Alcohol in Moderation

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

Contents

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Balearics Islands

Spain's Balearic Islands have expanded curbs on street drinking and further restricted party boats in a bid to crack down on alcohol-fuelled holidays in tourist areas. The toughening of a law passed in 2020 will apply to popular hotspots including Playa de Palma and Magaluf in Majorca and Sant Antoni in Ibiza. Drinking outside of authorised areas could result in a fine of €500-1,500. The legislation also introduced tougher rules against party boats, which are now banned within one nautical mile (1.852 km) of the designated areas. Under the new law, which came into force in May, the number of sanctions taken against foreigners will be counted and submitted to the respective embassies.

Lithuania

Per capita consumption of pure (100%) alcohol in Lithuania was 11 litres in 2023, 0.2 litres less than in 2022, according to data published by the country's State Data Agency. In 2023, Lithuania's retail and catering companies sold a total of 3.1 million decaliters of vodka, whisky, brandy and other spirits, 0.8 percent less than in 2022, and 4.2 million decaliters of wine and fermented beverages, 4.2 percent less than 2022. Beer continued to be the most popular alcoholic beverage, with 20.8 million decaliters sold (6% less than in 2022).

The increase of excise duty on alcoholic beverages, introduced at the beginning of 2023, resulted in a 10.6 percent annual increase in prices, according to the State Data Agency.

Finland

The Finnish parliament on June 5th voted in favour of a government bill to raise the maximum alcohol content limit for beverages sold in supermarkets from 5.5% to 8.0%. The bill was backed by all ruling-party lawmakers and five opposition lawmakers. The alcohol content limit, however, only applies only to beverages produced by fermentation. Canned cocktails, long drinks and other mixed alcoholic beverages found on supermarket shelves will therefore continue to have an alcohol content of at most 5.5%.

France

Alcohol was banned in the stands at Roland Garros (The French Open) after a fan allegedly spat chewing gum at Belgian player, David Goffin during his defeat of Frenchman Giovanni Mphetshi Perricard. Security measures were tightened and umpires were instructed to be stricter with the crowd during matches following the incident. "Alcohol was until now authorised in the stands. Now it's over," said tournament boss Amelie Mauresmo.

Ireland

Ireland has extended that provision to allow the sale and consumption of alcohol in 'relevant outdoor seating areas.' The extension runs until 30 November 2024. Initially introduced as part of the Civil Law Act 2021, introduced during COVID as a temporary measure it has to be renewed every 6 months. However, the Intoxicating Liquor Bill 2024 currently under preparation is expected to regularise the position with respect to outdoor seating areas on a permanent basis.

A burden of proof study on alcohol consumption and ischemic heart disease

Authors

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Citation

Nature Communications (2024) 15:4082. doi.org/10.1038/s41467-024-47632-7

Author's Abstract

Objective Cohort and case-control data have suggested an association between low to moderate alcohol consumption and decreased risk of ischemic heart disease (IHD) yet results from Mendelian randomization (MR) studies designed to reduce bias have shown either no or a harmful association.

Methods Here we conducted an updated systematic review and re-evaluated existing cohort, case-control, and MR data using the burden of proof meta-analytical framework.

Results Cohort and case-control data show low to moderate alcohol consumption is associated with decreased IHD risk – specifically, intake is inversely related to IHD and myocardial infarction morbidity in both sexes and IHD mortality in males – while pooled MR data show no association, confirming that self-reported versus genetically predicted alcohol use data yield conflicting findings about the alcohol-IHD relationship.

Conclusions Our results highlight the need to advance MR methodologies and emulate randomized trials using large observational databases to obtain more definitive answers to this critical public health question.

Forum Summary

Another systematic review and re-evaluation of existing data using a relatively recent burden of proof meta-analytical framework (Zheng et al. 2022). The review suggests that traditional types of studies strongly support a j-shaped relationship between alcohol consumption and risk of ischaemic heart disease, but that Mendelian Randomization studies assessing genetic variation do not necessarily. Genes have some effects on risk but the type of beverage consumed, the rate of its consumption, the regularity of such consumption, whether with food, and whether there is binge drinking, are the major factors in determining the health effects of drinking. These are generally more determined by lifestyle or cultural habits and less influenced by genes.

Forum Comments

Background

Carr et al. (2024) re-evaluate the association between alcohol consumption and ischaemic heart disease (IHD). The authors were interested in this specific association since alcohol consumption increases the risk of morbidity and mortality on the one hand and decreases the risk of IHD on the other hand. Substantial interest exists in the alcohol-IHD relationship since the prevalence of alcohol consumption is high as is the prevalence of IHD.

The alcohol-IHD relationship is a long-lasting scientific discussion based on extensive epidemiological analyses, nutrition intervention studies, reviews, systematic reviews and meta-analyses. The new aspect of the current study is the use of the so-called burden of proof meta-analytical framework. Using this methodology, the authors conducted an updated systematic review and re-evaluated existing cohort, case-control, and Mendelian Randomization (MR) data. The burden of proof approach is a six-step framework consisting of gathering relevant information, evaluating study quality and correcting for potential confounders, ultimately calculating a conservative effect estimate. The key statistical tool consists of a flexible meta-regression tool that does not impose a log-linear relationship between the risk and outcome, but instead uses a spline ensemble to model non-linear relationships.

The authors summarize their findings as follows: results suggested an inverse association between alcohol and IHD when all conventional observational studies were pooled as well as in evaluating cohort studies only. When only case-control studies were pooled, also alcohol consumption was associated with a decrease in IHD risk up to high levels of consumption. Their analysis of the available MR studies showed no association between genetically predicted alcohol consumption and IHD.

The authors conclude there is a need to advance MR methodologies and emulate randomized trials using large observational databases to obtain more definitive answers to this critical public health question.

Critique

This study is interesting in that it uses a more advanced meta-analytical technique involving modelling showing that a J-shaped association exists between alcohol consumption and IHD with a nadir of approximately 23 g alcohol/day with a relative risk of 0.69. Myocardial infarction (MI) risk reduction was maximal at 15 g alcohol/day with a relative risk of 0.66. Even at the 85th percentile exposure level observed in the studies (45 g alcohol/day for IHD and 50 g alcohol/day for MI) a relative risk of 0.72 and 0.73 was calculated for IHD and MI, respectively.

Various criteria are used to adjust for common sources of bias in this methodology. One of these is exposure assessment, which was quantified by whether alcohol consumption was recorded once or more than once in conventional observational studies, or with only one or multiple SNPs (genetic variants) in MR studies. Although this improved meta-analytical methodology considers alcohol assessment, it still does not consider nor adjust for important factors like drinking frequency and underreporting as mentioned by the authors. A limited number of studies have investigated the effect of drinking pattern, mainly because alcohol exposure assessment is complex and usually not extensively captured in questionnaires. Those studies that did analyse the effect of drinking pattern have suggested that it is an important factor (Joan et al. 2003, Ruidavets et al., 2010, Ellison, 2005, Rimm and Moats 2007, Roerecke and Rehm 2014, Sarich et al. 2020, Jani et al. 2021 Ding et al. 2023. Studying the effects of drinking frequency and drinking pattern seems essential in further diversifying the alcohol-IHD relationship.

The study by Carr et al. (2024) also shows that MR studies cannot find a similar association as found in classical high-quality epidemiology. This leads the authors to conclude that MR studies need to improve. In other words, MR studies are not (yet) able to correctly describe a complex association as the alcohol-IHD one. The authors indicate that MR studies do not (sufficiently) allow for non-linear associations such as those for alcohol consumption and IHD. This is probably caused by insufficient genetic variation testing, which does not allow for the study of dose-dependency and drinking pattern. Also, other factors like the motivation to drink or other characteristics of the alcohol consumer such as impulsivity (Villafuerte et al., 2012), sensation seeking (Weiland et al., 2013), neuronal disinhibition and an impaired ability to easily learn from mistakes (Mayfield et al., 2008) are not included in MR studies. Yet other relevant factors, like drinking with meals and gender are not captured in MR studies. So, with limitations both in terms of the number of genes involved in drinking behaviour, as well as the genetic variation in these genes, MR studies may only focus on a minority of relevant factors determining drinking behaviour.

This paper essentially puts forward the notion that MR studies are not suitable to study the alcohol-IHD association nor the associations between alcohol consumption and any other disease outcome.

The authors are not clear, however, on the role of intervention studies. They argue that studies, like the cancelled long-term MACH15 study, would have made a difference. Conversely, they argue that the implementation of a long-term trial would have been fraught with potential issues, such as ethical questions related to alcohol carcinogenicity. This is surprising since Medical Ethics Committees always weigh the scientific benefits against the potential risks for volunteers entering the studies. Medical Ethics Committees also assume the principle of acceptable risk rather than a zero-risk tolerance, which seems to be the current standard for alcohol consumption. Moderate alcohol consumption as proposed in MACH15 study, is associated with a very small increase in cancer risk, if any (Hendriks & Calame, 2018, Cao et al., 2015).

The authors appear to suggest in their last sentence of the abstract that they would be in favour of the idea of a long-term clinical trial as the MACH15 study, since such a study would provide further causal insight in the alcohol-IHD relationship. This is needed since epidemiology is convincing to most, but not to all. A potential alternative, the MR technology is, however, insufficiently developed and may even be unsuitable for the very complex multifactorial alcohol-IHD relationship.

Short-term trials were briefly mentioned in this study, but not included in the overall analysis. This may be a missed opportunity since quite a lot of mechanistic work has been performed by these short-term nutrition interventions (Rimm

et al., 1999, Brien et al., 2011). Biomarker changes observed in nutrition interventions have led to estimated contributions in epidemiological associations. This type of analysis has led to the notion that most of the benefit from the alcohol-IHD association could be explained by observable biomarker changes (Mukamal et al., 2005). The main contributing changes in the alcohol-IHD protective relationship were HDL-cholesterol increase, fibrinogen decrease and HbA1c decrease, indicating improvements in lipid metabolism, haemostasis and glucose homeostasis. This means that not only the conventional observational studies are consistent (Ronksley et al., 2011), but also that a mechanism has been elucidated which may fully explain the association observed.

Large and long-lasting observational studies may be used to study the changes in disease incidences associated with changes in drinking behaviour. For example, studies looking into drinking behaviour changes and the incidence of diabetes type 2 (Joosten et al., 2011) have shown that increases in alcohol consumption over time were associated with a lower risk of type 2 diabetes among initially rare and light drinkers. This lower risk was evident within four years following increased alcohol consumption.

Both approaches, integrating short-term nutrition intervention biomarker changes with epidemiological analysis and changes in alcohol consumption associated with disease outcomes over time, could add to the existing extensive epidemiological evidence on the alcohol-IHD association.

Specific Comments from Forum Members

Forum Member Skovenborg also suggests that there is a lack of studies where alcohol exposure includes drinking patterns and drinking while fasting/having a meal. He then suggests that the studies used as reference for that statement by Carr et al. (23024) that "even low levels of consumption increase the risk of some cancers", have serious flaws as follows:

- "The "low levels", for example, 10 grams of alcohol per day, is typically a fictional level constructed by dividing the consumption of alcohol by seven. That means we do not know whether the individual consumes one drink daily or seven drinks during the weekend. It is plausible that the alcohol-cancer association is very different whether you are a regular drinker of one glass of wine with your meal or a weekend binge drinker. Strangely, Carr et al. (2024) accept the association of cancer and alcohol intake without question while they find the cohort and case-control studies of alcohol and IHD subject to a number of various types of bias.
- While the authors' analysis of Mendelian Randomisation studies of alcohol and the risk of IHD found no effect of alcohol consumption, they do not mention most Mendelian Randomisation studies of alcohol and breast cancer found no association between alcohol consumption and the risk of breast cancer. These interesting results tend to be "lost" in the reviews of alcohol and breast cancer. We should suggest that Carr et al. (2024) ought to use the burden of proof study technique to analyse the association between low levels of alcohol consumption and the risk of some cancers."

In addition, Forum Member Harding comments that he "shares the reservations expressed about the statement, 'with even low levels of consumption increasing the risk for some cancers'. In addition to the points already made, I note that both the two papers cited (Bagnardi et al. 2015, and Wood et al. 2018) pass off epidemiological association as causality, which is uncritically accepted by Carr et al. (2024). Furthermore, the paper appears to further undermine the notion that the Mendelian Randomisation approach is the 'gold standard', as I have heard it described. It has already been pointed out that it is subject to the same limitations as instrumental variable analysis, and a few more as well (Mukamal et al. 2020)."

Concluding comments

Forum Member Ellison noted that he "rarely tends to review articles on the effects of alcohol estimated by MR, as most MR approaches thus far are inadequate ways of studying the health effects of alcohol (Ellison, et al, 2021). Even if such an approach gave a good estimate of the number of drinks someone consumed, it must be realized that the amount of alcohol consumed per week (or other period of time) is not as important as the pattern of consumption.

Genes obviously have some effects, but the type of beverage consumed, the rate of consumption, the regularity of such consumption, whether with food, and whether there is binge drinking, are all major factors in determining the health effects of drinking. These are generally more determined by lifestyle or cultural habits learned while one is growing up and less influenced by genes.

There is an immense amount of data from large cohort studies indicating that the regular consumption of moderate amounts of wine with meals is associated especially with a lower risk of cardiovascular disease and total mortality (Ellison et al. 2021)."

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Alcohol consumption and accelerated biological ageing in middle-aged and older people

The relationship between alcohol consumption and age-related diseases is inconsistent. Biological age (BA) serves as both a precursor and a predictor of age-related diseases; however, longitudinal associations between alcohol consumption and BA in middle-aged and older people remain unclear. A study measured whether there was a longitudinal association between drinking frequency and pure alcohol intake with BA among middle-aged and older people.

Based on two prospective cohort studies, the research was set in Southwestern China and the UK. 8,046 participants from the China Multi-Ethnic Cohort study (CMEC) and 5,412 participants from the UK Biobank (UKB), aged 30–79 years, took part, with complete data from two waves of clinical biomarkers.

BA was calculated by the Klemera Doubal's method. Accelerated BA equalled BA minus chronological age. Drinking frequency and pure alcohol intake were obtained through self-reported questionnaires and was classified as current non-drinking, occasional (monthly drinking) and regular (weekly drinking).

Compared with consistent current non-drinkers, more frequent drinkers [CMEC: $\beta = 0.46$, 95% confidence interval (CI) = 0.13–0.80; UKB: $\beta = 0.65$, 95% CI = 0.01–1.29)], less frequent drinkers (CMEC: $\beta = 0.62$, 95% CI = 0.37–0.87; UKB: $\beta = 0.54$, 95% CI = –0.01–1.09), consistent occasional drinkers (CMEC: $\beta = 0.51$, 95% CI = 0.23–0.79; UKB: $\beta = 0.63$, 95% CI = 0.13–1.13) and consistent regular drinkers (CMEC: $\beta = 0.56$, 95% CI = 0.17–0.95; UKB: $\beta = 0.46$, 95% CI = 0.00–0.91) exhibited increased accelerated BA. A non-linear relationship between pure alcohol intake and accelerated BA was observed among consistent regular drinkers.

In middle-aged and older people, any change in drinking frequency and any amount of pure alcohol intake seem to be positively associated with acceleration of biological ageing, compared with maintaining abstinence.

Source: Chen H, Yin J, Xiang Y, Zhang N, Huang Z, Zhang Y, et al. (2024) Alcohol consumption and accelerated biological ageing in middle-aged and older people: A longitudinal study from two cohorts. Addiction. 2024. doi.org/10.1111/add.16501

Association between drinking status and risk of kidney stones among United States adults: NHANES 2007–2018

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Citation

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Author's Abstract

Objective This study aimed to investigate the relationship between drinking status and kidney stones occurrence among United States (US) adults who consume alcohol.

Methods We conducted a cross-sectional analysis using data from the National Health and Nutrition Examination Survey (NHANES 2007–2018). Questionnaires yielded information on alcohol consumption and kidney health. Drinking status was categorized into four groups—former, mild, moderate, and heavy—based on alcohol consumption patterns. The aim was to explore the relationship between drinking status and the prevalence of kidney stones occurrence. For this analysis, we examined a group of individuals diagnosed with kidney stones. With survey weights applied, the total weight of the group was 185,690,415.

Results We used logistic regression to measure the relationship between drinking status and the likelihood of developing kidney stones. In a fully adjusted model, former drinkers were less likely to have previously experienced kidney stones (OR 0.762, 95% CI 0.595–0.977, $P < 0.05$). In subgroup analysis, heavy alcohol consumption was associated with a significantly reduced likelihood of kidney stones occurrence in various populations. The adjusted odds ratios (with 95% confidence intervals) of kidney stones risk for heavy alcohol consumption were 0.745 (0.566–0.981) for young individuals, 0.566 (0.342–0.939) for older individuals, 0.708 (0.510–0.981) for individuals of white race, 0.468 (0.269–0.817) for individuals with underweight/normal BMI, 0.192 (0.066–0.560) for widowed people, 0.538 (0.343–0.843) for smoking individuals, 0.749 (0.595–0.941) for individuals without a cancer history, and 0.724 (0.566–0.925) for individuals without a stroke history.

Conclusions In US adults who consume alcohol, a negative linear relationship is apparent between drinking status and the prevalence of kidney stones, with heavy drinking showing a lower prevalence compared to former drinkers. However, the causal relationship between drinking status and kidney stones requires further investigation in future research endeavours.

Forum Summary

ISFAR has previously reported on the association between drinking status and kidney chronic disease and kidney cancer, which collectively suggest that moderate alcohol consumption may have an overall beneficial effect on kidney health. Kidney stone formation may be predictive of developing either chronic kidney disease or kidney cancer, where renal stone formers have twice the risk of chronic kidney disease. In this study by Wei et al. (2024), a cross-sectional analysis using data from the National Health and Nutrition Examination Survey (NHANES 2007–2018), also suggests that heavy alcohol consumption may reduce the likelihood of kidney stones occurrence.

Forum Comments

Background

Chronic kidney disease (CKD) is a disease characterized by progressive damage and loss of function in the kidneys. CKD affects more than one in seven US adults—an estimated 37 million Americans (Abufaraj et al., 2021). In Europe, 100 million people suffer from CKD and predictions suggest that it will become the fifth leading cause of death globally by 2040. In addition, CKD is among the most expensive diseases for health systems, with a cost estimated at EUR 140 billion annually in Europe . Worldwide, the ESKD incidence rate is approximately 1.5 times as high for males than females and increases with age for both males and females, being highest for those aged 75 and over. In addition, in Australia, the age-standardized ESKD incidence rate for Indigenous people was five-times the rate for non-Indigenous people (AIHW 2018).

Early-stage kidney disease (ESKD) usually has no symptoms, and many people do not know they have CKD until it is very advanced. Kidney disease often gets worse over time and may lead to kidney failure and other health problems, such as stroke or heart attack. Nearly 808,000 people in the USA are living with end-stage kidney disease—kidney failure that is treated with a kidney transplant (31%) or dialysis (69%) . The two most common causes of kidney disease are diabetes and high blood pressure. Other risk factors for developing kidney disease include heart disease, obesity and a family history of kidney failure .

Recent observational studies have shown that renal cell carcinoma (RCC) risk is increased about three-fold in ESKD (Brooks et al., 2023). Lower estimated glomerular filtration rate (eGFR) is independently associated with a higher risk of renal cancer (Lowrance et al., 2014). This suggests that kidney disease exerts a specific, localized carcinogenic effect on kidney cells (Weng et al., 2011).

ISFAR previously reported on the associations between drinking status and kidney cancer and chronic kidney disease . The oldest critique, #85, reported on a meta-analysis of the association between moderate alcohol consumption and a lower risk of kidney cancer based on a study in 2012 (Song et al., 2012). This inverse association was confirmed in a recent meta-analysis on a larger number of food groups and urologic cancer risk (Qi et al., 2023). Another more recent ISFAR critique, #225, reported on a study showing that moderate alcohol consumption was associated with a lower risk of chronic kidney disease (Hu et al., 2020), a finding that was recently confirmed in a dose-response meta-analysis (Yuan et al., 2021). These findings suggest that moderate alcohol consumption may have an overall beneficial effect on the kidneys as has been shown for the cardiovascular system.

Kidney (renal) stones or nephrolithiasis are an important cause of CKD and ESKD. Renal stone formers have twice the risk of CKD or ESKD (Gambaro et al., 2017). Also, kidney stones may increase the risk of renal cell carcinoma in men and may increase the risk of transitional cell carcinoma (Cheungpasitporn et al., 2015).

This critique concerns the recent study focusing on the association between drinking status and risk of kidney stones in the USA (Wei et al., 2024). This study helps further explain the beneficial relation between moderate alcohol consumption and CKD, since kidney stones are a risk factor not only for CKD and ESKD but also for renal cell cancer.

This cross-sectional analysis showed that participants, who had previously passed at least one kidney stone, and were mild, moderate or heavy alcohol consumers had lower odds of developing stones compared to former drinkers. Full adjustment for all covariables attenuated the association and only the heavy drinkers remained associated with a 24% reduction in nephrolithiasis.

By the way, we believe that the second sentence of the results section of the abstract was incorrect. It should read: In a fully adjusted model, heavy drinkers were less likely to have previously experienced kidney stones (OR 0.762, 95% CI 0.595–0.977, $P < 0.05$).

Critique

This study by Wei et al. (2024) is interesting and not new. A previous study using 303 participants attending hospital with a new kidney stone episode also showed that moderate alcohol consumers had a reduced risk for kidney stone formation along with those that were 'moderate or low-meat eaters' (50-99 g/day and <50 g/day, respectively), fish-eaters and vegetarians. Also, other dietary factors such as fibre, fresh fruit and whole grain cereals, conferred some protection, showing that dietary factors are important, either directly or indirectly through known risk factors such as diabetes, hypertension and obesity. Similarly, other studies; a longitudinal study from the UK (Littlejohns et al., 2020), and a case-control study from Korea (Kim et al., 2022) reported similar findings, whereas other studies did not find such an association. However, a meta-analysis and a dose-response relationship analysis did show that the rate of urolithiasis decreased by 10% for a 10 g/day increase in alcohol intake (Wang et al., 2015).

Yet another meta-analysis performed in 2015 (Xu et al., 2015) showed that each 500 mL increase in water intake was associated with a significantly reduced risk of kidney stone formation with protective associations for higher intakes of tea and alcohol. The author concluded that increased water intake is associated with a reduced risk of kidney stones, whereas increased consumption of tea and alcohol may reduce kidney stone risk. This means that it is unclear whether the beneficial association between alcohol consumption and kidney stones is mediated by the intake of specific ingredients in alcoholic beverages or that fluid intake in general is the main contributing factor. The latter may be supported by the observation that the primary risk factor for stone formation is low urine output (Cheungpasitporn et al., 2016).

Wei et al. (2024) used a number of models to correct for confounding factors. Models #3 and #4 included correction for BMI, diabetes and heart attacks, whereas these diseases are also risk factors for kidney stones. The authors report

that no associations were observed between drinking and kidney stones in individuals with diabetes or heart attack and that no significant interaction effects occurred after adjusting for these covariates. It would have been nice to confirm the effects of established risk factors on the associations between these risk factors and the incidence of kidney stones.

Also, no potential mediating biomarkers were evaluated in this study. It may have been interesting to see the associations of these potential mediating factors like HDL cholesterol, apolipoprotein A1 and adiponectin to try and shed more light on the potential mechanisms that may underly reduced nephrolithiasis. The potential mediators mentioned by the authors were cardiovascular disease, diabetes and inflammatory risk factors, however, the relationship between these risk factors and calcium oxalate stone formation is unclear.

Alternatively, acetate formation formed during ethanol metabolism may also be interesting to investigate. A recent animal study suggests that it may prevent kidney stone formation. For example, rats fed vinegar had reduced renal calcium oxalate stones by regulating acetate metabolism in gut microbiota (Liu et al., 2022). Understanding possible mechanisms of action in addition to an epidemiological association may be extremely valuable.

Altogether, the associations between alcohol consumption and kidney stones, chronic kidney disease, and renal cell carcinoma suggest that the kidney is yet another organ, as is the cardiovascular system, that may be beneficially affected by alcohol consumption.

Specific Comments from Forum Members

Forum member Waterhouse considers that "this study does not appear to reveal much new information and the number of uncorrected typos suggest the authors were not very engaged in the writing. In addition, they did not appear to apply much thought to the investigation. As for typos, you have already noted a key error in the abstract, and one sentence (p6) says: "However, findings from one Guangzhou hospital revealed no significant differences in alcohol consumption between never drinkers, occasional drinkers, and regular drinkers, as well as beer, wine, and hard liquor consumption [cite]." As for limitations of their investigation, there are many reports that total water or fluid intake affects kidney stones, and they mention some of those studies, but they did not bother to pull that data on this population. I find it frustrating that they state the aim of their study is "understanding the potential association between drinking status and kidney stones development better", but they do not reveal anything new at all, and they conclude that a causal relationship needs further investigation".

Forum member Harding states that he "too wondered why the authors appear to give equal weight to studies drawing on large databases or meta-analyses on the one hand, and the findings from one hospital (Reference #14) on the other. I have looked at the studies they cite that conclude alcohol consumption is protective (References #7 to 10), and those that do not (References #11 to14). I have only managed to find the abstract for Reference #7, but it does not seem to involve alcohol at all. Reference # 8 is a large Korean study of over 28,000 patients, and Reference #9 is a meta-analysis. Reference #10 drew on UK Biobank data. Of those cited that did not find a protective effect ('inconsistencies'), Reference #11 is a study of twins in Vietnam and in the discussion (p.1059), the authors say, 'In our analysis, alcohol consumption was protective, and there was an increased prevalence of stones among current non-drinkers'. I have only seen the abstract of Reference #12 (Hall et al), but based on it, I wonder whether alcohol consumption was actually recorded. In Reference #13 (Liu et al), the authors say, 'This study did not find a significant association between alcohol consumption and risk of calcium urolithiasis' (i.e. neither one way nor the other) but the sample size was small (354 cases). Reference #14 (Zhao et al) is based on 725 cases and used a food frequency questionnaire to determine alcohol intake. There were only two categories - non-drinkers, and current drinkers (those consuming three or more drinks a month), so it is hard to see how any solid conclusions can be drawn from that. So, after looking at References #11 to 14, I don't see that considered together they can be used to justify that alcohol consumption is not protective for kidney stones."

Forum member Skovenborg suggests, in addition, that "Reference #7 did not investigate or mention alcohol, and while Reference #12 did investigate alcohol intake, the intake of both cases and controls was similar and very low. Problems with

references are 'more the rule than the exception' in my experience. I have often asked the authors to comment on some examples of inconsistency, but I never received an answer. These flaws should have been picked up at the peer review in theory…"

Concluding comments

Forum member Ellison concludes that "over many decades, epidemiologic studies have consistently shown that abnormal renal function, and even renal tumours, are less common among drinkers than among non-drinkers. I do not believe that all reasons for this protective effect are known. While the present study does not add much to learning about mechanisms, it does add to the evidence that drinking may have a favourable effect on the risk of many forms of renal dysfunction."

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Red wine alleviates atherosclerosis-related inflammatory markers in healthy subjects rather than in high cardiovascular risk subjects

Moderate red wine (RW) consumption is associated with a low risk of cardiovascular disease (CVD). However, few studies have evaluated the effects of RW and white wine (WW) on inflammatory markers related to atherosclerosis in healthy individuals and high-risk subjects for CVD. A study assessed the effect of RW on inflammatory markers in healthy individuals and high-risk subjects for CVD compared with moderate alcohol consumption.

Research databases were searched and twelve studies were included in the meta-analysis. The results demonstrated that red wine significantly decreased circulating intercellular cell adhesion molecule-1, vascular cell adhesion molecule-1 (VCAM-1), tumor necrosis factor-alpha (TNF-α), lymphocyte function-associated antigen-1, and Sialyl-Lewis X expression on the surface of monocytes in healthy subjects, but not in patients with CVD. Additionally, red wine significantly decreased Sialyl-Lewis X but increased clusters of differentiation 40 (CD40) expressed on the surface of T lymphocytes and significantly decreased C-C chemokine receptor type 2 (CCR2) and very late activation antigen 4 (VLA-4) expressed on the surface of monocytes. Interestingly, subgroup analysis also found that RW significantly decreased circulating interleukin-6 (IL-6) in Spain but not in other countries, and significantly increased αMβ2 (Mac-1) in the group that had an intervention duration of less than 3 weeks.

The moderate consumption of red wine is more effective than white wine in alleviating atherosclerosis-related inflammatory markers in healthy people rather than high-risk subjects for CVD. This needs, however, to be further confirmed by studies with larger sample sizes.

Source: Sheng, Yingkun, Meng, Guibing; Li, Guidong; Wang, Jianfeng. (2024) Red wine alleviates atherosclerosis-related inflammatory markers in healthy subjects rather than in high cardiovascular risk subjects: A systematic review and meta-analysis. Medicine, 103(23):p e38229. doi.org/10.1097/MD.0000000000038229

Dose-response relationship between alcohol drinking and gout risk: do subtypes of alcoholic beverages make a difference?

Although previous studies have explored the association of drinking with gout risk, the dose-response relationship was uncertain and the evidence between subtypes of alcoholic beverages and gout risk was limited.

The impact of alcohol drinking and its subtypes on gout risk was assessed using weekly alcoholic beverage consumption data in the UK Biobank.

During a mean follow-up period of 11.70 years, a total of 5,728 newly incident gout cases were diagnosed among 331,865 participants. Light alcohol drinking was found to be linked to a slight decrease in gout incidence among females (HR, 0.78; 95% CI, 0.65 to 0.94), whereas it showed no significant association in males. Moreover, the dose-response relationship showed that light red wine and fortified wine could reduce the risk of gout. Beer, champagne plus white wine and spirits, however, promoted the risk of gout at any dose.

The study suggested a J-shaped dose-response relationship of drinking with gout risk in females rather than males. For specific alcoholic beverages, light consumption of red wine and fortified wine was associated with a reduced risk of gout. These findings offer new insights into the roles of alcoholic beverages in gout, while further validation is warranted, the researchers comment.

Source: Chen W, Cai Y, Sun X, Liu B, Ying J, Qian Y, Li J, He Z, Wen C, Mao Y, Ye D. (2024) Dose-response relationship between alcohol drinking and gout risk: dosubtypesofalcoholicbeveragesmakeadifference? Journal of Rheumatology, jrheum.2024-0065. doi.org/10.3899/jrheum.2024-0065.

Alcohol: a cardiovascular friend or foe?

A review comprehensively explored the multifaceted implications of alcohol consumption on health. While acknowledging the potential cardiovascular benefits of moderate alcohol intake, concerns arise with excessive use, especially related to some specific cancer types. The detailed evidence emphasises the importance for healthcare professionals to convey a balanced message, advocating moderation for cardiovascular benefits while acknowledging potential cancer risks linked to excessive consumption. Regarding moderate consumption, the overall balance favours intake, supported by studies like the Global Burden of Disease Study 2020.

The authors state that the intricate risk-benefit ratio of alcohol use demands tailored explanations based on individual characteristics and habits, considering overall risk profiles for cardiovascular diseases, alcohol-related cancers (for example, breast cancer has been associated with moderate alcohol consumption, although the evidence is not conclusive), and other health issues. Factors such as age, pregnancy, cognitive tasks, and personal history influencing the likelihood of alcohol abuse should inform personalized advice on moderate alcohol consumption.

Collaborative efforts among stakeholders, including government agencies and healthcare organizations are crucial for providing up-to-date, comprehensive information. Clinical guidelines stress the complexities of the alcohol-heart healthy relationship, advocating moderation and individualized advice. Within personalized advice, the significance of moderate alcohol consumption, particularly in the form of wine within a Mediterranean diet, is highlighted. Wine is seen as a fundamental component of a wholesome diet, aligning with healthy dietary patterns, rather than a medicinal remedy. Acknowledging wine's integration into sound nutrition contributes to heart-healthy lifestyles, in line with Mediterranean dietary traditions. Healthcare professionals play a pivotal role in guiding patients on alcohol intake, considering specific health status and risk factors. Public health campaigns focus on educating individuals to make informed choices about alcohol consumption in the broader context of cardiovascular health.

In conclusion, achieving cardiovascular health without undue risks necessitates a balanced and personalised approach to alcohol consumption, guided by healthcare professionals and public health recommendations.

Source: Dl Castelnuovo A, de Gaetano G. (2024) Alcohol: a cardiovascular friend or foe? Minerva Cardiology andAngiology. doi.org/10.23736/S2724-5683.24.06514-1.

Alcohol exposure and disease associations: A Mendelian randomisation and meta-analysis on weekly consumption and problematic drinking

Alcohol consumption significantly impacts disease burden and has been linked to various diseases in observational studies. However, comprehensive meta-analyses using Mendelian randomization (MR) to examine drinking patterns are limited. A paper published in the journal 'Nutrients', evaluated the health risks of alcohol use by integrating findings from MR studies.

A thorough search was conducted for MR studies focused on alcohol exposure. The meta-analysis encompassed 64 published and 151 de novo MR analyses across 76 distinct primary outcomes. Results show that a genetic predisposition to alcohol consumption, independent of smoking, significantly correlates with a decreased risk of Parkinson's disease, prostate hyperplasia, and rheumatoid arthritis. It was also associated with an increased risk of chronic pancreatitis, colorectal cancer, and head and neck cancers. Additionally, a genetic predisposition to problematic alcohol use is strongly associated with increased risks of alcoholic liver disease, cirrhosis, both acute and chronic pancreatitis, and pneumonia.

Evidence from the MR study supports the notion that alcohol consumption and problematic alcohol use are causally associated with a range of diseases, predominantly by increasing the risk.

Source: Li M, Zhang X, Chen K, Miao Y, Xu Y, Sun Y, Jiang M, Liu M, Gao Y, Xue X, Li X. (2024) Alcohol exposure and disease associations: A Mendelian Randomization and meta-analysis on weekly consumption and problematic drinking. Nutrients,16(10):1517. Doi.org/10.3390/nu16101517.

Mixed messages? Exposure to reports about alcohol's suggested cardiovascular effects and hazardous alcohol use

Hazardous alcohol use is a leading risk factor for disability and death, yet observational studies have also reported reduced cardiovascular disease mortality among regular, low-level drinkers. A research team in Sweden explored: (1) how patients with cardiovascular diseases access health information about moderate drinking and cardiovascular health; (2) the perceived messages these sources convey, and (3) associations with own level of alcohol use.

A cross-sectional survey of patients in cardiology services at three hospitals in Sweden was conducted. The study outcome was hazardous alcohol use, assessed using the AUDIT-C questionnaire and defined as ≥ 3 in women and ≥ 4 in men. The exposure was accessing information sources suggesting that moderate alcohol consumption can be good for the heart, as opposed to accessing information that alcohol is bad for the heart. Health information sources were described using descriptive statistics.

A total of 330 (66.3%) of 498 patients (mean age 70.5 years, 65% males) who had heard that drinking moderately can affect the heart described being exposed to reports that moderate alcohol use can be good for the heart, and 108 (21.7%) met criteria for hazardous alcohol use. Health information sources included newspapers (32.9%), television (29.2%), healthcare staff (13.4%), friends/family (11.8%), social media (8.9%) and websites (3.7%). Participants indicated that most reports (77.9%) conveyed mixed messages about the cardiovascular effects of moderate drinking. Exposure to reports of healthy heart effects, or mixed messages about the cardiovascular effects of alcohol, was associated with increased odds of hazardous alcohol use (OR = 1.67, 95%CI = 1.02-2.74).

This study suggests that many patients in cardiology care access health information about alcohol from media sources, which convey mixed messages about the cardiovascular effects of alcohol. Exposure to reports that moderate drinking has protective cardiovascular effects, or mixed messages about the cardiovascular effects of alcohol, was associated with increased odds of hazardous alcohol use. Findings highlight a need for clear and consistent messages about the health effects of alcohol.

Source: Welfordsson P, Danielsson AK, Björck C, Grzymala-Lubanski B, Lidin M, Löfman IH, Finn SW. (2024) Mixed messages? Exposure to reports about alcohol's suggested cardiovascular effects and hazardous alcohol use: a cross-sectional study of patients in cardiology care. BMC Public Health,24(1):1302. doi.org/10.1186/s12889-024-18783-5.

Alcohol and binge drinking frequency and hypertension: a national cross-sectional study in the US

The relationship between alcohol consumption and hypertension is multifaceted and a major public health concern. The association becomes even more complicated when hypertension is undiagnosed. A study investigated how alcohol consumption patterns are linked to measured, diagnosed, undiagnosed, and composite hypertension (any indications of hypertension from blood pressure readings, professional diagnosis, or reported medication use) in the United States.

Data from the National Health and Nutrition Examination Survey 2015-2020, a nationally representative cross-sectional study, were analysed in 2023-2024. The final analytic sample was 12,950 participants. The effect of different alcohol consumption levels on hypertension was estimated.

Descriptive findings show that those who consumed alcohol more than 3 times weekly exhibited the highest prevalence of measured (52.5%), undiagnosed (27.0%), and composite hypertension (69.4%) compared to other levels of alcohol drinking. Analysis indicated a notable elevation in systolic (4.8 unit) and diastolic (2.46 unit) blood pressure among individuals with frequent binge drinking episodes compared to individuals with infrequent drinking. The researchers estimated that drinking over 3 times weekly increases the odds of measured, undiagnosed, and composite hypertension by 64%, 70%, and 54%, respectively, while frequent binge drinking episodes raise these odds by 82%, 65%, and 47%.

Contrary to some studies suggesting moderate alcohol intake has protective cardiovascular effects, the findings did not corroborate a "J-shaped" curve. This underscores the importance of regular blood pressure monitoring among individuals with binge drinking episodes and emphasises the need for public health interventions to mitigate alcohol consumption and its associated hypertension risks.

Source: Masum M, Mamani DA, Howard JT. (2024) Alcohol and binge drinking frequency and hypertension: A national cross-sectional study in the U.S. American Journal of Preventative Medicine,S0749-3797(24)00165-X. doi.org/10.1016/j.amepre.2024.05.008.

Association between alcohol consumption and chronic kidney disease: a population-based survey

A study investigated the relationship between alcohol consumption and CKD or estimated glomerular filtration rate (eGFR).

Using data from enrolled adults from the second Taiwanese Survey on Prevalences of Hypertension, Hyperglycemia, and Hyperlipidemia, conducted in 2007, participants were categorised into frequent drinkers, occasional drinkers, and nondrinkers. The amount of alcohol consumption was assessed by standard drinks per week. The primary outcome was the presence of CKD, and the secondary outcome was the eGFR.

Among 3,967 participants with a mean age of 47.9 years and a CKD prevalence of 11.7%, 13.8% were frequent drinkers, and 23.1% were occasional drinkers. The average amount of alcohol consumed was 3.3 drinks per week. Frequent drinkers (odds ratio [OR] 0.622, 95% confidence interval [CI] 0.443-0.874) and occasional drinkers (OR 0.597 95% CI 0.434-0.821) showed a lower prevalence of CKD than nondrinkers. Consumption of a larger number of standard drinks was associated with a lower prevalence of CKD (OR 0.872, 95% CI 0.781-0.975). Frequent drinkers and those who consumed a larger number of standard drinks per week showed higher eGFRs.

Within the range of moderate alcohol intake, those who consumed more alcohol had a higher eGFR and reduced prevalence of CKD. The potentially harmful effects of heavy drinking should be taken into consideration, and alcohol intake should be limited to less than light to moderate levels, the authors say.

Source: Chen IC, Tsai WC, Hsu LY, Ko MJ, Chien KL, Hung KY, Wu HY. (2024) Association between alcohol consumption and chronic kidney disease: a population-based survey. Clinical and Experimental Nephrology. doi.org/10.1007/s10157-024-02515-5.

Alcohol consumption and its correlation with medical conditions: a UK Biobank study

Alcohol consumption has been associated with the occurrence of many health conditions. A research team analysed UK Biobank data to explore associations of various conditions to type and amount of alcohol consumed. UK Biobank is a large biomedical database providing information from UK participants, including lifestyle questionnaires and diagnosis data.

Using UK Biobank, the relationship between weekly alcohol consumption, alcohol type and the incidence of eight select conditions were analysed. The alcohol consumed included: red wine (228,439 participants), white wine (188,811), beer (182,648), spirits (129,418), and fortified wine (34,598). Increased condition prevalence was observed with increasing amounts of alcohol. This was especially seen for chronic obstructive lung disease, cirrhosis of liver, hypertension, gastritis, and type 2 diabetes. Beer consumers showed higher prevalence for most conditions while fortified wine had the largest increases in incidence rates. Only white wine showed decreased incidence for acute myocardial infarction. In general, the prevalence of many conditions was higher among alcohol consumers, particularly for hypertension, 33.8%, compared to 28.6% for non-drinkers.

Although many conditions were already prevalent among non-drinkers, participants consuming increasing amounts of alcohol had increased incidence rates for many of the studied conditions. This was especially true for consumers of beer and fortified wine, but also true to a lesser extent for consumers of spirits, red and white wine.

Source: Mayer CS, Fontelo P. (2024) Alcohol consumption and its correlation with medical conditions: a UK Biobank study. Frontiers in Public Health, 12:1294492. doi.org/10.3389/fpubh.2024.1294492.

Effects of moderate ethanol exposure on risk factors for cardiovascular disease and colorectal cancer in adult Wistar rats

While past studies have provided evidence linking excessive alcohol consumption to increased risk for cardiovascular diseases (CVDs) and colorectal cancer (CRC), existing data on the effects of moderate alcohol use on these conditions have produced mixed results. A study investigated the effects of moderate alcohol consumption on risk factors associated with the development of CVDs and CRC in adult rats.

Twenty-four, 14-month-old, non-deprived male Wistar rats were randomly assigned to either an ethanol group, which consisted of voluntary access to a 20% (v/v) ethanol solution on alternate days, or a water control group for 13 weeks. Blood samples were collected to analyse levels of albumin, glucose, adiponectin, lipids, oxidized low-density lipoprotein cholesterol, high-density lipoprotein cholesterol (HDL-C), apolipoprotein A1 (apoA1), C-reactive protein (CRP), high-mobility group box 1 protein (HMGB-1), tumor necrosis factor-alpha (TNF-α), thyroxine, thyroid-stimulating hormone, 8-oxo-2'-deoxyguanosine (8-oxo-dG), liver function enzymes, and antioxidant capacity. Colonic gene expression related to colon carcinogenesis was also assessed.

Ethanol-treated rats were found to have significantly higher HDL-C and apoA1 levels compared to controls. Moderate alcohol consumption led to significantly lower CRP levels and a trend for decrease in HMGB-1, TNF-α, and 8-oxo-dG levels. In the ethanol-exposed group, colonic gene expression of superoxide dismutase was upregulated while aldehyde dehydrogenase 2 showed a trend for increase compared to the control group.

These results indicate that adopting a moderate approach to alcohol consumption could potentially improve health biomarkers related to CVD and CRC by increasing HDL-C levels and antioxidant activity and reducing DNA damage and inflammatory activity.

Source: Kwon AJ, Morales L, Chatagnier L, Quigley J, Pascua J, Pinkowski N, Brasser SM, Hong MY. Effects of moderate ethanol exposure on risk factors for cardiovascular disease and colorectal cancer in adult Wistar rats. Alcohol. 2024 Jun;117:55-63. doi.org/10.1016/j.alcohol.2024.03.010

Alcohol – a scoping review for Nordic Nutrition

A scoping review written by Dag Thelle and Morten Grønbæk evaluates the updated evidence on the consumption of alcohol and health outcomes regarded as relevant for the Nordic and Baltic countries, including cardiovascular disease, cancer, and all-cause mortality. The aim of the review is to describe the current evidence for selected health-related outcomes. This is asa basis for setting and updating national dietary reference values (DRVs) and food-based dietary guidelines (FBDGs) on alcohol consumption in the Nordic Nutrition Recommendations. The paper is one of many scoping reviews commissioned as part of the Nordic Nutrition Recommendations 2023 (NNR2023) project. It is based on the previous Nordic Nutrition Recommendations of 2012 and relevant papers published until 31 May 2021.

The review finds that alcohol consumption is associated with both negative and positive health effects. Current evidence from mainly conventional epidemiological studies suggests that regular, moderate alcohol consumption confers a modest protective effect against MI and possibly type 2 diabetes among middle-aged and older individuals. Conversely, alcohol consumption among young adults is detrimental, especially because of the tendency to binge drinking in this age group. For several cancers, there is convincing evidence that alcohol consumption increases the risk, and it is not possible to set any 'safe limit' of intake. This is especially true for breast cancer, where even moderate intake has been shown to increase the risk. Light to moderate regular alcohol consumption is not associated with increased mortality risk among middle-aged and older adults.

The review authors state that observational studies on alcohol consumption are hampered by a number of inherent methodological issues such as ascertainment of alcohol intake, selection of appropriate exposure groups, and insufficient control of confounding variables, colliders, and mediators. They add that it should also be emphasized that there is a socio-economic contribution to the alcohol-health axis with a stronger detrimental effect of alcohol in the lower social classes. The above issues contribute to the complexity of unravelling the causal web between alcohol, mediators, confounders, and health outcome.

Mendelian Randomization (MR) analyses, where genetic variants that are strongly associated with the potential risk factor are used as instrumental variables to determine whether the risk factor is a cause of the disease, do not fully support the findings above. This ispossibly because these analyses may fail to identify low alcohol intake. Currently, MR studies on the effect of alcohol on health are hampered by the lack of specific polymorphisms specifically addressing alcohol use.

Based on the overall evidence, the review recommends limiting alcohol intake. Based on estimates of the maximal mortality risk reduction associated with moderate alcohol consumption, the intake should not exceed 20 g (approximately two units) per day for both women and men. The consumption of alcohol should not exceed 5% of the energy intake in adults. Pregnant women, children, and adolescents are recommended to abstain from alcohol. Lactating women are recommended to follow the above.

Source: Thelle DS, Grønbæk (2024) M. Alcohol - a scoping review for Nordic Nutrition Recommendations 2023. Food and Nutrition Research, 68. doi.org/10.29219/fnr.v68.10540.

Join the first Alcohol Review annual conference's exciting virtual programme addressing key issues.

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philcain.com/annual-event/

Medical research listed by publication date

Association between drinking status and risk of kidney stones among United States adults: NHANES 2007–2018 15/03/2024

Effects of moderate ethanol exposure on risk factors for cardiovascular disease and colorectal cancer in adult Wistar rats. Available online 24/03/2024, Version of Record 10/04/2024

Alcohol – a scoping review for Nordic Nutrition 01/04/2024

Alcohol consumption and accelerated biological ageing in middle-aged and older people 28/04/2024

Mixed messages? Exposure to reports about alcohol's suggested cardiovascular effects and hazardous alcohol use 13/05/2024

A burden of proof study on alcohol consumption and ischemic heart disease 14/05/2024

Alcohol and binge drinking frequency and hypertension: a national cross-sectional study in the US 16/05/2024

Alcohol exposure and disease associations: A Mendelian Randomization and meta-analysis on weekly consumption and problematic drinking 17/05/2024

Alcohol consumption and its correlation with medical conditions: a UK Biobank study 22/05/2024

Association between alcohol consumption and chronic kidney disease: a population-based survey 25/05/2024

Alcohol: a cardiovascular friend or foe? 05/06/2024

Red wine alleviates atherosclerosis-related inflammatory markers in healthy subjects rather than in high cardiovascular risk subjects 07/06/2024

Dose-response relationship between alcohol drinking and gout risk: do subtypes of alcoholic beverages make a difference? 15/06/2024

Harm from the drinking of people you know: A range of effects from different relationships

Many generations of Australians have been affected by the drinking of immediate family members and more distant relatives, friends, co-workers and neighbours, and other social contacts, the authors of a recent study say. Since the decline of women's temperance movements after 1940, however, policymakers have seldom responded to alcohol's harm to others (AHTO), except for foetal alcohol spectrum disorders (FASD) and traffic accidents.

The researchers described the range of effects experienced due to the drinking of people respondents know and analysed risk and protective factors for harm from the drinking of partners and household members, other relatives and friends and co-workers.

Surveys of 2,574 participants' experiences were obtained from two samples: 1000 people responded to random digitally dialled Australian mobile calls and 1,574 participants responded from the Life in Australia panel survey. Respondents were asked whether they had been negatively affected in the previous 12 months by the drinking of persons they knew who were 'a heavy drinker or drank a lot sometimes' and the nature of these harms.

60.2% of participants reported having heavy drinkers in their lives and 21.8% had been negatively affected by the drinking of people they knew well. Participants reported a range of effects, including, most commonly, adverse social effects: having to transport relatives and friends who had been drinking, role failure and faults, being emotionally hurt or neglected, serious arguments, family problems, having to care for drinkers and verbal abuse. Less commonly, respondents reported physical or sexual harm, property damage, financial stress and threats from others' drinking. Women (odds ratio = 1.49; 95% CI = 1.13–1.95), younger people, rural, Australian-born (vs. respondents born overseas in non-English speaking countries) and more frequent drinkers were more likely to report harm from a drinker they knew than their counterparts after adjusting for other variables in the model.

The research concludes that Australians appear to be commonly adversely affected by the drinking of people they know. Harms from known drinkers are more likely to be experienced by women than men, particularly from the people they live with and other relatives. The authors argue that more action is needed to prevent harm and provide services, to protect and support women and children and also to diminish harm to men from others' drinking.

Source: Laslett A-M, Anderson-Luxford D, Willoughby B, Room R, Doran C, Egerton-Warburton D, et al. (2024) Harm from the drinking of people you know: A range of effects from different relationships. Addiction. doi.org/10.1111/add.16509

Prevalence and correlates of alcohol and drug harms to others: Findings from the 2020 US National Alcohol Survey

A study published in the 'Journal of Studies on Alcohol and Drugs' measured the prevalence and overlap of second-hand harms from other people's use of alcohol, cannabis, opioid, or other drugs and examined any sociodemographic and other correlates of these second-hand harms.

The cross-sectional analysis used data from 7,799 respondents (51.6% female; 12.9% Black, 15.6% Hispanic/Latiné; mean age: 47.6) in the 2020 U.S. National Alcohol Survey. Second-hand harms included family/marriage difficulties, traffic accidents, vandalism, physical harm, and financial difficulties.

Lifetime prevalence of second-hand harms from alcohol, cannabis, opioid, or other drugs was 34.2%, 5.5%, 7.6%, and 8.3%, respectively. There was substantial overlap among lifetime harms: almost 30% of those reporting second-hand alcohol harms also reported second-hand drug harms. Significant correlates of second-hand substance harms included female sex (alcohol, other drug); white (alcohol, opioid), American Indian/Alaska Native (opioid), and Black (cannabis) race/ethnicity; and separated/divorced/widowed marital status (opioid). Those reporting family history of alcohol problems had significantly higher odds of reporting second-hand harms across substance types. Individuals who reported frequent cannabis use had higher odds of reporting second-hand alcohol and opioid harms compared to those with no cannabis use, (aOR=1.55; aOR=2.38), but lower odds of reporting second-hand cannabis harms (aOR=0.51).

Although less prevalent than second-hand alcohol harms, 14% of participants reported second-hand harms from someone else's drug use and frequently experienced second-hand harms attributed to multiple substances. The study authors comment that population-focused interventions are needed to reduce the total burden of alcohol and drug use.

Source:. EM Rosen, WC Kerr, D Patterson, TK Greenfield, S Ramos, and KJ Karriker-Jaffe. (2024) Prevalence and correlates of alcohol and drug harms to others: Findings from the 2020 U.S. National Alcohol Survey Journal of Studies on Alcohol and Drugs. doi.org/10.15288/jsad.23-00387

Factors associated with very high-risk drinking in the Australian general population: How do men and women compare?

Despite vulnerability to alcohol-related harms, women have historically been under-represented in alcohol research. A study examined the prevalence and characteristics of women who drink at very high-risk levels (defined as drinking 11 or more standard drinks on a single occasion at least monthly), factors associated with this consumption and comparisons with men.

Secondary analyses of 2019 National Drug Strategy Household Survey data were undertaken. Significant differences by sex in the distribution of demographic and alcohol-related variables were explored.

Very high-risk drinking was reported by 10.4% of men and 3.1% of women. Compared to men, women were significantly younger with higher levels of psychological distress/mental health conditions, and were more likely to be unmarried. Both women and men engaged in a range of harm-minimisation strategies. Odds of very high-risk drinking were significantly higher for respondents who were male, younger, employed, lived in a regional/rural/remote area, psychologically distressed, smoked and used illicit drugs. Interactions with sex indicated that very high-risk drinking declined after the age of 24 for men compared to 44 for women. Being married reduced the likelihood of very high-risk drinking more greatly among women compared to men, while living in a major city reduced the likelihood among men (and not women).

Very high-risk drinking is not limited to Australian men, and the women who drink at these levels have distinct profiles and factors associated with consumption, the study concludes.

Source: Kostadinov V, Bonevski B, Harrison NJ, Bowden J. (2024) Factors associated with very high-risk drinking in the Australian general population: How do men and women compare? Drug and Alcohol Review. doi.org/10.1111/dar.13865

Reducing alcohol harms whilst minimising impact on hospitality businesses

Higher prices in shops and tighter restrictions on online alcohol sales could help to reduce rising alcohol harms whilst minimising impact on hospitality businesses, according to a study published in the International Journal of Drug Policy.

Alcohol harms including deaths and hospital admissions have risen in many countries since the Covid-19 pandemic, including in the UK. At the same time, some hospitality businesses, such as bars and pubs, have struggled.

Research, led by academics at the University of Stirling's Institute for Social Marketing and Health (ISMH) and funded by the National Institute for Health and Care Research (NIHR), looked at potential 'sweetspot' policy options which would likely offer benefits for public services and health, without negative impacts on the hospitality sector.

Reviewing evidence from international studies and legislation in the UK and abroad, the research team identified four possible 'sweetspot' policy areas to explore:

- Alcohol pricing measures including minimum unit pricing (MUP) and alcohol taxation;
- Regulation of online sales, including rapid delivery services;
- Encouraging the growth of food or arts focused venues using the local alcohol licensing system, rather than those primarily focused on selling alcohol;
- Violence reduction interventions focused on late-night venues, including changes in serving or closing times.

These potential policy interventions were then discussed with internationally recognised academics at two expert workshops.

Both higher alcohol taxes and introducing MUP where it was not in place, were highlighted as the most effective means of reducing alcohol consumption and harms without impacting negatively on restaurants, bars or clubs. In these venues, MUP has no effect on the price of alcohol sold and tax makes up a much smaller proportion of sales prices. Highlighting evidence from Scotland and elsewhere, experts noted that higher shop prices had had little or no impact on bar or restaurant trade.

Regulating online sales of alcohol; such as by restricting the quantity, delivery speed, price promotions and free delivery offers for large orders, and ensuring alcohol is not available online at lower prices than in physical stores, was also assessed as having good potential as a 'sweetspot' policy.

Professor Niamh Fitzgerald, who led the study, said: "During Covid-19, bars and restaurants were closed and restricted whilst sales of alcohol from shops increased. Alongside this, changes in alcohol consumption patterns led to increased health harms and alcohol-related deaths with health consequences. Post-Covid, governments face lobbying to support such businesses, but many health services remain under pressure.

"In setting alcohol policy going forward, there are inevitable trade-offs to be made and therefore 'sweetspot' policy options, which can protect public health and health services whilst minimising harm to hospitality businesses, may be important to consider.

Source: N Fitzgerald, R O'Donnell, I Uny, JG. Martin, M Cook, K Graham, T Stockwell, K Hughes, C Wilkinson, E McGill, PG. Miller, J Reynolds, Z Quigg, C Angus, Reducing alcohol harms whilst minimising impact on hospitality businesses: 'Sweetspot' policy options, International Journal of Drug Policy, Volume 129, 2024, doi.org/10.1016/j.drugpo.2024.104465.

Alcohol use and abstinence throughout adolescence

The authors of a recent paper published in the 'Journal Substance Use and Misuse', say that adolescence is characterised by psychosocial and cognitive changes that can alter the perceived risk of negative effects of alcohol, opportunities to drink, and self-control. Few studies have investigated whether these factors change in their contribution to adolescent drinking over time. In their research, the authors examined associations between perceived risk, opportunities to drink, self-control, and past-year drinking and investigated whether self-control buffers the effect of lower perceived risk and frequent drinking opportunities on the probability of past-year drinking.

Data was drawn from a four-wave longitudinal study (2015–2020) of 2,104 North Carolina adolescents with a mean age of 12.36 at T1. Changes in the associations between self-control, perceived risk of drinking, and drinking opportunities on the frequency of past-year drinking were assessed.

At all timepoints, greater perceived risk, fewer drinking opportunities, and higher self-control were associated with drinking abstinence in the past year. Self-control buffered the impact of frequent drinking opportunities and lower perceived risk on the probability of alcohol use at T1–3.

Despite expectations that adolescents' ability to navigate their environments improves as they age, associations between risk, protective factors, and past-year drinking were relatively stable over time. Nevertheless, self-control protected against frequent drinking opportunities and lower perceived risk. Strategies that support or relieve the need for self-control (e.g., situation modification) may protect against alcohol use throughout adolescence.

Source: Andrade, F. C., Burnell, K., Godwin, J., & Hoyle, R. H. (2024). Alcohol use and abstinence throughout adolescence: The changing contributions of perceived risk of drinking, opportunities to drink, and self-control. Substance Use & Misuse, 59(6), 910–919. doi.org/10.1080/10826084.2024.2310489

Associations between alcohol consumption and empathy in solitary drinkers in Great Britain

Inequalities in alcohol-related harm may arise partly from differences in drinking practices between population groups. One under-researched practice associated with harm is consuming alcohol alone. A study identified sociodemographic characteristics associated with drinking alone and the occasion-level characteristics associated with occasions when people drink alone.

A cross-sectional analysis of one-week drinking diaries collected between 2015 and 2019 was conducted using event-level data on 271,738 drinking occasions reported by 83,952 adult drinkers in Great Britain. Our two dependent variables were a binary indicator of reporting at least one solitary drinking occasion in the diary-week at the individual-level and a binary indicator of drinking alone at the occasion-level (event-level).

Individual-level characteristics associated with solitary drinking were being a man (OR 1.88, 95%CI [1.80,1.96]), aged over 50 (OR 2.60, 95%CI [2.40,2.81]), not in a relationship (OR 3.39, 95%CI [3.20, 3.59]), living alone (OR 2.51, 95%CI [2.37, 2.66]), and a high-risk drinker (OR 1.54, 95%CI [1.52,1.59]). Occasion-level characteristics associated with solitary drinking were that they were more likely to occur in the off-trade (OR 3.08, 95%CI [2.95,3.21]), Monday-Thursday (OR 1.36, 95%CI [1.27,1.47]), and after 10pm (OR 1.36, 95%CI [1.27,1.47]) controlling for geographic region and the month the interview took place.

The research found that characteristics of solitary drinking largely align with characteristics associated with drinking problems. Those who partake in at least one solitary drinking occasion are overall more likely to consume alcohol at risky levels, however, the number of drinks consumed on each occasion was lower during a solitary drinking occasion.

Source: Wilson LB, Bain M, Hernández-Alava M, Holmes J, Pryce R, Sasso A, Stevely AK, Warde A, Meier PS. (2024) Solitary drinkers in Great Britain: How do their sociodemographic characteristics, consumption patterns, and drinking occasions differ from those who drink with others? Journal of Studies on Alcohol and Other Drugs. doi.org/10.15288/jsad.23-00408.

Parental monitoring, perceived acceptability of underage drinking and alcohol use among Belgian youth

Parental monitoring behaviours are negatively associated with adolescent substance use, but the processes explaining these associations are still unclear. Researchers examined adolescents' knowledge of minimum legal drinking age laws and their perceived acceptability of underage drinking as potential mediators of the links between parental monitoring behaviours and youth alcohol use. The sample included 1,154 Belgian adolescents, who were recruited in Wallonia (54.9%) and in Flanders (45.1%). Path analyses revealed that higher parental rule setting, but not solicitation, was related to lower alcohol use. Acceptability of underage drinking mediated this link, but not knowledge of the laws.

The researchers say that their results suggest that beyond laws regulating the minimum legal drinking age, alcohol use prevention programs should consider the importance of parental rule-setting and youth's perceived acceptability of underage drinking.

Source: Cimon-Paquet C, Véronneau MH, Mathys C. (2024) Beyond the laws: Parental monitoring, perceived acceptability of underage drinking and alcohol use among Belgian youth. Journal of Youth and Adolescence, 53(7):1666-1682. doi.org/10.1007/s10964-024-01948-1.

Drinking patterns among US men and women

Drinking patterns among young adult men and women in the USA have been understudied, especially among racial and ethnic groups such as Asian Americans and Hispanics. Because alcohol-related racial and ethnic health disparities persist or increase in midlife, identifying peak ages of hazardous drinking could help to reduce disparities.

Data from the National Longitudinal Study of Adolescent to Adult Health study was used to examine: (1) past 12-month heavy episodic drinking (HED) and total alcohol volume consumption among non-Hispanic White (NHW), Black, Hispanic, and Asian men and women from ages 12 through 41, and (2) age-varying associations of race and ethnicity with drinking.

NHW men and women experienced elevated drinking rates in their early 20s, with a second elevation in their 30s. Black men and women did not have elevated drinking until their 30s. Among Hispanic men and women, peak drinking periods varied by gender and subgroup drinking pattern. Peak HED and total consumption emerged in the early 30s for Asian men, while peak HED occurred in the early 20s for Asian women. Drinking at certain ages for some racial and ethnic minoritized men and women did not differ from that in their NHW counterparts.

Age periods during which subgroups in the US population experience elevated alcohol consumption vary by ethnicity and gender. Recognition of these group differences could enhance our understanding of intervention timing, the researchers say.

Source: Tam CC, Li L, Lui CK, Cook WK. (2024) Drinking patterns among US men and women: Racial and ethnic differences from adolescence to early midlife. Alcohol:Clinical and Experimental Research (Hoboken). doi.org/10.1111/acer.15308.

Social research listed by publication date

British Medical Association calls for a change in drink-drive limits

In the UK, the British Medical Association (BMA) has published a statement on alcohol and drug driving, calling on the UK Government and Devolved Administrations to lower the legal blood alcohol content (BAC) limit for driving to 20mg/100ml (0.02%) for new and commercial drivers, and 50mg/100ml (0.05%) for all other drivers. In addition they identify necessary accompanying measures to make the lower BAC limit and current drug driving limits effective by:

- Ensuring adequate enforcement, including through sufficient and targeted funding for police staff and resources such as road traffic officers.
- Enhancing alcohol and drug testing abilities for road traffic officers and promoting simultaneous testing for poly-use.
- Raising public awareness about the new BAC limit and current drug driving laws.
- Ensuring that those found driving over the legal limits undertake mandatory alcohol and drug driving safety awareness courses and are directed to alcohol and drug treatment services where appropriate.

The BMA's statement said: "Harm caused by alcohol and other drugs, including when driving under the influence, places an avoidable burden on individuals and our society, emergency services, the NHS, and the economy.

"Therefore, the BMA, in collaboration with a range of organisations representing medical professional bodies, alcohol and road safety charities and campaign groups, police and emergency services, and others, have developed this consensus statement setting out key actions that are needed to tackle this issue."

Other recommendations in the BMA's statement include mandatory labelling on all alcohol products to include health risk warnings, increasing alcohol and drug treatment capacity and improving the awareness of the effects of drinking on driving.

At least 17 organisations have endorsed the BMA's recommendations including the Alcohol Health Alliance, the Association of Ambulance Chief Executives, Brake: The Road Safety Charity and IAM Roadsmart.

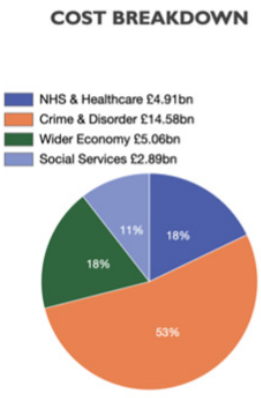
bma.org.uk/media/2zun1ibb/bma-alcohol-drugs-driving-consensus-statement-web.pdf.

Report on the cost of alcohol harm in England

Alcohol harm costs England £27.4 billion a year, according to new research by the Institute of Alcohol Studies (IAS). In the first nationwide analysis of its kind in over 20 years, the latest figures show that there has been over a 40% increase in the cost of harm from alcohol since last calculated in 2003. For two decades the most authoritative estimate of the total cost of alcohol harm came from a 2003 study by the Cabinet Office. IAS used the same Cabinet Office methodology and breaks the total cost into the following categories:

- £4.91 billion cost to the NHS and healthcare in England – such as hospital admissions and ambulance call-outs.
- £14.58 billion cost to the criminal justice system, police, and wider crime and disorder.
- £5.06 billion cost to the wider economy due to lost productivity – such as people missing work or being less productive at work.
- £2.89 billion cost to social services.

Tax revenues from alcohol only raise around £12.5 billion each year, by comparison.



IAS has called on the government to reflect on the evidence base regarding how to reduce alcohol consumption and harm, which would help reduce its economic burden. The measures they have called for include tackling the increasing affordability of alcohol by introducing Minimum Unit Pricing and raising alcohol duty; restricting alcohol marketing, to protect children and vulnerable groups; and empowering local leaders to control the availability of alcohol in areas with high rates of harm.

ias.org.uk/factsheet/economy/

Health Survey for England report for 2022

The Health Survey for England report for 2022 was published on June 6th. The survey monitors trends in the nation's health and care, providing information about adults aged 16 and over, and children aged 0 to 15, living in private households in England.

Key findings from the 2022 survey include:

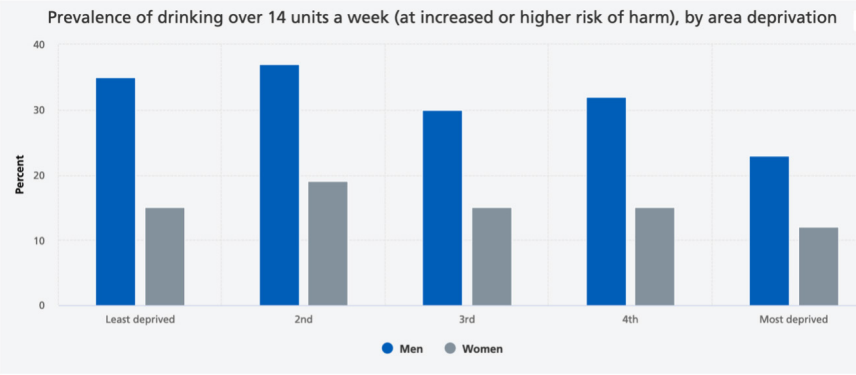
81% of adults reported that they had drunk alcohol in the last 12 months, with a higher proportion of men than women. 17% of men and 22% of women said they had abstained from alcohol over the smae period.

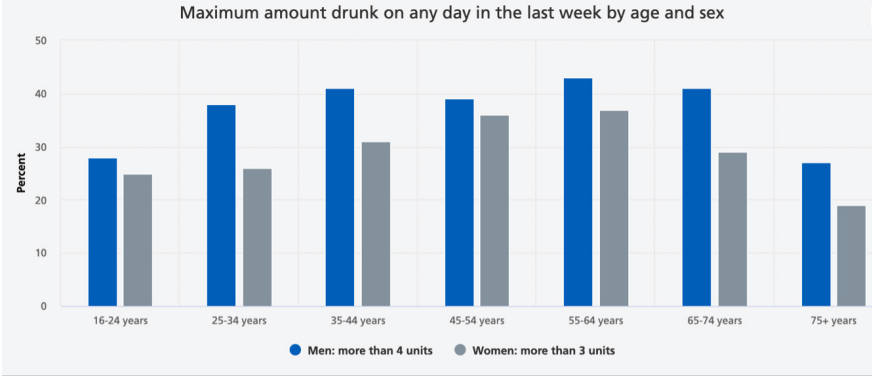
There was a difference in the proportion of non-drinkers by area deprivation:

- the most deprived areas had the highest proportion of non-drinkers (31%; 29% of men and 34% of women)
- the least deprived areas had the lowest proportions of non-drinkers (15% in the two least deprived quintiles; 12 - 14% of men and 16 - 18% of women).
- 55% of men and 42% of women drank alcohol at least once a week.
- Among those adults that consumed alcohol, the average (mean) consumption was 13.3 units of alcohol in a typical week (17.6 units for men and 9.0 units for women).

A higher proportion of men (32%) than women (15%) drank at levels that put them at increasing or higher risk of alcohol-related harm (over 14 units in the last week). 30% of those aged 55 to 74 drank at least 14 units of alcohol per week, compared with 19-24% of other age groups. The proportion of adults drinking at this level varied by area deprivation:

- 35% of men and 15% of women in the least deprived quintile drank over 14 units per week
- 37% of men and 19% of women in the second least deprived quintile drank over 14 units per week, compared to 23% of men and 12% of women in the most deprived areas.
- 6% of men drank over 50 units a week and 4% of women usually drank over 35 units a week (higher risk levels).
- According to the Alcohol Use Disorders Identification Test (AUDIT), 88% of adults had low risk drinking behaviour or abstained. An AUDIT score indicating increasing risk drinking behaviour, higher risk drinking behaviour or possible alcohol dependence decreased with age. It was highest among those aged 16-24 (20%) and lowest among those aged 65 and over (6%).





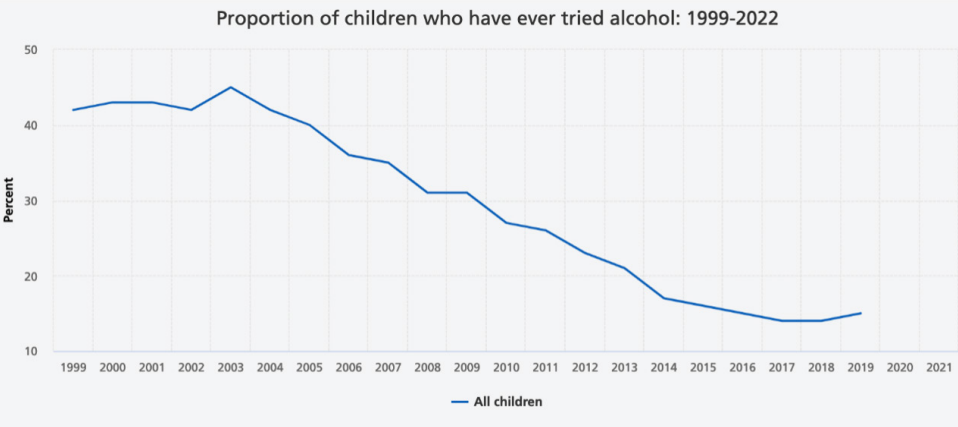
- In 2022, men were more likely to drink more than the recommended daily limit than women (37% compared with 30%). The proportion of all adults who drank more than three units (women) or four units (men) on any day in the last week increased with age from 27% of 16 to 24 year olds to 40% of 55 to 64 year olds and then gradually decreased to 23% of participants aged 75 and over.
- In 2022, 14% of children aged 8 to 15 reported ever having had a proper alcoholic drink – a whole drink, not just a sip. The proportions were similar for boys (13%) and girls (15%).

Since 2003 there has been a decline in the proportion of children aged 8 to 15 who had ever had an alcoholic drink, from a peak of 45% in 2003 to 14% in 2022. Since 2016, the prevalence has remained similar, varying between 15% and 14%.

In 2022, the proportion of children who had ever had an alcoholic drink varied with age, increasing from 2% of 8 to 12 year olds to 34% of 13 to 15 year olds.

Children aged 8 to 15 with at least one parent who drank alcohol in the past 12 months were more likely to report drinking alcohol themselves. Children whose parent or parents had consumed alcohol at increased or higher risk levels were more likely to have reported ever having an alcoholic drink compared with children whose parent or parents had not drunk any alcohol in the past 12 months (24% and 5% respectively).

digital.nhs.uk/data-and-information/publications/statistical/health-survey-for-england/2022-part-1/



Alcohol intake app Drink Less could cut down unhealthy drinking

An app that keeps track of how much a person is drinking could help reduce their alcohol intake by around two units a week, scientists say. Researchers at UCL claim that their Drink Less app, which is available to download for free on Apple devices, can help people who are high-risk drinkers by allowing them to set goals, record how much they drink, and log their mood and sleep quality after drinking.

A study, involving more than 5,000 people, found those randomly recommended to use the Drink Less app reduced their drinking by 39 units a week at six months. This was equivalent to two fewer units a week on average when compared to a control group who were referred to standard NHS advice. Women were found to benefit more from the app, with many reducing their drinking by an additional 2.5 units a week, when compared to those who were referred to the NHS advice webpage.

The researcher say that while an extra two units a week may seem small, the outcomes can be significant, "both in terms of preventing potential health harms as well as reducing costs to the NHS". Lead author Dr Melissa Oldham, of the UCL Institute of Epidemiology and Health Care, said: "These results show that the Drink Less app can be useful for people looking to reduce their alcohol consumption… About 20% of the adult population in the UK drink alcohol at levels that increase their risk of ill health and the Drink Less app could help these people to cut down".

Dr Claire Garnett, of UCL Institute of Epidemiology & Health Care and the University of Bristol, who led a team in developing the app while at UCL, said: "Many apps offer to support people to cut down their drinking but this is the first randomised controlled trial of an alcohol reduction app for the general population in the UK. "If people are going to use an app, it would be better if they tried one that had good evidence behind it, she commented.

Dr Sadie Boniface, head of research at the Institute of Alcohol Studies said: "NICE (The National Institute for Health and Care Excellence) already recommends digital interventions as an add-on to existing services, so having an app which we know is effective is very welcome news".

Children's exposure to alcohol advertising decreasing, ASA reports

According to the latest report from the Advertising Standards Authority (ASA), between 2010 and 2023, British children's exposure to alcohol advertising on television decreased steeply.

As part of their commitment to protecting vulnerable audiences from potential harms, the ASA in the UK conduct regular monitoring of ads, particularly those for age-restricted products, to help identify trends and ensure that scheduling restrictions are working to limit exposure to them.

The number of TV ads overall seen by children has also sharply declined – going from an average of 229.3 per week from the peak in 2013 to just 58.2 as in 2023, due to younger generations moving away from traditional media in favour of online viewing.

The 2023 report notes that whereas children would have seen an average of 3.2 adverts for alcoholic drinks on UK TV per week in 2010, 13 years later it was just 0.7 – the lowest on record.

The decline was broadly consistent across the UK. The ASA data shows that children in 2023 saw, on average, one advert for an alcoholic drink for every six seen by adults (16.4%) – compared to 2010 when a child was seeing one drinks ad for every two seen by an adult (39.9%). In 2023, adverts for alcoholic drinks made up 1.2% of all the TV commercials seen by children in the UK – up on 2022's level of 1.1%, and the all-time low-point of 0.6% in 2016/17.

The majority of the alcohol ads seen by children in 2023 were for beer, cider, or perry, as has been the case throughout the last decade or so. According to the report, whereas a child might see 1.7 ads for beer, cider, or perry in 2011 (compared to 0.9 for spirits and 0.2 for wine), that figure has notably declined – since 2020, the figure for exposure to adverts for the beer, cider and perry category has sat at 0.3 (as of 2023, it was 0.2 for spirits and 0.1 for wine).

asa.org.uk/resource/childrens-exposure-to-age-restricted-tv-ads-2023.html

Quarter of UK drinkers embrace 'zebra striping' with alcohol-free options

A quarter of UK drinkers are alternating between alcoholic and alcohol-free drinks when they visit pubs and bars, according to a new industry report by research consultancy KAM and alcohol-free beer brand Lucky Saint. This practice, known as 'zebra striping,' is adopted by 25% of UK adults. When considering other forms of moderation, such as mixing alcoholic and non-alcoholic drinks without strict alternation, the figure rises to 66%, with 78% of 18-24-year-olds engaging in these habits.

Three-quarters of UK drinkers are actively reducing their alcohol consumption throughout 2024, a trend supported by sales data showing consistent moderation during summer, festive seasons and Dry January. There has been a decline in the number of UK adults consuming alcohol more than once a month, 88% in 2024, down from 93% in 2023 and 95% in 2022). This coincides with 16% of UK adults trying low- and no-alcohol beer for the first time in the last 12 months.

With more than one in three pub visits by UK adults being alcohol-free, the report highlights how the UK's love for the pub continues to endure. Although younger adults' consumption of alcohol declines, the pub remains cemented as the place for social connection. One in five 18 to 24s say that they don't consume alcohol, the highest proportion of any age group, but 53% of this age group visit a pub or bar once a week or more.

The influence of non-drinkers on venue selection is growing, with 65% of UK adults and 85% of 18-24-year-olds stating that non-drinkers in their group impact their choice of venue. Moderation has become an integral part of everyday life, not confined to specific occasions. The most common time for moderation is weekends (31%), followed by weekdays (27%), celebratory events (17%), and Dry January (11%).

As alcohol-free drinks gain in popularity and emerge in different areas, including major supermarket lunchtime meal deals, the research highlights the UK's attitudes to them in different settings. The report found that 76% of UK adults find it acceptable for a colleague to drink alcohol-free beer at their desk at work, with this rising to 85% among 18 to 24s.

kaminsight.com/insights/low-and-no-2024/

Italian wine consumers are increasing, but people are drinking less

The number of Italians drinking wine every day dropped by 400,000 between 2022 and 2023, according to the Unione Italiana Vini (UIV).

Data compiled by the Italian National Institute of Statistics (ISTAT) shows that the number of wine drinkers in Italy remained constant between 2022 and 2023, sitting at around 29.4 million – 55% of the overall population, a 2% increase on the proportion from 2011. However, the number of Italians drinking wine every day has declined, dropping to 11.7m – 400,000 fewer than in 2022. The 17.7m wine drinkers who don't consume it on a daily basis represent 60% of all wine drinkers in Italy – in 2011 this group only made up 48% of the total.

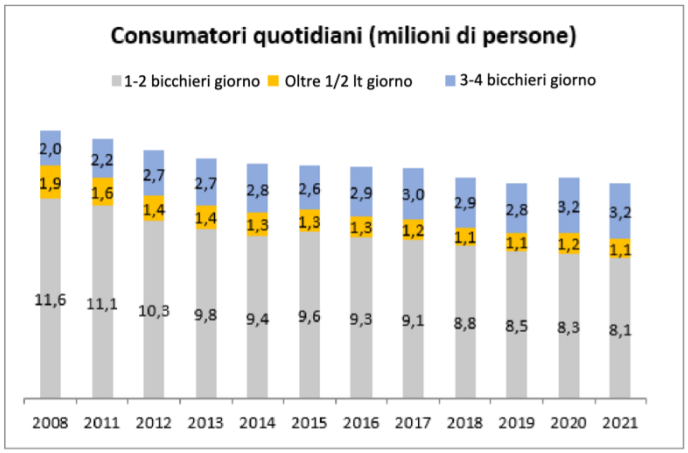
For the president of UIV, Lamberto Frescobaldi: "The new ISTAT findings confirm once again the extraordinary relationship of Italians with wine: habits change, but the current approach is probably even more stimulating than the motivations of the past. Today the demand is more linked to pleasure and sharing than to habit, and I think this is an important proof of maturity that confirms how wine is synonymous with moderation".

Women in particular are reportedly drinking less wine, but are instead embracing other drinks categories, and younger people are also drinking less. 40% of regular drinkers are over the age of 65.

Although daily consumption has declined, the proportion of Italians partaking in aperitivo has increased by 31% since 2011, with around 22 million people regularly having a pre-dinner cocktail, beer, or other drink. The rise of the Aperol Spritz in particular, boosted by marketing focused on the aperitivo lifestyle, may have significantly contributed to this phenomenon.

Emilia-Romagna is the region with the largest share of consumers based on population (61.3%), followed by Valle d'Aosta (60.5%), Tuscany (60.4%) and Veneto (59.8%). The province of Trento is the area that records the greatest growth in consumers (+11%), Basilicata the greatest contraction (-9%). Among the macro-regions, the North-East stands out with an incidence of 59.4%, followed by the Center (57.4%), the North-West (56.7%), the South (51.1%), and the Islands (46.8%).

news.unioneitalianavini.it/nel-2023-su-i-calici-per-30-milioni-italiani-cala-il-consumo-quotidiano-ma-non-la-platea/



Fonte: elaborazioni Osservatorio Uiv su base Istat

Alcohol alternatives – new rules and guidance for the UK

Following a public consultation in 2022, the new CAP and BCAP Code rules on alcohol alternative product advertising that were announced at the end of 2023 have now come into force. Because many of the rules depend on the content of an ad and the context in which it appears, they are accompanied by formal guidance that explains how the rules should be interpreted and applied, including examples of approaches that would not be acceptable.

The new rules appear in Section 18 of the CAP Code, and Section 19 of the BCAP Code and relate to the promotion of beverages with an ABV at or below 0.5% which are marketed as alternatives to alcoholic drinks. The new rules cover the content of alcohol alternative product ads and how they should be appropriately targeted or scheduled.

The new guidance provides more detailed information on what is expected from advertisers and covers: ABV Limits, definition for alcohol alternatives, cross-promotion and shared branding and unsafe circumstances and consumption habits

asa.org.uk/type/non_broadcast/code_section/18.html

asa.org.uk/type/broadcast/code_section/19.html

Greenland is developing recommendations for a national alcohol policy

The Government of Greenland in collaboration with the Greenland's Centre for Public Health and WHO/Europe has initiated a process to develop recommendations that will form the basis for a multi-year, evidence-based national alcohol policy.

Dr Hans Henri P. Kluge, WHO Regional Director for Europe commented, "Alcohol control policies, when well-conceived and implemented, safeguard the entire population, especially those who are at the highest risk of harm. Initiating the development of national alcohol policy recommendations marks a significant achievement for Greenland, promoting health and well-being for all, leaving no one behind."

According to the most recent Greenland Population Health Survey from 2018–2019, 35% of young people aged 15–34 engage in heavy episodic drinking, consuming at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days.

Resolution FM/2023/67 from Greenland's parliament stipulates that the analysis performed should focus on the well-being of children and youth and include an assessment of the human and financial resources required for implementing the recommendations, and that the recommendations should be developed through a multistakeholder consultative process. The recommendations should be finalized and disseminated by the spring of 2025. T

The process will adopt an inclusive and participatory approach, engaging key stakeholders to foster the emergence of a consensus and shared sense of ownership.

Agathe Fontain, Minister of Health of Greenland commented, "The goal is that the recommendations will become the foundation for the development of a visionary, long-term and effective national alcohol policy... It is my great hope that we can unite around a common vision for the future: a strong population in a safe society, where no children or adults are harmed by alcohol."

Throughout this process, WHO, via its Regional Office for Europe, will recommend cost-effective measures evidenced to reduce alcohol consumption and mitigate its harmful impacts.

Consumer attitudes to food safety in Australia and New Zealand

The first Consumer Insights Tracker (CIT) survey run by Food Standards Australia New Zealand (FSANZ) has revealed consumers look for food labels that can help them identify nutritious foods and make good dietary choices and that consumers rate nutrition above other food values such as naturalness, convenience and country of origin.

FSANZ surveyed more than 2,000 Australian and New Zealand consumers to understand their trust in, and understanding of, the shared food regulation system covering both countries. Key findings included:

- 72% of people have confidence in the safety of the food supply, with farmers and food producers the most trusted sector in the food system (83% trust)
- 70% of people trust mandatory back-of-pack food labelling like the nutrition information panel and ingredients list, but have less trust in voluntary front-of-pack labelling such as claims about health benefits (40% trust)
- 73% of consumers reported putting effort into maintaining a healthy diet, with people looking for food labels that can help identify nutritious food
- 59% of consumers nominated foodborne illness as their key food safety concern.

FSANZ CEO Dr Sandra Cuthbert said the bi-national standards agency was committed to building trust and confidence in the food supply and would run the CIT every year to track consumer attitudes to food safety over time. "FSANZ sets the standards for safe food and works with public health, government, academic and industry partners in both countries to keep the food supply safe, so it's important for us to understand what consumers want and need from the bi-national food regulation system".

foodstandards.gov.au/science-data/social-science

Alcohol-impaired driving in the US: 2022 data

In May, the National Highway Traffic Safety Association (NHTSA) in the US published alcohol-impaired driving statistics for 2022. Key findings include:

- In 2022 there were 13,524 fatalities in motor vehicle traffic crashes in which at least one driver was alcohol-impaired. This represented 32% of all traffic fatalities in the United States for the year.
- Traffic fatalities in alcohol-impaired-driving crashes decreased by 0.7% (13,617 to 13,524 fatalities) from 2021 to 2022.
- The 21- to 24-year-old age group had the highest percentage (29%) of alcohol-impaired drivers involved in fatal traffic crashes compared to other age groups and there were almost 4 male alcohol-impaired drivers involved for every female alcohol-impaired driver involved.
- Motorcycle riders aaccounted for the highest percentage of alcohol-impaired drivers involved in fatal traffic crashes in 2022 (28%) compared to drivers of passenger cars (25%), light trucks (21%), and large trucks (3%).
- Of the 1,129 traffic fatalities in 2022 among children 14 and younger, 25% (283) occurred in alcohol-impaired-driving crashes.
- Among the 13,524 alcohol-impaired-driving fatalities, 67% were in traffic crashes in which at least one driver had a BAC of .15 g/dL or higher.
- The rate of alcohol impairment among drivers involved in fatal traffic crashes was nearly three times higher at night than during the day.
- While a driver with a BAC of .08 g/dL is considered to be impaired, the large majority of drivers in fatal traffic crashes with any measurable alcohol had levels far higher. 84% of the 15,425 drivers with alcohol in their systems who were involved in fatal traffic crashes in 2022 had BAC levels at or above .08 g/dL, and 55% had BAC levels at or above .15 g/dL. The most frequently recorded BAC among drinking drivers in fatal traffic crashes was at .13 g/dL.

crashstats.nhtsa.dot.gov/Api/Public/ViewPublication/813578

Figure 1. Traffic Fatalities and Fatality Rate per 100 Million VMT in Alcohol-Impaired-Driving Crashes, 2013–2022

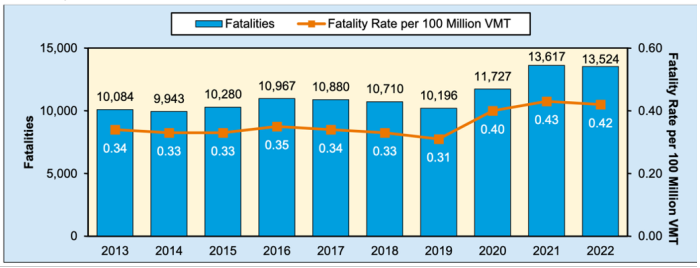
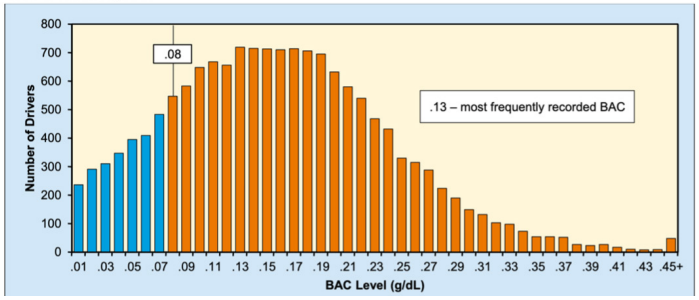


Figure 3. Distribution of BACs for Drivers With BACs of .01 g/dL or Higher Involved in Fatal Traffic Crashes, 2022



Calls for Ontario to develop alcohol strategy ahead of looser alcohol controls

Multiple health organizations are asking the government in Ontario to develop a comprehensive strategy to prepare for the province's upcoming loosening of alcohol rules. Sales of beer, wine, cider, and ready-to-drink cocktails will be allowed in convenience stores and all grocery stores in Ontario by 2026. Premier Doug Ford promised in 2018 to expand the sale of alcohol just prior to that year's election, which he ended up winning. The province has said it will spend $10 million to support social responsibility and public health efforts related to the consumption of alcohol as part of its 10-year, $3.8-billion mental health plan.

More than a dozen health organizations are calling for an alcohol strategy, echoing Ontario's Chief Medical Officer of Health, Dr Kieran Moore. The Canadian Mental Health Association and the Centre for Addiction and Mental Health, among others, say alcohol leads to thousands of deaths in Ontario and hundreds of thousands of hospital admissions every year.

NIAAA releases Strategic Plan for 2024-2028

The National Institute on Alcohol Abuse and Alcoholism (NIAAA) has released the institute's strategic plan for fiscal years 2024-2028. The plan, 'Advancing Alcohol Research to Promote Health and Well-Being', outlines the goals and priorities that will guide NIAAA's research for the next 5 years through a dynamic balance of basic, translational, and clinical research relevant to NIAAA's mission.

"For more than 50 years, NIAAA has been at the forefront of cutting-edge alcohol research," said NIAAA Director George F. Koob, Ph.D. "Guided by this new strategic plan, I am optimistic that NIAAA-supported research will pave the way for future breakthroughs that will help more Americans live healthier, more productive lives."

Developed by NIAAA leadership and staff, with input from external researchers, advocacy groups, professional societies, and interested individuals, the strategic plan seeks to advance many long-held NIAAA research and research training priorities, such as preventing alcohol misuse at all ages, enhancing the diagnosis of alcohol use disorder (AUD), fetal alcohol spectrum disorders (FASD), and other alcohol-associated pathologies, improving treatment for these conditions, and addressing health disparities in alcohol misuse and related consequences. Highlights also include:

- Diversity, equity, inclusion, and accessibility in the alcohol research enterprise
- Women's health research
- Whole-person health and integrated health approaches
- Data science (e.g., artificial intelligence) and data management
- Translation and back translation of research findings
- Social determinants of health in the context of risk and resilience
- Social media impact on alcohol-related behaviours and outcomes, and social media as a tool for innovating interventions

niaaa.nih.gov/about-niaaa/strategic-plan-fiscal-years-2024-2028

Online alcohol, gambling and junk food ads target Australian children

A pilot study analysing screen recordings from young people's online activity in Australia has found that companies are targeting them with ads for harmful products including alcohol, gambling and junk food. The report from Deakin University, #Digital Youth - How children and young people are targeted with harmful product marketing online, found that the ads drive engagement with harmful and addictive products.

The report's release coincided with a gathering of experts, community leaders and young people at Parliament House, to discuss the impacts of harmful product marketing on young people and potential policy solutions. Key findings from the report include:

- Gambling, alcohol and unhealthy food companies are marketing online in ways that target children with advertising for their harmful and addictive products.
- Children as young as 8 years old are being shown ads for unhealthy foods - including when they search for scooter tricks on social media and play online games. On average, children aged 8-13 years old saw approximately 13 junk foods ads on a typical day they spend online.
- Teenagers aged 14-17 years old saw an average of at least one instance of gambling marketing, six alcohol ads and 24 junk food ads, every day. For one teenager, this was as high as two gambling ads, 14 alcohol ads and 70 food ads over a typical two-hour period spent online.
- Young adults aged 18-25 years saw an average of two instances of gambling, seven alcohol ads and 23 junk food ads every day when online, similar to the rates experienced by teenagers.
- Many ads targeted at children and young people were interactive. E.g., ads prompted them to 'install' a gambling program, to 'learn more' about alcoholic drinks, and to 'shop or order now' for confectionary and unhealthy takeaway foods – directing children and young people to platforms where they are could access these products.

iht.deakin.edu.au/wp-content/uploads/sites/153/2024/06/Digital-Youth-brief-Final-2.pdf

Digital health technology used to address drinking among youth

An article in the NIAAA spectrum magazine highlights how the NIAAA is harnessing technology to create innovative interventions and focusses on two areas of development. Director George F. Koob explained, "There is an urgent need for innovative interventions to prevent alcohol misuse among our nation's young people… Internet and mobile technologies have the potential to significantly expand our prevention efforts."

In December 2023, NIAAA held a webinar, featuring NIAAA-supported research conducted by Maureen Walton, of the University of Michigan and Mai-Ly Steers of Duquesne University.

Dr Walton discussed the importance of early interventions and how strategies that address multiple factors simultaneously may be more effective in preventing alcohol misuse over time. She also emphasized the potential benefits of more selective alcohol prevention interventions for youth at risk for binge drinking.

Dr Walton and colleagues previously developed SafERteens, a single-session, motivational interview-based intervention delivered by a therapist to youth ages 14 to 18 during an emergency department visit for a medical illness or injury. SafERteens has now been expanded to include digital boosters such as telehealth sessions with a health coach and text messages to reduce violence and alcohol misuse. Preliminary data from a recent study show that participants who received SafERteens plus digital boosters reduced their alcohol consumption, their involvement with violence, and the consequences associated with alcohol use and violence over the course of the study.

At the webinar in December, Dr Steers discussed the relationship between social media and alcohol consumption, particularly among college students. Although much about social media's influence on alcohol use is unknown, research has consistently found a link between young people's exposure to alcohol-related social media posts and their alcohol consumption and related problems. Alcohol-related social media posts by young people have also been found to be robust predictors of alcohol consumption and problems.

Dr Steers and colleagues are examining factors that influence young people's susceptibility to alcohol-related social media content and the individual differences that affect their drinking patterns. The researchers have found that some of the main reasons that college students who drink post alcohol-related content on social media are to obtain attention and approval from their peers and to convey status or popularity. In addition, exposure to other people's alcohol-related content may normalise drinking and portray it as socially rewarding, both of which can in turn influence a student's alcohol consumption. The researchers are working to develop novel interventions targeting students aged 18 to 26 who drink excessively and who are also heavy social media users. An alcohol-related content and drinking scale has been created in which students use their alcohol-related posting behavior to recall their drinking retrospectively. This tool is being used within the context of personalised normative feedback by giving people feedback on their self-reported drinking and their perceptions of how much they think their peers drink.

Dr Koob commented, "Digital technology offers a path into people's daily lives and can reach people where they are and on their terms. Therefore, it provides opportunities to reach broader segments of society, from people who are reluctant to get help for an alcohol problem to youth who may be at risk for initiating or escalating alcohol use."

The NIAAA are support ing other studies that seek to leverage social media and other technologies to develop novel alcohol prevention and treatment interventions for youth, including

- Developing social media-inspired games to help reset perceptions of normal behaviours surrounding alcohol
- Expanding use of existing mobile phone-based apps to reduce alcohol-related sexual assault on college campuses as well as to reduce alcohol use and post-traumatic stress disorder after sexual assault
- Using virtual reality to provide insight into alcohol's effects on behavior.

spectrum.niaaa.nih.gov/spring2024feature

Digital platforms and leading beer, wine, and spirits brands unite to enhance age assurance for online alcohol marketing

Google, Meta, Pinterest, Snap, TikTok, and X have committed to work with global beer, wine, and spirits companies to further strengthen standards of responsibility for alcohol beverage advertising on digital channels worldwide, supporting UN goals to tackle the harmful use of alcohol.

Spearheaded by the International Alliance for Responsible Drinking (IARD), this partnership aims to build confidence in age-assurance systems online and to help ensure online alcohol advertising is directed only at adults who wish to engage with drinks brands.

On June 10th IARD members and digital platforms issued a joint statement announcing their collective commitment to further enhance online safeguards, where necessary, to prevent those under legal purchase age inadvertently seeing alcohol advertising online and to provide confidence that age-assurance methodologies on digital platforms are robust by 2025.

As part of this collaboration, digital companies have shared transparency reports that summarise the platform-specific safeguards particularly the policies and practices they have in place to assure age.

Julian Braithwaite, CEO and President of IARD, added: "Today's new partnership between the world's leading beer, wine, and spirits companies and the global digital platforms is an important milestone in the global effort to further prevent advertising and sale of alcohol to those underage, and it shows just what can be achieved when the private sector is effectively harnessed to deliver the UN goals to tackle the harmful use of alcohol."

Since 2018, IARD has been working in partnership with digital platforms to enhance responsibility standards for alcohol-related marketing online in support of UN goals to reduce harmful drinking.

AWARE.org's game to target underage drinking

Nearly half of South African high school students have consumed alcohol, according to the latest available statistics. In response, Aware.org has developed a purpose-built and research-based gamified experience using the metasphere, aiming to enable under 18s to be alcohol-free and avoid risks associated with underage drinking.

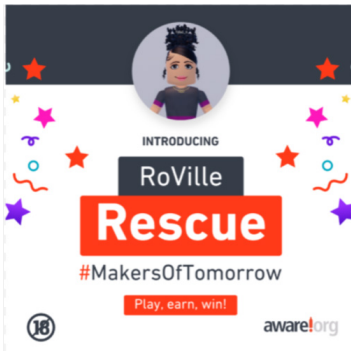
The launch of RoVille Rescue: The Lost Items adds to Aware.org's multifaceted approach that includes community mobilisation to prevent underage drinking in the first place, early interventions with at risk learners and rehabilitation programmes.

"Underage drinking is a persistent challenge that demands innovative solutions," said Mokebe Thulo, Head of Brand at AWARE.org. "By launching RoVille Rescue, we're reaching out to young audiences right where they are. This initiative empowers them to make informed choices about alcohol consumption."

Leveraging the engaging and interactive platform, Roblox, the initiative reaches young audiences in a space they enjoy, empowering them with the knowledge and tools to make responsible decisions about alcohol. RoVille Rescue demonstrates the potential consequences of underage drinking and sparks positive discussions that mobilise young people to commit to the #NOtoU18 movement and help create safer virtual and real-world environments for adolescents.

As players journey through RoVille Rescue, they encounter various challenges designed to test their knowledge, attitude, wits, wisdom and decision making when facing social situations and the results of associated factors such as access to alcohol and peer pressure.

The experience aims to encourage the youth, gamers and other individuals to face up to, and witness the results of these circumstances first-hand – but under the game's safe boundaries.



Balance poll finds 8/10 adults value health campaigns on alcohol

Independent research by Balance among adults in North East England highlights a strong appetite for more information about the risks of alcohol, as well as some positive signs people are trying to cut down:

- 82% of adults say it is important to have health campaigns on alcohol like Balance's own campaign 'Alcohol is toxic', and 44% of those who remembered it said it made them feel they should take time off drinking.
- 74% of adults who saw the campaign said it made them more aware of the harms related to alcohol.
- 60% took an action after seeing the campaign, including 30% cutting down how often they drink and 22% cutting down on how much they drink.
- 62% of adults who drink alcohol are now taking steps to try to manage consumption – more than in 2022 when 47% were trying. Alcohol free days are by far the most popular way to cut down for nearly half of those.
- 15% of adults in the North East do not drink alcohol – up from 12% in 2022.

fresh-balance.co.uk/news/more-than-6-in-10-north-east-drinkers-taking-steps-to-drink-less/

Action on alcohol to contribute to the prevention of violence against women and children in Australia

In Australia the federal government's "rapid review" of how to best prevent violence against women began in Sydney on 27th May. The panel's report is due between July and September, though a specific date has not yet been set.

The review signals a potential shift in direction for the government, with its panel including strong critics of current prevention strategies. Community organisations and researchers are calling for reforms to alcohol laws as part of the review.

Ensuring all state and territory liquor laws include the prevention of family violence as a primary objective was also raised at a Foundation for Alcohol Research and Education (FARE) roundtable in Fremantle in May. Community organisations and researchers working in violence prevention and alcohol harm reduction met to discuss the role of alcohol in violence against women and children and the policy and program responses needed to address this. They called for changes to alcohol laws to prioritise the prevention of violence against women and children, increased funding for women's services and alcohol and drug services, and targeted perpetrator programs that involve addressing alcohol and other drug use.

The foundation's chief executive Caterina Giorgi said it was time to make alcohol companies accountable, calling out the "problematic" way data is used to target customers and marketing that links alcohol with masculinity.

Family violence survivor-advocate Kym Valentine said the nation has a duty to minimise the minefields many Australians face in their own homes every day. She is pushing for a ban on selling alcohol takeaway or by delivery service after 10pm and a delay of at least two hours between someone ordering alcohol and receiving it. She also maintains that it is vital to further regulate alcohol and gambling.

The government is being urged to consider the link between alcohol accessibility and violence when developing liquor laws, and to prioritise the safety of women and children.

ISBRA & APSAAR Congress

The program is now available for the ISBRA-APSAAR World Congress, 2024, to be held 23 - 26th September in Melbourne, Australia.

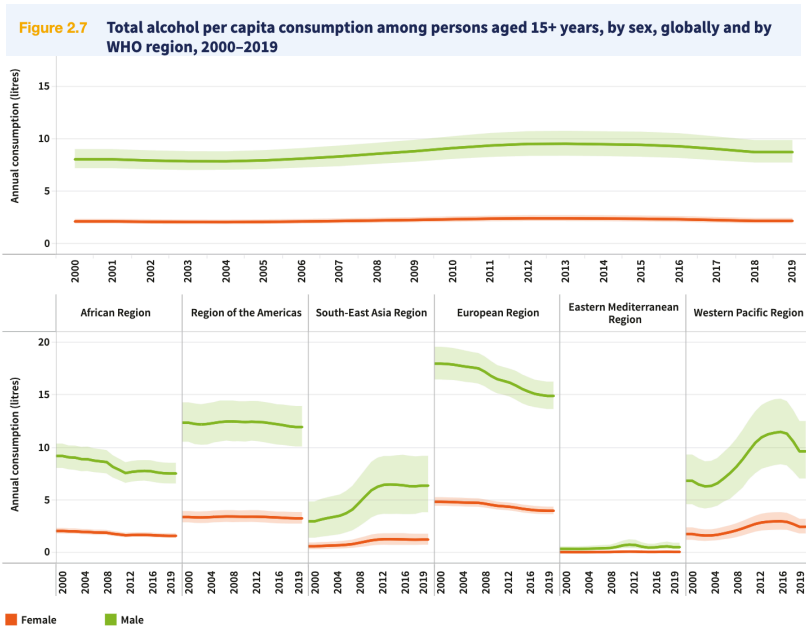
The program, crafted from the expertise of over 400 distinguished authors worldwide, offers groundbreaking discoveries and insights, combined with practical clinical guidance. Tailored for researchers, clinicians, educators and policy makers, it provides a unique opportunity to connect with global experts and deepen your knowledge.

Early bird discounts available only until 1 July 2024.

isbra2024.com/program-2/

World health statistics 2024: monitoring health for the SDGs, sustainable development goals

The report, 'World health statistics 2024: monitoring health for the SDGs, sustainable development goals ' was published by the WHO in May. The report finds that globally in 2019, the total alcohol per capita consumption (APC) per year stood at 5.5 litres), a 4.5% decline from 5.7 litres) in 2010. The report states that 'Comparing this pace of decline with the global targets of at least 10% reduction by 2025 and at least 20% by 2030, it is evident that acceleration is needed'.



Despite consistent reductions since 2000, including 9.8% reduction since 2010, the European Region continued to have the highest total APC. The South-East Asia Region is the only region where total APC has continuously increased, although the rise has slowed since 2010. Total APC remained very low in the Eastern Mediterranean Region, with total APC of 0.3 litres in 2019.

Globally, alcohol consumption among men has been consistently higher than among women. In 2019, alcohol consumption among men was four times that among women. Between 2000 and 2019, alcohol consumption did not change substantially among men (from 8.0 litres of pure alcohol in 2000 to 8.7 litres of pure alcohol [UI: 7.7–9.9] in 2019) and women (2.1 litres of pure alcohol in 2000 and 2.2 litres of pure alcohol in 2019). This inequality varied across WHO regions. The largest absolute sex-related inequalities in 2019 were evident in the European Region (difference of 10.9 percentage points between men and women), followed by the Region of the Americas (difference 8.7 percentage points), the Western Pacific Region (difference 7.2 percentage points), the African Region (difference 5.9 percentage points) and the South-East Asia Region (difference 5.1 percentage points). Between 2000 and 2019, absolute sex-related inequality increased in the South-East Asia and Western Pacific regions due to a faster increase in alcohol consumption among men than women.

Absolute sex-related inequality decreased in the African and European regions due to a faster decrease in alcohol consumption among men than women. Sex-related inequality did not change in the Region of the Americas (where inequality remained high) and the Eastern Mediterranean Region (where there was no inequality).

The COVID-19 pandemic had an apparent impact on alcohol consumption globally, although its magnitude and duration remain to be reliably defined. The preliminary global estimate for total APC in 2020 is 4.9 litres (UI: 4.3–5.6).

who.int/publications/i/item/9789240094703

'Having the conversation' a guide for family and friends of people who use alcohol and drugs

On the back of research with family and friends of people who use alcohol and other drugs (AOD), the Alcohol and Drug Foundation has published 'Having the conversation– an online guide to help people discuss AOD use with someone they care about'.

This practical resource is designed to help people start the conversation and find support for the person they're concerned about, as well as themselves. It's easy-to-digest information that can be shared.

adf.org.au/talking-about-drugs/family-and-friends/

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