



RESEARCH SUMMARY
Date Compiled: March 2018

Key Takeaways from Included Research

- Efforts at alcohol “modernization” can be just another form of alcohol deregulation unless the process is carefully designed and guided.
- Alcohol-related death rates continue to grow across the U.S. – especially among young adults (ages 18-34) and mid-westerners. Evidence-based alcohol policies are needed to stem this problem.
- A large, national study of hospitalized people in France found alcohol use disorders (AUD) to be a major risk factor for onset of all types of dementia, and especially early-onset dementia. AUDs were the leading preventable risk factor for dementia among men. Evidence-based alcohol policies should be utilized to reduce heavy drinking in the general population to help prevent dementia.
- There would have been an estimated 482 fewer cancer cases in the Canadian province of Ontario in 2012 if adults had kept alcohol consumption within WCRF/AICR guidelines (1 drink a day for women / 2 drinks a day for men).
- A public health initiative in the UK encouraging retailers to voluntarily stop selling cheap, strong beers/ciders ($\geq 6.5\%$ alcohol by volume) had little effect. This adds to the research base showing that voluntary and/or self-regulatory efforts to reduce alcohol-related harm tend to be ineffective.

HOW TO ENSURE ALCOHOL “MODERNIZATION” DOESN’T JUST BECOME ALCOHOL DEREGULATION

February 2018

Summary

A recent headline declared, “Massachusetts is looking at a radical overhaul of its byzantine alcohol laws.” That isn’t the only state where critics claim that alcohol regulations are “antiquated”, no longer relevant for today, and need major “modernization.”

Regulations governing the alcohol business are reviewed periodically because business practices and tools change. Over the past decade we have seen many states accommodate the internet, approve new financial tools and allow different promotional methods. However, cries for a “radical overhaul” of “antiquated” laws are sometimes a call for deregulation by industry segments which would gain more profit from such deregulation...usually at the expense of other local businesses.

So how do you ensure that a needed review doesn’t just become a deregulation exercise? ...

1. The task force or advisory committee must involve all the important constituencies: law enforcement, public health, prevention in addition to industry segments ...
2. You need constituency representatives that are willing and able to clearly articulate the issues and concerns of their group. This requires that they be carefully selected, and I have found that you may need to specifically invite people to participate...
3. To get the best people to participate, promise a limited number of meetings that are well organized. Good people are in demand and have limited time....
4. The task force's mission and expectation should be clear; and it should fit within the purpose of the regulatory agency. Generally speaking, alcohol regulation requires public health and safety as a priority....
5. Excellent staff work is critical. Staff is needed to provide background material and to summarize information ...
6. Factual information from studies, national and state data sources, and public opinion surveys is very important, but it must be from a reliable source. You want the task force to have the best facts available,,,
7. There must be a clear plan for implementation. Nothing worse than a fine task force report that just sits on the shelf!

Source:

Healthy Alcohol Marketplace

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

PAIN IN THE NATION UPDATE: DEATHS FROM ALCOHOL, DRUGS AND SUICIDE REACH THE HIGHEST LEVEL EVER RECORDED

February 2018

Overview:

According to the most recent data, in 2016, 142,000 Americans, the highest number ever recorded, died from alcohol- and drug-induced fatalities and suicide – an average of one every four minutes. These 142,000 'despair deaths' in 2016 add to the more than one million Americans who died from drugs, alcohol or suicide in the previous decade (2006 to 2015).² For context, deaths from these three causes are nearly identical in number as those who died in 2016 from stroke, the fifth leading cause of death in United States, and are greater than the number of Americans who died in all U.S. wars since 1950 combined.

Trends in alcohol deaths

[Please note: These are alcohol-induced deaths (explicitly alcohol-involved) rather than alcohol-related (which include things like cancers caused by alcohol consumption.)]

- In 2016, 34,900 Americans died from alcohol-related causes.

- Over the past decade (2007-2016), the alcohol death rate has trended up, increasing an average of 4 percent annually and 40 percent total over the past decade.
- The rate that Americans died from alcohol increased by 5 percent between 2015 and 2016, from 10.3 to 10.8 deaths per 100,000.
- Alcohol death rates in 2016 continued to be highest among: men (15.9 per 100,000); Whites (11.9 per 100,000); adults ages 45-64 (25.5 per 100,000); and Westerners (14.9 per 100,000).
- Groups with the largest proportional increases between 2015 and 2016 were: young adults 18-34 (11 percent increase) and those living in the Midwest (10 percent) and non-metro areas (10 percent).

Lower Excessive Alcohol Use through evidence-based policies, such as by increasing pricing, limiting hours and density of alcohol sales, enforcing underage drinking laws and holding sellers and hosts liable for serving minors. For example, a 10 percent increase in the price of alcoholic beverages is shown to reduce consumption by 7.7 percent.

Source: *Trust for Americas Health*

Full report: <http://healthyamericans.org/assets/files/TFAH-2018-PainNationUpdateBrief-FINAL.pdf>

Related Media Coverage:

NBC: [Drugs, alcohol, suicide killing more Americans than ever](#)

Los Angeles Times: [Trifecta of opioids, alcohol and suicide are blamed for the drop in U.S. life expectancy](#)

CONTRIBUTION OF ALCOHOL USE DISORDERS TO THE BURDEN OF DEMENTIA IN FRANCE 2008–13: A NATIONWIDE RETROSPECTIVE COHORT STUDY

February 2018

Interpretation: Alcohol use disorders were a major risk factor for onset of all types of dementia, and especially early-onset dementia. Thus, screening for heavy drinking should be part of regular medical care, with intervention or treatment being offered when necessary. Additionally, other alcohol policies should be considered to reduce heavy drinking in the general population.

Background: Dementia is a prevalent condition, affecting 5–7% of people aged 60 years and older, and a leading cause of disability in people aged 60 years and older globally. We aimed to examine the association between alcohol use disorders and dementia risk, with an emphasis on early-onset dementia (<65 years).

Methods: We analysed a nationwide retrospective cohort of all adult (≥ 20 years) patients admitted to hospital in metropolitan France between 2008 and 2013. The primary exposure was alcohol use disorders and the main outcome was dementia, both defined by International Classification of Diseases, tenth revision discharge diagnosis codes. Characteristics of early-onset dementia were studied among prevalent cases in 2008–13. Associations of alcohol use disorders and other risk factors with dementia onset were analysed in multivariate Cox models among patients admitted to hospital in 2011–13 with no record of dementia in 2008–10.

Findings: Of 31,624,156 adults discharged from French hospitals between 2008 and 2013, 1,109,343 were diagnosed with dementia and were included in the analyses. Of the 57,353 (5.2%) cases of early-onset dementia, most were either alcohol-related by definition (22,338 [38.9%]) or had an

additional diagnosis of alcohol use disorders (10,115 [17.6%]). Alcohol use disorders were the strongest modifiable risk factor for dementia onset, with an adjusted hazard ratio of 3.34 (95% CI 3.28–3.41) for women and 3.36 (3.31–3.41) for men. Alcohol use disorders remained associated with dementia onset for both sexes (adjusted hazard ratios >1.7) in sensitivity analyses on dementia case definition (including Alzheimer's disease) or older study populations. Also, alcohol use disorders were significantly associated with all other risk factors for dementia onset (all $p < 0.0001$).

Source:

Schwarzinger, M., Pollock, B. G., Hasan, O. S., Dufouil, C., Rehm, J., & QalyDays Study Group. (2018). Contribution of alcohol use disorders to the burden of dementia in France 2008–13: a nationwide retrospective cohort study. *The Lancet Public Health*.

Full free text: [http://www.thelancet.com/journals/lanpub/article/PIIS2468-2667\(18\)30022-7/fulltext?elsca1=tlpr](http://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(18)30022-7/fulltext?elsca1=tlpr)

Related Media Coverage:

CNN: [Excessive alcohol use linked to early-onset dementia risk](#)

Newsweek: [Heavy Alcohol Use Linked to Early-Onset Dementia: Study](#)

PREVENTING ALCOHOL-RELATED CANCER: WHAT IF EVERYONE DRANK WITHIN THE GUIDELINES?

February 2018

Objectives

The purpose of this study was to estimate the proportion and number of cancer cases diagnosed in Ontario in 2012 that are attributable to alcohol consumption and to compare the impact of drinking within two sets of guidelines on alcohol-attributable cancer incidence.

Methods

We estimated the proportion of cancers in Ontario attributable to alcohol consumption by calculating population-attributable fractions (PAFs) for six cancer types using drinking prevalence from the 2000/2001 Canadian Community Health Survey and relative risks from a meta-analysis. Each PAF was multiplied by the number of incident cancers in 2012, allowing for a 12-year latency period, to calculate the number of alcohol-attributable cases. We also estimated the number of alcohol-attributable cases under two scenarios: (1) assuming consumption had not exceeded the levels recommended by the Low-Risk Alcohol Drinking Guidelines (LRADG) and (2) assuming consumption had not exceeded the recommended levels by the World Cancer Research Fund/American Institute for Cancer Research (WCRF/AICR) guidelines.

Results

One thousand two hundred ninety-five (95% confidence interval 1093–1499) new cases of cancer diagnosed in Ontario during 2012 are estimated to be attributed to alcohol consumption, representing approximately 1.7% (1.4–1.9%) of all new cancer cases. If no Ontario adults had exceeded the LRADG, an estimated 321 fewer cancer cases could have been diagnosed in 2012, whereas an estimated 482 fewer cancer cases could have been diagnosed if no Ontario adults had exceeded the stricter WCRF/AICR guidelines.

Conclusion

Strategies to limit alcohol consumption to the levels recommended by drinking guidelines could potentially reduce the cancer burden in Ontario.

Source:

Young, S. W., Candido, E., Klein-Geltink, J., & Giesbrecht, N. (2018). Preventing alcohol-related cancer: what if everyone drank within the guidelines? *Canadian Journal of Public Health*, 1-9.

Abstract: <https://link.springer.com/article/10.17269/s41997-018-0033-x>

GETTING SHOPS TO VOLUNTARILY STOP SELLING CHEAP, STRONG BEERS AND CIDERS: A TIME-SERIES ANALYSIS EVALUATING IMPACTS ON ALCOHOL AVAILABILITY AND PURCHASING

February 2018

Abstract

Background: ‘Reducing the Strength’ (RtS) is a public health initiative encouraging retailers to voluntarily stop selling cheap, strong beers/ciders ($\geq 6.5\%$ alcohol by volume). This study evaluates the impact of RtS initiatives on alcohol availability and purchasing in three English counties with a combined population of 3.62 million people.

Methods: We used a multiple baseline time-series design to examine retail data over 29 months from a supermarket chain that experienced a two-wave, area-based roll out of RtS: initially 54 stores (W1), then another 77 stores (W2). We measured impacts on units of alcohol sold (primary outcome: beers/ciders; secondary outcome: all alcoholic products), economic impacts on alcohol sales and substitution effects.

Results: We observed a non-significant W1 increase (+3.7%, 95% CI: -11.2, 21.0) and W2 decrease (-6.8%, 95% CI: -20.5, 9.4) in the primary outcome. We observed a significant W2 decrease in units sold across all alcohol products (-10.5%, 95% CI: -19.2, -0.9). The direction of effect between waves was inconsistent for all outcomes, including alcohol sales, with no evidence of substitution effects.

Conclusions: In the UK, voluntary RtS initiatives appear to have little or no impact on reducing alcohol availability and purchase from the broader population of supermarket customers.

Source:

Pliakas, T., Lock, K., Jones, A., Aalders, S., & Egan, M. (2018). Getting shops to voluntarily stop selling cheap, strong beers and ciders: A time-series analysis evaluating impacts on alcohol availability and purchasing. *Journal of Public Health*.

Abstract: <https://academic.oup.com/jpubhealth/advance-article-abstract/doi/10.1093/pubmed/fdy003/4854836>