Alcohol in Moderation

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

Contents

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India

India is poised to implement new regulations on liquor advertising, targeting so-called "surrogate ads" and misleading promotions. The new rules, expected to be finalised within a month, will crack down on advertisements that indirectly promote liquor by featuring products like water, music CDs, or glassware that are closely associated with alcohol brands. These ads often leverage logos and colours linked to alcoholic beverages and are commonly endorsed by Bollywood celebrities. The regulations will ban such surrogate ads and prevent the sponsorship of events by liquor companies. Additionally, the rules will impose fines on companies and ban celebrities from endorsing ads deemed to be misleading.

Germany

The German Society for Nutrition (DGE) has published a position paper with a new alcohol guideline. The document replaces the previously given advice on alcohol intake.

There is, according to the DGE, no risk-free amount of alcohol, so people should drink no alcohol or as little alcohol as possible. It states "Am best null Permille" (Preferably zero per mille). Children, adolescents, pregnant and lactating women are also advised to avoid alcohol.

In its position paper, the professional association discusses the risks of alcohol consumption. A distinction is made between risk-free, low-risk, moderately risky and risky use of alcohol. Risk-free is therefore 0 grams of alcohol per week, low risk is 27g per week, moderately risky is 27 to 81g. More than 81g per week is classed as risky.

New Zealand

Following nearly eight years of legal battles with the country's two supermarket giants, Auckland Council is on the verge of introducing a Local Alcohol Policy (LAP) before the end of the year.

General Manager of Policy, Louise Mason, said "at its core, the LAP aims to minimise alcohol-related harm in communities while balancing fair and reasonable requirements for businesses. The Alcohol Regulatory and Licensing Authority approved the policy, and it is expected to get the final stamp of approval from the mayor and councillors on August 29."

The new policy includes stricter trading hours, meaning bottle shops and supermarkets across the region cannot sell alcohol after 9 pm. Currently, alcohol can be sold until 11 pm in off-licence stores, which includes bottle stores and supermarkets. Applications for new bottle shops in the city centre and 23 other suburbs will also likely be rejected for the next two years unless they meet a high threshold. All the new rules are expected to be in place by December.

Australia

A New South Wales parliamentary inquiry is currently evaluating a private member's bill that proposes the removal of restrictions on alcohol consumption in public places. NSW Premier Chris Minns has expressed support for reducing the number of restrictions on alcohol sales, indicating that he believes the current regulations may be too stringent. However, the premier said he would like to see alcohol banned in parliament.

Why do only some cohort studies find health benefits from low-volume alcohol use? A systematic review and meta-analysis of study characteristics that may bias mortality risk estimates

Author

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Citation

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Author's abstract

Objectives Assumptions about alcohol's health benefits profoundly influence global disease burden estimates and drinking guidelines. Using theory and evidence, we identify and test study characteristics that may bias estimates of all-cause mortality risk associated with low-volume drinking.

Methods We identified 107 longitudinal studies by systematic review with 724 estimates of the association between alcohol consumption and all-cause mortality for 4,838,825 participants with 425,564 recorded deaths. "Higher-quality" studies had a mean cohort age of 55 years or younger, followed up beyond 55 years, and excluded former and occasional drinkers from abstainer reference groups. "Low-volume" alcohol use was defined as between one drink per week (>1.30 g ethanol/day) and two drinks per day (<25 g ethanol/ day). Mixed linear regression was used to model relative risks (RRs) of mortality for subgroups of higher- versus lower-quality studies.

Results As predicted, studies with younger cohorts and separating former and occasional drinkers from abstainers estimated similar mortality risk for low-volume drinkers (RR = 0.98, 95% CI [0.87, 1.11]) as abstainers. Studies not meeting these quality criteria estimated significantly lower risk for low-volume drinkers (RR = 0.84, [0.79, 0.89]). In exploratory analyses, studies controlling for smoking and/or socioeconomic status had significantly reduced mortality risks for low-volume drinkers. However, mean RR estimates for low-volume drinkers in non-smoking cohorts were above 1.0 (RR = 1.16, [0.91, 1.41]).

Conclusions Studies with life-time selection biases may create misleading positive health associations. These biases pervade the field of alcohol epidemiology and can confuse communications about health risks. Future research should investigate whether smoking status mediates, moderates, or confounds alcohol-mortality risk relationships.

Summary

The recent study by Stockwell et al. (2024) claims that there is no safe level of alcohol consumption, which disregards decades of robust evidence. It has been consistently shown that those who choose to drink alcohol moderately and regularly tend to have longer and healthier lives than those who choose to abstain and those who drink more heavily. The authors base their claim on a highly selective number of incorrectly referenced studies misinterpreting the original data and misrepresenting the original conclusions. Their selected 5 out of 107 studies are evaluated according to inconsistent and unclear quality criteria. Furthermore, the authors fail to recognize the methodological rigor of contemporary studies. Future research should continue to refine our understanding of alcohol's health/harm effects. This paper, however, does not contribute to that issue, nor does it convincingly refute the existing evidence of the potential benefits of low-volume drinking.

Forum Comments

Background

The opinion that low to moderate alcohol consumption protects against all-cause mortality in general populations continues to be controversial. Observational studies show that moderate drinkers have longer life expectancy mainly because they are less likely to die from cardiovascular diseases than abstainers (Di Castelnuovo et al., 2022).

In 2023, Zhao et al. (2023) concluded: "Daily low or moderate alcohol intake was not significantly associated with all-cause mortality risk, while increased risk was evident at higher consumption levels, starting at lower levels for women than men." In Critique #264, ISFAR asserted that the consistent finding of lower cardiovascular disease risk among moderate drinkers in all well-done cohort studies is strongly supported by robust animal and human experimental evidence of the biological mechanisms.

ISFAR was subsequently invited to author a commentary (Stockley et al. 2024) in the Journal of Studies on Alcohol, which describes the mechanisms by which moderate alcohol

consumption has been shown to decrease essentially all risk factors for cardiovascular disease. These include low HDL-cholesterol, elevated LDL-cholesterol, endothelial dysfunction, coagulation pathologies, inflammation, abnormal glucose metabolism, as well as many others (Brien et al., 2011, Ronksley et al., 2011, Hendriks, 2020). Stockwell et al. were then asked to respond to the commentary. Stockwell et al. (2024a) responded.

In early 2024, Shield and Rehm (2024) reviewed both commentary and response in Judgment-Based Errors in Epidemiological Studies: A Commentary on Stockley et al. (2024) and Stockwell et al. (2024). They suggested that "given the susceptibility of Zhao and colleagues' (2023) decisions to both systematic and random error, the ISFAR critique (2024) highlights, although not explicitly, a fundamental, universally overlooked limitation of tools like the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA), which Zhao and colleagues used to design their systematic review—namely, the lack of standardized guidelines or rules for formulating judgments. This absence applies not only to systematic reviews but also to all epidemiological studies."

Critique

The most recent paper by Stockwell et al. (2024b) seeks to address Shield and Rehm (2024) by identifying and testing "study characteristics that may bias estimates of all-cause mortality risk associated with low-volume drinking," where they conclude that "studies with lifetime selection biases may create misleading positive health associations. These biases pervade the field of alcohol epidemiology and can confuse communications about health risks. Future research should investigate whether smoking status mediates, moderates, or confounds alcohol-mortality risk relationships."

These conclusions ignore the fact that since approximately 1995, the majority of past research has indeed investigated potential confounders to show that the overwhelming body of observational scientific data, as well as an immense number of experimental studies, support the contention that, for most middle-aged and older men and women who choose to do so, the regular consumption of small amounts of an alcoholic beverage can be considered as one of four or five additive components of a "healthy lifestyle." Such a habit has been repeatedly shown to be associated with a lower risk of CVD and total mortality (Spencer et al., 2005, Holahan et al., 2010, McCaul et al., 2010, Ford et al., 2011, Simons et al., 2011, Larsson et al., 2017, Barbarsko et al., 2018, Li et al., 2018, Ding et al., 2022). Ding et al. (2022) examining modifiable risk factors and longevity in 85 346 participants from the Nurses' Health Study and the Health Professionals Follow-up Study, concludes that there is "important evidence" that maintaining healthy behaviours should be recommended to individuals through mid-life to late adulthood as well as at young ages.

Further, the 2014 meta-analysis by Roerecke and Rehm concluded that "For drinkers having one to two drinks per drinking day without episodic heavy drinking, there is substantial and consistent evidence from epidemiological and short-term experimental studies for a beneficial association with ischaemic heart disease (IHD) risk when compared to lifetime abstainers. The alcohol-IHD relationship fulfils all criteria for a causal association proposed by Hill."

This is not a new study by Stockwell et al. (2024) nor new conclusions, but a revision of Zhao et al. (2023) with additional filters on papers to be included in their meta-analysis. Twenty-one 'fit for purpose' papers are further reduced to six and then to five, such that on the balance of these five papers, low to moderate drinkers are at a higher risk of all-cause mortality than abstainers. Stockwell et al. (2024) do not make a compelling case for abstinence, as they continue to disregard the supporting biological mechanisms for a J-shaped relationship between alcohol and health.

Furthermore, Stockwell et al. (2024) omit the references to these five papers in their paper, and the references provided in supplementary data do not correspond to the author and publication dates of published papers in PubMed. Such errors should have been found and corrected by the JSAD editors. The PubMed-published papers from those five authors that Stockwell et al. (2024) may refer to Figure 2 in Stockwell et al. (2016), which have mixed results regarding a j-shaped curve. Two support and two do not support its existence and one is undecided hardly a clear conclusion (Rehm et al. 2001, Sempos et al. 2003, Nakaya et al. 2004, Mäkelä et al. 2005, Zaridze et al. 2014). Indeed, their interpretation of the data is inconsistent and inaccurate, given some of the papers that they claim to support their conclusions do not.

For example, Mäkelä et al. (presumed to be 2005, not 2012 as shown) conclude that "moderate drinking is associated with a lower risk of IHD, whereas drinking in a heavy episodic manner (often referred to as "binge drinking") is not". In JSAD supplemental material Figure 4, Mäkelä et al. show an all-cause mortality risk slightly higher than 1.0. This data cannot have come from Mäkelä et al. 2005, as all drinking categories show a risk <1 except the highest consumption category. Indeed, collectively these results do not suggest or support the shared conclusions of Stockwell et al. (2024) and Zhao et al. (2023) that "estimates of mortality risk associated with low volume use become smaller and insignificant when adjustment is made for key study characteristics".

In addition, there is considerable confounding in this study of Zaridze et al. (presumed to be 2014, not 2019 as shown), where the invited commentary of Rehm et al. (2014) stated: "On its own, the overall volume of alcohol consumed in Russia, albeit high, cannot explain the high alcohol-attributable mortality; it is the combination of high overall volume with the specific pattern of episodic binges that is necessary to explain the high level and fluctuating trends of total and alcohol-attributed mortality in Russia…Since the prevalence of smoking in men was so high, varying from 68·9% in the lowest alcohol intake group to 89·4% in the highest alcohol intake group, Zaridze and colleagues limited their main analyses to the effects of drinking among smokers. So perhaps, particularly at older ages, some of the alcohol effect reported could be attributable to an interaction between the effects of smoking and of alcohol consumption."

While Stockwell et al. (2024) conclude that "future research should investigate whether smoking status mediates, moderates, or confounds alcohol-mortality risk relationships, one of the key five papers, Rehm et al. (presumed to be 2001, not 2009 as they claim), interpret their data as "the volume of drinking and mortality showed a curvilinear relation for both sexes….neither choosing lifetime abstainers as a reference category nor adjusting for social class, smoking, or marital status altered the basic J-shaped relation."

Lastly, confounders for alcohol-mortality risk relationships are already well-documented (Klatsky 2001). As studies of disease outcomes in alcohol epidemiology are likely to be indefinitely limited to observational studies, potential confounding will remain an issue concerning both beneficial and adverse effects (Klatsky and Udaltsova 2013).

The following comments are fresh perspectives from ISFAR forum members on Stockwell et al. (2024) which add to those already published by ISFAR in Critique #264 on Zhao et al. (2023).

Comments by specific Forum Members and colleagues

Forum member Giovanni de Gaetano and colleagues Augusto Di Castelnuovo and Simona Costanzo state: "A group of researchers authored the paper committed to the hypothesis that no level of alcohol consumption is safe and presents a critical view of the health benefits associated with low-volume alcohol consumption. While the authors aim to challenge the prevailing consensus that moderate drinking can be part of a healthy lifestyle, their arguments and methodology exhibit several weaknesses that undermine the validity and impact of their conclusions as follows:

1. Study Selection and Quality Assessment

The authors conducted a systematic review of 107 longitudinal studies, emphasizing the importance of study quality by setting criteria such as cohort age, follow-up duration, and exclusion of former and occasional drinkers from the abstainer reference group. While these criteria are valid for ensuring robust study designs, the paper overlooks that most recent, large-scale epidemiological studies have already implemented such controls. The insistence on these criteria suggests a lack of acknowledgment of the advancements in study designs and the rigorous adjustments made in contemporary research to address these biases.

2. The Sick Quitter Hypothesis

It is well-established that including former drinkers, who may have stopped drinking due to health issues, in the control group can bias results. However, the authors seem to overstate the prevalence of this issue. Modern studies have recognized and addressed the "sick quitter" hypothesis extensively. By continuing to emphasize this point, the authors ignore the progress made in recent alcohol epidemiology, which has adjusted for this bias to present more accurate associations between alcohol consumption and health outcomes.

3. Smoking as a Confounder

The paper's focus on smoking as a major confounder in alcohol-mortality studies is valid. It is indeed widely recognized that smoking can confound the relationship between alcohol consumption and health outcomes. However, the authors fail to acknowledge that most recent studies rigorously controlled for smoking status. Their assertion that studies controlling for smoking still show increased risks for low-volume drinkers lacks substantive evidence and seems to disregard the understanding of how multiple lifestyle factors interact. Moreover, the authors' exploratory analyses, which suggest that non-smoking cohorts show no J-shaped curve, do not convincingly support their claim and require further robust analysis.

4. Health Benefits of Low-Volume Drinking

The conclusion that the few studies meeting "minimal quality criteria" do not show significant health benefits for low-volume drinkers is overly simplistic. A substantial body of literature supports the protective effects of moderate alcohol consumption, particularly in terms of cardiovascular health. By dismissing these findings, the authors ignore the multifaceted nature of alcohol's impact on health and the necessity of considering a broader range of evidence

5. Alcohol and Socio-Economic Status (SES)

The authors' claim that "none of the 107 studies presented stratified results by SES" demonstrates a significant gap in their review. They fail to acknowledge the comprehensive discussion on the relationship between alcohol and health across different SES levels, as thoroughly addressed in recent literature, including the following paper (Di Castelnouvo et al. 2023). This omission reveals a rather superficial analysis of the different studies and undermines the credibility of their critique.

In summary, while the authors make some valid points regarding potential biases in alcohol epidemiology, their critique lacks a balanced consideration of the advancements in study designs and the comprehensive body of evidence supporting moderate alcohol consumption as part of a healthy lifestyle. Their insistence on outdated issues and failure to recognize the methodological rigor of contemporary studies weaken their argument. Future research should indeed continue to refine our understanding of alcohol's health/harm effects. This paper, however, does not convincingly refute the existing evidence of the potential benefits of low-volume drinking.

The paper under critique was published in The Journal of Studies on Alcohol and Drugs, with a relatively low impact factor of 2.4. While some media outlets may pick up the story, the paper is unlikely to have a lasting impact and will probably fade into obscurity like other similar papers. We also attract our attention to their Conflict-of-Interest Statement.

When analysing a study that reports the beneficial effects of alcohol in moderation, it is essential to verify whether the authors have material, cultural, or ideological conflicts of interest that could influence their conclusions. Similarly, it is equally important to examine whether the authors have opposing conflicts of interest, such as receiving compensation or support from organizations or entities that are openly against moderate alcohol consumption. Transparency in this area is fundamental to maintaining the trust of the public and the scientific community in published research."

Tim Stockwell, Adam Sherk, and Tim Naimi declare previous receipt of funding from government alcohol monopolies in Finland, Sweden, and Canada to conduct public health-oriented research on alcohol. Tim Stockwell and Tim Naimi have also received personal fees from these bodies in the past for the same purposes. Tim Stockwell and Tim Naimi have also received travel support from IOGT-NTO, a not-for-profit nongovernmental organization that advocates against alcohol use, to prepare reports on alcohol and health.

Forum member Erik Skovenborg writes when "concentrating on cohort age, 'the usual reference group of abstainers fills up among older cohorts with people who have stopped or cut down on their drinking for health reasons'. This issue is more complicated than Stockwell et al. (2024b) have us believe.

Alcohol consumption changes with age. A study reporting patterns of alcohol consumption in a large, Californian health plan population (adults ages 65 to 90) found that those who quit drinking were more likely than current drinkers to report having medical problems, including diabetes, heart problems, and worse self-reported health (Satre et al. 2007). However, reasons for decreasing consumption with age include an

ageing effect (i.e., that people drink less because of physiological, biological, and social changes that occur during chronological aging), cohort effects (i.e., that groups of people born at different times use alcohol differentially, with older cohorts typically consuming less alcohol), and the mortality hypothesis (i.e., that heavier drinkers die younger) (Stall et al. 1987).

A cross-sectional National Health Interview Survey in the United States of 40,556 Americans aged 60 described a trend of decreasing alcohol intake between aged ≥ 60 years and older and found that the proportions of men and women consuming higher quantities of alcohol (≥2 drinks/day) decreased while the proportions drinking most frequently (260-365 days per year) increased = a healthier drinking pattern (Breslow et al. 2004).

A UK study examined alcohol consumption trajectories, reporting both average weekly volume and frequency, using data from nine UK-based prospective cohorts with at least three repeated alcohol consumption measures on individuals (combined sample size of 59,397 with 174,666 alcohol observations), with data spanning from adolescence to very old age (90 years plus). The results showed that, for men, mean consumption rose sharply during adolescence, peaked at around 25 years at 20 units per week, and then declined and plateaued during mid-life, before declining from around 60 years. A similar trajectory was seen for women but with lower overall consumption (peak of around 7 to 8 units per week). Frequent drinking (daily or most days of the week) became more common during mid to older age, most notably among men, reaching above 50% of men (Britton et al. 2015).

A cohort study of British civil servants totalling 6838 men and 3372 women aged 34–55 years at baseline, followed for a mean 19.1 years found that consumption within baseline drinking categories is generally stable during the life course, except among heavier baseline drinkers, for whom intakes decline with increasing age. This shift does not appear to be driven by transitions to non-drinking. Cohorts of older people may be at particular risk of misclassifying former heavy drinkers as moderate consumers of alcohol (Knott et al. 2018).

Finally, an analysis of 21 peer-reviewed publications and six reports, including data from 17 national surveys and 10 general practice and community samples published since 2000 found that older adults in developed countries report different rates of abstention and alcohol consumption. This places obvious limitations on extrapolating results from specific research findings (Gell et al. 2015)."

Forum member Richard Harding comments that "last week a study from Dr Tim Stockwell at the University of Victoria, Canada claimed that there is no safe level of alcohol intake, which flew in the face of decades of remarkably robust evidence. We have consistently been told that those who choose to drink alcohol moderately but regularly tend to have longer and healthier lives than those who choose to abstain and those who drink more heavily.

How can this be? Epidemiology is the study of populations to determine the risk factors for disease. It seeks to identify correlations between variables. Some correlations turn out to be causal, some purely coincidental. For example, the correlation between smoking and lung cancer we now know is causal. The correlation between the birth rate in Germany and changes in the local stork population probably isn't. Consequently, it is wrong to assume that correlations are automatically causal, but that is exactly what Dr Stockwell has done.

He has assumed that in his selected six out of 107 studies on which his conclusions are based it is alcohol consumption per se that is responsible for his observed reduction in lifespan, without any other supporting evidence. The plain fact is that it is impossible to establish causality by epidemiology alone.

What evidence for causality is there? There is plenty, from human and animal experiments on the biological mechanisms. We know that moderate alcohol consumption leads to favourable changes in several cardiovascular biomarkers. These effects are not minor. The authors of a 2011 review found that moderate alcohol consumption increased high-density lipoprotein — "good" cholesterol — greater than any available pharmacological therapy, a finding corroborated by others. Moderate alcohol consumption also normalises insulin and glucose levels, and increases insulin sensitivity, so little wonder that moderate drinkers experience a significant lowering of diabetes risk. These are some important reasons why we know that the curve is J-shaped.

If Dr Stockwell thinks that one alcoholic drink per day is responsible for shortening our lives, he should produce some evidence to explain why. Otherwise, we are clearly in stork territory. What evidence there is indicates the complete opposite."

[This comment was also published in The Times on Wednesday, July 31, 2024]

Forum member Curtis Ellison considers that "it is annoying that this same set of authors continues to generate papers that, without sound evidence, attack the results of extremely well-founded and well-established science. One of the most consistent findings of solid cohort studies for decades is that regular, moderate alcohol consumption is associated with a lower risk of total mortality. In other words, moderate drinkers live longer than abstainers or abusers of alcohol. This is undoubtedly related to favourable effects on the physiologic and biologic mechanisms associated with cardiovascular disease and diabetes among older individuals when most deaths occur.

The authors of this latest re-hash of the same biased arguments again dared to invent criteria for what is a 'higher quality' study, then use their unvalidated criteria to exclude all but 5 or 6 out of 107 cohort studies to announce that they had finally found the 'truth' about alcohol and mortality. Is it surprising that these happened to fail to show the benefits of moderate drinking on mortality? They show graphs of these few studies and state that they increase the risk of mortality, even though none showed statistically significant effects.

No one is urging everyone to drink, but the public should have well-founded, accurate data on what unbiased research shows for the effects of consuming a beverage containing alcohol. Current research continues to show that drinking that is excessive, in binges, and when consumed without food, may have net adverse effects on health. Current research on moderate drinking, especially during meals, is also consistently shown to be associated with fewer of the diseases of ageing and with a significantly lower risk of dying prematurely."

Forum member Fulvio Mattivi suggests that "reality is complex and diverse. Consequently, a simplistic message toward absolute conclusions may not be the right interpretation. Especially if we do not overcome some intrinsic problems common to the studies we rely upon today. In addition to pointing (rightly) the finger at some known critical aspects of the old studies, which have already been implemented for years in the most robust studies, in my opinion, the time has come to systematically include biomarkers of ethanol consumption in studies on diet, lifestyle, and health. Another common problem in epidemiological studies is indeed the lack of adoption of clinical biomarkers that can verify the correspondence between alcohol consumption and the declared amount. A topical but still underestimated issue, revised in Trius-Soler et al. (2023).

The reliability of the tools for assessing alcohol intake in the diet is debated and it is assumed that a large percentage of subjects report incorrectly, especially those who declare abstinence or low alcohol consumption. For various reasons, man is a liar, and tends to deny consumption or, at least, to underestimate it. Using biomarkers allows us to identify the most striking deviations, almost always upwards.

Reliable biomarkers to discriminate between abstinence and low or moderate intake, both in the long and short term could, therefore, have a considerable impact on future research in alcohol studies. Furthermore, with the assistance of objective markers, the attention of exposure questionnaires can be focused on the type of beverage consumed and the pattern of consumption. Since no one - fortunately - drinks "ethanol", knowing the real matrix most consumed and the pattern of intake is essential for the quality of the results, for real and not just formal progress."

Forum member Andrew Waterhouse remarks that "when I studied Rehm et al. (presumably 2001) which is included in the list of five 'higher quality' papers, looking at the lowest regular consumption, 0-2 (seems odd to go to 0 since there is another category for non-drinkers), the average of the male and female RR's is 1. Unfortunately, Stockwell et al. (2024) overlook the RR <1 for the higher moderate drinking categories. Further, the 0-2 band includes very occasional drinkers who should be in a separate category. The lowest daily drinking category should be 1-2. Thus, the best characterization of moderate daily consumption is 2-4, and that RR is clearly <1.

In addition, Zaridze et al. (presumably 2014), also included in the 'higher quality' list, are looking

only at the high consumption of vodka in Russia. Thus, this paper cannot be considered a valid comparison to the other four papers. Also, non-drinkers are not clearly defined, but appear in the results tables as a "bonus." Consequently, I question the "quality" screening criteria used by Stockwell et al. (2024).

Conclusions

As concluded by Shield and Rehm (2024), the results of Zhao et al. (2023) and correspondingly that of the related Stockwell et al. (2024) "are susceptible to errors introduced during the judgment-making process. Accordingly, to improve the validity of such studies…there is a need for standardized guidelines on how judgments in observational research should be formulated, along with standardized tools enabling assessment of the risk of bias introduced by the judgment-making process."

A fitting conclusion to this critique comes from the late Forum member Arthur Klatsky: "One obvious lesson is that we need better instruments to measure alcohol intake histories. Another is that complete description of methodology greatly aids evaluation and comparison of reports. Alcohol researchers can perform an important service by presenting verbatim expositions showing exactly how all information was obtained and how alcohol consumption was categorized. Such specificity, accompanied by frank discussion of implications and limitations, would move us in the right direction" (Klatsky 2008).

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Alcohol consumption patterns and mortality among older adults with health-related or socioeconomic risk factors

Spanish researchers examined the association of alcohol consumption patterns with 12-year mortality and its modification by health-related or socioeconomic risk factors.

Their prospective cohort study used data from the UK Biobank, a population-based cohort. Participants were current drinkers aged 60 years or older. According to their mean alcohol intake in grams per day, participants' drinking patterns were classified as occasional: ≤2.86 g/d), low risk (men: >2.86-20.00 g/d; women: >2.86-10.00 g/d), moderate risk (men: >20.00-40.00 g/d; women: >10.00-20.00 g/d) and high risk (men: >40.00 g/d; women: >20.00 g/d). Health-related risk factors were assessed with the frailty index, and socioeconomic risk factors were assessed with the Townsend deprivation index. All-cause and cause-specific mortality were obtained from death certificates held by the national registries. Analyses excluded deaths in the first 2 years of follow-up and adjusted for potential confounders, including drinking patterns and preferences.

A total of 135,103 participants (median age, 64.0 years) were included. In the total analytical sample, compared with occasional drinking, high-risk drinking was associated with higher all-cause (hazard ratio [HR], 1.33; 95% CI, 1.24-1.42), cancer (HR, 1.39; 95% CI, 1.26-1.53), and cardiovascular (HR, 1.21; 95% CI, 1.04-1.41) mortality; moderate-risk drinking was associated with higher all-cause (HR, 1.10; 95% CI, 1.03-1.18) and cancer (HR, 1.15; 95% CI, 1.05-1.27) mortality, and low-risk drinking was associated with higher cancer mortality (HR, 1.11; 95% CI, 1.01-1.22). While no associations were found for low- or moderate-risk drinking patterns vs occasional drinking among individuals without socioeconomic or health-related risk factors, low-risk drinking was associated with higher cancer mortality (HR, 1.15; 95% CI, 1.01-1.30) and moderate-risk drinking with higher all-cause (HR, 1.10; 95% CI, 1.01-1.19) and cancer (HR, 1.19; 95% CI, 1.05-1.35) mortality among those with health-related risk factors; low-risk and moderate-risk drinking patterns were associated with higher mortality from all causes (low risk: HR, 1.14; 95% CI, 1.01-1.28; moderate risk: HR, 1.17; 95% CI, 1.03-1.32) and cancer (low risk: HR, 1.25; 95% CI, 1.04-1.50; moderate risk: HR, 1.36; 95% CI, 1.13-1.63) among those with socioeconomic risk factors. Wine preference (>80% of alcohol from wine) and drinking with meals showed small protective associations with mortality, especially from cancer, but only in drinkers with socioeconomic or health-related risk factors and was associated with attenuating the excess mortality associated with high-, moderate- and even low-risk drinking.

In this cohort study of older drinkers from the UK, even low-risk drinking was associated with higher mortality among older adults with health-related or socioeconomic risk factors. The attenuation of mortality observed for wine preference and drinking only during meals requires further investigation, as it may mostly reflect the effect of healthier lifestyles, slower alcohol absorption, or nonalcoholic components of beverages.

Source: Ortolá R, Sotos-Prieto M, García-Esquinas E, Galán I, Rodríguez-Artalejo F. Alcohol Consumption Patterns and Mortality Among Older Adults With Health-Related or Socioeconomic Risk Factors. JAMA Netw Open. 2024 Aug 1;7(8):e2424495. Doi.org/10.1001/jamanetworkopen.2024.24495.

Alcohol consumption in relation to cognitive dysfunction and dementia

Findings on alcohol and cognitive dysfunction and dementia have been inconsistent. A dose-response meta-analysis of cohort and case-control studies was conducted to evaluate the available evidence.

A systematic search was conducted on PubMed/MEDLINE, Scopus, Embase, and PsychInfo databases and Google Scholar up to April, 2023. Seventeen eligible studies comprising 80,680 total persons with 4929 cases for dementia and 13,530 total persons with 1,579 cases for cognitive dysfunction were included for dose-response analysis. When compared to the reference group of 0 g/day of alcohol intake, the dose-response meta-analysis revealed a significant non-linear (J-shaped) association between alcohol intake and the risk of each of cognitive dysfunction, (lower dose range: 1-30.5 g/day, RR: 0.97; 95 % CI 0.95-0.99; higher dose range: >30.5 g/day, RR: 1.07; 95 % CI 1.01-1.15) and dementia (lower dose range: 1-17.5 g/day, RR: 0.92; 95 % CI 0.88-0.96, higher dose range: >17.5 g/day, RR: 1.23; 95 % CI 1.09-1.35). The lowest risk was achieved at approximately 30 g/day of alcohol for cognitive dysfunction and 15 g/day for dementia. The J-shape association remained with subgroups defined by age (≤65; >65 years) or study duration (<10; ≥10 years) for dementia, and within age >65 and duration <10 years for cognitive dysfunction.

The researchers observed a J-shape association between alcohol consumption and both cognitive dysfunction and dementia, with light-to-moderate alcohol intake being associated with a reduced risk in adults. Further studies are needed to clarify more specifically the association between alcohol consumption and six domains of cognitive dysfunction based on diagnostic and statistical manual of mental disorders (DSM) criteria.

Source: Zarezadeh M, Mahmoudinezhad M, Faghfouri AH, Mohammadzadeh Honarvar N, Regestein QR, Papatheodorou SI, Mekary RA, Willett WC. Alcohol consumption in relation to cognitive dysfunction and dementia: A systematic review and dose-response meta-analysis of comparative longitudinal studies. Ageing Res Rev. 2024 Jul 20;100:102419. doi.org/10.1016/j.arr.2024.102419.

Association between alcohol flushing syndrome and cancer

Alcohol flushing syndrome (AFS) is experienced by up to 46% of East Asians. A study aimed to review the risk of cancers in AFS patients, elucidate an exposure-response relationship, and understand the risk associated with alcohol consumption and cancer.

An electronic database search of PubMed, Embase, Scopus and Cochrane Library was performed. Observational studies on AFS effects and cancer risks were included, while studies including patients with existing malignancies were excluded. A total of 18 articles were included in the final analysis with 387,521 participants.

AFS was associated with an increased risk of all cancers (odds ratio [OR] 1.19, 95% confidence interval [CI] 1.06-1.34), esophageal squamous cell carcinoma (OR 1.47, 95% CI 1.05-2.05) and gastric adenocarcinoma (OR 1.40, 95% CI 1.14-1.72). Men with AFS exhibited an increased risk of all cancers (OR 1.34, 95% CI 1.13-1.59), but this was not observed in women. All cancer risks were associated with AFS in those who consumed alcohol of more than 200 g of pure ethanol/week (OR 1.68, 95% CI 1.20-2.37) but not those who consumed less than 200 g of pure ethanol/week (OR 1.27, 95% CI 0.90-1.79) or non-drinkers (OR 0.99, 95% CI 0.67-1.47).

The data suggested that AFS is associated with an increased risk of all cancers, particularly esophageal squamous cell carcinoma, and gastric adenocarcinoma, but that there were concentration-dependent effects.

Source: Sim W, Pan JT, Chua CWX, Fong KY, Wong SH, Lee B, Oon HH. Association between alcohol flushing syndrome and cancer: A systematic review and meta-analysis. Ann Acad Med Singap. 2024 Jul 30;53(7):420-434. doi.org/10.47102/annals-acadmedsg.2023351.

Impacts of cardiometabolic risk factors and alcohol consumption on all-cause mortality among MASLD and its subgroups

Recently, metabolic dysfunction-associated steatotic liver disease (MASLD) has been defined but research on this new nomenclature and its characterisation remains limited. A study assessed the impact of cardiometabolic risk factors and alcohol consumption on all-cause mortality in MASLD and its subgroups.

2,408 participants with MASLD from NHANES III were included in the study. MASLD patients were divided into two groups based on alcohol consumption: Pure MASLD and MetALD. The study assessed the association between factors and all-cause mortality. During the median 26.0-year follow-up, there were 1,040 deaths. A significant increase of over two-fold in the all-cause mortality rate was found among patients with four or more cardiometabolic risk factors compared to those with only one. When focusing on each component of cardiometabolic risk factors individually, only diabetes and hypertension were significantly associated with all-cause mortality. In a subgroup analysis, each additional cardiometabolic factor was linked to an increase in all-cause mortality in both pure MASLD (hazard ratio 1.16; 95% CI 1.06-1.28) and MetALD (HR 1.77; 95% CI 1.26-2.49). Notably, an elevation in alcohol consumption was significantly associated with an increase in all-cause mortality rate only in the MetALD.

The study found that the presence of diabetes or hypertension was significantly associated with all-cause mortality.

Source: Li M, Chen W, Deng Y, Xie W. Impacts of cardiometabolic risk factors and alcohol consumption on all-cause mortality among MASLD and its subgroups. Nutr Metab Cardiovasc Dis. 2024 Sep;34(9):2085-2094. doi.org/10.1016/j.numecd.2024.05.018

Association between alcohol consumption and disability accumulation in multiple sclerosis

Previous studies have indicated that alcohol consumption is associated with multiple sclerosis (MS) disease progression. The influence of alcohol consumption habits on disease progression and health-related quality of life in MS was studied in Sweden.

Patients from two population-based, case-control studies were categorised by alcohol consumption habits at diagnosis. They were followed for up to 15 years after diagnosis through the Swedish MS Registry regarding changes in the Expanded Disability Status Scale (EDSS) and Multiple Sclerosis Impact Scale 29 (MSIS-29).

The study comprised 9,051 patients with MS, with a mean age of 37.5 years at baseline/diagnosis. Compared with nondrinking, low and moderate alcohol consumption was associated with reduced risk of EDSS-related unfavourable outcomes (hazard ratios between 0.81 and 0.90) and with reduced risk of physical worsening. The inverse association was confined to relapsing-remitting MS and was more pronounced among women. High alcohol consumption did not significantly affect disease progression. The inverse relationship between low-moderate alcohol consumption and disability progression became stronger when researchers only included those who had not changed their alcohol consumption during follow-up (hazard ratios between 0.63 and 0.71). There were no differences in measures of disability at baseline between drinkers who continued drinking alcohol after diagnosis and those who later discontinued.

Low and moderate alcohol consumption was associated with more favourable outcomes in relapsing-remitting MS compared with nondrinking, while there was no significant influence of high alcohol consumption on disease outcomes.

Source: Wu J, Olsson T, Hillert JA, Alfredsson L, Hedström AK. Association Between Alcohol Consumption and Disability Accumulation in Multiple Sclerosis. Neurol Neuroimmunol Neuroinflamm. 2024 Sep;11(5):e200289. doi.org/10.1212/NXI.0000000000200289.

Alcohol hangover versus dehydration revisited

An alcohol hangover is a combination of negative mental and physical symptoms that can be experienced after a single episode of alcohol consumption, starting when blood alcohol concentration (BAC) approaches zero. A popular theory suggests that dehydration is the primary cause of alcohol hangover and that the consumption of water could alleviate hangover symptoms. In a paper published in the journal Alcohol, the current evidence on the relationship between hangover severity, thirst, and water consumption is summarised.

The positive correlations of the amount of water consumed with both hangover severity and thirst suggest that both dehydration and the hangover are co-occurring after-effects of alcohol consumption. While hangovers were typically relatively enduring, dehydration effects were usually mild and short-lasting. Survey data revealed that water consumption during or directly after alcohol consumption had only modestly prevented next day hangovers. Also, the amount of water consumed during a hangover was not related to changes in hangover severity and thirst. Thus, water consumption was not effective in alleviating the alcohol hangover.

Taken together, these data suggest that alcohol hangover and dehydration are two co-occurring but independent consequences of alcohol consumption.

Source: Mackus M, Stock AK, Garssen J, Scholey A, Verster JC. Alcohol hangover versus dehydration revisited: The effect of drinking water to prevent or alleviate the alcohol hangover. Alcohol. 2024 Jul 26:S0741-8329(24)00100-9. doi.org/10.1016/j.alcohol.2024.07.006.

Drinking and mental health in middle adulthood: exploring the impact of wellbeing, mental health literacy, and drinking motives on risk of alcohol dependence

Risky drinking is a concern among UK-based middle-aged adults. Researchers explored the relationship between risky drinking, drinking motives, well-being, and mental health literacy (MHL).

The study included a cross-sectional analysis of online survey data completed by 193 UK-based adults aged 40-65 who drank alcohol, incorporating the Alcohol Use Disorders Identification Test (AUDIT); Drinking Motives Questionnaire-Revised (DMQ-R); Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS); Mental Health Literacy Scale (MHLS) and demographic questions.

Coping, enhancement, and conformity motives and gender significantly predicted higher AUDIT scores. Enhancement motives were found to mediate the relationship between the self-help component of MHL and AUDIT scores, while coping motives mediated the association between well-being and AUDIT scores.

Findings support research emphasising the influence of drinking motives on risky drinking and highlights how low well-being may interact with coping motives to explain risky drinking among middle-aged adults, particularly men. Interventions supporting individuals to understand the relationship between drinking motives and risky drinking, develop adaptive coping strategies, and address the causes of low well-being, may be beneficial.

The researchers warn that, as their sample was 84% ethnically white, 64% women, 85% educated to at least undergraduate level, and reported a relatively high mean socioeconomic status (6.98 out of 10), the results may not generalise beyond these groups. Future research should use stratified sampling to increase generalisability, as well as explore whether alcohol-specific, component-specific, or disorder-specific MHL is associated with risky drinking and well-being.

Source: Creery A, Davies EL. Drinking and mental health in middle adulthood: exploring the impact of wellbeing, mental health literacy, and drinking motives on risk of alcohol dependence. Aging Ment Health. 2024 Sep;28(9):1286-1293. doi.org/10.1080/13607863.2024.2320134.

More frequent solitary alcohol consumption is associated with poorer diet quality, worse sleep, higher BMI, and more problematic alcohol use

Solitary drinking is a risky drinking pattern associated with increased substance use and psychosocial problems. However, very little is known regarding the associations between drinking alone and broader health status and behaviours.

Accordingly, researchers examined the relationship between health metrics and solitary drinking among individuals who currently drink.

US participants between 21 and 40 years old were recruited. Measures included self-reported diet, physical activity, sleep, cannabis use, general and solitary alcohol use, and objective anthropomorphic measures, e.g., body mass index [BMI], using data from both a baseline appointment and 30 days of daily diary responses and were adjusted for general alcohol use, age, and gender.

Several health measures were associated with solitary drinking. Specifically, solitary drinking was related to consuming fewer servings of fruits and vegetables and greater quantities of alcohol based on daily data. Baseline data showed an association between solitary drinking and higher BMIs, poorer sleep quality, greater sugar consumption, and hazardous drinking.

These findings suggest that beyond substance and psychosocial problems associated with solitary drinking, this drinking behaviour may be a warning sign for health risks and, subsequently, broader health problems.

Source: Carillon J Skrzynski, Margy Y Chen, Angela D Bryan, More Frequent Solitary Alcohol Consumption Is Associated With Poorer Diet Quality, Worse Sleep, Higher Body Mass Index, and More Problematic Alcohol Use, Annals of Behavioral Medicine, 2024;, kaae046. doi.org/10.1093/abm/kaae046

Volume of alcohol intake, heavy episodic drinking, and all-cause mortality in Spain

The impact of alcohol consumption on health, particularly in low quantities, remains controversial. A study assessed the association between alcohol volume and heavy episodic drinking (HED) with all-cause mortality, while minimising many of the known methodological issues.

This longitudinal study used data from the 2011–2012 National Health Survey and the 2014 European Health Survey in Spain. Data from 43,071 participants aged ≥ 15 years were linked to mortality records as of December 2021. Alcohol consumption categories were defined based on intake volume and frequency: never-drinkers, former drinkers, infrequent occasional drinkers (≤once/month), frequent occasional drinkers (<once/week to > once /month). Regular drinkers (≥once/week) were further classified by volume: >0–10 g/day, >10–20 g/day, >20–40 g/day, and > 40 g/day. Heavy Episodic Drinking (HED) was defined as ≥ 6 and ≥ 5 standard drinks (10 g) within 4–6 h for men and women, respectively. Hazard ratios (HR) were calculated using Cox regression, adjusting for sociodemographic variables, lifestyle factors, health status, and alcohol volume or HED.

Compared to infrequent occasional drinkers, HRs for never-drinkers and former drinkers were 1.30 (95 %CI:1.14–1.47) and 1.32 (95 %CI:1.15–1.50), respectively. No differences in mortality risk were observed for intakes up to 20 g/day, but it increased for consumptions > 20–40 g/day and > 40 g/day (HR = 1.29; 95 %CI:1.05–1.58 and HR = 1.57; 95 %CI:1.14–2.17, respectively). The HR of weekly HED vs. never was 1.31 (95 %CI:0.98–1.75).

Compared to infrequent occasional drinking, consuming low amounts of alcohol had no impact on mortality risk. However, never-drinkers, former drinkers, individuals with regular consumption > 20 g/day, and those engaging in weekly HED, experienced higher mortality risk.

Source: Iñaki Galán, Julia Fontán, Cristina Ortiz, Teresa López-Cuadrado, María Téllez-Plaza, Esther García-Esquinas, Volume of alcohol intake, heavy episodic drinking, and all-cause mortality in Spain: A longitudinal population-based study, Addictive Behaviors, Volume 158, 2024, 108108, ISSN 0306-4603, doi.org/10.1016/j.addbeh.2024.108108.

Joint association of drinking alcohol and obesity in relation to cancer risk

Rates of alcohol consumption and obesity are increasing in many Western populations. For some cancer types, both heavy alcohol consumption and obesity are independently associated with increased risk. Whether combined exposure to both synergistically increases an individual's risk of cancer is unclear. Researchers performed a systematic review to assess whether alcohol and obesity interact to confer higher risk for cancer than the additive sum of their effects.

A literature search was conducted from the inception date to 13 February 2024 of PubMed, Embase, Cochrane Library and Web of Science to identify studies of alcohol, obesity, and cancer risk. The researchers aimed to undertake a meta-analysis if there were sufficient data.

The literature search identified 17,740 potentially eligible studies. After review, 24 studies were included. Eleven reported on the association between alcohol consumption and cancer risk in individuals according to their body mass index (BMI), nine reported on the association between BMI and cancer risk in individuals according to their alcohol consumption, and six studies examined potential synergistic interactions between alcohol consumption and obesity on cancer risk. However, there were insufficient data and significant heterogeneity in the cancers studied to undertake meta-analysis, therefore a systemic review and narrative synthesis was conducted. Overall, there was no consistent pattern of interaction between alcohol use and overweight/obesity on cancer risk across cancer types.

While alcohol and obesity are prevalent and important risk factors for a range of cancers, data are lacking on whether their combined exposure may synergistically increase an individual's risk for cancer. Further study across more cancer types is required to better understand the nature of interactions between alcohol use and obesity on cancer risk, the researchers say.

Source: Macdonald GA, Thomas JA, Dalais C, Kendall BJ, Thrift AP. Joint association of drinking alcohol and obesity in relation to cancer risk: A systematic review and data synthesis. Cancer Epidemiol. 2024 Aug;91:102596. doi.org/10.1016/j.canep.2024.102596.

Binge drinking and progression of white matter hyperintensities of presumed vascular origin in older men

Information on trajectories of diffuse subcortical brain damage of vascular origin associated with binge drinking in older adults is limited. Researchers sought to evaluate the impact of this drinking pattern on the progression of white matter hyperintensities (WMH) of presumed vascular origin in individuals aged ≥60 years taken from the community.

Following a longitudinal prospective design, participants of the Atahualpa Project Cohort received interviews to assess patterns of alcohol intake as well as baseline and follow-up brain MRIs. Only men were included because alcohol consumption in women was negligible and binge drinking was uncommon in the studied population. The incidence rate ratio of WMH progression by patterns of alcohol use (binge drinking or not), was assessed after adjusting for demographics, level of education, and cardiovascular risk factors.

The study included 114 men aged ≥60 years (mean age: 65.1±5.4 years). Thirty-seven participants (32%) reported binge drinking for more than 30 years. Follow-up MRIs revealed WMH progression in 45 participants (39%) after a median of 7.2 years. In unadjusted analysis, the risk of WMH progression among individuals with binge drinking was 2.08 (95% CI 1.16-3.73). After adjustment for age, education level and vascular risk factors, participants with this drinking pattern were 2.75 times (95% CI 1.42-5.30) more likely to have WMH progression than those who did not.

Study results show an independent association between binge drinking and WMH progression in community-dwelling older men.

Source: Del Brutto OH, Rumbea DA, Mera RM. Binge drinking and progression of white matter hyperintensities of presumed vascular origin in older men. J Stroke Cerebrovasc Dis. 2024 Jul 31;33(9):107886. doi.org/10.1016/j.jstrokecerebrovasdis.2024.107886.

A lifestyle physical activity intervention for women in alcohol treatment: A pilot randomised controlled trial

Compared to men, women with alcohol use disorder (AUD) are more likely to drink to manage stress and negative affect. Given women's risk for poor drinking outcomes, it is critical to develop and test interventions that target these affective factors. Physical activity improves negative affect and has emerged as a promising adjunct to AUD treatment and, thus, may be especially valuable for women.

Fifty women with AUD (49.9 ± 12.0 years of age) participated in either a 12-week telephone-delivered lifestyle physical activity plus Fitbit (LPA + Fitbit) or a health education contact (HEC) control intervention following a partial hospital addictions treatment program. The study examined changes in drinking behaviours, mental health outcomes, and physical activity engagement post-intervention using conventional test statistics and standard effect sizes.

Higher rates of continuous abstinence during the 12 weeks were observed in the LPA + Fitbit condition (55.6 %) than in the HEC condition (33.6 %). However, among women who drank any alcohol during the 12-weeks, slightly higher rates of heavy drinking and drinks/day were observed among women in the LPA + Fitbit condition. Significant differences for improved mental health outcomes (including depression, anxiety, negative affect, positive affect, perceived stress, and behavioural activation) and increased self-reported physical activity were consistently observed among participants in the LPA + Fitbit condition, relative to HEC.

The LPA + Fitbit program had a positive impact on alcohol abstinence, mental health, and physical activity in adult women receiving treatment for AUD. Future research should continue to investigate the optimal implementation strategies, duration, and intensity of LPA interventions in the context of a fully-powered RCT.

Source: Abrantes AM, Browne J, Stein MD, Anderson B, Iacoi S, Barter S, Shah Z, Read J, Battle C. A lifestyle physical activity intervention for women in alcohol treatment: A pilot randomized controlled trial. J Subst Use Addict Treat. 2024 Aug;163:209406. Doi.org/10.1016/j.josat.2024.209406.

Multimorbidity and heavy and binge drinking among adults

Multimorbidity, the presence of two or more long-term health conditions in the same individual, is an emerging epidemic associated with increased morbidity and mortality. Continued drinking concurrent with alcohol-related chronic conditions, particularly with multimorbidity, is likely to elevate health risks. A study examined the associations of multimorbidity among diabetes, hypertension, heart disease, and cancer with drinking, and moderation of these associations by age.

Logistic regression modelling was performed in 2023 using a nationally representative sample of U.S. adults from the 2015-19 National Survey on Drug Use and Health. Multimorbidity was assessed using: (1) a count of these conditions; and (2) disease-specific categories. The outcomes were past month heavy drinking (7+/14+ drinks weekly) and binge drinking (4+/5+ drinks per occasion) for women and men.

A pattern of reduced odds for drinking outcomes associated with a greater degree of multimorbidity was found. This pattern was more apparent in models using the continuous measure of multimorbidity than in those using the categorical measure, and more consistent for binge drinking than for heavy drinking, and for women than for men. Significant age interactions were found. The log odds of heavy drinking and binge drinking for both men and women decreased as the number of conditions increased, and more steeply for those ages 50+ than the younger. The log odds of heavy drinking varied little among men under age 50 regardless of multimorbidity.

Alcohol interventions to reduce drinking with multimorbidity, particularly among heavy-drinking men under age 50, are warranted.

Source: Cook WK, Li L, Martinez P, Kerr WC. When the Going Gets Tough: Multimorbidity and Heavy and Binge Drinking Among Adults. Am J Prev Med. 2024 Sep;67(3):407-416. Doi.org/10.1016/j.amepre.2024.05.014.

How executive functioning moderates the relation between implicit alcohol associations and heavy episodic drinking

Heavy episodic drinking (HED) is common among college students and poses risks for negative consequences. Evidence suggests that HED is more frequent among those with stronger implicit alcohol associations, and the impact of these implicit associations on drinking may be moderated by executive functioning. A study examined the role of two executive function components - working memory (WM) and planning - as moderators of implicit alcohol-approach associations and HED among college students who drink alcohol.

One hundred forty-one participants completed measures of alcohol use, implicit alcohol-approach associations, working memory, and planning. The respective two-way and three-way interactions between implicit alcohol associations, working memory, and planning on heavy episodic drinking were examined. Results showed that WM and planning each moderated the relation between the alcohol implicit association test (IAT) and HED. IAT scores were positively associated with heavy episodic drinking when working memory and planning were low (-1 SD) but not high (+1 SD). Although results from the three-way interaction exhibited a nonsignificant trend, the pattern of results showed that the association between IAT and heavy episodic drinking was stronger at lower levels of working memory, but only when planning was also low, not high.

Findings support the view that heavy episodic drinking among college students who drink alcohol may be a function of automatic alcohol associations and that these associations may be stronger among those with lower working memory and planning abilities. These results replicate and extend our understanding of how executive functioning may moderate the impact of implicit alcohol cognitions on risky drinking and suggest potential intervention targets.

Source: Rowland, B. H. P., Iaciofano, J., & Palfai, T. P. (2024). How executive functioning moderates the relation between implicit alcohol associations and heavy episodic drinking: The roles of planning and working memory. Experimental and Clinical Psychopharmacology, 32(4), 379–385. doi.org/10.1037/pha0000690.

Medical research by publication date

Alcohol Consumption Patterns and Mortality Among Older Adults With Health-Related or Socioeconomic Risk Factors 24/08/2024

More Frequent Solitary Alcohol Consumption Is Associated With Poorer Diet Quality, Worse Sleep, Higher Body Mass Index, and More Problematic Alcohol Use 19/08/2024

How executive functioning moderates the relation between implicit alcohol associations and heavy episodic drinking: The roles of planning and working memory 01/08/2024

Association between alcohol consumption and disability accumulation in multiple sclerosis 31/07/2024

Binge drinking and progression of white matter hyperintensities of presumed vascular origin in older men 31/07/2024 1

Association between alcohol flushing syndrome and cancer: A systematic review and meta-analysis 30/07/2024

Alcohol hangover versus dehydration revisited: The effect of drinking water to prevent or alleviate the alcohol hangover 26/07/2024

Alcohol consumption in relation to cognitive dysfunction and dementia 20/07/2024

Volume of alcohol intake, heavy episodic drinking, and all-cause mortality in Spain: A longitudinal population-based study 18/07/2024

When the Going Gets Tough: Multimorbidity and Heavy and Binge Drinking Among Adults 19/06/2024

Joint association of drinking alcohol and obesity in relation to cancer risk: A systematic review and data synthesis 13/06/2024

Impacts of cardiometabolic risk factors and alcohol consumption on all-cause mortality among MASLD and its subgroups 21/05/2024

A lifestyle physical activity intervention for women in alcohol treatment: A pilot randomized controlled trial 14/05/2024

Drinking and mental health in middle adulthood: exploring the impact of wellbeing, mental health literacy, and drinking motives on risk of alcohol dependence 28/02/2024

Why do only some cohort studies find health benefits from low-volume alcohol use? A systematic review and meta-analysis of study characteristics that may bias mortality risk estimates 30/01/2024

A global review of the impact on women from men's alcohol drinking: the need for responding with a gendered lens

Global evidence shows that men's harmful alcohol use contributes to intimate partner violence (IPV) and other harm. Yet, interventions that target alcohol-related harms to women are scarce. Quantitative analyses demonstrate links with physical and verbal aggression; however, the specific harms to women from men's drinking have not been well articulated, particularly from an international perspective. A paper published in the journal 'Global Health Action" documents the breadth and nature of the harms and impact of men's drinking on women.

A narrative review, using inductive analysis, was conducted of peer-reviewed qualitative studies that: (a) focused on alcohol (men's drinking); (b) featured women as primary victims; (c) encompassed direct/indirect harms; and (d) explicitly featured alcohol in the qualitative results. Thirty papers were included in the review, with most studies conducted in low- to middle-income countries. The harms in the studies were collated and organised under three main themes: (i) harmful alcohol-related actions by men (e.g., violence, sexual coercion, economic abuse); (ii) impact on women (e.g., physical and mental health harm, relationship functioning, social harm); and (iii) how women in the studies framed partner alcohol use.

The authors conclude that men's drinking results in a multitude of direct, indirect and hidden harms to women that are cumulative, intersecting and entrench women's disempowerment. An explicit gendered lens is needed in prevention efforts to target men's drinking and its impact on women, to improve health and social outcomes for women worldwide.

Source: Wilson, I. M., Willoughby, B., Tanyos, A., Graham, K., Walker, M., Laslett, A. M., & Ramsoomar, L. (2024). A global review of the impact on women from men's alcohol drinking: the need for responding with a gendered lens. Global Health Action, 17(1). doi.org/10.1080/16549716.2024.2341522

Consumption of alcohol-free and alcoholic beverages among Dutch university students: Substitution or addition?

Alcohol-free drinks are suggested as healthy alternatives for alcohol consumption. To achieve benefits, alcohol-free beverages must be consumed as a substitute for alcoholic beverages, not in addition. A study examined in a student sample: (i) the frequency/quantity of alcohol (-free) consumption; (ii) the relationship between alcohol-free and alcohol consumption; (iii) alcohol-free drinks as substitution or in addition to alcoholic drinks; and (iv) possible gender differences.

The study used survey data regarding alcohol(-free) consumption from 4318 Dutch university students - females 70.2% and males 28.5%, with an average age of 22.6 years.

42.8% of the students indicated they had never consumed alcohol-free beverages and 10.1% had never consumed alcoholic beverages. The group who recently consumed alcohol-free also most often recently consumed alcoholic beverages (42.7%). The group that had never consumed alcohol-free beverages, drank on average more alcoholic beverages (M = 3.98 on a drinking day) compared to past and recent alcohol-free drinkers (respectively, M = 3.44 and M = 3.59). Most students (54.9%) reported drinking alcohol-free beverages in addition to alcohol, and 17.4% indicated using it as a substitution. Students who consumed alcohol-free as 'substitution' were older, more often living alone or with a partner, less often living with parents, and more often involved in a steady relationship compared to students who consumed in 'addition'. No prominent gender differences were found.

The study findings suggest that the majority of students continued consuming the same number of alcoholic beverages since they started consuming alcohol-free beverages, pointing to an additional effect but a small group did use alcohol-free beverages as a substitute for their alcohol consumption.

Source: Groefsema MM, van Hooijdonk KJM, Voogt CV, Hendriks H, Vink JM. Consumption of alcohol-free and alcoholic beverages among Dutch university students: Substitution or addition? Drug Alcohol Rev. 2024. doi.org/10.1111/dar.13905

Perceived risk of binge drinking among older alcohol users

Despite the high prevalence of alcohol use and binge drinking among older adults, little research has been conducted on the association between their alcohol risk perception and alcohol use patterns.

Using data on 6693 past-year alcohol users aged 50 years and older in the 2022 National Survey on Drug Use and Health, researchers examined the: (1) associations between risk perception of binge alcohol use 1–2 times a week and alcohol use frequency, binge use frequency, and alcohol use disorder (AUD); and (2) the association between alcohol treatment use and risk perception.

About 40% of past-year alcohol users perceived a great risk of binge alcohol use 1–2 times a week, and 27% of past-year users had binge drinking in the past month. Multivariable analyses showed a negative association between great risk perception and alcohol use frequency (IRR = 0.60, 95%CI = 0.48–0.74 for daily use) and past-month binge alcohol use (IRR = 0.33, 95%CI = 0.19–0.57 for 6–19 days of binge use). The odds of great risk perception were also lower among those with mild AUD. Risk perception was not significantly associated with alcohol treatment.

The researchers state that the lower likelihood of risk perception among problematic alcohol users and low treatment use is concerning. Education and interventions to reduce harm from alcohol are needed to address this issue.

Source: Choi NG, Marti CN, Choi BY. Perceived Risk of Binge Drinking among Older Alcohol Users: Associations with Alcohol Use Frequency, Binge Drinking, Alcohol Use Disorder, and Alcohol Treatment Use. International Journal of Environmental Research and Public Health. 2024; 21(8):1081. doi.org/10.3390/ijerph21081081

Personality, social factors, brain functioning, familial risk, and trajectories of alcohol misuse in adolescence

The development of an alcohol use disorder (AUD) in adolescence is associated with an increased risk of future alcohol dependence. Identifying differential associations of risk factors is important for preventive measures.

A study investigated the differential associations of risk-taking aspects of personality, social factors, brain functioning, and familial risk with hazardous alcohol use in adolescents over eight years.

In a cohort study of 2040 adolescents that investigated alcohol misuse trajectories over eight years, psychosocial resources (lower frequency of life events related to family and sexuality and higher socioeconomic status) were initially associated with a lower general risk for alcohol misuse but with an increased risk over eight years. Personality characteristics (higher impulsivity, risk-taking, and extraversion) were associated with a higher risk of alcohol misuse on average, as well as a higher risk for alcohol misuse development; there was no association with brain functioning.

The IMAGEN multicentre longitudinal cohort study included 2040 adolescents recruited from European schools in Germany, the UK, France, and Ireland from January 2008 to January 2019. Eligible participants included those with available neuropsychological, self-report, imaging, and genetic data at baseline.

Hazardous alcohol use as measured with the Alcohol Use Disorders Identification Test scores. Alcohol misuse trajectories at ages 14, 16, 19, and 22 years were modelled using latent growth curve models.

The study identified a significant negative association of psychosocial resources ($\beta = -0.29$) with the general risk of alcohol misuse as well as a significant positive association of the risk-taking aspects of personality with the intercept ($\beta = 0.19$). Furthermore, there were significant positive associations between the social domain ($\beta = 0.13$) and the personality domain ($\beta = 0.07$) with trajectories of alcohol misuse development over time (slope). Family history of substance misuse was negatively associated with the general risk of alcohol misuse ($\beta = -0.04$) and its development over time ($\beta = -0.03$). Brain functioning showed no significant association with the intercept or slope of alcohol misuse in the model.

The findings of this cohort study suggest that known risk factors of adolescent drinking may contribute differentially to future alcohol misuse. This approach may inform more individualised preventive interventions.

Source: Tschorn M, Daedelow L, Szalek L, et al. Personality, Social Factors, Brain Functioning, Familial Risk, and Trajectories of Alcohol Misuse in Adolescence. JAMA Netw Open. 2024;7(8):e2425114. doi.org/10.1001/jamanetworkopen.2024.25114

Weekly pattern of alcohol-attributable male mortality before and after imposing limits on hours of alcohol sale in Lithuania in 2018

From 1 January 2018, the number of retail hours for the sale of alcohol was reduced from 14 to 5 hours on Sundays and from 14 to 10 hours on the other days of the week in Lithuania. The significant reduction of hours for the sale of alcohol on Sundays may have affected the distribution of alcohol-attributable deaths during the week. A study examined the change in the weekly pattern of alcohol-attributable male mortality before and after imposing limits on the hours when alcohol can be sold.

Age-standardised male death rates by days of the week were calculated for four groups according to cause of death: alcohol poisoning (X45); all external causes of death (V01-Y98); diseases of the circulatory system (I00-I99); and all other causes of death. Researchers compared age-standardised death rates for two periods: before (2015-2017); and after (2018-2019) the intervention. Mortality and population data were obtained from the Lithuanian Institute of Hygiene and Human Mortality Database.

During 2018-2019, earlier observed peak in age-standardised death rates for external causes of death on Sunday diminished, and this day no longer differed from the weekly average. The same tendency was also observed for the Monday excess mortality due to circulatory diseases.

The research concludes that the reduction in the hours when alcohol can be sold from the beginning of 2018 was associated with a change in a weekly pattern of alcohol-attributable male mortality. However, more studies are needed to examine the causes of the change in mortality patterns.

Source: Stumbrys D, Štelemėkas M, Jasilionis D, Rehm J. Weekly pattern of alcohol-attributable male mortality before and after imposing limits on hours of alcohol sale in Lithuania in 2018. Scandinavian Journal of Public Health. 2024;52(6):698-703. doi.org/10.1177/14034948231184288

Cognitive inflexibility moderates the relationship between relief-driven drinking motives and alcohol use

Drinking motives and neurocognition play significant roles in predicting alcohol use. There is limited research examining how relief-driven drinking motives interact with neurocognition in alcohol use, which would help to elucidate the neurocognitive-motivational profiles most susceptible to harmful drinking. Researchers investigated the interactions between neurocognition (response inhibition and cognitive flexibility) and relief-driven drinking, in predicting problem drinking.

Participants completed the Alcohol Use Disorders Identification Test - Consumption items (AUDIT-C) to measure drinking behaviour, and online cognitive tasks, including the Value-Modulated Attentional Capture and Reversal Task (VMAC-R) and the Stop Signal Task (SST). 368 individuals who drink alcohol were in the sample, which included a subsample of 52 individuals with problematic drinking, as defined by self-identifying as having a primary drinking problem. Drinking motives were assessed using a binary coping question in the overall sample, and the Habit, Reward, and Fear Scale (HRFS) in the subsample. The study investigated whether cognitive flexibility and response inhibition moderated relationships between relief-driven motives and drinking.

Cognitive flexibility moderated the relationship between relief-driven motives and drinking (overall sample: $\beta = 13.69$; subsample: $\beta = 1.45$). Greater relief-driven motives were associated with heavier drinking for individuals with low cognitive flexibility. There was no significant interaction between response inhibition and relief-driven motives.

The researchers state that relief-driven drinking motives interact with cognitive inflexibility to drive heavier drinking. A greater understanding of these neurocognitive-motivational mechanisms may help to develop more targeted and effective interventions for reducing harmful drinking.

Source: Piccoli LR, Albertella L, Christensen E, Fontenelle LF, Suo C, Richardson K, Yücel M, Lee RSC. Cognitive inflexibility moderates the relationship between relief-driven drinking motives and alcohol use. Addict Behav Rep. 2024 Jun 27;20:100559. doi.org/10.1016/j.abrep.2024.100559.

A national longitudinal study of sexual orientation discordance, sexual identity fluidity, and alcohol and other drug use disorder symptoms

Many national studies fail to account for discordance between sexual orientation dimensions (e.g., a mismatch between sexual identity and sexual attraction) or sexual identity fluidity (e.g., changes in sexual identity over time). Longitudinal relationships among sexual identity fluidity/stability, sexual orientation discordance/concordance, and alcohol and other drug use disorder symptoms were examined in a US study. That based on nationally representative longitudinal data from Waves 1-5 (2013-2019) of the Population Assessment of Tobacco and Health (PATH) study of 24,591 US adolescents and adults. Substance use disorder symptoms were most prevalent (45.8%) among bisexual-stable females relative to all other sexual identity subgroups. The adjusted odds ratios (AORs) of substance use disorder symptoms were significantly higher among bisexual-stable females vs. heterosexual-stable females in all models (AOR range: 1.94-2.32), while no such associations were found for males. Sexual identity-attraction discordant females had significantly greater AORs (17/20 instances) of substance use disorder symptoms compared to concordant females; this finding was not as consistent for males (6/20 instances).

Sexual orientation discordance was significantly associated with substance use disorder symptoms, especially among females discordant in their sexual identity and attraction. Bisexual-stable and discordant females are at the highest risk of developing symptomatic substance use and must receive screening, no matter where they are in their coming out process. The study authors say that this work highlights the pitfalls of relying solely on cross-sectional data using a single sexual orientation dimension to understand the relationship between sexual orientation and substance use disorder.

Source: McCabe SE, Dickinson K, Engstrom CW, Kcomt L, Veliz PT, Boyd CJ, Parra LA, Evans-Polce R. A national longitudinal study of sexual orientation discordance, sexual identity fluidity, and alcohol and other drug use disorder symptoms. Am J Drug Alcohol Abuse. 2024 Aug 19:1-11. Doi.org/10.1080/00952990.2024.2378837.

An investigation into patterns of alcohol drinking in Scotland after the introduction of minimum unit pricing

A study examined the effect of Scotland's minimum unit pricing (MUP) policy implemented in 2018.

Three national household-level surveys were used: Scottish Health Surveys (2008-2021); Health Surveys in England (2011-2019); and Northern Ireland Continuous Household Survey (2011-2015). Patterns of drinking in Scotland from 2008-2021 were examined covering current drinking, drinking categories, and weekly consumption (in alcohol units). An analysis examined changes in "social drinking" behaviours in Scotland after the announcement in 2012 (2011-2015, Northern Ireland and England as comparators) and after the adoption of the policy in 2018 (England as a comparator, with two timeframes 2016-2019 and 2013-2019).

Overall, drinking in Scotland began to decline before 2012 and dropped further with the enactment of MUP in 2018. In response to MUP, the likelihood of abstention increased along with a slight decrease in the prevalence of heavy drinking. The overall amount of drinking fell by about 8% after 2012 and 12% after 2018 (as compared to 2008-2011 level), with a significant decline seen in moderate drinkers but not of those who drank at hazardous or harmful levels. A reduction in current drinking in Scotland started in 2012 and continued post-MUP in 2018.

This study points to the impact of MUP in Scotland with a potential role for 'policy signalling' by the Scottish Government with a multiple-buy discount ban and MUP's announcement since 2011-2012. Indications of impact include a clear decline in alcohol consumption levels and a small but noteworthy change in the prevalence of overall drinking and heavy drinking.

Source: Nguyen DT, Donnelly M, Hoang MV, O'Neill C. An investigation into patterns of Alcohol drinking in Scotland after the introduction of minimum unit pricing. PLoS One. 2024 Aug 1;19(8):e0308218. doi.org/10.1371/journal.pone.0308218.

Preferences for different tactics for reducing alcohol consumption among increasing-and-higher-risk drinkers based on drinking context

Contexts in which people drink vary. Certain drinking contexts may be more amenable to change than others and the effectiveness of alcohol reduction tactics may differ across contexts. A UK research team explored to what extent context-specific tactics for alcohol reduction were perceived as being helpful amongst increasing and higher-risk drinkers.

Context-specific tactics to reduce alcohol consumption were developed by the research team and revised following consultation with experts in behaviour change. In four focus groups (two online, two in-person), 20 adult increasing-and-higher-risk drinkers discussed how helpful tactics developed for four drinking contexts would be: drinking at home alone (19 tactics); drinking at home with a partner or family (21 tactics); in the pub with friends (23 tactics); and a meal out of the home (20 tactics).

Participants endorsed four broad approaches to reducing alcohol consumption that encompassed all the individual tactics developed by the research team. They are diluting and substituting drinks for those containing less alcohol (e.g. switching to soft drinks or no- or low-alcohol drinks); reducing external pressure to drink (e.g. setting expectations in advance); creating barriers to drinking (e.g. not buying alcohol to keep at home or storing it in less visible places); and setting new habits (e.g. breaking old patterns and taking up new hobbies). Three cross-cutting themes influenced how applicable these approaches were to different drinking contexts. These were situational pressure, drinking motives and financial motivation. Diluting and substituting drinks which enabled covert reduction and reducing external pressure to drink were favoured in social drinking contexts. Diluting and substituting drinks that enabled participants to feel that they were having 'a treat' or which facilitated relaxation and creating barriers to drinking were preferred at home.

Interventions to reduce alcohol consumption should offer tactics tailored to individuals' drinking contexts and which account for context-specific individual and situational pressure to drink, the researchers say.

Source: Oldham M, Okpako T, Leppin C, Garnett C, Dina LM, Stevely A, Jones A, Holmes J. Cutting consumption without diluting the experience: Preferences for different tactics for reducing alcohol consumption among increasing-and-higher-risk drinkers based on drinking context. PLOS Digit Health. 2024 Aug 21;3(8):e0000523. doi.org/10.1371/journal.pdig.0000523.

The effects of alcohol calorie labelling on hypothetical ordering of calories from alcohol and food

Providing calorie information for alcoholic beverages is a potential public health intervention that may serve to reduce alcohol use and also prevalence of overweight/obesity. Previous research has found that providing alcohol calorie information is effective at reducing drinking intentions as well as purchasing and consumption. However, the extent to which calorie information 'on-trade' impacts consumer behaviour for both alcohol and food consumption has not been investigated.

Researchers examined the presence of alcohol calorie labelling for hypothetical purchasing of alcohol and food in typical UK restaurant scenarios and determined the characteristics of individuals likely to view alcohol calorie labels. Two online randomised control trials were conducted. In the first, 325 participants were randomised to the presence or absence of alcohol calorie labels. In the second 1,081 individuals were randomised to alcohol calorie labels absence or the choice to view alcohol calorie labels. The primary outcome for each study was calories ordered from alcoholic beverages.

There was no evidence that the presence of alcohol calorie information on restaurant menus impacted the number of calories ordered from alcoholic beverages or from food and soft drinks. Younger individuals and individuals who exhibit greater motives for good health were more likely to choose to view alcohol calorie labels.

Source: Jones A, Gough T, Robinson E. Two online randomised controlled trials examining effects of alcohol calorie labelling on hypothetical ordering of calories from alcohol and food. Appetite. 2024 Sep 1;200:107548. doi.org/10.1016/j.appet.2024.107548.

An investigation into social determinants of health lifestyles of Canadians

Health lifestyles exert a substantial influence on the quality of everyday life, primarily affecting health maintenance and enhancement.

A study scrutinised the social determinants of health concerning social factors that may affect the health-related behaviours of Canadians. The researchers tested health behaviours including cigarette use, alcohol consumption, and participation in physical exercise, integral to the promotion and improvement of individual health.

Nationally representative data from the 2017-2018 Canadian Community Health Survey annual component was used to examine the social determinants of Canadians' health lifestyles.

The findings show that demographic background, socioeconomic status, social connections, and physical and mental health conditions all play a role in Canadians' smoking, physical activity, and drinking behaviours. Noticeably, the association patterns linking to these social determinants vary across specific health lifestyles, shedding light on the complex nature of the social determinants that may influence young and middle-aged Canadians' health lifestyles. Moreover, in the context of Canada, the health-region level demographic, socioeconomic, and working conditions are significantly linked to residents' health lifestyles.

Investigating the social determinants of health lifestyles is pivotal for policymakers, providing them with the necessary insights to create effective interventions that promote healthy behaviours among specific demographic groups. The researchers recommended that health education and interventions at the community level targeting smoking, physical inactivity, and alcohol consumption be introduced. These interventions should be tailored to specific subgroups, considering their demographic and socioeconomic characteristics, social networks, and health status. They emphasise that it is imperative to focus attention on individuals with lower educational attainment and socioeconomic status, particularly about their smoking habits and physical inactivity. Conversely, interventions aimed at addressing alcohol consumption should be targeted towards individuals of a higher socioeconomic status. This nuanced approach allows for a more effective and tailored intervention strategy.

Source: Chai X, Tan Y, Dong Y. An investigation into social determinants of health lifestyles of Canadians: a nationwide cross-sectional study on smoking, physical activity, and alcohol consumption. BMC Public Health. 2024 Aug 1;24(1):2080. doi.org/10.1186/s12889-024-19427-4.

Social and Policy research by publication date

Two online randomised controlled trials examining effects of alcohol calorie labelling on hypothetical ordering of calories from alcohol and food. 01/09/2024

Cutting consumption without diluting the experience: Preferences for different tactics for reducing alcohol consumption among increasing-and-higher-risk drinkers based on drinking context. 21/08/2024

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An investigation into patterns of Alcohol drinking in Scotland after the introduction of minimum unit pricing 01/08/2024

An investigation into social determinants of health lifestyles of Canadians: a nationwide cross-sectional study on smoking, physical activity, and alcohol consumption 01/08/2024

Consumption of alcohol-free and alcoholic beverages among Dutch university students: Substitution or addition? 20240726

Cognitive inflexibility moderates the relationship between relief-driven drinking motives and alcohol use. 27/06/2024, Version of Record 01/07/2024

Weekly pattern of alcohol-attributable male mortality before and after imposing limits on hours of alcohol sale in Lithuania in 2018 23/05/2024

A global review of the impact on women from men's alcohol drinking: the need for responding with a gendered lens 03/05/2024

Moves in Scotland to protect children from alcohol marketing

A coalition of organisations, including Alcohol Focus Scotland, BMA Scotland, Children in Scotland, Scottish Families Affected by Alcohol and Drugs (SFAD), and Scottish Health Action on Alcohol Problems (SHAAP), called on First Minister John Swinney to reaffirm his commitment to protecting Scotland's children and young people from alcohol marketing. The call to action is part of the Alcohol-Free Childhood Campaign, which aims to shield children from the harmful effects of alcohol advertising.

In August, the group sent a letter to the First Minister, urging him to include a consultation on alcohol marketing restrictions in the upcoming Programme for Government. The campaign has garnered widespread support, with the First Minister himself, over 80 MSPs from various parties, and more than 40 organizations across Scotland pledging their backing.

The campaigners are calling for a commitment in the upcoming Programme for Government to conduct a second consultation on alcohol marketing. They believe this is essential to ensure that legislation protecting children and young people from alcohol marketing can be enacted within the current parliamentary term. This request aligns with the Scottish Government's previous commitments to tackling alcohol-related harm. In the 2022-23 Programme for Government, the Scottish Government promised to introduce restrictions on alcohol marketing during the current Parliament. An initial consultation on alcohol advertising and promotion took place in 2023, after which the government committed to further public engagement and consultation on more targeted proposals in 2024.

This strategy aligns with recommendations from the World Health Organization (WHO), which advocates for marketing restrictions as a key measure to prevent and reduce the negative impact of alcohol on health and well-being. The WHO emphasises that such restrictions protect vulnerable groups, including children, young people, and individuals at risk of alcohol problems, while also addressing the normalization of alcohol consumption in society.

Alison Douglas, Chief Executive of Alcohol Focus Scotland said, "The evidence is now clear that exposure to alcohol marketing leads to youth drinking. It encourages children and young people to start drinking earlier, consume more alcohol, and increases their risk of developing long-term alcohol problems."

Programme in New Zealand targets drunk & drugged drivers

The New Zealand government has launched a $1.3 billion Road Policing Investment Programme (RPIP) for 2024-2027, aimed at significantly improving road safety by targeting drunk and drugged drivers. Transport Minister Simeon Brown announced the new measures, which include a substantial increase in roadside alcohol breath tests and the implementation of a new regime for roadside drug testing.

The programme sets a target of 3.3 million roadside alcohol breath tests per year, up from previous years. The plan also mandates that 65% of these tests be conducted during high-risk times for alcohol-related driving incidents. The RPIP emphasises targeting enforcement efforts during periods and at locations identified as having the highest risk for alcohol and drug-related crashes. This includes focusing on speeding offences on open roads and other high-risk areas. To ensure that targets are met, $72 million of the funding will be allocated as incentive payments based on the police achieving specific goals in speed, alcohol, and drug enforcement.

Minister Brown highlighted that alcohol and drugs are the leading contributors to fatal road crashes in New Zealand, with drug-impaired driving alone responsible for an average of 105 deaths per year between 2019 and 2022. The RPIP is part of the government's broader strategy to enhance road safety through stricter enforcement and investment in safer road infrastructure.

"Today's release of the RPIP shows a significant step up in road policing and reinforces our Government's commitment to ensuring there is strong enforcement on our roads to keep Kiwis travelling around our country safe," said Brown. He emphasised that the new programme aims to remove impaired drivers from the roads, thereby reducing the number of fatal crashes.

Alcohol consumption in the WHO European Region

In a news release in July, the World Health Organization reported that there has been little or no progress in reducing alcohol consumption and harms in Europe. Based on the latest available data from 2019, recently published in the "Global status report on alcohol and health and treatment of substance use disorders", the WHO European Region, covering 53 Member States across Europe and Central Asia, is shown to consume the highest amount of alcohol per capita in the world.

Dr Gauden Galea, Special Adviser to the WHO Regional Director for Europe on noncommunicable diseases (NCDs) and Innovation, commented, "The WHO European Region continues to hold the unenviable record of the highest levels of alcohol consumption and related harms globally, as well as the lowest number of abstainers. Alcohol's harms extend beyond personal health, affecting domestic violence rates, injuries, accidents, family dynamics, and mental health. Countries must urgently implement the policies we know to be effective in reducing alcohol consumption."

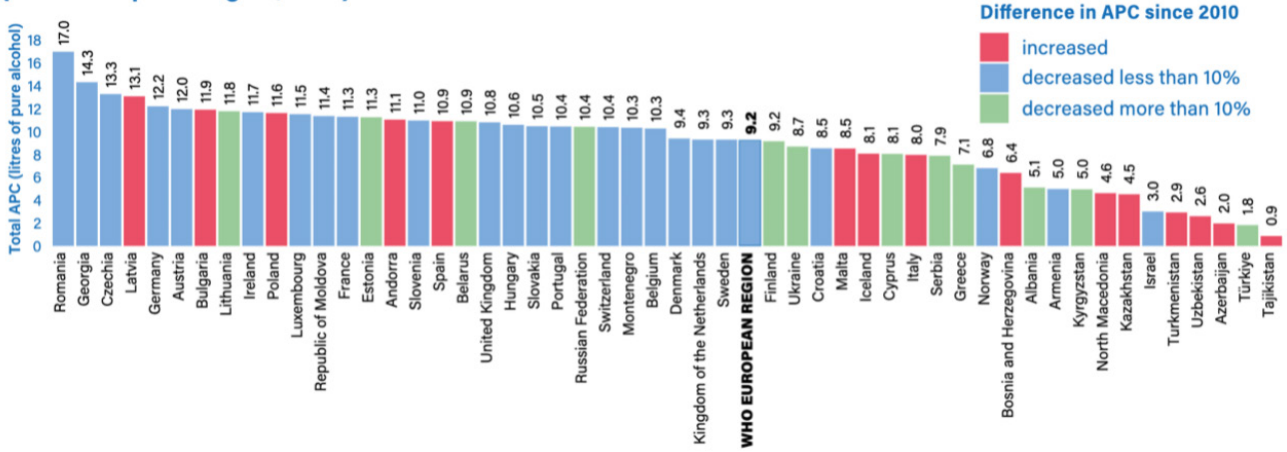
According to the latest comparable global data, men in the WHO European Region consume almost four times more alcohol (14.9 litres per year) than women (4.0 litres per year). In 2019, there were over 470 million current drinkers (those who consumed alcohol in the past 12 months) in the Region, with about two-thirds of adults consuming alcohol. Approximately 11% of adults are estimated to have an alcohol use disorder, and nearly 6% live with alcohol dependence.

Only 12 out of 53 countries in the Region have made significant progress toward the goal of a 10% reduction in alcohol consumption since 2010, as set by the NCD Global Monitoring Framework and the European Framework for Action on Alcohol 2022–2025. The Region appears to be on track to meet this target primarily due to significant reductions in alcohol consumption in a few of the most populous countries, such as the Russian Federation, Turkey, and Ukraine, where strong measures like increased alcohol excise taxes and restricted availability were implemented. In contrast, EU countries have not seen significant changes in alcohol consumption levels for over a decade. This lack of progress suggests that European countries need to accelerate their efforts as they prepare for the Fourth High-level Meeting of the United Nations General Assembly in 2025, where global progress on NCDs will be reviewed.

In Europe, alcohol is a leading cause of death, contributing to nearly 800,000 deaths annually, or about 2,200 deaths daily. Alcohol-related deaths account for almost 9% of all deaths in the Region, the highest global contribution to all-cause mortality from alcohol. Noncommunicable diseases (NCDs), such as cardiovascular diseases, cancer, diabetes, and chronic respiratory diseases, account for 90% of all deaths in the Region and 85% of years lived with disability. The majority of alcohol-related deaths (over 600,000 annually) are due to NCDs, particularly cardiovascular diseases, which are the leading cause of alcohol-related mortality. Additionally, the Region has some of the highest rates of alcohol-related cancers globally, exacerbated by high alcohol consumption and an ageing population. Awareness that alcohol is a major risk factor for cancer remains very low, despite alcohol being classified as a Group 1 carcinogen by the International Agency for Research on Cancer (IARC).

Despite evidence of the harms caused by alcohol,

Total alcohol per capita consumption (APC)[1] in the adult population (15+), in litres of pure alcohol (WHO European Region, 2019)



many European countries have yet to make significant progress in implementing WHO-recommended policies, known as the "Best Buys." These cost-effective interventions include: 1) increasing excise taxes on alcoholic beverages, 2) enforcing comprehensive restrictions on alcohol marketing, and 3) reducing the availability of alcohol.

While awareness campaigns and support services for individuals can make a difference, the "Best Buys" have proven to be the most effective at reducing alcohol consumption and related harms on a population level. An ongoing project in Estonia, Latvia, and Lithuania has demonstrated that when population-level alcohol control policies are implemented, alcohol consumption decreases, alcohol-related harms are reduced, and overall life expectancy increases, even among the most vulnerable groups.

The WHO urges all countries to intensify their efforts to meet the targets of the global Sustainable Development Goals (SDGs), implementing the "Best Buys" and other effective population-level strategies to significantly reduce the burden of alcohol-related diseases, deaths, disabilities, and injuries.

who.int/europe/publications/m/item/alcohol--health-and-policy-response-in-the-who-european-region-in-2019

UK public opinion on Government action regarding tobacco, alcohol, and unhealthy food

Recent public polling conducted by the Health Foundation just before the UK general election suggested that there is widespread support for a stronger public health policy approach about tobacco, alcohol, and unhealthy food in the UK. The report found varying support by voting intention/political preferences. For example, measures like minimum unit pricing for alcohol and extending the soft drinks industry levy to foods high in salt and sugar were more popular among those who intended to vote Labour than those who planned to vote Conservative.

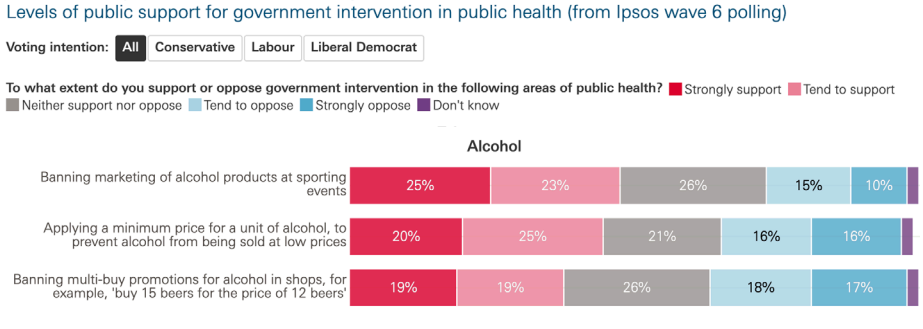
The report also suggest that there was an opportunity for the incoming government to adopt bolder public health policies aimed at improving healthy life expectancy and reducing health inequalities, while also providing targeted support for those in need.

In a recent round of public polling conducted with Ipsos from 9 to 15 May 2024, various policies were evaluated for their potential to prevent ill health related to tobacco, alcohol, and unhealthy food. The researchers say that UK public support generally outweighs opposition across almost all policy areas, with some variations based on voting intention.

Overall, 59% of the public support (and 20% oppose) introducing a tax on companies that produce foods high in sugar or salt, with some of the revenue earmarked to provide fresh fruit and vegetables for low-income families. A similar tax on companies that produce ultra-processed foods has the support of 53% of the public.

Public support for introducing minimum unit pricing for alcohol stands at 45%, with 32% opposing the policy. There is 62% public support for using licensing to reduce the number of retailers selling tobacco, with 18% opposing this measure. Support for these policies tends to be higher among those who intended to vote Labour compared to those who planned to vote Conservative, except for the policy on tobacco licensing, where support is more evenly split.

With legislation on unhealthy food and tobacco mentioned in the King's Speech, the new government has already indicated its intention to act on public health, although alcohol policy was not addressed.



health.org.uk/news-and-comment/charts-and-infographics/what-action-does-the-public-think-the-government-should-take-on-tobacco-alcohol-and-unhealthy-food

UK Government should reassess its relationship with the alcohol industry

An Institute of Alcohol Studies (IAS) report developed in collaboration with alcohol policy and public health experts provides guidance to the new UK government on identifying, managing, and protecting against conflicts of interest associated with alcohol industry involvement in public health policy. Published in an article in The Guardian newspaper, the authors urge ministers to exclude the alcohol industry from helping to draw up plans to reduce drink-related harm because of its past "interference" with such initiatives. The guiding principles – which are intended to enhance governance by providing a guide to inform consideration and management of any interactions with industry actors – state that government should:

1. Acknowledge the essential conflict of interest between alcohol industry economic objectives and public health goals, in accordance with WHO recommendations;

2. Establish good governance processes that promote transparency and protect health-focused policymaking from alcohol industry interference;

3. Minimise interactions with industry and restrict those that occur to information exchange to support policy implementation; and

4. Reject partnerships with alcohol industry bodies.

Dr Katherine Severi, Chief Executive of the Institute of Alcohol Studies, said: "Just like tobacco companies, alcohol companies have a long history of disrupting and delaying health policy, which is why the World Health Organization advises governments to protect against undue influence from the alcohol industry. Alcohol companies, trade bodies and industry-funded front groups should be treated in a similar way to the tobacco industry, with all interactions a matter of public record and discussions limited to implementation of policies that have been developed in the public interest."

The report also includes practical examples of how to operationalise the principles of good governance.

ias.org.uk/report/good-governance-in-public-health-policy-managing-interactions-with-alcohol-industry-stakeholders/

New campaign encourages Danes to reflect on alcohol consumption for a better "day after"

In Denmark, Alkohol & Samfund (Alcohol and Society), in collaboration with TrygFonden, has launched a campaign encouraging Danish adults to reconsider their alcohol consumption, especially in light of the common regrets and hangovers that often follow a night of drinking. According to a survey by Syno, 32% of adults aged 45-54 regretted their alcohol intake at least once in the past year, and 65% experienced hangovers. Nearly a quarter of the surveyed individuals failed to follow through with plans the day after drinking. The campaign, which will run on social media throughout August, specifically targets this age group, urging them to moderate their drinking at social events to avoid the negative effects the next day.

Ida Fabricius Bruun, director of Alkohol & Samfund, commented that reducing alcohol intake can prevent conflicts, accidents, and the cancellation of plans, leading to less regret and more positive experiences. The central message of the campaign, "Why feel bad when you can feel great?" aims to promote a sustainable drinking culture where moderation is key.

The campaign also appeals to Generation X's motivation for a desire for better physical and mental health and avoiding the negative experiences associated with over-drinking. By encouraging people to think about the day after drinking and to discuss their habits, the campaign suggests that they are likely to consume less alcohol, leading to better sleep, increased energy, weight loss, and improved stress resilience. Additionally, the initiative offers practical tips for hosting events where alcohol isn't the main focus. By fostering a culture of moderation, the campaign aims to help Danes make the most of the day after drinking, ultimately contributing to a healthier and happier society.

youtu.be/mOuBRR62blo

Alcohol sales at youth educational institutions in Denmark

A recent survey conducted by Voxmeter for Blue Cross Denmark reveals that 60% of Danes believe individuals under 18 should not be allowed to purchase alcohol at Friday bars or parties in high schools and vocational schools. In Denmark, the rules for selling alcohol to individuals under 18 vary depending on where the alcohol is sold. It is illegal to sell alcohol to individuals under 18 in restaurants and bars, but 16-17-year-olds can still purchase alcohol at parties and Friday bars in many youth educational institutions. However, since March 2022, the Danish Health Authority has recommended that individuals under 18 abstain from drinking alcohol.

When young people enter youth educational institutions after primary or lower secondary school, they often encounter alcohol at social events. A survey by TrygFonden in the spring showed that 58% of 18-34-year-olds find it challenging to participate in social activities in educational settings if they do not consume alcohol.

Morten Skov Mogensen, Secretary General of Blue Cross Denmark commented, "We do not believe it is the responsibility of youth educational institutions to serve alcohol to 16-17-year-olds. It can be overwhelming to come straight from primary school and enter a community where alcohol plays a central role."

Alcohol guidelines included in new Norwegian dietary recommendations

The Norwegian Directorate of Health has officially included alcohol in its latest dietary guidelines, which were presented during the annual Arendalsuka event in August. This update follows significant backlash from health experts after the initial draft of the guidelines, released earlier this year, failed to address alcohol consumption. In response to these concerns, the Directorate has incorporated advice on alcohol into the subtext of the seventh dietary guideline, which primarily emphasises the importance of drinking water.

The updated guideline now states: "It is recommended to drink water when you are thirsty, with meals, and during physical activity. Sugary drinks, such as soda, energy drinks, fruit drinks, and iced tea, should be limited. Alcohol intake should be as low as possible from a health perspective."

The Directorate has deliberately avoided specifying a lower limit for what could be considered a safe level of alcohol consumption, citing the lack of comprehensive scientific evidence to support such a threshold. In addition to the revised guidelines, the Directorate announced plans to publish a separate guide specifically addressing alcohol consumption.

The full set of dietary guidelines, including the new recommendations on alcohol, can be accessed through the Norwegian Directorate of Health's website.

helsedirektoratet.no/nyheter/dette-bor-du-spise--nye-nasjonale-kostrad-fra-helsedirektoratet

Olympian Tom Daley - Malibu for 'Don't Drink and Dive' Campaign

Olympic gold-medalist Tom Daley has teamed up with Pernod Ricard's Malibu brand and the Royal Life Saving Society UK (RLSS UK) to launch a new responsible drinking campaign, aptly titled 'Don't Drink and Dive.' The campaign, unveiled on August 14, aims to raise awareness about the dangers of alcohol consumption near water, highlighting that one in four drowning incidents in the UK are alcohol-related.

Daley, who is not only the most decorated diver in British history but also an avid knitter, has swapped his regular diving trunks for a knitted pair as part of the campaign. This collaboration aligns with Daley's passion for knitting, which

gained widespread attention when he crafted his jumper for the 2024 Paris Olympic Games.

Through this partnership, Daley and Malibu hope to educate the public on the risks of alcohol consumption around water and promote safer behaviours.

Spanish law proposal to curb excessive alcohol consumption among young adults

In Spain, proposed legislation introduced by the Minister of Health aims to curb excessive alcohol consumption among young adults. The law's primary goals are to delay the onset of alcohol consumption, protect young people from the harmful consequences of drinking, and reduce episodes of binge drinking. Among the key measures included in the draft are restrictions on alcohol advertisements near schools, parks, and other areas frequented by children. These restrictions will also apply to non-alcoholic beverages with 0.0% ABV, ensuring that any product associated with alcohol is kept out of sight in locations where minors are present.

Additionally, the law will ban adults from consuming alcohol at events intended for under-18s, such as concerts and children's sports fixtures. There will also be tighter controls on television advertising, prohibiting the use of images or voices of individuals under 21 years of age or pregnant women in alcohol-related ads.

The Ministry of Health has emphasized that these measures are part of a broader strategy to address the concerningly early age at which adolescents begin drinking. According to the ministry, the average age of initial alcohol consumption is as young as 14 years for both occasional and weekly drinking, with 93% of adolescents perceiving it as easy to obtain alcoholic beverages despite existing regulations.

The Ministry of Health said it is now required to publish a text of the draft law for public hearing, as well as carry out a hearing for "entities" that might be impacted by the legislation.

Alcohol-Impaired Driving Fatalities in the US

US alcohol-impaired driving recent data from the National Highway Traffic Safety Administration (NHTSA) provides a detailed snapshot of the impact of alcohol-impaired driving on road safety in the United States for 2022.

Alcohol-impaired-driving traffic fatalities accounted for 32% of all traffic fatalities in 2022, with more than 40% of US states exceeding this national average.

Traffic fatalities in alcohol-impaired-driving crashes slightly decreased by 0.7%, from 13,617 in 2021 to 13,524 in 2022. Despite this decline, an alcohol-impaired driving fatality occurred approximately every 39 minutes.

The 21- to 24-year-old age group had the highest percentage (29%) of alcohol-impaired drivers involved in fatal crashes compared to other age groups. Nearly four male drivers were involved in alcohol-impaired driving fatalities for every female driver. Motorcyclists had the highest percentage of alcohol-impaired drivers in fatal crashes (28%), followed by passenger car drivers (25%), light truck drivers (21%), and large truck drivers (3%).Of the 1,129 traffic fatalities among children 14 and younger in 2022, 25% (283) occurred in alcohol-impaired driving crashes.

Among the 13,524 alcohol-impaired driving fatalities, 67% (9,047) involved drivers with a blood alcohol concentration (BAC) of .15 g/dL or higher, nearly double the legal limit. The rate of alcohol impairment among drivers involved in fatal crashes was nearly three times higher at night compared to during the day.

Young Drivers (Aged 15-20)

In 2022, 2,034 young drivers died in traffic crashes, a 5% decrease from 2021. An estimated 180,353 young drivers were injured, an 11% decrease from the previous year.

Young drivers made up 8.1% of all drivers involved in fatal traffic crashes, despite only accounting for 5.0% of all licensed drivers. Among young drivers who died in traffic crashes: 30% had a BAC of .01 g/dL or higher and 25% had a BAC of .08 g/dL or higher, which is the legal limit for adults. 339 motorcycle riders aged 15 to 20 were killed in traffic crashes, with an additional estimated 6,571 injured.

The data highlights the need for continued efforts to reduce alcohol-related traffic fatalities and to address the high-risk behaviors associated with drinking and driving.

crashstats.nhtsa.dot.gov/Api/Public/ViewPublication/813601

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

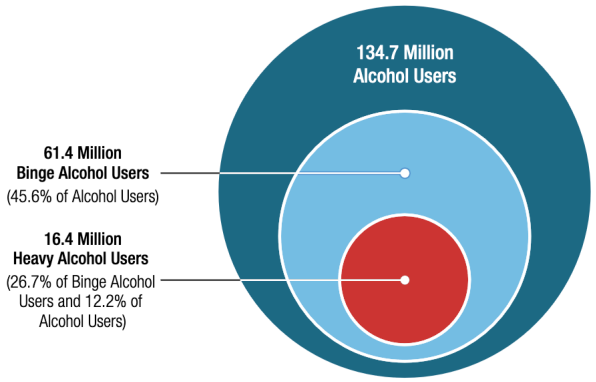
2023 US National Survey on Drug Use and Health

The US Department of Health and Human Services' Substance Abuse and Mental Health Services Administration (SAMHSA) has released the 2023 National Survey on Drug Use and Health (NSDUH). The survey provides a comprehensive overview of how individuals in the United States experience mental health conditions, substance use, and the pursuit of treatment.

Among the 134.7 million current alcohol users aged 12 or older in 2023, 61.4 million people (or 45.6%) were past-month binge drinkers. Among past-month binge drinkers, 16.4 million people were past-month heavy drinkers. The 16.4 million heavy drinkers represent 26.7% of current binge drinkers and 12.2% of current alcohol users.

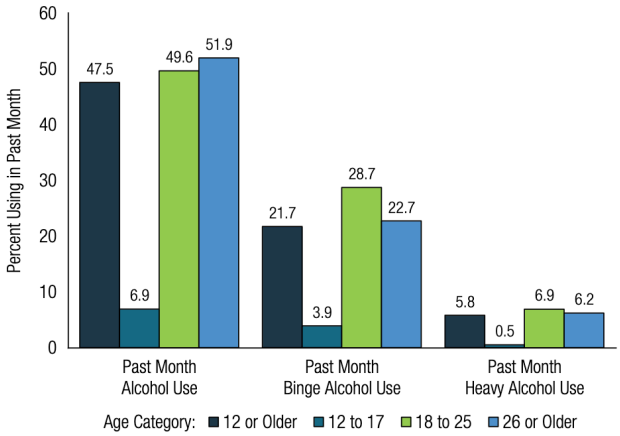
Among people aged 12 or older in 2023, 47.5% (or 134.7 million people) drank alcohol in the past month. The percentage was highest among adults aged 26 or older (51.9%), followed by young adults aged 18 to 25 (49.6%). The percentage was lowest among adolescents aged 12 to 17 (6.9%).

Figure 7. Past Month Alcohol Use, Past Month Binge Alcohol Use, or Past Month Heavy Alcohol Use: Among People Aged 12 or Older; 2023



Note: Binge Alcohol Use is defined as drinking five or more drinks (for males) or four or more drinks (for females) on the same occasion on at least 1 day in the past 30 days. Heavy Alcohol Use is defined as binge drinking on the same occasion on 5 or more days in the past 30 days; all heavy alcohol users are also binge alcohol users.

Figure 8. Past Month Alcohol Use, Past Month Binge Alcohol Use, or Past Month Heavy Alcohol Use: Among People Aged 12 or Older; 2023



Among people aged 12 or older in 2023, 21.7% were binge drinkers in the past month. young adults aged 18 to 25 were most likely to binge drink (28.7%), followed by adults aged 26 or older (22.7%). The percentage was lowest among adolescents aged 12 to 17 (3.9%).

5.8% of people aged 12 or older in 2023 were heavy alcohol users in the past month. The percentages were higher among young adults aged 18 to 25 (6.9%) or adults aged 26 or older (6.2% or 13.9 million people) than among adolescents aged 12 to 17 (0.5%).

14.6% of people aged 12 to 20 in 2023 were past-month alcohol users. Estimates of binge alcohol use and heavy alcohol use in the past month among underage people were 8.6% and 1.7% respectively.

samhsa.gov/data/report/2023-nsduh-annual-national-report

APSAD Canberra 2024

Ngunnawal Country, Wed 30 Oct - Sat 2 Nov 2024

2nd Round of Scholarships Now Open & Conference program released

Additional scholarship opportunities to attend APSAD Canberra 2024 are now available. This second round of scholarships will be prioritised for accepted abstract presenters, peers, consumers and people with lived/living experience. For more details, visit apsadconference.com.au/scholarships

The preliminary conference program is also published (apsadconference.com.au/2024-program). APSAD members receive a further discount across all registration categories.

Alcohol consumption increasingly viewed as unhealthy in the US, especially among young adults

A growing number of Americans are reconsidering their alcohol consumption, with young adults aged 18 to 34 leading the charge toward drinking less for better health. According to the latest Gallup poll conducted from July 1-21 2024, a record high of 45% of Americans now believe that drinking one or two alcoholic beverages per day is bad for one's health—a six-point increase from the previous year and a 17-point rise since 2018.

The poll reveals that attitudes toward alcohol have shifted significantly, especially among younger adults. While in the past, most Americans believed moderate drinking had little to no impact on health, current data shows that nearly half now see it as harmful. In contrast, only 8% of Americans still believe that moderate drinking has a positive effect on health, the lowest percentage recorded. These changing perceptions are not necessarily linked to an increase in alcohol-related problems or widespread knowledge of recent health studies. Instead, they seem to reflect a broader societal shift in attitudes toward alcohol consumption, particularly among younger generations who are increasingly aware of the potential health risks.

Young adults are the most likely to view alcohol as unhealthy, with 65% of those aged 18 to 34 believing that alcohol consumption negatively affects one's health, compared to 37% of middle-aged adults (35-54 years) and 39% of older adults (55 years and older). The gap in perceptions between these age groups is the largest ever recorded by Gallup. Young adults are also more likely to recommend reducing alcohol intake for better health. Two-thirds of young adults suggest that moderate drinkers should cut back on their alcohol consumption, compared to about half of middle-aged and older adults.

Despite these changing views, the overall rate of alcohol consumption in the US remains relatively stable, with 58% of adults reporting that they drink alcohol. However, the types of alcoholic beverages Americans prefer have shifted. Beer, traditionally the top choice, has seen its popularity decline to 34%, tying with wine (33%) and followed closely by liquor (29%). This marks the lowest preference for beer since Gallup began tracking these trends over three decades ago. Preferences vary by demographic group, with beer more popular among men, younger adults, and those with lower incomes. Wine remains the drink of choice for women, older adults, and higher-income individuals, while liquor, though not the top choice for any group, is more popular among women and younger to middle-aged drinkers.

news.gallup.com/poll/648413/alcohol-consumption-increasingly-viewed-unhealthy.aspx

NHTSA launches Labor Day 'Drive Sober or Get Pulled Over' campaign

In the US, ahead of Labor Day (one of the busiest and deadliest holiday travel times due to alcohol-impaired-driving crashes)the Department of Transportation's National Highway Traffic Safety Administration (NHTSA) has launched its annual Labor Day Drive Sober or Get Pulled Over national enforcement mobilisation campaign.

As part of the campaign, NHTSA Deputy Administrator Sophie Shulman debuted a new TV ad aimed at motorcycle riders titled "Don't Roll the Throttle," reminding the public that riding while impaired is dangerous and has serious legal consequences.

The campaign is supported by a $15 million national media buy that runs through September 2, featuring English- and Spanish-language ads

for TV, radio and digital platforms. As part of the high-visibility enforcement campaign, law enforcement officers also will be working with their communities from August 16 through September 2 to prevent impaired driving. In addition to Drive Sober or Get Pulled Over, the campaign features additional public service messages, including If You Feel Different, You Drive Different – Drive High, Get a DUI.

The growing challenge of online alcohol advertising and sales in Australia

In Australia, the convergence of online alcohol advertising and the digital sale and delivery of alcohol has significantly increased the accessibility of alcoholic beverages, raising concerns about the potential harms associated with this trend. Unlike traditional advertising and sales, which have historically been separate, alcohol companies are now using online platforms as a storefront, linking advertisements directly to retail sites and apps where alcohol can be rapidly purchased and delivered to consumers' homes. A report from the Foundation for Alcohol Research and Education (FARE) in Australia investigated the extent to which alcohol advertisements on social media platforms lead people to online retail sites and apps where alcohol is sold.

The data for the research was collected from the Meta Ad Library (which includes advertising for Facebook, Instagram, Messenger and the Audience network). A study of 56,000 alcohol advertisements published on Meta platforms over a 19-month period revealed that 83.8% of these ads included interactive elements, such as buttons encouraging user engagement. 39.2% of these advertisements contained buttons that directed consumers to online platforms where alcohol is sold. These links often led to catalogue-style lists of alcoholic products or directly to a product page with an "add to cart" option, facilitating quick purchases.

The integration of online advertising and sales allows for the rapid conversion of ad exposure into alcohol purchases, with products delivered directly to consumers' homes. This bypasses traditional safeguards that are typically in place when alcohol is sold in physical stores, such as age verification and impulse control measures.

Current regulations governing alcohol advertising and sales were designed for physical stores and venues, not the digital marketplace. As a result, jurisdictions are now struggling to adapt these regulations to the rapidly evolving digital environment.

To address the challenges posed by the digital sale and advertisement of alcohol, the report calls for policymakers to modernise alcohol laws and regulations. Reforms should focus on ensuring that harm minimisation protections are not bypassed in the digital space. This includes considering measures that specifically address how alcohol companies use digital platforms to advertise and sell their products.

fare.org.au/wp-content/uploads/Buy-now-the-link-between-alcohol-advertising-online-sales-and-rapid-delivery.pdf

Alcohol-attributable mortality in New Zealand

New research from the University of Otago, Wellington, has revealed that alcohol-attributable mortality rates are twice as high for Māori compared to non-Māori. The report, titled "Estimated Alcohol-Attributable Health Burden in Aotearoa New Zealand (2024)," was published by Health New Zealand | Te Whatu Ora.

The study, which focuses on individuals aged 15 and over, examines 26 different diseases and conditions linked to alcohol consumption. It was conducted in collaboration with the University of Victoria's Canadian Institute for Substance Use Research and marks the first such analysis since 2013, which relied on data from 2007.

The findings show that in 2018, alcohol was responsible for 901 deaths, 1,250 cancer cases, 29,282 hospitalisations, and 128,963 Accident Compensation Corporation claims. Among the alcohol-related deaths, 42% were due to cancer, 33% to injuries, and 25% to conditions such as liver cirrhosis, pancreatitis, and epilepsy. Males accounted for the majority of these health impacts. Even moderate drinkers are at risk, with as few as two standard drinks per week raising the likelihood of developing several types of cancer, including breast and colon cancer.

Co-author Dr Anja Mizdrak emphasised that the report highlights the substantial, preventable health burden caused by alcohol. The report also suggests policy measures to mitigate this burden, such as limiting alcohol marketing and availability, raising excise taxes, and establishing a national screening and brief intervention program.

hpa.org.nz/sites/default/files/Alcohol%20Attributable%20Fractions%20report%20-%20finalF.pdf

TikTok updates Alcohol Advertising Policy

Social media platform TikTok published a revised advertising policy in August that will permit alcohol advertisements under some circumstances. TikTok stated its commitment to user safety and well-being, emphasising a focus on "prioritising and protecting user interests when allowing the promotion of alcohol."

The updated policy aligns with local laws and regulations and includes country-specific requirements. The advertising codes for the beer, wine, and spirits industries stipulate that digital marketing communications for alcoholic beverages should only appear in media where at least 73.8% of the audience is reasonably expected to be of legal drinking age. The codes also require that digital marketing communications for alcohol only appear on platforms capable of targeting an audience of legal drinking age using their registered user databases. With TikTok's rapidly growing user base, it has now met the 73.8% threshold, enabling the platform to serve targeted alcohol ads to registered users.

TikTok's updated policy includes specific restrictions for all countries. Ad content and landing pages must not target individuals below the legal drinking age, feature people under 25 or pregnant individuals, portray excessive drinking or intoxication, offer alcohol as a prize or reward, or promote discounts or incentives encouraging alcohol consumption. Additionally, TikTok prohibits advertisements for retail or e-commerce sales of alcohol or alcohol delivery services.

In the US and Canada, all potential advertisers must work with a TikTok sales representative to determine eligibility. Alcohol ads in these regions must target users aged 25 or older, clearly state the product's alcohol by volume (ABV), be registered in the target region, and comply with all relevant laws and regulations. TikTok may allow advertisements for alcohol clubs, subscription services, branded merchandise, alcohol-making kits, alcoholic beverages, and 0% alcoholic beverages, provided these conditions are met. However, advertisements for products containing THC (tetrahydrocannabinol) or CBD (cannabidiol), hangover remedies, or homemade alcoholic beverages are prohibited. All alcohol ads and landing pages must include a responsible drinking message.

TikTok recommends that brands advertising alcoholic products consider disabling comments on these ads, as the platform currently does not verify that commenters are 21 years or older.

In countries such as the UK, Ireland, and Australia, TikTok prohibits the promotion of alcoholic beverages (including low-alcohol and 0% ABV products), soft drinks marketed as non-alcoholic alternatives or mixers, alcohol-branded merchandise, cocktail-making courses, and products that encourage excessive drinking. However, promoting bars, pubs, and other drinking establishments is allowed if the ads are targeted at users aged 18 or over. This rule also applies to the promotion of events, festivals, and parties in the UK and Ireland.

Promotion of 0% alcohol and alcohol-free beverages may be allowed in specific countries, including Singapore, South Africa, Malaysia, and Thailand, if certain requirements, such as age restrictions and disclaimers, are met.

TikTok also has separate rules for branded content, which defines as "content that promotes a third-party brand or its products or services in exchange for payment or any other incentive," such as influencer ads. Currently, alcohol cannot be promoted under the branded content policy.

ads.tiktok.com/help/article/tiktok-ads-policy-alcohol#

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 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