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Qatar

Qatar is to relax its strict laws on alcohol during the FIFA World Cup. Football fans visiting Qatar to watch games will be able to buy beer from a select number of beach clubs and from kiosks within the stadium grounds, but not in the stands themselves.

Budweiser, owned by AB Inbev, is the official beer sponsor for the tournament, which kicks off on 21 November. It is thought that a pint will cost around £6 throughout the duration of the event. Visiting fans are being instructed to respect local Islamic traditions, particularly in relation to drinking, while visiting Qatar where consumption in public spaces is still prohibited.

Kenya

Kenya's Treasury Cabinet Secretary, Ukur Yatani, has proposed the introduction of a 15% excise duty on alcohol, gaming, and gambling advertisements. Yatani is reported to be particularly concerned about the harmful effects of alcohol, gambling and gaming on young people. The new tax would aim to discourage the promotion of both while helping to raise an extra 50bn shillings (\$440m) for the Treasury.

Spain

The Ministry of Health in Spain is undertaking a public consultation prior to drafting a bill for the prevention of the harmful underage alcohol consumption. The consultation will assess the opinion of individuals, organizations and associations potentially affected by the future standard.

Mongolia

Mongolian President Ukhnaa Khurelsukh has issued a decree on reducing alcohol misuse. The decree will prohibit the use of high-strength ethyl alcohol at receptions, official celebrations and ceremonies arranged by government organizations. It will also take measures such as reducing alcohol strength, establishing a cancer hospital and an addiction treatment centre, and promoting employment to cut alcohol consumption.

Mongolia has recently launched a nationwide movement against alcoholism. In the country each year, an average of around 55 litres of alcoholic beverages are consumed per adult.

Ukraine

As part of martial law imposed across much of the country in the wake of the Russian invasion, many local authorities in Ukraine banned the sale of alcohol at the beginning of March. Reports suggest that the ban was lifted on April 1st.

US

American Airlines will resume serving alcohol on its flights following a ban of nine-months. They will sell drinks and food from April 18, the day the federal transportation mask mandate is set to expire.

Airlines stopped selling alcohol early in the pandemic to reduce interactions between flight attendants and passengers but many extended the policy due to flight attendant concerns about unruly behaviour. Alcohol has been available in first class on American since last spring.



Adjusting for underreporting of alcohol intake in epidemiologic studies

Esser MB, Sherk A, Subbaraman MS, Martinez P, Karriker-Jaffe KJ, Sacks JJ, Naimi TS. Improving Estimates of Alcohol-Attributable Deaths in the United States: Impact of Adjusting for the Underreporting of Alcohol Consumption. *J Stud Alcohol Drugs* 2022;83:134-144. doi: 10.15288/jsad.2022.83.134.

Authors' Abstract

Objective: Self-reported alcohol consumption in U.S. public health surveys covers only 30%-60% of per capita alcohol sales, based on tax and shipment data. To estimate alcohol-attributable harms using alcohol-attributable fractions, accurate measures of total population consumption and the distribution of this drinking are needed. This study compared methodological approaches of adjusting self-reported survey data on alcohol consumption to better reflect sales and assessed the impact of these adjustments on the distribution of average daily consumption (ADC) levels and the number of alcohol-attributable deaths.

Method: Prevalence estimates of ADC levels (i.e., low, medium, and high) among U.S. adults who responded to the 2011-2015 Behavioral Risk Factor Surveillance System (BRFSS; N = 2,198,089) were estimated using six methods. BRFSS ADC estimates were adjusted using the National Alcohol Survey, per capita alcohol sales data (from the Alcohol Epidemiologic Data System), or both. Prevalence estimates for the six methods were used to estimate average annual alcohol-attributable deaths, using a population-attributable fraction approach.

Results: Self-reported ADC in the BRFSS accounted for 31.3% coverage of per capita alcohol sales without adjustments, 36.1% using indexed-BRFSS data, and 44.3% with National Alcohol Survey adjustments. Per capita sales adjustments decreased low ADC prevalence estimates and increased medium and high ADC prevalence estimates. Estimated alcohol-attributable deaths ranged from approximately 91,200 per year (BRFSS unadjusted; Method 1) to 125,200 per year (100% of per capita sales adjustment; Method 6).

Conclusions: Adjusting ADC to reflect total U.S. alcohol consumption (e.g., adjusting to 73% of per capita sales) has implications for assessing the impact of excessive drinking on health outcomes, including alcohol-attributable death estimates.

Forum Comments

Assessment of alcohol intake: There is no ideal way of estimating the intake of alcohol of individuals, as no biologic measurement currently available accurately relates to a person's ingestion. One-on-one interviews are one way that alcohol data can be collected, but is generally considered impractical

for studies of large numbers of subjects. Usually self-administered questionnaires are used to assess the intake of alcoholic beverages in surveys and most large cohort studies.

There are obvious problems with individuals reporting their own intake of alcohol, and there is evidence that, overall, there is considerable underreporting of the amount consumed. As described by Forum member Skovenborg, reasons for such underreporting include the following:

- "Recall bias: difficulties in recall of drinking practices; the reported alcohol intake declines when the recall period increases.
- Variation in the alcohol content of a drink of beer, wine or spirits typically poured by the survey population sample associated with the challenging issue of drinker's inability to accurately gauge their consumption in standard drinks.
- Social desirability bias: deliberate underreporting due to culturally determined socially desirable answers.
- Non-response bias: lack of response from people in the survey sample with a serious drinking problem and, for example, people with no telephone.
- Bias due to omission of irregular heavy drinking and special occasions drinking in survey questionnaires. In countries with Mediterranean-style drinking (frequent, regular drinking with meals), a quantity-frequency index questionnaire may correctly measure most of the alcohol consumption. In "dry" cultures with less frequent drinking with meals and occasional heavy episodic drinking, questions regarding special occasion drinking are indispensable.
- Beverage preference underreporting: In The Canadian Alcohol and Drug Use Monitoring Survey (CADUMS) 2008 to 2010, spirits consumption was underestimated by 65.94% compared with sales data, wine by 38.35% and beer by 49.02%. In the study of 39 European surveys by Kilian et al the lowest coverage was found for spirits consumption: 26.3% (CI 21.4-31.3).
- Non-differential underreporting of an exposure (e.g. alcohol consumption) may mask a true



threshold effect as a dose-response relation and, if a true threshold effect exists, the threshold will be set at too low a level if the exposure is underreported (Kesmodel et al).

- Differential underreporting (e.g. disproportionately underreporting of alcohol consumption by heavy drinkers) would decrease the prevalence of high Average Daily Consumption (ADC) and increase the prevalence of medium/low ADC and spuriously increase the association of medium/low ADC and risk of alcohol-attributable disease and death. Estimates of drinking above recommended levels are likely to be disproportionately underestimated (Boniface et al).

Methods proposed for “adjusting” self-reports of alcohol in epidemiologic studies: Forum member Skovenborg commented on the methods for adjustment of self-reported alcohol intake. “A variety of approaches have been used in an attempt to adjust the self-reported data to more realistic values; the one used in the present paper to “adjust” for actual intake involves comparisons of self-reports with “disappearance” of alcohol based on reported sales or tax records. This method assumes that all of the alcohol purchased gets consumed by the buyer or his friends, and none gets wasted. Data on conditions attributable to alcohol rely on prevalence estimates of alcohol use at various levels of consumption, and relative risks on the relationship between average daily consumption (ADC) and the risk of death from alcohol-related health conditions. However, self-reported alcohol consumption in U.S. public health surveys generally only accounts for 30%–60% of presumed consumption from per capita alcohol sales, based on tax and shipment data, resulting in conservative estimates of the alcohol-related public health impact.”

Skovenborg agrees that there may be substantial underreporting of alcohol consumption in surveys. “However, the issue of underreporting is very complicated and the methods to adjust for the underreporting are fraught with estimations, assumptions, generalizations and other methodological problems that leave the results of adjusting for underreporting open to question. The proportion of the ‘real’ consumption that is covered by surveys is known as coverage rate. While being the gold standard to determine

the level of consumption in a country, per capita consumption cannot replace survey data because it does not tell us anything about the prevalence of alcohol use, patterns of consumption among drinkers of different demographic groups and variations of consumption levels in the population. This information is necessary for calculating the effects of alcohol consumption, however, and the self-report issue, which remain unresolved, is affected by many factors.

“The various reasons for underreporting in drinking surveys (that typically account for about half or even less of the national consumption) may have different effects on the degree of underreporting in surveys from different countries with different drinking cultures and different types of questions used to measure alcohol consumption. In a study of alcohol-consumption estimates in surveys in Europe, the coverage of sales estimates by surveys varied between 39% in Germany and 56% in France (Knibbe et al). Also, a recent review of 39 European surveys by Killian et al found large variation in coverage across 23 European countries with an average total coverage of 36.5% (CI 33.2-39.8). Variation among populations could markedly affect results of studies in which the same percentage is used for adjusting intake for all countries.

“Self-reported ADC in the 2011-2015 Behavioral Risk Factor Surveillance System (BRFSS), the basis for the present study, accounted for 31.3% coverage of per capita alcohol sales without adjustments. Among the six methods to adjust for underreporting, the authors adjusted to 73% of per capita sales to reflect total U.S. alcohol consumption, stating ‘The 73% multiplier was selected to match the coverage of per capita sales (from the AEDS) that is achieved in epidemiological cohort studies used to derive condition-specific relative risk estimates (Stockwell et al)’”

Attempts to adjust alcohol intake by other characteristics of individual subjects: According to Stockwell et al. the issue of underreporting has not been well addressed in the published literature concerning epidemiological studies. He states: ‘Estimates of alcohol-related harm in a population calculated in estimation exercises such as the GBD study use the population-attributable fraction (PAF) method, i.e. the fractions of cases for a particular disease or injury attributable



to an exposure of interest such as alcohol. PAF calculations require: (i) relative risk estimates for different diseases at various levels of consumption (which are based mainly on cohort studies) and (ii) prevalence estimates of various levels of exposure to consumption in the population to which to apply the relative risks (based on population surveys). There is a threat to validity, however, if the levels of under-reporting in these two types of studies (i.e. cohort and population surveys) are not comparable. To minimize this problem, current GBD methods raise survey-based estimates of total population exposure to alcohol to 80% of best estimates of age 15+ per capita alcohol consumption (Kehoe et al). This method assumes that the cohort studies used to estimate disease risk only underestimate alcohol consumption by 20%.' Six methods of adjusting for underreporting in the BRFSS survey are tested in the present paper; adjusting to 73% of per capita alcohol sales to align with consumption reported among U.S. cohort study participants ADC prevalence estimates using per capita alcohol sales data was judged to be an appropriate and practical adjusting method. Skovenborg continued: "The problem seems to be estimation of underreporting in cohort studies providing relative risk estimates for different disease at various levels of consumption. An analysis of 40 cohort studies from 18 countries published between 1980-2016 (Stockwell et al) found an overall coverage of WHO per capita consumption data of 61.71% calculated with baseline estimates of alcohol consumption. A methodological concern is the heterogeneity of the alcohol use methods employed by the cohort studies. And the fact that the risk estimates used in the present paper to calculate alcohol-attributable fractions of 58 alcohol-related condition are based on cohort data used in the Alcohol-Related Disease Impact application. The cohort study references in ARDI Methods present little or no information about underreporting. For example, Bagnardi et al stated: 'An under-reporting of alcohol consumption in drinkers may partly explain the association with light alcohol drinking. In fact, alcohol consumption might be systematically underreported by both cases and controls (non-differential underreporting). This would lead to an overestimation of the RR for low doses' In addition, it is hardly reassuring that a rating of overall confidence in the results of the Bagnardi et

al's review by Amstar (a critical appraisal tool for systematic reviews) was judged as critically low (Shea et al).

Methods used for "adjusting" for underreporting in reports from the Kaiser Permanente studies: Forum member Ellison pointed out that the authors of the present study do not mention what he believes is perhaps the most effective way of judging individual alcohol intake: making adjustments according to available data on other characteristics of subjects related to alcohol misuse. "Arthur Klatsky and his associates have described how numerous recorded characteristics of subjects suggesting alcohol misuse (admissions for alcohol intoxication, alcoholic cirrhosis, missing work due to alcohol misuse, etc.) may be used to separate "likely underreporters" from subjects who are "unlikely to be underreporters." Their studies have shown clear relations between subjects in these classifications to important biological outcomes: risk of hypertension (Klatsky et al, 2006), total mortality (Klatsky et al, 2007), and risk of cancer (Klatsky et al, 2014). In fact, among subjects reporting '1 to 2 drinks/day,' those deemed to be unlikely underreporters tend to show no increase in their risk of disease, while those classified as likely underreporters show increased risk, even at the same self-reported level of alcohol consumption. This suggests marked differences in underreporting of intake according to the usual level of drinking. Many epidemiologic studies of alcohol effects also have data on such characteristics of their subjects, presenting a potentially important method for estimating underreporting."

Reviewer de Gaetano added: "I strongly support the method described by Klatsky and his associates for adjusting for underreporting of alcohol. If the analytic approaches presented by the authors of this paper indicate that people in the USA drink more than what they declare, this suggests that many may be consuming at higher levels than recorded, and 'alcohol-attributable deaths' in the USA could be higher than suggested by analyses based only on self-reported data. However, underreporting also suggests that the beneficial effects of moderate amounts of alcohol on cardiovascular disease risk may be associated with even higher amounts of alcohol than the amount reported in cohort studies. And, as Klatsky has clearly shown, the reported association of even



'light to moderate' intake with certain outcomes, such as cancer and total mortality, may actually be substantially less than that suggested by many studies."

Forum member Lanzmann wrote: "The Klatsky studies at Kaiser Permanente were clear on the subject and have always seemed very important to me, but unfortunately have not received enough attention from epidemiologists and are not even cited in this paper. We all agree that, for many obvious reasons, there is often under-reporting of alcohol consumption. Thus, when we observe an inverse relationship between wine consumption and coronary mortality, for example with an RR of 0.8 for 1 glass/day and 0.7 for 2 glasses/day, the subjects may actually have consumed averages of 1.5 to 3 glasses/day, respectively. This means not only that wine consumption is correlated with coronary protection, but also that it is safe to drink more wine than we thought, perhaps even if wine drinkers seem to under-report less than others. And if we observe a correlation between the consumption of 2 glasses of alcohol and the risk of colon cancer, but the consumer actually drank 3 or 4 drinks per day, it would suggest that the risk observed for increased risk for reports of 2 glasses per day is overestimated. I also agree with remarks of others on attributable risk, which is used by the public authorities in European countries and in particular in France, to say arbitrary things about the number of alcohol-related deaths."

Ellison added: "Overall, we agree that the application of the same formula for true underreporters and unlikely underreporters, as used in this paper, can lead to unreliable results. If an individual subject is a true underreporter, and their alcohol intake is greater than reported, their presence in a drinking category would tend to increase the risk of disease of subjects in that category inappropriately. (Such subjects should clearly have been placed in a higher category of alcohol consumption.) For subjects who are not underreporting their alcohol intake, it would suggest that the risk of disease for subjects at a given level of drinking may be inappropriately increased, whereas their actual alcohol intake would not have been likely to increase their risk of disease."

Problems estimating alcohol-attributable fractions for many diseases: Skovenborg wrote:

"The papers on alcohol-attributable fractions of various diseases, e.g. cancer, are very long and very complicated. Further, there are problems using sometimes outdated or biased data on disease entities when judging alcohol's effects on health. Even though the present authors show gross underreporting of alcohol in most studies, it appears that they have used unadjusted data to estimate alcohol-attributable disease. The authors base their calculations of population attributable risk on the hypothetical assumption of a rather low degree of underreporting in the population studies that are used as foundation of relative risk associations between alcohol intake and disease." Reviewer Waterhouse agreed: "I am concerned that the authors of this paper apparently applied a correction factor to the data on the calculated outcome of alcohol consumption, but did not apply any correction to the calculations used to estimate the impact of underreporting on the data for the health problems caused by alcohol consumption. In addition, this study assumes that there are only health problems associated with alcohol consumption and ignores the well documented health benefits associated with moderate alcohol consumption."

Reviewer Djoussé added: "The concept of attributable fraction of an exposure to a specific disease is conditioned on a causal relation between exposure and outcome. Unfortunately, observational data may provide us with good/reasonable estimates of effects but fall short from providing evidence for causality. Mathematical modelling and exploration of various distribution forms of alcohol consumption are useful tools but cannot completely overcome shortcomings that are inherent to observation designs."

To what extent does the present paper provide data for developing population guidelines regarding alcohol intake? Reviewer Skovenborg concludes his remarks: "To advise the public on 'sensible' limits of alcohol intake, methods are needed that properly rank individuals according to alcohol intake, and that also assess correctly the absolute level of intake and the pattern of drinking (e.g., regularly or only on weekends, with or without food, differently according to the type of beverage, differently according to the culture of their country, etc). With WHO including data from 40 cohort studies from different 18 countries,



that requirement is hardly satisfied: such analyses cannot adjust for large differences in drinking habits that have clearly been demonstrated for different countries and cultures." Reviewer Ellison added: "I believe that large cohort studies within specific populations, when properly adjusted for pattern of drinking and using an efficient method for identifying underreporting, may give a much better estimate of alcohol's effects on health, and are a better choice for forming the basis for setting drinking guidelines for populations."

Forum members agree that it is frustrating that data on the pattern of drinking are almost non-existing in the cohort data used in the Alcohol-Related Disease Impact application. It is unfortunate that this methodologic problem regarding estimates of alcohol-attributable deaths is ignored by the authors of the present paper. Skovenborg noted: "The relevance of drinking pattern is supported by a study by Gmel et al who modeled the effects of changes in aggregate consumption on mortality across countries using indicators of drinking patterns (including drinking with meals, frequency of drinking, drinking to intoxication, and percentage of abstainers in a population). The study showed that the more detrimental the general pattern of drinking in a country, the higher the impact of a change in alcohol consumption on all-cause mortality. As shown repeatedly in the Kaiser Permanente studies by Klatsky et al, data on other characteristics can be used to identify the likely level of underreporting of alcohol for individual subjects. Many other epidemiologic studies have similar data available that could provide individual adjustments for such factors; this could provide more reliable information for judging the overall effects of alcohol consumption on health."

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Forum Summary

It has been demonstrated repeatedly that the total population alcohol consumption based on self-reports by subjects in surveys and epidemiologic studies is lower than the amount of alcohol sold or taxed (disappearance data) within the population. This is assumed to relate to marked underreporting of individuals of their consumption, sometimes by one half or more. A key problem in attempting to adjust the self-reported values to more closely match the total alcohol disappearance data is that everyone does not underreport their intake, or may do so by different degrees.

The present study was based on data from US adults who responded to the 2011-2015 Behavioral Risk Factor Surveillance System (BRFSS; N = 2,198,089). The authors tested six methods for adjusting the self-reported data to provide what they hoped to be a more accurate value; some methods included adjustments based on differences in consumption by age and sex subgroups. From an unadjusted value of self-reported consumption of only 31.3% of that indicated by disappearance data, the various methods provided adjusted values ranging from 36.1% to 73%. The authors then used higher values to estimate the effect on alcohol-attributable deaths, using a population-attributable fraction approach.

While applauding the authors for attempting to obtain better estimates of alcohol consumption, Forum members were surprised that the authors did not even mention the method for identifying underreporting of individual subjects described by Klatsky and colleagues in the Kaiser Permanente Studies. The results of their method have been demonstrated to relate closely to alcohol's effects on the risk of cancer, hypertension, and total mortality. Their method includes, in addition to self-reported data on alcohol consumption, adjustments for a variety of health conditions known to relate to excessive alcohol exposure, including alcoholic liver disease, hospitalizations for intoxication, mental problems associated with heavy drinking, etc. The presence of these conditions not only suggested that such subjects markedly underreported their intake (the exposure), but they also had much higher risk of adverse health effects (the outcome). When these conditions were not present at any of the study

visits of subjects (allowing such subjects to be classified as being unlikely to be underreporting their alcohol consumption), adverse effects of low to moderate alcohol intake were generally not seen or their occurrences were markedly less frequent. This adjustment approach seems to be the only one previously described that gives reasonable results for individuals, and is clearly associated with the future health outcomes of subjects (and we realize that the occurrence of certain diseases or death happens for individual subjects, not for the population).

The Forum also raised questions about using "alcohol-attributable risk". The authors base their calculations of population attributable risk on the hypothetical assumption of a rather low degree of underreporting in the population studies that are used as foundation of relative risk associations between alcohol intake and disease. Thus, risk is based mainly on self-reports of intake, even though their present paper indicates that adjustment for underreporting is so important. Further, throughout the paper, it appears that the authors tend to focus only on the adverse effects of alcohol without taking into regard the beneficial effects of light-to-moderate drinking, especially the regular consumption of wine with meals, which is found almost universally to be associated with lower risk of cardiovascular disease, diabetes, and total mortality.

While appropriate adjustment for underreporting could greatly improve the results of epidemiologic studies on alcohol and health, the goal would be to develop methods of determining the risk of individual subjects by including data on their own pattern of drinking and not assuming that the same adjustment formula applies to everyone in a population. By being able to identify subjects who underreport their intake, it would lead to some people changing categories of intake, and should result in estimates of either a lower risk, or greater risk, of adverse health effects of alcohol for that category of drinking. Further, more accurate and updated assessments of future health conditions that may be adversely (or beneficially) related to alcohol consumption should improve results and provide better data for setting drinking guidelines.



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

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Healthy lifestyle and life expectancy with and without Alzheimer's dementia: population based cohort study

A paper published in the BMJ investigated the impact of lifestyle factors on life expectancy lived with and without Alzheimer's dementia.

The study used data from the Chicago Health and Aging Project, a population based cohort study in the United States with over 2,400 men and women aged 65 years and older.

A healthy lifestyle score was developed based on five modifiable lifestyle factors: a diet for brain health (Mediterranean-DASH Diet Intervention for Neurodegenerative Delay-MIND diet score in upper 40% of cohort distribution), late life cognitive activities (composite score in upper 40%), moderate or vigorous physical activity (≥ 150 min/week), no smoking, and light to moderate alcohol consumption (women 1-15 g/day; men 1-30 g/day).

Women aged 65 with four or five healthy factors had a life expectancy of 24.2 years (95% confidence interval 22.8 to 25.5) and lived 3.1 years longer than women aged 65 with zero or one healthy factor (life expectancy 21.1 years, 19.5 to 22.4). Of the total life expectancy at age 65, women with four or five healthy factors spent 10.8% (2.6 years, 2.0 to 3.3) of their remaining years with Alzheimer's dementia, whereas women with zero or one healthy factor spent 19.3% (4.1 years, 3.2 to 5.1) with the disease. Life expectancy for women aged 65 without Alzheimer's dementia and four or five

healthy factors was 21.5 years (20.0 to 22.7), and for those with zero or one healthy factor it was 17.0 years (15.5 to 18.3). Men aged 65 with four or five healthy factors had a total life expectancy of 23.1 years (21.4 to 25.6), which is 5.7 years longer than men aged 65 with zero or one healthy factor (life expectancy 17.4 years, 15.8 to 20.1). Of the total life expectancy at age 65, men with four or five healthy factors spent 6.1% (1.4 years, 0.3 to 2.0) of their remaining years with Alzheimer's dementia, and those with zero or one healthy factor spent 12.0% (2.1 years, 0.2 to 3.0) with the disease. Life expectancy for men aged 65 without Alzheimer's dementia and four or five healthy factors was 21.7 years (19.7 to 24.9), and for those with zero or one healthy factor life expectancy was 15.3 years (13.4 to 19.1).

A healthy lifestyle was associated with a longer life expectancy among men and women, and they lived a larger proportion of their remaining years without Alzheimer's dementia. The life expectancy estimates might help health professionals, policy makers, and stakeholders to plan future healthcare services, costs, and needs, the authors say.

Source: Dhana K, Franco OH, Ritz EM, Ford CN, Desai P, Krueger KR, Holland TM, Dhana A, Liu X, Aggarwal NT, Evans DA, Rajan KB. Healthy lifestyle and life expectancy with and without Alzheimer's dementia: population based cohort study. *BMJ*. 2022 Apr 13;377:e068390. doi.org/10.1136/bmj-2021-068390.



Relation of alcohol intake to kidney function and mortality

A population-based study investigated associations of alcohol intake with kidney function and mortality.

The study cohort included adult participants in Exam-1, Exam-2 (6-year follow-up), and Exam-3 (20-year follow-up) of the Gubbio study. Kidney function was evaluated as estimated glomerular filtration rate (eGFR). Daily habitual alcohol intake was assessed by questionnaires. Wine intake accounted for >94% of total alcohol intake at all exams. Alcohol intake distribution was divided into four strata for analyses (g/day = 0, 1-24, 25-48, and >48).

Analyses found that intake related cross-sectionally to eGFR at all exams and related longitudinally to less negative eGFR change. Compared to no intake, intakes > 24 g/day were not associated with different mortality while an intake of 1-24

g/day was associated with lower mortality in the whole cohort (HR = 0.77) and in the subgroup with decreased eGFR (HR = 0.69).

This observational cohort study reports that a higher alcohol intake in the form of wine was related cross-sectionally to a higher eGFR and longitudinally to a lesser eGFR decline during an observation period ranging from 6 to 20 years. These results support the hypothesis that the intake of wine could have favorable effects against the decline in kidney function associated with ageing without implying an increased rate of mortality.

Source: Cirillo M, Bilancio G, Secondulfo C, Iesce G, Ferrara C, Terradura-Vagnarelli O, Laurenzi M. Relation of Alcohol Intake to Kidney Function and Mortality Observational, Population-Based, Cohort Study. *Nutrients*. 2022 Mar 18;14(6):1297. doi.org/10.3390/nu14061297.

Sex, gender & alcohol use: Implications for women & low-risk drinking guidelines

Research on the sex-specific health effects of alcohol has indicated higher damage with lower amounts of alcohol for females as well as overall sex differences in the pharmacokinetics of alcohol in male and female bodies. Research on gender-related factors, while culturally dependent, indicates increased susceptibility to sexual assault and intimate partner violence as well as more negative gender norms and stereotypes about alcohol use for women.

Sex- and gender-specific guidelines have been issued in some countries, suggesting lower amounts of alcohol consumption for women than men; however, in other countries, sex- and gender-blind advice has been issued.

An article in the *International Journal of Environmental Research and Public Health* reports on a synthesis of the evidence on both sex- and gender-related factors affecting safer levels of drinking alcohol with an emphasis on women's use. The authors conclude that supporting and expanding the development of sex- and gender-specific low-risk drinking guidelines offers more nuanced and educative information to clinicians and consumers and will particularly benefit women and girls.

Source: Greaves L, Poole N, Brabete AC. Sex, Gender, and Alcohol Use: Implications for Women and Low-Risk Drinking Guidelines. *International Journal of Environmental Research and Public Health*. 2022; 19(8):4523. doi.org/10.3390/ijerph19084523

Women and alcohol: Limitations in the cardiovascular guidelines

Patients and physicians rely on evidence-based guidelines to guide alcohol consumption recommendations, but significant discrepancies in alcohol consumption limits are found between different international societies. Current American Heart Association (AHA) preventive management guidelines on hypertension, transient ischemic attack, stroke, and stable ischemic heart disease recommend sex-specific daily alcohol consumption limits which are inconsistent from other international society recommendations.

In a focused review of current AHA guidelines and their sources, researchers evaluate the evidence

behind sex-specific alcohol consumption cut-offs. They found insufficient experimental and epidemiologic evidence to conclude that women should have a reduced daily alcohol consumption limit as compared to men; further studies are required to determine whether sex-specific differences exist in alcohol metabolism and its related cardiovascular impact.

Source: Chang (Nancy) Wang, Kiera Liblik, Sohaib Haseeb, Ricardo Lopez-Santi, Adrian Baranchuk, Women and Alcohol: Limitations in the Cardiovascular Guidelines, *Current Problems in Cardiology*, 2022, 101200, ISSN 0146-2806, doi.org/10.1016/j.cpcardiol.2022.101200.



Alcohol consumption changes the ageing clock

A study by researchers at Yale School of Medicine in the United States utilised five different epigenetic clocks, a measure of an individual's biological age, and examined the effects of varying levels of alcohol consumption on biological age.

The study was conducted in over 2,000 individuals, including both healthy participants and people living with HIV. The results, published in *Alcoholism – Clinical and experimental research*, show that the clock ticks faster among heavy alcohol drinkers but slower among light to moderate drinkers.

“A nonlinear relationship between alcohol consumption and epigenetic age is very interesting. It suggests a complicated effect of alcohol use on health,” said Dr Ke Xu, associate professor of psychiatry and a senior author on the paper.

Five clocks derived from different tissues and different aging related factors show similar patterns. One novel clock that is built from DNA modifications in monocytes, which was developed by Xu's group, shows the strongest association with alcohol consumption and epigenetic age.

Monocytes play an important role in inflammation and aging process.

Dr Rajita Sinha, Foundations Fund Professor of Psychiatry and Professor in the Child Study Centre and of Neuroscience, and a co-author on the study said, “Heavy alcohol drinking might change the aging clock before one develops medical disease. The finding highlights the impact of lifestyle factors on health and their importance for preventing alcohol use related medical comorbidities.”

Dr Amy Justice, CNH Long Professor of Medicine and Professor of Public Health, commented that a biomarker of alcohol consumption, PEth, but not self-reported alcohol use, showed an association with epigenetic aging among the same people from the Veteran Aging Cohort Study.

medicine.yale.edu/news-article/yale-study-alcohol-consumption-changes-the-aging-clock/

Source: Liang, X., Sinha, R., Justice, A.C., Cohen, M.H., Aouizerat, B.E. & Xu, K. (2022) A new monocyte epigenetic clock reveals nonlinear effects of alcohol consumption on biological aging in three independent cohorts (N = 2242). *Alcoholism: Clinical and Experimental Research*, 00, 1– 13. doi.org/10.1111/acer.14803

Alcohol consumption and its association with chronic kidney disease

A study explored the association between alcohol consumption and chronic kidney disease (CKD) in a Chinese population.

A total of 4,664 participants, aged ≥ 18 years, who participated in a baseline alcohol survey in 1997 and were followed up in 2009 of the China Health and Nutrition Survey (CHNS), were included. Data on alcohol consumption was obtained using standardized questionnaires, with CKD (defined as eGFR < 60 mL/min/1.73 m²) as the outcome. 37.3% of the participants had consumed alcohol at the baseline. Current drinkers were mainly men, with at least senior high school education, and a history of smoking. In the 2009 survey, 14.5% of the participants had CKD.

Association analyses revealed that alcohol drinkers had a lower likelihood of CKD than non-drinkers (11.0% vs. 16.6%, aOR: 0.76, 95%CI: 0.58–1.00), after adjusting potential covariates. The relationship between alcohol consumption and CKD prevalence was U-shaped. The probability

of CKD significantly increased when alcohol consumption exceeded 18 standard drinks per week (aOR: 1.66, 95%CI: 1.00–2.76). Approximately a quarter of participants changed their drinking patterns during the 12-year follow-up, and male drinkers with persistent drinking patterns had the lowest prevalence of CKD (aOR: 0.48, 95% CI: 0.31–0.73).

Alcohol consumption showed a U-shaped association with CKD. Moderate drinkers exhibited a lower disease prevalence compared with non-drinkers and heavy drinkers. Further studies should be conducted to explore the mechanisms underlying this protective effect. However, non-drinkers should not start drinking alcohol even with this protective effect, the authors say.

Source: Yang Li, Bowen Zhu, Nana Song, Yiqin Shi, Yi Fang, Xiaoqiang Ding, Alcohol consumption and its association with chronic kidney disease: Evidence from a 12-year China health and Nutrition Survey, *Nutrition, Metabolism and Cardiovascular Diseases*, 2022, doi.org/10.1016/j.numecd.2022.02.012.



Relationships among alcohol drinking patterns, macronutrient composition, and caloric intake

Excessive alcohol consumption is associated with poor diet but a more detailed understanding of relationships between diet composition and binge drinking at different drinking thresholds is needed.

Researchers examined the association of alcohol consumption thresholds with macronutrient composition, caloric intake and anthropometric measures from the NHANES 2017–2018 dataset. A total of 2,320 participants' data were analysed. Energy and nutrient content from daily food and beverage intake were assessed via two dietary recall interviews. Physical examination and Alcohol Use Questionnaire including details about lifetime and current usage patterns were obtained. The associations among volume of alcohol consumed, weight history and macronutrient intake were analysed.

Waist circumference was significantly higher in 0–<4 drinks/episode (low-quantity) drinkers than 4–7 drinks/episode (medium-quantity) and 8–11 drinks/episode (high-quantity) drinkers.

High-quantity drinkers consumed significantly more kilocalories (2569.91) compared with low-quantity drinkers (2106.73). Low-quantity drinkers consumed more energy from carbohydrate and fat than medium and high-quantity drinkers. Very high-quantity drinkers (12+ drinks/episode) consumed less fiber (12.81 g) than low-quantity drinkers (16.67 g).

The researchers observed an association between high alcohol intake and differences in eating habits and body composition. The findings suggest a need to compare more specific drinking patterns and their impact on nutrient intake. Although some results conflicted with previous studies, the mechanisms underlying alcohol's effect on ingestive and digestive metabolic pathways are still unclear and require further investigation.

Source: Relationships among Alcohol Drinking Patterns, Macronutrient Composition, and Caloric Intake: National Health and Nutrition Examination Survey 2017–2018. Paule V Joseph, Yingjie Zhou, Brianna Brooks, Christian McDuffie, Khushbu Agarwal, Ariana M Chao. *Alcohol and Alcoholism*, agac009, doi.org/10.1093/alcalc/agac009.

Effect of moderate wine consumption on oxidative stress markers in coronary heart disease patients

Evidence from research studies reports that wine consumption is associated with lower cardiovascular disease risk, partly through the amelioration of oxidative stress.

A study was to examine the effect of regular light to moderate wine consumption from coronary heart disease (CHD) patients compared to the effect induced by alcohol intake without the presence of wine microconstituents, on oxidation-induced macromolecular damage as well as on endogenous antioxidant enzyme activity. A randomized, single-blind, controlled, three-arm parallel intervention was carried out, in which 64 CHD patients were allocated to three intervention groups. Group A consumed no alcohol, and Group B (wine) and Group C (ethanol) consumed 27 g of alcohol/day for 8 weeks. Blood and urine samples were collected at baseline and at 4 and 8 weeks.

Urine oxidized guanine species levels, protein carbonyls, thiobarbituric acid substances (TBARS) levels, as well as superoxide dismutase (SOD) and glutathione peroxidase (GPx) activities, were measured.

Oxidized guanine species and protein carbonyl levels were significantly increased in the ethanol group during the intervention and were significantly decreased in the wine group.

These results support the idea that wine's bioactive compounds may exert antioxidant actions that counteract the macromolecular oxidative damage induced by alcohol in CHD patients.

Source: Choleva, M.; Argyrou, C.; Detopoulou, M.; Donta, M.-E.; Gerogianni, A.; Moustou, E.; Papaemmanouil, A.; Skitsa, C.; Kolovou, G.; Kalogeropoulos, P.; et al. Effect of Moderate Wine Consumption on Oxidative Stress Markers in Coronary Heart Disease Patients. *Nutrients* 2022, 14, 1377. doi.org/10.3390/nu14071377



Prevention of alcohol consumption programmes for children and youth

Youth substance use is a public health problem globally, where alcohol is one of the drugs most consumed by children, and youth prevention is the best intervention for drug abuse.

A study aimed to review the latest evidence of alcohol use prevention programmes in empirical research, oriented to all fields of action among children and youth. A narrative and critical review was carried out within international databases (PsychInfo, Pubmed, Web of Science, and Scopus) in August 2021 and was limited to empirical studies that appeared in the last five years (2017–2021). Empirical research articles in English with RCTs and quasi-experimental design that included alcohol, children, and young people up to 19 years of age (universal, selective, or indicated programmes) were included.

Twenty-two articles were found from four fields of action: school (16), family (2), community (2), and web-based (2), representing 16 alcohol prevention programmes. School-based alcohol prevention programmes were found to be clinically relevant

[Theory of Planned Behavior, Refuse, Remove, Reasons, Preventure, The GOOD Life, Mantente REAL, Motivational Interviewing (BIMI), Primavera, Fresh Start, Bridges/Puentes]. They were effective in increasing attitudes and intentions toward alcohol prevention behaviour, while decreasing social norms and acceptance of alcohol, reducing intoxication, and increasing perceptions with regards to the negative consequences of drinking. The authors comment that their review provides an updated synthesis of the evidence for prevention programmes in the school, family, community, and web-based fields of action.

A significant number of programmes exist that are applied within schools and which are clinically relevant. However, the prevention programmes utilised in the other fields of action require further investigation.

Source: Sánchez-Puertas R, Vaca-Gallegos S, López-Núñez C, Ruisoto P. Prevention of Alcohol Consumption Programs for Children and Youth: A Narrative and Critical Review of Recent Publications. *Front Psychol.* 2022 Mar 16;13:821867. doi.org/10.3389/fpsyg.2022.821867

Effects of multi-component programmes in preventing sales of alcohol to intoxicated patrons in nightlife settings in the UK

Alcohol service to intoxicated patrons is common across nightlife settings and preventing such sales is a key priority globally. In England and Wales, three multi-component programmes have been implemented including: (1) community mobilisation, responsible beverage server (RBS) training and routine law enforcement; (2) community mobilisation and enhanced law enforcement; and, (3) community mobilisation, RBS training and enhanced law enforcement. A study estimated the association between sales of alcohol to pseudo-intoxicated patrons and implementation of three multi-component interventions in four nightlife settings.

Alcohol test purchases by pseudo-intoxicated actors were implemented at pre (n = 206) and post-intervention (n = 224). Actors/observers recorded venue and test purchase characteristics.

Pre-intervention, 20.9% of sales were refused. Post-intervention, 42.1%, 68.8% and 74.0% of sales were refused in areas with intervention 1, 2, and 3 respectively. In adjusted analyses, compared to

pre-intervention, the odds of service refusal were higher for all interventions, with the highest odds when the intervention included enhanced law enforcement (adjusted odds ratios, interventions 1, 2, 3: 2.6, 7.1, 14.4). Service refusal was higher if the test purchase was implemented on a Saturday/Sunday night; and lower if implemented in a nightclub or if age verification was requested at the bar.

Community-based multi-component interventions were associated with significant increases in service refusal to pseudo-intoxicated actors in nightlife settings in England and Wales. Effects were stronger for interventions including enhanced law enforcement, and particularly if all intervention components were implemented.

Source: Zara Quigg, Nadia Butler, Karen Hughes, Mark A Bellis, Effects of multi-component programmes in preventing sales of alcohol to intoxicated patrons in nightlife settings in the United Kingdom, *Addictive Behaviors Reports*, Volume 15, 2022, 100422, ISSN 2352-8532, doi.org/10.1016/j.abrep.2022.100422.



Understanding how and why alcohol interventions prevent and reduce problematic alcohol consumption among older adults

Problematic alcohol use has been increasing in older adults (55+) in recent decades. Many of the effective interventions that are available to prevent or reduce the negative effects of alcohol consumption are aimed at adults in general. It is unclear whether these interventions also work for older adults.

A review aimed to understand how (i.e., which elements), in which context, and why (which mechanisms) interventions are successful in preventing or reducing (problematic) alcohol consumption among older adults.

A systematic review of articles published between 2000 and 2022 was performed using PubMed, PsycINFO, Web of Science and CHINAHL. 61 studies on interventions aimed at preventing or reducing problematic alcohol use were identified. Most of the interventions were not specifically designed for older adults but also included older adults.

The study highlights three major effective elements of interventions: (1) providing information on the consequences of alcohol consumption; (2) being in contact with others and communicating with them about (alcohol) problems; and (3) personalised feedback about drinking behaviour.

Two of these elements were also used in the interventions especially designed for older adults. Being in contact with others and communicating with them about (alcohol) problems is an important element to pay attention to for developers of alcohol interventions for older adults because loneliness is a problem for this age group and there is a relationship between the use of alcohol and loneliness.

Source: Boumans J, van de Mheen D, Crutzen R, Dupont H, Bovens R, Rozema A. Understanding How and Why Alcohol Interventions Prevent and Reduce Problematic Alcohol Consumption among Older Adults: A Systematic Review. *International Journal of Environmental Research and Public Health*. 2022; 19(6):3188. doi.org/10.3390/ijerph19063188

Are changes in attitudes towards school associated with declining youth drinking? A multi-level analysis of 37 countries

Changes in adolescents' attitudes towards school are a potential explanation for recent declines in young people's alcohol consumption. However, this has not been tested using multi-national survey data, which would permit stronger causal inferences by ruling out other country-specific explanations. A study, published in the *European Journal of Public Health*, used an international survey of school children to examine the associations between changing attitudes towards school and adolescent alcohol consumption.

Data were obtained from 247,325 15-year-olds across 37 countries participating in four waves of the Health Behaviour in School-aged Children study (2001/02–2013/14). Attitudes towards school were assessed using two measures—self-reported pressure from school work and whether respondents like school. Outcome measures were weekly alcohol consumption and having been drunk twice in one's lifetime. The relationship between attitudes and alcohol outcomes was assessed within countries over time.

Country-level changes over time in liking school were not associated with changes in alcohol consumption. However, a 10% increase in feeling pressured by schoolwork was associated with a 1.8% decline in drunkenness [95% confidence interval (CI): -3.2% to -0.3%] and weakly associated with a 1.7% decline in weekly drinking (95% CI: -3.6% to 0.2%). Among girls only, increases in feeling pressured by schoolwork were associated with a 2.1% decline in weekly drinking (95% CI: -3.7% to -0.6%) and a 2.4% decline in drunkenness (95% CI: -3.8% to -1.1%).

Changes in attitudes towards school may have played a minor role in the decline in alcohol consumption among adolescent girls only.

Source: Abigail K Stevely, Rakhi Vashishtha, Hannah Fairbrother, Laura Fenton, Madeleine Henney, Michael Livingston, John Holmes, Are changes in attitudes towards school associated with declining youth drinking? A multi-level analysis of 37 countries, *European Journal of Public Health*, 2022; ckac029, doi.org/10.1093/eurpub/ckac029.



Pre-drinking, alcohol consumption and related harms amongst Brazilian and British university students

Drinking in private or other unlicensed settings before going out (i.e., pre-drinking) is increasingly being identified as a common behaviour amongst students as it provides an opportunity to extend their drinking duration and socialise. However, studies suggest associations between pre-drinking and alcohol-related harms.

A study examined Brazilian and British university students' pre-drinking patterns and associations with nightlife-related harms amongst drinkers. A total of 1,151 Brazilian and 424 British students (aged 18+ years) completed an online survey. The questionnaire covered sociodemographic variables, nightlife drinking behaviour including pre-drinking and past 12 months experience of alcohol-related harms. Most participants were female, undergraduate students and aged 18-25 years. Pre-drinking was more prevalent in England (82.8%) than Brazil (44.0%), yet Brazilian students drank more units of alcohol than British students when pre-drinking (BRA 17.6, ENG 12.1).

The study found that pre-drinking was significantly associated with increased odds of experiencing a range of harms across both countries (e.g., blackouts; failing to attend university), with the strength of associations varying between countries.

The authors say that pre-drinking in Brazil and in England is an important event before going out amongst university students, however this research shows it is associated with a range of harms in both countries. Thus, preventing pre-drinking may be a crucial strategy to reduce excessive alcohol consumption and related harms in the nightlife context across countries with diverse nightlife environments and alcohol drinking cultures.

Source: Santos MGR, Sanchez ZM, Hughes K, Gee I, Quigg Z. Pre-drinking, alcohol consumption and related harms amongst Brazilian and British university students. *PLoS One*. 2022 Mar 17;17(3):e0264842. doi: [10.1371/journal.pone.0264842](https://doi.org/10.1371/journal.pone.0264842).

NICE quality standards to improve the diagnosis and assessment of fetal alcohol spectrum disorder

NICE's latest quality standard, published March 2022, sets out how health and care services can improve the diagnosis, assessment, and prevention of fetal alcohol spectrum disorder (FASD).

The quality standard highlights five key areas for improvement:

- Pregnant women are given advice throughout pregnancy not to drink alcohol;
- Pregnant women are asked about their alcohol use throughout their pregnancy, and this is recorded;
- Children and young people with probable prenatal alcohol exposure and significant physical, developmental, or behavioural difficulties are referred for assessment;
- Children and young people with confirmed prenatal alcohol exposure or all 3 facial features associated with prenatal alcohol exposure have a neurodevelopmental assessment if there are clinical concerns;
- Children and young people with a diagnosis of FASD have a management plan to address their needs.

These statements are designed to help local service providers identify areas for improvement.

Dr Paul Chrisp, director of NICE's centre for guidelines, said: "We know children and young people with FASD often have a poorer quality of life and must overcome some incredibly difficult challenges in their daily lives.

"This quality standard aims to improve the diagnosis and care offered to children and young people with FASD as well as ensuring that women are given consistent advice about their alcohol consumption during pregnancy.

"Data on the number of children and young people in the UK with FASD are limited, with no single reliable source. It's important that we have clearly defined areas for improvement in place to reflect national priorities, promote best practice and help all those involved in delivering services to provide the very highest levels of care."

Following consultation, a draft statement that recommended that a mother's alcohol consumption should be included on the child's medical records has been changed.



Parent/caregiver attitudes, motivations and behaviours in relation to alcohol use among off-spring aged 13–18 years

Parental alcohol consumption and alcohol-related behaviour play a critical role in shaping adolescent alcohol use, but comparatively little is known about the perspectives of parents regarding adolescent alcohol use from qualitative studies in England. A study explored parental views and attitudes towards alcohol use during adolescence, among their offspring and among young people in general.

Twenty-three parents of children aged 13–18 years were recruited via schools, workplaces and community settings, predominantly in the West of England between 2017 and 2018. Data were collected via in-depth one-to-one interviews and were analysed thematically.

Five major themes were identified in the data: (1) the parental alcohol environment, (2) balance and acceptance, (3) influences of the parental approach, (4) boundaries and parental monitoring, and (5) wider influences shaping young people's behaviour. Overall, parents were aware of the risks and consequences of alcohol use and the wide range of influences shaping drinking behaviour, and expressed broad disapproval of alcohol use among young people. However, adolescent alcohol use was viewed as inevitable, and set within a context of a tolerant drinking culture. Many parents therefore chose a balanced and

reluctantly accepting approach. This approach was determined by weighing disapproval of drinking against consistency with wider culture and parental behaviour, support for autonomy of the child, and avoidance of social sanctions. Parents' responses were also determined by a desire to protect the parent–child relationship, maintain an open, communicative and trusting relationship, and ultimately limit risk and minimise harm. Various boundaries and strategies were employed to this end, including care around role modelling, gradual introductions to alcohol, bounded provision, clear risk reduction messaging and parental monitoring.

The researchers conclude that parents employ a range of mechanisms to reduce alcohol-related risk and to balance harms of alcohol use among their offspring against adolescent behavioural norms. A downward shift in community consumption and changing socio-cultural norms could alter the accepting context in which parents are required to navigate adolescent alcohol use.

Source: Mitchell, S., Campbell, R. & MacArthur, G.J. Parent/caregiver attitudes, motivations and behaviours in relation to alcohol use among offspring aged 13–18 years: a qualitative study. *BMC Public Health* 22, 656 (2022). doi.org/10.1186/s12889-022-12992-6

Alcohol tags helping thousands of offenders stay sober

In the UK, The Ministry of Justice has announced that, as a result of the alcohol tagging scheme, 97% of offenders stayed off alcohol.

Tags were introduced in England a year ago following a successful pilot in Wales. In that time, 3,121 offenders have been monitored by the tags, with more than 3,000 staying sober. Courts have been able to order offenders to wear an alcohol tag as part of a community sentence when their crime was driven by alcohol. The tag takes a sample of their sweat every 30 minutes and alerts the Probation Service if the offender has been drinking. Those found breaking their ban can face a prison sentence and fines.

Alcohol is estimated to contribute to 39% of violent crime in the UK. As a result of the scheme's

success, the Ministry of Justice will roll out alcohol-monitoring tags to other offenders once they are released from prison in the summer. Further details will be announced in the coming months. By 2025 it is estimated that 12,000 offenders will have had their drinking monitored by the tags – part of the Government's £183 million expansion of electronic monitoring.

Minister of State for Crime and Policing Kit Malthouse said: "We are ramping up our use of this innovative technology because it is working... It is not only protecting the public from the scourge of alcohol-fuelled crime - it also gives probation officers the chance to work with offenders to help them turn their lives around".



Association of Convenience Stores launches age restricted sales guidance for delivery drivers

The Association of Convenience Stores (ACS) has issued new guidance for delivery drivers on how to approach the delivery and refusal of age restricted products, including alcohol.

The guidance, which has been designed as a quick guide for drivers to view on their mobiles, details the steps that delivery drivers should go through to ensure that they are only delivering to customers that are 18 and over. This includes:

- Establishing whether the products in a delivery include anything that is age restricted
- Using the Challenge 25 policy

- When a delivery should be refused, and how to report back to the business

“Convenience store retailers have a proven track record of promoting responsible retailing through the use of the Challenge 25 policy for all age restricted products,” said ACS chief executive James Lowman. “With home delivery becoming more common in our sector, it’s important that the delivery drivers understand their responsibilities and have the confidence to enforce a robust age restricted sales policy at the door – not just those who work directly for convenience stores, but also third party delivery partners.”

Online sales and deliveries of alcohol in the UK



UK consumers are buying alcohol online at record levels, from an ever-growing variety of retailers, with some delivering to the doorstep within minutes.

Research by Alcohol Change UK explores how robust current systems are in protecting children and vulnerable adults

from alcohol harm. Wrexham Glyndŵr University were commissioned by Alcohol Change UK examined online age verification controls on retailers’ websites. The research identified major weaknesses, concluding that current methods of online age verification are “largely ineffectual”.

A test purchases operation found that in 72% of cases where alcohol was ordered for delivery within two hours, this was subsequently handed over to the 18- and 19-year-old test purchasers without seeking proof of age. This is in direct contravention of retailers’ own policies on delivering age-restricted items to those who may be underage.

Qualitative research, undertaken by Cogent Research on behalf of Alcohol Change UK, revealed confusion amongst delivery drivers about retailers’ policies on age verification, and a lack of effective age verification training. Similar concerns were identified in relation to deliveries to intoxicated customers

The findings suggest that retailers selling alcohol online are failing in their responsibilities to ensure

that alcohol is not being delivered to minors, or intoxicated adults, on the doorstep and immediate improvement is needed.

Alcohol Change UK recommend taking a multi-component approach to this issue, including:

- A robust training and support system being set up by retailers, to enable their delivery drivers to effectively and routinely refuse to hand over alcohol to anyone underage or showing visible signs of intoxication;
- Police and trading standards teams across England and Wales routinely undertaking test purchase operations using participants under 18 years of age, to test retailers’ adherence to the law and their own policies in not selling or delivering alcohol to minors; with consideration also given to how best to test whether alcohol is being delivered to people who are intoxicated;
- Further research examining the extent to which minors may be acquiring alcohol via online sales and home deliveries;
- Revisiting the licensing legislation in England and Wales, and the associated guidance, to ensure it provides the necessary clarity for all concerned about their roles and responsibilities when selling alcohol online and delivering it to people’s homes.

s3.eu-west-2.amazonaws.com/files.alcoholchange.org.uk/documents/Delivering-a-problem-final.pdf

The marketing and consumption of no and low alcohol drinks in the UK

The IAS have published a report that examines how No and Low Alcohol (NoLo) beverages are marketed and promoted in the UK. The report explores how and why consumers drink them.

Whilst a more nuanced understanding of the expanding NoLo market and changes in drinking practices is important for policy and public health debates, this topic remains under-researched. The report adds to the evidence base on NoLo consumption in the UK through interviews with

drinkers and non-drinkers alongside an examination of marketing and social media outputs for two popular NoLo drinks (Heineken 0.0 and Seedlip).

ias.org.uk/wp-content/uploads/2022/03/The-Marketing-and-Consumption-of-No-and-Low-Alcohol-Drinks-in-the-UK-March-2022.pdf



Alcohol retail sales data and population level consumption

Alcohol sales data are widely regarded as offering the most accurate means of estimating population-level alcohol consumption. Public Health Scotland has, as part of the Monitoring and Evaluating Scotland's Alcohol Strategy (MESAS) programme, published two reports examining retail sales data. The first report examines alcohol retail sales data from the two primary data providers in the UK (Nielsen and IRI) and assesses how estimates of population-level alcohol consumption may differ between these two sources. The report also includes an assessment, using both data sources, of the impact of MUP on population level consumption in the first year following

implementation; both sources demonstrate a reduction in per-adult alcohol sales.

The second report examines the validity and reliability of alcohol retail sales data when being used to estimate population level consumption. The findings show that alcohol retail sales data are more likely to underestimate than overestimate consumption at a population-level. This is in line with two previous studies carried out, examining the validity and reliability of alcohol retail sales data.

publichealthscotland.scot/news/2022/march/alcohol-retail-sales-data-and-population-level-consumption/

Online event to share final results from the Social Practice in Alcohol Research Collaboration (SPARC)

The ESRC-funded SPARC Collaboration set out to develop new understanding about contemporary British drinking culture and analyse how changes in alcohol use relate to wider policy, cultural and structural shifts. This event will explore:

- Variations of drinking practices by gender, socioeconomic status, life stage and other drinker or occasion characteristics;
- How drinking practices have changed over a 12-year period, and the effects of three drivers of change over time: aging, birth cohort effects, and effects of the times we live in;
- The influence of policies and events, including a look at changes to licensing, the introduction of Minimum Unit Pricing in Scotland and Covid-19 on drinking practices inside and outside the home.

Speakers include Professor Petra Meier (MRC/CSO Social and Public Health Sciences Unit, University of Glasgow) and Professor John Holmes (Sheffield Alcohol Research Group, SchARR, University of Sheffield)

There will be a series of presentations by researchers, followed by a panel discussion and Q&A. The event will be chaired by Professor Carol Emslie, Glasgow Caledonian University.

This event on the 10th May will be of interest to alcohol policy organisations, advocacy groups, charities, government officials, and researchers.

eventbrite.co.uk/e/how-and-why-is-british-drinking-culture-changing-tickets-296908269627

The State of Ageing 2022 report

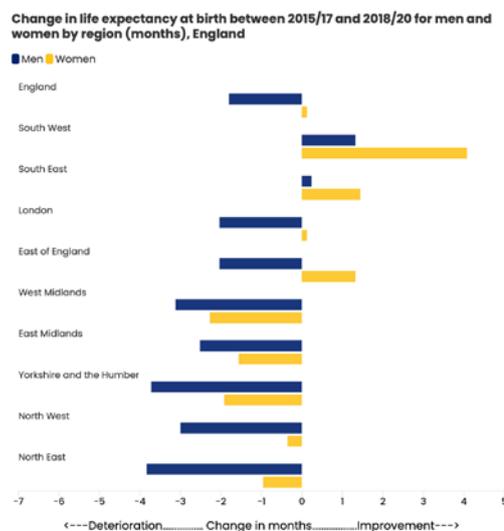
The Centre for Better Ageing has released an online report “The State of Ageing 2022”, which finds that life expectancy has fallen for both men and women in England since last year, largely as a result of the pandemic. The number of years that people are living with illness and disability is also increasing so that, as time goes on, people are living a greater proportion of our lives with disability.

When the poorest people get to the age of 65, they live twice as many years with disability and illness ahead of them as the wealthiest. People in the South of England live for longer and in better health than people living in the North. There are marked variations by levels of deprivation and by region in life expectancy and years spent with disability. Inequalities are also seen by level of wealth and between ethnic groups in a number of other measures of health. Almost half of the poorest men and women are obese, compared with just one-fifth of the richest. Almost one-third of the poorest men aged 50 and over still smoke and almost two in five men aged 55-74 drink at levels that put them at increased or high risk.

The report calls for a number of measures including concerted action from across government to

reverse trends in stalling life expectancy and increasing amounts of time spent living with illness and disability by addressing the behaviours that often lead to illness and disability in mid to later life including harmful alcohol use, obesity and poor diet, smoking and physical inactivity with a clear focus on those areas and groups with the longest time spent in poor health.

ageing-better.org.uk/health-state-ageing-2022



Excessive and heavy drinking at a low level in 2021 in the Netherlands

The new figures from Statistics Netherlands show that in 2021, 7.3% of the Dutch population were excessive drinkers. In 2020 this percentage was 6.9%, but that was an ‘all time low’. Compared to 2018 (8.2%) there is a decrease of 11% and overtime, the percentage of excessive drinkers has decreased by 35% compared to 2001.

There has also been a decrease in the proportion of heavy drinkers which was 8.3% in 2021 (2020 7.7%) down from 9.0% in 2018. There has also been a strong decline in the longer term; in 2001 the percentage of heavy drinkers was 13.6%, so there has been a decrease of 39% since then.

Although consumption has risen slightly since the first lockdown period, STIVA (Responsible Alcohol Consumption Foundation) comment that these percentages still show that the Dutch are moderate drinkers and that responsible alcohol consumption is the norm. At this rate, the targets of the National Prevention Agreement (5% excessive and heavy drinkers by 2040) are likely to be achieved.

Peter de Wolf, director of STIVA: “STIVA is pleased that both the long-term trend and the

development of the past three years have shown a significant decline. Both 2020 and 2021 were years in which COVID-19 had a significant impact. These years are also difficult to compare. Yet we secretly hoped that in 2021 the figures would be slightly better than last year.

For us, this is also an encouragement to ensure that excessive and heavy alcohol use will decrease further in the coming years. We will also do this in the context of the National Prevention Agreement. It is not without reason that the targets for excessive and heavy drinking have been set for 2040, because it takes a long time. From the alcohol sector, we continue to look at how we can take action based on our responsibility. It is very clear, for example, that the category of alcohol-free variants is gaining in popularity. We have seen this for some time with beer, but also in the wine and spirit categories we see that alcohol-free variants are becoming increasingly popular. We will also make a contribution through our BOB campaign and in other ways, so that problem alcohol use will continue to decrease in the coming years.”



Portman Group warns drinks companies on fast growing 'hard seltzer' products

The Portman Group has issued updated guidance to drinks companies on the fast-growing hard seltzer category. Hard seltzers are common in the US, and the UK market is expected to increase from £10m to £600m by 2025.

New research by The Portman Group shows that awareness of 'hard seltzers' among UK consumers has doubled, with 14% of adults having heard of the sub-category. However, understanding of the term 'hard seltzer' is low, as 65% of consumers fail to recognise what it means when the word 'hard' is linked to 'seltzer'. The Portman Group has therefore called on companies to ensure they have ample cues to inform consumers hard seltzers are alcoholic.

The Portman Group's updated guidance for hard seltzers follows the finding of this study. As set out in the Code of Practice on the Naming,

Packaging and Promotion of Alcoholic Drinks, a drink's alcoholic nature must be communicated with absolute clarity. The updated guidance on hard seltzers recommends that the alcohol by volume (ABV) and references to 'alcohol' or the word 'alcoholic' is included on the front of the packaging as best practice to reduce the risk of consumer confusion.

Health claims are not permissible for alcohol drinks containing more than 1.2 ABV, and nutritional claims are only acceptable when meeting the criteria set out in the retained EU Nutrition and Health Claims Regulations 2006. Therefore, the Advisory Service urges all producers to seek independent legal advice, or guidance from Trading Standards.

portmangroup.org.uk/portman-group-warns-drinks-companies-on-fast-growing-hard-seltzer-products/

Focus on smoking, obesity and alcoholism has 'gone backwards'

England's Chief Medical Officer has warned of the "serious need" to address the most significant public health issues of smoking, obesity and alcoholism which have "either trodden water or gone backwards".

Prof Chris Whitty said that the pandemic demonstrated the UK "has the capacity to be extraordinarily good at public health... but it needs the resources to be able to do so. Whether that case has actually been heard politically, I think it's a more open question."

Prof Whitty told delegates at the annual conference of the Local Government Association and the Association of Directors of Public Health that the temptation was to "always pull the money towards

curative services...because of the fact we didn't do prevention 10 years ago".

He called for a "very long term view" to be taken of the need for prevention.

He added: "They do think about what would things be like in five-20 years, which can be a little harder for people working in central government where the incentive structures are rather different."

Prof Whitty also pointed to alcohol and obesity as two worsening public health issues while smoking rates had also gone up "in some groups" in the last two years.

"We should be doing more to empower local authorities and directors of public health to tackle issues of heavy drinking," he said.

EU Spirit Drinks Regulation labelling implementation guidelines

Following the publication of the new Spirit Drinks Regulation (2019/787) on 17 April 2021 and its entry into force 7 days later, in February 2022, the European Commission published its guidelines for the implementation of certain labelling provisions of the EU's Spirit Drinks Regulation (2019/787) in all the official languages of the European Union.

The guidelines are designed to support both national administrations and food business operators such as the producers of spirit drinks to apply the guidelines uniformly. The guidelines are not legally binding but are designed to add practical explanations and to give illustrative examples on the labelling provisions applicable to spirit drinks.

[eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:52022XC0218\(01\)&from=EN](http://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:52022XC0218(01)&from=EN)



UK implements tougher penalties for possession of drugs used to spike drinks

In the UK, people found to be unlawfully possessing or supplying drugs used to spike drinks will face harsher prison sentences. The Home Office has said that GHB and two related substances, GBL and 1,4-BD are to be reclassified as a class B drug in a bid to deter criminals. From 13th April 2022, those in unlawful possession of the drugs will face up to five years behind bars, with up to 14 years for those involved in supply and production. These tougher sentences recognise the harms these drugs do and are expected to deter possession and supply, so that the public are better protected from criminals.

Home Secretary, Priti Patel, said: These drugs have been used to commit too many heinous crimes and it is right that sentences for those caught in possession of them reflect the damage they do.

"I welcome the tightening of restrictions around these dangerous substances, introducing tougher penalties for possession sends a clear message to those who think they can get away with using it.

"These changes will help ensure the people of Britain are kept safe and that we continue to tackle drug misuse and crime in all its forms".

Member of Parliament for Wantage, David Johnston, said: Spiking - and the fear of spiking - has been a blight on people trying to enjoy a night out with friends and family for too long... The changes are an important step towards ensuring that those who prey on people in order to try and take advantage of them are given the punishments they deserve... For the police and Border Force, this change will support their ongoing efforts to tackle spiking".

The Home Secretary asked the independent Advisory Council on the Misuse of Drugs (ACMD) to expedite a review of controls on these drugs in January 2020 after becoming concerned about their use by criminals. Following the recommendations by the ACMD, these drugs have now been moved from Class C to Class B under the Misuse of Drugs Act (1971), which has been welcomed by non-profit charity Stamp Out Spiking UK (SOS UK).

The charity was founded by Dawn Dines in 2019 to tackle the increasing incidents of drink spiking in the UK, as well as supporting victims of spiking.

Dawn Dines, CEO and founder of Stamp Out Spiking, said, "After nearly two decades campaigning against this crime I feel some sort of justice will be felt by the numerous victims of the disgusting crime. I recall young men and women breaking down, sharing their experiences. Even though it's too late for those victims, this is going to help so many more people in the future. We are delighted that the Home Secretary is giving a clear and concise message by the reclassification of the drugs used and that there is zero tolerance of this cowardly crime in our society".

ICPH 2022 - Conference on Polyphenols and Health



The 10th International Conference on Polyphenols and Health will be taking place 20 – 23 April at The Queen Elizabeth II Conference Centre, London.

The meeting will provide an update of the latest trends, topics and developments in the field of polyphenols, food science and health.

icph.info/

Decline in youth drinking in the UK and the implications for policy and practice

Scottish Health Action on Alcohol Problems (SHAAP) and the Scottish Alcohol Research Network (SARN) Wednesday 20 April, 12.30-14.00

Dr Inge Kersbergen and Dr Laura Fenton discuss work from a 4-year Wellcome-funded project that aims to understand mechanisms underlying the decline in youth drinking over the past two decades and the implications for policy and practice. The presentation gives an overview of the background literature and the key proposed mechanisms underlying the decline, before discussing three strands of the research that point to important implications for policy and practice.

eventbrite.co.uk/e/alcohol-occasionals-youth-drinking-in-decline-tickets-295353388937

EU seeks comments on alcohol excise tax rates

The European Commission is asking for input ahead of a possible update of the excise taxes applied to alcohol. A consultation opened 11th April. Under an EU directive from 1992, member countries must apply at least a minimum rate of excise duty to alcohol, with rates set for different categories of alcoholic beverages—such as wine, beer, and spirits. Now the commission is asking for public feedback as it begins to “assess the validity and effectiveness” of the minimum rates, which haven’t been updated for the last 30 years. It will look at whether the existing policies are still effective.

ec.europa.eu/info/law/better-regulation/have-your-say/initiatives/13249-Excise-duty-on-alcohol-and-alcoholic-beverages-evaluation-of-excise-duty-rates-and-tax-structures_en

‘Stay safe, stay moderate’ – new video launched

EUROPE’s latest film clip explains why moderation and targeted harm reduction policies are key. It argues against a zero-risk approach, which it says is unfeasible for most, if not all, aspects of human life.



youtube.com/watch?v=xpbQqmaz3MI

Alcohol consumption down by 9.6% in Ireland between 2019 and 2021

In Ireland, new provisional data from Revenue shows that alcohol consumption fell by 4.7% between 2020 and 2021 as the hospitality sector endured restrictions in an effort to stop the spread of Covid-19.

Alcohol consumption saw a fall of 9.6% between 2019 and 2021, which Drinks Ireland said showed the true impact of Covid related restrictions and closures on hospitality venues. Beer and cider consumption saw the most dramatic declines due to their popularity in pub trade. Beer consumption fell by 18.3% between 2019 and 2021 and cider was down by 15.1%. Meanwhile, wine consumption was down by 13.1% between 2020 and 2021 and by 2.7% between 2019 and 2021. Spirits consumption remained relatively static, rising marginally by 1.9% between 2019 and 2021.

Drinks Ireland said that people have progressively been drinking less since 2001. It noted that alcohol consumption is now at its lowest level in 20 years and has fallen by about 30% since 2001.

Patricia Callan, Director of Drinks Ireland, said the data shows the continued decline in alcohol consumption in Ireland, exacerbated by the Covid pandemic. “The industry has worked hard to continue to tackle alcohol misuse. The growing trend we see at home and in other established international markets is people choosing to drink quality over quantity, which we welcome and will continue to encourage,” she added.

Transport Secretary cracks down on drug-driving to protect the public

In a call for evidence, the UK government is asking whether drug-drivers should have to undergo rehabilitation, helping better protect the public. Proposed reforms could potentially bring penalties for drug-driving in line with drink-driving.

Currently, those convicted of drug-driving are given a driving ban, prison sentence or fine by the courts, but aren’t required to complete rehabilitation courses before resuming driving – unlike drink-drivers.

Drink-drive related have fallen 88% between 1979 and 2015. However, there has been an increase in drug-related driving offences, with over

12,000 convicted in 2019 and 44% committed by reoffenders.

In 2020, 713 people were seriously injured in drug-driving collisions, up from 499 in 2016, and some police forces are arresting more drug drivers than drink-drivers.

In response, the government is taking action to protect the public and make drug-driving as much of a social taboo as drink-driving. The call for evidence will also look at how medical cannabis impacts road safety.

gov.uk/government/consultations/protecting-the-public-from-repeat-drug-driving-offenders-call-for-evidence

In Ireland, 1 in 4 motorists drive over the limit the morning after a night out

Research released by the Road Safety Authority (RSA) in Ireland found that 26% of motorists admitted there were times when they may have been over the limit when driving the morning after a night out. The findings came as the RSA and An Garda Síochána launched an appeal for all road users to act responsibly and not to drink and drive over the extended St Patrick's Day Bank Holiday weekend (17th March) 2022. An Garda Síochána also released data which shows that between 1st January 2021 and 28th February 2022 there were a total of 10,206 drink and drug-driving arrests, 1,398 of which were made this year. 10% of these arrests took place between the hours of 7am and 12pm.

Minister of State at the Department of Transport, Hildegard Naughton commented: "These findings are concerning, the Road Safety Authority and An Garda Síochána have been warning of the dangers of driving under the influence of alcohol for many years but some motorists continue to take risks. I am particularly struck by the number of people admitting to driving the morning after a night out with alcohol in their system."

The RSA's survey of driver attitudes which was conducted by Behaviour & Attitudes and carried out in November 2021, also revealed that a quarter of motorists surveyed think it is acceptable to drive short distances in their local area after one alcoholic drink.

Denmark changes drinking guidelines

The Danish Health Authority has updated and tightened the national advice on alcohol consumption for both young people and adults. The statements were last amended in 2010.

There are also new consumption limits for adults aged 18 or over. The new guidance states that no alcohol consumption is completely risk-free for health, but health risk from drinking can be minimised by consuming no more than 10 drinks a week spread over the days of the week, with a maximum of 4 drinks in one day.

The motto is "10-4" means that adults are advised to consume no more than 150ml of alcohol a week, with no more than 60ml on any one day. The risk is the same for men and women up to this level, it says, but rises faster for women above it.

The guidance also recommends that young people do not drink any alcohol until they are 18 because now more is known about how alcohol damages brain development while young, including memory, learning, planning, decision-making, impulse control and language.

Recommendations on alcohol consumption by women who are trying to conceive, pregnant or breast-feeding remain unchanged.

The guidelines have been prepared with the assistance of external technical experts the revised advice will serve as a guide for individuals in deciding their own alcohol intake, and can be used to support frameworks and limits for, e.g., children and young people's alcohol intake.

SpiritsEUROPE publishes new guidelines on alcohol marketing

SpiritsEUROPE have updated their guidelines on marketing to reflect new marketing practices and rules on content and placement of commercial communications to assist marketing professionals in the implementation of the laws, regulations and self-regulatory codes of practice.

The latest edition of the Guidelines endorse the standards agreed at international level by the International Alliance for Responsible Drinking (IARD) regarding the use of social influencers in alcohol marketing. The standards set out five specific safeguards that apply to any content involving influencers who work with SpiritsEurope companies.

The spiritsEUROPE Guidelines for Responsible Marketing Communications do not replace existing national regulatory standards, but provide reference criteria for the development and future amendment of national and sectoral self-regulatory codes applicable to marketing communications for spirits drinks.

spirits.eu/upload/files/publications/GEN.DOC-007-2022%20Marketing%20Guidelines%202022.pdf



Alcohol and the pandemic in Switzerland

A study conducted by Addiction Switzerland on behalf of the Federal Office for Customs and Border Security (OFDF) highlights a slight decline in the average quantity of alcohol consumed, while revealing changes in vulnerable groups. Across the population as a whole, the reasons often given by people who have increased their consumption are stress and increased free time.

On behalf of the OFDF, Addiction Suisse analysed the changes in consumption habits following the measures taken to stem the spread of the coronavirus. As part of a representative survey, 2,000 people aged 15 and over were questioned in the summer of 2021 about their alcohol consumption and purchases. The analysis compared the 12-month period preceding the introduction of the coronavirus measures in mid-March 2020 with the 12-month period since their introduction.

Consumption decreased by 2.6 standard drinks per month per consumer. This corresponds to a decline of 7.7% in the general population. For episodic at-risk drinking (one-off drunkenness), there is approximately one less occasion per month, which represents a decline of 17%. These results are undoubtedly due in the first place to the temporary limitation of private gatherings, the closure of catering establishments and the reduction in financial resources.

With regard to consumption at home, 16% of respondents thought they had slightly or greatly reduced their consumption; conversely, 17% increased it a little or significantly. The figures are comparable for men and women. Consumption has mainly increased among adolescents and young adults (up to about 44 years old); in the older age groups, it has rather decreased.

Consumption outside (restaurants, bars) generally decreased, which is not surprising. Overall, the population bought slightly less alcohol during the pandemic, as purchases abroad also decreased. On the other hand, according to the OFDF import statistics, alcohol imports into Switzerland increased by just over 157,000 hl of pure alcohol in 2020 compared to 2019. This represents an increase of almost 30%.

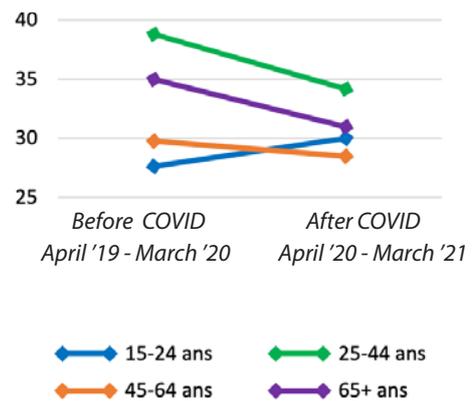
The reasons given by people who have increased their alcohol consumption are primarily pleasure, increased free time in the absence of other activities, increased stress, boredom and depressive states. Those who reduced their consumption mentioned above all the lack of convivial occasions and health considerations.

The trend towards a slight general decline is observed in both sexes, but especially in the age groups from 25 years. Among those aged 15 to 24, the amount of alcohol consumed increased despite an increase in the number of abstainers. This phenomenon can largely be explained by age-related socialisation to alcohol consumption.

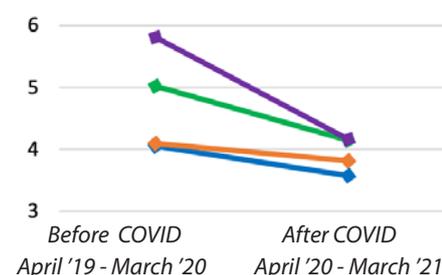
Despite a slight decline in alcohol consumption in the general population, different risk groups have been identified. In these, alcohol is consumed to relax in case of depression, but also to forget problems. These include people whose economic situation has deteriorated, those who are afraid of COVID-19 and parents of young children. Although the situation has returned to normal in many areas in recent weeks, it remains important to monitor developments carefully in order to support vulnerable groups and protect them in the event of a new crisis, the report says,

addictionsuisse.ch

Average number of drinks consumed per month, by age group



Average number of risky episodic drinking occasions per month, by age group



Enforcement of rules on drink-driving and mobile phone use at the wheel decreases in majority of European countries

Significant weaknesses in the enforcement of road safety rules are holding back progress on reducing road deaths in Europe, according to a new report from the European Transport Safety Council.

The report examines the state of enforcement of speed limits and seatbelt wearing as well as rules on drink-driving and use of mobile devices at the wheel between 2010 and 2019 across Europe.

Ellen Townsend, ETSC's policy director, commented, "Thousands of lives could be saved in the EU every year if drivers stuck to existing rules on drink-driving, speeding, seatbelt wearing and mobile phone use. Good enforcement is absolutely critical to this. Without regular, highly visible and well communicated efforts to enforce the law, Europe will not reach its target to halve road deaths and serious injuries by 2030. National governments must act now, and the EU can play its part by making sure cross-border traffic offences are routinely followed up."

The report shows that roadside checks for drink-driving fell in eight countries, and increased in five. A further 13 countries do not even collect national data on the number of checks, which ETSC says makes it harder for those countries to track their

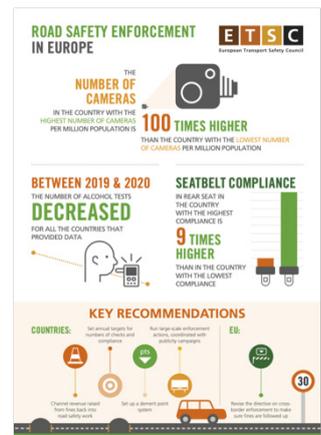
own progress on a critical road safety issue.

A 2018 survey showed that just 23% of Europeans thought they were likely to be checked for drink-driving on a typical journey. Research shows that enforcement is only effective when people have the perception that they risk being caught.

ETSC is calling for the EU to improve rules on cross-border follow-up of traffic offences as the data show that in some EU countries less than half of fines from foreign drivers are actually paid. ETSC says new rules should make it mandatory for countries to follow up on law-breaking, and Member States should do more to ensure that unpaid fines are followed-up.

An EU proposal on updated rules on cross-border enforcement is expected in the coming months. ETSC would also like to see EU guidelines on enforcement and sanctions, as well as minimum EU standards for enforcement equipment.

etsc.eu/PinFlash42



Binge-drinking and psychological stress up among young Swiss

The "Young Adult Survey Switzerland", which was carried out among 100,000 19-year-olds between 2010 and 2019. It is the first time that trends in this age group have been observed over a ten-year period. The survey finds that young people in Switzerland are generally satisfied with their lives. However, their habits have changed over the past ten years: they smoke less, have moved to the left politically and are less homophobic and racist. On the other hand, they drink more and do less sport. The study authors said the "very pleasing" picture that emerges from this decade is that of young adults who are for the most part responsible and generally satisfied with their lives. Three-quarters of young people in 2019 said they were satisfied, a figure that remained stable over the decade. However, the proportion of young adults with

suicidal thoughts increased. The proportion of boys who thought about suicide almost doubled from 11% (in 2014/15) to 20% (in 2018/19). Risk factors for psychological stress are breaks in education as well as a low level of education. Education thus correlates with the life satisfaction of young adults.

In 2019, 17% of young people smoked, compared with 25% ten years earlier, but there has been an increase in the proportion of young people who say they drink excessively. In 2009, 10% said that they sometimes consumed five glasses of alcohol on the same occasion; this had risen to 17% in 2019. At the same time, the number of young people doing sports has fallen from 84% to 74%.

chx.ch/de/content/publikationen

Dutch campaign 'Your child sees more than you think'

With their 'Seeing drinking, makes drinking' campaign, the Dutch Alcohol Policy Alliance is aiming to raise awareness among parents that young people are regularly confronted with alcohol advertising and that this influences their future drinking behaviour. The alliance argues that parents can soften the effects of such advertising by discussing the issue with their children.

To make parents more aware of the presence and influence of alcohol advertising, a short film has been created in which 8 primary school children talk about alcohol advertising, where they see it and what they think about it. The film 'Alcohol advertising. Your child sees more than you think',

was made by the Dutch Alcohol Policy Alliance in collaboration with partners in the Zeeland province.



In preparation for the 2022 campaign 'Seeing drinking, makes drinking', new material will be made for parents with suggestions on how to discuss the theme of alcohol advertising with their children.

youtube.com/watch?v=6DKHsSn9sLo
ziendrinkendoetdrinken.nl

'Never have I ever' initiative launched to support young people with their mental health

To help support young people when it comes to their mental health and healthy coping strategies, DrinkWise and Federal Member for Macquarie, Susan Templeman have, with the support of ReachOut, created the 'Never Have I Ever' campaign.

Research from ReachOut identified a substantial increase in the number of young people currently feeling more negatively about the future, compared to before COVID (44% vs 20% pre-COVID1). Anxiety and coping with stress are among the top topics of interest/relevance to young people and over 8% of young people may be turning to alcohol or drugs during tough times.

The new campaign uses the popular Never Have I Ever concept to ask questions that prompt young people to think about their mental health and to remind them that alcohol is not the answer to coping with those challenges. It reinforces that asking for help is ok and that support services are there to provide help and advice if needed.

The initiative, which doesn't involve the consumption of alcohol, promotes young adults to consider difficult questions. DrinkWise CEO Simon Strahan believes getting young adults to open-up about their challenges is vital.

"We've seen more young adults worried about their futures given the impact of Covid... While it has been inspiring to see communities rally to provide support, we want to ensure our next

generation are taking active steps to help manage stress and anxiety.

"It's critical that young adults know that

professional help and support is available from ReachOut and other mental health services – and that trying to relieve stress and anxiety with drugs or alcohol is never the answer.

"This campaign is about prompting young adults to have a conversation with each other and highlighting that asking for help is a sign of strength."

With the support of the Australian Hotels Association and ReachOut, Never Have I Ever themed posters, coasters, bathroom stalls and bar mats will be displayed in 28 pubs, clubs and bars throughout the Macquarie electorate in regional New South Wales.

ReachOut CEO, Ashley de Silva said research shows, "The Never Have I Ever campaign is a timely reminder that ReachOut is a vital mental health support service for young people. This campaign is powerful because it calls out unhelpful coping strategies such as turning to alcohol."



“To go” beverage legislation in New York

In New York, Governor Kathy Hochul has introduced new legislation that allows, for a period of three years, bars and restaurants to sell alcoholic beverages “to-go” for off-premises consumption under “appropriate” limitations.

The legislation amends the alcoholic beverage control law to authorise restaurants and bars licensed to sell liquor or wine for on-premises consumption to also sell both for off-premises consumption. It addresses concerns raised by liquor stores owners by prohibiting bottle sales

and requiring food orders and sealed containers. Additionally, concerns of public consumption are addressed by making clear in the law that all to-go containers must comply with municipal open container laws, Hochul said.

The licensee, or the agent or employee of the licensee making the delivery, will also be responsible for ensuring the consumer has a valid ID and for verifying the consumer’s identity and age at the time of delivery, Hochul added.

Responsibility.org welcomes companies to Corporate Partner Programme

Responsibility.org announced the addition of four companies to its Corporate Partner Programme in the first quarter of 2022. The Responsibility.org Corporate Partner serves as a vehicle to further the organization’s mission to eliminate underage drinking, stop impaired driving, and promote responsible consumption as it celebrates 30 years of impact.

“We are excited to welcome Grubhub, Intellicheck, Republic National Distributing Company, and Uber to the Responsibility.org Corporate Partner Program. These organizations have established themselves as leaders in their respective industries, and their commitment to social responsibility is an extension of the great work they do as corporate citizens,” said Chris R. Swonger, president and CEO of Distilled Spirits Council of the United States (DISCUS) and Responsibility.org. “We applaud these organizations for recognizing the value of a collective impact approach to tackling complex societal issues and for joining our cause to make a positive impact in communities across the country. As an organization, we are committed to increasing our impact and will continue to seek out strategic partnerships with organizations from a wide range of industries to meaningfully address impaired driving, underage drinking, and responsible consumption.”

Grubhub, a Responsibility.org Corporate Supporter, will work closely with Responsibility.org to advance its corporate responsibility initiatives surrounding alcohol delivery best practices and provide resources on underage drinking prevention and responsible decision-making to Grubhub customers.

Intellicheck, a Responsibility.org Corporate Patron, will work closely with Responsibility.org regarding ID verification and authentication best practices and a common standard when checking identification of individuals purchasing alcohol for delivery.

Republic National Distributing Company, a Responsibility.org Corporate Patron, will work closely with Responsibility.org on the furtherance of corporate social responsibility efforts, as well as engage in responsible alcohol consumption campaigns like Alcohol Responsibility Month and We Don’t Serve Teens.

Uber will support Responsibility.org’s mission as a Corporate Patron. Responsibility.org and Uber will work together to develop and promote responsible consumption messaging and products that will benefit the company’s customers while bolstering Uber’s efforts to deliver alcohol safely and responsibly. Uber will also work in tandem with the organization to tackle the issue of impaired driving as a supporter of the National Alliance to Stop Impaired Driving.

Corporate Partners will also sponsor and participate in the second annual NASID conference, which will take place this summer to further address the growing issue of multiple substance impaired driving. In addition, the program will seek thought-leadership opportunities for partners to widen the organization’s reach and influence policymaking and social change.



New data on pandemic drinking among parents underscores need for responsible approaches in the US

A nationwide survey published by Responsibility.org has found that parents are drinking more at home and in front of their kids due to the COVID-19 pandemic – and some are allowing kids to drink, too. Key findings from the survey include:

- 50% of all parents surveyed report that their children have had more exposure to adults drinking in the home during the pandemic. This includes 23% of adults who said they drank more during lockdowns than they did before, and 21% who said they drank more at home instead of drinking in bars or restaurants.
- 16% of adults said they drank in front of children more than they did before the pandemic, and 10% said their children had more exposure to alcohol in the home because they and the adults around them were participating in happy hours.
- 9% of parents say they became more relaxed with their kids in terms of underage alcohol consumption at home during the pandemic.
- 12% said they know of other parents who allowed their child to drink in the home during the pandemic.

Responsibility.org is encouraging parents to rethink their pandemic behaviours and how they could impact their children. April is Alcohol Responsibility Month, marking the ideal time to start these discussions. “It is every parent’s responsibility to have a positive impact on their child’s decisions about alcohol; they are the leading influence on their kids’ decisions to drink—or not to drink,” Maureen Dalbec, COO and senior vice president of research at Responsibility.org. “For those parents who drink at home, we would encourage setting an example for your children by modeling responsible behaviors and using this as a teaching opportunity about responsible alcohol consumption.”

As part of Alcohol Responsibility month, Responsibility.org have also organised a series of seminars.

responsibility.org/alcohol-responsibility-month/

Northern Territory Intervention-era alcohol bans are set to expire after 15 years

Long-term alcohol restrictions in dozens of Aboriginal communities in the Northern Territory are set to end in July, unless there’s a last-minute extension to the laws by the federal government.

The Stronger Futures laws, which include alcohol bans on multiple NT communities, are due to expire this year. These bans were imposed during the NT Emergency Response, known as the Intervention, in 2007.

The NT Government said the lifting of the laws will mean 32 town camps, 12 remote communities and 215 homelands and outstations across the territory will soon be able to choose whether or not they want to have access to alcohol in their communities moving forward.

abc.net.au/news/2022-04-07/nt-aboriginal-communities-alcohol-restrictions-could-be-lifted/100967520

California’s responsible beverage service training act goes into effect

The California legislature passed Assembly Bill 1221 in 2017, creating the Responsible Beverage Service Training Act. The Act required the state’s Alcoholic Beverage Control to develop a Responsible Beverage Service Training Programme to allow servers of alcoholic beverages and their managers to be educated on the dangers of serving alcohol to minors and over-serving alcohol to patrons with the intention of reducing alcohol-related harm to local communities. The original mandate created a new training requirement for the state’s estimated 1,000,000 on-premises alcohol servers, their managers, and licensees beginning in 2021, but to alleviate the financial strain on the hospitality industry caused by the COVID-19 state of emergency, the legislature extended the deadline into 2022.

From July 1, 2022, all alcohol servers and their managers must have a valid RBS certification from an ABC accredited RBS training provider and pass an online ABC administered RBS exam within 60 calendar days from the first date of employment.

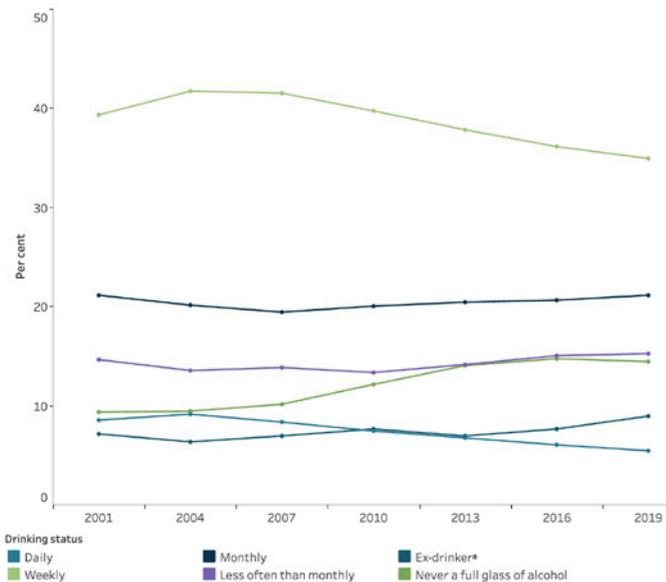


Alcohol, tobacco & other drugs in Australia

The web report 'Alcohol, tobacco & other drugs in Australia' was updated on 20 April. The report consolidates recent information on the availability and consumption of alcohol, tobacco and other drugs, and related impacts, harms and treatment. The majority of Australians aged 14 and older have consumed alcohol in their lifetime. The 2019 National Drug Strategy Household Survey (NDSHS) found that:

- 77% had consumed a full serve of alcohol in the previous 12 months, and 23% had not consumed alcohol.
- The proportion of the population who consumed alcohol daily declined significantly between 2016 (6.0%) and 2019 (5.4%)
- The proportion of ex-drinkers increased significantly from 7.6% in 2016 to 8.9% in 2019.
- Alcohol was the only drug where approval of regular use by an adult (45%) was higher than disapproval (21%).

Figure ALCOHOL2: Alcohol drinking status, people aged 14 and over, 2001 to 2019 (per cent)



- The proportion of people drinking in excess of the lifetime risk guidelines declined from 21% in 2001 to 16.8% in 2019. However, there has been little change since 2016 (17.2%). Males are far more likely than females to exceed these guidelines– about 1 in 4 (24%) males and 1 in 10 (9.4%) females.

In 2019, 25% of people aged 14 exceeded the single occasion risk alcohol guidelines by consuming more than 4 standard drinks in one sitting, at least monthly - a similar proportion to 2016 (26%). As

with lifetime risk, a higher proportion of males (33%) than females (16.6%) exceeded the single occasion risk guideline.

While people aged 18–24 (41%) and 25–29 (36%) were most likely to exceed the single occasion risk guideline in 2019, there were significant increases in the proportions for people aged 50–59 (27%, up from 25% in 2016) and 70 and over (8.8%, up from 7.2% in 2016). Conversely, there was a significant decrease in the proportion of people aged 30–39 who exceeded the single occasion risk guideline in 2019 (28%, compared with 31% in 2016).

In general, people living in regional and remote areas of Australia are more likely than people in major cities to exceed risk guidelines. The 2019 NDSHS findings showed that people aged 14 or over living in remote and very remote areas of Australia are about 1.5 times as likely as people living in major cities to exceed lifetime risk guidelines (26% compared with 15.6%) and the single occasion risk guidelines (at least monthly) (38% compared with 24%).

In 2019, the NDSHS showed more than 1 in 4 recent risky drinkers reported recent use of cannabis (27% for lifetime risky drinkers and 28% for single occasion risky drinkers). Around 1 in 5 reported that they were also daily smokers (21% for lifetime risky drinkers and 18.7% for single occasion risky drinkers). In 2020, the proportion of alcohol intoxication-related ambulance attendances where multiple drugs were consumed was low, ranging from 2.5% of attendances in the Australian Capital Territory to 4.7% of attendances in Victoria and Tasmania.

Alcohol accounted for over 74,500 (53% drug related hospitalisation in 2019-20 and there were 1,452 alcohol-induced deaths in 2020; the ABS Causes of Death reported that the alcohol-induced death rate for males was 2.8 times higher than females (age-standardised rate of 7.7 per 100,000 population for males, compared with 2.8 deaths per 100,000 population for females). For both males and females, the highest age-specific death rate was in those aged 55–64 years (22.4 per 100,000 population for males and 7.1 per 100,000 for females (ABS 2021).

aihw.gov.au/reports/alcohol/alcohol-tobacco-other-drugs-australia/contents/drug-types/alcohol



Auckland Council supports members' bill to end alcohol advertising in sport

Auckland Council has voted unanimously to support a private members' bill aiming to ban alcohol companies from advertising in sport. The bill, which is being put forward by Green Party and Auckland Central MP Chloe Swarbrick, would amend the Sale and Supply of Alcohol Act to provide more controls around liquor marketing.

It wants to reduce young people's exposure to messages encouraging them to drink and remove the link between sport and alcohol. This includes prohibiting all liquor advertising from in or around venues and during broadcasts, banning alcohol companies from sponsoring the name of teams or players, and removing brand names from merchandise, uniforms, and equipment.

This is the first time Auckland Council has supported a member's bill. If 61 non-executive members of Parliament indicate their support for the bill, it can bypass the ballot process.

A new one-stop shop for EMCDDA prevention materials

The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) has launched a new Prevention toolkit, bringing together all of its key prevention-related materials to date. The new resource is aimed at anyone involved in shaping decisions, opinions and policies in Europe in the science-based prevention of substance use. It is centred around four key existing prevention resources, all brought together in a one-stop-shop for easy access:

- European Prevention Curriculum (EUPC) — a training programme designed to professionalise those working in the field of prevention.
- Xchange prevention registry — an online registry of evaluated prevention interventions.
- Best practice evidence database — a repository of the latest evidence on drug-related interventions, including prevention.
- Healthy Nightlife Toolkit — an international initiative focusing on the reduction of harm from alcohol and drug use among young people in the nightlife setting.

The toolkit also provides links to other useful resources, including an introduction to basic prevention concepts and forms.

emcdda.europa.eu/toolkit/prevention-toolkit_en

Alcohol ads run dry to comprise less than 1% of online spots

Alcohol brands are largely adhering to measures designed to limit their web exposure, according to research commissioned by the World Federation of Advertisers (WFA).

The study was conducted by Nielsen and used four simulated consumer profiles that mimic the real experience of being online: Child Under 12, Teenager 12-17, Adult and Neutral. The research was conducted across 12 major markets including Brazil, Spain and Japan. In total, 121,232 ads were analysed, captured by the avatars visiting 100 URLs per market over a period of three weeks.

The key findings of the study were that only 0.82% of all ads seen online were for alcohol (all ages) and a minor would be served one alcohol ad per 420 websites visited - this would translate to a minor being served only one alcohol ad per 18 hours 41 minutes spent online.

The WFA conclude that alcohol brands are largely adhering to measures designed to limit their web exposure. This contradicts an earlier ASA report, which cited the 'very concerning' potential for children to view alcohol ads on social media.

WFA chief executive officer Stephan Loerke said, "There is a narrative that suggests that minors are being bombarded by alcohol ads. This study demonstrates this simply isn't the case and offers useful perspective in terms of the size of the perceived problem... WFA continues to work with its partners and members so that brand safety controls strive to eliminate minors' exposure to alcohol brand messages online."

wfanet.org/knowledge/item/2022/03/29/Independent-study-shows-low-ad-exposure-to-alcohol-ads-online

IARD alcohol and cancer reviews

IARD have added new articles to their Health Review on drinking and cancer, The review focuses on cancer sites associated with alcohol consumption as identified by the World Cancer Research Foundation and the International Agency for Research on Cancer. In March three new articles were added: Drinking and liver cancer, Drinking and stomach cancer and Drinking and kidney cancer. The reviews give a summary of the risk factors and biological mechanisms for each cancer and a summary of recent research.

iard.org/science-resources/detail/Drinking-and-Cancer



The most universally-loved smell

New research has revealed the most universally-loved smell in the world, and it's an aroma that often detected in wine.

Researchers from the Karolinska Institute in Sweden and the University of Oxford found that vanilla is the world's most universally-loved scent. This indicates, the research teams noted, that cultural background does not influence individual response to smell as much as was once thought.

The researchers presented 235 people from nine different cultures across the world with 10 scents deliberately chosen to represent all odours found in the world.

Vanilla is a prevalent aroma in many red and white wines, and is typically introduced during the ageing process – especially in American oak barrels.

Changes to Alaska alcohol laws

In Alaska, Senate Bill 9 has been unanimously passed the Senate, following input from 120 stakeholders including alcohol and hospitality industries, the Brewers Guild of Alaska, retail stores, municipalities, and the public health and public safety communities.

Senate Bill 9 has critical public health measures, such as mandatory keg registration, regulation of internet sales and other tools for law enforcement to limit overserving or serving minors, which will reduce underage drinking. The bill has changes to population limits, which could help reduce excessive alcohol consumption and its related harms, specifically violent crime. It will, in addition, ensure there isn't an over saturation of bars and other alcohol outlets.

alaskapublic.org/2022/04/04/overhaul-of-alaska-alcohol-laws-makes-progress-in-legislature/

Monkeys' fondness for fermented fruit could explain why humans love alcohol, study finds

Scientists have long thought that the human inclination to drink alcohol may have its roots in our ancient ancestors' affinity to consume fruit so ripe that it had fermented enough to create ethanol. A new study by California State University, Northridge anthropology professor Christina J. Campbell and graduate student Victoria Weaver gives credence to that theory.

Researchers studied black-handed spider monkeys in the wild on Barro Colorado Island in Panama. The animals preferred fruit that contained ethanol, a by-product of fermentative yeasts within fruit pulp that metabolises sugar in the ripening process.

"For the first time, we have been able to show, without a shadow of a doubt, that wild primates, with no human interference, consume fruit containing ethanol," Campbell said. "... it looks like there may be some truth to that 'drunken monkey' hypothesis — that the proclivity of humans to consume alcohol stems from a deep-rooted affinity of frugivorous (fruit-eating) primates for naturally occurring ethanol within ripe fruit."

Campbell and her fellow researchers studied black-handed spider monkeys as they foraged for fruit. They watched as the monkeys smell-tested the fruit before making their selections. Once the monkeys chose their meals, the researchers

would collect any partially consumed fruit that the animals dropped, and then measure the fruit's pulp ethanol content, which would get higher as the fruit aged and began to ferment. They found that pulp-ethanol content of the partially consumed fruit regularly ranged from 1 to 2 percent. The researchers also collected urine samples from the monkeys to test for traces of ethanol, and they found that five of six samples would test positive.

"The monkeys were likely eating the fruit with ethanol for the calories," Campbell said. "They would get more calories from fermented fruit than they would from unfermented fruit. The higher calories mean more energy."

"Human ancestors may also have preferentially selected ethanol-laden fruit for consumption, given that it has more calories," she said. "Psychoactive and hedonic effects of ethanol may similarly result in increased consumption rates and caloric gain."

Campbell and her fellow researchers argued that contemporary patterns of alcohol consumption, in turn, may derive from these ancestral associations between ethanol and nutritional reward.

The results of the study, "Dietary ethanol ingestion by free-ranging spider monkeys (*Ateles geoffroyi*)," appeared in the March edition of the Royal Society journal, *Open Science*. doi.org/10.1098/rsos.211729



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

AIM Mission Statement

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

AIM Social, Scientific And Medical Council

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