohol-related consequences among university students

The peer-led BASICS intervention has been shown to be effective in decreasing the quantity and frequency of drinking, the estimated peak blood alcohol concentration (BAC), and the number of binge drinking episodes among a student population. A study evaluated the effectiveness of the peer-led BASICS intervention to reduce risky alcohol consumption among university students in the Spanish context.

A two-arm randomized controlled trial in a university in northern Spain included 308 first- and second-year university students recruited between October 2022 to March 2023. The intervention was a 30-min in-person peer-led motivational interview. Participants were assessed at baseline and 1-month post intervention. The primary outcome was the quantity and frequency of alcohol consumption during a typical week.

Compared with students in the control group, students who received the intervention reduced the number of drinks per week by 5.7 (95% CI 5.54, 5.86); the number of drinks consumed in a typical weekend by 5.2 (95% CI 5.07, 5.33); the number of drinks consumed on the occasion of greatest consumption by 4.9 (95% CI 4.78, 5.02); the number of binge drinking episodes by 1.4 (95% CI 1.37, 1.43); the peak BAC on a typical week and on the occasion of greatest consumption decreased by 0.06 (95% CI 0.058, 0.062) and 0.09 (95% CI 0.088, 0.092); the number of alcohol-related consequences by 5.8 (95% CI 5.67, 5.93); and the motivation to change their alcohol use increased by −0.8 (95% CI −0.85, −0.75).

The researchers conclude that the peer-led BASICS intervention is effective in changing alcohol consumption and its related consequences among Spanish university students in the short term. The action of nursing students as counselors positively impacted drinking patterns among their peers.

Source: Lavilla-Gracia M, Pueyo-Garrigues M, Calavia Gil D, Esandi-Larramendi N, Alfaro-Diaz C, Canga-Armayor N. Peer-led BASICS intervention to reduce alcohol consumption and alcohol-related consequences among university students: a randomized controlled trial. Front Public Health. 2023 Oct 31;11:1280840. doi.org/10.3389/fpubh.2023.1280840.

State Alcohol Policy environments of US colleges: Predictors of sexual assault and alcohol-related arrest and disciplinary action

State-level alcohol policy restrictiveness has been found to decrease binge drinking among college students and, therefore, may also reduce occurrences of alcohol-related criminal offenses. Researchers hypothesized that more restrictive state alcohol policy environments would be associated with fewer liquor law violations and sexual assault offenses on U.S. college campuses.

Data were aggregated across 3 academic years (2016–2017, 2017–2018, and 2018–2019) and represented 1,290 institutions. The associations of state-level young adult binge drinking and the Alcohol Policy Scale (APS) with the numbers of campus-level alcohol-related arrests, alcohol-related disciplinary actions, rape offenses, and fondling offenses reported in national Campus Safety and Security data were evaluated.

Higher APS scores had direct associations with fewer alcohol-related arrests (1.79% decrease per one-unit increase in APS), alcohol-related disciplinary actions (2.27% decrease per one-unit increase in APS), and rape offenses (0.85% decrease per one-unit increase in APS). The associations APS scores had with disciplinary actions and rape offenses were partially and fully mediated, respectively, by state-level young adult binge drinking. No associations were found between APS and fondling offenses.

This cross-sectional study presents evidence that more restrictive state alcohol policies are associated with fewer alcohol-related arrests and disciplinary actions, and rape offenses on college campuses. Future research should identify the alcohol policy domains that are most protective against these outcomes.

Source: Maadhanki R. Kasimanickam, David C. R. Kerr, Rebecca E. Killion, Timothy S. Naimi, Marlene C. Lira, Harold Bae. State Alcohol Policy Environments of U.S. Colleges: Predictors of Sexual Assault and Alcohol-Related Arrest and Disciplinary Action. American Journal of Preventive Medicine. 2023, ISSN 0749-3797. doi.org/10.1016/j.amepre.2023.09.015.

A brief intervention for improving alcohol literacy and reducing harmful alcohol use by women attending a breast screening service

A randomised controlled trial conducted in Melbourne, Australia assessed the effectiveness of a brief alcohol intervention for improving awareness of alcohol as a breast cancer risk factor, improving alcohol literacy, and reducing alcohol consumption by women attending routine breast screening.

The research included women aged 40 years or more, with or without a history of breast cancer and reporting any alcohol consumption, who attended the BreastScreen clinic for routine mammography during 5 February - 27 August 2021. The mean age of the 557 participants was 60.3 years and 82% had recently consumed alcohol. Participants were assigned either to the intervention group, receiving an animation including brief alcohol intervention and lifestyle health promotion. Those assigned to the control group received the animation on lifestyle health promotion only.

The study measured the change in the proportion of women who identified alcohol use as a clear risk factor for breast cancer. A greater proportion of participants were aware that alcohol use increased the risk of breast cancer at four weeks than at baseline for both the active intervention (65% v 20%; odds ratio [OR], 41; 95% confidence interval [CI], 18-97) and control arms of the study (38% v 20%; OR, 4.9; 95% CI, 2.8-8.8), but the change over time was greater for the active intervention arm. Alcohol literacy also increased to a greater extent in the intervention than the control arm, but alcohol consumption did not significantly change in either arm.

A tailored brief alcohol intervention for women attending breast screening was effective for improving awareness of the increased breast cancer risk associated with alcohol use and alcohol literacy more broadly. Such interventions are particularly important given the rising prevalence of risky drinking among middle-aged and older women and evidence that even very light alcohol consumption increases breast cancer risk.

Source: Grigg J, Manning V, Lockie D, Giles M, Bell RJ, Stragalinos P, Bernard C, Greenwood CJ, Volpe I, Smith L, Bragge P, Lubman DI. A brief intervention for improving alcohol literacy and reducing harmful alcohol use by women attending a breast screening service: a randomised controlled trial. Med J Aust. 2023 Jun 19;218(11):511-519. doi.org/10.5694/mja2.51991.

Alcohol protective behavioural strategies for young adults across drinking contexts and gender

Protective behavioural strategies (PBS) are specific harm reduction behaviours which mitigate alcohol-related consequences among young adults. Prior work indicates PBS use varies according to drinking context and gender, suggesting a need for further research assessing whether young adults employ unidentified PBS according to such factors.

Researchers examined alcohol PBS that young adults suggested using across drinking contexts and gender to inform alcohol-related harm reduction interventions.

An online survey with 514 young adult heavy drinkers assessed PBS use generally, and across 12 physical and social contexts. Open-ended responses from a prompt asking participants to state additional PBS used per context were coded and themes were derived. The frequency of each theme's appearance was calculated across the overall sample, by gender, and within each context.

PBS endorsement varied across context and gender within each theme. Young adults who reported PBS use most frequently endorsed using strategies related to drink content (18.30%), social support (12.36%), and engaging in other activities (10.34%). Participants infrequently endorsed strategies related to awareness of time (0.23%), standards of behaviour (0.78%) and avoiding environments (0.87%).

Young adults endorse using additional PBS in varying frequency according to drinking context and gender. Given PBS are often a key component of alcohol harm reduction interventions, monitoring trends in young adult PBS use is crucial to ensure continued relevance and efficacy of such interventions, the authors say.

Source: McKenna R, Avanti G, et al Alcohol protective behavioral strategies for young adults: a content analysis across drinking contexts and gender. The American Journal of Drug and Alcohol Abuse. 2023. doi.org/10.1080/00952990.2023.2272035 .

Social media use and health risk behaviours in adolescents

A research team in Scotland examined the association between social media use and health risk behaviours in adolescents (defined as those 10-19 years). A systematic review and meta-analysis was conducted. Of 17 077 studies screened, 126 were included (73 included in meta-analyses). The final sample included 1 431 534 adolescents with a mean age 15 years.

Health risk behaviours were defined as use of alcohol, drugs, tobacco, electronic nicotine delivery systems, unhealthy dietary behaviour, inadequate physical activity, gambling, and anti-social, sexual risk, and multiple risk behaviours. Included studies reported a social media variable (i.e., time spent, frequency of use, exposure to health risk behaviour content, or other social media activities) and one or more relevant outcomes.

Synthesis without meta-analysis indicated harmful associations between social media and all health risk behaviours in most included studies, except inadequate physical activity where beneficial associations were reported in 63.6% of studies. Frequent (v infrequent) social media use was associated with increased alcohol consumption odds ratio 1.48 (95% confidence interval 1.35 to 1.62), drug use 1.28 (1.05 to 1.56), tobacco use (1.85, 1.49 to 2.30), sexual risk behaviours 1.77 (1.48 to 2.12), anti-social behaviour 1.73 (1.44 to 2.06), multiple risk behaviours 1.75 (1.30 to 2.35), and gambling 2.84 (2.04 to 3.97) Exposure to content showcasing health risk behaviours on social media (v no exposure) was associated with increased odds of use of electronic nicotine delivery systems 1.73 (1.34 to 2.23), unhealthy dietary behaviours 2.48 (2.08 to 2.97), and alcohol consumption 2.43 (1.25 to 4.71). For alcohol consumption, stronger associations were identified for exposure to user generated content 3.21 (2.37 to 4.33) versus marketer generated content 2.12 (1.06 to 4.24). For time spent on social media, use for at least 2 h per day (v <2 h) increased odds of alcohol consumption 2.12 (1.53 to 2.95). GRADE certainty was moderate for unhealthy dietary behaviour, low for alcohol use, and very low for other investigated outcomes.

Social media use is associated with adverse health risk behaviours in young people, but further high quality research is needed to establish causality, understand effects on health inequalities, and determine which aspects of social media are most harmful, the researchers say.

Source: Purba A K, Thomson R M, Henery P M, Pearce A, Henderson M, Katikireddi S V et al. Social media use and health risk behaviours in young people: systematic review and meta-analysis BMJ 2023; 383 :e073552. doi.org/10.1136/bmj-2022-073552.

Social research listed by publication date

A brief intervention for improving alcohol literacy and reducing harmful alcohol use by women attending a breast screening service: a randomised controlled trial 29/05/2023

Peer-led BASICS intervention to reduce alcohol consumption and alcohol-related consequences among university students: a randomized controlled trial 31/10/2023

Changes in alcohol consumption according to the duration of unemployment: prospective findings from the French CONSTANCES cohort 19/11/2023

Association between public health policies on alcohol and worldwide cancer, liver disease and cardiovascular disease outcomes 20/11/2023

Social media use and health risk behaviours in young people: systematic review and meta-analysis 29/11/2023

State Alcohol Policy Environments of US colleges: Predictors of sexual assault and alcohol-related arrest and disciplinary action 30/11/2023

A pilot study of the acceptability, efficacy, and iatrogenic effects of a brief dynamic norms intervention for reducing young adult alcohol use 11/12/2023

Alcohol protective behavioral strategies for young adults: a content analysis across drinking contexts and gender 11/12/2023

Sale of Alcohol Bill 2022 in Ireland

In Ireland The Joint Committee on Justice in its Report on Pre-Legislative Scrutiny of the General Scheme of the Sale of Alcohol Bill 2022 has made a number of key recommendations.

Speaking on the Report, Committee Cathaoirleach Deputy James Lawless TD said, "The Committee welcomes the General Scheme's intention to introduce wide-scale reform, modernisation and streamlining of Ireland's licensing laws, noting that currently licensing laws span over 100 different pieces of legislation, with two of thirds of these having been enacted prior to the foundation of the State."

The Deputy added "In undertaking this pre-legislative scrutiny, the Committee has sought to scrutinise the proposed legislation and provide recommendations on areas where it believes change or amendments are warranted

- The Committee recommends that outstanding provisions within the Public Health (Alcohol) Act 2018 are introduced as a priority, to ensure alcohol-related harms are reduced.
- In acknowledging that venues as dance halls, movie theatres, cafés, restaurants and other cultural venues are already permitted to operate during night-time hours where they wish and where alcohol is not being served, the Committee recommends that consideration should be given to whether a form of "dry licence" may be appropriate as a complementary measure to the proposals within this legislation, which may enable and regulate the provision of late night cultural and social activities in venues where alcohol is not consumed or sold on the premises. The provision of "hybrid" licenses should also be examined, where alcohol may be served at certain times, but the venue may remain open beyond or before those hours.
- The Committee recommends that consideration should be given to allocating additional resources towards contributing to harm reduction measures such as alcohol-related rehabilitative services.
- The Committee recommends that a Health Impact Assessment of the General Scheme be carried out to evaluate the potential health effects arising from the legislation as proposed.
- The Committee recommends that the provisions around alcohol delivery services be strengthened within the General Scheme and that there be age verification at the point of sale and point of delivery of alcohol delivery services.

data.oireachtas.ie/ie/oireachtas/committee/dail/33/joint_committee_on_justice/reports/2023/2023-03-02_report-on-pre-legislative-scrutiny-of-the-general-scheme-of-the-sale-of-alcohol-bill-2022_en.pdf

Restrictions on TV advertising for alcohol in Ireland

Ireland is to enforce a ban on television advertising for alcohol between 3am-9pm. The ban will be implemented on 10 January 2025. Ireland's minister for health, Stephen Donnelly, signed the commencement order which aims to reduce the amount of alcohol-related content children see on TV. The restrictions will also apply to Irish radio, from midnight to 10am, and then 3pm to midnight.

Portman Group appoints new Chair of Independent Complaints Panel

The Portman Group has announced the appointment of Rachel Childs as new Chair of the Independent Complaints Panel (ICP). The IPC considers complaints on the naming, packaging, promotion and sponsorship of alcoholic drinks based on the Portman Group's Codes of Practice. Following seven years as a serving member, Rachel was appointed as the Panel's first Deputy Chair in January 2022 and took over as interim Chair of the Panel in September 2023.

A former headteacher with an impressive and varied career spanning over ten years in regulation, Rachel served on the Advertising Standards Authority (ASA) Council between 2011 and 2019, and currently sits on the Advertising Advisory Committee, providing consumer input into the development of the CAP and BCAP codes.

Matt Lambert, CEO of the Portman Group said: "I am delighted to appoint Rachel as Chair of the Independent Complaints Panel following our recruitment process... Having sat on the panel since 2016, two years of which she spent as Deputy Chair, I know Rachel brings a wealth of experience and commitment to the role which will enable her to successfully lead the Panel as they continue to ensure irresponsible alcohol marketing is addressed as quickly and robustly as possible."

Scottish health survey for 2022

The findings of the 2022 Scottish Health Survey were published in December. Key findings from the 2022 survey include a continuing decrease in levels of mental well-being, increased prevalence of vaping and higher levels of long-covid. Levels of hazardous/harmful drinking are continuing to steadily decline and the proportion of non-drinkers is increasing.

For all adults, prevalence of hazardous or harmful drinking has dropped from 34% in 2003 to 22% in 2022. The proportion of men drinking at hazardous or harmful levels has consistently been higher than for women, but both have declined over the course of the time series, with the decline being more pronounced for men than for women. In 2003 47% of men and 23% of women drank to hazardous or harmful levels. The equivalent figures in 2022 were 31% and 15%, respectively.

Hazardous or harmful drinking levels varied by age and sex, with men significantly more likely than women to display higher levels of hazardous or harmful drinking across all age groups. Men aged 55-64 and 16-24 were most likely to be classified as hazardous or harmful drinkers (both 37%). For women, hazardous or harmful drinking was most prevalent among those aged 35-64 years old (17-20%). Men and women aged 75 or over were least likely to report hazardous or harmful drinking (25% of men and 8% of women). Non-drinking prevalence was highest among those aged 16-24 (23%) and 65 years and older (23-27%), with similar patterns for men and women.

Prevalence of hazardous or harmful drinking levels was significantly higher among those living in the least deprived areas (28% in Scottish Index of Multiple Deprivation (SIMD) quintile 5) than among those living elsewhere (19-24%).

This pattern was observed for both men and women. There was also a significant association between area deprivation and non-drinking prevalence in 2022, with the highest proportion of non-drinkers living in the most deprived areas (25% in SIMD quintile 1) and lowest in the least deprived areas (12% in SIMD quintile 5). This linear pattern was observed for women but for men, non-drinking prevalence was highest among those living in SIMD quintile 3 (22%).

The mean number of units of alcohol consumed by adults per week has decreased over time from 16.1 units in 2003 to 12.6 units in 2022. The pattern of decrease has been similar for both men and women with consumption remaining higher among men than women in 2022 (16.5 units of alcohol for men, compared with 8.9 units for women).

The age-standardised mean number of units of alcohol consumed per week by adult drinkers did not vary significantly by area deprivation, but across all deprivation quintiles, men consumed a higher mean number of units of alcohol per week than women, with this being most pronounced

Figure 6E
Non-drinkers and hazardous/harmful drinkers, 2022, age-standardised and by area of deprivation

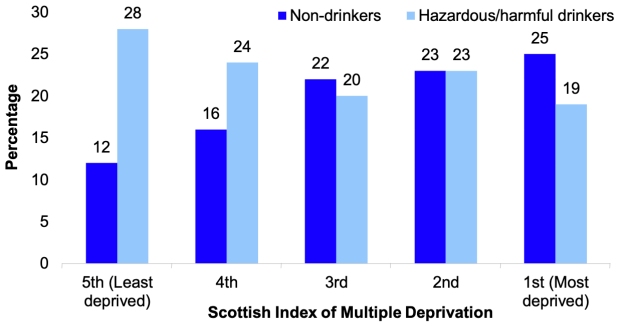


Figure 6F
Mean number of units of alcohol consumed per week among adults, 2022, age-standardised, by area deprivation and sex

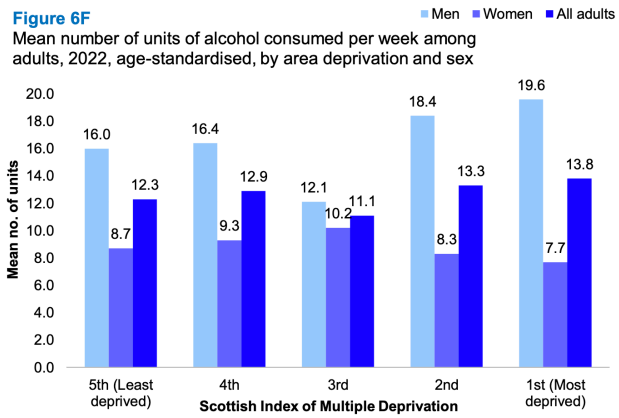
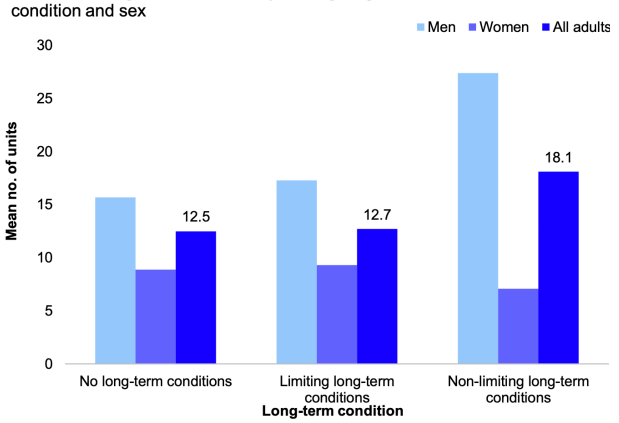


Figure 6G
Mean number of units of alcohol consumed per week among adults, 2022, age-standardised, by limiting long-term condition and sex



in the most deprived areas (19.6 units for men and 7.7 units for women in SIMD quintile 1).

For all adults, those with a limiting long-term condition were most likely to be non-drinkers (26%), compared with 14% of those with a non- limiting long-term condition and 15% of those with no long-term condition. The age-standardised mean number of units of alcohol consumed per week by adult drinkers varied significantly by long-term condition. On average, adults with a non-limiting long-term condition drank significantly more units of alcohol per week than those with either a limiting long-term condition or no long-term conditions (18.1 units compared to 12.7 for those with limiting long-term conditions and 12.5 for those with no long-term condition).

gov.scot/binaries/content/documents/govscot/publications/statistics/2023/12/scottish-health-survey-2022-volume-1-main-report/documents/scottish-health-survey-2022-main-report/scottish-health-survey-2022-main-report/govscot%3Adocument/scottish-health-survey-2022-main-report.pdf

Call to expand 'alcohol-free' labelling to help support small independent breweries

The UK government consultation on Updating labelling guidance for no and low-alcohol alternatives closed on 23 November. Responding to the consultation, the Society of Independent Brewers (SIBA) argued in favour of the limit on 'alcohol-free' labelling to be raised to include 0.5% ABV products.

Currently, under the Department for Health and Social Care's guidance for low alcohol products, beer has to contain no more than 0.05% ABV for it to be consider 'alcohol-free'. Allowing beer of less than 0.5% ABV to be labelled as 'alcohol-free' would bring it in line with the EU and America, address the barriers to trade and provide clarity for consumers. However other labelling changes being considered could add further complexity and make it more difficult for small independent breweries to enter the market for no and low beer.

Andy Slee, SIBA CEO, commented that achieving the 0.05% strength is beyond the affordability for the vast majority of small breweries as it requires specialist and expensive brewing equipment to remove the alcohol from the beer.

He added, "For small independent breweries, NoLo is a fledgling sector and our members are increasingly looking to add new innovative low alcohol beers to their range but are hindered by confusing labelling guidance and the barriers to accessing the market. The Health Minister has the chance to provide clarity and address the inconsistencies and give a real boost to our independent breweries looking to response to increase consumer demand for tasty and interesting low alcohol beers."

Scotland to increase its minimum price for alcohol

The Scottish government looks set to move forward with plans to increase its alcohol minimum unit pricing following the end of its consultation in November. While a start date is yet to be confirmed, the measure is likely to be included in the Scottish Budget to be announced on 19 December. The change would increase the minimum unit price from 50p to 65p. The change is proposed to counteract the effect of inflation, which has weakened the policy's ability to push drinkers away from high-strength low-cost lines.

Scotland district president Hussan Lal said: "We are also pleased ministers are not aiming for 80p or more – the price considered earlier this year – which would have affected hard-working individuals, who look forward to a wine or beer in their downtime. However, we are concerned ministers seem to be so focused on this blunt measure for curbing problem drinking, when there is mixed evidence that it works.

It is predicted that the 65p rate will have less impact on shelf prices and retailer margins, as retail prices in most segments are already above the rate required by a 65p minimum unit price. Most super-strength beers and pre-mix drinks, and value wines, are already usually priced above the threshold. The most-affected categories from a new 65p-per-unit rate will be value and own-label spirits and high-strength-high-volume cider lines.

gov.scot/policies/alcohol-and-drugs/minimum-unit-pricing/

Half of UK drinkers feel their country has an unhealthy relationship with alcohol

Drinkaware's Annual Monitor report for 2023 was published at the end of November. The Monitor report is an annual 'state of the nation' survey conducted for Drinkaware by YouGov that provides an insight into the drinking habits of the UK. This year's Monitor looked at how we talk about alcohol and have honest conversations. 10,473 people from across the UK were asked about their perceptions and concerns about how alcohol is seen in society.

The report found that 56% of drinkers across the UK feel that their country has an unhealthy relationship with alcohol. For the individual nations, the figure rises to 66% in Scotland, 63% in Northern Ireland, 56% in England but falls to 38% in Wales.

While many drinkers believe their country as a whole has an unhealthy relationship with alcohol, when asked about their own or, family and friends, fewer felt it was a problem (10% & 12% respectively).

Karen Tyrell, Chief Executive of the charity Drinkaware said: "We need to be more open and honest about our own relationship with alcohol and talk more about our drinking habits. Most people think the country has an unhealthy relationship with alcohol, but it is not them, it is someone else.

"There has never been a better time to change, and learn from how we talk about mental health, to make people feel more comfortable talking about their drinking.

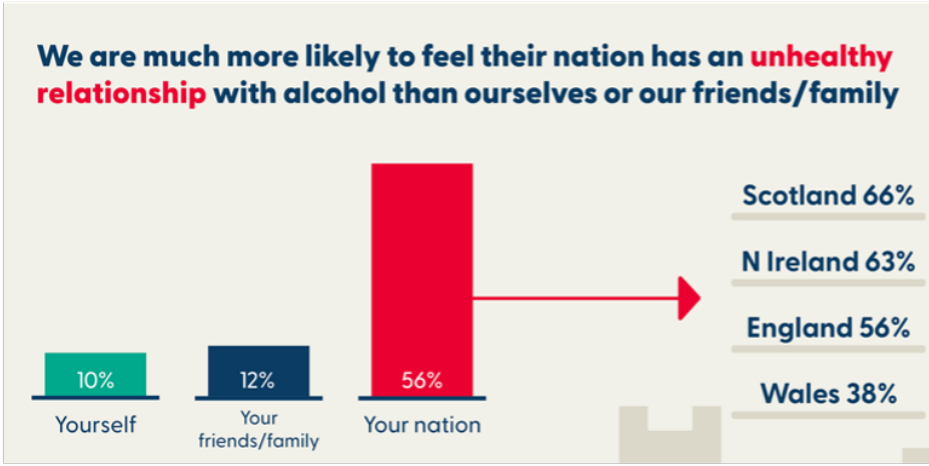
The report also found that 59% of UK adults do not think our society is understanding of people with drinking problems, rising to 65% in Scotland. For those who are concerned about someone else's drinking, 20% haven't done anything, 53% have spoken to them about it, 43% have made a comment about it to them, but only 24% have encouraged them to seek help or treatment.

Having a conversation was found to be more effective in helping people take action about their own drinking, rather than making a comment. Only 32% of cases resulted in action when a comment was made, compared to 44% when a conversation was initiated. The Monitor focus groups found that conversations can have an impact on an individual's drinking, but this can take time and often happens after several conversations. Their effectiveness depends on the drinker's openness to the issues with their drinking.

The Monitor also found:

- 80% of UK drinkers say they drink within the UK Chief Medical Officers guidelines of 14 units per week up from 77% in 2020.
- UK adults appear to be drinking less frequently, with those drinking alcohol less often than weekly rising to 39% compared to 33% in 2019.
- Those drinking at home alone at least once a week is down from 24% in 2021 to 18% in 2023.
- Concern is most likely to be for a friend's drinking, with 36% of those with a concern indicating it relates to a friend, rising to 44% among males.
- Only 29% of adults would feel very comfortable having a conversation with family and 24% with friends about their drinking, compared to 45% with a partner.
- Women feel most uncomfortable about having this conversation, with a 33% not very comfortable or not comfortable at all starting a conversation about a friend's drinking (vs. 25% of men).

drinkaware.co.uk/research/drinkaware-monitors/drinkaware-monitor-2023



Healthy Ireland Survey

The initial findings from the 2023 wave of the Healthy Ireland Survey were published in November. The Healthy Ireland Survey 2023 Report includes data regarding smoking, alcohol and drug usage rates, mental health, social connectedness and suicide awareness, general health, antibiotic awareness and health service utilisation The survey was commissioned by the Department of Health and covered the period April 2022 to March 2023. A representative sample of 3,582 individuals aged 16 and older living in Ireland were interviewed between October, 2022, and April, 2023

- Overall, 70% of individuals aged 15 or older reported consuming alcohol during the past 12 months (73% of men, compared to 67% of women). This is lower than the 75% prevalence rate reported in 2018, before the Covid-19 pandemic.
- 38% of people drink at least once a week (43% of men compared to 34% of women). This is broadly the same as measured in 2021 (37%), but lower than 2018 (41%). 21% drink multiple times per week – similar to 2022 and 2018 (21% and 23% respectively).
- Men are more likely than women to binge drink (37% and 12% respectively), with younger people more likely to do so than older people (15-24 year olds: 36%, 75+ year olds: 7%).
- 12% of all respondents and 14% of drinkers report they often or always see health messages when looking at alcohol packaging, while 59% of all respondents and 53% of drinkers report that they never see health messages on alcohol packaging.
- Alcohol content labels (28%), warnings about drinking alcohol while pregnant (14%), and consumption warnings (13%) are the most common health messages that respondents notice.

gov.ie/en/publication/73c9d-healthy-ireland-survey-2023/

Campaign in Norway gives advice on alcohol use around children

In Norway, as part of Av-og-til's campaign to promote mindful drinking at festive occasions, the organization is drawing attention to the importance of moderating alcohol consumption, particularly in the context of family gatherings and Christmas celebrations.

A recent Ipsos survey for Av-og-til showed that half of the Norwegian population believes there is too much drinking in the presence of children during Christmas. Most children, when asked, prefer adults to drink no more than one or two glasses of alcohol in their company.

Ragnhild Kaski, Secretary-General of Av-og-til, emphasised that children are often aware of changes in adult behaviour due to alcohol before the adults themselves. Behaviours that adults might perceive as positive, like increased laughter or louder talking, can make children feel insecure and uneasy.

The organisation stresses the importance of creating positive memories for children during the holidays and provides guidelines for responsible alcohol consumption:

1. Limit alcohol to a maximum of two glasses when with children.
2. Be conscious of the quantity of alcohol purchased.
3. Agree on drinking norms with other adults when children are around.
4. Remember to consider the next day's activities and not let alcohol disrupt them.
5. Understand that children are impacted by adults' altered behaviour due to alcohol.
6. Be particularly mindful during holidays to ensure children have a magical and memorable Christmas, free from the adverse effects of adult alcohol consumption.

avogtil.no/

WHO calls on countries to increase taxes on alcohol and sugary sweetened beverages

The World Health Organization (WHO) report 'Global report on the use of alcohol taxes, 2023' was published in December and provides an assessment of taxes applied to alcoholic beverages at the global level. The assessment is based on a new database compiled by WHO which provides standardized indicators of price and tax level for beer and spirits and information on tax policy for beer, spirits and wine.

The report finds a low global rate of taxes being applied to unhealthy products such as alcohol and sugary sweetened beverages (SSBs) and highlights that the majority of countries are not using taxes to incentivize healthier behaviours. Half of all countries taxing SSBs are also taxing water, which is not recommended by WHO.

At least 148 countries have applied excise taxes to alcoholic beverages at the national level. However, wine is exempted from excise taxes in at least 22 countries, most of which are in the European Region. Globally, on average, the excise tax share in the price of the most sold brand of beer is 17.2%. For the most sold brand of the most sold spirits type, it is 26.5%. WHO recommends that excise tax should apply to all SSBs and alcoholic beverages.

Dr Rűdiger Krech, Director, Health Promotion, World Health Organization commented, "Taxing unhealthy products creates healthier populations. It has a positive ripple effect across society - less disease and debilitation and revenue for governments to provide public services. In the case of alcohol, taxes also help prevent violence and road traffic injuries".

Research shows that taxing alcohol and SSBs helps cut down use of these products and gives companies a reason to make healthier products. While at the same time tax on these products help prevent injuries and noncommunicable diseases such as cancers, diabetes and heart diseases.

Countries like Lithuania, that increased alcohol tax in 2017 to drive down consumption have decreased deaths from alcohol related diseases. Lithuania increased alcohol tax revenue from 234 million euros in 2016 to 323 million euros in 2018 and saw alcohol-related deaths drop from 23.4 per 100 000 people in 2016 to 18.1 per 100 000 people in 2018.

In June 2023, a Gallup Poll conducted in collaboration with WHO and Bloomberg Philanthropies, also found that the majority of people surveyed across all countries supported increasing taxes on unhealthy products such as alcohol and SBBs.

To help support countries WHO is also releasing a technical manual on alcohol tax policy and administration. It is a practical guide and a call to action for policymakers and others involved in alcohol tax policymaking to develop strong policies considering each country's unique market structure, tax administration capacity, and political economy. It also includes country case studies and summaries of evidence on alcohol tax globally.

who.int/publications/i/item/9789240082793

Moderate drinking campaign in Luxembourg

The Ministry of Health and Social Security of Luxembourg has launched a campaign to encourage moderate drinking for those who consume alcohol and avoid excess. The campaign also provides action plans for employers to offer alternatives during staff parties. Practical tips include setting a limit before drinking, savouring each sip, exploring non-alcoholic options like mocktails, alternating alcoholic and non-alcoholic drinks, regulating alcohol-free periods, eating while drinking, and discussing "low drinking" intentions with loved ones.

Sante.lu

Drinkaware Ireland Barometer 2023

In Ireland, the annual Drinkaware Barometer provides an overview of adults' drinking behaviour in Ireland. The initial findings provide an overview of the attitudes and behaviours towards alcohol in 2023.

The research, carried out by Behaviour & Attitudes during July and August 2023 reveals a complex relationship between Irish adults and alcohol. There is evidence of cultural shift regarding alcohol with positive intentions continuing to grow, however the "at least weekly" consumption levels remain high, and the figures for binge drinking continue to increase year on year.

Regular weekly drinking has steadily increased since the COVID-19 pandemic. These figures show a consistent upward trend since 2018 when the proportion of adult drinkers who drank at least weekly stood at 44% – a difference of 15% compared to the 59% who now say they drink on a weekly basis (or more) in 2023. 1 in 4 Irish adults report binge drinking (6+ standard drinks in one sitting).

These figures are released against the backdrop of continued cost-of-living pressures and the legacy of the COVID-19 pandemic. The Barometer explores in more depth the 'why' 'where' and 'how' of alcohol consumption in Ireland and this year the top 3 most mentioned drinking occasions from the research are all based in the home, a trend that has become normalised since the COVID-19 pandemic, with 33% drinking with family over mealtimes or 29% drinking with a partner/housemate during the day or evening at least once a week. 32% of drinkers are now drinking at home alone at least once a week, compared to 8% who report going out for a drink alone. 24% of adults are now buying alcohol in their supermarket shopping at least once a week – despite the cost-of-living pressures. The report states that the centrality of at-home drinking, as well as the specific practices associated with drinking at home, are key to understanding alcohol consumption patterns and ultimately how to reduce and prevent alcohol-related harm.

While the cost-of-living pressures continue to cause difficulties for many, finances can be a significant influence to drink less with 45% citing personal finances as a general reason for doing so and 52% of drinkers that had reduced consumption saying they would rather spend their money on other things or 32% saying they can't afford to drink as much as they used to. 63% of adults cite physical health or fitness as a reason to drink less with 31% citing mental health as an influence for reduced drinking.

Several positive indicators related to cultural attitudes and expectancies regarding alcohol in Ireland are identified by the report which have been growing steadily year-on-year:

- 36% of adults now agree they would like to drink alcohol less often, the highest such incidence in the Drinkaware Barometer to date and 41% say they have made small positive changes to their drinking habits in the past 30 days. Both of these sentiments peak amongst those under 25 years, with 54% of 18–24-year-olds saying they would like to drink less often and 57% having made small positive changes
- The HSE low-risk weekly guidelines are now considered 'reasonable' by half of all adults
- The incidence of Irish adults who would follow the guidelines if they were aware of same has increased to 50% – the highest level ever.

drinkaware.ie/barometer-2023-key-findings/

Think SANTA this Christmas in Ireland

Drinkers in Ireland are being encouraged to drink mindfully throughout this festive season. According to Drinkaware, drinking mindfully is an attitude towards alcohol, actively asking yourself questions about why you drink, without judgement. When you drink mindfully, you are aware of how much you drink, and how drinking impacts your mind and body. 4 in 10 adults now say that they understand the term 'mindful drinking'.

Drinkaware have created their SANTA tips to help people drink mindfully this Christmas. Christmas is a time to celebrate with family and friends.

Serve food - Eating while drinking alcohol helps to slow down how much you drink, but also slows down how quickly alcohol is absorbed into your body.

Accurate measuring - measure all drinks.

Non-Alcoholic - Why not swap your alcoholic drink for a non-alcoholic one

Track your drinking - Keeping track of what you are drinking is a great way to drink mindfully this Christmas.

Alcohol-free Activities - Christmas events and gatherings don't have to be surrounded by or even involve alcohol

By thinking SANTA and following these tips, you can drink mindfully and enjoy a safe and happy Christmas.

drinkaware.ie/drink-mindfully-at-christmas/

More than 80 leading companies unite to reduce harmful drinking

Leading retailers, business organizations, e-commerce and digital platforms, and advertising associations are joining forces to further accelerate reductions in harmful use of alcohol, forming the ground-breaking Global Standards Coalition.

This collaboration includes industry leaders such as Walmart, SPAR International, Meta, and Uber Eats, alongside the members of the International Alliance for Responsible Drinking (IARD) – the leading global beer, wine, and spirits producers.

Signatories are putting in place policies and practices to prevent the sale and marketing of alcohol to those underage, are supporting employees and partners with resources, and are working together to further reduce harmful drinking.

The Global Standards Coalition, led by IARD, aims to create a positive movement that globally drives initiatives to help reduce harmful drinking and promote moderation among those who choose to drink.

The coalition will focus on proactive measures to:

- Further prevent sales to those underage or intoxicated
- Curb marketing and advertising to those underage
- Provide training and guidance that empowers staff to deny sale, service, and delivery of alcohol where necessary
- Respect the choices of those who choose not to drink alcohol
- Elevate industry standards to reduce the harmful use of alcohol.

Dolf van den Brink, CEO Chair of the International Alliance for Responsible Drinking and CEO of Heineken NV, said: "Even though our individual companies are different, we share the same values and are united in our mission to reduce harmful drinking and promote a culture of moderation among those who choose to drink.

"This is not just the right thing to do, but we believe it is also key for the future of our industry."

Henry Ashworth, CEO and President, IARD, said: "We are proud to be leading this initiative and it will be pivotal in driving change in society through public and private partnership as part of a whole-of-society approach.

"We invite others to join us in this global initiative to reduce harmful drinking. By harnessing our resources alongside those of policy makers, regulators, healthcare professionals, and societal leaders, we can accelerate positive downwards trends in underage drinking."

Every Moment Matters campaign celebrates two year milestone

Every Moment Matters is a ground-breaking national health campaign in Australia about alcohol, pregnancy and breastfeeding. It has been developed by the Foundation for Alcohol Research and Education (FARE) and is funded by the Australian Government from July 2020 to September 2024.

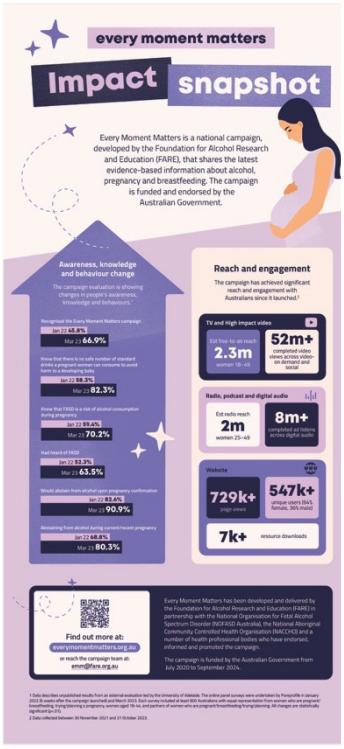
The campaign aims to:

- Increase Australians' awareness of the risks associated with alcohol consumption during pregnancy and while breastfeeding, including Fetal Alcohol Spectrum Disorder (FASD)
- Increase the proportion of Australians who are aware alcohol should not be consumed during pregnancy and that it is safest not to drink alcohol when breastfeeding
- Increase the proportion of Australian women who intend to not drink any alcohol during pregnancy and when breastfeeding.

Since launching in November 2021, the campaign has effectively increased awareness, changed intentions and influenced behaviours when it comes to alcohol, pregnancy and breastfeeding across Australia.

In January 2022 (two months after the campaign launched), evaluation data showed that 58.3% of women and their partners knew that there is no safe amount of alcohol use during pregnancy. By March 2023, that number had increased to 82.3%.

The proportion of women who would abstain from alcohol upon pregnancy confirmation increased from 82.6% in January 2022 to 90.9% in March 2023 and the number of women who are currently or were recently pregnant who abstain from alcohol increased from 68.8% in January 2022 to 80.3% in March 2023. In addition, the number of people who recognised the campaign increased from 45.6% in January 2022 to 66.9% in March 2023, suggesting that the campaign is creating attitudinal and behavioural change, and that more Australians are becoming familiar with the campaign.



fare.org.au/every-moment-matters-campaign-celebrates-two-year-milestone/

The Danish government presents a new prevention package for tobacco and alcohol

Denmark will restrict alcohol sales to minors and increase taxes on nicotine products to combat a worrying rise in consumption, the Health Ministry has said. Danish children and young people have a high consumption of alcohol compared to young people in other European countries, and they start drinking alcohol at a younger age.

Minister of the Interior and Health Sophie Løhde (Venstre) commented, "The use of tobacco, nicotine and alcohol by children and young people is in a worrying development and despite clear age limits for sales, it is today all too easy for minors to get hold of the products. That is why we are now investing almost half a billion kroner in a new prevention plan with 30 initiatives."

The initiatives give authorities new powers to carry out effective control of the shops. The tax on nicotine products will be raised, sweet flavours that appeal to children and young people will be banned and young people's access to stronger alcohol will be limited.

The agreement contains the following initiatives:

1. 16-17-year-olds will only be allowed to buy alcohol up to 6 percent.
2. Young people under the age of 18 will not be able to buy alcohol between 10pm and 8am in shops in special nightlife zones.
3. Better control of illegal sales from the Swedish Safety Agency and tougher penalties for shops that break the law.
4. Work is being initiated to find a solution for electronic age validation on payment cards

sum.dk/nyheder/2023/november/politisk-aftale-om-ny-forebyggelsesplan-skal-nedsaette-boern-og-unges-forbrug-af-alkohol-nikotinprodukter-og-tobak

Laws targeting drink and drug driving in Australian Capital Territory

The Australian Capital Territory (ACT) Government is planning to introduce new road safety legislation to tackle unsafe drink and drug driving behaviour on ACT roads. The Road Safety Legislation Amendment Bill 2023 was introduced to the Legislative Assembly by Transport Minister Chris Steel and will increase penalties and target first-time offenders. "The Bill provides swifter, stronger and fairer reforms that will make our roads safer for everyone," he said.

First time low-range drink drivers would receive an immediate $800 fine and six-month loss of licence under the new scheme. This will mean that for low range drink drivers who accept responsibility, ACT Policing will not be required to attend a court hearing. The increased penalty will provide a strong deterrent while at the same time giving ACT Police more time to focus on more serious offences.

The legislation also creates a new combined drink and drug driving offence for which penalties will be significantly higher than for separate drink and drug driving offences. Chris Steel commented, "These laws will increase ACT Policing's ability to act immediately to stop drink and drug-affected drivers by imposing immediate licence suspensions. The legislation will also improve road safety by increasing penalty levels to more effectively deter drink and drug driving and better reflect the risk to the community".

cityservices.act.gov.au/roadsafety.

Proposed drinking guidelines in Japan

In November, a health ministry expert pane in Japan issued draft guidelines for alcohol consumption, setting the daily threshold of pure alcohol that raises risks of lifestyle-related diseases at 40 grams or more for men and 20 grams or more for women.

The guidelines, the first of their kind in Japan, also state that "it is important to keep alcohol intake as low as possible," due in part to research results in recent years that even a small amount of alcohol can raise the risk of high blood pressure and cancer.

After soliciting public comments, the health ministry will finalise the guidelines by the end of March 2024, detailing health impacts from alcohol consumption and listing points to note in drinking.

The draft guidelines suggest that the effect of drinking on health varies depending on the age group, gender and one's constitution. They also warn that excessive drinking makes people more susceptible to lifestyle-related diseases, cancer and alcohol addiction.

Report argues for action on alcohol in Australia

Alcohol Change Australia are calling for urgent government action to address the lack of public awareness concerning the health risks associated with alcohol use in Australia.

A new report, based on an online survey of 2,000 Australian adults conducted in September 2023, shows that 8 in 10 Australians are concerned about the harm caused by alcohol and 63% of Australians agree that Australia faces a substantial problem with alcohol. Around half of Australians don't know the number of standard drinks they should not exceed to reduce their risk of alcohol-related accident/injury or disease and less than half of Australians are aware that alcohol can cause cancer, with only 14% recognising that alcohol is a cause of breast cancer.

Hannah Pierce, Executive Officer of Alcohol Change Australia, said, "Stronger restrictions on alcohol marketing and action to address cheap alcohol, coupled with greater investment in public education campaigns and the introduction of a health warning label, would go a long way in improving the health and well-being of all Australians."

7 in 10 Australians in the survey thought that governments must take more significant steps to reduce alcohol-caused harms. Dr Erin Lalor, Chair of Alcohol Change Australia, said "All this data points to the fact that alcohol reforms would not only benefit our national health but also enjoy broad support. It's a chance for the Australian Government to collaboratively make the changes people want and need… These concerns resonate across communities and underscore the pressing need for comprehensive solutions to prevent the far-reaching harms caused by alcohol."

alcoholchangeaus.org.au/wp-content/uploads/2023/11/AlcoholChangeAustralia_Report_FINAL.pdf

AIM – Alcohol in Moderation was founded in 1991 as an independent not for profit organisation whose role is to communicate "The Responsible Drinking Message" and to summarise and log relevant research, legislation, policy and campaigns regarding alcohol, health, social and policy issues.

AIM Mission Statement

- To work internationally to disseminate accurate social, scientific and medical research concerning responsible and moderate drinking
- To strive to ensure that alcohol is consumed responsibly and in moderation
- To encourage informed and balanced debate on alcohol, health and social issues
- To communicate and publicise relevant medical and scientific research in a clear and concise format, contributed to by AIM's Council of 20 Professors and Specialists
- To publish information via www.alcoholinmoderation.com on moderate drinking and health, social and policy issues – comprehensively indexed and fully searchable without charge
- To educate consumers on responsible drinking and related health issues via www.drinkingandyou.com and publications, based on national government guidelines enabling consumers to make informed choices regarding drinking
- To inform and educate those working in the beverage alcohol industry regarding the responsible production, marketing, sale and promotion of alcohol
- To distribute AIM Digest Online without charge to policy makers, legislators and researchers involved in alcohol issues
- To direct enquiries towards full, peer reviewed or referenced sources of information and statistics where possible
- To work with organisations, companies and associations to create programmes, materials or policies that communicate responsible alcohol consumption messages or work to reduce alcohol related harm.

AIM Social, Scientific and Medical Council

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