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

Contents

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Henk Hendriks - **Co-director**
E: henk@alcoholinmoderation.com

Creina Stockley - **Co-director**
E: creina@alcoholinmoderation.com

Alison Rees - **Editor**
E: alison@alcoholinmoderation.com

Zoe Westwood – **Finance and subscriptions**
E: zoe@alcoholinmoderation.com

South Africa

In August 2024, the Western Cape Division of the High Court confirmed that the Kannaland Municipality had failed to protect public health and safety when it granted liquor stores, restaurants, bars and the like permission to sell alcohol into the early hours of the morning. The case was brought by the DG Murray Trust, which has been lobbying for policies and laws that will reduce the impact of heavy and binge drinking in South African society, economy and public health system.

The controversial by-law at the centre of the legal dispute extended liquor trading hours to 4am for on-consumption outlets while also extending off-consumption trading hours for liquor stores. The court's decision reaffirms the need for municipalities to prioritise public health and safety over commercial interests.

Spain

Plans are being considered in Spain to reduce the blood-alcohol limit for motorists. Head of the interior ministry, Fernando Grande-Marlaska, outlined how the government is planning to lower the limit to 0.2mg of alcohol per litre of blood, which is less than half the current legal level in the country.

Speaking at a European meeting, Grande-Marlaska said that Spain "is ready" for tighter regulations and bringing the limit down to a maximum limit of 0.2mg/l for blood and 0.1 for exhaled air for all drivers. The new rules would put Spain in line with a number of other European countries, including Iceland, Poland and Sweden.

India

Andhra Pradesh's new liquor policy, set to begin on October 1, aims to reverse a five-year sales decline by allowing private players in retail and lowering prices. The policy includes simplified tax structures and a two-year tenure for stability, encouraging investment and market participation.

New Zealand

Auckland Council has unanimously voted for off-licences to stop selling alcohol after 9pm. Supermarkets and liquor stores will be required to implement the change from 9 December 2024. The Auckland Local Alcohol Policy will also see a two-year freeze on new bottle shops opening in some town centres from 16 September. The council says the new rules will reduce alcohol-related harm. A 10-year legal battle with Woolworths and Foodstuffs has delayed the policy's implementation.

Ontario

As of September 2024, about 40% of convenience stores in Ontario are now licensed to sell alcohol, including beer, wine, cider, and ready-to-drink cocktails. This is due to the province relaxing its grip on the alcohol market. Following the implementation, the Alcohol and Gaming Commission of Ontario said it had granted 4,200 licences to convenience stores.

The province has said it will spend $10 million to support social responsibility and public health efforts related to the consumption of alcohol as part of its 10-year, $3.8-billion mental health plan.

Is coffee, tea, and red wine consumption beneficial for individuals with hypertension?

Authors: Zhang S; Xiang B; Su X; Zhou Y; Zhao Y; Zhou X

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Author's Abstract

Objective To investigate the associations of tea, coffee, and red wine intakes with health risks among individuals with hypertension.

Methods This prospective cohort study included participants with hypertension from the UK Biobank cohort. Study exposures included self-reported intakes of coffee, tea, and red wine. The primary outcome was all-cause mortality, and the secondary outcomes were cardiovascular mortality and cardiovascular disease. The associations of beverage intake with outcomes were analyzed using Cox regression models. The hazard ratios and 95% confidence intervals were estimated.

Results A total of 187,708 participants with hypertension were included. The median follow-up period was 13.8 years. In individuals with hypertension, drinking one to two cups/day of coffee or three to four cups/day of tea was significantly associated with the lowest risk of all-cause mortality compared with less than one cup/day [hazard ratio for coffee, 0.943 (95% confidence interval, 0.908-0.979); hazard ratio for tea, 0.882 (95% confidence interval, 0.841-0.924)]. Red wine intake was inversely associated with all-cause mortality risk. Dose-response analysis revealed that high coffee intake (approximately greater than or equal to six cups/day) was significantly associated with increased risks of cardiovascular mortality and cardiovascular disease, but high tea and red wine intakes were not. Furthermore, replacing plain water with tea, but not coffee, significantly reduced the risks of all-cause mortality and cardiovascular disease. Replacing other alcoholic beverages with red wine also significantly reduced the risks of all three outcomes.

Conclusions These findings suggest that tea and red wine, but not coffee, can be part of a healthy diet for the hypertensive population.

Forum Summary

Because hypertension is the leading risk factor for cardiovascular diseases and all-cause mortality, the relationship of alcohol consumption with blood pressure (BP) has been the subject of extensive investigation. Zhang et al. (2024) support that drinking moderate amounts of red wine as part of a healthy diet and lifestyle reduces the risk of cardiovascular disease and death from all causes for hypertensive individuals, an effect most likely due to the biological activity of wine-derived phenolic compounds.

Forum Comments

Background

Hypertension is a prevalent condition (Stanaway et al., 2018, Chobufo et al., 2020; GBD 2021 Risk Factors Collaborators, 2024) and a well-documented risk factor for all-cause mortality, cardiovascular disease, chronic kidney disease, and vascular dementia. (Kannel, 1993, Fuchs and Whelton, 2020). Systolic blood pressure (SBP), the top number in a blood pressure reading, measures the force against the artery walls when the heart contracts. It rises steadily with age and is a strong predictor of cardiovascular disease risk. Diastolic blood pressure (DBP) measures the force against artery walls between heartbeats and is not as strong a predictor of heart disease risk in comparison to systolic. More than one-third of the global population currently has hypertension with an estimated 46% of adults being unaware of that condition according to the WHO (WHO, 2023). Effective blood pressure management is vital to reduce, prevent or delay the development of high blood pressure, and thereon cardiovascular disease, where one of the WHO's global targets for non-communicable diseases is to reduce the prevalence of hypertension by 33% between 2010 and 2030.

The prevalence of hypertension in the USA during the years 2017–2018, for example, was approximately 50%. Increasing age, male gender, obese individuals, diabetics and chronic kidney disease were independent determinants of having hypertension. Only about 40% of hypertensive patients on medications had well-controlled blood pressure (Chobufo et al., 2020).

Non-pharmacological measures and lifestyle interventions may contribute significantly to the prevention of hypertension, with a healthy diet and physical activity being the most effective combination of lifestyle modifications for prehypertensive and hypertensive patients (Krishnamoorthy et al., 2023). A recent umbrella review supported recommended dietary guidelines involving the DASH (Dietary Approaches to Stop Hypertension (Guo et al., 2021)) and Mediterranean dietary patterns, restricting sodium, with moderate alcohol consumption, as indicated by mostly moderate-quality randomised controlled trials (Aljuraiban et al., 2024).

Apart from restricting sodium and moderation of alcohol consumption, numerous other dietary components have been investigated in their effect on blood pressure. An analysis of the available evidence reported in meta-analyses showed a wide variation in the quality of the research methodology with high confidence in results obtained in randomized controlled trials rather than for results obtained from observational studies on specific dietary components. High confidence in effect was obtained for dietary components such as flaxseed, nitrates, multivitamins and multi-minerals, and grape and its products (Aljuraiban et al., 2024).

For beverages, moderate-quality evidence from randomized controlled trials showed significant reductions in systolic blood pressure and diastolic blood pressure with intakes of black tea (Ma et al., 2021), green tea (Xu et al., 2020), and alcohol consumption in moderation (Roerecke et al., 2017). There was moderate-quality evidence showing a nonsignificant reduction in both systolic and diastolic blood pressure with coffee intake (Steffen et al., 2012). The evidence was rated as low quality for tea (Liu et al., 2014) and decaffeinated coffee (Ramli et al., 2021).

The current paper is interesting since there is already extensive literature on the benefits of tea, coffee and red wine consumption on all-cause and cardiovascular (CVD) mortality and morbidity as well as extensive literature on the role of diet and dietary components in hypertension prevention, but minimal information on these dietary effects in hypertensives. This study reports on the associations of the beverages — tea, coffee and red wine, on cardiovascular disease and mortality and total mortality in a hypertensive population group.

Critique

This report by Zhang et al., (2024) from the Department of Cardiology at Soochow University in China used data from the large-scale, long-term prospective cohort study, the UK Biobank. A total of 187,708 participants with hypertension were included in the analysis. The median follow-up time was about 14 years, those with an adverse event in the first year were excluded.

The authors conclude that tea and red wine consumption were inversely associated with all-cause mortality and CVD risk and mortality in individuals with hypertension. The authors also conclude that these effects were not attributable to the water and alcohol content of the beverages. The basis for this conclusion is their substitution analysis which shows that replacing one glass of water/day with one cup of tea/day was associated with a 1.3% lower risk of all-cause mortality and a 0.7% lower risk of CVD. Also, replacing one glass/week of other alcoholic beverages with one glass/week of red wine was associated with a 1.8% reduced risk of all-cause mortality and a 2% reduced risk of CVD mortality.

These results are consistent with an earlier study also using the UK Biobank data (Schaefer et al. 2023) examined how alcohol intake from wine and non-wine alcoholic beverages in g alcohol/d, as well as cups of coffee and tea, were associated with all-cause, cancer, non-cancer and CVD mortality. Consumption was assessed in 354,386 participants who drank alcohol at least occasionally. Similarly, the median follow-up time was about 12 years. A significant U-shaped association was detected between wine consumption and all-cause, non-cancer and CVD mortality. Wine consumption with the lowest risk of death (nadir) ranged from 19 to 23 g alcohol/d in all participants and both sexes separately. Tea consumption, however, was significantly and negatively associated with all mortality types in both sexes.

In general, tea (Chung et al., 2020, Chen et al. 2022) and wine consumption (Lucerón-Lucas-Torres et al., 2023) have been reported to be inversely associated with all-cause and CVD mortality. Risk reductions in non-hypertensives were estimated to be in the range of 2-4% (Chung et al., 2020) for tea consumption and 20-25% for wine consumption (Lucerón-Lucas-Torres et al., 2023).

Indeed, although both tea and red wine contribute to the beneficial CVD and total mortality effects in hypertensives, red wine has a larger protective effect. The red wine polyphenolic effect on CVD has been referred to in the discussion text by the authors. An earlier intervention study demonstrated that de-alcoholised red wine decreased SBP and DBP (Chiva-Blanch et al., 2012), although the reduction in blood pressure after the consumption of de-alcoholised and polyphenol-rich red wine was modest (5.8 and 2.3 mm Hg of SBP and DBP, respectively), decreases of 4 or 2 mm Hg in SBP or DBP respectively, have been associated with a 14% and 20% reduction in coronary heart disease and stroke risk, respectively, conferring clinical

significance to the results (Lewington et al. 2002).

This smaller effect with de-alcoholised wine compared to that observed in Zhang et al. (2024) and Lucerón-Lucas-Torres et al. (2023) suggests that polyphenolics are not the only bioactive compounds responsible for the reduction in risk, specifically in the case of red wine. There has been a longstanding discussion in the literature on alcohol consumption and CVD and all-cause mortality as to whether the alcohol component or the polyphenol component is relevant for the described effects. It has been subsequently established, that both components play complementary roles, in addition to other (behavioural) factors (Gronbaek, 2001, Lamuela-Raventos and Estruch, 2016). Indeed, Okubo et al (2001) had previously observed such an inverse association between alcohol consumption and SBP and DBP changes in a normotensive population, with a threshold effect at 18 mL of daily alcohol consumption.

Alcoholic beverage-specific effects with all their different components are hard to study in longitudinal studies. Comparing countries with one main specific alcoholic beverage being consumed has major drawbacks; the beverage may not be the only difference between the countries studied. Comparing alcoholic beverage-specific effects within countries is also complicated because most people do not drink one alcoholic beverage exclusively. Attempts to still disentangle the health effects of the three main alcoholic beverages are controversial. A recent meta-analysis, however, did not find major differences in health outcomes of low to moderate consumers of all three alcoholic beverage types (Estruch & Hendriks, 2021).

Directly comparing the effects of alcoholic beverages is possible in randomized controlled trials. Most of these trials do show that the biomarkers for cardiovascular disease risk change similarly for all three alcoholic beverages (Van Der Gaag et al., 2001)(Van Der Gaag et al., 1999). These observations, however, only concern specific aspects of the complex association between alcohol consumption and health outcomes. So, it seems that alcohol is at least a major contributor to the beneficial CVD and all-cause mortality effects.

Also, numerous processes are involved in the aetiology of CVD and all-cause mortality. So, compounds in beverages like tea consisting of water and polyphenols and red wine consisting of water, polyphenols and alcohol may all have differential effects. Possibly, polyphenols will beneficially affect processes that are antioxidant-sensitive and related to the restoration of endothelial function via nitric oxide production. Alcohol, however, may beneficially affect the atherogenic process. This may have been the case in another study on hypertensives (Beulens et al., 2007) that showed moderate alcohol consumption was associated with a decreased risk for myocardial infarction, but not for CVD and total mortality.

Although the authors stress the importance of moderation, this notion is not reflected in their conclusion, viz. these findings suggest that tea and red wine, but not coffee, can be part of a healthy diet for the hypertensive population.

Specific Comments from Forum Members

Forum member Ellison suggests that "this paper is impressive from a number of factors. First, the authors carried out several approaches to test the associations found from their initial unadjusted analyses, and all provided firm support for the protective effects noted for tea and red wine. Further, it is interesting that the effects of red wine were much greater than those for tea, with striking reductions in all-cause mortality of up to 15 - 20% from red wine consumption. There was no evidence of an increased risk of all-cause mortality even for subjects reporting more than 15 drinks per week. This finding supports the very early and well-done report from Gronbaek et al. (2000) that showed moderate wine consumption does not increase the risk of premature death. Considering that the authors were unable to adjust for the pattern of drinking or whether or not it was with food, these results are impressive support for the potential health benefits of red wine consumption. Based on previous research (Morales et al., 2020, Jani et al., 2021), one would expect even greater health effects if analyses were done for subjects who consumed wine only with meals. Also, the authors included HDL-cholesterol, diabetes, and other potential variables that are mechanisms of alcohol's effects as confounding factors, which may have reduced their estimate of health effects.

These results should (but probably will not) put to rest the claims of a few authors (Stockwell et al., 2024) who have stated that moderate wine or alcohol consumption does not reduce the risk of total mortality. Overall, sound and unbiased scientific research continues to indicate that moderate alcohol consumption has important

and clinically meaningful protective health effects. Current knowledge does not suggest that, for middle-aged or elderly adults without contraindications to drinking, zero alcohol is healthier than moderate drinking; this is not the correct message to give to the public."

Forum member Harding muses that he "agrees that the findings are consistent with the conclusion that moderate (red) wine consumption does not increase the risk of premature death. That said, I identified a number of difficulties with this paper, and the rationale for the conclusions is unclear. The most important is a common feature of epidemiological studies of this nature, namely that observed associations merge into assumed causations throughout the text, with little or no mechanistic justification. Consequently, the main conclusion, "these findings suggest that tea and red wine, but not coffee, can be part of a healthy diet for the hypertensive population", is not justified by the data.

The opening paragraph states that "More than one-third of the global population currently has office hypertension". I assume that 'office hypertension' is the same as 'white coat hypertension', i.e. the blood pressure readings are significantly affected by the way blood pressure is measured. I assume that is a mistake. The studies cited (Reference 1 and 2, Global Burden of Disease studies) make no mention of office hypertension, just hypertension.

The Discussion section is confusing. The researchers state, 'The current study found that participants with higher tea or coffee intake had water intakes far below the daily requirement.' And then go on to assert, 'The health benefits of tea or coffee intake are probably due to the supplement of water.'

The next paragraph says, "Early evidence (what is that?) suggested that alcohol intake was a double-edged sword. Light-moderate alcohol intake was associated with a lower cardiovascular risk, but heavy alcohol intake had the opposite effect". And then they say, "however, increasing evidence consistently showed that light to moderate alcohol intake among the general population was associated with higher risks of other severe diseases", citing Reference #26. Reference #26 is not a study at all, but a comment published in The Lancet that draws on other work. It does not distinguish in weight of evidence between epidemiology (e.g. Wood et al., 2018, Reference # 6, which actually did not show that moderate consumption carried additional risks, quite the reverse) and studies on the actual effect of alcohol on metabolism (e.g. Ronksley et al., 2011, Schrieks et al., 2014, References #7 and #8). This conclusion is also not supported by Figure 1 and is simply wrong. Those consumers of red wine kept on getting healthier, up to 15 glasses/week.

Then at the end, the researchers suggest a mechanism to explain their observations, namely that the polyphenols in red wine are responsible for the association between red wine consumption and the fall in all-cause and cardiovascular mortality. But there is no mention of the effect of polyphenols in tea, or indeed in coffee, both beverages high in polyphenols and which are cited as possible mechanisms for the benefit of tea and coffee consumption in the references the authors cite (References #6 and #7)."

Forum member Mattivi considers that "the work is interesting but suffers from some inaccuracies. I agree with the critical points reported by other forum members. I also suggest that it should be highlighted in the commentary that the geographical reference is specific to the population of England, Scotland and Wales where the diet is very different, for the intake of polyphenols, compared to other countries (such as Poland), and can be extremely variable between different subgroups, as highlighted by a recent review (Luana Alberti Noronha et al., 2024).

The potential effect due to the possible protective action (not only antioxidant) of polyphenols and their circulating metabolites and catabolites could be very different for the intake of beverages such as red wine and tea, rich in polyphenols, on populations with starting dietary intakes much lower than average, compared to individuals who adhere to nutritional guidelines and have increased intakes (Castro-Acosta et al., 2019). This aspect should be explored further (if the UK biobank data permits) to support the hypotheses on the putative protective mechanisms linked to polyphenols mentioned in the study.

They conclude, "this study revealed that approximately five glasses/week of red wine was associated with remarkable health benefits, but higher intake had few additional benefits", but the hazard ratios in Figure 1 do not show that, as they show a steady improvement with increased consumption. The final sentence (on page 608) again assumes association is the same as causation,

as do the conclusions."

So in summary, my comments are

- association is assumed to be causation throughout;
- the statement, "moderate alcohol consumption among the general population was associated with higher risks of other severe diseases" is simply wrong; and
- the biological mechanisms proposed to explain the results are unconvincing."

Concluding comments

This investigation of the large UK Biobank Cohort supports previous studies showing that particularly red wine, in moderation, is a legitimate component of a healthy diet and lifestyle in individuals with hypertension. This is in addition to normotensive individuals as previously demonstrated. This study, however, can not necessarily be extended directly to hypertensive individuals in other countries due to dietary differences between countries.

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Comments on this critique by the International Scientific Forum on Alcohol Research were provided by the following members:

Henk Hendriks, PhD, Netherlands

Creina Stockley, PhD, MBA, Independent consultant and Adjunct Senior Lecturer in the School of Agriculture, Food and Wine at the University of Adelaide, Australia

R Curtis Ellison, MD, Section of Preventive Medicine/Epidemiology, Boston University School of Medicine, Boston, MA, USA

Fulvio Ursini, MD, Dept. of Biological Chemistry, University of Padova, Padova, Italy

Giovanni Gaetano, MD, PhD, Department of Epidemiology and Prevention, IRCCS Istituto Neurologico Mediterraneo NEUROMED, Pozzilli, Italy

Richard Harding, PhD, Formerly Head of Consumer Choice, Food Standards and Special Projects Division, Food Standards Agency, UK

Fulvio Mattivi, MSc, Scientific Advisor, Research and Innovation Centre, Fondazione Edmund Mach, in San Michele all'Adige, Italy

Alcohol consumption and cancer Risk: Two sample mendelian randomization

Although numerous observational studies have reported on the association between alcohol consumption and cancer, insufficient studies have estimated the causality. A study evaluated the causal relationship between various types of cancer according to the frequency of drinking and the amount of alcohol consumed.

The research data were obtained from the publicly available MR-Base platform. The frequency and amount of drinking were selected as the exposure, and 16 cancer types were selected as the outcome. Two-sample summary data Mendelian randomization (2SMR) was conducted to examine the causality between alcohol consumption and cancer type. Additionally, for cancers suspected of pleiotropy, outliers were removed and re-analysed through radial MR.

The MR results using the inverse variance weighted (IVW) method were different before and after removing outliers. The biggest differences were found for esophageal cancer and biliary tract cancer. For esophageal cancer, after removing outliers (rs13102973, rs540606, rs650558), the OR (95% CI) was 3.44 (1.19–9.89), which was statistically significant. Even in biliary tract cancer, after removing outliers (rs13231886, rs58905411), the OR (95% CI) was 3.86 (0.89–16.859), which was of borderline statistical significance.

The strongest association was found for esophageal cancer. For other cancers, the evidence was not sufficient to draw conclusions. More research is needed to understand the causality between drinking and cancer, the authors say.

Source: Jee Y, Ryu M, Sull J-W. Alcohol Consumption and Cancer Risk: Two Sample Mendelian Randomization. Epidemiologia. 2024; 5(3):618-626. doi.org/10.3390/epidemiologia5030043

Behavioural risk factors and socioeconomic inequalities in ischemic heart disease mortality in the United States

Previous studies have reported inconsistent findings regarding the contributions of behavioural risk factors (BRFs) to socioeconomic inequalities in IHD mortality. In a cohort study, researchers obtained data from the 1997 to 2018 National Health Interview Survey with mortality follow-up until December 31, 2019 from the National Death Index. A total of 524,035 people aged 25 years and older were followed up for and average of 10.3 years, during which 13,256 IHD deaths occurred.

The contributions of 4 BRFs (smoking, alcohol use, physical inactivity, and BMI) to socioeconomic inequalities in IHD mortality were quantified. Education was used as the primary indicator for socioeconomic status (SES). Analyses were performed stratified by sex and adjusted for marital status, race and ethnicity, and survey year.

In both males and females, clear socioeconomic gradients in IHD mortality were observed, with low- and middle-education people bearing statistically significantly higher risks compared to high-education people. Statistically significant natural direct effects of SES (HR = 1.16, 95% CI: 1.06, 1.27 in males; HR = 1.28, 95% CI: 1.10, 1.49 in females) were found on IHD mortality and natural indirect effects through the causal pathways of smoking (HR = 1.18, 95% CI: 1.15, 1.20 in males; HR = 1.11, 95% CI: 1.08, 1.13 in females), physical inactivity (HR = 1.16, 95% CI: 1.14, 1.19 in males; HR = 1.18, 95% CI: 1.15, 1.20 in females), alcohol use (HR = 1.07, 95% CI: 1.06, 1.09 in males; HR = 1.09, 95% CI: 1.08, 1.11 in females), and BMI (HR = 1.03, 95% CI: 1.02, 1.04 in males; HR = 1.03, 95% CI: 1.02, 1.04 in females).

Smoking, physical inactivity, alcohol use, and BMI mediated 29%, 27%, 12%, and 5% of the inequalities in IHD mortality between low- and high-education males, respectively; the corresponding proportions mediated were 16%, 26%, 14%, 11%, 19%, and 5% in females. Proportions mediated were slightly lower with family income used as the secondary indicator for SES.

In this study, BRFs explained more than half of the educational differences in IHD mortality, with some variations by sex. The researchers say that public health interventions to reduce intermediate risk factors are crucial to reduce the socioeconomic disparities and burden of IHD mortality in the general US population.

Source: Zhu Y, Llamosas-Falcón L, Kerr WC, Rehm J, Probst C. Behavioral risk factors and socioeconomic inequalities in ischemic heart disease mortality in the United States: A causal mediation anal-ysis using record linkage data. PLoS Med. 2024 Sep 17;21(9):e1004455. doi.org/10.1371/journal.pmed.1004455.

Association between alcohol consumption and incidence of type 2 diabetes in middle-aged Japanese from Panasonic cohort study 12

A retrospective cohort study investigated the association between alcohol consumption and the onset of type 2 diabetes in middle-aged Japanese individuals.

Participants were aged 40 and above from Panasonic Corporation, Osaka, Japan's medical health check up program from 2008 to 2021. Researchers assessed the association between alcohol consumption and the onset of type 2 diabetes. The total and median follow-up duration was 13 years and 7 (3-13) years (748,090 person-years).

Among 102,802 participants, 7,510 participants (7.3%) developed type 2 diabetes during the study period. Alcohol consumption at the level of 0 < to < 22 g/day and 22 to < 39 g/day were negatively associated with developing type 2 diabetes compared to complete alcohol abstainers. Alcohol consumption at levels of 39 to < 66 g/day and at levels of ≥ 66 g/day were positively associated with developing type 2 diabetes in participants with BMI < 25 kg/m2.

All levels of alcohol consumption were negatively associated with developing type 2 diabetes in participants with BMI ≥ 25 kg/m2. Moderate-to-heavy alcohol consumption were positively associated with developing type 2 diabetes for participants with BMI < 25 kg/m2, whereas alcohol intake was negatively associated with developing type 2 diabetes among participants with BMI ≥ 25 kg/m2.

Source: Takahashi, F., Okada, H., Hashimoto, Y. et al. Association between alcohol consumption and incidence of type 2 diabetes in middle-aged Japanese from Panasonic cohort study 12. Sci Rep 14, 20315 (2024). doi.org/10.1038/s41598-024-71383-6

The protective effect of dietary folate intake on gastric cancer is modified by alcohol consumption

Dietary folate intake has been identified as a potentially modifiable factor of gastric cancer (GC) risk, although the evidence is still inconsistent. Researchers evaluated the association between dietary folate intake and the risk of GC as well as the potential modification effect of alcohol consumption.

Data for 2,829 histologically confirmed GC cases and 8,141 controls from 11 case-control studies from the international Stomach Cancer Pooling Consortium were pooled. Dietary folate intake was estimated using food frequency questionnaires. Linear mixed models with random intercepts for each study were used to calculate adjusted odds ratios (OR) and 95% confidence interval (CI).

Higher folate intake was associated with a lower risk of GC. The OR for the highest quartile of folate intake, compared with the lowest quartile, was 0.78 (95% CI, 0.67-0.90). The OR per each quartile increment was 0.92 (95% CI, 0.87-0.96) and, per every 100 µg/day of folate intake, was 0.89 (95% CI, 0.84-0.95). However, there was a significant interaction between folate intake and alcohol consumption. The lower risk of GC associated with higher folate intake was not observed in participants who consumed >2.0 drinks per day, in this group the OR for the highest quartile of folate intake, compared with the lowest quartile, was 1.15 (95% CI, 0.85-1.56), and the OR per each quartile increment was 1.02 (95% CI, 0.92-1.15).

The study supports a beneficial effect of folate intake on GC risk, although the consumption of >2.0 alcoholic drinks/day counteracts this beneficial effect.

Source: Gonzalez-Palacios S, Compañ-Gabucio L-M, Torres-Collado L, et al. The protective effect of dietary folate intake on gastric cancer is modified by alcohol consumption: A pooled analysis of the StoP Consortium. Int J Cancer. 2024; 155(8): 1367-1375. doi.org/10.1002/ijc.35004

Alcohol consumption and frailty risk

While previous studies suggest that light-to-moderate alcohol consumption may reduce the frailty risk, the dose-response relationship is still under question. To address the knowledge gap, a team of researchers from Iran conducted a systematic review and dose-response meta-analysis of cohort studies to examine the association of alcohol consumption with the risk of both prefrailty and frailty in adults.

MEDLINE (Ovid), PubMed and Scopus were searched to identify relevant cohort studies published before 8 May 2024. The dose-response meta-analysis was performed to investigate the associations between alcohol drinking and the risk of developing pre-frailty and frailty.

Nine cohort studies with 64,769 participants and 15,075 cases were included, of which eight studies were rated to have a serious risk of bias as assessed by the ROBINS tool. Based on the analysis, each 12 g increase in alcohol intake did not appear to be associated with risks of prefrailty (RR: 1.08, 95% CI 0.89, 1.31; I2 = 91%, n = 3; GRADE = very low) and frailty (RR: 0.94, 95% CI 0.88, 1.00; I2 = 63%, n = 9; GRADE = low). The nonlinear dose-response meta-analysis indicates a slight inverse association with frailty risk up to an alcohol intake of 20 grams per day, beyond which an upward trend is observed.

The inverse association found between moderate alcohol consumption and frailty risk appears to be stronger among older adults, which might be due to the lower and less popular alcohol consumption among older people than the general population. However, because this finding is based on low-quality evidence, more research is needed to develop specific dietary recommendations for alcohol consumption, particularly among young people.

Source: Sepideh Soltani, Ahmad Jayedi, Seyedmojtaba Ghoreishy, Mahdieh Mousavirad, Samira Movahed, Maedeh Jabbari, Farzaneh Asoudeh, Alcohol consumption and frailty risk: a dose–response meta-analysis of cohort studies, Age and Ageing, Volume 53, Issue 9, September 2024, afae199, doi.org/10.1093/ageing/afae199

Alcohol intake and prevalent kidney stone: The National Health and Nutrition Examination Survey 2007-2018

The association of alcohol intake with kidney stone disease (KSD) is not clear based on current clinical evidence. A study examined the National Health and Nutrition Examination Survey (NHANES) 2007-2018 and sought to determine the independent association between alcohol intake and prevalent KSD.

In total, 29,684 participants were eligible for the final analysis, including 2,840 prevalent stone formers (SFs). The mean alcohol intake was 37.0 ± 2.4 g/day among SFs compared to 42.7 ± 0.9 among non-SFs. Beer [odds ratio (OR) = 0.76, 95% CI: 0.61-0.94] and wine (OR = 0.75, 95% CI: 0.59-0.96) intakes were strongly associated with lower odds of prevalent KSD, while liquor intake had no association. Furthermore, the effects of beer and wine intakes on stone formation were dose-dependent. The OR for comparing participants drinking 1-14 g/day of beer to non-drinkers was 1.41 (95%CI: 0.97-2.05), that of >14-≤28 g/day of beer to non-drinkers was 0.65 (95% CI: 0.42-1.00), that of >28-≤56 g/day of beer to non-drinkers was 0.60 (95% CI: 0.39-0.93), and that of >56 g/day of beer to non-drinkers was 0.34 (95% CI: 0.20-0.57). Interestingly, the effect of wine intake was only significant among participants drinking moderate amounts (>14-28 g/day), with an OR of 0.54 (95% CI: 0.36-0.81) compared to non-drinkers, but this effect was lost when comparing low-level (1-14 g/day) and heavy (>28 g/day) wine drinkers to non-drinkers.

This study suggests that both moderate to heavy beer intake and moderate wine intake are associated with a reduced risk of KSD. Future prospective studies are needed to clarify the causal relationship.

Source: Shringi S, Raker CA, Chonchol M, Tang J. Alcohol Intake and Prevalent Kidney Stone: The National Health and Nutrition Examination Survey 2007–2018. Nutrients. 2024; 16(17):2928. doi.org/10.3390/nu16172928

Alcohol intake and endogenous sex hormones in women: Meta-analysis of cohort studies and Mendelian randomization

The mechanisms underlying alcohol-induced breast carcinogenesis are not fully understood but may involve hormonal changes.

Cross-sectional associations were investigated between self-reported alcohol intake and serum or plasma concentrations of estradiol, estrone, progesterone (in premenopausal women only), testosterone, androstenedione, dehydroepiandrosterone sulfate, and sex hormone binding globulin (SHBG) in 45,431 premenopausal and 173,476 postmenopausal women.

Multivariable linear regression was performed separately for UK Biobank, European Prospective Investigation into Cancer and Nutrition, and Endogenous Hormones and Breast Cancer Collaborative Group, and meta-analysed the results. For testosterone and SHBG, the researchers also conducted Mendelian randomization and colocalization using the ADH1B (alcohol dehydrogenase 1B) variant (rs1229984).

Alcohol intake was positively, though weakly, associated with all hormones (except progesterone in premenopausal women), with increments in concentrations per 10 g/day increment in alcohol intake ranging from 1.7% for luteal estradiol to 6.6% for postmenopausal dehydroepiandrosterone sulfate. There was an inverse association of alcohol with SHBG in postmenopausal women but a small positive association in premenopausal women. Two-sample randomization identified positive associations of alcohol intake with total testosterone (difference per 10 g/day increment: 4.1%; 95% CI, 0.6-7.6) and free testosterone (7.8%; 4.1-11.5), and an inverse association with SHBG (-8.1%; -11.3% to -4.9%). Colocalization suggested a shared causal locus at ADH1B between alcohol intake and higher free testosterone and lower SHBG.

Alcohol intake was associated with small increases in sex hormone concentrations, including bioavailable fractions, which may contribute to its effect on breast cancer risk.

Source: Tin Tin S, Smith-Byrne K, Ferrari P, et al. Alcohol intake and endogenous sex hormones in women: meta-analysis of cohort studies and Mendelian randomization. Cancer. 2024; 130(19): 3375-3386. doi.org/10.1002/cncr.35391

Type of alcohol and blood pressure: The Copenhagen General Population Study

Alcohol shows strong and positive associations with blood pressure (BP). A group of researchers hypothesised that intake of red wine, white wine, beer, and spirits and dessert wine show similar associations with BP in the general population.

104,467 males and females aged 20-100 years were included in an analysis of the Danish general population. Alcohol use and type of alcohol were assessed by questionnaire. Blood pressure was measured by automated digital BP manometer. The association between number of drinks per week and BP was analysed, stratified by sex and adjusted for relevant confounders. Each alcohol type (red wine, white wine, beer, and spirits and dessert wine) was analysed in similar models including adjustment for other alcohol types.

Most of the subjects (76,943 [73.7%]) drank more than 1 type of alcohol. However, 12,093 (12.6%) consumed red wine only, 4,288 (4.5%) beer only, 1,815 (1.9%) white wine only, and 926 (1.0%) spirits and dessert wine only. There was a dose-response association between total drinks per week and systolic and diastolic BP (SBP, DBP). The crude difference was 11 mmHg SBP and 7 mmHg DBP between high (>35 drinks per week) and low (1-2 drinks per week) alcohol intake. Overall, SBP was increased by 0.15-0.17 mmHG, and DBP was increased by 0.08-0.15 mmHg per weekly drink. After stratification for age and sex, effects were slightly higher among females and among individuals aged less than 60 years.

Alcohol intake is associated with highly significant increased SPB and DBP. The effect is similar for red wine, white wine, beer, and spirits, the study found.

Source: Jensen, Gorm Boje et al. Type of Alcohol and Blood Pressure: The Copenhagen General Population Study. The American Journal of Medicine, Volume 137, Issue 9, 857 - 864.e4. doi.org/10.1016/j.amjmed.2024.05.001

Causal benefits of 25 dietary intakes on epigenetic ageing: a mendelian randomisation study

DNA methylation GrimAge acceleration (DMGA) and intrinsic epigenetic age acceleration (IEAA) are important physiological markers for assessing the ageing process. Evidence from cross-sectional studies suggests that some dietary intake is associated with DMGA and IEAA. However, the causal relationship between them has yet to be elucidated. A Mendelian randomisation study uses genetic variants associated with different dietary intakes as instrumental variables to explore the causal bene-fits of multiple dietary intakes on DMGA and IEAA.

Cheese intake, dark chocolate intake, average weekly red wine intake, dried fruit intake, fresh fruit intake, porridge intake, cereal intake, and liver intake had a negative causal association with DMGA, and poultry intake and doughnut intake had a positive causal association with DMGA. Muesli and bran cereal intake had a negative causal association with IEAA, and pineapple intake had a positive causal association with IEAA. Dietary intake positively causally associated with IEAA or DMGA may have accelerated biological ageing; conversely, dietary intake negatively causally associated with IEAA or DMGA may have contributed to delaying biological ageing.

Based on genetic evidence, this study demonstrated some significant causal benefits of dietary intake on DMGA and IEAA, suggesting the possibility of intervening in DNA methylation acceleration and epigenetic age acceleration by adjusting these food intakes, thereby promoting health and delaying ageing. However, the findings of this study are exploratory and preliminary and need to be supported and validated by evidence from further clinical studies and mechanistic studies.

Source: Ding, K., Jiang, W., Wuke, S., & Lei, M. (2024). Causal benefits of 25 dietary intakes on epigenetic ageing: a Mendelian randomisation study. International Journal of Food Sciences and Nutrition, 75(6), 582–596. doi.org/10.1080/09637486.2024.2379817

Binge alcohol consumption elevates sympathetic transduction to blood pressure

A study investigated sympathetic transduction of muscle sympathetic nerve activity to blood pressure at rest and in response to cold pressor test following evening binge alcohol or fluid control, with the hypothesis that sympathetic transduction would be elevated the morning after binge alcohol consumption.

Using a randomized, fluid-controlled (FC) crossover design, 26 healthy adults (12 male, 14 female, 25±6 years, 27±4 kg/m2) received an evening binge alcohol dose and a FC. All participants under-went next-morning autonomic-cardiovascular testing consisting of muscle sympathetic nerve activity, beat-to-beat blood pressure, and heart rate during a 10-minute rest period and a 2-minute cold pressor test. Sympathetic transduction was assessed at rest and during the cold pressor test in both experimental conditions.

Evening alcohol increased heart rate (FC: 60±9 versus alcohol: 64±9 bpm) but did not alter resting mean arterial pressure (FC: 80±6 versus alcohol: 80±7 mm Hg) or muscle sympathetic nerve activity (FC: 18±9 versus alcohol: 20±8 bursts/min). Sympathetic transduction to mean arterial pressure, diastolic blood pressure, and total vascular conductance was augmented after alcohol at rest. Sympathetic transduction during the cold pressor test was also elevated after evening binge alcohol consumption.

These findings suggest that evening binge alcohol consumption leads to augmented morning-after sympathetic transduction of muscle sympathetic nerve activity to blood pressure, highlighting a new mechanism whereby chronic or excessive alcohol consumption contributes to cardiovascular disease progression via altered end-organ responsiveness to sympathetic neural outflow.

Source: Binge Alcohol Consumption Elevates Sympathetic Transduction to Blood Pressure: A Ran-domized Controlled Trial. Bigalke, Jeremy A., Greenlund, Ian M., Solis-Montenegro, Tatiana X.. Du-rocher, John J., Joyner, Michael J., Carter, Jason R. Hypertension, Volume 81, Number 10. doi.org/10.1161/HYPERTENSIONAHA.124.23416

Alcohol and arterial stiffness in middle-aged and older adults

The association between arterial stiffness and alcohol consumption is still controversial. We investigated this relationship by performing continuous analysis in men drinking only beer/cider, and women drinking only red wine.

This cross-sectional study involved participants aged 40-69 years consisting of 9029 men who drank only beer/cider, and 6989 women drinking only red wine. Alcohol consumption was captured by self-reported questionnaire and reported as units per week, where one unit is equal 10 mL pure ethanol. Arterial stiffness index (ASI) was estimated using photoplethysmography.

In men consuming a mean 17.8 (5th and 95th percentiles, 2.6-76.7) units/week, ASI increased by heptiles (sevenths) of alcohol captured from beer/cider consumption and after adjusting for age (9.14, 9.40, 9.51, 9.53, 9.80, 9.80, 10.00 m/s) and after full adjustment (9.29, 9.46. 9.55, 9.55, 9.73, 9.73, 9.75 m/s). Similarly, in women consuming a mean 8.1 (1.6-29.3) units/week, ASI increased by heptiles of alcohol captured from red wine consumption and after adjusting for age (8.05, 8.05, 8.05, 8.11, 8.17, 8.30, 8.45 m/s) and borderline significant after full adjustment (8.05, 8.07, 8.05, 8.07, 8.11, 8.22, 8.43 m/s). These associations were confirmed in multivariable-adjusted regression analy-sis in all men, men younger and older than 50 years, and when consuming more than 14 units per week. Similarly, these associations were confirmed in all women, women older than 50 years, and in those consuming more than 14 units per week.

Positive linear relationships exist between arterial stiffness and alcohol, irrespective of whether captured from beer/cider consumption in men or red wine consumption in women. No evidence existed to support the notion that our arteries benefit from any level of alcohol consumption.

Source: Schutte, R., Zhang, J., Kiran, M. & Ball, G. (2024) Alcohol and arterial stiffness in middle-aged and older adults: Cross-sectional evidence from the UK Biobank study. Alcohol: Clinical and Experimental Research, 00, 1–8. doi.org/10.1111/acer.15426

Association between alcohol consumption and incidence of dementia in current drinkers

Previous conventional epidemiological studies found a J-shape relationship between alcohol consumption and dementia, but this result was subject to confounding biases and reverse causation. Therefore, a research team investigated the potential linear or non-linear causal association between alcohol consumption and the incident risk of dementia in current drinkers.

The study used data from the UK Biobank to investigate the relationship between alcohol consumption and dementia risk. 313,958 White British current drinkers, who were free of dementia during 2006-2010, were followed up until 2021. Alcohol consumption was self-reported and calculated according to the National Health Service guideline. The primary outcome was all-cause dementia identified through hospital and mortality records. Conventional analysis was conducted and both non-linear and linear Mendelian Randomization (MR) analyses to assess causal relationships, employing a genetic score based on 95 SNPs identified from a meta-genome-wide association study of 941,280 people from Europe.

313,958 current drinkers consumed an average of 13.6 [IQR: 7.1-25.2] units/week alcohol (men averaged 20.2 [11.1-33.9] units/week and women 9.5 [5.3-16.7] units/week). During a mean follow-up of 13.2 years, 5394 (1.7%) developed dementia. The conventional analysis identified a J-shaped relationship between alcohol consumption and dementia risk, with the lowest risk at 12.2 units/week. The non-linear MR failed to identify a significant non-linear causal relationship ($p = 0.45$). Both individual-level (HR: 2.22 95%CI [1.06-4.66]) and summary-level (1.89 [1.53-2.32]) linear MR analyses indicated that higher genetically predicted alcohol consumption increased dementia risk.

This study identified a positive linear causal relationship between alcohol consumption and dementia among current drinkers. The J-shaped association found in conventional epidemiological analysis was not supported by non-linear MR analyses. The findings suggested that there was no safe level of alcohol consumption for dementia.

Source: Zheng L, Liao W, Luo S, Li B, Liu D, Yun Q, Zhao Z, Zhao J, Rong J, Gong Z, Sha F, Tang J. Association between alcohol consumption and incidence of dementia in current drinkers: linear and non-linear mendelian randomization analysis. EClinicalMedicine. 2024 Sep 5;76:102810. doi.org/10.1016/j.eclinm.2024.102810.

Medical research by publication date

Alcohol consumption and frailty risk: a dose–response meta-analysis of cohort studies 19/09/2024

Alcohol Consumption and Cancer Risk: Two Sample Mendelian Randomization 17/09/2024

Behavioral risk factors and socioeconomic inequalities in ischemic heart disease mortality in the United States: A causal mediation analysis using record linkage data 17/09/2024

Alcohol Intake and Prevalent Kidney Stone: The National Health and Nutrition Examination Survey 2007–2018 10/09/2024

Binge Alcohol Consumption Elevates Sympathetic Transduction to Blood Pressure: A Randomized Controlled Trial 09/09/2024, published online

Association between alcohol consumption and incidence of dementia in current drinkers: linear and non-linear mendelian randomization analysis 05/09/2024

Association between alcohol consumption and incidence of type 2 diabetes in middle-aged Japanese from Panasonic cohort study 12 02/09/2024

Alcohol and arterial stiffness in middle-aged and older adults: Cross-sectional evidence from the UK Biobank study 24/08/2024

Causal benefits of 25 dietary intakes on epigenetic ageing: a Mendelian randomisation study 17/07/2024, published online.

Alcohol intake and endogenous sex hormones in women: Meta-analysis of cohort studies and Mendelian randomization 02/06/2024

The protective effect of dietary folate intake on gastric cancer is modified by alcohol consumption: A pooled analysis of the StoP Consortium. 16/05/2024

Type of Alcohol and Blood Pressure: The Copenhagen General Population Study 13/05/2024, published online.

Is coffee, tea, and red wine consumption beneficial for individuals with hypertension? 23/03//2024

Representations of 'risky' drinking during pregnancy on Mumsnet

Online forums provide an environment for peer discussions to anonymously share experiences about sensitive topics. A study explored discussions about alcohol use during pregnancy, including repre-sentations of 'appropriate' behaviour and risks, in relation to alcohol use.

Mumsnet posts from 2016 to 2021 were sampled and using a two-staged approach: describing the content of original posts and employing discourse analysis on the entire thread which focused on unpacking the significance, activity and identity within the discourse.

Seventy-three threads with 1554 replies were analysed. Users engaged with different sources of evi-dence and mentioned guidelines and scientific sources, though most commonly provided, requested and appreciated anecdotal information. Risk was discussed in several ways but all users engaged with 'othering' drinking they perceived as risky. Only a few prescribed risks to any and all levels of drinking. The researchers found that there was a lack of knowledge around drinking while trying to conceive and early pregnancy. Expectations and norms of behaviour during pregnancy engaged in a 'good motherhood' discourse. Users positioned their drinking according to perceived norms through language choices; when not pregnant (or unknowingly pregnant) being 'plastered' was justified but when pregnant drinking only 'sips' or 'tiny' quantities of alcohol was considered appropriate.

Forum users demonstrated a desire to adhere to 'responsible motherhood', which did not equate to abstinence if consumption was perceived as acceptable and justified. Future research should explore information needs and effective approaches to health communication for pregnant women or those planning pregnancy.

Source: Schölin L, Arkell R. Representations of 'risky' drinking during pregnancy on Mumsnet: A dis-course analysis. Drug Alcohol Rev. 2024. doi.org/10.1111/dar.13948

Refining and testing feasibility and acceptability of a smartphone-delivered alcohol intervention for heavy-drinking young adults

Young adults drink heavily and experience negative alcohol consequences. To capitalise on mornings after drinking as an optimal time to intervene, researchers developed a novel, theory-based per-sonalized feedback intervention (PFI) called Alcohol Feedback, Reflection, and Morning Evaluation (A-FRAME), to reduce heavy drinking. An initial prototype was refined via feedback from college stu-dents who drink heavily. An open trial was conducted to establish feasibility and acceptability of the refined PFI.

The refined PFI was delivered for 4 weeks to 18 heavy-drinking young adults. Participants completed a goal-setting procedure, followed by 28 daily surveys. Surveys indicating prior-day drinking were followed by the option to view personalised feedback (e.g., goal attainment, blood alcohol concentration, peer norms, protective behaviors). Aggregated feedback was also delivered at the 14- and 28-day marks. Participants completed a post-test acceptability survey and individual interviews to inform further refinement.

The response rate to daily surveys was 93.8% and all participants completed study procedures, demonstrating feasibility. Daily feedback was reviewed about half (45.5%) of the time it was offered (i.e., following drinking days). Biweekly feedback was viewed 50% and 56% of the time at 14- and 28-day marks, respectively. Blood-alcohol content, comparison to norms, calories consumed, and spending were the most viewed topics in the reports. Consequences and strategies were the topics viewed least often. Participants reported they appreciated the ability to set goals, choose which feedback topics they reviewed, and see the trends over time.

Open trial results support the feasibility and acceptability of this theory-based intervention for heavy-drinking young adults. A planned randomized controlled trial will evaluate efficacy.

Source: Jennifer E. Merrill et al, Alcohol Feedback, Reflection, and Morning Evaluation (A-FRAME): Refining and testing feasibility and acceptability of a smartphone-delivered alcohol intervention for heavy-drinking young adults, Alcohol: Clinical and Experimental Research (2024). doi.org/10.1111/acer.15424

Potential impact of alcohol calorie labelling on the attitudes and drinking behaviour of hazardous and low-risk drinkers

Just over half of heavier drinkers in England say they would make changes to their drinking if calorie labels for alcohol were introduced, according to a new study by researchers at University College London (UCL). The study, published in the journal BMJ Open, looked at survey responses from 4,683 adults in England to assess the impact that alcohol calorie labelling might have on people's attitudes and drinking behaviour.

The researchers compared the responses of non-drinkers, low-risk drinkers and hazardous drinkers, with analyses adjusted for age, gender, ethnicity, socioeconomic status and education. Attitudes to calorie labelling were generally positive, but were less favourable among alcohol drinkers than non-drinkers. Hazardous drinkers were more accurate in their estimations of the calorie content of wine, cider and spirits than non-drinkers. Overall, 46.4% of drinkers indicated that they would change their drinking patterns if calorie labelling was introduced, and this response was more common among hazardous than low-risk drinkers (OR=1.43, 95% CI 1.20 to 1.70). Compared with low-risk drinkers, hazardous drinkers stated that they would be more likely to drink fewer alcoholic beverages, to drink alcohol less often, to choose lower calorie drinks and to do more exercise (adjusted OR 1.27, 1.01 to 1.61).

The researchers conclude that a sizeable proportion of hazardous drinkers indicated that they would change their consumption practices if mandatory calorie labelling was introduced. Promoting more positive attitudes to calorie labelling might lead to stronger intentions to reduce consumption. Mandatory calorie labelling of alcoholic beverages may make a modest contribution to energy intake and the maintenance of health weight, particularly among heavier drinkers.

Source: Steptoe A, Sheen F, Conway R, Llewellyn C, Brown J. Potential impact of alcohol calorie labelling on the attitudes and drinking behaviour of hazardous and low-risk drinkers in England: a national survey. BMJ Open. 2024 Sep 18;14(8):e087491. doi.org/10.1136/bmjopen-2024-087491.

It's not just what parents say, it's why they say it: Students' perceptions of parents' motives for alcohol communication

Previous work has investigated parents' reports of motives for communicating with their young adults about alcohol. While parents' self-reported motives may predict intentions to communicate, young adults' perceptions of their parents' motives may be important for understanding young adults' responses to parent alcohol communication. A study explored college students' perceptions of their parents' motives for alcohol communication and to investigate whether perceptions of these motives predict changes in alcohol consumption and related consequences during the transition to college.

306 first-year college students participated in a longitudinal survey study. Baseline measures at pre-matriculation (T1) included assessments of student perceptions of their parents' motives for alcohol communication and covariates (e.g., perceived peer descriptive drinking norms, parental modelling and alcohol communication, and drinking and consequences). At a 1-month follow-up (T2), students reported on their alcohol use and consequences.

Controlling for other predictors of college student drinking, results indicate that for each one-unit increase in perceived parental reactive communication motives, the incidence rate of typical weekly drinking increased by 9%, and heavy episodic drinking (HED) increased by 21%. Conversely, the incidence rate of HED decreased by 27% for each one-unit increase in perceived maternal family history communication motives.

These findings suggest that college students' perceptions of their parents' motives for alcohol communication can significantly influence their drinking behaviour during the transition to college.

Source: Trager BM, Napper LE, Hatch OJ, Morgan RM, Boyle SC, LaBrie JW. It's Not Just What Parents Say, It's Why They Say It: Students' Perceptions of Parents' Motives for Alcohol Communication. J Stud Alcohol Drugs. 2024 Sep 16. doi.org/10.15288/jsad.24-00045

Long-term effects of an alcohol prevention program at licensed premises: a Swedish 20-year follow-up study

In 1996, a multicomponent community-based alcohol prevention program in Responsible Beverage Service (RBS) targeting licensed premises was developed by STAD (Stockholm Prevents Alcohol and Drug Problems) and was implemented in Stockholm, Sweden. The program consisted of community mobilisation and collaboration, training, and enforcement.

Early evaluations have shown a significant increase in the refusal rates of alcohol service to intoxicated patrons, from 5% in 1996 to 70% in 2001, and a 29% decrease in the frequency of police-reported violence. A cost-effectiveness analysis showed a cost-saving ratio of 1:39. The program was institutionalised by a collaborative steering group consisting of community stakeholders. A study published in Frontiers in Public Health evaluated the long-term effects over 20 years of the RBS program. The indicator chosen was the rate of alcohol overserving to obviously intoxicated patrons at licensed premises in Stockholm.

The study was conducted using the same procedure as the baseline and previous follow-ups. Professional male actors (pseudopatrons) were trained to enact a standardized scene of obvious alcohol-intoxication. In 2016, 146 licensed premises located in the central part of Stockholm were randomly selected and visited.

A review of program implementation was conducted, examining critical events, including commitment from key actors in the community, training of bar staff, and enforcement.

At the 20-year follow-up, pseudo patrons were refused alcohol service in 76.7% of the attempts, which was at the same level (70%) as in the follow-up in 2001, thus indicating sustained effects of the RBS program. Compared with previous follow-ups, serving staff used more active intervention techniques in 2016 toward intoxicated patrons, such as refusing to take the order (56.9% in 2016 vs. 42.0% in 2001), and fewer passive techniques, such as ignoring patrons (6.5% in 2016 vs. 15.5% in 1999) or contacting a colleague (4.1% in 2016 vs. 25% in 2001).

The authors state that the sustained long-term effects of the RBS program are unique and can be explained by the high level of institutionalisation of the multicomponent program, which is still ongoing in Stockholm. These findings can inform the dissemination of the program to other countries and settings.

Source: Elgán TH, Andréasson S, Gripenberg J. Long-term effects of an alcohol prevention program at licensed premises: a Swedish 20-year follow-up study. Front Public Health. 2024 Aug 7;12:1423708. doi.org/10.3389/fpubh.2024.1423708.

Characteristics of consumers of alcohol-free and low-alcohol drinks in Great Britain

The impact of alcohol-free and low-alcohol (no/lo) drinks on public health and health inequalities depends on who consumes them and how they are consumed. A study estimated: (i) the proportions of adults in Great Britain who consume no/lo drinks at different frequencies and in different settings; and (ii) the associations between no/lo drink consumption and individual characteristics.

Data came from four waves of a repeat cross-sectional survey on alcohol use completed in 2022-2023 by 7,691 adults (16+) resident in Great Britain.

In all, 31.3% of adults reported ever consuming no/lo drinks and 9.8% reported drinking them weekly. Ever consumption of no/lo drinks was associated with being an increasing risk drinker of alcohol rela-tive to not drinking (OR: 3.96, 95% CI 3.27-4.80), being aged 16-24 compared with 65+ (OR:1.29, 95% CI 1.07-1.57), having previously smoked compared with having never smoked (OR:1.19, 95% CI 1.05-1.34) and living in a rural rather than urban area (OR:1.14, 95% CI 1.00-1.29). It was less likely among those in lower social grades or with lower educational qualifications; those living in Yorkshire and the Humber, and Scotland, compared with the South-East of England; and those using nicotine products.

A third of adults in Great Britain have consumed no/lo drinks and approximately one in 10 do so weekly. Consumption is more common among riskier drinkers of alcohol and among more advantaged social groups. This may contribute to the sustaining or widening of health inequalities, the authors comment.

Source: Perman-Howe PR, Holmes J, Brown J, Kersbergen I. Characteristics of consumers of alcohol-free and low-alcohol drinks in Great Britain: A cross-sectional study. Drug Alcohol Rev. 2024. doi.org/10.1111/dar.13930

Health harms that discourage alcohol consumption

Health warnings about alcohol consumption could inform consumers and discourage alcohol consumption, but little is known about what topics these warnings should address. Researchers sought to identify promising topics for alcohol warnings.

In January 2024, a convenience sample of 2,522 US adults ages ≥ 21 years was recruited. In an online within-subjects experiment, participants viewed messages about 6 topics (5 warning topics selected from a pool of 16 topics [e.g., liver disease, liver cancer] and 1 control topic [i.e., recycling or reselling products]) shown in random order. For each topic, participants viewed and rated 2 statements about that topic on perceived message effectiveness (primary outcome) and reactance (secondary outcome).

The 16 warning topics elicited higher perceived message effectiveness than the control topic. Among the warning topics, liver disease, most cancer types, dementia or mental decline, and hypertension elicited the highest perceived message effectiveness, while breast cancer, sleep, and drinking guidelines elicited the lowest. Fourteen of the 16 warning topics (all except for foetal harms and impaired driving) elicited more reactance than the control topic. Warning topics that elicited high perceived message effectiveness generally elicited high reactance, except for messages about liver disease and liver cancer, which elicited high perceived message effectiveness but only moderate reactance.

Warning messages about a variety of topics hold promise for discouraging alcohol consumption. Messages about liver disease, most cancer types, dementia or mental decline, and hypertension are perceived as especially effective; however, none of these topics are included in the current US alcohol warning, the researchers observe.

Source: Grummon AH, Lee CJY, D'Angelo Campos A, Whitesell C, Brewer NT, Lazard AJ, Greenfield TK, Hall MG. Health harms that discourage alcohol consumption: A randomized experiment of warning messages. Addict Behav. 2024 Dec;159:108135. doi.org/10.1016/j.addbeh.2024.108135.

Initiation of high-intensity drinking and subsequent substance use in young adulthood

High-intensity drinking (HID; 10+ drinks/occasion) is associated with acute and long-term risks, including use of other substances. Earlier HID initiation is associated with high-risk alcohol use in young adulthood. Less is known about when HID initiation occurs relative to other substances and how it is associated with subsequent substance use. A study examined survey data from 468 respondents (35.5% female, 65.5% non-Hispanic white) who reported initiating HID by age 20.

Weighted descriptive statistics of year of initiation for HID, marijuana, and nicotine were obtained. Associations between year and order of HID initiation and age 20 substance use (i.e., nicotine vaping, cigarette use, other tobacco use, marijuana use, marijuana vaping, simultaneous alcohol and marijuana use, and other illicit drug use) and alcohol use disorder (AUD) symptoms were examined.

Over half of participants initiated HID after marijuana (54.6%) and nicotine (54.4%). Later HID initiation was associated with fewer AUD symptoms and lower odds of all outcomes except marijuana and other illicit drug use. Initiating HID before marijuana was associated with lower odds of marijuana use outcomes and other illicit drug use at age 20. Initiating HID before nicotine was associated with lower odds of all substance use outcomes at age 20. Earlier HID initiation was associated with risk for subsequent substance use, but initiating HID earlier than other substances was not.

Given its association with both alcohol-related outcomes and other substance use in young adulthood, earlier HID initiation is an important target for screening and intervention, the authors say.

Source: Sarah J. Peterson, Brooke J. Arterberry, Megan E. Patrick, Initiation of high-intensity drinking and subsequent substance use in young adulthood, Addictive Behaviors, Volume 158, 2024, 108109, ISSN 0306-4603. doi.org/10.1016/j.addbeh.2024.108109.

Age, period and cohort effects of heavy episodic drinking by sex/gender and socioeconomic position in Canada, 2000-2021

Heavy episodic drinking (HED) trends have not been comprehensively examined in Canada. Academics from the University of Toronto measured age, period and birth cohort trends in HED in Canada by sex/gender and socioeconomic position.

Repeat cross-sectional data from the 10 provinces in the Canadian Community Health Surveys from 2000 to 2021 were analysed. 1,167,831 respondents aged 12+ were included in the analysis. HED was defined as 4+ standard drinks for women or 5+ for men at least monthly in the past 12 months. Socioeconomic position was measured using household income and education.

The researchers observed steeper HED decreases in young adult men (aged 18-29) than women (by 14.4% and 8.7%, respectively, from 2015 to 2021) and HED increases in middle adult women (ages 50-64) (by 8.0% from 2000 to 2014). Sex/gender-specific age-period-cohort models revealed strong age and birth cohort effects. In women and men, respectively, HED peaked in young adulthood (18.2% and 33.8%) and decreased with age, and HED was greatest in the 1980-1989 cohort (20.7% and 35.8%) and decreased in the most recent cohort born in 1990-2009 (15.6% and 19.8%), particularly in men. Higher household incomes had greater HED across age, periods and cohorts, while trends varied by education. Compared with lower education groups, people with a bachelor's degree or above had the lowest HED in middle adulthood. People with a bachelor's degree or above had low HED in earlier cohorts, which converged with other education groups in recent cohorts due to a pro-nounced HED increase, particularly in women.

The researchers note that the sex/gender gap in heavy episodic drinking (HED) appears to be converging in Canada: current young adult men are reducing HED, while high-risk cohorts of women are aging into middle adulthood with greater HED. Recent birth cohorts with a bachelor's degree or above experienced pronounced HED increases, which among women suggests greater educational attainment contributes to the converging gender gap in HED.

Source: Andreacchi AT, Hobin E, Siddiqi A, Smith BT. Age, period and cohort effects of heavy episodic drinking by sex/gender and socioeconomic position in Canada, 2000–2021. Addiction. 2024. doi.org/10.1111/add.16641

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

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

Researchers performed a secondary analyses of 2019 National Drug Strategy Household Survey data. Significant differences by sex in the distribution of demographic and alcohol-related variables were explored and the researchers examined factors associated with very high-risk drinking.

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

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

Source: Kostadinov V, Bonevski B, Harrison NJ, Bowden J. Factors associated with very high-risk drinking in the Australian general population: How do men and women compare? Drug Alcohol Rev. 2024; 43(6): 1388–1401. doi.org/10.1111/dar.13865

Alcohol expectancies and their associations with impulsivity in alcohol naïve youth

Positive and negative alcohol expectancies (PAEs and NAEs, respectively) and impulsivity are key risk factors for the onset of alcohol use. While both factors independently contribute to alcohol initiation, the developmental aspects of alcohol expectancies and their nuanced relationship with impulsivity are not adequately understood. Understanding these relationships is imperative for developing targeted interventions to prevent or delay alcohol use onset in youth.

A study utilised the Adolescent Brain Cognitive Development cohort to examine how PAEs and NAEs develop over time and relate to each other. Researchers also explored how self-reported and behavioural impulsivity at baseline (~10 years old) are associated with the longitudinal development of PAEs and NAEs in youth Ages 11, 12, and 13 (n = 7,493; 7,500; and 6,981, respectively), as well as their time-specific relationships.

Findings revealed while PAEs increased steadily over all three years, NAEs increased from ages 11-12 and then remained unchanged between 12 and 13. Overall, PAEs and NAEs were inversely related. Moreover, PAEs positively correlated with sensation seeking and lack of premeditation, while NAEs negatively correlated with positive urgency. Interestingly, a time-specific association was observed with PAEs and lack of perseverance, with a stronger correlation to PAEs at Age 11 compared to Age 12.

Overall, this study provides valuable insights into the divergent developmental trajectory of PAEs and NAEs, and their overall and time-specific associations with impulsivity. These findings may guide focused and time-sensitive prevention and intervention initiatives, aiming to modify alcohol expectancies and reduce underage drinking.

Source: Faith Adams, Karmiella S. Ferster, Laurel S. Morris, Marc N. Potenza, Iliyan Ivanov, Muhammad A. Parvaz, Longitudinal tracking of alcohol expectancies and their associations with impulsivity in alcohol naïve youth in the adolescent brain cognitive development (ABCD) study, Drug and Alcohol Dependence Reports, Volume 12, 2024, 100271, ISSN 2772-7246, doi.org/10.1016/j.dadr.2024.100271.

Impact on beer sales of removing the pint serving size

A study assessed the impact on beer, lager, and cider sales (hereafter, referred to as "beer sales") of removing the largest draught serving size (1 imperial pint) from the options available in licensed premises under real-word conditions.

The study was conducted between February and May 2023, in 13 licensed premises in England. It used an A-B-A reversal design, set over 3 consecutive 4-weekly periods with "A" representing the non-intervention periods during which standard serving sizes were served, and "B" representing the intervention period when the largest serving size of draught beer (1 imperial pint (568 ml)) was removed from existing ranges so that the largest size available was two-thirds of a pint. Where two-third pints were not served, the intervention included introducing this serving size in conjunction with removing the pint serving size. The primary outcome was the mean daily volume of all beer sold, including draught, bottles, and cans (in ml), extracted from electronic sales data. Secondary outcomes were mean daily volume of wine sold (ml) and daily revenue (£).

Thirteen premises completed the study, 12 of which did so per protocol and were included in the primary analysis. After adjusting for prespecified covariates, the intervention resulted in a mean daily change of −2,769 ml (95% CI [−4,188, −1,578]) or −9.7% (95% CI [−13.5%, −6.1%] in beer sold. The daily volume of wine sold increased during the intervention period by 232 ml (95% CI [13, 487) or 7.2% (95% CI [0.4%, 14.5%]). Daily revenues decreased by 5.0% (95% CI [9.6%, −0.3%]).

Removing the largest serving size (the imperial pint) for draught beer reduced the volume of beer sold. Given the potential of this intervention to reduce alcohol consumption, it merits consideration in alcohol control policies, the study authors suggest.

Source: Mantzari E, Hollands GJ, Law M, Couturier D-L, Marteau TM (2024) Impact on beer sales of removing the pint serving size: An A-B-A reversal trial in pubs, bars, and restaurants in England. PLoS Med 21(9): e1004442. doi.org/10.1371/journal.pmed.1004442.

Accessing supports due to others' harmful drinking

Alcohol's harm to others (AHTO) refers to harms caused to those other than the drinker. A team from the Centre for Alcohol Policy Research, La Trobe University, Melbourne, Australia estimated the prevalence of formal and informal supports sought due to AHTO and examined whether the type of support accessed varied by sociodemographic, economic and harm-related characteristics.

An Australian sample of 2,574 people completed the 2021 AHTO survey, out of which 888 perceived they experienced harm from another's drinking. Prevalence of accessing services and supports was measured. Additionally, several sociodemographic factors, economic factors and harm-related factors were included in multivariable logistic regression models predicting service/support use. Specifically, four models were constructed probing use of any service/support, use of police, use of counselling services and use of family/friend support.

Of the survey sample, 12.4% accessed any support/service. Seeking support from family and/or friends was most common, followed by police, counselling, healthcare services and being admitted to hospital. Women had higher odds of accessing counselling and family/friend support. Respondents with a higher education level and two or more financial stressors had higher odds of accessing police and counselling. Respondents harmed by a stranger had higher odds of accessing police, whereas respondents harmed by someone they know had higher odds of seeking support from family/friends. Experiencing more severe harm was associated with greater odds of accessing any support.

Several sociodemographic and economic factors were associated with accessing different supports. These findings may inform service development, interventions and policy changes for people affected by others' drinking.

Source: Rintala J, Smit K, Room R, Jiang H, Laslett A-M. Accessing supports due to others' harmful drinking. Drug Alcohol Rev. 2024; 43(6): 1493–1504. doi.org/10.1111/dar.13898

Social and Policy research by publication date

Alcohol Feedback, Reflection, and Morning Evaluation (A-FRAME): Refining and testing feasibility and acceptability of a smartphone-delivered alcohol intervention for heavy-drinking young adults 22/09/2024

Representations of 'risky' drinking during pregnancy on Mumsnet: A discourse analysis 19/09/2024

Potential impact of alcohol calorie labelling on the attitudes and drinking behaviour of hazardous and low-risk drinkers in England: a national survey 18/09/2024

Impact on beer sales of removing the pint serving size: An A-B-A reversal trial in pubs, bars, and restaurants in England 17/09/2024

It's Not Just What Parents Say, It's Why They Say It: Students' Perceptions of Parents' Motives for Alcohol Communication 16/09/2024

Age, period and cohort effects of heavy episodic drinking by sex/gender and socioeconomic position in Canada, 2000–2021 04/09/2024

Characteristics of consumers of alcohol-free and low-alcohol drinks in Great Britain: A cross-sectional study 21/08/2024

Health harms that discourage alcohol consumption: A randomized experiment of warning messages 17/08/2024, version of record 26/08/2024.

Longitudinal tracking of alcohol expectancies and their associations with impulsivity in alcohol naïve youth in the adolescent brain cognitive development (ABCD) study 10/08/2024, version of record 21/08/2024

Long-term effects of an alcohol prevention program at licensed premises: a Swedish 20-year follow-up study 07/08/2024

Initiation of high-intensity drinking and subsequent substance use in young adulthood 19/07/2024, version of record 23/07/2024.

Accessing supports due to others' harmful drinking 15/07/2024

Factors associated with very high-risk drinking in the Australian general population: How do men and women compare? 20/05/2024

Tribute to Forum Member Harvey E. Finkel, MD

(March 23, 1934 – September 1, 2024)

Dr Harvey E. Finkel passed away peacefully at the age of 90 years on September 1, 2024. Harvey was an oncologist and gastroenterologist, before his retirement a Clinical Professor of Medicine at Boston University School of Medicine. He was a long-term resident of Massachusetts and the loving husband of the late Ariella Finkel for 61 years.

A member of the AIM Social, Scientific and Medical Council, Harvey was a valuable and regular contributor to our critiques. He was a proper "intellectual" and extremely knowledgeable about medicine and the interpretation of research reports. Those of us who regularly communicated with him always admired both his intelligence and his wit. He was often the first Forum member to send comments to a draft of a review circulated to all members. His comments were usually brief but to the point: "I have read this paper carefully and decided that it is of poor design and the authors misrepresent their findings. It is a waste of time reviewing it!"

Harvey was highly respected by other members of our group, especially for his keen insight into scientific literature, and his willingness to not withhold his own succinct appraisals of papers. He was also a great lover of wine and wrote about it beautifully in a number of newspapers. He will be missed as a friend and as a valuable asset to our Forum.

Alcohol-specific deaths remain high in Scotland

The number of alcohol-specific deaths in Scotland remains the highest since 2008, according to figures published by National Records of Scotland.

In total, 1,277 deaths were attributed to alcohol-specific causes in 2023, an increase of one death from 2022. Male deaths continue to account for around two thirds of the deaths, increasing by 25, while female deaths decreased by 24. Alcohol-specific deaths were 4.5 times as high in the most deprived areas of Scotland compared to the least deprived areas in 2023.

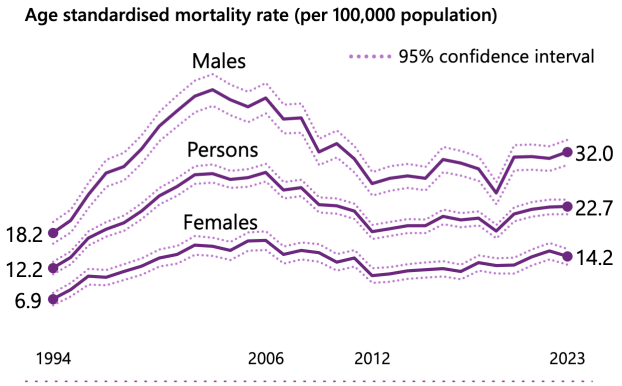
After adjusting for age, the alcohol-specific mortality rate was higher than the Scottish average in the council areas of Inverclyde, Glasgow City, North Lanarkshire, and Dundee City.

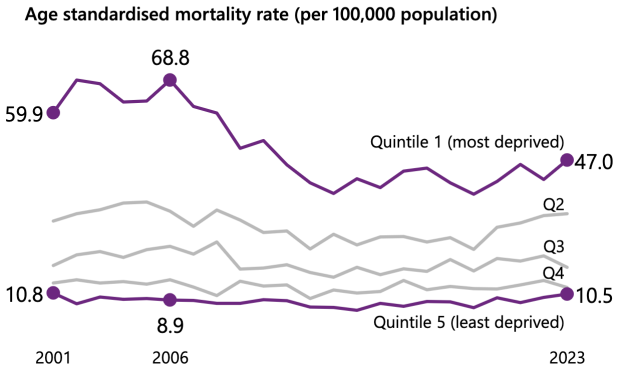
Phillipa Haxton, Head of Vital Events Statistics, said: "The rate of alcohol-specific deaths peaked in 2006 and then fell until 2012. Since then, it has generally risen.

"Those aged 45-64 and 65-74 continue to have the highest mortality rates. If we look at the average age at death, that has risen over time. The mortality rates for those aged 65 to 74, and 75 and over, were at their highest since we began recording these figures in 1994. As the same time for age 25-44 the mortality rate has been fairly stable over the last decade."

Scotland continued to have the highest alcohol-specific death rate of the UK constituent countries in 2022 (the latest year for which comparable data exists). Data for the rest of the UK is yet to be released for 2023. The difference between Scotland and the other UK countries has narrowed over the last two decades. In 2001, the alcohol-specific mortality rate for Scotland was between 2.1 and 2.9 times as high as other UK countries. The rate for Scotland was between 1.2 and 1.6 times as high in 2022.

nrscotland.gov.uk/files//statistics/alcohol-deaths/2023/alcohol-specific-deaths-23-report.pdf



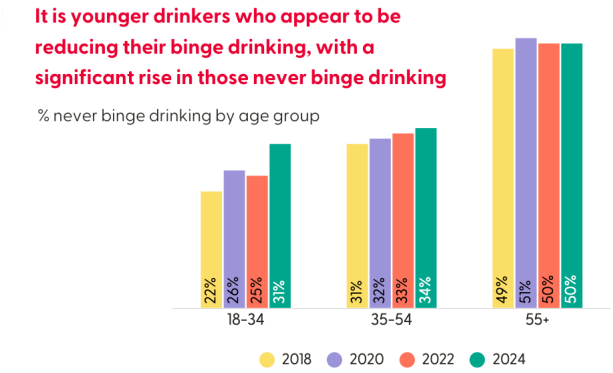


Drinkaware reveals drinking in moderation is increasing but one in five drinkers are putting their health at serious risk

The Drinkaware Monitor 2024 report is based on a survey conducted by YouGov that included 5,143 UK adults aged 18 to 85. According to the report, published 26 September, nine in ten UK drinkers are trying to moderate their drinking in some way, up from 87% in 2023 and 84% in 2018.

The most popular way to moderate drinking is to take drink-free days, up from 67% in 2023 to 71% in 2024. Drinking zero-alcohol (25% in 2023 vs. 31% in 2024) and low-alcohol (28% in 2023 vs. 34% in 2024) products is increasingly popular, particularly among young drinkers aged 18–34, with 36% currently drinking non-alcohol products, compared to 28% of those aged 55 or above.

The Monitor also finds that 19% of drinkers exceed the UK Chief Medical Officers' low risk drinking guidelines, putting their health at serious risk. 28% of people are concerned about someone else's drinking in the last 12 months, up from 26% in 2023. Despite this, only 27% of UK adults have been asked to complete an alcohol assessment such as the Drinkaware Drinking Check.



Karen Tyrell, CEO of the charity Drinkaware, said: "It is really encouraging to see the growth in people moderating their drinking, especially among the young... However, there are around eight million people drinking at a level that is putting their health at serious risk, reflected in the more than 10,000 people who died from alcohol related illness last year. The highest on record.

The Monitor also found:

- The number of adults who drink four or more times a week is down year-on-year since 2020. (19% in 2020, 13% in 2024).
- 11% of UK drinkers binge drink at least once a week, down from 13% in 2023 and the lowest it has been looking back to 2018 (15%).
- 9% of male drinkers are high risk or possibly dependent (according to the Alcohol Use Disorders Identification Test; AUDIT), compared to 5% of female drinkers.
- 33% of UK adults in ethnic minority groups do not drink alcohol, more than twice as high than white adults (13%).
- 26% of young people (18-24) don't drink at all.

infogram.com/drinkaware-monitor-2024-research-report-1h984wvjpg85z2p?live

Alcohol consumption in Ireland is at its lowest level in more than 35 years

According to a new report commissioned by the Drinks Industry Group of Ireland (DIGI), alcohol consumption in Ireland is down by almost one-third in the past two decades as average alcohol consumption continues to fall. The report is authored by Economist and Associate Professor Emeritus at DCU Anthony Foley.

Based on CSO population figures and Revenue alcohol clearance data, the report found that alcohol consumption has fallen by 31% since 2001, and is down 1.5% in 2023 on 2022 figures. In 2023 the average per adult alcohol consumption was 9.96 litres, down from 10.1 litres recorded in 2022. 2023 is the first year that alcohol consumption dropped below 10 litres of pure alcohol per adult annually since 1987.

The report shows a marked generational shift away from beer towards wine. In 2023, wine accounted for 28.3% of the total alcohol market by volume of alcohol content, compared with 13.2% in 2000. Beer was 56.6% of total alcohol consumption in 2000 and is now at 42.9%. Consumption of non-alcoholic beer has doubled in the last four years though it still constitutes a market share of only 2%. Falling levels of alcohol consumption means Ireland is now about the European Union average of 9.8 litres of alcohol per person over the age of 15.

drugsandalcohol.ie/41681/1/2024-Alcohol-Consumption.pdf

Review of health labelling in the UK

The Portman Group's latest market review re-emphasises the alcohol industry's ongoing commitment to delivering the highest standards of voluntary best practice regarding alcohol labelling and ensuring that consumers are able to make an informed choice about their alcohol consumption.

The study, released 12 September, sampled 500 alcohol products from the UK's top brands and demonstrates the robust voluntary industry-wide commitment to providing consumers with public health information. It found near universal coverage of the group's minimum guidelines:

- Over 99% of labels carry a pregnancy warning logo or message.
- 96% carry alcohol unit content information, up from 94% in 2021.
- 86% carry the UK Chief Medical Officers guideline not to regularly drink more than 14 units per week, up from 79% in 2021.
- 92% carry a reference to Drinkaware or other responsibility messaging.
- 74% of labels use a box to explicitly separate information for consumers, including 86% of products which carried the Chief Medical Officers' Guideline.

The research also revealed significant increases in many brands going above and beyond the guidelines and showcasing additional elements such as

calorie information, drink driving warnings and age restriction – further demonstrating a serious and widespread commitment to responsible marketing and tackling harm. 51% carry calorie information on labels, 38% carry a warning against drink driving, and 36% carrying age restriction warnings.

Matt Lambert, CEO of the Portman Group said, "We're incredibly pleased to see such positive levels of increasing adherence to our best practice guidelines, which showcase the alcohol industry's long-standing commitment to proactively ensuring responsible marketing and informing consumers".

portmangroup21.wpenginepowered.com/wp-content/uploads/2024/08/Portman-Group-Market-Review-2024.pdf

Good governance in public health policy

A report from the Institute of Alcohol Studies provides guidance for identifying, managing and protecting against conflicts of interest associated with alcohol industry involvement in public health policy. The principles outlined in the report were developed through collaboration with alcohol policy and public health experts across the UK, and informed by international best practice in approaches to managing interactions with unhealthy commodity industries. They are intended to enhance governance by providing a guide to inform the consideration and management of any interactions with industry actors. While this guidance is primarily intended to inform interactions within public health policy, the authors say that the principles and practices outlined could usefully inform engagement with industry in linked policy areas and enable the development of a whole-of-government approach to interacting with alcohol industry stakeholders. The guiding principles include:

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.
4. Reject partnerships with alcohol industry bodies.

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

Campaign targets adults who buy alcohol for underage drinkers

The "It'll Cost You!" campaign is a collaboration between Police Scotland, the Scottish Alcohol Industry Partnership and Community Alcohol Partnerships that aims to raise awareness of the damaging effects and criminal nature of buying alcohol for under 18s. This year's campaign ran from 1 July to 12 August across Scotland.

It is an offence in Scotland for an adult to buy or attempt to buy alcohol for someone who is under the age of 18. This is known as proxy purchase and can result in a fine of up to £5,000, a prison sentence of up to three months, or both.

Evaluations of the previous "It'll Cost You!" campaigns have shown a steady increase in awareness about the implications of supplying

alcohol to minors, but it remains a serious issue with 18 detections being made during the course of last year's campaign.

itwillcostyou.com/

'No good evidence' of risk from low-level alcohol consumption

The drinks business reports that Sir David Spiegelhalter of Cambridge University, the statistician who became world-famous for his advice during Covid has hit out at public health experts' "pointless obsession" with low levels of alcohol consumption.

According to the article, "in a powerful and damning critique on the BBC's World Service The Food Chain programme, Sir David Spiegelhalter of Cambridge University said the link between alcohol and an early death was exaggerated.

He said that statistically the overall risk of one beer or wine per day on your life expectancy — which is within current UK government guidelines — has no higher impact than driving a car or eating bacon.

Spiegelhalter said that research showed the health benefits of drinking in small amounts. He commented, "Frankly, I get irritated when the harms of low levels are exaggerated, particularly with claims such as 'no level of alcohol is safe... For a start I don't think the evidence supports that, but also there's no safe level of driving, there's no safe level of living, but no one recommends abstention."

He said that the risks of one or two drinks a day were "very low indeed" and "incredibly difficult to estimate" — and described the current NHS guidance on levels as "ideal". When discussing recent drinking guidelines in Canada of two drinks per week, he described it as "completely unnecessary", and "tackling a non-problem". In addition, he called out the political risk of telling those who already drink low levels of alcohol to drink even less, as it could make them distrustful of public health officials and guidelines.

Spiegelhalter also highlighted a critical mental health component that was often missed with alcohol: that it brings the drinker joy. Stating the social dimension was "never mentioned in these discussions", he said that people use alcohol to ease anxiety when socialising, and that alcohol was also great for its taste and its critical role in dining. He added: "I think we should just accept that people drink for a reason – they actually enjoy it."

Controversy over latest review of US dietary guidelines

In an article in the Wine Spectator by Mitch Frank says that 'the growing fight over whether alcohol is healthy in moderation or dangerous from the first drop has spread to the decision-making behind the US government's Dietary Guidelines for Americans, and wine and spirits industry members are pointing out that it looks like the anti-alcohol movement is stacking the deck. Last month, the Distilled Spirits Council of the United States trade group sent a letter to the Department of Health and Human Services raising pointed questions about a scientific review that an HHS agency plans to conduct on alcohol use. This all sounds very mundane and bureaucratic, but the review represents a dramatic change to how the US dietary guidelines are devised.'

winespectator.com/articles/the-campaign-to-remove-wine-from-your-dinner-table

Revised Alcohol Industry Communications Code of Conduct in South Africa

The Drinks Federation of South Africa (DF-SA) has implemented the revised Alcohol Industry Communications Code of Conduct, which was previously under the custodianship of Aware.org. The Code serves as a benchmark for responsible advertising, marketing, and promotion of alcohol products in the country and aligns with the National Liquor Act, reinforcing responsible and ethical communication practices. It covers several aspects related to alcohol advertising and marketing, brand promotions, sponsorships, events and competitions, ensuring that adverts appeal to adults by prohibiting the use of cartoons, icons, characters, music, gestures, phrases, or celebrities that primarily appeal to minors.

Celebrities may not be seen to consume alcohol and if they address the audience, their message should include a responsible drinking message. Adverts may not glamourise alcohol consumption and may not imply business, social, professional, academic, athletic, financial, or other personal success as a result of the product. To prevent access for those under 18, all websites and social media must have age-verification mechanisms. The Code also provides information related to the required safety messaging as well as detailed technical details related to the various advertising channels

The industry collaborated extensively to revise the Code, introducing revisions such as prohibiting alcohol branding on delivery vehicles to eliminate moving "billboards." Instead, these vehicles should display messages promoting responsible drinking and direct consumers to a non-profit's alcohol harm reduction website. The revised Code also seeks to bring accountability to the e-commerce and digital space. These revisions set stringent standards for ethical advertising and responsible messaging in the drinks industry.

drinksfederationsa.co.za/code-of-conduct

Diageo partners with UK Men's Sheds Association to promote responsible drinking

Diageo has announced an 18-month pilot partnership with the UK Men's Sheds Association, an or-ganisation that supports men's wellbeing by providing a network of social and creative community spaces.

The Sheds aim to reduce loneliness and combat social isolation by encouraging men to pursue prac-tical activities, build social connections and share skills together. The announcement makes Diageo one of the charity's largest corporate partners. Supporting and championing over 1,180 Sheds nationwide, with 33,000 people accessing a Shed each week, the Association provides an enjoyable way for individuals across the UK to stay socially integrated in local communities by being creative and learning or passing on skills.

The collaboration will also see Diageo and the UK Men's Sheds Association co-develop a programme of activity to encourage alcohol moderation later this year, equipping 'Shed Leaders' across this expanding network with the resources to lead informed conversations about the causes and consequences of harmful drinking. These resources will be available in late 2024 through Diageo's flagship responsible drinking platform DRINKiQ.

Pernod launches nightlife safety campaign in North America

'Good Nights Are Safe Nights' is a community-based initiative created by Pernod Ricard North America in partnership with consulting firm Safe Night. The programme is designed to promote responsible alcohol consumption, reduce harm, and create safer nightlife environments in the US and Canada. Pernod Ricard will help to provide bars, restaurants, and hospitality professionals with training, resources, and voluntary accreditation for responsible nightlife operations.

Pierre Joncourt, senior vice-president of operations for Pernod Ricard North America, said, "We're not just nurturing responsible brands, but also fostering a culture of safety and respect within the hospitality industry. With this initiative, we're making significant strides towards creating safer nightlife environments, instilling a sense of security and conviviality for all."

Safe Night will facilitate training modules in topics including safety and security, legal compliance and liability, responsible service and patron protection and operational efficiency.

Monitoring the Future report in the US

The latest Monitoring the Future survey finds that the percentages of adults using cannabis and hallucinogens over the past year stayed at historically high levels in 2023. Vaping among younger adults and binge-drinking among mid-life adults also maintained record-high levels.

The Monitoring the Future study is conducted by scientists at the University of Michigan's Institute for Social Research and is funded by the National Institutes of Health. The MTF Panel Study now includes about 120,000 individuals who were first surveyed in 12th grade, with longitudinal data spanning ages 18 to 65. Each year, approximately 20,000 people in the MTF Panel are surveyed across young adulthood (ages 19 to 30), early midlife (ages 35 to 50), and midlife (ages 55 to 65). The current annual report is the latest in a series of publications dating back to 1986.

Since 1975, the Monitoring the Future study has annually surveyed substance use behaviors and attitudes among a nationally representative sample of teens. A longitudinal panel study component of Monitoring the Future conducts follow-up surveys on a subset of these participants (about 20,000 people per year), collecting data from individuals every other year from ages 19 to 30 and every five years after age 30 to track their drug use through adulthood. Participants self-report their drug use behaviors across various periods, including lifetime, past year (12 months), past month (30 days) and other use frequencies depending on the substance type.

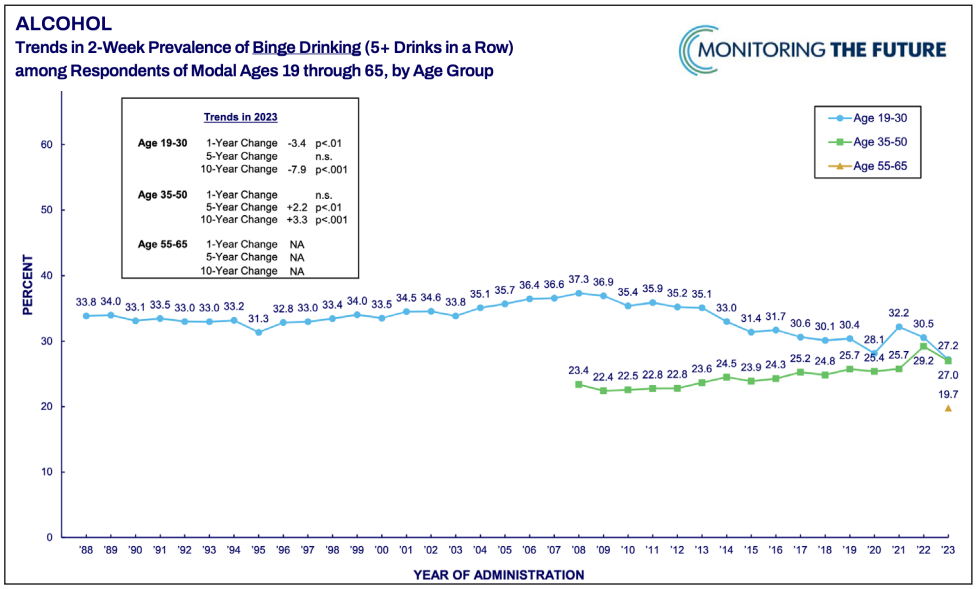
Alcohol use in the past 12 months was reported by 83.9% of young adults in 2023. It generally rose with age, reaching 88.7% at ages 27–28. 64.9% of young adults reported drinking in the past 30 days in 2023, peaking during young adulthood at 69.2% at ages 27–28. Daily drinking (defined as 20 or more occasions in the past 30 days) was reported by 3.6% of young adults in 2023. It generally increased across the age strata, reaching 5.8% at ages 29–30. Binge drinking (i.e., having 5+ drinks in a row) in the past 2 weeks was reported by 27.2% of young adults in 2023. Prevalence was 15.0% at ages 19–20 and ranged from 27.7%–30.5% across ages 21–30, reflecting a recent shift upward in the peak age. High-intensity drinking (i.e., having 10+ drinks in a row) was reported by 8.5% of young adults in the past 2 weeks. The highest level across young adulthood was 12.7% at ages 27–28.

The vast majority of adults reported lifetime alcohol use, with 96–99% of those ages 35 to 65 ever drinking. Alcohol use in the past 12 months was also very high, with 83.9% of early midlife adults aged 35 to 50 and 77.2% of midlife adults aged 55 to 65 reporting it in 2023.

Binge drinking was reported by 27.0% of early midlife adults aged 35 to 50 and 19.7% of midlife adults aged 55 to 65 in 2023. Its prevalence ranged from 27.6% at age 35 to 17.2% at age 65.

Alcohol use in the past 30 days among early midlife adults aged 35 to 50 has shown a slight increase over the past 10 years, from 67.7% in 2013 to 69.1% in 2023. Binge drinking among early midlife adults has increased over the past 5 and 10 years (from 23.6% in 2013 to 27.0% in 2023).

In 2023, alcohol use in the past 30 days reached a new historic low level among college students, following significant 10-year downward trends and a significant decrease from 62.0% in 2022 to 55.0% in 2023. (This is slightly, but not significantly, above the prevalence among noncollege young adults, at 51.9% in 2023.) For college men, the prevalence of binge drinking is a new all time study low of 24.4% in 2023. For college women, there was a significant decrease from 26.8% in



2022 to 19.9% in 2023, but the prevalence remains above the all-time low of 18.2% during the pandemic in 2020. There has been convergence between college and noncollege young adults and between men and women. In 2023, there were no significant differences in binge drinking by college status or sex.

White early midlife adults reported higher prevalence than Black midlife adults for alcohol use, binge drinking, vaping nicotine, and use of any drug other than cannabis in the past 12 months. Hispanic early midlife adults had higher prevalence of alcohol and binge drinking than Black early midlife adults.

monitoringthefuture.org/wp-content/uploads/2024/07/mtfpanel2024.pdf

IAS report on outdoor alcohol advertising by area of deprivation

A briefing report from the Institute of Alcohol Studies argues that local councils in the UK have the authority to regulate outdoor alcohol advertising within their communities to protect the rights of their community members, and some have been proactive in leveraging this power. However, limited research in the UK about the relationship outdoor alcohol advertising has with alcohol-related harms presents a challenge to decisionmakers seeking to introduce novel public health policies.

The report explores the prevalence of outdoor advertisements for unhealthy commodities, the impact of alcohol advertising, the distribution of alcohol advertisements by area of deprivation, and the limitations and possibilities of local councils regulating unhealthy commodity advertising.

The unhealthy commodity industries typically include the manufacture, marketing, and selling of tobacco, alcohol, foods and drinks that are high in fat, salt, or sugar (HFSS), and gambling. Four in five outdoor billboard advertisements are located in the most deprived half of England and Wales and, across England, there are more than six times as many outdoor advertisements for harmful products in the country's most deprived areas than in the least deprived areas.

Studies have identified that alcohol advertising may contribute to alcohol-related inequalities as advertisements are concentrated in deprived areas. The influence that alcohol marketing has on alcohol consumption among children can be even more influenced by alcohol outlets within their neighbourhood. Alcohol outlet availability in areas of deprivation can be a determinant of the amount of alcohol advertising that is present within a community.

Although evidence is lacking on the correlation between alcohol advertising as a contributor to the increase in violent acts in the UK, there are studies based in other countries that have recognised the correlation.

It is unclear how much revenue local councils, make from the outdoor advertising of alcoholic products in the UK. Studies that have evaluated the distribution of unhealthy commodities, advertisements include alcohol products and there is a high chance that some local councils receive some form of revenue from the alcohol industry to promote their products. The authors suggest that a longer-term strategy to try to reduce the cost of harm would involve restricting unhealthy commodity marketing. They note that some local councils have already acted to reduce outdoor unhealthy commodity advertising.

The report concludes that evidence relating specifically to the outdoor advertising of alcohol is limited. More research is needed that investigates the distribution of alcohol advertisements across the UK, especially in deprived areas. However, more generally across the public health literature, there is agreement that outdoor advertising of unhealthy commodities must be regulated as they deepen inequalities for disadvantaged populations. Furthermore, it is believed that restrictions on unhealthy commodity advertising can contribute to a possible 5-8% reduction in alcohol consumption.

Local councils that have established restrictions on unhealthy commodities have shown the benefits of doing so through improvements in public health. Further restrictions on outdoor alcohol advertisements could be a positive start in reducing alcohol-related harms that continue to burden communities across the UK.

ias.org.uk/report/outdoor-alcohol-advertising-by-area-of-deprivation/

Australia to review alcohol laws and alcohol's impact on family and domestic violence victims

On September 6th, a media statement released by the Prime Minister in Australia, and agreed to by First Ministers, acknowledged the role that systems and industries can play in exacerbating violence. A review is to be conducted of alcohol laws and its impact on family and domestic violence victims to identify and share best practice and reforms and to report back to National Cabinet on progress.

The announcement is a major step forward for a campaign that has been running in Australia. The Foundation for Alcohol Research and Education (FARE)'s 'Action on alcohol and gendered violence', was launched in May 2024, following Prime Minister Anthony Albanese's announcement of measures to address violence against women in Australia, which did not address alcohol's role in family violence.

FARE's campaign highlighted the significant influence of alcohol in family violence incidents, with statistics showing that alcohol is involved in 23% to 65% of all police-reported cases. Further, greater access to alcohol, especially through online sales and delivery, exacerbates the severity of violence, posing increased risks to women and children. The campaign called for governments to update alcohol laws to explicitly include the prevention of violence against women and children.

Number of pregnant women who drink drops sharply in the Netherlands

The recently published Trimbos Institute's Mental Health and Pregnancy Monitor 2023 shows that in the Netherlands, the number of pregnant women who drank during pregnancy, despite knowing they were pregnant, has dropped to 1.9%. In 2016, this percentage was still 4.7%. The National Prevention Agreement sets out the ambition to reduce the number of pregnant women who drank while knowing they were pregnant to 2% in 2040. With the drop to 1.9% in 2023, this ambition has already been achieved.

Peter de Wolf (director of STIVA) commented "A number of ambitions have been agreed upon in the National Prevention Agreement to reduce problematic alcohol consumption. STIVA is committed to achieving the ambitions of the National Prevention Agreement and will continue to do so. It is fantastic that this target has already been achieved well before 2040, but of course we want this percentage to drop even further to 0%. Because alcohol and pregnancy do not go together. Of course, this does not mean that you should never drink. A nice drink fits perfectly into a balanced lifestyle. But a balanced lifestyle also means that you should not drink sometimes. Are you pregnant or breastfeeding? Then do not drink now."

World Cancer Research Fund International policy position on alcohol and cancer

A new policy position on alcohol from World Cancer Research Fund International makes key policy recommendations. These include:

- Fiscal and pricing policies: increasing excise taxes and setting minimum unit pricing to make alcohol less affordable.
- Restricting availability: limiting where and when alcohol can be sold, and regulating alcohol retail outlets.
- Mandatory health warning labels: clear, visible labels on alcoholic products to inform consumers about health risks and nutrition information.
- Marketing restrictions: banning or strictly regulating the promotion and sponsorship by alcoholic products and brands.
- Updated national guidance: ensuring that public health guidelines in every country reflect the evidence on alcohol and cancer risk.

World Cancer Research Fund International works with partners such as the World Health Organization, and civil society organisations such the Union for International Cancer Control, the NCD Alliance and Movendi International, to push for more government action to reduce alcohol consumption. According to WCRF, alcohol causes around 4% of cancer cases and is linked to at least 7 different types of cancer. WCRF argues that policies to reduce consumption and make people aware of the risks are essential to reduce cancer risk and that policymakers play a crucial role in mitigating the health, social and economic harms caused by alcohol.

wcrf.org/policy/alcohol-policy/

Australia considers new alcohol labelling standards

The Food Standards Australia New Zealand (FSANZ) is working to introduce new labelling standards for alcoholic beverages in Australia and New Zealand, with growing industry support for the initiative. The proposed standards aim to give consumers clearer and more comprehensive information about the contents of alcoholic drinks, including carbohydrate, sugar, and energy values. These labeling requirements are part of a broader initiative to enhance transparency in food and beverage products, addressing public health concerns and the need for clearer ingredient information.

According to data analytics firm GlobalData, 71% of Australian consumers consider calorie and cholesterol information crucial or helpful when deciding which food and drink items to purchase.

The New Zealand Food and Grocery Council (NZFGC) supports including content disclosure for alcoholic beverages with over 1.15% ABV, allowing producers to provide accurate information on sugar and carbohydrate levels for greater consumer transparency. Both the NZFGC and The George Institute Australia endorse using an 'energy information panel' instead of a 'nutrition information panel' to declare energy content, recommending it be expressed per 100ml. The NZFGC also advocates for flexibility in how energy content information is presented, especially for imported products that may use slightly different formats but still comply with mandatory labeling requirements.

Kakarlapudi Karthik Varma, consumer analyst at GlobalData, said, "For consumers, this change represents an important step toward greater health awareness. Alcoholic beverages contribute significantly to daily energy intake for many people, and clearer labeling will help them better understand how alcohol fits into their overall diet. These labels will allow consumers to compare energy content across products, making informed choices that align with their health and wellness goals, whether for weight management or general wellbeing."

Policy action on alcohol is popular with UK voters

A new poll from Alcohol Change UK, finds public support for government action to address the harm caused by alcohol. The survey was carried out online by Savanta on behalf of Alcohol Change UK between 6-8th September 2024. It interviewed 2,028 UK adults aged 18+ online. The research found that there is particular support (especially among Conservative to Labour swing voters) for increasing alcohol duty.

In the survey 52% of respondents agreed that increasing alcohol duty until it covers the cost of alcohol-related harm would have a positive impact on the NHS. 47% think increasing alcohol duty in the Budget would be the 'right priority', rising to 54% who voted Conservative in 2019 and Labour in 2024. 61% said that they would like to see a ban on alcohol marketing in places which could be seen by children, with just 11% opposed, rising to 77% of swing voters, with 6% opposed. 47% support minimum unit pricing to prevent alcohol being sold at low prices – more than double those who oppose (23%) and rising to 55% for and 17% against of swing voters.

Support for action on alcohol harm reflects the public's position on the Government's five 'missions'. When asked in the poll, which are most important, 'Building an NHS fit for the future' was a clear priority among respondents, getting more support than the second and third favourites combined.

Alcohol Change UK commented that this new research strengthens their call for the Government to do more to address the harm caused by alcohol, which it argues will deliver significant societal and financial benefits, including easing the pressure on the NHS.

The research also confirmed strong public support for wider measures to tackle alcohol harm in the UK, including:

- Compulsory labels on alcoholic drinks about calories and ingredients (59%)
- Compulsory labels on alcoholic drinks about health risks (57%)
- Protecting funding for alcohol and drug treatment services (52%)
- Increasing the level of duty on cider to the same level as beer (51%)
- A minimum unit price on alcohol, to prevent alcohol being sold at low prices (47%)

alcoholchange.org.uk/blog/press-release-public-wants-higher-alcohol-duties-to-save-the-nhs

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