



RESEARCH SUMMARY

Date Compiled: September 2019

Key Takeaways from Included Research

- An analysis of patients admitted for injuries related to operation of an eScooter found that 48% had a blood alcohol level of more than .08%. This is especially relevant in Omaha, given that the city is allowing scooters during a trial run in the downtown area with the stipulation that scooters have to be ridden in streets and not on sidewalks, but officers are not citing scooter operators for DUI.
- A Canadian study found that the average drinker added 250 calories to their daily intake, while the average binge drinker added 550 calories. The study's authors recommend the addition of caloric labelling on alcoholic drinks as a necessary step.
- State-based alcohol regulatory systems developed from the repeal of National Prohibition for a number of reasons, including a preference for local solutions, greater flexibility, a better fit with local cultural norms, and overall greater public support. It's important that these state alcohol control systems be supported, and not eroded.
- Alcohol sales fell in Scotland in the year following the institution of minimum unit pricing in that nation. While a cause-and-effect determination cannot be definitively established, the reductions point to the effectiveness of pricing strategies to reduce excessive drinking and alcohol harm.
- Alcohol-related liver disease (ALD) is the main cause of mortality in liver patients worldwide. Besides treating individual patients, local public health policies aimed at reducing harmful alcohol consumption in each country is essential to beat ALD. There are few studies on the effect of such policies on ALD. Most available data suggest that price and taxation regulation are the most effective measures.
- The scoring system for cancer prevention behaviors developed by the World Cancer Research Foundation (WCRF) and American Institute for Cancer Research (AICR) now scores "zero alcohol consumption" as the target recommendation for cancer prevention.

THE E-MERGING E-PIDEMIC OF E-SCOOTERS

August 2019

Abstract

Introduction: Since their release in 2017, standing electric motorized scooters (eScooters) have risen in popularity as an alternative mode of transportation. We sought to examine the incidence of injury, injury patterns, prevalence of helmet and drug and alcohol use in eScooter trauma.

Methods: This was a multi-institutional retrospective case series of patients admitted for injuries related to operation of an eScooter following the widespread release of these devices in September 2017 (September 1, 2017 to October 31, 2018). Demographics, drug and alcohol use, helmet use, admission vitals, injuries, procedures, hospital and intensive care unit length of stay (LOS), death, and disposition were analyzed.

Results: 103 patients were admitted during the study period, and monthly admissions increased significantly over time. Patients were young men (mean age 37.1 years; 65% male), 98% were not wearing a helmet. Median LOS was 1 day (IQR 1–3). 79% of patients were tested for alcohol and 48% had a blood alcohol level >80 mg/dL. 60% of patients had a urine toxicology screen, of which 52% were positive. Extremity fractures were the most frequent injury (42%), followed by facial fractures (26%) and intracranial hemorrhage (18%). Median Injury Severity Score was 5.5 (IQR 5–9). One-third of patients (n=34) required an operative intervention, the majority of which were open fixations of extremity and facial fractures. No patients died during the study. The majority of patients were discharged home (86%).

Conclusion: eScooter-related trauma has significantly increased over time. Alcohol and illicit substance use among these patients was common, and helmet use was extremely rare. Significant injuries including intracranial hemorrhage and fractures requiring operative intervention were present in over half (51%) of patients. Interventions aimed at increasing helmet use and discouraging eScooter operation while intoxicated are necessary to reduce the burden of eScooter-related trauma.

Source:

Kobayashi, L. M., Williams, E., Brown, C. V., Emigh, B. J., Bansal, V., Badiee, J., et al. (2019). The e-merging e-pidemic of e-scooters. *Trauma Surgery & Acute Care Open*, 4(1), e000337.

Free full text: <https://tsaco.bmj.com/content/4/1/e000337>

Additional media coverage:

HealthLine: [Rising Number of E-Scooter Accidents Tied to Alcohol](#)

CALORIE INTAKE FROM ALCOHOL IN CANADA: WHY NEW LABELLING REQUIREMENTS ARE NECESSARY

June 2019

Abstract

We estimated calorie intake from alcohol in Canada, overall and by gender, age, and province, and provide evidence to advocate for mandatory alcohol labelling requirements. Annual per capita (aged 15+) alcohol sales data in litres of pure ethanol by beverage type were taken from Statistics Canada's CANSIM database and converted into calories. The apportionment of consumption by gender, age, and province was based on data from the Canadian Tobacco, Alcohol and Drug Survey. Estimated

energy requirements (EER) were from Canada's Food Guide. The average drinker consumed 250 calories, or 11.2% of their daily EER in the form of alcohol, with men (13.3%) consuming a higher proportion of their EER from alcohol than women (8.2%). Drinkers consumed more than one-tenth of their EER from alcohol in all but one province. By beverage type, beer contributes 52.7% of all calories derived from alcohol, while wine (20.8%); spirits (19.8%); and ciders, coolers, and other alcohol (6.7%) also contribute substantially. The substantial caloric impact of alcoholic drinks in the Canadian diet suggests that the addition of caloric labelling on these drinks is a necessary step.

Source:

Sherk, A., Naimi, T. S., Stockwell, T., & Hobin, E. (2019). Calorie intake from alcohol in Canada: Why new labelling requirements are necessary. *Canadian Journal of Dietetic Practice and Research*, 80, 1-5.

Additional media coverage:

Times Colonist: [How many calories in a drink? You might be surprised](#)

CTV News: [How many calories in a drink? Researchers say alcohol labels should spell it out](#)

WHY ARE ALCOHOL REGULATIONS PRIMARILY “STATE-BASED”?

August 2019

Prohibition ended with the adoption of the 21st Amendment to the U.S. Constitution. It also gave the primary responsibility for alcohol regulation to the individual states. Why was that?

1. Greater state/local authority. In writing the text of the 21st Amendment, Congress recognized that states need greater authority to deal with alcohol issues that affect their citizens. That was affirmed by the recent Supreme Court case, *Tennessee Wine and Spirits Retailers Association v. Thomas*. In writing for the majority in that case, Justice Alito stated that Section 2 “was adopted to give each State the authority to address alcohol related public health and safety issues in accordance with the preferences of its citizens...”

... Alcohol harm is usually manifested in local communities via public order problems with licensed premises, drunk driving, underage drinking, addiction, crime, employer lost productivity and family problems. Most of these issues are not federal problems, but local in nature. States and local communities need tools to deal with these issues. They do that by laws/regulations, licensing, and enforcement.

2. Greater flexibility. If you have a community problem with alcohol, would you want to call on the federal government for help? Of course not. The federal government is enormous, there are many priorities and sometimes you can't even get a phone call or email through. This isn't a criticism of federal employees who often try their best to be helpful, it is just the nature of a large enterprise with authority over the entire country ...

Free full text: <http://healthyalcoholmarket.com/wordpress/>

ALCOHOL SALES FALL IN SCOTLAND A YEAR AFTER MINIMUM PRICING TOOK EFFECT

June 2019

Extract

Sales of alcohol in Scotland have fallen to their lowest recorded level in the year since the price of cheap drinks was increased to curb the harm caused by alcohol. Although it is too early to draw clear conclusions about the effect of minimum unit pricing, the figures on alcohol sales are being seen as positive ...

Source:

Christie, B. (2019). Alcohol sales fall in Scotland a year after minimum pricing took effect. *BMJ*, 14296.

PUBLIC HEALTH POLICIES AND ALCOHOL-RELATED LIVER DISEASE

August 2019

Summary

Alcohol-related liver disease (ALD) represents a major public health problem worldwide. According to the World Health Organization, the highest levels of per capita alcohol consumption are observed in countries of the European Region. Alcohol consumption is also alarmingly increasing in emerging countries. ALD is one of the main contributors to the burden of alcohol-attributable deaths and disability. In the United States, severe forms of ALD such as alcoholic hepatitis are increasing in the last decade and in the United Kingdom, three-quarters of liver-related mortality results from alcohol consumption. Besides genetic factors, there is strong evidence that the amount of alcohol intake plays a major role in the development of advanced ALD. Establishing effective public health policies is therefore mandatory to reduce the burden of ALD. Since the 90's, major public health institutions and governments have developed a variety of policies in order to reduce the harm produced by excessive drinking. Those policies encompass multiple aspects, from pricing and taxation to advertising regulation. Measures focused on taxation and price regulation have been shown to be the most effective to reduce alcohol-related mortality. However, there are few studies focused on the effect of public policies on ALD. This review article summarizes the factors influencing ALD burden and the role of different public health policies.

Source:

Ventura-Cots, M., Ballester-Ferré, M. P., Ravi, S., & Bataller, R. (2019). Public health policies and alcohol-related liver disease. *JHEP Reports*.

Free full text: <https://www.sciencedirect.com/science/article/pii/S2589555919300886>

OPERATIONALIZING THE 2018 WORLD CANCER RESEARCH FUND/AMERICAN INSTITUTE FOR CANCER RESEARCH (WCRF/AICR) CANCER PREVENTION RECOMMENDATIONS: A STANDARDIZED SCORING SYSTEM

July 2019

Abstract

Background: Following the publication of the 2018 World Cancer Research Fund (WCRF) and American Institute for Cancer Research (AICR) Third Expert Report, a collaborative group was formed to develop a standardized scoring system and provide guidance for research applications.

Methods: The 2018 WCRF/AICR Cancer Prevention Recommendations, goals, and statements of advice were examined to define components of the new Score. Cut-points for scoring were based on quantitative guidance in the 2018 Recommendations and other guidelines, past research that operationalized 2007 WCRF/AICR Recommendations, and advice from the Continuous Update Project Expert Panel.

Results: Eight of the ten 2018 WCRF/AICR Recommendations concerning weight, physical activity, diet, and breastfeeding (optional), were selected for inclusion. Each component is worth one point: 1, 0.5, and 0 points for fully, partially, and not meeting each recommendation, respectively (Score: 0 to 7–8 points). Two recommendations on dietary supplement use and for cancer survivors are not included due to operational redundancy. Additional guidance stresses the importance of accounting for other risk factors (e.g., smoking) in relevant models.

Conclusions: The proposed 2018 WCRF/AICR Score is a practical tool for researchers to examine how adherence to the 2018 WCRF/AICR Recommendations relates to cancer risk and mortality in various adult populations.

Source:

Shams-White, M. M., Brockton, N. T., Mitrou, P., Romaguera, D., Brown, S., Bender, A., et al. (2019). Operationalizing the 2018 World Cancer Research Fund/American Institute for Cancer Research (WCRF/AICR) Cancer Prevention recommendations: A standardized scoring system. *Nutrients*, 11(7), 1572.

Free full text: <https://www.mdpi.com/2072-6643/11/7/1572/htm>

Additional media coverage:

AICR Blog: [Adherence Matters – Standardized Scoring for AICR/WCRF Cancer Prevention Recommendations](#)