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E: info@alcoholinmoderation.com

Websites:

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Please contact Zoe@alcoholinmoderation.com for information about AIM's subscription levels.

Please make cheques/drafts in British pounds sterling, dollars or Euros payable to AIM Digest at the above address

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

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Japan

In Japan, revisions to the Road Traffic Act will strengthen penalties for people who cycle under the influence of alcohol. Riders who are found with more than 0.15 milligrams of alcohol per litre of breath, face a prison term of up to three years or a fine of up to 500,000 yen. The more serious offence of cycling while drunk was already included in the current law, for which offenders face a prison term of up to five years or a fine of up to 1 million yen.

Spain

The Spanish government has confirmed that it plans to reduce the blood alcohol limit for all drivers to 0.2 g/l next year. The new lower generalised limit puts Spain on the same level as Norway and Sweden, two of the safest countries in Europe in terms of road safety. The current general limit in Spain is 0.5 g/l, with a lower 0.3 g/l limit for professional and novice drivers, and under 18-year-olds are subject to a zero limit.

Greece

As part of efforts to curb the uncontrolled sale of alcohol to minors, Greek authorities are to tighten alcohol laws. A newly set-up interministerial committee initiated by Minister of State Akis Skertsos is examining measures which will include increased inspections and stricter penalties for those supplying alcohol to minors.

Penalties for serving alcohol to minors were lifted in 2016 by the then-ruling SYRIZA party. Justice Minister Giorgos Floridis said, "Supplying minors with alcohol will become a criminal offense again."

UK

Allowing football fans to drink alcohol will be trialled at two women's championship clubs this season. The newly launched Women's Professional Leagues Limited, which governs the Women's Super League and second-tier Championship, discussed measures with their key stakeholders as part of a pilot that could lead to wider adoption across the women's game. Discussions by the WPLL are at an early stage and the trial clubs have yet to be chosen but it is part of wider measures to capitalise on the sport's growth. Laws have been in place since 1985, banning the drinking of alcohol on the pitch in men's football, but the ban in the women's game has, until now, been self-imposed by football's authorities.

France

The French Rugby Federation (FFR) has banned players from drinking alcohol during national team gatherings to help improve off-field discipline. One of the other 20 steps announced by the FFR is a proposal to introduce drug and alcohol testing.

Australia

The new NT government is set to introduce a new law that will allow police to issue heavy fines and arrest those drinking illegally in public. Chief Minister Lia Finocchiaro says it will enable police to 'intervene early in nuisance public drinking' but health experts and the opposition say it will do little to reduce alcohol-related harm. The new law is expected to be passed by the majority CLP government in the first sittings of parliament.

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

Authors

Ortolá, R.; Sotos-Prieto, M.; García-Esquinas, E.; Galán, I.; Rodríguez-Artalejo, F.

Citation

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Author's Abstract

Objective Alcohol consumption is a leading cause of morbidity and mortality that may be more important in older adults with socioeconomic or health-related risk factors. To examine the association of alcohol consumption patterns with 12-year mortality and its modification by health-related or socioeconomic risk factors.

Methods This prospective cohort study used data from the UK Biobank, a population-based cohort. Participants were current drinkers aged 60 years or older. Data were analysed from September 2023 to May 2024. According to their mean alcohol intake in grams per day, participants' drinking patterns

were classified as occasional: <2.86 g/d), low risk (men: >2.86-20.00 g/d; women: >2.86-10.00 g/d), moderate risk (men: >20.00-40.00 g/d; women: >10.00-20.00 g/d) and high risk (men: >40.00 g/d; women: >20.00 g/d). Health-related risk factors were assessed with the frailty index, and socioeconomic risk factors were assessed with the Townsend deprivation index. All-cause and cause-specific mortality were obtained from death certificates held by the national registries. Analyses excluded deaths in the first 2 years of follow-up and adjusted for potential confounders, including drinking patterns and preferences.

Results A total of 135 103 participants (median [IQR] age, 64.0 [62.0-67.0] years; 67 693 [50.1%] women) were included. In the total analytical sample, compared with occasional drinking, high-risk drinking was associated with higher all-cause (hazard ratio [HR], 1.33; 95%CI, 1.24-1.42), cancer (HR, 1.39; 95%CI, 1.26-1.53), and cardiovascular (HR, 1.21; 95%CI, 1.04-1.41) mortality; moderate-risk drinking was associated with higher all-cause (HR, 1.10; 95%CI, 1.03-1.18) and cancer (HR, 1.15; 95%CI, 1.05-1.27) mortality, and low-risk drinking was associated with higher cancer mortality (HR, 1.11; 95%CI, 1.01-1.22). While no associations were found for low- or moderate-risk drinking patterns vs occasional drinking among individuals without socioeconomic or health-related risk factors, low-risk drinking was associated with higher cancer mortality (HR, 1.15; 95%CI, 1.01-1.30) and moderate-risk drinking with higher all-cause (HR, 1.10; 95%CI, 1.01-1.19) and cancer (HR, 1.19; 95%CI, 1.05-1.35) mortality among those with health-related risk factors; low-risk and moderate-risk drinking patterns were associated

with higher mortality from all causes (low-risk: HR, 1.14; 95%CI, 1.01-1.28; moderate risk: HR, 1.17; 95%CI, 1.03-1.32) and cancer (low risk: HR, 1.25; 95%CI, 1.04-1.50; moderate risk: HR, 1.36; 95%CI, 1.13-1.63) among those with socioeconomic risk factors. Wine preference (>80% of alcohol from wine) and drinking with meals showed small protective associations with mortality, especially from cancer, but only in drinkers with socioeconomic or health-related risk factors and was associated with attenuating the excess mortality associated with high-, moderate- and even low-risk drinking.

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

Forum Summary

It is well known that people with a low socioeconomic status experience higher levels of alcohol-related harm than people with a high socioeconomic status. The study by Ortolá et al. (2024) adds little to that but is interesting because it concerns the increasingly larger population group of older adults with complex health conditions, who pose an increasing burden on our healthcare system. This study in older UK adults by Ortolá and co-authors concluded that even low-risk drinking was associated with higher mortality among older adults with health-related or socioeconomic risk factors.

However, the study did not use the appropriate control group of non-drinkers or never drinkers in their comparison, while these groups were present in their population. Also, the authors used very limited information on drinking quantity and drinking pattern. Drinking categories were based on an estimated one-time average consumption per week and exclusion of one-time bingers and inclusion of weekend heavy drinkers. Such an assessment will have contributed to significant misclassification of drinking categories. Also, important other lifestyle factors like eating habits and body weight were not included in their models.

The Forum concludes that these limitations may well explain why this single study contrasts the vast number of previous studies showing that light to moderate alcohol consumption is associated with a reduced mortality in older adults.

Forum comments

Background

Life expectancy is increasing worldwide. Older adults and the elderly are rapidly growing groups, as population aging is much faster than in previous decades. In low- and middle-income countries, this is largely the result of large reductions in mortality at younger ages, particularly during childhood and childbirth, and from infectious diseases (Bloom, 2011). In high-income countries, continuing increases in life expectancy are now mainly due to declining mortality among those who are older (Christensen et al. 2009). Statistics are unclear, however, if the added years in older age are being experienced in good health or whether the added years of older age are lived mainly in poor health (Crimmins and Beltran-Sanchez, 2011).

The WHO estimates that between 2015 and 2050, the proportion of the world's population over 60 years will nearly double from 12 to 22% and the proportion of those aged 80 years and older will almost quadruple. Most health problems of older age result from gradually developing chronic diseases, which become more common with age. The four main types are cardiovascular diseases, cancers, diabetes and chronic respiratory diseases such as chronic obstructive pulmonary disease. Other common conditions in older age include hearing loss, cataracts and refractive errors, back and neck pain and osteoarthritis, depression and dementia. As people age, they are more likely to experience several of these conditions simultaneously.

Many can be prevented or delayed by engaging in healthy behaviours (Haveman-Nies et al., 2002; Michel et al., 2008; Paterson et al., 2010; Hrobonova et al., 2011; Estruch et al., 2013; Tak et al., 2013; Arem et al., 2015; Richard et al., 2017; Xi et al., 2017; Li et al., 2018). A healthy lifestyle, therefore, contributes to a longer healthier life and healthier ageing. Various studies including various meta-analyses have shown that the more healthier lifestyle factors older individuals have, the longer they will live (Larsson et al., 2017; Colpani et al., 2018;

Jayedi et al., 2020; Knoops et al., 2004; Keyes et al., 2019, van den Brandt and Brandts, 2020, Zhang et al., 2020). Healthy lifestyle factors studied in these cases included not smoking, a nutritious diet, a healthy body weight, being physically active, and consuming alcohol in moderation.

Widespread health inequities exist, however, both between and within population groups, such that lower socioeconomic groups experience higher levels of alcohol-related harm than wealthier groups with the same level of alcohol consumption (Wilkinson and Marmot, 2003). For example, disadvantaged individuals are typically at least twice as likely to experience serious illness or premature death compared to more advantaged individuals (Wilkinson and Marmot, 2003). In addition, concurrent experience of several forms of socioeconomic disadvantage is known to exacerbate inequities in alcohol-related mortality and morbidity (Rahav et al., 2006; Graham, 2007; CSDH, 2008).

The study by Ortolá et al. (2024) is interesting because it concerns an increasingly larger population group with complex health conditions and an increasing burden on our healthcare system. Insight into healthy habits may help to advise people on their lifestyle and help to prevent adverse health outcomes. It is, however, surprising that they do not find any protection from light or moderate alcohol consumption on their main outcomes — total, cardiovascular disease and cancer mortality — whereas other studies have shown such beneficial effects. This includes the study by Jani et al. (2021), also based on a large prospective cohort study of UK Biobank (UKB) participants of more than 300,000 subjects where outcomes were ascertained over a 9-year median follow-up period.

Critique

Bias may have contributed to the data presented and the conclusions drawn by the authors. Their definition of alcohol consumption patterns already introduces bias. Alcohol consumption is assessed by self-reporting the frequency and mean amount of the main types of alcoholic beverages consumed. Based on these self-reports total alcohol consumption was calculated, and their alcohol consumption pattern was classified. The classification was 'occasional', 'moderate risk' and 'high risk'. This means that the authors beforehand assumed that alcohol consumption

in the moderate and high ranges would have a detrimental effect on their health.

Also, an average alcohol consumption calculated as grams per day is not to be considered as an alcohol consumption pattern. In an alcohol consumption pattern, both alcohol consumption frequency and the amount of alcohol consumed per occasion is important. Alcohol consumed in moderation has been shown to be beneficial for overall mortality and cardiovascular mortality, with drinking frequency as an additional beneficial factor, in that the more frequently alcohol is consumed in moderation, the stronger the negative association with cardiovascular mortality (Mukamal et al., 2003).

Consequently, Rehm et al. (2001) emphasised the "importance of routinely including measures of drinking patterns into future epidemiologic studies on alcohol-related mortality". They found that when the largest categories of equivalent average consumption volume were divided into people with and without heavy drinking occasions, serving as an indicator of drinking patterns, this differentiation proved important in predicting mortality. Light to moderate drinkers had higher mortality risks when they reported heavy drinking occasions (defined by either eight drinks per occasion or getting drunk at least monthly). Similarly, when the category of ex-drinkers was divided into people who did or did not report heavy drinking occasions in the past, people with heavy drinking occasions had a higher mortality risk.

Further, drinking amounts and patterns vary widely for drinkers depending on numerous factors which include with/without food, food frequency, quantity frequency, on and off-premise pour sizes, and ethanol concentration of various alcoholic beverages (Greenfield and Kerr, 2009) – all of which significantly influence blood alcohol concentration and hence the size and type of effect on the body's organs, tissues and cells (Pikaar et al., 1988; Quertemont and Didone, 2006; Stockley and Saunders, 211). Greenfield and Kerr (2009) highlight the importance of diaries in accurately assessing consumption to reduce potential bias and confounding.

Interestingly, or better disappointedly, there is no control group of older adults who do not drink alcohol. For a fair and just interpretation of the effects of alcohol, a control group of non-drinkers

or never-drinkers is essential. Ortolá et al. (2024) did not include non-drinkers in their analysis and presented it as a methodological improvement. However, both groups were present in the cohort and identified as such. The methods section on statistical analysis even indicates that 10,456 never-drinkers and 8,295 former drinkers were excluded from the analysis. It would have been methodologically correct to include both the former drinkers and the never-drinkers in their analysis to show their proposition.

The authors state that occasional drinkers would prevent selection bias caused by misclassification of former drinkers and palliate residual confounding because they (occasional drinkers) are more like light drinkers than are never drinkers. The latter suggests that never-drinkers are very different persons who are not comparable to those who drink, even those who drink lightly or occasionally. It is hard to imagine what those important differences would be and how these differences would have affected the outcomes of this study and all other studies from the same cohort. It would have been informative and insightful to additionally report on the analyses including a methodologically correct control group. It would have made the conclusions, when similar, stronger.

The authors also excluded 20,167 known binge drinkers, who are those who consumed > 6 units of alcohol in one session. This aspect of alcohol consumption has been evaluated once at the beginning of the study without follow-up as all other aspects of alcohol consumption. Authors were, therefore, unable to assess whether this group consists of consistent binge drinkers or also comprises persons who occasionally binge or had one binge in their lifetime. Having 5 units on Friday night and Saturday night may still translate into classification as a low-risk drinker (10 x 8 g/7 = 11.4 g/d) in Ortolá et al. (2024)'s methodology. So, the exclusion of one-time bingers and including weekend heavy drinkers as low-risk drinkers still contributes to the misclassification of drinkers, which may have serious consequences for the interpretation of the data. Of the total UK Biobank population of 217,462 participants 60 years and older, 82,359 participants, which is 38%, were excluded due to their incomplete or undesired alcohol consumption report.

Cox regression models were used and corrected

for baseline sociodemographic, lifestyle and clinical characteristics. Lifestyle factors include smoking, physical activity, and TV watching time. It seems that additional important lifestyle factors such as diet and body weight were not included in the models, which is a major omission. This omission may have affected the outcomes.

Preference for wine is motivated by the following sentence: "However, some studies have observed benefits of alcohol on unhealthy aging or frailty, especially of light alcohol intake (18,19) and of a Mediterranean alcohol drinking pattern, defined as moderate alcohol consumption, preferably wine and accompanying meals, (14,20) suggesting that the protective associations of these potentially beneficial drinking patterns might be greater in individuals with ill health, although they might be due to the aforementioned methodological issues. (5)"

Apart from the fact that it is difficult to understand what the authors want to say, the use of references #18 and #19 is incorrect. Reference #18 (Daskalopoulou et al., 2018) is a meta-analysis looking at the associations between smoking and alcohol consumption and healthy aging. They find that drinkers compared with non-drinkers (1.28, 95% CI 1.08 to 1.52), light drinkers compared with non-drinkers (1.12, 95% CI 1.03 to 1.22), moderate drinkers compared with non-drinkers (1.35, 95% CI 0.93 to 1.97) and high drinkers compared with non-drinkers (1.25, 95% CI 1.09 to 1.44) were all positively associated with healthy aging. Also reference #19 (Kojima et al., 2018) is not just a study but a meta-analysis of all studies on this topic showing that the highest alcohol consumption was associated with a lower frailty index with a pooled OR of 0.44, 95%CI = 0.19–1.00, P = 0.05.

Correct referencing should be an important service to the reader, not a misleading representation of the state-of-the-art literature.

Specific Comments from Forum Members

Forum member Ellison suggests that "given the exclusion of lifetime non-drinkers as an appropriate control group, and many other exclusions such as binge drinkers, it is not possible to judge whether (or not) alcohol consumption had the effects attributed by the authors. The classification of the level of drinking is based primarily on the number of drinks per week, so it is

difficult to know whether each category consisted primarily of regular low-dose drinkers or non-drinkers all week who had heavy drinking on the weekends.

The adjustments, as confounders, for many other risk factors and diseases in their analyses may well have influenced the results if they included conditions such as diabetes or cardiovascular risk factors that have been shown to be favourably affected by alcohol. As stated so well by other reviewers, having limited information on the pattern of drinking weakens their analyses, as the combination of type of beverage, with or without food, on a regular basis versus only on a few days a week, etc., must be considered together to define the pattern of drinking most associated with healthy outcomes.

Essentially all well-done cohort studies that have controlled for multiple risk factors, including key socio-economic factors, have shown a significant reduction in total and cardiovascular mortality among light and moderate drinkers. The fact that the current analysis gave different results suggests that these analytic problems may have influenced their reported outcomes."

Forum member Skovenborg considers "two biases mentioned by Ortola et al. (2024) which are outlined in their reference #5,

Healthy survivor bias: "alcohol is a leading contributing cause of deaths from unintentional injuries and violence among young and middle-aged adults."

Accordingly, what Naimi et al. (2017) and Stockwell et al. (2016, 2024) want us to believe is that the aged population of drinkers, that have survived their drinking youth without dying from violence or injuries, are 'healthy survivors' favoured by a 'healthy survivor' protection against cardiovascular mortality.

Misclassification or exclusion of former drinkers: "including former drinkers with life-time abstainers 'contaminates' the non-drinking reference group with less healthy individuals, including some whose poor health is attributable to alcohol. To mitigate this bias, it is now recognized that the reference group of non-drinkers should be comprised only of those who have never or only rarely consume alcohol."

To clarify what 'rarely consume alcohol' means, the following quote is from Stockwell et al. (2016): "Following Fillmore et al. (2006), lifetime abstention

was strictly defined as zero consumption and did not include studies with any level of occasional lifetime or past-year drinking (e.g., less than 12 drinks or “rarely” or “hardly ever” drinking). Such self-reported infrequent drinkers have been shown to greatly underreport their consumption.” Accordingly, Ortola et al. (2024)’s use of ‘occasional drinkers’ as a reference group is not what they call ‘an important methodological improvement’ but a serious flaw according to Stockwell et al. (2016) that would disqualify the results of their study. Furthermore, the group of occasional drinkers may drink <2.86 g alcohol/day = <20 g alcohol/week which actually place a number of these occasional drinkers in the light drinker’s category according to the definition of light drinking used in a number of cohort studies: >1 to <6 drinks/week.”

Furthermore, reference #6 (GBD study of 2016) is quoted as support for the statement “no drinking at all or less is better”. The authors had access to the updated GBD study of 2020 that found that small amounts of alcohol may be beneficial for some older adults, and the daily threshold at which health risks increase is between 1.5 to 3.0 standard drinks for drinkers aged 60 years and older which is the age of the UK Biobank Cohort studied by Ortola et al. (2024).

Finally, a recent combined analysis of alcohol consumption and dementia risk (Mewton et al. 2023), another common health problem of older age, clearly showed that “when compared with abstainers, the risk for dementia was lower in occasional [hazard ratio (HR) = 0.78; 95% confidence interval (CI) = 0.68–0.89], light–moderate (HR = 0.78; 95% CI = 0.70–0.87) and moderate–heavy drinkers (HR = 0.62; 95% CI = 0.51–0.77). There was no evidence of differences between life-time abstainers and former drinkers in terms of dementia risk (HR = 0.98; 95% CI = 0.81–1.18).” Indeed, abstinence from alcohol appears to be associated with an increased risk for all-cause dementia.”

In addition, Forum member Waterhouse states that he is “particularly surprised that there was no cohort of non-drinkers in the study. Were the authors trying to hide the risks of not drinking?”

Following on, Forum member Harding has two comments. “First, the anti-alcohol bias among the authors is apparent from their classification of alcohol consumption, all of which is regarded as

‘risky’. Second, the absence of an abstainer category (even though there were clearly abstainers in the cohort) means that the usual J-shaped curve seen in numerous similar studies is not apparent, and so mortality risk starts increasing from the lowest level of consumption. Epidemiological data of this nature has been presented like this before, e.g., Wood et al. (2018), although in that case the abstainer data was tucked away in the Appendix. When data is presented like this, it is not surprising that moderate alcohol consumers have a higher cancer risk, because they are benefiting from the cardio-protective effect of moderate consumption and are therefore living long enough to die of cancer and other conditions.”

Forum member de Gaetano similarly drew our attention to a commentary on Wood et al. (2018) by Astrup et al. (2018), which was also mentioned by Forum member Harding. “Essentially, removing the abstainers as controls lets the J-shaped curve disappear, while it reappears when abstainers are re-introduced (in the original paper, these groups were only included in the Appendix).”

Invited Forum member Fradera comments that “the way I understand it was the purpose of this study (as quoted by the authors) is:

- to investigate the associations of several potentially beneficial alcohol consumption patterns, such as, consumption of low amounts of alcohol, wine preference, and drinking only during meals, with all-cause, cancer, and CVD mortality in older adults; and
- to examine whether the relationship is modified by health-related or socioeconomic risk factors.

However, in their results/conclusions, Ortola et al. (2024) state that “In this cohort study of older drinkers from the UK, even low-risk drinking (compared to occasional drinking) was associated with higher mortality among older adults with health-related or socioeconomic risk factors”. They appear fearful of mentioning the potential positive effects of drinking wine with meals. If you look at all the tables, wine drinkers do not have an increased risk of cancer, CVD and all-cause mortality. Even with health-related and socioeconomic risk factors, there is no increased risk if wine is consumed with the meals (Table 3 and eTable2).

For me, the conclusions based on their purpose would be: The current study found a reduced risk

of both cancer and all-cause mortality among individuals who consume wine with meals, compared to those who may drink outside of a meal. And then you can explain that in those with at least one health-related or socioeconomic risk factor, low to moderate drinking might be risky. So, the increased risk for low and moderate drinkers of any alcoholic beverage appears to be restricted only to individuals with at least one existing health-related or socioeconomic risk factor.

The message then would be that this study confirmed that the Mediterranean drinking pattern – moderate wine consumption with meals – was associated with a reduced risk of cancer and all-cause mortality compared to those who drank outside meals. Moderate wine consumption with meals was not related to an increased cancer and all-cause mortality risk among older UK adults.

Study limitations include:

- the UK Biobank cohort is more affluent, white, and mostly wine drinkers primarily living in England. The results of studies based on this population, may not apply to other populations globally. I assume that the participants were considered to have socioeconomic risk factors if they lived in more deprived areas (TDI > 0) and not, if they lived in more affluent areas (TDI < 0).
- non-drinkers were not included in the reference group;
- based on this single study, the contrasting results of the vast number of previous studies that examined the association between wine/ alcoholic beverages and mortality risks cannot be disregarded;
- data about alcohol use was self-reported “How often do you drink alcohol?” If individuals responded positively and drank more than once or twice a week, they were asked: “In an average WEEK, how many glasses of RED wine would you drink?”; and
- nothing is known about eating habits, only lifestyle.

Concluding comments

The Forum concludes that numerous limitations like not using an appropriate control group and using limited information on drinking quantity, drinking pattern and eating habits, may well explain why this single study contrasts the vast number of previous studies showing that light to

moderate alcohol consumption is associated with a reduced mortality in older adults.

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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
- Erik Skovenberg, MD, specialized in family medicine, member of the Scandinavian Medical Alcohol Board, Aarhus, Denmark
- Andrew Waterhouse, PhD, Department of Viticulture and Enology, University of California, Davis, USA
- Richard Harding, PhD, Formerly Head of Consumer Choice, Food Standards and Special Projects Division, Food Standards Agency, UK
- Giovanni de Gaetano, MD, PhD, Department of Epidemiology and Prevention, IRCCS Istituto Neurologico Mediterraneo NEUROMED, Pozzilli, Italy
- Arne Svilaas, MD, PhD, General practice and lipidology, Oslo University Hospital, Oslo, Norway
- Ursula Fradera, RDN, MSC, Project Manager, Deutsche Weinakademie GmbH, Germany
- Fulvio Ursini, MD, Dept. of Biological Chemistry, University of Padova, Padova, Italy
- Mladen Boban, MD, PhD, Professor and Head of the Department of Pharmacology, University of Split School of Medicine, Croatia
- Fulvio Mattivi, MSc, Scientific Advisor, Research and Innovation Centre, Fondazione Edmund Mach, in San Michele all'Adige, Italy
- Monika Christmann, PhD, Head of Institute, Department of Enology and Professorship for Enology, Hochschule Geisenheim University, Germany
- Pierre-Louis Teissedre, PhD, Faculty of Oenology–ISVV, University Victor Segalen Bordeaux 2, Bordeaux, France
- Matilda Parente, MD, consultant in molecular pathology/genetics and emerging technologies, San Diego, CA, USA

Effect of moderate beer intake on the lipid composition of human red blood cell membranes

Growing evidence suggests that erythrocyte (red blood cell) membrane lipids are subject to changes during their lifespan. Factors such as the type of dietary intake and its composition contribute to the changes in red blood cell membranes. Due to the high antioxidant content of beer, researchers investigated the effect of moderate beer consumption on the lipid composition of red blood cell membranes in healthy overweight individuals.

Over four weeks, a prospective two-arm longitudinal cross-over study was conducted, where 36 participants were randomly assigned to alcohol-free beer group or traditional beer group. The lipids of RBCs membranes were assessed at the beginning and end of the intervention by thin-layer chromatography.

Four weeks of alcohol-free beer promoted changes in fatty acids, free cholesterol, phosphatidylethanolamine, and phosphatidylcholine. Meanwhile, traditional beer intake led to changes in fatty acids, free cholesterol, phospholipids, phosphatidylethanolamine and phosphatidylcholine. The observed alterations in membrane lipids were found to be independent of sex and BMI as influencing factors.

The study concludes that the lipid composition of erythrocyte membranes is distinctly but mildly influenced by the consumption of both non-alcoholic and conventional beer, with no effects on red blood cell membrane fluidity.

Source: López-Yerena, A., Muñoz-García, N., de Santisteban Villaplana, V., Padro, T., Badimon, L. (2024) Effect of moderate beer intake on the lipid composition of human red blood cell membranes. *Nutrients*, 16(20):3541. doi.org/10.3390/nu16203541.

Acute alcohol consumption and arrhythmias in young adults: The MunichBREW II study

Acute excessive alcohol intake may cause holiday heart syndrome, characterised by cardiac arrhythmias including atrial fibrillation. Since underlying data are scarce, a study aimed to prospectively investigate the temporal course of occurring cardiac arrhythmias following binge drinking in young adults.

A total of 202 volunteers planning acute alcohol consumption with expected peak breath alcohol concentrations (BAC) of ≥ 1.2 g/kg were enrolled. The study comprised 48-hour electrocardiogram (ECG) monitoring covering baseline (hour 0), 'drinking period' (hours 1-5), 'recovery period' (hours 6-19), and two control periods corresponding to 24 hours after the 'drinking' and 'recovery periods', respectively. Acute alcohol intake was monitored by BAC measurements during the 'drinking period'. ECGs were analysed for mean heart rate, atrial tachycardia, premature atrial complexes, premature ventricular complexes, and heart rate variability measures.

Data revealed an increase in heart rate and an excess of atrial tachycardias with increasing alcohol intake. Heart rate variability analysis indicated

an autonomic modulation with sympathetic activation during alcohol consumption and the subsequent 'recovery period', followed by parasympathetic predominance thereafter. Premature atrial complexes occurred significantly more frequently in the 'control periods', whereas premature ventricular complexes were more frequent in the 'drinking period'. Ten participants experienced notable arrhythmic episodes, including atrial fibrillation and ventricular tachycardias, primarily during the 'recovery period'.

The study demonstrates the impact of binge drinking on heart rate alterations and increased atrial tachycardias during 'drinking period', and the occurrence of clinically relevant arrhythmias during the 'recovery period', emphasising the holiday heart syndrome as a health concern.

Source: Brunner, S., Krewitz, C., Winter, R., von Falkenhausen, A.S., Kern, A., Brunner, D., Sinner M.F. (2024) Acute alcohol consumption and arrhythmias in young adults: The MunichBREW II Study. *Eur Heart J*, ehae695. doi.org/10.1093/eurheartj/ehae695.

Alcohol as a factor for sudden cardiac death and/or fatal ventricular arrhythmia

The association between alcohol consumption and the risk of sudden cardiac death and/or fatal ventricular arrhythmia remains controversial. Researchers analysed the association between alcohol consumption, genetic traits for alcohol metabolism, and the risk of sudden cardiac death and/or fatal ventricular arrhythmia.

The authors identified 397,164 individuals enrolled between 2006 and 2010 from the UK Biobank database and followed them until 2021. Alcohol consumption was categorised as current non-drinkers (non-drinkers and ex-drinkers), mild drinkers, moderate drinkers, or heavy drinkers. Genetic traits of alcohol metabolism were stratified according to the polygenic risk score tertiles. The primary and secondary outcomes were a composite of sudden cardiac death and fatal ventricular arrhythmia as well as their components.

During follow-up (median 12.5 years), 3,543 cases (0.89%) of clinical outcomes occurred. Although mild, moderate, and heavy drinkers showed decreased risks of outcomes compared with current non-drinkers, there was no prognostic

difference among non-drinkers, mild drinkers, moderate drinkers, and heavy drinkers. Ex-drinkers showed an increased risk in univariate analysis, but the significance was attenuated after adjusting covariates (hazard ratio 1.19; 95% confidence interval 0.94-1.50). As a continuous variable, alcohol consumption was not associated with clinical outcomes (hazard ratio 1.01; 95% confidence interval 0.99-1.02). Consistent with these findings, there was no association between genetic traits for alcohol metabolism and the risk of clinical outcomes.

Alcohol consumption was neither a protective factor nor a risk factor for sudden cardiac death or fatal ventricular arrhythmia. Genetic traits of alcohol metabolism were not associated with the clinical prognosis.

Source: Park, C.S., Choi, J., Choi, J., Lee, K.Y., Ahn, H.J., Kwon, S., Lee, S.R., Choi, E.K., Kwak, S.H., Oh, S. (2024) Alcohol is neither a risk factor nor a protective factor for sudden cardiac death and/or fatal ventricular arrhythmia: A population-based study with genetic traits and alcohol consumption in the UK Biobank. *Heart Rhythm*, 21(10):1820-1826. doi.org/10.1016/j.hrthm.2024.04.097.

Prevalence of alcohol use among US older adults with pain

The majority of older adults in the United States have been bothered by pain in the past month and over one-third report pain that has persisted or recurred for >3 months (i.e., chronic pain). Accumulating evidence indicates that behavioural factors, such as alcohol use, can influence the impact of pain on health and functioning in older adults. However, most studies exploring the prevalence of alcohol use among individuals with pain have not focused on older adults, specifically. Therefore, the goal of this scoping review was to examine what is known about the prevalence of alcohol use in older adults with pain.

Relevant articles published prior to April 2024 were identified through a comprehensive search strategy, developed in collaboration with content experts and a medical librarian. Thirteen studies in total met the inclusion criteria for this paper.

Results indicated that 53-64% of older adults with pain reported alcohol consumption, 11-28 %

engaged in hazardous patterns of alcohol use, and 1-10 % had a documented alcohol use diagnosis. Moreover, there is evidence that pain severity is positively associated with the likelihood of alcohol consumption among older adults.

The authors comment that these findings are worrisome given evidence that alcohol use has been shown to lead to poorer pain outcomes and that older adults may be at risk for experiencing detrimental alcohol-related effects at comparatively low doses, given the unique challenges faced by this population (e.g., high rates of multimorbidity/polypharmacy). Collectively, findings underscore the need for enhanced assessment and treatment of alcohol use in older adults with pain.

Source: LaRowe, L.R., Granados, H.C., Philpotts, L.L., Vranceanu, A.M., Ritchie, C.S. (2024) Prevalence of alcohol use among U.S. older adults with pain: A scoping review. *Ageing Res Rev*, 101:102541. doi.org/10.1016/j.arr.2024.102541.

The role of social determinants in alcohol consumption and cardiovascular health

The “J”-shaped relationship between alcohol consumption and cardiovascular health is recognised as potentially influenced by residual confounders. A study aimed to clarify what role social determinants play in the relationship.

Using NHANES data from 2005-2018, this study analysed 30,648 participants to assess how eight social determinants (employment, income, food security, education, healthcare access, insurance, housing stability, and marital status) influence the relationship between alcohol consumption and cardiovascular disease (CVD). Moderate drinking reduces CVD risk (HR: 0.741, 95%CI: 0.661, 0.831), while heavy drinking increases it (HR: 1.025, 95%CI: 1.004, 1.095). Structural equation modeling revealed that moderate alcohol consumption was associated with improved social

determinants, which accounted for about 50% of the cardiovascular protective effect. In contrast, heavy drinking was associated with poorer social determinants, resulting in negative effects that masked the cardiovascular protective effects.

This study quantifies the role of social and health factors in the relationship between alcohol consumption and CVD. Despite identifying the direct cardiovascular protective effects of alcohol consumption, global health initiatives should continue to advocate for reduced heavy drinking, given the significant risks involved.

Source: Liu, M., Pan, Y., Wang, Z., Wang, J., Shi, Y., Chu, J. (2024) The role of social determinants in alcohol consumption and cardiovascular health: The Pathways Study. *Nutr Metabol Cardio Dis*, doi.org/10.1016/j.numecd.2024.10.021.

Is there a safe limit for consumption of alcohol?

To understand and curb the harms related to alcohol, it is necessary to think beyond patterns of use that meet the criteria for a diagnosis of alcohol use disorder, or addiction.

Writing in the *Journal of Hepatology*, the researchers say that current research suggests that regular daily alcohol use does not confer a health benefit, and for many persons, even relatively low consumption is associated with a health risk. Determining a safe limit for alcohol consumption is challenging both for the individual and for society.

The authors conclude that excessive drinking is always risky. They provide a list of circumstances, such as chronic illness, driving a vehicle, or

pregnancy where persons should be advised to abstain from alcohol. They recognise the need to encourage less consumption of alcohol, particularly in young adults, and in older adults with co-morbid conditions particularly when taking multiple medications. Finally, they offer the modest proposal that, for persons without the contributing negative influences described above, consumption that adheres to one drink per session, with interspersed abstinent days, does not constitute a meaningful health risk.

Source: Musto, J.A., Brown, R., Lucey, M.R. (2024) Is there a safe limit for consumption of alcohol? *J Hepatol*, ISSN 0168-8278, doi.org/10.1016/j.jhep.2024.10.024.

Relationship between alcohol consumption and cognitive impairment in the adult population over 60 years of age

Academics from Barcelona, Spain, investigated the relationship between alcohol consumption and cognitive impairment in people aged ≥ 60 , and explored which cognitive functions are most affected by prolonged alcohol consumption.

Research databases were searched and a total of seven articles were selected: five longitudinal studies, covering the relationship between alcohol and cognitive impairment; and two cross-sectional studies, which helped identify which cognitive functions are more affected.

Most of the studies conclude that no or excessive alcohol consumption is associated with a higher risk of cognitive impairment, compared to

moderate consumption. In addition, excessive and prolonged alcohol consumption can evolve into secondary alcoholic dementia such as Marchiafava-Bignami disease, Wernicke-Korsakoff syndrome or pellagra. In people with alcohol use disorder, the cognitive functions that are most affected are executive functions, visuospatial skills, attention and memory.

Source: Deví-Bastida, J., Xifré-Passols, M., Oviedo-Penuela, et al. (2024) Relationship between alcohol consumption and cognitive impairment in the adult population over 60 years of age: A systematic review. *Rev Colomb Psiquiatr (Engl Ed)*, S2530-3120(24)00054-7. doi.org/10.1016/j.rcpeng.2024.10.004.

Impact of addressing modifiable risk factors on the 10-year risk of cardiovascular disease in individuals with familial hypercholesterolemia

Familial hypercholesterolemia (FH) is a genetic dominant disorder characterised by elevated low-density lipoprotein cholesterol (LDL-C) levels from birth. These elevated LDL-C levels significantly amplify the lifetime risk of cardiovascular disease (CVD). While the impact of early and effective initiation of lipid-lowering medication (LLM) on CVD risk is well documented in genetically confirmed FH, the additional impact of addressing modifiable lifestyle risk factors (MLRF) in that patient population remains largely unquantified.

A study quantified the potential effects of successfully managing 4 MLRF (smoking, obesity, alcohol consumption, and low physical activity) on the 10-year incidence of a first CVD diagnosis in adults with genetically confirmed FH treated with LLM within the UK Biobank.

In 660 FH individuals (mean age 56 ± 8 years; 60.15% women), smoking cessation and reducing body mass index below 30 kg/m² delivered the most substantial risk reductions (pooled estimates,

adjusted for the 3 other MLRF: -6.5% and -3.2%, respectively), followed by initiating moderate or high physical activity (-1.7%). Notably, cessation of alcohol consumption significantly increased CVD risk (+2.5%), aligning with existing literature. In over 10 years, reductions in CVD risk ranging from 1.7% to 6.5% were achievable through smoking cessation, BMI reduction, and enhanced physical activity in FH individuals. Leveraging causal inference methodologies facilitates the discernment of which risk factors offer the most pronounced additional benefits beyond lipid-lowering interventions in this high-risk population.

Source: Stevens, C., Vallejo-Vaz, A.J., Sharabiani, M.T.A., Brandts, J., Barkas, F., Elshorbagy, A., Mahani, A., Ray, K.K. (2024) Impact of addressing modifiable risk factors on the 10-year risk of cardiovascular disease in individuals with familial hypercholesterolemia: a causal analysis utilising UK biobank. *Eur Heart J*, 45(Suppl 1): ehae666.2681, doi.org/10.1093/eurheartj/ehae666.2681

Association of moderate alcohol intake with the risks of cirrhosis and steatotic liver disease

There is uncertainty about the associations between moderate alcohol consumption and liver-related outcomes. A study explored the associations of moderate drinking with cirrhosis, steatotic liver disease (SLD), and liver cancer in a large cohort study.

A total of 215,559 non-drinkers and moderate drinkers (<20 g/day alcohol for females or < 30 g/day for males) were enrolled between 2006 and 2010 and followed up to 2022. The primary outcome was incident cirrhosis, and the secondary outcomes were the incidence of steatotic liver disease and liver cancer. Hazard ratios (HRs) and 95 % confidence intervals (CIs) were calculated for liver-related outcomes in relation to moderate drinkers, as well as the quantity and type of their alcohol intake. All analyses were stratified by sex.

A total of 705 cirrhosis, 2010 SLD, and 350 liver cancer cases were documented during a median follow-up period of 12.7 years. Compared with non-drinkers, moderate drinkers had a lower risk of SLD (HR: 0.77; 95 % CI: 0.66, 0.89). Among the

moderate drinkers, alcohol intake [per standard deviation (SD) increment] was associated with an increased risk of incident cirrhosis (HR: 1.11; 95 % CI: 1.02, 1.20), but the association was attenuated after restricting alcohol intake to no more than 16 g/day. Wine consumption (per SD increment of the percentage of wine consumption of total alcohol intake) had an inverse association with incident cirrhosis and SLD (HR: 0.82; 95 % CI: 0.75, 0.89 for cirrhosis; HR: 0.91; 95 % CI: 0.87, 0.96 for SLD). The inverse associations between moderate wine use and SLD were likely to be sex-dependent.

The excessive alcohol threshold of 30 g/day for males may be set high for liver health. Further work is needed to make sex-specific recommendations on moderate drinking for liver health.

Source: Xue, H., Wang, L., Wu, Y., Liu, X., Jiang, J., Chan, S.O., Chen, X., Ling, W., Yu, C. (2024) Association of moderate alcohol intake with the risks of cirrhosis and steatotic liver disease: Results from a large population-based cohort study. *Clin Nutr*, 43(12):75-83. doi.org/10.1016/j.clnu.2024.10.014.

To drink or not to drink? Investigating alcohol's impact on prostate cancer risk

Prostate cancer is a significant global health issue. The relationship between alcohol consumption and prostate cancer risk has been the subject of extensive research, yet findings remain inconsistent. A review published in the journal, *Cancer*, explored the association between alcohol intake and prostate cancer risk, its aggressiveness, and the potential metabolic pathways involved in prostate cancer onset.

A comprehensive literature search was conducted across multiple databases, including PubMed and MEDLINE, focusing on epidemiological studies, meta-analyses, cohort studies, and case-control studies. Studies evaluating alcohol consumption, prostate-specific antigen (PSA) levels, and prostate cancer risk were included. The review also explored the roles of alcohol dehydrogenase (ADH) and aldehyde dehydrogenase (ALDH) in alcohol metabolism.

The analysis reveals a complex relationship between alcohol consumption and prostate cancer. Heavy alcohol intake is associated with

an increased risk of prostate cancer, particularly more aggressive forms, and higher mortality rates. However, studies also show weak or no association between moderate alcohol consumption and prostate cancer. The variability in findings may be attributed to differences in alcohol types, regional factors, and study methodologies.

The link between alcohol consumption and prostate cancer risk is multifaceted. While heavy drinking appears to increase the risk of aggressive prostate cancer, the overall relationship remains unclear. Further research is needed to better understand these associations and inform public health recommendations and cancer prevention strategies.

Source: Kaltsas, A., Chrisofos, M., Symeonidis, E.N., Zachariou, A., Stavropoulos, M., Kratiras, Z., Giannakodimos, I., Symeonidis, A., Dimitriadis, F., Sofikitis, N. (2024) To drink or not to drink? Investigating alcohol's impact on prostate cancer risk. *Cancers (Basel)*, 16(20):3453. doi.org/10.3390/cancers16203453.

Moderate India Pale Ale beer consumption promotes antigenotoxic and non-mutagenic effects in ex vivo and in vivo mice models

The authors of a paper published in the *Journal of Science Food Agriculture* state that "discussion of the benefits of moderate alcohol consumption is ongoing. Broadly, research focusing on ethanol consumption tends to report no benefits. However, studies that distinguish between different types of alcoholic beverages, particularly beers, often reveal positive effects".

Their work evaluated the genotoxic and mutagenic effects of moderate chronic consumption of India Pale Ale (IPA) craft beer. Sixty-four adult male Swiss mice were used and divided into control and treatment groups receiving water, IPA beer with 55.23 g of ethanol per litre of beer, aqueous solution with 55.23 g of ethanol per litre, and hop infusion ad libitum for 30 days. After this period, the animals were genetically evaluated with a comet assay. For the ex vivo comet assay, blood was collected and exposed to hydrogen peroxide (H₂O₂). For the in vivo assay, the alkylating agent cyclophosphamide (CP) was administered to the groups after blood collection and sacrificed after 24 h. Brain, liver, and heart tissues were analysed.

Bone marrow was collected and submitted to the micronucleus test.

The groups treated with IPA beer, ethanol, and hops did not show genotoxic and mutagenic action in the blood, brain, heart, or liver. The antigenotoxic action of IPA beer and hops was observed in both in vivo and ex vivo models, showing a similar reduction in DNA damage caused by CP. There was no significant difference between the groups regarding the formation of micronuclei by CP.

It was concluded that the moderate chronic consumption of IPA beer and hops infusion showed antigenotoxic effects in mice but no antimutagenic action.

Source: de Cordova Kindermann, S., Caon, G., Boeck, C.R., de Oliveira Bauer, C., Dos Santos da Silva, N., Possamai, O.L., Longaretti, L.M., Magenis, M.L., Damiani, A.P., de Oliveira Monteiro, I., de Andrade, V.M. (2024) Moderate India Pale Ale beer consumption promotes antigenotoxic and non-mutagenic effects in ex vivo and in vivo mice models. *J Sci Food Agric*, 104(14):8991-9000. doi.org/10.1002/jsfa.13726.

Associations of socioeconomic status and healthy lifestyle with incident dementia and cognitive decline

Little is known about the complex associations of socioeconomic status and healthy lifestyle with cognitive dysfunction.

Using data from the Health and Retirement Study (HRS) [2008-2020] and the English Longitudinal Study of Ageing (ELSA) [2004-2018], socioeconomic status was constructed by latent class analysis using education level, total household income and wealth. Overall healthy lifestyle was derived using information on never smoking, low to moderate alcohol consumption (drinks/day: (0, 1] for women and (0, 2] for men), top tertile of physical activity, and active social contact.

A total of 12,437 and 6,565 participants from the HRS and ELSA were included (40.8% and 46.0% men and mean age 69.3 years and 65.1 years, respectively). Compared with participants of high socioeconomic status, those of low socioeconomic status had a higher risk of incident dementia (hazard ratio 3.17, 95% confidence

interval 2.72-3.69 in the HRS; 1.43, 1.09-1.86 in the ELSA), and the proportions mediated by overall lifestyle were 10.4% (7.3%-14.6%) and 2.7% (0.5%-14.0%), respectively. Compared with participants of high socioeconomic status and favourable lifestyle, those with low socioeconomic status and unfavourable lifestyle had a higher risk of incident dementia (4.27, 3.40-5.38 in the HRS; 2.02, 1.25-3.27 in the ELSA) and accelerated rate of global cognitive decline ($\beta = -0.058$ SD/year; 95% CI: -0.073, -0.043 in the HRS; $\beta = -0.049$ SD/year; 95% CI: -0.063, -0.035 in the ELSA).

Unhealthy lifestyle only mediated a small proportion of the socioeconomic inequality in dementia risk in both US and UK older adults.

Source: Wang, K., Fang, Y., Zheng, R., Zhao, X., Wang, S., Lu, J., Wang, W., Ning, G., Xu, Y., Bi, Y. (2024) Associations of socioeconomic status and healthy lifestyle with incident dementia and cognitive decline: two prospective cohort studies. *EClinicalMedicine*. 76:102831. doi.org/10.1016/j.eclinm.2024.102831.

Mediterranean diet lowers risk of new-onset diabetes: a nationwide cohort study in China

The Mediterranean diet (MD) has shown promising results in preventing type 2 diabetes, particularly in Mediterranean and European populations. However, the applicability of these benefits to non-Mediterranean populations is unclear, with contradictory findings in the literature.

A study included 12,575 participants without diabetes at baseline from the China Health and Nutrition Survey (CHNS). Dietary intake was measured by three consecutive 24-h dietary recalls. The Mediterranean diet adherence (MDA) was measured by a score scale that included nine components of vegetables, legumes, fruits, nuts, cereals, fish, red meat, dairy products, and alcohol. New-onset diabetes was defined as self-reported physician-diagnosed diabetes during the follow-up.

During a median follow-up of 9.0 years, 445 (3.5%) subjects developed diabetes. Overall, there was an inverse association between the MDA score and new-onset diabetes (per score increment, HR 0.83, 95% CI 0.76-0.90). Moreover, age, sex, BMI, and energy intake significantly modified the association between the MDA score and the risk of new-onset diabetes. Greater fruit, fish, and nut intake was significantly associated with a lower risk of new-onset diabetes.

There was an inverse association between Mediterranean diet adherence and new-onset diabetes in the Chinese population.

Source: Ying, Z., Fu, M., Fang, Z., Ye, X., Wang, P., Lu, J. (2024) Mediterranean diet lowers risk of new-onset diabetes: a nationwide cohort study in China. *Nutr J*, 23(1):131. doi.org/10.1186/s12937-024-01036-x.

Medical research by publication date

Alcohol is neither a risk factor nor a protective factor for sudden cardiac death and/or fatal ventricular arrhythmia: A population-based study with genetic traits and alcohol consumption in the UK Biobank 30/04/2024 published online.

Moderate India Pale Ale beer consumption promotes antigenotoxic and non-mutagenic effects in ex vivo and in vivo mice models 08/07/2024.

Alcohol consumption patterns and mortality among older adults with health-related or socioeconomic risk factors 12/08/2024.

Associations of socioeconomic status and healthy lifestyle with incident dementia and cognitive decline: two prospective cohort studies 15/09/2024.

Acute alcohol consumption and arrhythmias in young adults: The MunichBREW II Study 04/10/2024.

Prevalence of alcohol use among U.S. older adults with pain: A scoping review 04/10/2024, available online 10/10/2024, version of record 13/10/2024.

Association of moderate alcohol intake with the risks of cirrhosis and steatotic liver disease: Results from a large population-based cohort study 10/10/2024 published online.

To Drink or Not to Drink? Investigating Alcohol's Impact on Prostate Cancer Risk 12/10/2024.

Effect of moderate beer intake on the lipid composition of human red blood cell membranes 18/10/2024.

Mediterranean diet lowers risk of new-onset diabetes: a nationwide cohort study in China 23/10/2024.

Relationship between alcohol consumption and cognitive impairment in the adult population over 60 years of age: A systematic review 28/10/2024 published online.

Impact of addressing modifiable risk factors on the 10-year risk of cardiovascular disease in individuals with familial hypercholesterolemia: a causal analysis utilising UK biobank 28/10/2024.

The Role of Social Determinants in Alcohol Consumption and Cardiovascular Health: The Pathways Study 01/11/2024 published online

Is there a safe limit for consumption of alcohol? 01/11/2024 published online.

Multi-dimensional predictors of first drinking initiation and regular drinking onset in adolescence

Early adolescent drinking onset is linked to myriad negative consequences. A study sought to identify the most robust predictors of adolescent first and regular drinking onset, and to examine the clinical utility of drinking onset in forecasting later binge drinking and withdrawal effects.

The study used data from the National Consortium on Alcohol and Neuro-development in Adolescence (NCANDA) baseline to year 8 data. The 538 participants were alcohol-naïve at baseline. Baseline predictors included youth psychodevelopmental characteristics, cognition, brain structure, family, peer, and neighbourhood domains

The strongest predictors of first and regular drinking onset were positive alcohol expectancies (Hazard Ratios [HRs]=1.67-1.87), easy home alcohol access (HRs=1.62-1.67), more parental solicitation (e.g., inquiring about activities; HRs=1.72-1.76), and less parental control and knowledge (HRs=.72-.73).

Earlier first and regular drinking onset predicted earlier transition into binge and regular binge drinking (β s=0.57-0.95). Delayed first and regular drinking increased the likelihood (Incidence Rate Ratios [IRR]=1.62 and IRR=1.29, respectively) of never experiencing withdrawal.

Findings identified behavioural and environmental factors predicting temporal paths to youthful drinking, dissociated first from regular drinking initiation, and revealed adverse sequelae of younger drinking initiation, supporting efforts to delay drinking onset.

Source: Nguyen-Louie, T.T., Thompson, W.K., Sullivan, E.V., Pfefferbaum, A., Gonzalez, C., Ebersson-Shumate, S.C., Wade, N.E., Clark, D.B., Nagel, B.J., Baker, F.C., Luna, B., Nooner, K.B., de Zambotti, M., Goldston, D.B., Knutson, B., Pohl, K.M., Tapert, S.F. (2024) Multi-dimensional predictors of first drinking initiation and regular drinking onset in adolescence: A prospective longitudinal study. *Dev Cogn Neurosci*, 69:101424. doi.org/10.1016/j.dcn.2024.101424.

Links between adolescent binge drinking and midlife alcohol use behaviours by age, sex, and race/ethnicity

Alcohol use is increasing among adults in midlife (i.e., ages 35–60 years), but few studies examine specific alcohol use behaviours in this age group. A paper, published in the journal *Alcohol: Clinical and Experimental Research*, examined measures of typical drinks, maximum drinks, binge drinking, and high-intensity drinking by age, sex, and race/ethnicity among midlife US adults, as well as the prospective association between age 18 binge drinking and midlife behaviours.

Data from 5,180 respondents participating in the national Monitoring the Future Panel study who were aged 35–60 in 2022 (followed since they were in 12th grade in 1980–2005) were used to estimate past 30-day midlife drinking behaviours (i.e., typical drinks, maximum drinks, binge, and high-intensity drinking) by age group, sex, and race/ethnicity. Associations between age 18 binge drinking status and midlife drinking outcomes were examined, as well as moderation by sociodemographic characteristics.

Across ages 35–60, the mean typical number of drinks on drinking days within the past month ranged from 1.4 to 1.8; the mean maximum drinks ranged from 2.3 to 3.2. Past-month binge and high-intensity drinking prevalence ranged from

19.1% to 31.2% and 3.6% to 8.1%, respectively. Estimates of drinking behaviours were generally higher among respondents aged 35–40 (vs. older age groups), males (vs. females), those identifying as white (vs. other racial/ethnic groups), and those who reported age 18 binge drinking (vs. not). Adolescent binge drinking was a stronger predictor of high-intensity drinking among females than males and of typical and maximum drinks among older (age 60) than younger (age 35) respondents.

Binge and high-intensity drinking were reported by a meaningful percentage of US midlife adults. Binge drinking in adolescence was a predictor of subsequent alcohol-related risks. These long-term connections were especially strong among females. At age 18, binge drinking was a stronger predictor of high-intensity drinking at age 60 than earlier in midlife, underscoring that adolescent binge drinking is a key indicator of risk across the lifespan.

Source: Patrick, M.E., Peterson, S.J., Pang, Y.C., Terry-McElrath, Y.M. (2024) Links between adolescent binge drinking and midlife alcohol use behaviors by age, sex, and race/ethnicity. *Alcohol Clin Exp Res*, 00:1–10. doi.org/10.1111/acer.15435

The role of alcohol consumption in the lives of older Australian women

Researchers have investigated how younger and midlife women conceptualise their alcohol consumption, but there is very limited research relating to older women (those 60 years and over). Using data collected from an online qualitative survey, a study explored the factors that influence how 144 older Australian women, aged 60–88 years, conceptualised the role of alcohol in their lives. Researchers identified four themes from the data.

First, alcohol consumption was viewed by participants as an accepted and normalised social activity, that was part of Australian culture. Second, alcohol played a role for some participants as a way to cope with life changes (such as retirement), as well as managing stressful or challenging life circumstances (such as loneliness). Third, alcohol was part of the routines and rituals of everyday life for some women. For example, women discussed the consumption of wine with their evening meal as an important part of the structure of

their day. Fourth, participants had clear personal expectancies about what it meant to be a 'responsible drinker'. They had clear narratives about personal control and moral obligation, which in some cases created a reduced perception of their own risk of alcohol-caused harm.

This research provides a starting point for future public health research examining the factors that may shape older women's alcohol consumption beliefs and practices. The authors state that public health activities should consider the unique needs and potential vulnerabilities of older women drinkers, and how these may be potentially exploited by the alcohol industry.

Source: McCarthy, S., Pitt, H., Benjamin, K. et al. (2024) The role of alcohol consumption in the lives of older Australian women: qualitative insights and an agenda for further research, policy and practice. *BMC Public Health* 24:2715. doi.org/10.1186/s12889-024-20083-x

New immersive alcohol marketing and commerce in metaverse environments

Researchers in Auckland, New Zealand explored methods to (i) identify alcohol company marketing in metaverses; (ii) identify current types of alcohol marketing in metaverses; and (iii) identify dominant portrayals and meanings of alcohol marketing in these settings.

The study design was exploratory, employing various approaches to identify alcohol company marketing across multiple metaverses.

Stage one: Alcohol company marketing was identified in two metaverses, Decentraland and Sandbox. Within those metaverses were five alcohol company marketing experiences: Heineken Silver, Jose Cuervo Tequila, Wisher Vodka, San Matias Tequila, and Mason Martell Cognac. Marketing strategies included immersive commerce, virtual drinking, immersive branding, immersive engagement, gaming, non-fungible tokens (digital assets), education, non-player characters promoting brands and virtual event-

based marketing. Stage two: themes identified were: (i) immersive branding, representing continued exposure to brands that were both foregrounded and on the edge of users' awareness; (ii) immersive engagement, including alcohol-related gaming, quests, and alcohol production; (iii) avatars simulating drinking behaviour (virtual drinking); and (iv) immersive commerce representing how metaverse alcohol marketing may drive alcohol transactions.

Alcohol companies are using novel immersive marketing techniques in metaverses. The authors warn that the impact on experiences and drinking behaviours of users are unknown and require investigation.

Source: [Huckle, T., Mummert, K., Lyons, A., McCreanor, T., McLellan, G., Moewaka Barnes, H. \(2024\) New immersive alcohol marketing and commerce in metaverse environments. Drug Alcohol Rev. Nov 4. doi.org/10.1111/dar.13967.](#)

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

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

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

analyses were conducted to investigate whether cognitive flexibility and response inhibition moderated relationships between relief-driven motives and drinking.

Cognitive flexibility moderated the relationship between relief-driven motives and drinking (overall sample: $\beta = 13.69$, $p = 0.017$; subsample: $\beta = 1.45$, $p = 0.013$). Greater relief-driven motives were associated with heavier drinking for individuals with low cognitive flexibility. There was no significant interaction between response inhibition and relief-driven motives.

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

Source: [Piccoli, L.R., Albertella, L., Christensen, E., Fontenelle, L.F., Suo, C., Richardson, K., Yücel M., Lee, R.S.C. \(2024\) Cognitive inflexibility moderates the relationship between relief-driven drinking motives and alcohol use. Addict Behav Rep, 20:100559. doi.org/10.1016/j.abrep.2024.100559.](#)

Disparities in smoking and heavy drinking behaviours by disability status and age of disability onset

People with childhood-onset disabilities are living into adulthood, and the prevalence of smoking and illicit drug use among adults with disabilities is high. A research team evaluated the relationship between disability status and age of disability onset, current cigarette smoking status, and heavy alcohol drinking.

A secondary data analysis was conducted of the National Health Interview Survey (NHIS), a US survey on illness and disability. Among 2020 NHIS participants aged 22-80 years (n = 28 225 self-reported prevalence of current cigarette smoking and heavy alcohol drinking was compared among those with and without disabilities and among those with childhood- versus adult-onset disabilities. Adjusted odds ratios (AORs) of current smoking and heavy alcohol drinking based on disability status and age of disability onset were estimated.

Compared with adults without disabilities, adults with disabilities were significantly more likely to

report current smoking (23.5% vs 11.2%) and less likely to report heavy alcohol drinking (5.3% vs 7.4%). The prevalence of these behaviours did not vary significantly by age of disability onset.

Adults with disabilities had significantly higher odds of current smoking (AOR = 1.76; 95% CI, 1.53-2.03) and similar odds of heavy alcohol drinking (AOR = 0.82; 95% CI, 0.65-1.04) compared with adults without disabilities. The odds of these health behaviours did not vary significantly by age of disability onset. The study authors state that routine screening and cessation counselling related to smoking and unhealthy alcohol use are important for all people with disabilities.

Source: Sarmiento, C.A., Furniss, A., Morris, M.A., Stransky, M.L., Thompson, D.A. (2024) Disparities in Smoking and Heavy Drinking Behaviors by Disability Status and Age of Disability Onset: Secondary Analysis of National Health Interview Survey Data. *Public Health Rep*,139(6):724-733. doi. [org/10.1177/0033354924124](https://doi.org/10.1177/0033354924124).

Harm to children from others' drinking: A survey of caregivers in Australia

A study investigated the prevalence and types of harm to children from others' drinking in Australia, as indicated by caregivers, and examined the socio-demographic characteristics of caregivers who indicated a child was affected by others' drinking.

A subsample of 854 adult respondents, who were caregivers of children under 18 years from the 2021 Australian Alcohol's Harm to Others study, were asked questions about whether children in their care had been negatively affected by others' drinking in the past year.

Over 17% of caregivers (95% confidence interval [CI] = 13.0-19.0) indicated that one or more children in their care had been affected by others' drinking in the past 12 months. Verbal abuse (6.2%; 95% CI = 4.3-8.3) was the most common harm indicated, followed by financial harm (4.3%; 95% CI = 2.7-6.2). 1% of caregivers (95% CI = 0.4-2.3) indicated a child was physically hurt and less than 1% (95% CI = 0.2-1.4) indicated a child was the subject of a child protection call due to

someone's drinking. Women and caregivers over 65 years were more likely to indicate a child had been affected compared with men and caregivers under 65 years. Caregivers who drank five or more drinks at least three times per week were four times more likely to indicate a child was affected compared with abstainers. Living in a household with someone who drinks heavily and who has negatively affected the child's caregiver was associated with an increased likelihood of child harm.

In 2021, a weighted survey estimate for caregivers in Australia indicated that almost one in six children had been affected by others' drinking. Heavier drinking of caregivers and other household members was the most substantial predictor for indicating a child had been negatively affected by others' drinking.

Source: Hopkins, C., Kuntsche, S., Dwyer, R., Anderson-Luxford, D., Laslett, A.M. (2024) Harm to children from others' drinking: A survey of caregivers in Australia. *Addiction*, 119(11):1956-1963. doi. [org/10.1111/add.16637](https://doi.org/10.1111/add.16637).

Examining the link between age of alcohol initiation, adolescent alcohol use and adult substance use

Understanding the relationship between adolescent alcohol use and adult substance use is important for prevention programmes. Existing evidence presents divergent findings and potential mechanisms are debated. Researchers estimated associations between the age of alcohol initiation and alcohol use at age 17 and substance use at age 20 in a nationally representative cohort of 4554 individuals.

The analysis identified that 27% of participants reported first alcohol use at ≤ 14 years old, with 37% engaging in risky alcohol use by age 17. At age 20, 14% reported hazardous alcohol use, while 38% used tobacco, 24% cannabis, and 28% other drugs.

The age at which alcohol was initiated and risky alcohol use at 17 years old were both strongly associated with alcohol, tobacco, cannabis and

other illicit drug use at 20 years old. Sequential change in effect estimates coupled with non-overlapping confidence intervals suggest a dose-response relationship between age of alcohol initiation and tobacco and other drug use at age 20. First use of alcohol at 14 or younger was common. Earlier alcohol initiation and risky alcohol use are each associated with substantially elevated risk for substance use at 20 years old even after accounting for common liability factors.

Source: M M Brennan, A Doyle, D Mongan, S R Millar, B Galvin, E Nixon, B Smyth, L Zgaga, J H Ivers, N McCarthy, Examining the link between age of alcohol initiation, adolescent alcohol use and adult substance use, *European Journal of Public Health*, Volume 34, Issue Supplement_3, November 2024, ckae144.2255. doi.org/10.1093/eurpub/ckae144.2255

Discovering what young adults want in electronic interventions aimed at reducing alcohol-related consequences

Most alcohol interventions for young people focus on reducing alcohol consumption; however, previous research indicates that focusing solely on alcohol use may not decrease consequences. Additionally, many alcohol interventions have diminishing engagement, and few are designed with young adults involved in the development process. Drawing on user-centred design, researchers sought to understand young adult perceptions, preferences, and needs for electronic interventions specifically aimed at reducing alcohol consequences.

Using semi-structured qualitative interviews, 21 young adult drinkers aged 18–24 shared their opinions regarding the need for electronic interventions (i.e., mobile or web-delivered) to reduce alcohol consequences as well as their preferences for content, features, and ways to increase engagement. Four main themes were identified.

Participants perceived several benefits of interventions focused on alcohol consequences, such as promoting mindful alcohol use and reducing alcohol-related harms, but also limitations of such programs, including believing consequences from drinking are unavoidable, necessary for learning, and associated with peer pressure. Preferences for features included real-time tracking, personalized feedback, and psychoeducation along with preferences for

design including non-judgmental framing, interactive content, and a user-friendly platform.

Engaging end users early in the development process is a valuable approach to increase intervention relevancy with the target population. This can also inform intervention content and design to maximise engagement and satisfaction (e.g., framing, features, and interactivity) while also reducing barriers identified early on (e.g., peer pressure).

This qualitative study examined young adults' opinions and preferences of an electronic intervention designed to reduce alcohol consequences. Young adults perceived benefits (e.g., promoting mindful alcohol use and reducing alcohol harms) and limitations (e.g., believing consequences from drinking are unavoidable and necessary for learning and peer pressure) of such interventions. Preferences for features included real-time tracking, personalised feedback, and psychoeducation. Design preferences for included non-judgmental framing, interactive content, and user-friendly. Results can inform intervention content to maximize engagement and satisfaction.

Source: Mackey, C.D., Sibik, G.L., Szydlowski, V., Blayney, J.A., Lee, C.M., Larimer, M.E. et al. (2024) Discovering what young adults want in electronic interventions aimed at reducing alcohol-related consequences. *Alcohol Clin Exp Res*, 00:1–15. doi.org/10.1111/acer.15439

Associations of parenting styles with substance use in the offspring

Parenting styles have been suggested to predict the use of psychoactive substances in the offspring, although the size of associations might vary between cultures. A meta-analysis tested whether parenting styles show concurrent and longitudinal associations with substance use and whether this association is moderated by study characteristics.

A systematic search in electronic databases resulted in 184 studies that were included in multi-level meta-analysis.

An authoritative parenting style correlated with lower substance use ($r = -0.12$, confidence interval [CI] -0.14 to -0.10) while the reverse was found for neglectful ($r = 0.10$, CI 0.08 to 0.13), permissive ($r = 0.04$, CI 0.01 to 0.07) and authoritarian parenting ($r = 0.03$, CI 0.00 to 0.05). Analysis of cross-lagged effects found only an effect of authoritative

parenting on decline of substance use ($r = -0.06$, CI -0.12 to -0.00). The size of associations varied, partly by levels of horizontal and vertical collectivism or individualism, assessment of three versus four parenting styles, type of substance, and use of same versus different informants for assessing parenting and substance use.

Parenting styles show small to very small associations with substance use. Although parents are recommended to behave authoritatively, the study authors say that we should have only modest expectations about the effects of parenting styles on substance use in the offspring.

Source: Pinquart, M., Lauk, J. Associations of parenting styles with substance use in the offspring-A systematic review and meta-analysis. *Drug Alcohol Rev.* 2024 Oct 13. doi.org/10.1111/dar.13961.

The alcohol harm paradox: is it valid for self-reported alcohol harms and does hazardous drinking pattern matter?

The alcohol harm paradox (APH) posits that alcohol harms are more prevalent in low socioeconomic position groups compared to high socioeconomic position groups when adjusted for alcohol consumption volume.

Ingeborg Rossow and Elin K. Bye from the Department of Alcohol, Tobacco and Drug Research, Norwegian Institute of Public Health explored whether the alcohol harm paradox is valid for self-reported alcohol harms and whether socioeconomic position differences in hazardous drinking patterns may explain socioeconomic position differences in alcohol harms, accounting for consumption volume.

Cross-sectional data was taken from national population surveys in Norway, restricted to a subsample of 8,171 past-month drinkers aged 25-79 years. Two binary outcome measures of self-reported alcohol-related harms were constructed from the AUDIT-10 items 4 through 10; alcohol dependence symptoms and alcohol-related consequences. Participants were categorised by socioeconomic position groups based on education level: low versus high. The researchers assessed the extent to which socioeconomic

position differences in alcohol-related harms were attributable to a more hazardous drinking pattern in terms of: (i) heavy episodic drinking and (ii) proportion of consumption volume by spirits, adjusting for consumption volume and demographic characteristics.

In the low socioeconomic position group, alcohol-related harms were significantly more prevalent compared to the high socioeconomic position group when adjusted for gender and age, and more so after adjustment for consumption volume. Measures of hazardous drinking pattern and having a spouse could only to a minor extent account for the elevated risk of alcohol-related harm in the low socioeconomic position group.

Low socioeconomic position was associated with alcohol-related harm and a more hazardous drinking pattern but also with lower consumption volume. The findings support the validity of the alcohol harm paradox for self-reported alcohol harms.

Source: Rossow, I., Bye, E.K. (2024) The alcohol harm paradox: is it valid for self-reported alcohol harms and does hazardous drinking pattern matter? *BMC Public Health*, 24:3053. doi.org/10.1186/s12889-024-20530-9

Alcohol consumption habits and their impact on academic performance

Studies have indicated a substantial increase in alcohol consumption among university students. Specifically, abusive consumption among health students can adversely affect their academic training and future professional practice.

Academics in Brazil analysed alcohol consumption habits among healthcare students and investigated the associations between alcohol consumption patterns and sociodemographic and academic variables.

A cross-sectional study of 770 students was performed at a private university in Salvador, Bahia. Participants completed a self-administered, anonymous questionnaire containing sociodemographic and academic performance data, as well as the Alcohol Use Disorders Identification Test (AUDIT) and Rutgers Alcohol Problems Inventory (RAPI).

Researchers observed that the prevalence of alcohol consumption (65.1%) and binge drinking (57.5%) among Brazilian healthcare students was high, with more frequent consumption among

men (73.1%), in medicine (83.0%) and veterinary medicine (79.1%) programs and in semesters beyond the fourth (71.7%). Associations were found between drinking habits and sex, religion, course and semester. Binge drinking was associated with attending academic activities without getting any sleep, missing classes due to hangovers, encountering issues with the institution's administration, and failing to complete activities due to alcohol consumption.

The prevalence of alcohol consumption and binge drinking among Brazilian healthcare students was high and associated with sex, religion, course, academic semester, risky behaviors, and negative academic impacts.

Source: Brito, A.P.A., Lima, A.S., Rocha, Á.C., Gonçalves, B.M., Freitas, D.M.C.B., Oliveira, G.J., Lima, J.K.A., Avena, K.M. (2024) Alcohol consumption habits and their impact on academic performance: analysis of ethanol patterns among health students. A cross-sectional study. *Sao Paulo Med J*, 142(6):e2023410. doi.org/10.1590/1516-3180.2023.0410.R1.05062024.

Social and Policy research by publication date

Disparities in Smoking and Heavy Drinking Behaviors by Disability Status and Age of Disability Onset: Secondary Analysis of National Health Interview Survey Data 23/05/2024.

Cognitive inflexibility moderates the relationship between relief-driven drinking motives and alcohol use 27/06/2024.

Multi-dimensional predictors of first drinking initiation and regular drinking onset in adolescence: A prospective longitudinal study 30/07/2024.

Harm to children from others' drinking: A survey of caregivers in Australia 27/08/2024.

The role of alcohol consumption in the lives of older Australian women: qualitative insights and an agenda for further research, policy and practice 05/10/2024.

Associations of parenting styles with substance use in the offspring—A systematic review and meta-analysis 13/10/2024.

Alcohol consumption habits and their impact on academic performance: analysis of ethanol patterns among health students. A cross-sectional study 21/10/2024.

Discovering what young adults want in electronic interventions aimed at reducing alcohol-related consequences 25/10/2024.

Links between adolescent binge drinking and midlife alcohol use behaviors by age, sex, and race/ethnicity 27/10/2024.

Examining the link between age of alcohol initiation, adolescent alcohol use and adult substance use 28/10/2024.

New immersive alcohol marketing and commerce in metaverse environments 04/11/2024.

The alcohol harm paradox: is it valid for self-reported alcohol harms and does hazardous drinking pattern matter? 05/11/2024.

Drinkaware and CCS launch a new initiative to address alcohol awareness in construction

Drinkaware has partnered with the Considerate Constructors Scheme (CCS) to introduce the Drinkaware in Construction program, designed to promote alcohol awareness and well-being among construction workers and contractors. The initiative offers resources and tools to help individuals understand their relationship with alcohol, recognising its impact on health, well-being, and workplace safety. With CCS's involvement, this initiative has the potential to reach a large segment of the construction workforce.

The construction industry faces serious well-being challenges, with many employees feeling unsupported. A recent survey found that 29% of construction workers believe employers should play a more active role in promoting their well-being. Additionally, Britain's Healthiest Workplace survey (June 2024) revealed that 6% of construction workers suffer from depression, 44% experience fatigue, and 13% report burnout. These factors, combined with high levels of alcohol

consumption, increase the risks of workplace accidents, absenteeism, and reduced productivity. Research indicates that 20-30% of workplace accidents in safety-critical fields like construction are linked to alcohol. The initiative addresses this connection by providing support for workers to manage their drinking habits and mitigate the risks associated with excessive alcohol use, such as worsening depression, fatigue, and burnout.

The Drinkaware in Construction program offers:

- **Drinking Check Tool:** An online quiz to help workers understand their drinking habits.
- **Educational Resources:** Downloadable factsheets, posters, and toolkits tailored to the construction industry.
- **CCS Monitor Training:** Guidance for CCS monitors on discussing alcohol use and encouraging on-site Drinking Check completion.

drinkaware.co.uk/news/drinkaware-launches-new-partnership-with-the-considerate-constructors-scheme

Study confirms real-world reliability of a key tool for alcohol screening

The Alcohol Use Disorders Identification Test–Consumption (AUDIT-C) is a key, three-question tool used by health professionals to screen people for alcohol misuse. Although previous clinical research has validated use of the AUDIT-C, its test–retest reliability—a measure of the consistency of a test's results over time—has not been evaluated in routine-care conditions with adult primary care patients.

Scientists supported by the National Institute on Alcohol Abuse and Alcoholism conducted a study to examine the AUDIT-C's reliability in real-world conditions, evaluating the screening tool across demographic subgroups (defined by age, sex, race, and ethnicity) and options to complete the AUDIT-C online or in a clinic setting.

Claire B. Simon, M.D., of the University of Washington in Seattle, led the study, which used electronic health record (EHR) data from Kaiser Permanente Washington. More than 18,000 adult primary care patients completed two AUDIT-C screens at 1 to 21 days apart as part of routine care in 2021. Dr Simon and her colleagues reported that AUDIT-C screens completed in routine care and documented in EHRs demonstrated "excellent" test–retest reliability. Test–retest

reliability evaluates the consistency of results from the same measure or screening tool when it is given at two different times to a group of individuals. Test–retest reliability is high when there are similar results across separate test administrations. The authors also showed that the AUDIT-C demonstrated "good" to "excellent" test–retest reliability across various demographic groups, as well as when screens were completed in the clinic or online through patient portals.

Reliability was slightly higher when patients completed the AUDIT-C both times using online patient portals, as compared to completing the screen in-clinic or when mixing the two modes of screening. The findings also indicated that reliability was slightly lower for American Indian/Alaska Native patients and multiracial patients. The authors say that clinicians and researchers should keep this finding in mind when working with these patients and may consider seeking additional sources of information about these individuals' alcohol consumption beyond the AUDIT-C.

The results of this study support the utility of the AUDIT-C for identifying alcohol misuse among patients in routine-care settings.

Smoking, drinking and drug use among young people in England

The Smoking, Drinking and Drug Use Among Young People in England Report (2023) was published in October. It contains results from the latest survey of secondary school pupils in England in years 7 to 11 (mostly aged 11 to 15). Topics covered include prevalence, habits, attitudes, and wellbeing.

37% of pupils said they had ever had an alcoholic drink. The prevalence of having ever had an alcoholic drink was 36% for boys, 38% for girls, and 48% for pupils with another gender identity. Prevalence increases with age, from 15% of 11-year-olds to 62% of 15-year-olds.

5% of all pupils said they usually drank alcohol at least once per week, similar to 2021 (6%). A further 11% of pupils said they usually drank between once a fortnight and once a month. The proportion usually drinking once a week increased with age, from 1% of 11 and 12-year-olds to 11% of 15-year-olds.

In 2023, 7% (confidence interval 6-8%) of pupils said they had drunk in the last week, compared to 9% in 2021 (confidence interval 7-10%). Prevalence has fallen from 10% in 2016 (confidence interval 9-11%). Both 7% of boys, 7% of girls and 11% of pupils with another gender identity said they had an alcoholic drink in the last week. The proportion of pupils who drank alcohol in the last week increased with age, from 2% of 11 and 12-year-olds to 16% of 15-year-olds, with 15-year-olds being more than twice as likely as 14-year-olds. White pupils were most likely to have had an alcoholic drink in the last week (10%) compared

to 6% of mixed-ethnicity pupils, and 2% or less for Asian, Black and other ethnic groups. The prevalence of having had a drink in the last week was significantly lower in London (3%) than all other regions, which ranged from 6% to 11%.

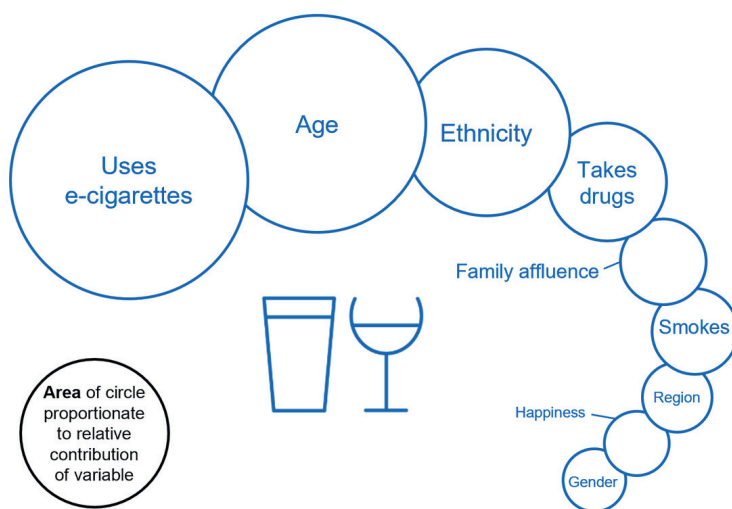
The survey explored which characteristics might be associated with drinking in the last week. The nine factors had a significant association with having drunk alcohol in the last week. It was estimated that e-cigarette use had the highest association, followed by age and ethnicity.

7% of pupils said they had been drunk in the last four weeks, including 5% of pupils who had been drunk once or twice, and 2% more often. This is similar to 2021. 8% of girls, 8% of pupils of another gender identity, and 6% of boys said they had been drunk in the last four weeks (not statistically significant differences). 1% of 11 and 12-year-olds, and 3% of 13-year-olds had been drunk in the last four weeks, compared to 19% of 15-year-olds.

Of pupils who obtained alcohol in the last four weeks, they were most likely to have been given it by parents (61%). Other common sources were to be given it by friends, and to take it from home with permission (both 37%). 7% said they had bought alcohol from a shop in the last 4 weeks, with 15-year-olds the most likely to have done so. 73% of pupils said that they usually drink at home. Drinking at someone else's home (45%), and drinking at parties with friends (37%) were the next most common answers. 15% said they usually drank in a pub or bar, an increase from 8% in 2021. 67% of current drinkers said they usually drank with parents, and 50% said they usually drink with friends.

Among pupils who had been drunk in the last four weeks, the most common adverse consequence reported was feeling ill or sick (40%). 23% said they had vomited, 16% argued, 15% damaged clothes or other items, and 12% lost money or other items.

digital.nhs.uk/data-and-information/publications/statistical/smoking-drinking-and-drug-use-among-young-people-in-england/2023/part-7-young-people-and-alcohol-the-context



The model strength was strong (c-statistic = 0.8431)

Scotland's First Minister backs campaign for alcohol-free childhood

Scotland's First Minister, John Swinney, has publicly endorsed a joint campaign aimed at ensuring that children and young people in Scotland grow up free from the harmful effects of alcohol marketing. The Alcohol-Free Childhood campaign from Alcohol Focus Scotland, BMA Scotland, Children in Scotland, Scottish Families Affected by Alcohol and Drugs, and Scottish Health Action on Alcohol Problems is backed by around 50 organisations and 80 MSPs across all parties.

In a recent video statement, Swinney MSP acknowledged that children in Scotland are exposed to alcohol so often that they have high levels of alcohol brand awareness and stated that,

"The Scottish Government remains committed to improving population health. By taking steps to improve the health of children, we support their wellbeing into adulthood, contributing to a healthier future for all of Scotland. That is why I fully support the campaign to reduce children and young people's exposure to alcohol marketing."

Campaigners welcomed this statement from the First Minister, following their disappointment at the Scottish Government's recent decision to delay a promised second consultation on alcohol marketing, pending an evidence review by Public Health Scotland.

Prevention focus needed to tackle alcohol and drug harm

On 31 October, Audit Scotland published a new report on Alcohol and Drug Services in Scotland.

The report states that Scotland's drug and alcohol deaths remain among Europe's highest. The Scottish Government has made progress in increasing residential rehabilitation capacity and implementing treatment standards. However, it has been slow to progress key national strategies, such as a workforce plan and alcohol marketing reform. People in need still face many barriers to getting support. The workforce is under immense strain, and the increased focus on drug harm is shifting attention from tackling alcohol issues.

In 2023, there were 1,277 alcohol-specific deaths - the highest since 2008. And there were 1,172 drug misuse deaths, the second lowest number in the last six years. Scotland's figures remain high compared to the rest of Europe despite alcohol and drug funding rising from £70.5million in 2014/15 to £161.6 million in 2023/24.

Alcohol and drug services are coordinated by Alcohol and Drug Partnerships at a local level. However, they have limited powers to influence change and direct funding, and their funding is falling in real terms due to inflation. Most alcohol and drug funding goes to NHS specialist services to treat people at crisis points. This means there is limited money to put into preventing people from getting so ill in the first place.

Stephen Boyle, Auditor General for Scotland, said, "The Scottish Government needs to develop more preventative approaches to tackling Scotland's harmful relationship with alcohol and drugs. That means helping people before they get to a crisis point. Ministers also need to understand which alcohol and drug services are most cost-effective and plan how they will be funded when the National Mission ends in 2026. That's especially important at a time of increasing strain on the public finances".

With many alcohol and drug workers reporting feeling undervalued and at risk of burn-out, there is also an urgent need to put a timeline against plans to address the sector's staffing challenges.

Christine Lester, a member of the Accounts Commission, said, "Alcohol and drug services are complex and delivered by a wide range of partners. But there needs to be more collective accountability across the system for how each body is helping people whose lives have been blighted by alcohol and drugs. Better information is needed to inform service planning and where funding should be prioritised. There is also more to do to tailor services to individual needs, using the experience of service users. Right now, not everyone can access the services they need, and that experience is worse for people facing disadvantage".

audit.scot/news/prevention-focus-needed-to-tackle-alcohol-and-drug-harm#:~:text=The%20workforce%20is%20under%20immense,in%20the%20last%20six%20years.

Brief interventions in Scotland - A review of strategy and recommendations for policy

In July 2022, the Scottish Government asked Public Health Scotland to review the Alcohol Brief Intervention programme in Scotland. A programme board was established consisting of those with frontline experience of delivering interventions, those who provide training and support for the programme, academic and public health experts, and people with lived experience. A series of six online workshops were held with the programme board to inform a report that was published in October.

Recommendations have been developed by Public Health Scotland based on the discussions and findings of the programme board. Three overarching recommendations are proposed for The Scottish Government to consider:

- reaffirm its commitment to the programme and its reorientation to flexible, evidence-informed conversations about alcohol;
- set out the steps by which its vision of embedding conversations about alcohol can be achieved over 10 years; and

- seek engagement and leadership from the Chief Medical Officer, the Chief Nursing Officer, the Royal College of Midwives and other relevant professional organisations to normalise conversations about alcohol.

Additionally, a series of actions are recommended based around seven key areas including: Making the conversation about alcohol a routine wellbeing conversation; describing what conversations should look like in practice; reducing inequalities in alcohol-related harms; workforce development, training and health information resource requirements; reduce stigma by having conversations about alcohol; and ensure conversations about alcohol are embedded as part of a wider comprehensive population-wide prevention strategy to promote health and reduce inequalities; and embed learning at the heart of governance and accountability mechanisms.

publichealthscotland.scot/publications/alcohol-brief-interventions-a-review-of-strategy-and-recommendations-for-policy/

Views sought on Scottish Bill which would give people with drug and alcohol addiction the right to receive treatment in law

In Scotland, the Health, Social Care and Sport Committee is seeking views on a Bill which would enshrine the rights of persons addicted to drugs or alcohol to receive treatment for their addiction. The Right to Addiction Recovery (Scotland) Bill was introduced in the Scottish Parliament on 15 May 2024 by Douglas Ross MSP. The Bill would provide people who have been diagnosed by a health professional as addicted to either alcohol or drugs, or both, to be provided with treatment. Those diagnosed would have a say in what treatment they receive and the treatment would be made available to them within three weeks of treatment diagnosis.

If a health professional decides no treatment is appropriate, or that the treatment which the person wants is not appropriate, then they must inform the individual in writing why this is the case. Individuals could also seek a second opinion from a different health professional if they disagreed with the original decision.

Speaking as the call for views was launched, Clare Haughey MSP, Convener of the Health, Social Care and Sport Committee, said: "We're keen to hear views on whether people agree with the purpose and extent of the Bill and whether it will help those facing drug and alcohol addiction. We want to know what the key advantages and/or disadvantages are of placing this right to receive treatment, for people with drug and alcohol addiction, in law... We also want to hear views on the proposed procedure for determining treatment, and timescales for providing treatment.

"We want to hear from individuals, charities and support groups who work in this area, health organisations, local and national government, the legal sector, and academics. We look forward to hearing your views."

The call for views closes on 20 December.

parliament.scot/chamber-and-committees/committees/current-and-previous-committees/session-6-health-social-care-and-sport-committee

A cross-sector request to boost digital consumer information for the new EU term

Spirits EUROPE is part of an alliance of consumer-facing organisations that call for a coordinated approach to product information provided by digital means. The common understanding of the coalition is that Europe and its citizens need a hands-on consumer information framework that works for all. A joint call for a digital transition for consumer information was published on 27 September.

To inform EU consumers in a harmonised, consistent, and forward-looking way, digital consumer information should be included in relevant EU policy proposals. Spirits Europe say that they are hopeful that the new EU Commission will deliver on this milestone for European consumers, as in the Mission Letters, Commission President von der Leyen clearly stated that she expects designated Commissioners to “leverage the power of digital tools to deliver better and faster solutions”.

European citizens are demanding more and more information about the products they consume. European producers and brands are ready to accommodate these expectations by reporting

more comprehensively about their products, for instance, on product-related sustainability performance. At the same time, national labelling provisions continue to be a real obstacle to the internal market – digital labelling has the potential to ease this burden significantly. A harmonized approach for digital labelling is needed that works for all, to avoid the proliferation of different digital solutions in multiple legislations.

Spirits EUROPE comments that, “thanks to our self-regulatory commitment to digital consumer information (i.e. providing ingredient listing and product-related information in a marketing-free, multilingual digital environment through the app-free scanning of a QR code), we have set an important precedent that shows digital labelling is working in practice: a growing number of spirits drinks feature consumer information and also sustainability-related information – and the number of scans is growing in parallel with rising expectations from consumers and business alike”.

spirits.eu/upload/files/positionpapers/CP.MI-199-2024%20Digital%20Coalition%20call%20with%20logo.pdf

Minors see virtually no alcohol advertising on television in the Netherlands

A recent study commissioned by STIVA and conducted by Featly Media assessed young people’s exposure to alcohol commercials on Dutch television. The Netherlands’ Advertising Code for Alcoholic Beverages (RvA) prohibits alcohol ads before, during, or after shows with more than 25% under-18 viewers. A 2020 evaluation by Ecorys found compliance with this code, though data gaps existed on high-viewership programs.

Featly Media’s analysis, using data from Stichting Kijkonderzoek (SKO) and Dutch Media Research (NMO), found that in 2023, nine programs were watched by over 100,000 under-18s after the 9 p.m. threshold, during which eight alcohol ads aired. However, these ads reached fewer than 100,000 under-18 viewers, with only one ad seen by around 30,000 young viewers.

Peter de Wolf, STIVA’s director, said, “This research shows that alcohol commercials on television are rarely seen by young people.” He highlighted that the 9 p.m. time slot rule and RvA guidelines ensure alcohol ads primarily reach adult audiences, who are the intended demographic.

The study also found that under-18s viewed an average of only 1.5 seconds of alcohol ads on TV per day, a negligible amount compared to the total daily exposure to online and offline media. STIVA acknowledged the shift in media consumption among young people from TV to social media, where targeting tools are more precise. De Wolf pointed out that alcohol advertisers on social platforms generally target users aged 18 and above, with platforms offering 18+ filters to prevent minors from seeing alcohol-related content. Additionally, influencers promoting alcohol are required to use age filters.

Wim van Dalen, director of the Dutch Institute for Alcohol Policy STAP, expressed concerns about alcohol advertising on social media. Van Dalen argued that social media targeting makes ads more effective and harder to monitor, often pushing boundaries. He doubted that under-18s could be completely excluded from targeting and noted that social media ads frequently include options for direct ordering, making them even more impactful compared to traditional TV ads.

stiva.nl

High-risk alcohol use is still common, although total consumption has decreased

A recent report based on the Drinking Habits Survey (2023), part of THL's (The Finnish Institute for Health and Welfare) Healthy Finland health examination, reveals that while total alcohol consumption in Finland has declined since 2008, risky drinking behaviours remain prevalent. Among adults aged 20–79, 11% fall into the moderate or high-risk group for long-term alcohol-related harm. Risk thresholds are set at over 14 units per week for men and more than 7 for women. Additionally, 23% of this age group—about 940,000 individuals—consume five or more units in one sitting at least once per month, increasing their risk of harm associated with intoxication.

The prevalence of risky drinking has decreased slightly from the previous Drinking Habits Survey conducted in 2016: at the time, 13% of Finns fell into the group with moderate or high risk of long-term harmful effects and 26% were exposed to risks associated with intoxication once a month or more frequently. Research Professor Pia Mäkelä of THL notes, "Approximately three-quarters of all alcohol in Finland is consumed either in binge drinking situations or by individuals exceeding risky drinking limits."

In 2023, men consumed an average of 13 litres of pure alcohol per year, or about 17 units of alcohol per week, while women consumed five litres, or about six units of alcohol per week. Men consumed an average of 4.7 units and women 3.2 units of alcohol per occasion.

In 2023, Finnish men averaged 13 litres of pure alcohol annually, equivalent to 17 units weekly, while women averaged five litres, or about six units per week. In 2023, 77% of the occasions in which alcohol was consumed were in home environments, where also children are often exposed to the alcohol use of their parents. Weekends are the peak drinking periods: 68% of drinking and 79% of binge drinking occurs on Fridays and Saturdays, most commonly in the evening. Only a small percentage of Finns pair alcohol with meals regularly—6% with wine and 5% with beer.

32% of respondents said that one of their family members or friends had problems due to their alcohol consumption. It was more common for women to experience alcohol-related problems with people close to them than for men. Men experienced more harmful effects of their alcohol consumption than women. The most serious alcohol-related harm, such as alcohol-related deaths, is more prominent among men and groups lower socio-economic groups.

Measures regulating the availability, price and marketing of alcohol in Finland have been proven to have a cost-effective impact on the alcohol consumption of the entire population and the prevalence of alcohol-related harm. Dismantling the retail sale monopoly could have far-reaching impacts on the well-being and health of Finnish people. Similarly, online sales and the delivery of alcoholic beverages especially to homes may further increase the consumption of those who use it a lot, which will also be reflected in close relationships.

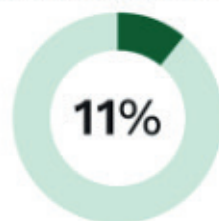
"The critical question is whether the carrying capacity of the welfare society is sufficient even today for the screening of high-risk alcohol use, brief interventions and, where necessary, referral to treatment. In order to promote the health, welfare and safety of the population in a sustainable manner, responsible alcohol policy in line with the Nordic welfare model is still needed to prevent the harmful effects of alcohol," Senior Researcher Katariina Warpenius from THL commented.

thl.fi/en/-/high-risk-alcohol-use-is-still-common-although-total-consumption-has-decreased

Risky drinking of alcohol is common

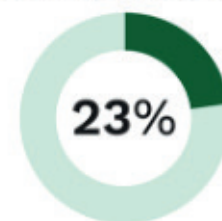


Risk of long-term adverse health effects



or 450,000 Finns moderate or high risk

Risk of negative effects of intoxication



or 940,000 Finns ≥ 12 heavy drinking episodes a year (≥ 5 units)

Poland proposes changes to alcohol sales regulations, focused particularly on packaging

In Poland, a draft amendment to the Sobriety Education and Alcoholism Prevention Act has been included in the legislative and programme work plan of the Council of Ministers. The amendment contains measures to reduce the availability and appeal of alcoholic beverages, to limit alcohol promotions and to restrict alcohol sales.

“We want to expand the definition of promotion. This includes banning beer promotions, removing exemptions for designated alcohol stalls, enforcing a complete ban on alcohol promotion at such stalls, and increasing penalties for illegal advertising and promotion from €2,000 to €100,000 and from €4,000 to €150,000. We also propose adding restrictions on freedom as a legal consequence,” said Deputy Health Minister Wojciech Konieczny during a parliamentary committee session.

The revised definition of “promotion” will also cover situations where stores offer a lower price per unit when buying two or more alcoholic products. Such discounts will be prohibited once the law comes into effect. The Ministry also proposes that alcohol sellers be required to request ID if there is any doubt about a customer’s age (Currently, the seller is entitled to ask for identification, but it isn’t a legal obligation).

The Ministry of Health’s proposed bill introduces new restrictions on the forms in which alcohol

can be sold. Alcoholic products like mousses, crystals, gummies, or any non-liquid items will be prohibited. This is in response to alcohol products packaged in tubes and sachets that have recently appeared on the Polish market, visually resembling fruit purées and breakfast snacks often targeted at children and teenagers. The appearance and content of alcoholic beverage packaging will be more tightly regulated to ensure it is not appealing or misleading.

The Ministry plans to ban retail alcohol sales at petrol stations between 10 p.m. and 6 a.m. and to ban sales at a distance, including online, noting that this method is becoming increasingly popular but the age verification process is often unreliable. During a parliamentary committee session, Konieczny stated that the Ministry is open to introducing even stricter regulations on alcohol, adding that while the Ministry of Health can implement several measures to combat alcoholism, the responsibility for reducing the economic accessibility of alcohol lies with the Ministry of Finance. Inter-ministerial talks are ongoing to explore price-related solutions that could limit alcohol consumption. The timeline for implementing the bill depends on public consultations, inter-ministerial agreements, and parliamentary approval following the government’s legislative process.

Beer and wine advertisements ban on TV and radio in Latvia

In Latvia, the advertising of alcoholic beverages is currently prohibited, except for beer and wine. The Saeima supported amendments to the Electronic Media Law in its final reading in September that prohibit the advertising of prices and discounts for beer and wine on television and radio. The legislation aims to reduce both the total consumption of alcoholic beverages and the negative impact of advertising on young people.

To establish comprehensive restrictions on advertising and marketing of alcoholic beverages and discounts (not only on television and radio, but also on the Internet, cinemas, consumer print materials and elsewhere), the Saeima’s Committee on Social and Labour Affairs has already approved amendments to the Law on the Circulation of Alcoholic Beverages at its third reading. The amendments are currently being coordinated by the European Commission.

Norway fines influence advertising alcohol on social media

The Norwegian government has introduced a penalty fee for violations of the Alcohol Act which bans alcohol advertising on social media. Until now, offenders were only required to correct their violations, but now they will be penalised with a fine. The penalty fee was first approved by parliament in June 2018, but it has taken six years to implement it.

Inger Lise Hansen, Secretary General of Actis, the Norwegian Policy Network on Alcohol and Drugs, commented, “This will have both a preventive effect and will hit influencers and others who break the advertising ban where it hurts—their wallets... The advertising ban is one of the most important tools in Norwegian alcohol policy. People who do not actively seek out information about alcoholic beverages should not risk seeing alcohol promotions on Instagram or TikTok.”

WHO's campaign to raise awareness about alcohol and breast cancer

Only 21% of women across 14 European countries were aware of the connection between alcohol consumption and the risk of developing breast cancer according to a new campaign from WHO Europe. To coincide with Breast Cancer Awareness Month, the WHO Europe regional office launching an initiative to close this information gap by sharing the latest research on alcohol's health impacts and encouraging open discussions about the often-overlooked harms.

"Redefine alcohol" calls on Europeans to reflect on their personal and societal relationships with alcohol, urging a reconsideration of alcohol's role in daily life, celebrations and traditions. The campaign aims to raise awareness of the health risks and hidden dangers associated with alcohol consumption and inspire healthier choices.

Dr Gauden Galea, Strategic Advisor to the WHO Regional Director for Europe, and Director of the Special Initiative on Noncommunicable Diseases and Innovation stated, "Ultimately, people must be empowered to make informed choices about their own health and behaviour. That's why the

"Redefine Alcohol" campaign is sharing evidence-based information and encouraging individuals to rethink their habits and relationships with alcohol, while also urging policymakers and health authorities to help bring about a broader cultural shift in how alcohol is viewed and regulated in society."

The Regional Office will share powerful stories throughout October and November, showcasing insights from European change-makers who have transformed their lives by redefining their relationship with alcohol and realising it no longer has a place in their lives. These stories highlight the many benefits of reducing or quitting alcohol altogether, including better physical and mental health linked to better sleep, concentration and energy, deeper connections and relationships, and a greater appreciation of life overall.

"Individual choices are important but they are not enough," said Dr Galea. "In our region, alcohol is too cheap, too available and too heavily promoted. We must create environments where healthier decisions are easier for everyone. A product that causes as much harm as alcohol should be more strictly regulated. We know what needs to be done – but we need decision-makers to prioritise public health."

Through collaboration with policy-makers, communities and health advocates, "Redefine alcohol" promotes an environment that makes it easier for people to reduce alcohol consumption, contributing to a safer and healthier Europe.



Redefine alcohol for a healthier, safer, and happier Europe Factsheets

TTB issues updated industry circular on the use of social media in the advertising of alcoholic beverages

On 1 November 2024, The Alcohol Tax and Trade Bureau (TTB) in the US published TTB Industry Circular 2024-1, Use of Social Media in Advertising of Alcoholic Beverages, which provides a basis for voluntary compliance with the Federal Alcohol Administration Act and the TTB advertising regulations concerning alcohol beverage advertising on the various forms of social media, both in terms of required mandatory statements and prohibited practices or statements.

This circular modifies and supersedes TTB Industry Circular 2022-2 to allow industry members to use

links or link-sharing sites (such as LinkTree) to satisfy mandatory advertising information requirements (name and address, class designation, etc.). It also allows industry member advertisements made through influencers to use "tags" on the industry member's page to satisfy mandatory advertising information requirements as long as the industry member's page is compliant.

ttb.gov/public-information/industry-circulars/ttb-industry-circular-2024-1

Decline in beverage alcohol consumption continues in the US

The US beverage alcohol market experienced a sharper-than-expected decline in the first seven months of 2024, with volumes down by -2.8% compared to the projected -1.9% decrease, according to IWSR's US Navigator. This follows a -2.6% decline in total beverage alcohol (TBA) volumes in 2023, as the market continued to feel the effects of economic challenges. Notably, all major categories except Ready-to-Drink (RTD) beverages—which grew by +2%—recorded losses: beer volumes dropped by -3.5%, spirits by -3%, and wine by -4%.

IWSR's US Division President, Marten Lodewijks, remarked, "The slight recovery that was expected has failed to materialise, indicating that the difficult trading environment has not eased and that consumers are still feeling the pinch of higher prices."

These volume declines align with IWSR's Bevtrac consumer data, which shows that while consumer sentiment and financial confidence improved slightly in early 2024—particularly among more affluent Millennials—this has not led to increased overall consumption. Lower-income consumers remain financially constrained, curbing their ability to spend on alcohol despite positive economic sentiment in certain demographic groups.

Other findings from the latest IWSR US Navigator data include:

- The nationwide -3.5% drop in beer volumes is reflected consistently across the US, with nearly all states showing declines. However, Florida, Texas, and Pennsylvania experienced smaller reductions, each under -2%.
- For spirits, volume declines are similarly widespread, but New York, Pennsylvania, and North Carolina recorded slightly better performances, with drops under the -3% national average.
- The Ready-to-Drink (RTD) category presents a mixed picture. While states like Florida, New York, and Michigan saw RTD declines, other regions registered strong growth—Louisiana (+16%), South Dakota (+14%), Nebraska (+8%), and Minnesota (+6%) led in volume increases.



- Wine volumes have faced consistent declines across the board, with only New Mexico showing a fall under -2%. Many states, including Washington DC, Idaho, Kansas, Maryland, and Oregon, saw wine volumes drop by over -5%.

Seasonality trends remain stable compared to pre-pandemic years, with RTDs and beer peaking in summer and wine and spirits in December. Marten Lodewijks noted that RTD consumers may pivot to beer during peak summer, as indicated by this seasonality pattern. He also pointed out that January and February declines are becoming more pronounced, reflecting a growing trend toward moderation and the momentum of "Dry January."

From January to July 2024, tequila volumes in the US saw a slight decline of -1%, primarily due to drops in ultra-premium (-8%) and standard (-3%) segments. This was partially offset by growth in the super-premium (+4%) and premium (+6%) categories. The prestige-and-above tequila segment, with bottles priced over \$100, continues to perform well, growing at over +6%.

American whiskey volumes also declined by -2%, though several states, including New York, Pennsylvania, Tennessee, Kentucky, and Colorado, remained steady. The largest declines were concentrated in major markets such as California, Florida, Michigan, and Texas.

Spirit-based Ready-to-Drink (RTD) products saw significant growth, now making up over 16% of the US RTD category by volume. While the RTD market overall grew by +2%, spirit-based RTDs outpaced the sector with an +11% increase, contrasting with flat performance in malt-based RTDs and a -2% decline in wine-based RTDs.

theiwsr.com/press-release/iwsrs-new-navigator-data-shows-declines-continue-as-us-awaits-alcohol-market-recovery/

Gordon's gin launches Mix It Up campaign

Diageo has launched a new campaign, Mix It Up, spotlighting its gin brand, with Gordon's Pink and Gordon's Pink 0.0% side by side. The campaign taps into the growing trend of "zebra striping," where drinkers alternate between alcoholic and non-alcoholic drinks—a popular practice among Generation Z, who are increasingly drinking less or choosing to abstain from alcohol altogether. 28% of UK drinkers now engage in this approach when at pubs or bars, according to recent data from alcohol-free beer brand, Lucky Saint.

The campaign's TV ad uses a split-screen effect to showcase the regular Gordon's Pink Gin & Lemonade (5% ABV) alongside its alcohol-free counterpart, with a narrator emphasising that both options offer the "same vibe." This highlights the ease of switching between alcoholic and non-alcoholic choices without compromising enjoyment. Alongside the TV ad, the campaign

will be supported digitally, and TV presenter Maya Jama, a partner with the gin brand, will participate in campaign activities.

Gordon's global head of marketing, Tayara Sousa Linke, commented, "We know that this perceived choice impacts people's decision to moderate, so, through Mix It Up, we wanted to highlight that it is possible to seamlessly switch between the two and still enjoy the same great taste."



New Éduc'alcool campaign – Why do I drink?

This fall, Éduc'alcool is inviting Quebecers to take a personal look at the motivations behind their alcohol consumption. Rather than focusing solely on quantity, Éduc'alcool encourages a thoughtful approach to understanding why we drink: is it for celebration, or perhaps a way to cope with emotions like stress or loneliness?

Since May, André Robitaille, the organisation's ambassador, has been actively involved in this initiative, encouraging the public to reflect on their relationship with alcohol and to adopt better-informed behaviours.

Geneviève Desautels, Executive Director of Éduc'alcool, underscores the significance of this personal and collective introspection: "Before, we focused a lot more on quantity. It was more of a prescriptive outlook than a mindful one, and we mostly wanted to remind people what the low-risk consumption guidelines were," explains Desautels. "Over the years, there has been an evolution, both in terms of the science as well as changes in social behaviour, and the prescriptive approach just doesn't seem like the right fit anymore. It's been three years since we've changed our direction and decided to be much more focused on empowering people to make informed decisions about why they drink, versus how much."

"As we mark our 35th anniversary, we are thrilled to launch this campaign with André Robitaille. Together, we invite Quebecers to think critically about their drinking habits, and we hope to spark an open collective dialogue that encourages responsible behaviours," said Desautels.

As part of this campaign, André Robitaille will also step into the role of interviewer in a series of video segments, where he engages in conversations with prominent Quebec personalities. These discussions, featuring comedians, singers, and actors from diverse backgrounds, will centre on the question: "Why do we drink?" and offer insights into the various contexts that shape our relationship with alcohol.

The Éduc'alcool website offers a variety of tools, such as the "Calcoolateur" for calculating blood alcohol levels, along with a library of resources and alcohol-free recipes.



DrinkWise educational resources for indigenous Australians

Among Indigenous Australians who do drink, a higher proportion consume at risky levels, although the gap between Indigenous Australians and non-Indigenous Australians exceeding the lifetime risk guidelines has narrowed, from 1.5 times as high in 2010 to 1.1 in 2022-23.

New DrinkWise Educational Resources have been codesigned with Indigenous clinical psychologists, Indigenous artists and graphic designers and the Richmond Football Club's Centre for Indigenous Leadership – Korin Gamadji, with input from 13YARN and feedback from Aboriginal and Torres Strait Islander young peoples.

The Teacher Resources and Student Resources are built upon an evidence-informed, culturally appropriate foundation that adopts a strengths-based approach to supporting healthy decision-making. They are mapped to the Indigenous Social and Emotional Wellbeing Framework, which recognises that to be healthy, Aboriginal and Torres Strait Islander peoples need to be connected to land, sea, culture and spirituality.

DrinkWise has also partnered with well-known Indigenous personalities and sports stars to develop culturally relevant Alcohol Education Resources, including videos and supporting teacher and student resources have been created to educate and support yarns about:

- delaying alcohol until at least 18 years old;
- managing peer pressure around alcohol;
- making healthy choices;
- understanding the cause and effects of Fetal Alcohol Spectrum Disorder (FASD); and

- developing solutions to challenging social situations.

These resources aim to support young people to build their reflective skills to assist them in making healthy decisions when faced with challenging situations. It is hoped that by supporting young people to better understand what is important to them and through learning valuable skills in relation to their decision-making, they can see how behaviours move them toward or away from what is important to them. More broadly, it is hoped that these support materials play a role in helping young Australians make the safe choice not to drink alcohol until they are at least 18 years old.

The Hon Malarndirri McCarthy, Minister for Indigenous Australians and Senator for NT, said: "The power of role models in shaping attitudes can't be understated and I congratulate DrinkWise on their new campaign. I want every young person out there to know there are people they can talk to if they feel pressured to underage drink, including through 13YARN."

The screenshot shows the DrinkWise website interface. At the top, there is a navigation bar with links for 'FACTS AND ADVICE', 'TOOLS', 'CAMPAIGNS', 'ABOUT US', and 'SUPPORT SERVICES'. Below the navigation bar, there are four resource cards for Indigenous personalities:

- Danzal Baker (Baker Boy)**: Includes an Alcohol Education Video (watch 30 second preview), another Alcohol Education Video (4:23 min), a Teacher Resource, a Student Resource – full colour (editable/online), and a Student Resource – greyscale (good for printing). A 'Request free resources' link is at the bottom.
- Daniel Rioli**: Includes an Alcohol Education Video (watch 30 second preview), another Alcohol Education Video (4:23 min), a Teacher Resource, a Student Resource – full colour (editable/online), and a Student Resource – greyscale (good for printing). A 'Request free resources' link is at the bottom.
- Deb Mailman**: Includes an Alcohol Education Video (watch 30 second preview), another Alcohol Education Video (2:21 min), and a Teacher Resource and Student Resource in development.
- Anthony McDonald-Tipungwuli**: Includes an Alcohol Education Video (1:50 min) and a Teacher Resource and Student Resource in development.

Alcohol social media accounts to be audited for age restrictions

The Alcohol Beverages Advertising Code (ABAC) in Australia will be undertaking a major audit of the alcohol industry's compliance with age-restricted social media accounts. Alcohol and alcohol alternative (zero alcohol products) marketers are required to apply age restriction controls to their social media accounts to exclude minors from being served with paid and organic marketing posts. The requirement is a core obligation in limiting the exposure of minors to alcohol marketing.

The audit, to be conducted by an independent research firm, will focus on the prime social media platforms of Instagram, Facebook and YouTube. The audit will review the social media

accounts of producers and retailers and include both signatories and non-signatories to the ABAC Scheme.

ABAC Chair Hon Tony Smith said in 2022, the first ABAC audit showed good overall compliance levels but identified room for improvement, including better resources for industry in navigating the different systems of the social media platforms.

"In response, ABAC developed a set of industry checklists that provide helpful links on how to apply age restrictions," Smith said. "We strongly encourage all alcohol and alcohol alternative marketers throughout the industry to self-audit all of their brand social media accounts now."

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

Professor R. Curtis Ellison MD - Chairman,
Professor of Medicine, Emeritus, Section of Preventive Medicine & Epidemiology, Boston University School of Medicine, Boston, MA, US

Henk Hendriks PhD - Co-director
Independent consultant, Netherlands

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

Professor Alan Crozier, Research Associate,
Department of Nutrition, UC Davis, US

Professor Adrian Furnham, Professor in Psychology and occupational psychology, University College London, UK

Giovanni de Gaetano, MD, PhD, President, IRCCS Istituto Neurologico Mediterraneo NEUROMED, Pozzilli, Italy

Tedd Goldfinger FACC, FCCP, President, Desert Heart Foundation, Tucson, University of Arizona, US

Lynn Gretkowski MD, Obstetrics and Gynaecology, Faculty member Stanford University, US

Professor Dwight B. Heath, Anthropologist, Professor Emeritus of Anthropology, Brown University, US

Professor OFW James, Emeritus Professor of Hepatology, Newcastle University, UK

Ellen Mack MD, Oncologist

Professor JM Orgogozo, Professor of brain science, Institut de Cerveau, University of Bordeaux, France

Stanton Peele PhD, Social Policy Consultant, US

Prof Susan J van Rensburg MSc, PhD, Emeritus Associate Professor in the Division of Chemical Pathology, Tygerberg Hospital, University of Stellenbosch, South Africa

Dr Erik Skovenborg, Scandinavian Medical Alcohol Board

Arne Svilaas MD, PhD, Chief Consultant, Lipid Clinic, Oslo University Hospital, Oslo, Norway.

Professor Pierre-Louis Teissedre, PhD, Faculty of Oenology–ISVV, University Victor Segalen Bordeaux, France

Dag Thelle MD, PhD, Senior Professor of Cardiovascular Epidemiology and Prevention, University of Gothenburg, Sweden; Senior Professor of Quantitative Medicine at the University of Oslo, Norway

David P van Velden MD, Dept of Pathology, Stellenbosch University, Stellenbosch, South Africa

David Vauzour PhD, Senior Research Associate, Department of Nutrition, Norwich Medical School, University of East Anglia, Norwich, UK