



RESEARCH SUMMARY
Date Compiled: October 2018

Key Takeaways from Included Research

- *Trouble Brewing: Making the Case for Alcohol Policy* – a new report from four major global public health organizations - provides a comprehensive look at alcohol harms, alcohol policies, and carefully-framed messaging. This messaging includes calling out the alcohol industry for its health-harming practices, including aggressive marketing and interference with public health policies.
- The latest Global Status Report on alcohol from the World Health Organization (WHO) states that about 3 million people die every year from alcohol consumption, or one person every ten seconds. The report found no progress in global reductions of total per capita alcohol consumption, and a continued, unacceptably high burden of alcohol harm. Nonetheless, there were some areas where implementation of the WHO best buys to reduce the harmful use of alcohol resulted in health benefits.
- An analysis of access to alcohol outlets and violent crime in Baltimore, MD found that off-premise licenses were connected to rates of violent crime – with each 10% increase in alcohol outlet access being associated with a 4.2% increase in violent crime exposure.
- An editorial in the cardiology journal *Heart* (referencing recent studies in that journal) calls for careful consideration of taking into account the underestimated burden of excessive drinking on cardiac deaths, and the need to avoid recommendations of light drinking for cardioprotective effects.
- The latest report from the Center on Alcohol Marketing and Youth (CAMY) finds some progress in reducing the overexposure of underage youth to alcohol advertising on cable television, with clear opportunities for more progress by instituting “no-buy” lists for particular stations and dayparts. Overall, during the 2-year period from 2016 Q1 to 2017 Q4, youth under the legal drinking age were exposed 31 billion times to alcohol ads on cable TV.
- A report on fake identification calls for both more effective training to recognize fake IDs, and a “societal shift is needed to stop the tacit acceptance of underage drinking and fake IDs.”

TROUBLE BREWING: MAKING THE CASE FOR ALCOHOL POLICY

September 2018

Selected Key Messages

BURDEN AND IMPERATIVE

Approximately 3 million people die every year as a result of alcohol consumption. This is equivalent to one person every 10 seconds.

Alcohol is the leading risk factor globally for premature death and disability for people between the ages of 15 and 49. For those 20 to 39, approximately 25 percent of deaths are attributable to alcohol.

Youths who start using alcohol before the age of 15 are six times more likely to develop alcohol dependence or abuse later in life than those who begin at age 21.

Alcohol plays a significant role in violent incidents, including homicide, suicide and sexual violence.

Alcohol can be toxic, carcinogenic and addictive.

ECONOMICS

The economic costs of alcohol dwarf any positive economic contribution of the alcohol trade by increasing health-care costs, harming productivity in the workplace, jeopardizing the economic sustainability of the health-care and welfare systems, and eroding gross domestic product (GDP).

For every dollar invested in reducing the harmful use of alcohol through the three most effective alcohol policies, the return on investment is more than ninefold.

KNOWLEDGE AND AWARENESS

Harmful alcohol use comprises not only heavy alcohol use but also any consumption that places users or others at risk of acute or chronic illness, injury or violence.

Many communities are unaware of the scope of alcohol's harms, especially the disease burden due to cancers.

The general population and policymakers tend to be largely misinformed about the scope of alcohol's harm to users and others, and they are unaware of the potential of evidence-based policy measures.

PREVENTION AND POLICY

The best way to minimize the social and health harms from alcohol is to lower consumption overall.

The death, disability and injury burdens caused by alcohol are largely preventable.

Alcohol consumption is a public health problem that requires a population-wide focus.

We know what works to tackle the harmful use of alcohol: Effective, evidence-based measures are available to all countries.

The most effective alcohol policies are taxation, marketing restrictions, regulation of availability, enforcement of drink-driving laws, and screening and brief intervention in primary care.

Taxation

Taxation to raise the cost of alcohol is win-win-win. It reduces consumption, delays the onset of use and generates government revenue.

Regulating Availability

Regulating the public availability of and access to alcohol reduces the overall level of harmful use.

Enforcing existing regulations on the availability of alcohol, such as on underage consumption, can generate health benefits.

Restricting Advertising

Alcohol advertising targets vulnerable populations, including youth and women.

Sophisticated marketing contributes to the initiation of alcohol use and to binge drinking.

THE ALCOHOL INDUSTRY

The alcohol industry and its marketing activities are impediments to implementing sound alcohol policy.

The alcohol industry has the financial and political power to block and derail sound public health policies that threaten its profits.

The most effective policies are often the ones the alcohol industry opposes the most, and therefore require commitment and courage from political leaders, with support from civil society organizations, to implement and enforce.

The alcohol industry often misleadingly frames solutions around the need for better individual behavior and “responsibility” rather than around evidence-based strategies, policies and regulations.

Across the world, the alcohol industry uses aggressive marketing tactics that can encourage harmful alcohol use.

Voluntary self-regulation of alcohol marketing is not a substitute for legal regulation, but is often used and touted by the industry to distract from the implementation of effective policy measures.

The alcohol industry uses a roster of tactics similar to those used by tobacco companies.

Source: Vital Strategies, NCD Alliance, IOGT International, Global Alcohol Policy Alliance

Full free text: www.troublebrewingreport.org

Media Release: <http://www.vitalstrategies.org/press/trouble-brewing-four-major-global-health-organizations-warn-that-countries-are-ignoring-the-harms-of-alcohol-consumption/>

GLOBAL STATUS REPORT ON ALCOHOL AND HEALTH 2018

September 2018

- In 2016, the harmful use of alcohol resulted in some 3 million deaths (5.3% of all deaths) worldwide and 132.6 million disability-adjusted life years (DALYs) – i.e. 5.1% of all DALYs in that year. Mortality resulting from alcohol consumption is higher than that caused by diseases such as tuberculosis, HIV/AIDS and diabetes.
- Worldwide, alcohol was responsible for 7.2% of all premature (among persons 69 years of age and younger) mortality in 2016. People of younger ages were disproportionately affected by alcohol compared to older persons, and 13.5% of all deaths among those who are 20–39 years of age are attributed to alcohol.
- Effective alcohol policies protect the health of populations. The highest population coverage for the most cost-effective alcohol policies (“best buys”) is observed for pricing policies, with excise taxes

as the most common policy measure. However, reliable data indicate that population coverage of regulations on physical availability of alcohol and restrictions on alcohol marketing is significantly lower worldwide.

- Despite some positive global trends in prevalence of HED and alcohol-related mortality and morbidity since 2010, there is no progress in reducing total per capita alcohol consumption in the world, and the global burden of disease attributable to alcohol continues to be unacceptably high. The current trends and projections point to an increase in total per capita consumption worldwide in the next 10 years that will put the target of a 10% relative reduction by 2025 out of reach unless implementation of effective alcohol control measures reverse the situation in countries with high and increasing levels of alcohol consumption.

Source: *Global status report on alcohol and health 2018*. Geneva: World Health Organization; 2018. Licence: CC BY-NC-SA 3.0 IGO.

Full free text: <http://apps.who.int/iris/bitstream/handle/10665/274603/9789241565639-eng.pdf?ua=1>

Fact Sheet: <http://www.who.int/news-room/fact-sheets/detail/alcohol>

Infographic: http://www.who.int/substance_abuse/infographic_alcohol_2018.pdf?ua=1

Related Media Coverage:

Forbes: [WHO: Alcohol Consumption Responsible For 1 in 20 Deaths Globally Each Year](#)

CBS News: [Excessive drinking killed over 3 million people in 2016](#)

OUTLET TYPE, ACCESS TO ALCOHOL, AND VIOLENT CRIME

September 2018

Abstract

Background: While there are overwhelming data supporting the association between alcohol outlet density and violent crime, there remain conflicting findings about whether on- or off-premise outlets have a stronger association. This inconsistency may be in part a result of the methods used to calculate alcohol outlet density and violent crime. This analysis uses routine activity theory and spatial access methods to study the association between access to alcohol outlets and violent crime, including type of outlet and type of crime in Baltimore, MD.

Methods: The data in this analysis include alcohol outlets from 2016 ($n = 1,204$), violent crimes from 2012 to 2016 ($n = 51,006$), and markers of social disorganization, including owner-occupied housing, median annual household income, drug arrests, and population density. The analysis used linear regression to determine the association between access to alcohol outlets and violent crime exposure.

Results: Each 10% increase in alcohol outlet access was associated with a 4.2% increase in violent crime exposure ($\beta = 0.43$, 95% CI 0.33, 0.52, $p < 0.001$). A 10% increase in access to off-premise outlets (4.4%, $\beta = 0.45$, 95% CI 0.33, 0.57, $p < 0.001$) and LBD-7 outlets (combined off- and on-premise outlets; 4.2%, $\beta = 0.43$, 95% CI 0.33, 0.52, $p < 0.001$) had a greater association with violent crime than on-premise outlets (3.0%, $\beta = 0.31$, 95% CI 0.20, 0.41, $p < 0.001$).

Conclusions: Access to outlets that allow for off-site consumption had a greater association with violent crime than outlets that only permit on-site consumption. The lack of effective measures to keep order in and around off-premise outlets could attract or multiply violent crime.

Source:

Trangenstein, P. J., Curriero, F. C., Webster, D., Jennings, J. M., Latkin, C., Eck, R., & Jernigan, D. H. (2018). Outlet type, access to alcohol, and violent crime. *Alcoholism: Clinical and Experimental Research*.

Related Media Coverage:

Baltimore Business Journal: [Hopkins study: Baltimore liquor stores linked more to violent crime than bars, restaurants](#)

ALCOHOL AND THE HEART: THE GOOD, THE BAD AND THE WORSE IN HEART FAILURE

October 2018

Extract

.. It seems that the postulated 'good' might indeed not be that good for the heart. In this controversial 'double-edged sword', it is undeniable that at least one side is considerably sharper than the other. There is a well-established relation between lifetime alcohol consumption and major structural and functional myocardial abnormalities... **In 2015, there were more than 27,000 deaths from [alcoholic cardiomyopathy] and this translated into close to 8% of all global deaths from cardiomyopathy being caused by alcohol** ...The uttermost question, unfortunately, still remains: is it really safe to drink moderate amounts of alcoholic beverages, and can it really work as a remedy? Until this conundrum is not fully addressed (and we are far from solving these dilemmas), **no policy or recommendation on cardioprotective drinking should be ever made.** [emphasis added]

Source:

Rohde, L. E., & Beck-da-Silva, L. (2018). Alcohol and the heart: the good, the bad and the worse in heart failure. *Heart*.

Free full text: <https://heart.bmj.com/content/heartjnl/104/20/1641.full.pdf>

ALCOHOL ADVERTISING COMPLIANCE ON CABLE TELEVISION, JULY–DECEMBER (Q3-Q4) 2017

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Extract

... To help limit youth exposure to alcohol advertising, the alcohol industry has established voluntary guidelines for the placement of alcohol advertising on television that require ads to be placed only on programs with an underage audience (i.e., under age 21) that is less than 28.4% of the total audience.12-15 However, an analysis by Ross et al. found that, from 2005 through 2012, underage youth were exposed more than 15 billion times to alcohol advertisements that aired on programs that did not comply with the alcohol industry's placement guidelines, and that almost all of these noncompliant advertising impressions (96%) aired on cable television programs ...

During the 2-year period from 2016 Q1 to 2017 Q4, youth under the legal drinking age were exposed 31 billion times to alcohol ads on cable TV. Of these exposures, 1.1 billion (3.4%) were noncompliant (i.e., were placed on programs or during times of day that exceeded the alcohol industry's voluntary placement standard). However, during this same two-year time period, the total number of underage

exposures to alcohol advertising on cable TV declined by 10.5%, and noncompliant exposures declined by 51.2%...

Noncompliant alcohol advertising exposure was highly concentrated on a relatively small number of programs and network dayparts, and generated by a small number of alcohol brands. Therefore, advertisers could improve compliance with current advertising guidelines by not advertising on the programs and the network dayparts listed on both the 12-quarter and both single-quarter no-buy lists. Many of the programs that are generating noncompliant exposure are televised movies, such as FX Movie Prime, BET Movie of the Week, FX Movie Wknd Afternoon, FXX Movie Prime, SYFY Movie, CMDY Comedy Central Movie, etc. The audience for a televised movie varies depending on the movie itself, and thus special consideration may need to be taken to avoid noncompliant advertising during televised movies. ... advertisers could have an even greater impact on reducing the risk of underage drinking by moving their advertising onto cable TV programming where adults constitute a larger proportion of the total viewing audience, as recommended by the Institute of Medicine (now the National Academy of Medicine) and state and territorial attorneys-general. This is particularly true for programs with relatively small audiences (e.g., low-rated programs), where the youth audience composition may fluctuate substantially from one quarter to the next, resulting in wide swings in noncompliant alcohol advertising exposure. By using a higher adult audience composition threshold for low-rated programs (i.e., a stricter youth audience composition standard), alcohol companies can increase the likelihood that advertising placements on these programs are compliant with industry standards despite fluctuations in youth audience composition. This approach to dealing with low-rated programs to improve compliance with voluntary placement standards is consistent with FTC recommendations.

Source:

Henehan, E.R., Joannesa, A.E., Hines A.B., & Ross, C.S. (2018). *Alcohol Advertising Compliance on Cable Television, July–December (Q3-Q4) 2017*. Baltimore: CAMY.

Free full text: http://www.camy.org/docs/resources/reports/alcohol-advertising-monitoring/CAMY_CableTV_2017_Q3-Q4.pdf

NEW REPORT ON FAKE IDs MAKES A CASE FOR BETTER TRAINING

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A recent report, “Fake IDs in America: Challenges of Identification and the Critical Need for Training” reminds us that the issues around fake ID go beyond the problem of kids getting into clubs. The author, Susan Dworak, discusses the kind of issues that are created when fake ID is used.

While some may see it as a rite of passage, or think “what’s the harm of a college kid buying a six-pack from time to time?”, the implications and economic costs of fake ID go beyond that, to what Susan Dworak refers to as, “the legal, financial and social consequences resulting from underage drinking” ...

The use of a fake ID can affect the person using it, the person checking it, the licensee, and possibly other patrons. As Susan Dworak puts it in this report: “Just one use of one fake ID can result in life-altering consequences for many people.” The Center for Disease Control and Prevention’s factsheet on underage drinking states that 11% of alcohol is consumed by 12- to 20-year olds. Though it’s not known how much of this alcohol is acquired using fake ID, it stands to reason that less alcohol would be consumed—and possibly fewer of the negative consequences of underage drinking would occur—if there were fewer fake IDs around ...

This report gives recommendations to make the ID checking process more effective. An over-reliance on technologies may not be able to keep up with counterfeiters and states' attempts to thwart them. Visual and tactile elements, combined with in-depth and continuous training, may be more effective at finding fake IDs than scanners or apps.

But there has to be will, too. If the bottom line of selling more drinks is incentivized and public safety is a second thought, the likelihood of fake IDs going undetected increases. As Ms. Dworak put it in this report, "A societal shift is needed to stop the tacit acceptance of underage drinking and fake IDs. Successful societal shifts make policy stick."

Source: Healthy Alcohol Marketplace

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

Link to referenced report: <https://www.centerforalcoholpolicy.org/wp-content/uploads/2018/07/FAKE-IDs-IN-AMERICA-2018.pdf>