

ALCOHOL ALERT

MAY 2018



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AT LAST!

MINIMUM UNIT PRICING COMES TO SCOTLAND

MAY 2018

3	TOP STORY: MUP lands on Scottish shores
5	Final adult drinking habits survey released
7	Record hospital admissions, again
8	Alcohol treatment services in England at crisis point
9	New Alcohol Strategy on the cards?
10	Brits show unhealthy scepticism of drinks labels
11	Wales: Alcohol-related admissions at higher risk of suicide
12	One in three underage drinkers served in Scots pubs and clubs
13	\$100 million 'moderate drinking' study paused
14	Innovation fund open to help children of dependent drinkers
15	Social media usage linked to underage drinking
16	Alcohol cancer link grows
17	Alcohol behind a third of Irish Saturday night A&E visits
18	New report surveys alcohol policy debates following Brexit
19	ALCOHOL SNAPSHOT: How alcohol use disorders vary by gender in different countries



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MUP lands on Scottish shores

Historic moment for long awaited legislation

A 50 pence minimum unit price on alcohol (MUP) has arrived in stores throughout Scotland, in what has been dubbed ‘the biggest breakthrough in public health since the ban on smoking in public’.

The legislation was first tabled as a potential policy in 2009 by Nicola Sturgeon MSP when she was health minister (see [a timeline of events here](#)).

Now, as First Minister, Sturgeon announced its successful implementation to the press on a visit to Edinburgh Royal Infirmary, hailing the move as ‘bold and brave’. She said: ‘All of the evidence says that minimum unit pricing will reduce deaths from alcohol-related illnesses, reduce hospital admissions and generally reduce the damage that alcohol misuse does to our society.’

‘No one has ever said that minimum pricing on its own will resolve all of the problems we have with alcohol misuse but all of the experts who support this policy will also say that without this all of the other things we do will not have as much impact as we want them to.’

It was ‘[a truly landmark day](#)’, according to current Health Minister Shona Robison, who also confirmed to the Scottish Parliament that a monitoring and evaluation plan of MUP would be led by NHS Health Scotland, which would involve an extensive portfolio of research that will examine a number of areas, including implementation and compliance, price and product range, alcohol sales and consumption, alcohol-related harm, economic impact on the industry and attitudes to minimum unit pricing.

Although implemented in various guises elsewhere in the world – particular provinces in Canada, for instance – Scotland’s iteration of minimum pricing will make the Holyrood administration the first to set a floor price per unit. Both the Welsh Assembly and Irish Government are set to follow suit, subject to parliamentary debate, and the effects of the legislation will also be watched closely from Westminster.

Taking stock

Coverage of the event was widespread and varied. There were reports of some retailers immediately changing their stock. In a curious move, [Dundee Telegraph](#) reported this fully expected – and accurately modelled – outcome as problematic. The newspaper wrote that when faced with the higher prices of their ‘favourite tipple’, regular purchasers of cheap high-strength products would be forced to buy the ‘next cheapest available option instead’, before going on to quote shopkeeper Tahir Mahmood commenting that because he believed no one would pay the extra amount for a bottle of high-strength cider, he had ‘taken the cider off the shelves’.

“ The supermarkets can no longer offer the kind of multi-pack promotions they were running before ”

Another vendor said the days of selling super-strength cider in his shop were over, and yet another who, prior to the legislation, made estimated sales of about 16,000 bottles of 7.5%ABV Frosty Jack’s white cider a year, said he had also been forced to take the drink off the shelves. Ultimately, the fortunes of Dundee’s shopkeepers were reflected in market research data that found [an 18% fall in cider sales the first week](#) after the policy came into force.

In a separate set of interviews with retailers, *Convenience Store* reflected [the closing gap between alcohol prices in supermarkets and smaller independents](#).

One seller told the magazine: ‘Customers have moved to buying other alcoholic products, like beers and wines, which means our margins have also increased. I would say alcohol sales have increased by 15% for us. The supermarkets can no longer offer the kind of multi-pack promotions they were running before, which is good news for us.’

Another remarked: 'There is no point in people going to supermarkets for cheap alcohol now. They come to us and pick other things up too. It has really levelled the playing field, which is brilliant for independents.'

Typically, some media outlets chose to report the odd [cross-border escapade in the pursuit of alcohol](#) at under 50 pence per unit, although it is debatable how cost-effective such a ploy would be over time.

However, survey data found that there was 'overwhelming support' from young Scots, according to a study from Nielsen, a quarter of whom planned to cut their alcohol consumption as a result of the policy, compared with only 15% of the general population. Speaking to [The Times](#), spokesperson for the marketing research company, Helen Stares, said: 'Just over half of those we interviewed said they were broadly in favour of minimum unit pricing but we saw a noticeable difference in opinion across different age groups. Support for the legislation rose to nearly 70% among millennials but this support falls as age rises, with nearly a quarter of those aged over 35 saying that they disagreed with the legislation.'

The [Alcohol \(Minimum Pricing\) \(Scotland\) Act](#) comes with a sunset clause after five years when the outcome of research into its impact will be presented to the Scottish Parliament. Alcohol NGOs SHAAP and Eurocare teamed up to produce a comprehensive briefing detailing how the legislation came into being, the evidence behind the measure, and support for it, and what might happen next (read [The MUP story](#) here). ■■

Final adult drinking habits survey released

GB-wide dataset to be retired

The Office for National Statistics will no longer produce the Adult Drinking Habits in Great Britain survey, in favour of separate reports released by statistical agencies from the Home Nations instead.

The news comes as the [last annual release](#) covering Great Britain shows that, in 2017, young people (16–24-year-olds) are less likely to drink than any other age group in a given week, despite their heaviest drinking days being heavier than that of their elder peers. Those in managerial and professional occupations, along with the highest earners were most likely to say that they drank in the last week.

Looking at the whole Isles, among adults aged 16 years and over, 57% of respondents drank alcohol in the week before being interviewed – approximately 29.2 million Brits. It is seven percentage points lower than in 2005 (64.1%), when the survey first ran.

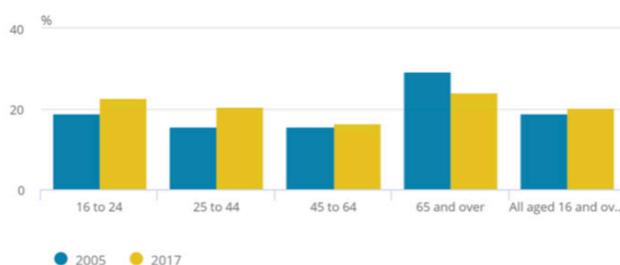
The proportion of adults who said that they did not drink alcohol at all – those claiming to be teetotal – was 20.4% – approximately 10.4 million Brits. Teetotalism generally increased among adults up to 65 years of age over the period of the survey, driven by increased abstinence rates among younger age groups (by four and six percentage points for those aged 16–24 and 25–44 years respectively).

In contrast, among those aged 65 years and over, the proportion of adults who reported not drinking at all fell significantly by around 5 percentage points (from 29.4% in 2005 to 24.2% in 2017). This finding is largely explained by a significant reduction in self-reported teetotalism among women in this age group; of women aged 65 years and over, 37.2% reported not drinking at all in 2005; in 2017, this figure was just 27.9%.

The data also showed that of those who did drink, 16–24-year-olds were the most likely to binge on alcohol (43% of those surveyed). The ONS suggested that ‘the generally higher levels of binge drinking among those aged 16 to 24 years could be due to the data capturing those who tend to drink excessively on Friday or Saturday nights and then not much else during the rest of the week’.

When looking at drinking habits by socio-economic status, around seven in ten people (69.5%) who said they worked in managerial and professional occupations drank alcohol in the week before interview in 2017, a significantly higher proportion than those working in routine and manual occupations (51.2%). This ties in with the positive correlation with consumption and income – just under half (46%) of adults earning under £10,000 a year claimed to have drunk alcohol in the last week, rising to almost four in five (78.9%) who earned £40,000 and above in 2017. The ONS reported that 34% of respondents working in managerial and professional occupations reported earning £40,000 and above, compared with just 5.4% of those working in routine and manual occupations.

The proportion (%) of adults who reported not drinking at all by age, Great Britain, 2005 and 2017



The rise of the teetotalers

Show your working

Explaining the decision for discontinuing the report, the ONS gave the following reasons:

- Our current questions on alcohol consumption are outdated
- Our data, which measure alcohol consumption on the heaviest drinking day, do not reflect the latest government guidelines, which are focused on drinking habits over several days
- The data are not being used to support government policy
- Discussions with key government users have revealed that the Opinions and Lifestyle Survey (OPN) data were not an important source of evidence for policymakers, with users preferring to use data from other sources such as the Health Survey for England and devolved health surveys
- We are unable to justify the cost for redesign or future running costs
- Data on alcohol consumption are readily available elsewhere

Publications detailing the consumption habits of the nation will come from the Health Survey for England, the Scottish Health Survey, the National Survey for Wales, and possibly the Department of Health in Northern Ireland in future. 

Record hospital admissions, again

New *Statistics on Alcohol England* dataset shows little change elsewhere

The latest *NHS Digital* dataset shows a **fourteenth unbroken year of rises in alcohol-related admissions to hospitals in England**. By the broad measure, there were a new record 1,135,710 alcohol-related admissions in 2016/17, 1% up on the previous financial year.

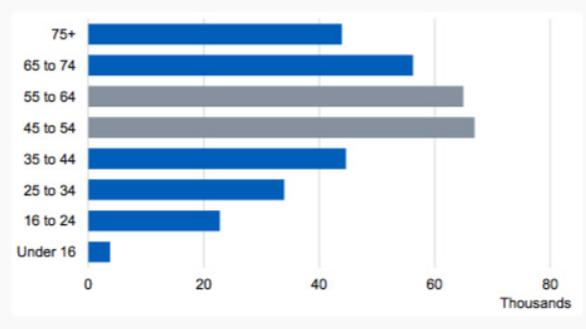
The majority of admissions (576,210 or 51%) by the broad measure were for cardiovascular diseases; the worst hit region for alcohol-related admissions was Salford, which had a highest rate of 3,500 admissions per 100,000 persons in the population.

Other data indicated that conditions for alcohol-related morbidity have plateaued. Alcohol-related admissions by the narrow measure broke its trend, falling slightly (1%) on 2015/16, from 339,280 to 337,110 in 2016/17. The age profiles of patients admitted peaks between 45 and 54 years of age – 4 out of every ten patients (39%) admitted to hospital for alcohol-related reasons were aged between 45 and 64 years (illustrated).

Total number of admissions by age

The number of admissions rises with age up until 45-54 and then falls.

39% of patients were aged between 45 and 64.



Cancer was the most likely cause for admission, representing four out of five (82%) cases. The worst hit region was Blackpool with a rate of 1,500 admissions per 100,000 population.

Mortality figures painted a similar outlook, with the raw number for 2016 up 4% on 2015 at 5,507 alcohol-specific deaths, with no significant change in rates for both sexes over the past decade. It must be noted that the alcohol-specific deaths figure is drawn from the Office for National Statistics new definition, which includes only those conditions where each death is a direct consequence of alcohol misuse.

The number of prescription items dispensed for treatment of alcohol-related illness declined for the second year running, to 173,000 in 2017 – down 8% on the 188,000 thousand prescription items administered the year before. The average net ingredient cost stayed at £26 per head.

Alcohol treatment services in England at crisis point

Adapted from Alcohol Concern

A new report, launched at the All Party Parliamentary Group on Alcohol Harm, warns that the alcohol treatment sector is in crisis. These services are entering into a cycle of disinvestment, staff depletion, and reduced capacity, and this is due to get worse; in 2020 ring-fenced public health funding will end, posing additional risk to the areas of highest need.

The report, '*The hardest hit: Addressing the crisis in alcohol treatment services*', by the new alcohol charity formed by the merger of Alcohol Concern and Alcohol Research UK, highlights how severe funding cuts, rapid re-tendering cycles, loss of qualified staff and lack of political support are impacting on some of the most vulnerable people in society.

It is estimated that around 595,000 people in England alone are dependent on alcohol and in need of specialist support. But only around 108,000 are receiving treatment for their alcohol dependency. This has a significant impact not only on the individual but on their families; [around 200,000 children live in a household with an alcohol-dependent carer](#).

In the UK roughly one person dies every hour as a result of alcohol. Over the past 40 years we have seen liver disease rates in the UK [increase by around 250%](#) – far outstripping liver disease rates seen across much of the developed world, which have reduced in recent years. Public Health England estimates that [every £1 invested in alcohol treatment brings a social return of £3](#).

Key findings from the report show:

- Only 12% of respondents felt that resources were sufficient in their area;
- Respondents reported cuts of between 10% and 58%, with one treatment provider saying local areas were 'paring back to a skeleton service';
- 59% of respondents felt that aspects of services in their area had worsened in the last three years, with particular threats to community detox and residential rehabilitation facilities;
- 62% of respondents said that in their area appropriate care is not available for people with both a mental health and an alcohol problem, with many told they must resolve their alcohol problems before they can access mental health services;
- Only 7% described the quality of engagement between JobCentre Plus and local alcohol services as 'good'.

To address the issue, the report sets out several key recommendations, including:

1. The Government must develop and implement a National Alcohol Strategy, with treatment at the heart of a broader suite of interventions to reduce alcohol harm.
2. The Government must urgently plug the gap in treatment funding and reduce health inequalities arising from local funding structures. The report contains recommendations for how this might work.
3. There must be a national review of the balance of staffing in the alcohol field to identify what expertise is required at each point in the system, including commissioning, and how that expertise can be retained.

Dr Richard Piper, CEO of the new charity formed by the merger of Alcohol Concern and Alcohol Research UK, said:

'Around 595,000 people in the UK are dependent on alcohol. It's clear that the Government must develop a national alcohol strategy to address the harm they and their families face, and include treatment at its heart to reduce the suffering of the four in every five who currently do not access the services they need.'

'This report shows very clearly what action is needed and we urge policy-makers, practitioners and service providers to join together to implement these recommendations to help the hundreds of thousands of people who are in desperate need of support.'

New Alcohol Strategy on the cards?

Policy announcements raise hopes of a change in direction

The Home Office has pledged a crackdown on alcohol-related crime, to counteract the UK's 'cafe-style' licensing laws, according to *The Independent*.

The department has announced that it will review the legislation as part of wider plans to curb alcohol-related violence in England. Crime Minister Victoria Atkins vowed to act to slash the 'devastating impact of excessive drinking' on the country's streets, singling out the controversial decision by made the Labour-led UK government in 2005 to relax licensing laws'.

Aiming to release the report by the end of the year, the Home Office will look at improving support to people affected by alcohol-related violence, as well as focus on helping high-risk drinkers change their behaviour and get more people to quit drinking.

Atkins said: 'The devastating impact of excessive drinking can all too often be seen on our streets but it also exacts a terrible toll within the home.

'It is a significant factor not only in domestic violence but also rape and child abuse, and we want to explore what more we can do to help the most vulnerable victims.

'Ultimately, we also need to break the cycle of excessive drinking and violence by getting more high-risk drinkers the help they need to quit for good.'

Government to watch MUP developments 'like a hawk'

The Home Office's announcement was given added impetus by Health Minister Steve Brine during a parliamentary debate on minimum unit pricing in which he declared that government was in the process of 'developing a new alcohol strategy' subject to a Public Health England review of the evidence for minimum unit pricing in England.

He also said that he anticipated an early evaluation of Scotland's minimum unit pricing legislation after its first year, which the UK Government would be watching 'like a hawk'.

Putting the pieces together

James Morris of *Alcohol Policy UK* writes that 'currently England has no over-arching national strategy, though the 2016 "Modern Crime Prevention Strategy" sets out alcohol-related crime objectives whilst certain health and treatment objectives include a national CQUIN and Public Health England (PHE) guidance and support.'

He also notes that many health and alcohol groups have been 'critical of a lack of national strategy and a general government approach seen to shy away from the policy levers thought to be most effective'.

However, if recent government activity is anything to go by, the fortunes of campaigners might start to look more positive as time goes by. ■■

Brits show unhealthy scepticism of drinks labels

Cancer risk warnings 'not reaching UK drinkers'

Labels warning drinkers that they risk seven different forms of cancer could make some people re-think their alcohol consumption, according to a survey, but most are likely to ignore other warnings on bottles and drinks about the damaging effects of alcohol on health.

This year's *Global Drugs Survey*, answered by 130,000 people in 44 countries, looked at the potential impact of warnings on bottles of wine, beer and spirits among the 3,600 survey responders in England.

Influenced by the depictions on cigarette packets, researchers worked with health experts to devise seven health warnings, such as 'Heart disease is a major cause of death among people with heavy alcohol use' and 'Drinking less reduces your risk of 7 types of cancer'.

Most people said they believed the messages – nearly 90% believed that 'Alcohol increases the risk of violence and abuse' and 80% believed that a bottle of wine could contain the same calories as a burger and fries. But most could not change the amount they drank if any of those warning labels were on bottles.

For example, *the Guardian* reported that the warning that appeared to reach the most people was that 'drinking less reduces your risk of seven different sorts of cancer'.

However, 'among the 3,600 people in England who responded to the survey, 40% said it would or might affect the amount they drank, 5% said they were unsure and 55% said it would not change anything.'

Furthermore, one in five (21%) of the 3,600 English people surveyed did not believe the warning that most people get little or no health benefit from moderate alcohol use. Women under 25 had a particularly poor knowledge of the health risks associated with alcohol use – 65% polled did not know that drinking less alcohol reduces the risks of contracting cancer, and almost half (46%) were unaware that even people with heavy alcohol use can significantly reduce their risk of liver disease by having two alcohol free days per week.

Professor Adam Winstock, consultant psychiatrist and addiction medicine specialist and founder of the *Global Drug Survey* said the findings showed that there was much to do about alcohol messaging in the UK.

'It is clear that the link between alcohol consumption and increased cancer risk is a message that is still not reaching UK drinkers and where it does, many chose to react to the message with scepticism.

'The alcohol industry which makes profits from selling its product will never embrace anything that might lead to people drinking less. A self-regulated industry will always regulate to optimise profits not public health.'

Professor Sir Ian Gilmore, chair of the Alcohol Health Alliance, said: 'These results on the potential power of health information on alcohol labels are important and compelling. They make it clear that people just do not know about key health issues like the link between alcohol and cancer that might well change their behaviour and improve public health.'



Wales: Alcohol-related admissions at higher risk of suicide

Study also finds raised risk greatest with female patients

Patients admitted to hospital for alcohol-related reasons are 27 times more likely to commit suicide compared to non-alcohol related cases, according to a new report.

A study by Public Health Wales and Cardiff and Swansea universities says that alcohol-related admissions should be treated in the same way as self-harm-related cases.

The study followed all 2.8 million Welsh residents, aged from 10 to 100, for six years. It looked at patients who were admitted to hospital with an emergency alcohol-related admission, including acute intoxication, alcohol dependence, as well as physical health complications related to alcohol use.

Public Health Wales says that while the total number of suicides was greater in men, it's women who have the greatest increase in risk. The risk was 29 times greater in women compared to 10 times greater in men.

Public Health Wales says alcohol use is known to be associated with a higher risk of future suicide, but this is the first study to identify the association with emergency alcohol-related admissions.

Speaking to *ITV News*, Dr Bethan Bowden of Public Health Wales said: 'This is important because patients, many of whom will have no previously reported mental health concerns, could be being treated without exploring underlying issues linked to an increased risk of suicide.'

'Hospital staff are in a unique position to assess patients who may not otherwise come forward for help. Our advice to clinicians is that these patients should be treated similarly to those who have been identified as self-harming: undertake a psycho-social assessment, and refer them to mental health services if appropriate.'

'This study indicates a need to consider targeted interventions for patients admitted to hospital with an alcohol-related condition as part of a suicide prevention strategy.'

Suicide is the leading cause of death in the UK for men aged 20-49 years and women aged 20-34 years. ■■

One in three underage drinkers served in Scots pubs and clubs

Adapted from *The Scotsman*

One in three teenage drinkers is served alcohol unchallenged in Scotland's pubs and clubs, according to new survey research from the UK's leading retail age check company.

Serve Legal undertook 697 alcohol test purchases in Scottish hospitality venues in 2017, with 32% of sales unchallenged. High street retailers including supermarkets, discounters and convenience stores were far more diligent, achieving an 86% pass rate.

The 2017 pass rate, – 84% in 2017 compared to 87% in 2016 – showed no improvement despite the risk of fines, prosecution and possible business closure if convicted.

Serve Legal, which used young-looking 18 and 19-year-olds in its visits, believes that there is complacency amongst on-trade operators and wider retailers around compliance with the law on underage sales and calls for tougher penalties.

Director Ed Heaver told *The Scotsman*: 'Despite the intentions of the well-established Challenge 21 and 25 schemes and stringent government policy on alcohol in Scotland, our latest data highlights complacency amongst hospitality operators around alcohol age checks.

'Those that believe that responsible retailing doesn't matter to the bottom line are misinformed.

'Failure to invest in staff training and performance around age identification checks could result in a major fine for the business and for staff, temporary or even permanent closure and a custodial sentence if convicted.

'We urge every business that sells alcohol to take age-check testing seriously if they value their corporate social responsibility, the reputation of their brand and the longevity of their business.'

\$100 million ‘moderate drinking’ study paused

Enrollment in industry-funded study suspended

The US National Institutes of Health (NIH) has suspended enrollment in a study aimed at investigating whether moderate alcohol consumption helps cardiovascular health following concerns over the alcoholic beverage industry’s role in the study.

In testimony before a US Senate subcommittee, NIH Director Francis Collins admitted enrollment had been halted to allow officials investigate how the funding for the study was raised and if the study is still worth pursuing.

‘For NIH, our reputation is so critical,’ Collins said. ‘And if we are putting ourselves in a circumstance where that could be called into question, I felt like we had to look at that very seriously and come up with another strategy.’

The development is the latest of a controversy that began with the discovery that the National Institute on Alcohol Abuse and Alcoholism (NIAAA), an NIH agency, had wooed the industry to contribute millions of dollars to the study. Critics said that the funding created a conflict of interest and a potential motivation to publish findings that would back industry claims that moderate drinking does indeed provide health benefits.

In addition, [news agency STAT reported in April 2018 that George Koob](#), the NIAAA’s director, told an executive at a lobbying group for alcoholic beverage producers that the agency would stop funding research into the effects of alcohol advertising, a line of study that the industry opposes. ■■

Innovation fund open to help children of dependent drinkers

Adapted from gov.uk

Public Health England (PHE) has announced [£4.5m of joint funding for up to eight local authorities](#) over three years, aimed at improving the support services for children of dependent drinkers and alcohol dependent parents.

The funding, committed by the Department of Health and Social Care and the Department for Work and Pensions (DWP) ‘welcomes ambitious bids where there are robust joint plans from public health and children and family commissioners that are designed to lead to identifying more children and parents’.

Alongside this call for bids comes a [toolkit to support LAs in planning services](#). The toolkit includes data and advice on how best to meet the needs of children growing up in these situations and those of their parents and carers. This is the first time PHE has published local prevalence data of this nature. It is hoped that the data will assist LAs in identifying and commissioning appropriate services with sufficient capacity and resources in their area.

Duncan Selbie, Chief Executive at PHE said:

‘There are about 200,000 children living with an alcohol dependent parent in England, always with consequences for their childhood and sometimes devastating.

‘This new fund is an opportunity for local services to get help faster and more effectively to the most vulnerable children and parents and we hope to receive a range of creative applications.’

Public Health Minister Steve Brine said:

‘For far too long, children of alcoholics have had to suffer in silence, too embarrassed and afraid to seek help or know who to turn to.

‘We know being the child of an alcoholic can lead to a lifetime of problems, from mental health issues to increased risk of alcohol abuse.

‘Local authorities have the local knowledge and power to make a huge difference – that’s why it’s right we offer this lifeline to thousands of silent sufferers.’

The application phase for the innovation fund opens on 22 May 2018, running until 17 July.

You can hear James Morris of *Alcohol Policy UK* discuss the policy implications of the announcement in further detail on our [Alcohol Alert](#) podcast. 

Social media usage linked to underage drinking

Adapted from Newswise

Researchers at the University of Pennsylvania have uncovered a statistically significant relationship between alcohol-related social media engagement and both alcohol consumption and alcohol-related problems.

Published in *Alcoholism: Clinical and Experimental Research*, the study aimed to shed light on the potential influence of engagement with social media on young people's drinking patterns and the risk of alcohol-related problems.

The team conducted a meta-analysis of 19 articles representing data from more than 9,000 social media users across Facebook, Twitter, Instagram, and Snapchat. The analysis examined associations between young adults' alcohol-related social-media activity – defined as posting, liking, commenting on, and viewing of alcohol-related content on social media – and their reported drinking behaviours and problems. The drinking measures evaluated included alcohol consumption and problems such as regret after drinking, blacking out, and sustaining injuries while drinking. Approximately 57% of young adults and 9.2% of adolescents were reported to have consumed alcohol in the past month.

Through evaluating the selected data, Curtis and team uncovered a moderate strength of relationship across all 19 studies. The analysis showed a correlation between alcohol-related social media engagement and alcohol consumption. Additionally, the research showed a statistically significant relationship between social media engagement and alcohol-related problems. However, the direction of these associations remains unknown.

'Substance use, particularly alcohol, is frequently displayed on social media sites – this normalises drinking for teens and young adults,' Curtis said. 'To date, reviews have considered drinking behaviour in relation to risky behaviour, such as binge drinking, or advertising content, rather than focusing on alcohol-related social media engagement. This meta-analysis allowed us to examine the relationship between alcohol-themed social media activity and alcohol consumption or alcohol-related problems in young adults.'

Despite the pervasive use of social media and alcohol consumption by young adults, little is known of a link between both factors, let alone a causal link. 'Further research is necessary so we can better understand the cause and relationship between social media and alcohol consumption,' Curtis said. 'This is especially important given that social-media sites can expose adolescents and young adults to alcohol content and marketing. This exposure may increase the likelihood of their drinking. Additional research can help determine the causal direction of these associations, which could provide opportunities for social-media-based interventions with young drinkers that incorporate machine learning, aimed at reducing alcohol consumption and alcohol-related issues.'

Alcohol cancer link grows

WCRF finds ‘strong evidence’ of link for six types

Health experts have urged people to limit or eliminate alcohol from their diets to help prevent cancer – drinking alcohol ‘cannot be justified for other health reasons’.

The call comes as part of a string of recommendations on health and lifestyle choices in the [World Cancer Research Fund’s new report](#), which have been dubbed ‘a blueprint to beat cancer’.

Alcohol has been strongly linked to the development of six cancers, according to WCRF analysis. These are cancers of the bowel, breast, liver, mouth and throat, oesophagus and stomach, the last of which has been added to the third edition of the expert report.

According to the WCRF’s findings, the strength of the relationship between alcohol and these cancers is ‘convincing’ in the case of mouth, pharynx and larynx, oesophageal, liver, colorectal, and breast (postmenopause) cancers. It is ‘probable’ in the case of stomach and breast (premenopause) cancers, and there is ‘limited’ evidence of an association with lung, pancreas, skin cancers.

While research also suggests that drinking can help protect against kidney cancer, the authors stress that this is ‘far outweighed by the increased risk for other cancers.’ They also stated that even small amounts of alcoholic drinks can increase the risk of some cancers. ‘There is no level of consumption below which there is no increase in the risk of at least some cancers,’ the authors said.

The not-for-profit association urges people to limit alcohol consumption but that ultimately, ‘for cancer prevention, it’s best not to drink alcohol.’

Commenting on the analysis, Professor Sir Ian Gilmore, chairman of the Alcohol Health Alliance UK, said: ‘We welcome the findings of this new World Cancer Research Fund report with its increased evidence around the link between alcohol and cancer.’

‘In addition, it is clear from the evidence in the report that drinking alcohol cannot be justified for other health reasons – to prevent heart disease, for example.’

‘We hope that this new authoritative report will influence decision-makers to take positive action to address the damage caused by alcohol misuse.’

Alcoholic drinks and the risk of cancer forms part of the Third Expert Report, ‘*Diet, Nutrition, Physical Activity and Cancer: a Global Perspective*’, which brings together the very latest research from the CUP’s review of the accumulated evidence on cancer prevention and survival related to diet, nutrition and physical activity. The report’s recommendations, based on evidence on preventing and surviving cancer through diet, nutrition and physical activity, are a “blueprint for reducing cancer”, according to its authors.

The guidance also calls on people to maintain a healthy weight and limit consumption of sugary drinks, fast food, processed foods and processed meats.

ALCOHOLIC DRINKS AND THE RISK OF CANCER					
WCRF/AICR GRADING		DECREASES RISK		INCREASES RISK	
		Exposure	Cancer site	Exposure	Cancer site
STRONG EVIDENCE	Convincing			Alcoholic drinks ¹	Mouth, pharynx and larynx 2018 Oesophagus (squamous cell carcinoma) 2016 Liver 2015 ² Colorectum 2017 ³ Breast (postmenopause) 2017 ⁴
	Probable	Alcoholic drinks	Kidney 2015 ⁵	Alcoholic drinks	Stomach 2016 ² Breast (premenopause) 2017 ⁴
LIMITED EVIDENCE	Limited – suggestive			Alcoholic drinks	Lung 2017 Pancreas 2012 ² Skin (basal cell carcinoma and malignant melanoma) 2017
STRONG EVIDENCE	Substantial effect on risk unlikely	None identified			

- Alcoholic drinks include beers, wines, spirits, fermented milks, mead and cider. The consumption of alcoholic drinks is graded by the International Agency for Research on Cancer as carcinogenic to humans (Group 1)[3].
- The conclusions for alcoholic drinks and cancers of the liver, stomach and pancreas were based on evidence for alcohol intakes above approximately 45 grams of ethanol per day (about three drinks a day). No conclusions were possible for these cancers based on intakes below 45 grams of ethanol per day.
- The conclusion for alcoholic drinks and colorectal cancer was based on alcohol intakes above approximately 30 grams of ethanol per day (about two drinks a day). No conclusion was possible based on intakes below 30 grams of ethanol per day.
- No threshold level of alcohol intake was identified in the evidence for alcoholic drinks and breast cancer (pre and postmenopause).
- The conclusion for alcoholic drinks and kidney cancer was based on alcohol intakes up to approximately 30 grams of ethanol per day (about two drinks a day). There was insufficient evidence to draw a conclusion for intakes above 30 grams of ethanol per day.

Alcohol behind a third of Irish Saturday night A&E visits

Alcohol a 'significant burden' at the busiest time of medic's week

A new study published in *BMJ Open* shows almost 30% of weekend presentations at hospital Emergency Departments (EDs) are related to alcohol consumption.

A joint effort between researchers from NUI Galway HSE, Public Health Department in Galway, and University Hospital Galway, the report examined the notes of 3,194 patients presenting at the 29 EDs around the country for alcohol-related reasons. Researchers reviewed all records across four six hour periods in the country's 24-hour EDs.

They found that almost 6% of all ED patients had alcohol recorded in their medical notes but on Saturday nights and Sunday mornings, the figure jumped to 29%.

Those patients were more likely to be men who were brought to hospital by ambulance. The study also found that many left without being seen by a doctor and that they went home against medical advice.

The study's authors concluded that alcohol-related cases place a significant burden on staff and resources, particularly in the early hours of Sunday mornings.

This is the first full-coverage Irish national prevalence study of the burden on alcohol-related presentations to EDs. Dr Brian McNicholl, who is one of the report's authors, told the *Irish Times* while it is known alcohol is a problem in EDs at certain times, more detail was needed to work out what needs to be done.'

Another co-author of the study, Dr Diarmuid O'Donovan, Director of Public Health in the HSE West and Senior Lecturer in Social and Preventive Medicine at NUI Galway said: 'The burden of alcohol on Emergency Departments and on emergency services is substantial and expensive.

He added that the findings highlight the need for better alcohol-related prevention measures harm 'so that people don't end up in Emergency Departments and ambulances.'

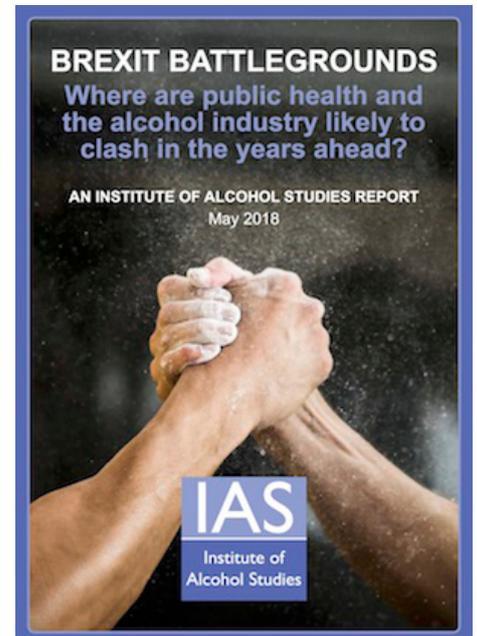
New report surveys alcohol policy debates following Brexit

Paper identifies future ‘battlegrounds’ between industry and public health groups

A new report from the Institute of Alcohol Studies explores the positions of public health groups and the alcohol industry on a range of alcohol policy areas following Britain’s exit from the European Union. *Brexit Battlegrounds* reviews public statements and documents from a range of organisations to identify the major priorities and likely areas of conflict.

The report finds that:

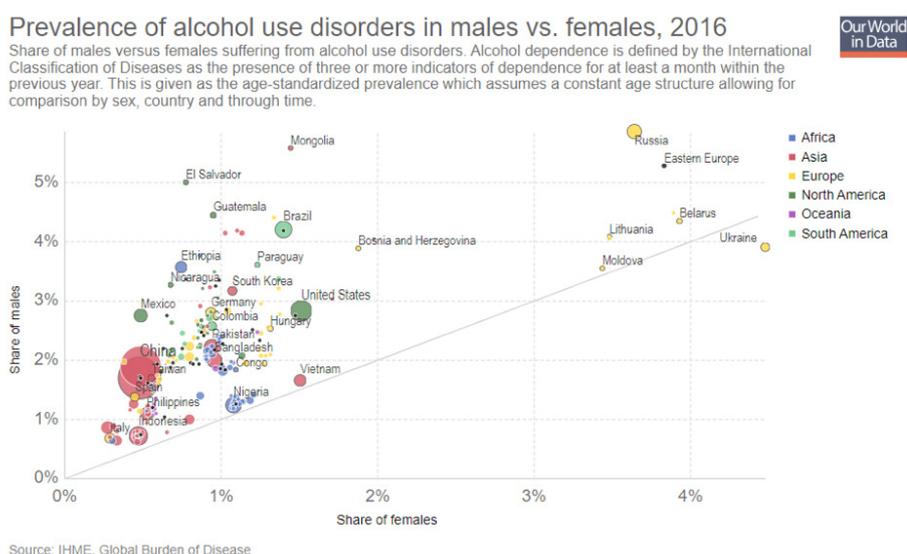
- Public health groups have made four main proposals, relating to ‘carve outs’ from future trade agreements, reforming alcohol duty, stricter labelling requirements and stronger marketing restrictions
- Alcohol industry groups have more detailed and numerous demands, many of which simply maintain the status quo or do not have clear public health implications
- However, there are three areas where the industry agenda needs particular scrutiny: i) attempts to encourage tax competition and weaken regulation; ii) attempts to increase industry policy influence, particularly over future trade negotiations; iii) attempts to increase access to emerging markets. ■■



ALCOHOL SNAPSHOT

How alcohol use disorders vary by gender in different countries

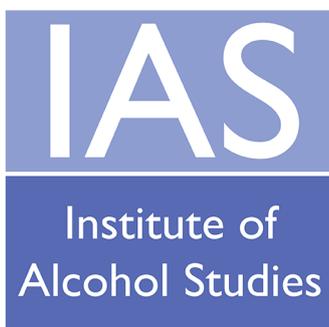
A new resource from *Our World in Data* collates and visualises a wide array of international data on alcohol, including levels of consumption, preferences for different beverages, rates of death and burden of disease. The project, based at the University of Oxford, seeks to document changes in living conditions across the globe, and published a new article entitled 'Alcohol consumption' last month.



The chart above provides an example of the analysis and charts in the publication. It shows the prevalence of alcohol use disorders (AUD) by gender in different countries. AUD is defined as exhibiting three of the following behaviours over the past year: a) a strong desire or compulsion to drink; b) difficulty in controlling drinking; c) physiological withdrawal symptoms; d) evidence of tolerance; e) neglect of alternative pleasures and interests; f) persistence of drinking despite evidence of overtly harmful consequences. The underlying data comes from the [Global Burden of Disease project](#), a large international collaboration based at the University of Washington.

The chart shows that in almost every country – with Ukraine the only exception – AUD is more common among men than among women. However, the size of the disparity varies significantly. In countries like Nigeria and Vietnam, rates of AUD are comparable between men and women. In El Salvador, men are five times more likely to have an AUD. The chart also shows that there is greater variation between countries in rates of male AUDs. Whereas the share of men with AUDs covers the full range from <1% to >5%, only in Eastern Europe does the share of women exceed 2%.

An Institute of Alcohol Studies publication



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