



RESEARCH SUMMARY

Date Compiled: March 2019

Key Takeaways from Included Research

- A study of a national cohort of 10th graders - led by researchers from multiple National Institutes of Health - found that higher state beer excise taxes were linked to less risk of escalation of binge drinking among young people. Stronger overall alcohol policies were also found to reduce binge escalation risk.
- Problem on-premise alcohol outlets not only negatively impact community public health and public safety, but also disproportionately drain public services and resources. There are a number of policy interventions which can help alleviate these problems, but they require communities to commit to adequate funding and enforcement.
- An analysis of data from 2006-2010 from the Centers for Disease Control and Prevention's Alcohol-Related Disease Impact (ARDI) software application found that age played a large part in deaths by alcohol consumption. Their findings suggest that many studies which find a beneficial effect of light-to-moderate alcohol consumption length of life may be flawed in that they overrepresent older people. Accordingly, any modest health benefits from light-to-moderate alcohol consumption may not apply at all to younger (under 50) people.
- An analysis from a large, nationally (U.S.) representative population-based survey showed a significant association between moderate alcohol consumption (7-14 drinks per week) and prevalence of hypertension – compared with never drinkers.
- Given the risks to health posed by youth alcohol use, and substantial evidence of an association between youth exposure and alcohol marketing and youth alcohol use, governments at all levels should consider restricting and reducing alcohol marketing to protect young people. While legal protections for commercial speech limit the feasibility of advertising and marketing restrictions in the U.S., there are numerous steps that states could be taking to reduce youth exposure to such marketing.

STATE ALCOHOL POLICIES, TAXES, AND AVAILABILITY AS PREDICTORS OF ADOLESCENT BINGE DRINKING TRAJECTORIES INTO EARLY ADULTHOOD

March 2019

Abstract

Background and Aims: A number of alcohol policies in the United States have been presumed to reduce underage youth drinking. This study characterized underage youth binge drinking trajectories into early adulthood and tested associations with the strength of the alcohol policy environment, beer excise taxes, and number of liquor stores.

Design: Longitudinal cohort study.

Setting: USA.

Participants: A national cohort of 10th graders in 2010 (n=2753), assessed annually from 2010-2015.

Measurements: Participants reported on their 30-day binge drinking (defined as consuming 5+ (for boys) or 4+ (for girls) drinks within 2 hours). We scored the strength of 19 state-level policies at baseline and summarized them into an overall score and two subdomain scores. We also assessed state beer excise taxes (dollars/gallon) and linked the number of liquor stores in 1-km to participant's geocoded address.

Findings: We identified five binge drinking trajectories: low-risk (32.9%), escalating (26.1%), late-onset (13.8%), chronic (15.1%), and decreasing (12.0%). Lower overall alcohol policy strength was associated with increased risk of being in the escalating vs. low-risk binge drinking class (relative risk ratio, RRR = 1.4 per 1 SD in policy score; 95% CI [1.2, 1.8]). Higher beer excise taxes were associated with a reduced risk of being in the escalating class (RRR = 0.2 per 1 dollar increase; 95% CI [0.1, 0.6]). The number of liquor stores was not significantly associated with any binge drinking trajectory.

Conclusions: In the US, stronger state alcohol policies and higher beer excise taxes appear to be associated with lower risk of escalating alcohol consumption trajectories among underage youth.

Source:

Fairman, B. J., Simons-Morton, B., Haynie, D. L., Liu, D., Goldstein, R. B., Hingson, R. W., et al. (2019). State alcohol policies, taxes, and availability as predictors of adolescent binge drinking trajectories into early adulthood. *Addiction*.

HOW CAN WE PREVENT ALCOHOL-RELATED HARM IN PROBLEM BARS?

January 2019

Extract

... In 2006, the federal government issued the 2nd Edition of a Problem-Oriented Guide for Police called, "Assaults in and Around Bars." Some of the factors the authors identified as contributing to violence and aggression are:

- Alcohol
- Culture of Drinking
- Type of Establishment
- Concentration of Bars
- Bar Closing Time
- Aggressive Bouncers
- Price Discounting of Drinks
- Continued Service to Drunken Patrons
- Low Ratio of Staff to Patrons
- Tolerance for Disorderly Conduct
- Availability of Weapons
- Low Level of Police Enforcement and Regulation

We have known about these factors for some time, so why is it hard to use this knowledge to make change?

The problem is that problem bars often make a lot of money and employ a lot of people. Changing the formula could bring less profit. Fines may not be a deterrent, but just a cost of doing business. Serious consequences, such as long suspensions or revocations require a great deal of investigative work and a long process that can go on for years. Local officials may be reluctant to put someone out of business because it punishes employees, contractors, and suppliers who may not have caused the problems ...

Source: Healthy Alcohol Marketplace

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

ALCOHOL, AGE, AND MORTALITY: ESTIMATING SELECTION BIAS DUE TO PREMATURE DEATH

February 2019

Abstract

Objective: Alcohol use causes approximately 10% of deaths among adults ages 20–65 in the United States. Although previous research has demonstrated differential age-related risk relationships, it is difficult to estimate the magnitude of selection bias attributable to premature mortality based on existing cohort studies, the average age of which is greater than 50 years. The objective of our study was to assess the distribution of mortality-related harms and benefits from alcohol among adults ages 20 and older in comparison with the distribution among those older than age 50.

Method: Data from the Centers for Disease Control and Prevention's Alcohol-Related Disease Impact software application from 2006–10 were used to determine the distribution of alcohol-attributable deaths (AADs) and the years of potential life lost (YPLLs) that was caused or prevented by alcohol for

54 conditions by 15-year age groupings (20–34, 35–49, 50–64, 65+) in the United States. We also determined the proportion of net deaths and YPLLs occurring in each age group, overall and by cause of death.

Results: Adults ages 20–49 years experienced 35.8% of the deaths and 58.4% of the YPLLs caused by alcohol, whereas the same group accrued only 4.5% of AADs and 14.2% of YPLLs gained. Overall, 46.3% of the total net deaths and 64.7% of the net YPLLs occurred among those ages 20–49; adding net deaths occurring among those ages 20–49 to those occurring after age 50 would result in an 86.3% relative increase in net deaths.

Conclusions: Because of premature mortality, alcohol-mortality associations based on cohort studies may underestimate negative health consequences compared with those observed among the general population.

Source:

Naimi, T. S., Stadtmueller, L. A., Chikritzhs, T., Stockwell, T., Zhao, J., Britton, A., et al. (2019). Alcohol, age, and mortality: Estimating selection bias due to premature death. *Journal of Studies on Alcohol and Drugs*, 80(1), 63-68.

Additional Media Coverage:

U.S. News & World Report: [Scientists Explain Why Studies Say Alcohol Can Be Beneficial](#)

LiveScience: [Drinking Alcohol May Be More Harmful Than Thought for Young Adults](#)

Science Daily: [Is alcohol consumption more helpful than harmful? It depends on your age](#)

ALCOHOL CONSUMPTION AND RISK OF HYPERTENSION

March 2019

Abstract

Background: Epidemiological studies have established the association between excessive alcohol consumption and hypertension (HTN). However, there are conflicting reports of the association of mild to moderate alcohol consumption with HTN.

Methods: We studied 17059 participants (mean age = 46 yrs, 53% women) from the Third National Health and Nutrition Examination Survey (NHANES III). Alcohol consumption was ascertained via questionnaire. Blood pressure (BP) was measured during the in-home interview and a mobile examination center. We used multivariable logistic regression models adjusted for age, sex, race, income, and cardiovascular risk factors to examine cross-sectional associations of alcohol consumption and BP categories using the 2017 ACC/AHA High BP guidelines.

Results: Compared with never drinkers, moderate drinkers (7-13 drinks/week) had increased odds of prevalent Stage 1 and 2 HTN [Odds Ratio (OR) 95% CI: 1.53 (1.23-1.90) and 2.02 (1.52-2.69), respectively]. Among heavy drinkers (≥14 drinks/week) the odds of stage 1 or 2 HTN were also significantly elevated [OR (95% CI): 1.69 (1.36-2.11) and 2.41(1.83-3.16)].

Conclusion: This analysis from a large, nationally (US) representative population-based survey showed a significant association between moderate alcohol consumption and prevalence of hypertension. These data may help guide further research, public health education and policy initiatives focused on the health consequences of moderate alcohol consumption.

Source:

Aladin, A., Chevli, P., Ahmad, M.I., Rasool, S., & Herrington, D. (2019, March). *Alcohol consumption and risk of hypertension*. Poster session presented at the meeting of the American College of Cardiology, New Orleans, LA.

Additional Media Coverage:

NBC News: [As little as 1 drink a day linked to hypertension, new study finds](#)

Science Daily: [Moderate alcohol consumption linked with high blood pressure](#)

ALCOHOL MARKETING AND PROMOTION

March 2019

Abstract

Alcohol use is the leading cause of death and disability for 15–24-year-olds in much of the world, and delaying initiation into alcohol use is an important public health goal. At least 25 longitudinal studies have documented associations between youth exposure to alcohol marketing and youth alcohol use, both initiation and progression to more hazardous patterns of drinking. Research into specific brands of alcohol consumed by youth in the USA has provided additional evidence of the possible influence of marketing on youth drinking: young people do not drink the same brands as adults, they do not drink the least expensive brands or those easiest for them to obtain, and they are significantly more likely to drink the brands to whose advertising and marketing they have been exposed. Alcohol industry self-regulation has failed to protect youth either from simple exposure or from advertising content that is appealing to young people. Global and regional public health recommendations encourage countries to consider restricting alcohol advertising and marketing to the extent constitutionally possible. In the USA, while legal protections for commercial speech limit the feasibility of advertising and marketing restrictions, there are numerous steps that states could be taking to reduce youth exposure to such marketing. Given the risks to health posed by youth alcohol use, and substantial evidence of an association between youth exposure and alcohol marketing and youth alcohol use, governments at all levels should consider restricting and reducing alcohol marketing to protect young people.

Source:

Jernigan D.H. (2019) "Alcohol marketing and promotion." In: Sloboda Z., Petras H., Robertson E., Hingson R. (eds) *Prevention of substance use: Advances in prevention science*. Springer, Cham.