RESEARCH SUMMARY
Date Compiled: February 2018

Key Takeaways from Included Research

- Alcohol-impaired driving remains the deadliest and costliest danger on U.S. roads today. A coordinated, systematic, multi-level approach spanning multiple sectors – and focused on the most-evidence-based alcohol policies - is needed to accelerate change and save lives.

- Providing alcohol to children is associated with alcohol-related harms, with no evidence to support the view that parental supply protects from adverse drinking outcomes by providing alcohol to their child.

- A study of over 40,000 Swedish men found with an increased risk for development of severe liver disease after 39 years of follow-up, even at levels of drinking less than current recommendations for a safe alcohol intake.

- Evidence suggests that reducing hours of sale of alcohol helps in the prevention of injuries, alcohol-related hospitalizations, homicides and crime.

- YouTube provides alcohol marketers with a culturally tailored advertising platform likely to reach those under the legal drinking age.

GETTING TO ZERO ALCOHOL-IMPAIRED DRIVING FATALITIES: A COMPREHENSIVE APPROACH TO A PERSISTENT PROBLEM
January 2018

Overview:

Alcohol-impaired driving remains the deadliest and costliest danger on U.S. roads today. Every day in the United States, 29 people die in an alcohol-impaired driving crash—one death every 49 minutes. After decades of progress, alcohol-impaired driving fatality rates plateaued and have increased for the past two years—making it a persistent public health and safety problem. Each alcohol-impaired driving crash represents a failure of the system. A coordinated, systematic, multi-level approach spanning multiple sectors is needed to accelerate change.

With support from the National Highway Traffic Safety Administration, the National Academies of Sciences, Engineering, and Medicine convened a committee to help identify promising strategies to reduce deaths caused by alcohol-impaired driving in the United States. The resulting report, *Getting to Zero Alcohol-Impaired Driving Fatalities: A Comprehensive Approach to a Persistent Problem,* highlights interventions and actions to reduce alcohol-impaired driving fatalities— including ways to improve important existing interventions—and presents ideas for reviving public and policymaker attention, thereby turning concern into decisive action to address this tragic and preventable problem.

Report recommendations:

- Federal and state governments should increase alcohol taxes significantly.

- State and local governments should take appropriate steps to limit or reduce alcohol availability, including restrictions on the number of on- and off-premises alcohol outlets, and the days and hours of alcohol sales.

- Federal, state, and local governments should adopt and/or strengthen laws and dedicate enforcement resources to stop illegal alcohol sales (i.e., sales to already-intoxicated adults and sales to underage persons).

- Federal, state, and local governments should use their existing regulatory powers to strengthen and implement standards for permissible alcohol marketing content and placement across all media, establish consequences for violations, and promote and fund counter-marketing campaigns.

- State governments should enact per se laws for alcohol-impaired driving at 0.05 percent blood alcohol concentration (BAC). The federal government should incentivize this change, and other stakeholders should assist in this process. The enactment of 0.05 percent per se laws should be accompanied by media campaigns and robust and visible enforcement efforts.

- States and localities should conduct frequent sobriety checkpoints in conjunction with widespread publicity to promote awareness of these enforcement initiatives.

- When the Driver Alcohol Detection System for Safety (DADSS) is accurate and available for public use, auto insurers should provide policy discounts to stimulate the adoption of DADSS. Once the cost is on par with other existing automobile safety features and is demonstrated to be accurate and effective, the National Highway Traffic Safety Administration (NHTSA) should make DADSS mandatory in all new vehicles.

- Municipalities should support policies and programs that increase the availability, convenience, affordability, and safety of transportation alternatives for drinkers who might otherwise drive. This includes permitting transportation network company ride sharing, enhancing public transportation options (especially during nighttime and weekend hours), and boosting or incentivizing transportation alternatives in rural areas).

- Every state should implement DWI courts, guided by the evidence-based standards set by the National Center for DWI Courts, and all DWI courts should include available consultation or referral for evaluation by an addiction-trained clinician.

- All health care systems and health insurers should cover and facilitate effective evaluation, prevention, and treatment strategies for binge drinking and alcohol use disorders including screening, brief intervention, and referral to treatment, cognitive behavioral therapy, and medication-assisted therapy.

Source: *National Academies of Science, Engineering, and Medicine*

Free full text: http://books.nap.edu/openbook.php?record_id=24951

Report Highlights:
https://www.nap.edu/resource/24951/011718AlcoholImpairedDrivingHighlights.pdf

Key Facts and Recommendations:
https://www.nap.edu/resource/24951/011718AlcoholImpairedDrivingfacts.pdf

Report Release Slides: https://www.nap.edu/resource/24951/Alcohol-Impaired-Driving-Report-Release-Slides.pdf

Related Media Coverage:

Newsweek: U.S. government could tighten drinking and driving laws in hope of reducing enormous death toll

UPI: Report: Lowering legal blood-alcohol limit may cut drunk driving deaths

NY Daily News: Lower blood-alcohol limit recommended to reduce drunk driving deaths, panel says

ASSOCIATION OF PARENTAL SUPPLY OF ALCOHOL WITH ADOLESCENT DRINKING, ALCOHOL-RELATED HARMS, AND ALCOHOL USE DISORDER SYMPTOMS: A PROSPECTIVE COHORT STUDY
January 2018

Summary

Background: Some parents supply alcohol to their children, reportedly to reduce harm, yet longitudinal research on risks associated with such supply is compromised by short periods of observation and potential confounding. We aimed to investigate associations between parental supply and supply from other (non-parental) sources, with subsequent drinking outcomes over a 6-year period of adolescence, adjusting for child, parent, family, and peer variables.

Methods: We did this prospective cohort study using data from the Australian Parental Supply of Alcohol Longitudinal Study cohort of adolescents. Children in grade 7 (mean age 12 years), and their parents, were recruited between 2010 and 2011 from secondary schools in Sydney, Perth, and Hobart, Australia, and were surveyed annually between 2010 and 2016. We examined the association of exposure to parental supply and other sources of alcohol in 1 year with five outcomes in the subsequent year: binge drinking (more than four standard drinks on a drinking occasion); alcohol-related harms; and symptoms of alcohol abuse (as defined by Diagnostic and Statistical Manual of Mental Disorders, 4th edition [DSM-IV]), alcohol dependence, and alcohol use disorder (as defined by DSM-5). This trial is registered with ClinicalTrials.gov, number NCT02280551.

Findings: Between September, 2010, and June, 2011, we recruited 1927 eligible parents and adolescents (mean age 12·9 years [SD 0·52]). Participants were followed up until 2016, during which time binge drinking and experience of alcohol-related harms increased. Adolescents who were supplied alcohol only by parents had higher odds of subsequent binge consumption (odds ratio [OR] 2·58, 95% CI 1·96–3·41; p<0·0001), alcohol-related harm (2·53, 1·99–3·24; p<0·0001), and symptoms of alcohol use disorder (2·51, 1·46–4·29; p=0·0008) than did those reporting no supply. Parental supply of alcohol was not significantly associated with the odds of reporting symptoms of either alcohol abuse or dependence, compared with no supply from any source. Supply from other sources was associated with significant risks of all adverse outcomes, compared with no supply, with an even greater increased risk of adverse outcomes.

Interpretation: Providing alcohol to children is associated with alcohol-related harms. There is no evidence to support the view that parental supply protects from adverse drinking outcomes by providing alcohol to their child. Parents should be advised that this practice is associated with risk, both directly and indirectly through increased access to alcohol from other sources.

Source:

Mattick, R. P., Clare, P. J., Aiken, A., Wadolowski, M., Hutchinson, D., Najman, J., et al. (2018). Association of parental supply of alcohol with adolescent drinking, alcohol-related harms, and alcohol use disorder symptoms: a prospective cohort study. *The Lancet Public Health.*

Free full text: http://www.thelancet.com/pdfs/journals/lanpub/PIIS2468-2667(17)30240-2.pdf

Related Media Coverage:

WebMD: Parents: Giving Kids Alcohol Not Cool

ABC News: Why Parents Should Think Twice About Supplying Kids with Alcohol

ALCOHOL CONSUMPTION IN LATE ADOLESCENCE IS ASSOCIATED WITH AN INCREASED RISK OF SEVERE LIVER DISEASE LATER IN LIFE
January 2017

Lay summary: We investigated more than 43,000 Swedish men in their late teens enlisted for conscription in 1969–1970. After almost 40 years of follow-up, we found that alcohol consumption was a significant risk factor for developing severe liver disease, independent of confounders. This risk was dose-dependent, and was most pronounced in men consuming two drinks per day or more.

Background & Aims: High alcohol consumption is associated with an increased risk of severe liver disease. Current recommendations suggest it is safe for men to consume 30 grams of alcohol per day. We investigated the association between alcohol consumption early in life and later development of severe liver disease.

Methods: We used data on alcohol consumption at conscription to military service from 43,296 men (18–20 years) in Sweden between 1969 and 1970. Outcomes were defined as incident diagnoses of severe liver disease from systematic national registration of clinical events until the end of 2009. A Cox regression model adjusted for body mass index, smoking, use of narcotics, cognitive ability and cardiovascular capacity was applied.

Results: During a mean follow-up of 37.8 years, 383 men developed severe liver disease. Alcohol consumption was associated with an increased risk of development of severe liver disease in a dose-response pattern (adjusted hazard ratio for every one gram/day increase 1.02; 95% CI 1.01–1.02). No evidence of a threshold effect was found. Importantly, a clear trend pointed towards an increased risk of severe liver disease in men who consumed less than 30 grams of alcohol per day.

Conclusion: Alcohol consumption in young men is associated with an increased risk of severe liver disease, up to 39 years later in life. The risk was dose-dependent, with no sign of a threshold effect. Current guidelines for safe alcohol intake in men might have to be revised.

Source:

Hagström, H., Hemmingsson, T., Discacciati, A., & Andreasson, A. (2018). Alcohol consumption in late adolescence is associated with an increased risk of severe liver disease later in life. *Journal of Hepatology*.

Abstract: http://www.journal-of-hepatology.eu/article/S0168-8278(17)32442-X/fulltext

THE IMPACT OF POLICIES REGULATING ALCOHOL TRADING HOURS AND DAYS ON SPECIFIC ALCOHOL-RELATED HARMS: A SYSTEMATIC REVIEW

January 2018

Abstract

Background: Evidence supports the expectation that changes in time of alcohol sales associate with changes in alcohol-related harm in both directions. However, to the best of our knowledge, no comprehensive systematic reviews had examined the effect of policies restricting time of alcohol trading on specific alcohol-related harms.

Objective: To compile existing evidence related to the impact of policies regulating alcohol trading hours/days of on specific harm outcomes such as: assault/violence, motor vehicle crashes/fatalities, injury, visits to the emergency department/hospital, murder/homicides and crime.

Methods: Systematic review of literature studying the impact of policies regulation alcohol trading times in alcohol-related harm, published between January 2000 and October 2016 in English language.

Results: Results support the premise that policies regulating times of alcohol trading and consumption can contribute to reduce injuries, alcohol-related hospitalisations/emergency department visits, homicides and crime. Although the impact of alcohol trading policies in assault/violence and motor vehicle crashes/fatalities is also positive, these associations seem to be more complex and require further study.

Conclusion: Evidence suggests a potential direct effect of policies that regulate alcohol trading times in the prevention of injuries, alcohol-related hospitalisations, homicides and crime. The impact of these alcohol trading policies in assault/violence and motor vehicle crashes/fatalities is less compelling.

Source:

Sanchez-Ramirez, D. C., & Voaklander, D. (2018). The impact of policies regulating alcohol trading hours and days on specific alcohol-related harms: a systematic review. *Injury Prevention*, *24*(1), 94-100.

Abstract: http://injuryprevention.bmj.com/content/24/1/94

ALCOHOL MARKETING ON YOUTUBE: EXPLORATORY ANALYSIS OF CONTENT ADAPTATION TO ENHANCE USER ENGAGEMENT IN DIFFERENT NATIONAL CONTEXTS

January 2018

Abstract

Background: We know little about how social media alcohol marketing is utilized for alcohol promotion in different national contexts. There does not appear to be any academic work on online exposure to alcohol marketing via social media in India, and most of the limited research in Australia has focused on Facebook. Hence, the present study extends previous research by investigating alcohol promotion conducted on an under-researched form of social media (YouTube) in two contrasting geographic contexts. This study examines and compares the types of strategies used by marketers on Indian and Australian alcohol brands with the greatest YouTube presence, and the extent to which users engage with these strategies.

Methods: The 10 alcohol brands per country with the greatest YouTube presence were identified based on the number of 'subscriptions'. The number of videos, views per video, and the type of content within the videos were collected for each brand. The data were analyzed using an inductive coding approach, using NVivo 10.

Results: The targeted brands had gathered 98,881 subscriptions (Indian brands: n = 13,868; Australian brands: n = 85,013). The type of marketing strategies utilized by brands were a mix of those that differed by country (e.g. sexually suggestive content in India and posts related to the brand's tradition or heritage in Australia) and generic approaches (e.g. encouraging time- and event-specific drinking; demonstrations of food/cocktail recipes; camaraderie; competitions and prize draws; and brand sponsorship at music, sports, and fashion events).

Conclusions: This cross-national comparison demonstrates that YouTube provides alcohol marketers with an advertising platform where they utilize tailored marketing approaches to cater to specific national contexts and develop content on the cultural meanings users invoke in their interactions with these strategies. Those exposed to alcohol marketing on YouTube are likely to include those under the legal drinking age.

Source:

Gupta, H., Lam, T., Pettigrew, S., & Tait, R. J. (2018). Alcohol marketing on YouTube: Exploratory analysis of content adaptation to enhance user engagement in different national contexts. *BMC Public Health, 18*(1), 141.

Free full text: https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-018-5035-3