Alcohol Use Disorders (1) A new HIFA thematic discussion starting 5 February 2024

10 January, 2024
Dear HIFA colleagues,

I am delighted to announce a new HIFA thematic discussion starting on 5th February.

We need your help to publicise this discussion over the coming days, so that we can welcome hundreds of new members with an interest in this topic.

Please forward this message to your contacts and networks, and post on social media. Further information here:

https://www.hifa.org/news/hifa-announces-deep-dive-discussion-alcohol-us...

New members can join us here: www.hifa.org/joinhifa

HIFA is grateful for sponsorship from the Ulrich and Ruth Frank Foundation for International Health known online as NextGenU.org. NextGenU.org offers free health science certificate courses, and a free/low-cost Master’s degree in Public Health to learners in every country and provides over 800,000 learning sessions each month.

HIFA profile: Neil Pakenham-Walsh is coordinator of HIFA (Healthcare Information For All), a global health community that brings all stakeholders together around the shared goal of universal access to reliable healthcare information. HIFA has 20,000 members in 180 countries, interacting in four languages and representing all parts of the global evidence ecosystem. HIFA is administered by Global Healthcare Information Network, a UK-based nonprofit in official relations with the World Health Organization.
Email: neil@hifa.org
Alcohol Use Disorders (2) Introduction and happy to be part of HIFA Working Group on Alcohol disorders

10 January, 2024
Dear HIFA Community,

I am pleased to extend my warm greetings to each member of the HIFA community and share the exciting news about my involvement in the HIFA Working Group on Alcohol Use Disorders.

[ https://www.hifa.org/projects/mental-health-meeting-information-needs-su… ]

My name is Enock Musungwini, and I am a passionate public health professional and advocate for alcohol policy, mental health, and well-being. I am thrilled to join the HIFA Working Group on Alcohol Use Disorders, a platform that aligns perfectly with my commitment to addressing the challenges posed by alcohol use and its impact on health. This group serves as a crucial space for collaboration, knowledge sharing, debates, discussions, and the development of strategies to enhance our understanding and response to alcohol-related issues within the HIFA community and beyond.

As a member of the working group, I am eager to engage in meaningful discussions, share insights, and contribute to the collective efforts aimed at promoting awareness, prevention, and intervention in the context of alcohol use disorders. I firmly believe that our combined expertise can lead to innovative solutions and contribute to the advancement of public health in this critical area.

I look forward to connecting with fellow working group members, broad HIFA members and community, learning from your experiences, and collectively making a positive impact on the discourse surrounding alcohol use disorders. Together, let us strive for a healthier and more informed global community.

Enock Musungwini

HIFA profile: Enock Musungwini is a distinguished public health professional, health management consultant, and development practitioner currently serving as a Programme Manager (Consultant) for an NGO called Pangaea Zimbabwe under the Wild4Life Health program responsible for program
management, oversight, supervision, coordination, and leadership. He holds an MSc in Public Health with a Research award from the London School of Hygiene and Tropical Medicine (LSHTM), achieved under the prestigious British Chevening scholarship (2018-19 cohort). His educational background also includes a Master’s in Business Administration, BSc Hons in Psychology, Diploma in Nursing Science, Diploma in Public Relations and Communication, and a Postgraduate Certificate in Health Management and Leadership. Enock actively serve as a Reference Group Committee member for the Africa Evidence Network, Steering Committee member for the International Network for Government Science Advice Africa Chapter, member of the Consortium for Universities of Global Health and Country Representative for Healthcare Information for All (HIFA).

**Alcohol Use Disorders (3) A new HIFA thematic discussion starting 5 February 2024 (2)**

10 January, 2024
Dear Neil, Enoch and Colleagues,

I will post news of this thematic discussion in the next few days. [*see note below]*

Just to highlight again the utility of Hodges' model in this context (across addictions):

- health education - prevention; therapeutic approaches - motivational interviewing …;
- physical - cognitive impacts …legal aspects and policy (national - global);
- forensic psychiatry - addiction - domestic violence - crime;
- determinants of health -- 'health career' as 'life chances in-patient - community teams - primary care; medication - prescribing - out of hours;
- socio-economics of alcohol; demographics - epidemiology…

Hodges' model is *situated*.

In 1987 I visited community alcohol services in Salford, Preston … for a study (unpublished) we had no provision locally in Chorley, UK.

I have nursed several individuals in the community with Korsakoff’s syndrome and in residential - nursing homes.

alcohol [https://hodges-model.blogspot.com/search?q=alcohol](https://hodges-model.blogspot.com/search?q=alcohol)
Peter Jones

Community Mental Health Nurse and Researcher

CMHT, Prescott House, Salford NW England, UK

Blogging at "Welcome to the QUAD"

http://hodges-model.blogspot.com/

http://twitter.com/h2cm

HIFA profile: Peter Jones is a Community Mental Health Nurse with the NHS in NW England and a a part-time tutor at Bolton University. Peter champions a conceptual framework - Hodges' model - that can be used to facilitate personal and group reflection and holistic / integrated care. A bibliography is provided at the blog ‘Welcome to the QUAD’ (http://hodges-model.blogspot.com). h2cmuk AT yahoo.co.uk

[*Note from HIFA moderator (NPW): Thanks Peter, I invite others to do the same. You can point people to our news item here: https://www.hifa.org/news/hifa-announces-deep-dive-discussion-alcohol-us... ]

Alcohol Use Disorders (4) Introduction and happy to be part of HIFA Working Group on Alcohol disorders (2)

15 January, 2024
Dear Enock,

Many thanks indeed for your introduction message: https://www.hifa.org/dgroups-rss/alcohol-use-disorders-2-introduction-an...

Thanks to you and other volunteers on the HIFA Working Group on Alcohol Use Disorders. https://www.hifa.org/projects/mental-health-meeting-information-needs-su...

We are planning to launch the discussion on 5th February.
In the meantime we would like to enrol at least 100 new people on the HIFA forum with an interest in Alcohol Use Disorders, and I shall soon be asking from help from HIFA members at large.

A note to all HIFA members: HIFA working groups welcome volunteers from the HIFA membership to join the working group. If you have a professional interest in this topic, please let me know.

Best wishes, Neil

HIFA profile: Neil Pakenham-Walsh is coordinator of HIFA (Healthcare Information For All), a global health community that brings all stakeholders together around the shared goal of universal access to reliable healthcare information. HIFA has 20,000 members in 180 countries, interacting in four languages and representing all parts of the global evidence ecosystem. HIFA is administered by Global Healthcare Information Network, a UK-based nonprofit in official relations with the World Health Organization. Email: neil@hifa.org

Alcohol Use Disorders (5) Introduction: Eduardo Bianco, Uruguay

18 January, 2024
Dear Members of the HIFA Community,

My name is Eduardo Bianco, I am a doctor from Uruguay and I currently serve as the Director of the Addiction Training Program for Health Professionals at the Frank Foundation for Health International/NextGenU (NGU).

I have worked for more than 25 years in Tobacco Dependence Treatment and Tobacco Control Policies in my country, in the Region of the Americas and internationally. I also worked on the issue of NCDs and their Risk Factors, and of course I have been involved with the problem of alcohol, which I consider an important and worrying issue and to which as health professionals we have not dedicated the time it deserves due to its social importance, health and economic impact.

The Frank Foundation and NGU are supporting the development of the HIFA Alcohol Discussion Forum and I am very pleased to be part of the HIFA Working Group that is organizing it. [*see note below]
I am very much looking forward to participating in the discussion and debates, sharing experiences and learning about this important topic, in which we all have a responsibility.

I hope that the outcome of this debate will contribute to improving the current (insufficient) efforts to address this worrying issue, that health professionals will become more involved (and engaged) with it and help to raise awareness among society and politicians, to promote the necessary actions, to reduce the impact of alcohol consumption on our lives.

Best regards,

Eduardo

HIFA profile: Eduardo Bianco is a medical doctor and Cardiologist, Certified Tobacco Cessation Expert with a Masters in Prevention and Treatment of Addictive Disorders. Currently, he is Chair of the World Heart Federation Tobacco Expert Group. Dr. Bianco’s research examines tobacco control and cessation, and he is a prominent member of several organizations that address tobacco control in Latin America. Dr. Bianco has worked for 25 years in Uruguay and Latin America to promote and train in smoking cessation treatment and tobacco control policies. He is also the former Regional Coordinator for the Americas of the Framework Convention Alliance and former Technical Director of the MOH Center for International Cooperation for Tobacco.

**ebianco@nextgenu.org**

[*Note from HIFA moderator (NPW): Thank you Eduardo. The discussion will take place here on HIFA for 6 weeks, starting 5th February. For further information see our news item here: [https://www.hifa.org/news/hifa-announces-deep-dive-discussion-alcohol-us...](https://www.hifa.org/news/hifa-announces-deep-dive-discussion-alcohol-us...)*

You can see more about our series of discussions on Substance Use Disorders, and meet the current members of the working group, here:

[https://www.hifa.org/projects/mental-health-meeting-information-needs-su...](https://www.hifa.org/projects/mental-health-meeting-information-needs-su...]

**Alcohol Use Disorders (6) What measures can be taken to prevent alcohol abuse?**

19 January, 2024

Greetings to all,
Here’s the question a propose for the alcohol discussion.

What measures can be taken to prevent from alcohol abuse in the society?

What can be the role of parents? What can be the role of politics? NGO? Religious representatives?

Marileine KEMME

MD. Addiction and Harm Reduction Consultant

Prevention and Care Center in Addictology - Yaounde Central Hospital.

MEDCAMER - Cameroon Medical Doctors association President

contact - (+237) 675 297 626

HIFA profile: Marileine Kemme is a Doctor, graduated from the National Memorial University of Pirogov in Ukraine in 2012. She is fluent in five languages (Bankôn, French, English, Russian and Ukrainian) and currently practices at the Central Hospital of Yaounde specifically at the Support and Prevention center in Addictology as an Addictologist. She is passionate about issues of mental health in general, addictions and substance use disorders. Marileine.kemme AT medcamer.org

**Alcohol Use Disorders (7) Tobacco control**

20 January, 2024

Welcome to the HIFA forum Eduardo Bianco. I agree that efforts towards tobacco control are insufficient and engaging with a variety of stakeholders is good way forward. I was involved with a national study in Nigeria exploring the factors responsible for the use of Shisha through a mixed methods study and some of our findings results have just been accepted for publication on PLOS Global Public Health. It is a multi factorial and complex issue that has been further complicated by the hard push back from the tobacco companies.

I look forward to a robust discussion especially suggestions on ways forward. [*see note below]*

Regards,

Dr Ranti Ekpo
HIFA profile: Ranti Ekpo is Program Manager/Researcher at the dRPC in Nigeria. Professional interests: Health Advocacy, Child Health, Child diarrhoea, Childhood Pneumonia, Child Nutrition, Routine Immunisation, Family Planning. She is a member of the CHIFA steering group. [https://www.hifa.org/support/members/oluranti](https://www.hifa.org/support/members/oluranti) ekpooy AT yahoo.co.uk

[*Note from HIFA moderator (NPW): There are strong parallels regarding the role of the alcohol industry as compared with the tobacco industry. We shall explore this in more depth in our upcoming discussion officially starting February 5, but the floor is open now for comments: hifa@hifaforums.org ]

**Alcohol Use Disorders (8) Starts 5 Feb! (1)**

**HIFA sponsored discussions in 2024**

30 January, 2024
Dear all on HIFA,

It’s just 6 days to go before the official launch of our deep-dive discussion on Alcohol Use Disorders, 5 February to 17 March 2024.

Please forward this message to your contacts and networks and invite them to join! [www.hifa.org/joinhifa](http://www.hifa.org/joinhifa)


HIFA is grateful for sponsorship from the Ulrich and Ruth Frank Foundation for International Health known online asNextGenU.org.

Note: We have opportunities for further sponsored discussions in 2024. We have 20 working groups on standby to plan and implement a discussion [https://www.hifa.org/projects](https://www.hifa.org/projects). Or we can start a new group to address a topic that is important to you. Also new in 2024 there is the option to have live webinars to complement our forum discussions.

To discuss possibilities, please contact: [neil@hifa.org](mailto:neil@hifa.org)

With thanks, Neil

HIFA profile: Neil Pakenham-Walsh is coordinator of HIFA (Healthcare Information For All), a global health community that brings all stakeholders together around the shared goal of universal access to reliable healthcare information. HIFA has 20,000 members in 180 countries, interacting in four languages and representing all parts of the global evidence ecosystem. HIFA is administered by Global Healthcare Information Network, a UK-based nonprofit in official relations with the World Health Organization.

Email: neil@hifa.org

Alcohol Use Disorders (9) Invitation to HIFA and participate in Alcohol Use disorders discussion

30 January, 2024
Dear Dr Machando,

Good day,

As I announced today at the HIV and mental health integration meeting between WHO and partners in Zimbabwe. Kindly share with the participants who were at the meeting today, also invite your professional colleagues and contacts that might be interested.

I would like to invite you to join HIFA (free) in readiness for a global conversation starting on 5 February 2024.

'Alcohol consumption contributes to 3 million deaths each year globally as well as to the disabilities and poor health of millions of people. Overall, harmful use of alcohol is responsible for 5.1% of the global burden of disease.' World Health Organization

HIFA is bringing together all stakeholders with an interest in alcohol use disorder to explore how to build a world where *every* person has access to reliable information on the prevention, diagnosis and management of alcohol use disorder. We shall be looking at the information needs of health workers, the general public, patients and policymakers.

The discussion will take place on the HIFA forums, a global health community of more than 20,000 stakeholders in 180 countries, representing all parts of the global evidence ecosystem, interacting in four languages, and working in official relations with WHO.
We shall explore the following questions (among others):

1. Do people understand the health, socio-economic and environmental harms of alcohol? What matters to them? How can they be better informed? How to reduce stigma?

2. Do health workers have adequate knowledge to prevent and manage alcohol use disorders among their patients? What matters to them? How can they be better informed?

3. What is the role of the alcohol industry? What can be done to address misinformation from the alcohol industry?

4. Do public health professionals and policymakers have adequate knowledge to prevent and treat alcohol use disorders in their country? What are current national policies and what more can be done to fully implement those policies?

5. How can we define and measure alcohol use disorders?

To join the discussion, if you are not already a HIFA member, please join us! [www.hifa.org/joinhifa](http://www.hifa.org/joinhifa)

We shall host parallel discussions on HIFA-French, HIFA-Portuguese and HIFA-Spanish, as well as our dedicated child health forum (CHIFA) in English. Please see our website for details: [www.hifa.org](http://www.hifa.org) The discussion will continue for 6 weeks to allow thorough exploration of the issues.

Acknowledgement: HIFA is grateful for sponsorship from the Ulrich and Ruth Frank Foundation for International Health known online as NextGenU.org. NextGenU.org offers free health science certificate courses, and a free/low-cost Master’s degree in Public Health to learners in every country and provides over 800,000 learningsessions each month.

Kind regards,

Enock

HIFA profile: Enock Musungwini is a distinguished public health professional, health management consultant, and development practitioner currently serving as a Programme Manager (Consultant) for an NGO called Pangaea Zimbabwe under the Wild4Life Health program responsible for program management, oversight, supervision, coordination, and leadership. He holds an MSc in Public Health with a Research award from the London School of
Hygiene and Tropical Medicine (LSHTM), achieved under the prestigious British Chevening scholarship (2018-19 cohort). His educational background also includes a Master’s in Business Administration, BSc Hons in Psychology, Diploma in Nursing Science, Diploma in Public Relations and Communication, and a Postgraduate Certificate in Health Management and Leadership. Enock actively serve as a Reference Group Committee member for the Africa Evidence Network, Steering Committee member for the International Network for Government Science Advice Africa Chapter, member of the Consortium for Universities of Global Health and Country Representative for Healthcare Information for All (HIFA).

Enock has received numerous accolades including being appointed Brand Ambassador and receiving the Growth and Innovation award for Pangaea Zimbabwe (June 2023), Country Representative of the Year by HIFA (April 2023), Chevening Volunteers Gold Award by the British Foreign and Commonwealth Office (June 2019), and the Zimbabwe Achievers Chairman’s Award (Nov 2019). His academic excellence is reflected in awards such as the Amanda Jacklyn Berger Prize for his MSc Research project by LSHTM (Feb 2020) and the Marie Stopes Clinics Champion Award (Jan 2017). Enock’s dedication to personal development led to his nomination for Ten Outstanding Young Persons in Zimbabwe under the Personal Improvement Category by Junior Chamber International (Oct 2019). Enock Musungwini has made presentations at national, regional, and international conferences and contributed significantly to public health discourse through his blogs and opinion pieces on various topics.

Alcohol Use Disorders (10) Starts 5 Feb! (2)

31 January, 2024
[ Re: https://www.hifa.org/dgroups-rss/alcohol-use-disorders-8-starts-5-feb-1-... ]

Dear Neil and All,

I will post this news on Friday, so it is listed for the month of February, and will look to pick up a thread as a further prompt for 1st March also.

Of course, obvious to note the individual and collective 'reality' of alcohol use disorders and impact/role of identity - addiction and addictive - self-harming behaviours as previously posted here: https://hodges-model.blogspot.com/search?q=alcohol

But also to assert and rejoice in human potential - cognition, reasoning and physical - "Identity: Self, person, client, patient ... player":

All best for the discussion.

Peter

Peter Jones
Community Mental Health Nurse and Researcher
CMHT, Prescott House, Salford NW England, UK
Blogging at "Welcome to the QUAD"

http://hodges-model.blogspot.com/
http://twitter.com/h2cm

HIFA profile: Peter Jones is a Community Mental Health Nurse with the NHS in NW England and a part-time tutor at Bolton University. Peter champions a conceptual framework - Hodges' model - that can be used to facilitate personal and group reflection and holistic / integrated care. A bibliography is provided at the blog 'Welcome to the QUAD' (http://hodges-model.blogspot.com). h2cmuk AT yahoo.co.uk

Alcohol Use Disorders (11) Alcohol Use Disorders in Zimbabwe

31 January, 2024
Good morning to you. I hope to find you well.

I'm matron Muroiwa Wellington, working at Parirenyatwa Annexe mental health department. Alcohol Use Disorders are our main concern these days. To discuss issues related to it is greatly appreciated.

I am ready available if needed to share our experience.

Regards

Wellington
Hello friends. Welcome to the HIFA Alcohol Discussion Forum.

My name is Eduardo and I am a member of the HIFA working group on Alcohol Use Disorders.

We are starting the first week of our Forum and we want to know your opinions on different aspects related to alcohol consumption.

Let’s start with these ones:

WHAT ARE THE HEALTH CONSEQUENCES OF ALCOHOL?

According to WHO, these consequences are enormous: ‘Alcohol consumption contributes to 3 million deaths each year globally as well as to the disabilities and poor health of millions of people. Overall, harmful use of alcohol is responsible for 5.1% of the global burden of disease. (1)

The WHO Fact Sheet on Alcohol also reminds us that ‘The harmful use of alcohol is a causal factor in more than 200 disease and injury conditions’.

Evidence suggests that alcohol plays a causal role in many health and social problems, including coronary heart disease, some cancers, liver disease, HIV/AIDS, suicide, and interpersonal violence. The harm caused by alcohol consumption is not limited to the individuals who drink, but can affect third parties, causing deaths or injuries due to: violence, traffic accidents, fetal alcohol syndrome due to prenatal exposure and child abuse. (2)

However, the epidemiological trend shows continued growth in both alcohol consumption and alcohol-related problems in many countries in all regions of the world.

DO PEOPLE FULLY UNDERSTAND THESE HEALTH CONSEQUENCES?
I am convinced that the answer is No.

In my experience, there is a pervasive lack of understanding about the consequences of alcohol on health. This is the case in the general population, among policymakers, and even among health professionals.

Why are people unaware of the risks?

One reason is that we don’t talk about it. In many countries, alcohol consumption is totally embedded in social life. There are deeply socially rooted beliefs and myths that naturalize this consumption, even when it is excessive or risky.

About 2 billion people worldwide drink alcohol, and many of them do so regularly or even daily. A staggering 280 million of them have Alcohol Use Disorders.

Alcohol use disorder (AUD) involves frequent or excessive alcohol use that becomes difficult to control and causes problems in relationships, work, school, family, or other areas. This terminology comes from the DSM-V and integrates two disorders, alcohol abuse and alcohol dependence (DSM-IV), with mild, moderate and severe subclassifications. American Psychiatric Association. (3)(4)

Another reason is that alcohol use disorders are hidden.

It is only when a person enters the most severe stages of alcohol dependence that the situation becomes visible. Physical illness such as cirrhosis is slow to develop and can be symptom-free until it is well-advanced. A person who drinks and drives may not be apparent until he or she causes the death of an innocent person as a result of alcohol.

Indeed, it can be argued that alcohol use disorders are the single most important cause of harm to others (accidents, violence, gender-based violence).

What do you think about it?

References

1. https://www.who.int/health-topics/alcohol
2. https://global.oup.com/academic/product/alcohol-no-ordinary-commodity-97...


Dr. Eduardo Bianco

Director, Addiction Training Program for Health Professionals (ATHP)

Email: ebianco@nextgenu.org

Web: NextGenU.org

HIFA profile: Eduardo Bianco is a medical doctor and Cardiologist, Certified Tobacco Cessation Expert with a Masters in Prevention and Treatment of Addictive Disorders. Currently, he is Chair of the World Heart Federation Tobacco Expert Group. Dr. Biancos research examines tobacco control and cessation, and he is a prominent member of several organizations that address tobacco control in Latin America. Dr. Bianco has worked for 25 years in Uruguay and Latin America to promote and train in smoking cessation treatment and tobacco control policies. He is also the former Regional Coordinator for the Americas of the Framework Convention Alliance and former Technical Director of the MOH Center for International Cooperation for Tobacco. ebianco AT nextgenu.org

Alcohol Use Disorders (13) Welcome to the HIFA Alcohol Discussion Forum (2)

4 February, 2024

Dear Eduardo,

Many thanks for your welcome message. On behalf of HIFA, it's great to be working with you and NextGenU.org on this project.

I would like also to welcome all new members worldwide who have joined us in the past few days for this discussion. Please feel free to introduce yourself by sending an email to: hifa@hifaforum.org

Here again are the five guiding questions for the discussion (these questions are intended only as a guide - you are welcome to discuss other aspects of alcohol use):
1. Do people understand the health, socio-economic and environmental harms of alcohol? What matters to them? How can they be better informed? How to reduce stigma?

2. Do health workers have adequate knowledge to prevent and manage alcohol use disorders among their patients? What matters to them? How can they be better informed?

3. What is the role of the alcohol industry? What can be done to address misinformation from the alcohol industry?

4. Do public health professionals and policymakers have adequate knowledge to prevent and treat alcohol use disorders in their country? What are current national policies and what more can be done to fully implement those policies?

5. How can we define and measure alcohol use disorders?

This week I invite everyone to consider Q1: Do people understand the health, socio-economic and environmental harms of alcohol? What matters to them? How can they be better informed? How to reduce stigma?

Each week we shall explore a subsequent question, but if you would like to comment about any of the questions above at any time, feel free to do so.

We especially look forward to hear your personal or professional experience and observations.

PS Do you know anyone who may like to participate in this discussion? Invite them to join here: www.hifa.org/joinhifa

With thanks, Neil

HIFA profile: Neil Pakenham-Walsh is coordinator of HIFA (Healthcare Information For All), a global health community that brings all stakeholders together around the shared goal of universal access to reliable healthcare information. HIFA has 20,000 members in 180 countries, interacting in four languages and representing all parts of the global evidence ecosystem. HIFA is administered by Global Healthcare Information Network, a UK-based nonprofit in official relations with the World Health Organization. Email: neil@hifa.org
Alcohol Use Disorders (14) Alcohol consumption in Uruguay

5 February, 2024
Dear colleagues,

To continue breaking the ice, I would like to share information about alcohol consumption in my country, Uruguay.

Uruguay is a small South American country that was recently classified as high income by the World Bank.

According to PAHO, Uruguay has the highest per capita alcohol consumption in the region of the Americas, both in adults and young people, both in men and women.

In adults, the general average is 10.9 liters of alcohol, in men it is 17.1 liters and in women it is 5.3 liters. In young people, the general average per capita is 7.1 liters, in men it is 9.6 liters and in women it is 4.6 liters. (1)

According to the Ministry of Health of Uruguay, annual alcohol consumption is distributed as follows: 44% wine, 35% beer and 21% distilled spirits. It is estimated that an average person in Uruguay drinks 77 liters of beer, 41 liters of wine and 6 liters of distilled spirits per year. (2)

The average alcohol consumption in Uruguay is higher than the world average. (3)

Uruguay is also the country in the Americas with the highest episodic excessive alcohol consumption, defined as the consumption of at least 5 standard units of drink per occasion, once a month. In 2016, this type of consumption was observed in 39.7% of men and 10.5% of women. According to WHO, 9.6% of men and 3.4% of women in Uruguay have an alcohol use disorder. (4)

At the base of this is a low perception of risk with respect to alcohol, especially at early ages, and social permissiveness of adolescent consumption despite the clear evidence that the earlier one begins to drink alcohol, the greater the risk of problematic consumption. (5)

Unfortunately, at the national level, alcohol control policies are weak, with the exception of a “zero alcohol” policy while driving.
All of which determines that alcohol consumption is a serious problem in Uruguayan society, which is not being properly addressed.

We encourage you to share what is the situation in your country and, if you dare, some personal or professional experience linked to alcohol.

*References:*

1. Regional Status Report on Alcohol and Health in the Americas, 2020. PAHO.
   
   https://iris.paho.org/bitstream/handle/10665.2/52705/9789275122211_eng.pdf

2. MSP communication.
   
   https://www.gub.uy/ministerio-salud-publica/comunicacion/noticias/baja-p...

3. WHO (2019) https://data.who.int/indicators/i/EE6F72A

4. https://www.paho.org/es/noticias/3-3-2021-uruguay-rereference-region-por...

5. Communication from the Ministry of Health.
   
   https://www.gub.uy/ministerio-salud-publica/comunicacion/noticias/baja-p...

   https://www.canva.com/design/DAFGWrgpIok/Yzg_h-Lf-fVounDwDTzg7Q/view

*Dr. Eduardo Bianco*

*Director, Addiction Training Program for Health Professionals (ATHP)*

Email: ebianco@nextgenu.org

Web: NextGenU.org <https://nextgenu.org/>


<https://aptp.nextgenu.org/> <https://phu.nextgenu.org/>
Dear Eduardo and all,

Thank you for your message on alcohol consumption in Uruguay. "We encourage you to share what is the situation in your country and, if you dare, some personal or professional experience linked to alcohol."

Your words "if you dare" are a reflection of the stigmatisation of those who have alcohol use disorders (AUD). This stigmatisation is deeply rooted. It prevails in any community, including the 20,000 members of the HIFA community.

Also, it is notable that stigmatisation only applies to those with visible AUD, who form the minority of the total AUD population.

To take this further, it seems to me that there is a large number of people with AUD whose disorder is not (yet) visible, but who are seeking to deny to themselves and others that they have a problem. Stigma plays a part here too. A person may deny they have a problem because it is hard for them to accept this, given society's stigmatisation of those with AUD. And the person may hide their problem from others because of shame, rooted in stigma.
There is also stigma against those who do NOT drink. When I was a medical student at St George's London in the early 80s, our pharmacology lecturer was Professor Joe Collier. He puts it like this:

'I am a teetotaller… What bugs me, however, is how society so often tries to paint me as someone with something wrong, as an object of suspicion, as an outsider ripe for enquiry. As a teetotaller, I regularly have to explain why I don’t drink. Ten minutes at a dinner party can be spent defending my position. I often feel that if I were to say that I was either a reformed alcoholic, or taking a medicine that interacts with alcohol or was a devout muslim, these would satisfy. Not having a “legitimate” reason for abstaining seems worrying. Perhaps, they conjecture, I am mad, or frightened, or even a Puritan. Whatever I say there might well be demands for me to drink anyway. “Go on, try some, it won’t do you any harm”; “it’s an acquired taste so give it a whirl,” “fill your glass and have a sip, how can we all enjoy toasting someone if you don’t join in?” and so on. Somehow if I don’t drink I will spoil the atmosphere for others.'


In the UK there is stigma against the person with visible AUD and stigma against the person who doesn’t drink at all. Those at risk of developing severe AUD are, by contrast, encouraged on that path, especially among young men. Here is Joe Collier again: 'Finally, and bizarrely, alcohol is used as a right of passage to adulthood. Telling of last night’s “bender,” coming to college with a hangover, describing the more unsavoury events of a “pub crawl,” or being able to drink umpteen pints of beer in an hour without collapsing (the capacity to “hold drink” is a classical challenge among some students), are all the stuff of bravado and greeted by peers with a certain sense of admiration.'

I look forward to hearing the experience in other countries.

HIFA profile: Neil Pakenham-Walsh is coordinator of HIFA (Healthcare Information For All), a global health community that brings all stakeholders together around the shared goal of universal access to reliable healthcare information. HIFA has 20,000 members in 180 countries, interacting in four languages and representing all parts of the global evidence ecosystem. HIFA is administered by Global Healthcare Information Network, a UK-based nonprofit in official relations with the World Health Organization. Email: neil@hifa.org
Hello friends.

Is Eduardo, again.

Now, I would like to invite you to discuss some popular beliefs about alcohol consumption.

Below is a list of beliefs frequently associated with alcohol consumption.

Are they true or false?

- “Alcohol causes less harm than other drugs”
- “Having a good tolerance to alcohol implies that one has more resistance to its damage.”
- “Drinking beer or wine is safer than drinking liquor (spirits).”
- “Beer before wine and you’ll feel fine; wine before beer and you’ll feel queer”
- “Even if I drink a lot, I can sober up quickly with a cold shower or drinking coffee.”
- “Red wine in moderation is good for the heart”
- “Alcohol improves creativity.”
- “Men and women react the same to the same amount of alcohol”
- “Alcohol is a stimulant.”
- “Drinking alcohol helps to warm the body on cold days”
- “Alcohol is a good way to relax and reduce stress.”
- “Eating fatty foods or drinking milk helps prevent a person from getting drunk.”
- “If a person is very drunk and confused, you should let them sleep it off.”

What do you think?

I'll start with something personal. When I was young, in my country Uruguay, drinking alcohol was one of the “rites of passage to adulthood.” Currently, it seems to be a "rite of passage from childhood to adolescence" due to the early age at which young people begin to use alcohol.

What is the current situation in your country?

Can you share any other beliefs about alcohol that you have heard in your country?

Kind regards,

Eduardo

Dr. Eduardo Bianco

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Alcohol Use Disorders (17) Popular beliefs about alcohol (2)

5 February, 2024
Hi Eduardo,

Thanks for sharing. I can definitely identify with some of what you have shared.

“Some alcoholic drinks were reported to improve red cell level-haemoglobin”, “the definition of a man is his ability to tolerate his alcohol (which could be in large quantities) without getting drunk”. “Some Alcoholic drinks in certain cultures were reported to act as an aphrodisiac hence used to improve sexual function”. In other context I have been in “alcohol is a socialization agent and enables people to trust you and feel like they could develop relationships (corporate) and do business with you”.

Wonder what other people think?

Best wishes

Bunmi

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Alcohol Use Disorders (18) Stigma (2) Do people understand the harms of alcohol? (1)

5 February, 2024
Dear All,

I’m Miriam Chickering, CEO of NextGenU.org. We aim to democratize education across critical areas, including health and addiction.

Firstly, I’d like to extend my gratitude to Eduardo for initiating our discussion with a comprehensive overview of the health consequences associated with alcohol use underpinned by WHO data and relevant literature. His message serves as a crucial foundation for our forum’s work.

Reflecting on Eduardo’s points, it’s clear that despite significant evidence of the harms caused by alcohol, there remains a pervasive lack of understanding among the public, policymakers, and even health professionals. This gap in awareness is concerning, especially considering the
socio-economic and environmental ramifications of alcohol use. From my experience, practical education and open dialogue can play pivotal roles in enhancing understanding and changing perceptions.

One aspect that strikes me is the role of stigma in perpetuating alcohol use disorders. Stigma not only prevents individuals from seeking help but also silences the conversation around alcohol's broader impacts. How can we, as a community, work towards destigmatizing alcohol use disorders and encourage a more informed and empathetic approach to addressing this challenge?

I invite all members to share their insights, experiences, and suggestions on increasing public awareness, improving education, and reducing stigma. Together, we can foster a more informed society that understands the multi-dimensional harms of alcohol and supports those affected.

At NextGenU.org, we have free materials addressing various aspects of the prevention and treatment of alcohol use disorders. Today, I'll share information about one of our free courses on this topic, and I'll share others as they are updated.

Substance Use Disorders in Primary Care


https://courses.nextgenu.org/course/view.php?id=390

Thank you for being so dedicated to this important cause. I look forward to a lively and insightful discussion.

Warm regards,

Miriam Chickering

CEO, NextGenU.org

<https://www.canva.com/design/DAFGWrgplok/Yzg_h-Lf-fVounDwDTzg7Q/view>

Miriam Chickering RN, BSN, NE-BC

Chief Executive Officer*
Alcohol Use Disorders (19) What is the definition of Alcohol Use Disorders?

6 February, 2024

WHO estimates that there are 280 million people worldwide who have Alcohol Use Disorders. This suggests that there is a clear definition of Alcohol Use Disorders, but I have found this to be elusive. I located a paper called Classification of Alcohol Use Disorders from 2003. This did not itself propose a definition, but referred to various definitions described by others.

The US National Institute on Alcohol Abuse and Alcoholism defines AUD as 'a medical condition characterized by an impaired ability to stop or control alcohol use despite adverse social, occupational, or health consequences'.

DSM-5 criteria are as follows: 'A maladaptive pattern of substance use leading to clinically significant impairment or distress, as manifested by 2 or more of the following, occurring at any time in the same 12-month period:'
Alcohol is often taken in larger amounts or over a longer period than was intended.'

The above definitions would appear to exclude most people who are heavy social drinkers - those who drink well over the recommended limits, but who do not (as yet) show significant impairment or distress. Our local pub/bar is full of such people, and I often drink a pint there myself after work (it is just across the road from my office!)

Is there an agreed definition that we can all use?

HIFA profile: Neil Pakenham-Walsh is coordinator of HIFA (Healthcare Information For All), a global health community that brings all stakeholders together around the shared goal of universal access to reliable healthcare information. HIFA has 20,000 members in 180 countries, interacting in four languages and representing all parts of the global evidence ecosystem. HIFA is administered by Global Healthcare Information Network, a UK-based nonprofit in official relations with the World Health Organization.

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Alcohol Use Disorders (20) Self-care: Empowering individuals to prevent and manage AUD

6 February, 2024

Below are extracts from a new paper in the WHO Bulletin. Although not specifically about alcohol, it raises questions. 'WHO defines self-care as the ability of individuals, families and communities to promote health, prevent disease, maintain health and cope with illness and disability with or without the support of a health worker.' How does this apply to Alcohol Use Disorders? I suspect that 'the ability of individuals…' is *especially* important in AUD?

Read online: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10835638/?report=classic

CITATION: Bull World Health Organ. 2024 Feb 1; 102(2): 140-142.

doi: 10.2471/BLT.23.290927

Self-care interventions and universal health coverage

Manjulaa Narasimhan et al.
Self-care is not a new concept, but the public health sector has only recently started actively promoting tools that provide greater autonomy and agency to people without formal health training to manage their health for themselves and those in their care (Box 1). Self-care interventions that can be provided as additional options to facility-based care include diagnostics such as pregnancy, coronavirus disease 2019 (COVID-19) or human immunodeficiency virus self-tests; devices to self-monitor blood glucose and/or blood pressure; and drugs such as emergency contraception or for self-management of medical abortions...

WHO defines self-care as the ability of individuals, families and communities to promote health, prevent disease, maintain health and cope with illness and disability with or without the support of a health worker.

What are self-care interventions? WHO defines self-care interventions as tools that support self-care. Self-care interventions include evidence-based, quality drugs, devices, diagnostics and/or digital technologies which can be provided fully or partially outside of formal health services and can be used with or without the support of a health worker.

Self-care interventions can meet many health needs, including for quality, reliable, evidence-based and age-appropriate health information; for the availability and accessibility of quality, regulated self-care interventions; and for cost-effective care that does not place clients at financial risk.

To make self-care interventions sustainable and equitable, government public health policies must be focused on ensuring that evidence-based, quality self-care options are available and health workers are trained to promote them...

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Alcohol Use Disorders (21) What is the definition of Alcohol Use Disorders? (2) Alcohol consumption in Malawi

6 February, 2024

Interesting discussion about alcohol disorders. From what I read this is a self-reported diagnosis hence highly subjective, the scale being that from alcohol abuse to alcoholism.

I wanted to share something about use of Alcohol in Malawi. Home brewed beer has a long tradition in African countries. A self respectable traditional chief would be a heavy beer drinker. (As an anecdote: the Senior Staff room at the university has a functioning bar/pub open throughout the day.)

Alcohol is one of the key causes of road accidents and deaths by road accidents (drunk pedestrians and drivers). In Malawi 6.45% of total deaths are due to road traffic accidents.

This is an older study (2008) among the student population in Malawi that found that almost 50% of male students qualified as 'suffering' from alcohol related disorders defined as such by scoring above the threshold at the Alcohol Use Disorders Identification Test (AUDIT) https://auditscreen.org/~auditscreen/cmsb/uploads/audit-english-version-...

Alcohol drinking among the youth (and female population too) seems to be on the increase (informal sources). Alcohol intake is high among the working age population (men especially). Linking the lack of food and alcohol poisoning (drinking on an empty stomach) is frequently reported in the social media.

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Alcohol Use Disorders (22) Do people understand the harms of alcohol? (2)

6 February, 2024
Q1. Do people understand the health, socio-economic and environmental harms of alcohol? What matters to them? How can they be better informed? How to reduce stigma?

My Contribution:

There might be emerging evidence that people understand the health, socio-economic and environmental harms of alcohol, that it matters to them, that they are better informed (even though more can be done to improve the communication about the harms and benefit), and drinking less reduces stigma provoked by overuse of alcohol.

Though the socio-economic and cultural factors that impact alcohol use are well known, including discrimination and stigmatisation of the overusers, the ill-effect on their mental and physical health of abuse, and the ever-rising cost of alcohol, the public health message about alcohol does not seem to have changed for many decades. The message has remained that ‘moderate drinking seems to be good for the heart and circulatory system, and probably protects against type 2 diabetes and gallstones. As recently as 2021 several studies concluded that moderate use leads to lower risk of dementia or decreased cognitive decline over time with mild to moderate alcohol intake, and also to reduced risk of developing gallstones. Other studies point to positive social effects of alcohol because many people ‘perceive it to be a social lubricant that improves mood, reduces self-consciousness and enhances social skills, increased social bonding among strangers’, coping with problems, having fun, looking mature, and social image such as fitting in, being more popular, and looking cooler amongst peers and generally. (The public perception of the risks and benefits of alcohol consumption. 1992 Mar;16(1):38-42. doi:10.1111/j.1753-6405.1992.tb00023.x.).

It is also true that the long-standing public health message points out the harms, it says that ‘heavy drinking is a major cause of preventable death in most countries. That in the U.S., alcohol is implicated in about half of fatal traffic accidents.’ And that ‘over time, excessive alcohol use can lead to chronic diseases, including high blood pressure, heart disease, stroke, liver disease, and various cancers: breast, mouth, throat, esophagus, voice box, liver, colon, rectum, female gynaeco-urinary organs and male genitourinary organs.

Anecdotes and research findings support this view, for instance the understanding of the health, socio-economic and environmental harms of alcohol seems to be influenced by generational factors. The public health message has not really changed much, but every younger generation seems to be less inclined to drink alcohol than their older one. Anecdotes from within families and from exchanges with patients, the younger generations
tend to drink less than the older ones. For instance 40% of Generation Z (Gen Zers born between 1997 - 2012, aka Gen Z,iGen, or centennials) are being labelled 'the sober curious generation' as they are less likely to drink, when compared to, half of over65s who did not limit their alcohol consumption in 2023. The Generation Zers follow the millennials, have been raised on the internet and social media, and the oldest finished college by 2020 and entering the workforce. Amongst them health concerns, changing tastes, a lack of effective marketing, and price (cost) are all factors why they drink less alcohol. Other factors include, a reflection of their attitudes towards health and wellness, and they are the fastest growing demographic of non-alcoholic drinks consumers. Gen Zers prioritize healthy eating and regular exercise, their mental health and managing stress, more.

But, sadly, as these younger people are turning away from alcohol and overconsumption, they are turning to cannabis use, according to reports, this switch seems to coincide with increased legalization of cannabis and the feeling of lower risk, in the USA. A discussion topic for another day!

Following the trend the Millennials (born between 1981 and 1996) - are more health-conscious than preceding generations, even though they are seeing their health decline faster than that of their parents as they age. (according to a 2020 study from medical insurer Blue Cross Blue Shield in the United States). In the UK they are among the heaviest generations, at least seven in 10 people millennials will be overweight or obese before they reach middle age, when compared to the Baby boomers rates of five in 10.

However, Baby boomers I and II (born 1946-54;1955-64) are more likely to suffer chronic conditions than earlier and later generations.

As with many other conditions and public health situations, there is a big divide between the Global North (mostly high income countries-HIC)and Global South (mostly lower, low, and middle income countries- LLMIC). In most countries in Africa, for instance, a general perception persists that there are more urgent public health problems than harmful use of alcohol’, even though Alcohol consumption has been identified as the leading risk factor for death and disability in sub-Saharan Africa and the leading risk factor for disability-adjusted life-years (DALYs) among African male adolescents aged 15-24 years. In the North alcohol use is part of the daily life of the people used, especially during everyday meals, in Africa alcohol tends to be used mostly during rituals, marriage ceremonies, clan/family festivities. This may be changing with urbanization and westernization of cultures and attitude.

Therefore, more needs to be done globally but more in LLMIC to re-orientate peoples perception and understanding about alcohol, in communicating facts
about alcohol use, benefits and harms, and avoiding alcohol altogether as
the default position, because quitting alcohol protects physical, mental and
psychological well-being.

Sources:

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Alcohol Use Disorders (23) Stigma (3) How to reduce stigma?

7 February, 2024

Dear friends,

Miriam has introduced into the discussion the important issue of stigma linked to alcohol consumption.

Alcohol-related problems are among the most stigmatized conditions, adding additional burdens of prejudice and discrimination. (1) Socially, people with problematic alcohol consumption are attributed greater responsibility and generate greater social rejection than consumers of other substances. (2)
Social stigma and self-stigma are two sides of the same coin. Social stigma is defined as negative perceptions and stereotypes of the majority of the population towards a specific social group. When the person who is part of this group internalizes these perceptions, self-stigma arises. (2)

Stigma not only accentuates the problems of these people but also discourages them from seeking treatment or receiving appropriate help. (3) As a result, only a minority of people with AUD seek treatment.

Reducing stigma is an important step in helping people recover. (3)

To achieve this, it is important that health professionals learn to use non-pejorative, non-stigmatizing, and person-centered language.

Alcohol use disorder (AUD) is the name used since the DSM-5, and replaces alcohol abuse, alcohol dependence and alcoholism.

Instead of alcoholic or alcohol addict, use person with alcohol use disorder. Instead of recovering alcoholic, use recovering person. (3)

What else should we do?

Eduardo

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Alcohol Use Disorders (24) Stigma (4) How to reduce stigma? (2)

7 February, 2024

Thank you Eduardo for highlighting the importance of using the right terminology: alcohol use disorders. You ask "What else should we do?" to combat stigma.

I asked ChatGPT and top of the list was 'Education and Awareness: Increase public awareness and understanding of alcoholism as a medical condition rather than a moral failing. Provide information about the causes, symptoms, and treatment options for alcohol addiction.'

Do people have adequate access to reliable information about the causes, symptoms, and treatment options for alcohol addiction, in a language they can understand?

ChatGPT also highlighted the importance of 'Share Personal Stories: Encourage individuals who have overcome alcohol addiction to share their stories of recovery. Personal narratives can help reduce stigma by humanizing the experiences of those affected by alcoholism and demonstrating that recovery is possible.'

What information is available for the individual with alcohol use disorder, their loved ones, and the general public? It's likely that many will first seek information online. What are the best sources of information? The National Institute on Alcohol Abuse and Alcoholism (should this be renamed as the National Institute on Alcohol Use Disorders?) has a booklet in English and
To my non-expert eye, the NIAAA and NHS advice looks good, but they are both text-heavy and may not be accessible for people with low literacy. What other information is available for the general public? Videos? How easy is it for people to find the information they need?

Later, when alcohol use disorder is more severe, perhaps a different kind of information is needed to encourage the person to recognise their problem and take action, for example to see their doctor. Or the clinician may identify alcohol use disorder incidentally as part of a health check. How the clinician immediately responds to or addresses this situation will be very important. We’ll be looking at this more in Q2: Do health workers have adequate knowledge to prevent and manage alcohol use disorders among their patients?

Best wishes, Neil

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Alcohol Use Disorders (25) Stigma (5) Personal experience

7 February, 2024

WHO estimates there are 280 million people worldwide with an alcohol use disorder. This is 1 in 20 of the world population. Extrapolating this to the HIFA community (20k members) it seems likely that around 800 of us have an alcohol use disorder.

The number may be even higher because the largest professional group on HIFA are healthcare providers, and healthcare providers have higher than average rates of alcohol disorder (at least this is the case in the UK and US)
I have been lucky. Like most of my friends, I drank a lot of beer when I was at medical school back in the late seventies and early eighties. At medical school, drinking beer was part of our self-identity. The same was true of smoking cigarettes. Social groups would form around these habits, perhaps more so than any other characteristic.

I rode a Honda 400 Four motorbike at the time, and I confess there were times when I was over the limit and could have got myself (or someone else) killed. In putting this message together I learned that I was typical of young male drivers at the time. Research carried out in 1979 showed that nearly two thirds of young male drivers admitted drink driving on a weekly basis. [https://www.lookers.co.uk/blog/drink-driving---how-attitudes-have-change...](https://www.lookers.co.uk/blog/drink-driving---how-attitudes-have-change...)

If we go back further, to before 1967, we find - amazingly - that people were able to drive under the influence of alcohol with impunity, provided they could 'handle it'. A policeman might ask you to "step out of the car sir and walk in a straight line". If you could do that, you might be deemed 'capable'. In 1967 the roadside breathalyser was introduced and the emphasis changed from walking a straight line to measurement of alcohol level.

In childhood and adolescence, alcohol was very much part of my life, including at home where my mother and stepfather frequently had parties, always lubricated with wine and beer. My stepfather gradually drank more and more, and this led to the breakdown of the marriage. He continued to get worse over subsequent years and died from a head injury after a drunken fall. He had been taken to hospital but he refused admission. They let him go and he died 2 days later alone, likely from a subdural haematoma.

I expect most of us know a relative or a friend whose life has been wrecked by alcohol. What can we learn from it?

I have learned that alcohol use disorder is insidious and is driven by social norms and expectations. Some individuals are more prone to develop severe disorder than others, for many different reasons. We need better ways of encouraging people to recognise they have a problem and to seek a solution, without stigma or shame.

Best wishes, Neil

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together around the shared goal of universal access to reliable healthcare information. HIFA has 20,000 members in 180 countries, interacting in four languages and representing all parts of the global evidence ecosystem. HIFA is administered by Global Healthcare Information Network, a UK-based nonprofit in official relations with the World Health Organization.
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Alcohol Use Disorders (26) Personal experience (2)

7 February, 2024

Wow, Neil this is a powerful contribution to this discussion, especially your recount of very personal and family unfortunate experience caused by alcohol use disorder. Thank you for the decision to share it because it brings the issue to the human level. Often when we quote statistics they are mere numbers whereas In fact each statistic is about people: individuals, families, the society.

Your reference to the medical student life on the UK reminds me of when I landed in UK for postgraduate specialist medical education in the 1980s and quickly observed that alcohol was so pervasive in every medical meeting and conference. It was different where I came from in Nigeria whether by medical students or qualified doctors. Surely there are many reasons for the difference, cultural, religious, but also economic! Nigeria is a low income country whereas UK is a high income one. But even then the harm of alcohol was similar in both countries especially regarding death from road traffic accidents. I recall that fast forward to 1997 after we started publishing the BMJ West Africa edition in Lagos, Nigeria we received a manuscript from the surgeons in Calabar on the impact of motor cycle accidents often ridden by drunk persons.

There is the paradox in the difference in behaviour between how the rich and poor use alcohol, which needs explaining because one often hears that poverty predisposes people to drink more alcohol.

But is that really the case, or is it just that poor people drink cheaper, less refined more concentrated alcohol, whilst the richer people drink the reverse. But both cohorts are over drinking alcohol.

The message it seems to me should be to highlight the fact that no alcohol is the best status that everyone should aim for.

Joseph Ana
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Alcohol Use Disorders (27) Popular beliefs about alcohol (3) Alcohol consumption in Russia

8 February, 2024

I am forwarding this on behalf of a HIFA member in Russia. It describes a specific myth about alcohol consumption in nuclear workers. We look forward to hear examples and observations in other countries.

Dear All,
I’m a Radiologist with the specialization in Evident-Based Medicine and Biostatistics, working in the field of Radiation Epidemiology. The scope of our research interest is the cancer and non-cancer diseases risk assessment among nuclear workers exposed to external and internal exposure to professional radiation, over the background risk resulted from radiation and non-radiation risk factors, such as age at exposure, gender, tobacco smoking and alcohol consumption, etc.

Among nuclear workers at early time of nuclear program, when the occupational radiation doses were high, there were an opinion that alcohol helps to eliminate the radiation from the body, so there were large amount of radiation workers who were regular alcohol drinkers.

Measuring the individual dose of alcohol consumption to assess the related health risks is complicated due to several factors, mostly because of time-dependent process. The estimates of risk related to alcohol consumption are often biased due to uncertainty when use the survey data on alcohol consumption dependent on the psychology of respondents, so the methodology of measuring the true level of individual alcohol consumption must developed.

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Alcohol Use Disorders (28) Do people understand the harms of alcohol? (3)

8 February, 2024

Hello, colleagues

I thank and appreciate the discussion so far going on regarding this topic.

Below is my take:
Certainly, misuse or harmful use of alcohol can be destructive not only to health but also to the general social life of the drinker, as the community around the drinker gets involved or associated with increased consequences or risks of adverse health and social outcomes.

According to the World Health Organization, the harmful use of alcohol is one of the world’s leading risk factors for illness, disability, and death, and it is a primary cause of more than 200 diseases and injuries and globally results in approximately 3.3 million deaths each year, greater than HIV/AIDS, violence or tuberculosis.

Moreover, NCD Alliance reports that more than half of all alcohol-related deaths (1.7 million) are due to a noncommunicable disease (NCD). Besides, alcohol is one of the significant risk factors for a wide array of NCDs like cancer, digestive diseases, cardiovascular diseases (CVD), and mental health disorders.

It has been reported that ethanol contained in alcohol is classified as one of the highest carcinogens by the International Organization for Research on Cancer. Besides, the most common cancers caused by alcohol are cancers of the oral cavity, pharynx, larynx, esophagus, liver, breast, or colorectal cancer.

Additionally, high blood pressure, heart disease, stroke, liver disease, and digestive problems are all partly due to the dangerous use of alcohol, alongside breast cancer, mouth, throat, esophagus, colon, and rectum, as alcohol weakens the immune system, increases the chances of getting sick, notwithstanding other problems such as learning and memory problems, including dementia and poor school performance.

All said alcohol intake should be substantially controlled, for its effects are short and long-term in nature.

Regards,

James

HIFA profile: James Mawanda is accredited with the European Forum for Disaster Risk Reduction (EFDRR), and UN Global Platform for Disaster Risk Reduction (GP2022) and a Member of the UNDRR Stakeholder Engagement Mechanism. James is an Associate Partner, at the Interdisciplinary Centre on Climate Change and Health (ICCH), University of Hamburg, Germany. Member, Global Consortium on Climate and Health Education, Columbia University. A member of the Global Health Hub, Germany. Also, a Mentor,
Alcohol Use Disorders (29) Do people understand the harms of alcohol? (4) How can they be better informed?

8 February, 2024

Thanks to James Mawanda (Uganda) for reminding us that alcohol is linked to more than 200 diseases. In terms of comprehensive knowledge, there are few if any who could describe all of them, and probably none in any detail. Even if it were possible to have that knowledge, this does not equate to a deep understanding of the implications. Arguably it is this deep understanding - linked but not equivalent to knowledge - that enables an informed choice. Understanding may be strengthened by personal experience, such as being witness to how alcohol can wreck a loved one's life, and perhaps especially so for the individual who is recovering from an alcohol use disorder.

A deep understanding of the harms of alcohol is arguably less likely among adolescents and young adults. When we are young there is a tendency not to
look far into the future, to live for the day, as if immortal. We may hear and see about the harms of alcohol (and tobacco) and just ignore them, thinking ‘this may happen to other unfortunate people, but it won’t happen to me’.

I would be very interested to hear what approaches work to promote understanding of the harms of alcohol, especially among young people. How can they be better informed?

Best wishes, Neil

HIFA profile: Neil Pakenham-Walsh is coordinator of HIFA (Healthcare Information For All), a global health community that brings all stakeholders together around the shared goal of universal access to reliable healthcare information. HIFA has 20,000 members in 180 countries, interacting in four languages and representing all parts of the global evidence ecosystem. HIFA is administered by Global Healthcare Information Network, a UK-based nonprofit in official relations with the World Health Organization. Email: neil@hifa.org

Alcohol Use Disorders (30) Do people understand the harms of alcohol? (5) How can they be better informed? (2)

8 February, 2024
Perhaps people would be better informed if there were more consistency among healthcare information providers?

1. The World Health Organization says ‘when it comes to alcohol consumption, there is no safe amount’.

https://www.who.int/europe/news/item/04-01-2023-no-level-of-alcohol-cons...

2. By contrast the Mayo Clinic (one of the most respected centres in the US) says this in a recent article on their website (Sept 2023):

‘If you already have a glass of red wine with your evening meal, drinking it in limited amounts may improve your heart health.

‘Antioxidants in red wine called polyphenols may help protect the lining of blood vessels in the heart. A polyphenol called resveratrol is one part of red
wine that's gotten noticed for being healthy... But study results on resveratrol are mixed...

'Many studies have shown that drinking regular, limited amounts of any type of alcohol helps the heart. It's not just red wine...

'Researchers keep studying whether red wine and other alcoholic drinks can help the heart. Those who drink regular, limited amounts of alcohol, including red wine, seem to have a lower risk of heart disease. Drinking regular, limited amounts is called drinking in moderation.

'But there might be other reasons for the lower risk of heart disease in people who drink red wine in moderation. For instance, they might eat a healthier diet and be more active than those who don't drink red wine. And they might have higher incomes and better access to health care as well.

'More research is needed about whether red wine is better for the heart than other types of alcohol, such as beer or hard liquor.

Full text: [https://www.mayoclinic.org/diseases-conditions/heart-disease/in-depth/re...](https://www.mayoclinic.org/diseases-conditions/heart-disease/in-depth/re...)

3. A recent (2023) Lancet Rheumatology editorial notes: 'Many studies have shown that low or moderate amounts of alcohol (particularly red wine) can reduce risk for cardiovascular disease, diabetes, and even death—possibly due in part to a tendency to reduce systemic inflammatory mediators. These benefits might be limited to adults older than 40 years, according to a 2022 analysis from the Global Burden of Disease study, which found no such benefit at younger ages.

'Potential benefits of light to moderate alcohol consumption have also been reported among patients with rheumatoid arthritis...

'WHO calls for increased education on the cancer risks associated with alcohol consumption—perhaps including health warnings on alcohol labels—and few would argue against better-informing the public with regard to health. But the absolute risks of light to moderate drinking are small, and while there is no known safe level of drinking, it seems reasonable that the quality of life gained from an occasional drink might be deemed greater than the potential harm.'

4. There is no direct contradiction between the WHO stance ('there is no safe amount') and the stance of others. It is conceivable that small amounts of alcohol may increase risk of some of the 200+ diseases it is associated with, even if a real protective effect for heart disease were ever to be proved. It's also notable that alcohol is recognised as a carcinogen, which would imply that 'there is no safe amount'.

But it's understandable that there may be confusion among those responsible for health education (including frontline healthcare providers) and the general public that relies on them.

HIFA profile: Neil Pakenham-Walsh is coordinator of HIFA (Healthcare Information For All), a global health community that brings all stakeholders together around the shared goal of universal access to reliable healthcare information. HIFA has 20,000 members in 180 countries, interacting in four languages and representing all parts of the global evidence ecosystem. HIFA is administered by Global Healthcare Information Network, a UK-based nonprofit in official relations with the World Health Organization. Email: neil@hifa.org

Alcohol Use Disorders (31) Popular beliefs about alcohol (4)

8 February, 2024
Dear friends of HIFA,

Now, I want to share with you a series of "myths" related to alcohol consumption that it is important to take into account when advising our patients, friends and family, and the community in general.

I´ll be waiting for your reactions.

Greetings,

Eduardo

Myths about Alcohol

Myth 1: You really have to admire a person who can hold his/her liquor.

The person who can drink large quantities of alcohol without feeling the "normal" effects may have developed a tolerance to alcohol. Tolerance comes from chronic use of alcohol that results in physical and mental
adaptation to its presence in the body. The development of tolerance is shown by an increase in the amount of alcohol required to produce the desired effects and can indicate the onset of physical dependence.

Myth 2: Alcohol can be used as a food supplement.

Alcohol has no nutritional value. It contains no vitamins, minerals or proteins. It does contain a significant number of calories, however. The calories can produce an immediate source of energy which causes food that is normally used for energy production to be changed into fat and stored in the body for later use.

Myth 3 Alcohol warms the body.

The direct action of alcohol causes a drop in the internal body temperature by the following process. The blood vessels are opened (dilated) on the skin surfaces and the blood is cooled by greater exposure to the outer environment. As the cooled blood circulates, the core temperature is lowered gradually, but significantly. This process is continued as long as alcohol is present in the body.

Myth 4: Alcohol is a stimulant drug.

Alcohol is a depressant; it sedates the central nervous system. One of the first areas of the brain to be affected is the cerebral cortex, which controls judgment, self-control and inhibitions. The depression on this part of the brain may result in excitable behavior, as inhibitions are lost.

Myth 5: Hangovers are caused by switching drinks.

Hangovers are caused by the amount of alcohol consumed and the rate at which it is consumed, not by the kind of alcohol consumed. While metabolizing alcohol, the liver cannot perform its normal functions, one of which is keeping the blood sugar at a normal concentration. The results of this state are called hypoglycemia, or lower than normal blood sugar. The change in blood vessels, as mentioned in Myth 3, can cause headaches. Lastly, a hangover is actually a "mini-withdrawal." When the central nervous system is released from the depressed state, the opposite state develops—feeling edgy and irritable. This effect is known as "rebound."

Myth 6 People with Alcohol Use disorders (AUD) drink every day.

There are many types of people with Alcohol Use Disorder: those who drink daily; those who drink on weekends; those who drink in binges which could occur weeks, months or even years apart. The measure of AUD is not when
or how often one drinks, but whether or not one can control the drinking once it begins.

Myth 7: You can't have AUD by drinking only beer.

Actually, Americans drink almost ten times as much beer as they do "hard" liquor. Although the content of alcohol in beer is relatively low, this means that one-half the alcohol drunk is consumed as beer. Given these facts, it seems reasonable to say that there are many alcoholics who are only beer drinkers.

Myth 8 Black coffee or a cold shower sobers a drunk.

Black coffee and cold showers only produce wide-awake drunks. Only time will rid the body of alcohol. There is no known way of speeding the metabolic process of eliminating alcohol from the body.

Myth 9 I Am Too Old to Have a Drinking Problem

You may think that drinking problems have to start early in life. In fact, some people develop problems with drinking at a later age.

One reason is that people become more sensitive to alcohol as they get older. Or they may take medicines that make the effects of alcohol stronger. Some older adults may start to drink more because they are bored or feel lonely or depressed.

Myth 10 Drinking is a Good Way to Take the Edge Off My Chronic Pain

People with long-term (chronic) pain sometimes use alcohol to help manage pain. There are several reasons why this may not be a good choice. Alcohol and pain relievers do not mix. Drinking while taking pain relievers may increase your risk of liver problems, stomach bleeding, or other problems. It increases your risk for alcohol problems. Most people need to drink more than a moderate amount to relieve pain. Also, as you develop a tolerance for alcohol, you will need to drink more to get the same pain relief. Drinking at that level increases your risk for alcohol problems. Long-term (chronic) alcohol use can increase pain. If you have withdrawal symptoms from alcohol, you may feel more sensitive to pain. Also, heavy drinking over a long time can actually cause a certain type of nerve pain.

Myth 11 A beer before bed helps you sleep.

Using any kind of alcoholic beverage to help you sleep is always going to backfire, even if in the moment it feels like it’s helping.
“Drinking a beer before bed may get you to fall asleep more quickly,” says Dr. Janesz. “However, it interrupts your deep sleep, and you’ll wake later on feeling not rested and hungover.”

Normally, your body cycles through light and deep phases of sleep. Alcohol inhibits refreshing REM (rapid eye movement) sleep and later on causes “REM rebound,” with nightmares and trouble sleeping.

Repeated alcohol use seriously disturbs sleep and makes it difficult to re-establish a normal sleep pattern. Often, this leads to more drinking or to sedative abuse in the quest for sleep.

Myth 12 All sexes react to alcohol in the same way

Drinking tends to produce higher blood alcohol concentrations in women than men because of a difference in body weight and composition. This leads to a greater degree of intoxication for women.

Alcohol disperses in water, and women have less water in their bodies than men. So, if a woman and man of the same weight consume the same amount of alcohol, her blood alcohol concentration will usually rise more rapidly than his.

Myth 13 Drinking reduces stress and anxiety While alcohol can initially make you feel looser and at ease (again, because it’s a depressant), the effects don’t last long. In fact, alcohol may actually cause more anxiety the day after.

So, while you may temporarily feel at ease in the moment, you can feel more stressed the day after.

If you use alcohol as a way to numb your symptoms of anxiety, this can also make the symptoms worse down the line — due to the fact that you’re not learning how to cope with your emotions properly.

Myth 14 Alcohol only hurts your liver

In addition to damaging the liver, drinking can affect other parts of your body as well. This includes your heart, blood pressure, kidneys and mental health. As alcohol is also inflammatory it increases your risk of cancer and other diseases.

Myth 15 Alcohol isn’t as harmful as other drugs.
The brain doesn’t stop growing until about age 25, and drinking can affect how it develops. Plus, alcohol increases your risk for many diseases, such as cancer. It can also cause you to have accidents and get injured.

**Myth 16** A person with strong willpower is less likely to develop alcohol use disorder Alcohol use disorder has nothing to do with willpower. You’re not weak or less than if you have this condition.

Alcohol use disorder is a medical condition that cannot be overcome with willpower alone. However, willpower can be a strong tool for those in recovery from substance use disorder.

**Myth 17** Alcohol makes sex better

Even though alcohol can lower your inhibitions, it’s also considered a depressant. This means that alcohol can reduce sex drive and impact a person’s ability to maintain an erection.

There’s also a direct link between excessive drinking and the risk of committing sexual assault. Also, a person who is too intoxicated can’t consent to sexual activity.

**Myth 18** Giving minors alcohol under supervision is responsible A common myth around teens and young adults is that it’s more responsible to give minors alcoholic drinks with adult supervision. This myth is based on the idea that kids will drink anyway, so they might as well be in the presence of a responsible adult.

This is false, and research suggests the opposite.

An Australian longitudinal study conducted between 2010 and 2016 concluded that there was no evidence behind the idea that parents supplying underage children with alcohol reduces alcohol-related harms.

A 2015 study involving 561 students found that children who drank alcohol before sixth grade were more likely to abuse alcohol when they reached ninth grade. The same study also notes that most students reported taking their first sip of alcohol at home, usually given to them by a parent.

Research from 2017 also suggests that kids who were allowed to drink alcohol with adults were more likely to engage in risky drinking in their teens.

References.
1. Missouri Department of Mental Health. Myths About Alcohol. [https://dmh.mo.gov/alcohol-drug/satop/myths](https://dmh.mo.gov/alcohol-drug/satop/myths)


3. Cleveland Clinic. 10 Myths About Drinking Alcohol You Should Stop Repeating [https://health.clevelandclinic.org/myths-about-drinking](https://health.clevelandclinic.org/myths-about-drinking)


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Alcohol Use Disorders (32) Do people understand the harms of alcohol? (6) How can they be better informed? (3)

9 February, 2024

Good day Neil
You posed a question:

"I would be very interested to hear what approaches work to promote understanding of the harms of alcohol, especially among young people. How can they be better informed?"

In my opinion when we seek out to educate young people about the harms of alcohol, it would be critical to

1. Create a safe space in which information can be freely exchanged with young people. I think it is important to establish what they know or believe and use this information as a guide of how to package information and approach the conversation

2. Peer to peer education is an approach that can be used

3. Some young people accept better information that comes from persons with lived experience

From my personal experience I have found that young people are better engaged on the sidelines of events they love, for example, at sports fixtures. The environment in which we engage them has an impact on how well we can communicate with them.

Also, when we design our interventions it may be critical to let the young people be part of the process from the onset - it is important to give them a voice.

Regards,

Venus Mushininga

HIFA profile: Venus Mushininga is a pharmacist with the Ministry of Health and Childcare in Zimbabwe. She is a founder and President of the Zimbabwe Society of Oncology Pharmacy and the Zimbabwean delegate to the European Society of Oncology Pharmacy. Professional interests: Oncology, Dissemination of information through to Health Professionals and the public, Research. vmushininga AT gmail.com
Alcohol Use Disorders (33) Do people understand the harms of alcohol? (7) How can they be better informed? (3)

9 February, 2024

Yesterday I asked: "Perhaps people would be better informed if there were more consistency among healthcare information providers?" I pointed to potentially confusing differences between, for example, WHO advice ('there is no safe amount') and Mayo Clinic ('If you already have a glass of red wine with your evening meal, drinking it in limited amounts may improve your heart health').

Here is a related statement from the website of the Harvard TH Chan School of Public Health: 'More than 100 prospective studies show an inverse association between light to moderate drinking and risk of heart attack, ischemic (clot-caused) stroke, peripheral vascular disease, sudden cardiac death, and death from all cardiovascular causes... For a 60-year-old man, a drink a day may offer protection against heart disease that is likely to outweigh potential harm (assuming he isn’t prone to alcoholism)'

https://www.hsph.harvard.edu/nutritionsource/healthy-drinks/drinks-to-co...

'The idea that moderate drinking protects against cardiovascular disease makes sense biologically and scientifically. Moderate amounts of alcohol raise levels of high-density lipoprotein (HDL, or “good” cholesterol), [37] and higher HDL levels are associated with greater protection against heart disease. Moderate alcohol consumption has also been linked with beneficial changes ranging from better sensitivity to insulin to improvements in factors that influence blood clotting, such as tissue type plasminogen activator, fibrinogen, clotting factor VII, and von Willebrand factor. Such changes would tend to prevent the formation of small blood clots that can block arteries in the heart, neck, and brain, the ultimate cause of many heart attacks and the most common kind of stroke."

The inconsistency in information presents a challenge to health communicators and frontline healthcare providers who are trying to provide the best possible advice for the public and for patients.

By contrast there is consensus that excessive alcohol intake is harmful. The UK National Health Service recommends that men and women do not drink more than 14 units of alcohol per week (1 unit is equivalent to 10ml pure alcohol), spread across three days or more.
We come back to the question: Do people understand the harms of alcohol? Do they understand the potential benefits (if any) of 'light to moderate drinking'? Are people aware of the recommended maximums of weekly intake? Do they truly understand the potential consequences of exceeding those limits?

Best wishes, Neil

HIFA profile: Neil Pakenham-Walsh is coordinator of HIFA (Healthcare Information For All), a global health community that brings all stakeholders together around the shared goal of universal access to reliable healthcare information. HIFA has 20,000 members in 180 countries, interacting in four languages and representing all parts of the global evidence ecosystem. HIFA is administered by Global Healthcare Information Network, a UK-based nonprofit in official relations with the World Health Organization. Email: neil@hifa.org

Alcohol Use Disorders (34) Do people understand the harms of alcohol? (8) How can they be better informed? (4)

9 February, 2024

I was interested to read this letter from Professor Sir Ian Gilmore, chair of the Alcohol Health Alliance and special adviser on alcohol to the Royal College of Physicians (UK). It was written in 2016 - what has changed since then? Is there similar action in other countries?

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Communicating the health harms of alcohol to the public

14 November 2016

https://www.rcplondon.ac.uk/news/communicating-health-harms-alcohol-public

As Alcohol Awareness Week 2016 begins, Professor Sir Ian Gilmore, chair of the Alcohol Health Alliance and special adviser on alcohol to the RCP, explains what the government should do to communicate the harms associated with alcohol to the public.
The public have the right to know about the health risks associated with alcohol, so that they are empowered to make informed choices about their drinking.

Yet worryingly, awareness of the risks is very low. For example, only 1 in 10 people in the UK are aware of the link between alcohol and cancer.[1]

[...] Following Alcohol Awareness Week, however, more needs to be done to make sure the public are aware of the risks associated with alcohol. We need action at governmental level, where the resources exist for sustained national initiatives.

[New guidelines] advise that, to keep risks low, you are safest to drink no more than 14 units per week, with these units spread out over 4-5 days.

Specifically, the government should do two things to communicate the risks, and the new guidelines:

The government should develop mass media campaigns outlining the risks. These could include TV and radio advertisements, social media campaigns, and messages on public transport.

The government should introduce mandatory labelling of all alcoholic products, containing clear and legible health information about the harms associated with drinking.

Once introduced, these measures will lead to a population more in control of their health, and better able to avoid the health harms associated with alcohol. There can be no rationale for withholding from the public information to help them make more informed choices - the government should introduce these measures now.

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I have written to Sir Ian to invite him to join us.

HIFA profile: Neil Pakenham-Walsh is coordinator of HIFA (Healthcare Information For All), a global health community that brings all stakeholders together around the shared goal of universal access to reliable healthcare information. HIFA has 20,000 members in 180 countries, interacting in four languages and representing all parts of the global evidence ecosystem. HIFA is administered by Global Healthcare Information Network, a UK-based
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Alcohol Use Disorders (35) Do people understand the harms of alcohol? (9) How can they be better informed? (5)

9 February, 2024
Thanks for sharing this 2016 news on alcohol use ignorance in the UK.

Frankly, considering the high literacy rate of UK population and the excellent work that the NHS UK has been doing for 75 years, I am surprised to read that, 'Yet worryingly, awareness of the risks is very low. For example, only 1 in 10 people in the UK are aware of the link between alcohol and cancer.[1]'. That sounds more like what one expects of LLMICs.

But even then, I think it is time to reconsider the public health advice/guideline about safe alcohol drinking. The current advice as also quoted in the 2016 report is that, '[New guidelines] advise that, to keep risks low, you are safest to drink no more than 14 units per week, with these units spread out over 4-5 days.'

I feel that the advice misses a crucial starting point, which is abstinence, that is 'no alcohol at all'. It may sound draconian and impossible to some, but actually a no alcohol status gives the person a 'no risk' position, better than 'low risk'.

I am reminded about the Public Health advice given in HIV campaigns: 'A.B.C.' (A: Abstinence from sex; B: Be faithful to one partner, if you cannot abstain, C: Use the condom if you cannot do A or B). And over the years it has worked, along with other measures of course, and not without opposition from especially religious groups and alcohol business (both manufacturers and sellers).

'no drinking of alcohol is the best advice ----' and therefore the Public Health advice on Alcohol use should be revised to start with emphasizing the fact. It may not be easy to stop for those who drink already, but the public health advice should state the facts fully.

Joseph Ana
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HIFA Profile: Joseph Ana is the Lead Senior Fellow/Medical Consultant at the Centre for Clinical Governance Research and Patient Safety (ACCGR&PS) with Headquarters in Calabar, Nigeria, established by HRI Global (former HRIWA). He is the Country Coordinator for PACK Nigeria (Practical Approach to Care Kit) which is specifically designed to improve clinical competence (improving accuracy of diagnosis and treatment) in primary health care. He is also a Member of the World Health Organisation’s Technical Advisory Group on Integrated Care in primary, emergency, operative, and critical care (TAG-IC2). As the Cross River State Commissioner for Health (2004-2008), Joseph Ana led the introduction of the evidence based, homegrown quality tool, the 12-Pillar Clinical Governance Programme (12-PCGP) in Nigeria, which also suitable for lower-, low-, and middle income countries (LLMIC) with similar weak health sector and system. To ensure sustainability of 12-PCGP, the ‘Department of Clinical Governance, Servicom & e-health’ was established in Cross River State Ministry of Health in 2007. His main interest is in ‘Whole health sector and system strengthening in LLMICs’. He has written six books on the 12-Pillar Clinical Governance Programme, including the TOOLS manual for its Implementation, currently in its 2nd Edition. He served as Chairman of the Nigerian Medical Association’s Standing Committee on Clinical Governance (2012-2022), and he won the Association’s ‘Award of Excellence’ on three consecutive occasions for the innovation of 12-PCGP in Nigeria. He served as Chairman, Quality & Performance subcommittee of the Technical Working Group for the implementation of the Nigeria Health Act 2014. He was Member, National Tertiary Health Institutions Standards Committee (NTISC) of the Federal Ministry of Health, 2017-2022. He is the pioneer Secretary General/Trustee-Director of the Charity, NMF (Nigerian Medical Forum UK) which took the BMJ to West Africa in 1995. Joseph is a member of the HIFA Steering Group; the HIFA working group on Community Health Workers, and the Working Group on HIFA-WHO Collaboration.
Alcohol Use Disorders (36) Alcohol consumption in Ethiopia

9 February, 2024

Dear all,

Abenezer here. I’m excited about this platform and the so many vibrant discussions. I would like to highlight the burden of alcohol use disorder in my country, Ethiopia.

WHO defines alcohol as a psychoactive substance. This simply means that it is a substance that affects the workings of the brain in terms of mood, feelings, and behavior. It is one of the common substances known to cause chemical dependence. This dependence reaches beyond behavioral changes extending injuries to physical and organ damage, both physiological and chemical effects.

In Ethiopia, the national survey (DHS 2016) showed that the burden is up to forty-six percent in the community. Another study post-covid showed it to be about thirty percent. A systematic review also showed a prevalence similar to this data which was 44.16. This shows that the prevalence of alcohol use in our community is high. From personal experience, I believe this may have to do with the social implications of use especially in the youth. Casual alcohol use is seen as a sign of social status and a sign of success and enjoyment of life. This may be some inclinations that may propel the use of alcohol use.

Look forward to interacting with all of you on this conversation.

Reference


Alcohol Use Disorders (37) Do people understand the harms of alcohol? (9) How can they be better informed? (5)

9 February, 2024

Thank you Neil for bringing up the topic of cardio protection by consuming low amounts of alcohol, especially wine. [https://www.hifa.org/dgroups-rss/alcohol-use-disorders-30-do-people-unde...]

As a cardiologist I would like to add my “2 cents” to this topic.


The article states that the controversy over the role of low to moderate alcohol use and future heart attack relates to inconsistent results among the many studies on the topic.

Historically, studies have shown a J-shaped distribution of outcomes. The lowest rates of heart attacks have been in those with low to moderate alcohol consumption and higher rates in those who did not drink or have high rates of alcohol consumption.

However, new research has challenged this interpretation by not confirming the J point relationship in Chinese and Indian populations, where alcohol consumption is relatively lower, binge drinking is common and among people less than 55 years of age. Furthermore, there has been heterogeneity in the type and pattern of alcohol consumption in most parts of the world.

Research in the latest decade has led to major reversals in the perception of alcohol in relation to health in general and CVD in particular. These developments have prompted health authorities in a number of countries,
e.g. the Netherlands, England and Australia, to lower their recommended amount of alcohol for low-risk drinking.

The WHF revision also states that: the use of red wine has been promoted through various diets as a “heart-healthy” beverage for the longest time. The presence of resveratrol in wine has been known for its cardioprotective characteristics in light to moderate drinkers. However, there are multiple reasons that the belief that alcohol is good for cardiovascular health is no longer acceptable:

- Such evidence has been based on observational studies
- No randomized controlled trials (RCTs) have confirmed health benefits of alcohol
- The presence of unaccounted confounding factors further weakens the quality of evidence
- Studies misclassify unhealthy exdrinkers as abstainers
- Most evidence is observed only in the Caucasian population
- Studies that show positive effects are funded by the alcohol industry.

The alcohol industry has also perpetuated misleading information about the benefits of drinking alcohol. This interference by the alcohol industry closely reflects the universally vilified activities of tobacco companies. Alcohol industries deceptively promote their products under the labels of “healthy” and “safe”. Portrayal of alcohol in print and electronic media as necessary for a vibrant social life has diverted attention from the harms of alcohol use. Youth-targeted advertisement and encouraging alcohol as “heart-healthy” have created a conducive environment for young adults to relate alcohol with ‘having a good time’. Contrary to this belief, evidence from all around the world exists to link alcohol with a range of non-communicable and infectious diseases.

In the same sense, the page of a prestigious US University such as John Hopkins University, raises doubts about the protective effect of wine.

https://www.hopkinsmedicine.org/health/wellness-and-prevention/alcohol-a...

Despite some studies have shown an association between moderate alcohol intake and a lower risk of dying from heart disease. It is very hard to determine cause and effect from those studies.
Perhaps people who sip red wine have higher incomes, which tend to be associated with more education and greater access to healthier foods. Similarly, red wine drinkers might be more likely to eat a heart-healthy diet.

There is some evidence that moderate amounts of alcohol might help to slightly raise levels of “good” HDL cholesterol. Researchers have also suggested that red wine, in particular, might protect the heart, thanks to the antioxidants it contains.

But you don’t have to pop a cork to reap those benefits. Exercise can also boost HDL cholesterol levels, and antioxidants can be found in other foods, such as fruits, vegetables and grape juice.

Therefore, I think we should be cautious when recommending the consumption of low amounts of wine to protect cardiovascular health.

Eduardo

HIFA profile: Eduardo Bianco is a medical doctor and Cardiologist, Certified Tobacco Cessation Expert with a Masters in Prevention and Treatment of Addictive Disorders. Currently, he is Chair of the World Heart Federation Tobacco Expert Group. Dr. Biancos research examines tobacco control and cessation, and he is a prominent member of several organizations that address tobacco control in Latin America. Dr. Bianco has worked for 25 years in Uruguay and Latin America to promote and train in smoking cessation treatment and tobacco control policies. He is also the former Regional Coordinator for the Americas of the Framework Convention Alliance and former Technical Director of the MOH Center for International Cooperation for Tobacco. ebianco AT nextgenu.org

Alcohol Use Disorders (38) Personal experience (3)

10 February, 2024

As a teenager you were very aware of peer pressure (as a social expectation) to drink.

The media played a key role - advertising "Tetley Bitter-men", "Double Diamond - works wonders", Babycham, Advocaat, Martini Rosso... and many of the popular TV series we consumed (pardon the pun).

Getting in the pub AND served was a right of passage.

In the family the harms and risks of alcohol were explained.
Sometimes they were demonstrated at parties, weddings, the aunt, uncle - relative who was notorious for having to much.

Studying literature at school did have a role to play - although less directly.

Although on reflection when there were school assemblies I wonder if 'drink' (Church of England) was mentioned?

Interesting perhaps - the change in daily school routine.

I remember at a birthday party for a fellow class pupil at a social club, the birthday boy was sick all over the table - yes - had been drinking.

Tempered my attitude early on - c.15.

As a nursing asst. and student nurse you realised the other - dark - side. The key being the contradiction that alcohol represents:

- Drink to relax, socialise, be friendly, enjoy yourself;

- Impact of your health, risk of addiction, violence, (brewer's droop was an early lesson - tho not practically);

- IF YOU develop a drink problem - you're on your own and so is your family (there are of course agencies in developed nations - but the funding disparity - like gambling, tobacco...??).

In a 'local' - public house - pub it was known in 1970s for some regulars (invariably men) to down c.12 (more?) pints in a night - even after drinking hours: they were heavy goods vehicle drivers.

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I may have posted before - how in 1987-88 I completed a study of alcohol intervention teams. The consultant psychiatrist made the point about use of economic levers to help reduce alcohol consumption.

Scotland have just updated their intervention:

https://www.theguardian.com/society/2024/feb/08/scotland-raises-minimum-...

As a student nurse - I was already aware of some of the inorganic molecules that have been found in space - a primordial soup!
The names still remind me of a chemical plant such as the former ICI plant at Widnes / Runcorn, Cheshire, England, e.g.:

https://thumbs.dreamstime.com/b/heavy-industry-panorama-night-panoramic-...

This in-turn takes me to the miracle that is the liver - the biological chemical plant - with a potential powerful message in how 'alcohol' is broken down:

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6527027/

Sometimes insight into this can work wonders in terms of motivation for change - the facts - not trying to scare (waste of time)...

Which brings me to the obvious 'contradiction' in caring for people with a primary / secondary problem with alcohol.

Having a liver function test.

If it's OK that *means* I can carry on!!

I have over the years developed what imho I consider to be potentially therapeutic relationships with people affected by alcohol.

I say potentially as I - with due supervision - have had to withdraw input and discharge them being unwilling to support them in their damaging alcohol consumption and related behaviours.

Alcohol, tobacco - vapes, the 'mental pollution' that can be passed as legitimate 'advertising', fake news ... still calls for a generic model, a universal conceptual framework for personal and global health - across literacies and forms of informatics:

'alcohol'

https://hodges-model.blogspot.com/search?q=alcohol

Just to close I saw an item (I will try to find...) on the preponderance of 'smoking' in films 1940s - present day.

Still a problem now.
Of course: advocacy for health requires constant vigilance.

Peter Jones
Community Mental Health Nurse and Researcher
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Blogging at "Welcome to the QUAD"
http://hodges-model.blogspot.com/
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HIFA profile: Peter Jones is a Community Mental Health Nurse with the NHS in NW England and a part-time tutor at Bolton University. Peter champions a conceptual framework - Hodges' model - that can be used to facilitate personal and group reflection and holistic / integrated care. A bibliography is provided at the blog 'Welcome to the QUAD' (http://hodges-model.blogspot.com). h2cmuk AT yahoo.co.uk

Alcohol Use Disorders (39) Do people understand the harms of alcohol? (10) Does alcohol have health benefits?

11 February, 2024
Hi Neil

I do want to contribute to this highly interesting set of issues around the harms of alcohol, especially about the impact on others (especially family members) of the heavy or harmful use of alcohol. I am in the middle of a very busy time, so will make that contribution later.

For now, I will respond about the issue of conflicting or inconsistent information [*see note below], by drawing attention to an important current debate, internationally and within the pages of the Journal of Studies on Alcohol and Drugs - see here for a summary of one position in the debate:


and then here for the other side and further commentaries:
The fundamental reason for the conflicting information is that the science is not yet clear (although both ‘sides’ in this debate argue that it IS clear).

I hope that reading through these (quite short) papers will clarify some of the issues.

Best wishes

Richard Velleman

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[*Note from HIFA moderator (NPW): Thank you Richard Velleman. All: Richard refers to recent messages on HIFA that highlight inconsistencies in the way that the potential benefits of alcohol are communicated. The choice of words for this new subthread - Does alcohol have benefits? - is mine. We look forward to further contributions on this topic, which illustrates a number of important aspects of how we interpret and communicate evidence.]
Alcohol Use Disorders (40) Alcohol consumption in Indonesia

11 February, 2024

Introduction

Indonesia, a country with a Muslim majority, holds a unique perspective on alcohol consumption, reflected in its low per capita consumption and strict regulations. Analyzing data from 1970 to 2022 unveils interesting dynamics on how alcohol consumption has fluctuated over time, influenced by social, economic factors, and government policies. This writing aims to understand consumption trends, social and health impacts, and the policies regulating alcohol in Indonesia.

Data and Statistics Overview

1996 Alcohol Consumption Summary: The year 1996 marked a notably low per capita alcohol consumption in Indonesia, at just 0.13 liters. This analysis reveals a dominance of spirit consumption over beer, with virtually no wine consumption, illustrating the strong influence of religion and social norms.

Alcohol Consumption Trends 1970-1996: This period saw a 57.14% increase in consumption, though the levels remained low. This indicates socioeconomic changes and possible relaxation in social norms or policies.

Alcohol Consumption Trends 2015-2022: This era witnessed a decrease in consumption both in urban and rural areas, reflecting the effectiveness of public policies and a shift in health awareness.

Health and Social Impact

Domestic Violence (DV) and alcohol consumption are closely linked, with women more likely to experience DV if their partner uses alcohol or tobacco. The treatment costs for cancers related to alcohol consumption account for about 1.71% of the total cancer treatment costs, highlighting the importance of controlling alcohol consumption to minimize economic impacts.

Causes and Effects

Factors influencing alcohol consumption among teenagers include age, gender, and lack of parental attention to academic achievements. Alcohol is
also frequently used before sexual intercourse among sex workers in Eastern Indonesia, increasing risky sexual behavior.

Policies and Regulations

Indonesia demonstrates strong control over alcohol advertising, promotion, and sponsorship, with tobacco receiving more policy attention over the last 15 years. Alcohol-related policies have received less focus, reflecting the influence of religious and social norms on alcohol consumption.

Conclusion and Recommendations

The analysis of alcohol consumption trends in Indonesia shows significant effects of government policies, social norms, and health awareness in reducing alcohol consumption. The decrease in consumption indicates the success of these initiatives, but it remains crucial to maintain and enhance prevention efforts, especially among teenagers and other at-risk groups. It is recommended that the government continues to strengthen alcohol control policies, raise awareness about health risks, and integrate education on the dangers of alcohol into the national education program.

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Alcohol Use Disorders (41) A definition of Alcohol Use Disorders

11 February, 2024

Reflections

I think the issue of alcohol use is a bit tricky when we consider the two sides of its use. We all have met people who are fun and good to be around after one bottle of beer yet still if taken out of limits alcohol use can end up being a culprit to relationships and health. So, the same drink can be a facilitator of social status and a detriment to it. How do we know the difference? The difference is addiction. [*see note below] The inability to stop using is associated with negative social and health consequences. Even if this difference may seem clear in theory it is a complicated experience for those suffering from such dependence.
Alcohol Use Disorders (42) Do people understand the harms of alcohol? (11) How can they be better informed? (6)

11 February, 2024

Do people understand the harms of alcohol? It depends on age and education. Young people may understand that alcohol is harmful in terms of acute effects, but they are willing to take chances, and the chronic effects (e.g., liver disease) are too far in the future to affect their drinking. And most people do not know much about the chronic effects, such as oral cancer, breast cancer, heart disease and several hundred more health conditions that are partially attributable to alcohol consumption, even at low doses like one drink a day.

How can they be better informed? Graphic warning label could help. A study in Canada showed that when people were informed that “alcohol causes cancer” they purchased less alcohol at the point of sale. Dietary guidelines promoted by national health authorities can inform consumers on a regular basis about alcohol-related harms, the benefits of not drinking, and the sensible limits that could minimize problems. They can also be better informed if the alcohol industry was forced to cease all advertising, which presents drinking as fun, healthy, and beneficial to social relationships, without informing consumers about the harms.

Alcohol Use Disorders (43) Q2: Do health workers have adequate knowledge to prevent and manage alcohol use disorders?

11 February, 2024
Dear friends,

Welcome to the second week of the Forum.

We want to thank you for your participation during the first week and we encourage you to continue doing so.

Alcohol use disorders (AUD) are widely prevalent, affecting 5.1% of people worldwide (8.6% among men and 1.7% among women). AUDs are associated with high morbidity and mortality, resulting in a reduction in life expectancy of more than 20 years compared to the population average. (1)

However, literature reviews report that there is ample evidence that patients with AUD generally go undiagnosed and untreated. (2) It has been estimated that in the best case scenario 17.3% would be treated, so there would be a treatment gap of 82.7%. (3)

There would be several reasons or barriers that would explain this situation, including: institutional culture, individual and systemic bias against those with AUD, the poor and insufficient preparation of health professionals at the Primary Care Level, and healthcare infrastructural deficits, especially the separation of medical and behavioral treatment. (2)(4)

Not much information is available on the proportion of healthcare professionals who are trained in the management of AUD. But several studies carried out in Spain revealed that the knowledge of health professionals about addressing alcohol consumption was low, mainly due to a lack of training.

Therefore, although AUD is a highly widespread health problem, there would not be enough properly trained human resources to address the gap between the magnitude of the problem and the treatment offered in different countries.

Added to this is that in most countries, the AUD treatment would be in the hands of the few health professionals specialized in addiction medicine or mental health. When in reality, the majority of people with early alcohol-related problems consult primary health care (PHC) doctors, mainly for physical health problems related to this consumption, who have not been properly trained to identify and intervene on AUD patients, and many express a stigma regarding these people.

References:
Therefore, this week we would like to know what you think about:

- Do healthcare workers in your country have adequate knowledge to prevent and intervene in AUD?

- What matters to them?

- How could they be better informed and trained?

We look forward to your comments and contributions.

Kind regards,

Eduardo

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HIFA profile: Eduardo Bianco is a medical doctor and Cardiologist, Certified Tobacco Cessation Expert with a Masters in Prevention and Treatment of Addictive Disorders. Currently, he is Chair of the World Heart Federation Tobacco Expert Group. Dr. Biancos research examines tobacco control and cessation, and he is a prominent member of several organizations that address tobacco control in Latin America. Dr. Bianco has worked for 25 years
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Alcohol Use Disorders (44) Q2: Do health workers have adequate knowledge to prevent and manage alcohol use disorders? (2) AUD and patient safety

12 February, 2024
I would like to see more patient safety concepts applied to the improvement of AUD treatment.
See: https://journals.sagepub.com/doi/10.1177/25160435221117952 [*see note below]

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[*Note from HIFA moderator (NPW): Thank you Lorri. All: Lorri is the lead author of this 2022 paper. Here is the abstract:

'Alcoholism, more professionally termed alcohol use disorder (AUD), is a widespread and costly behavioral health condition. The aims of this paper are draw attention to systemic gaps in care for patients with AUD and advocate for patient safety leaders to partner with both the mainstream medical and substance abuse treatment communities to reduce harm in this patient population. The authors performed a narrative review of the literature on the current state of AUD treatment and patient safety, finding extensive evidence that patients with AUD usually go undiagnosed, unattended and untreated. When they do receive AUD treatment, little evidence was found to indicate that a patient safety approach is incorporated into their care. Behavioral medicine is virgin territory for the
patient safety movement. Medical care and behavioral medicine in the United States currently constitute two separate and unequal systems generally lacking in pathways of communication or care coordination for AUD patients. Significant barriers include institutional culture, individual and systemic bias against those with AUD, and health care infrastructure, especially the separation of medical and behavioral treatment. It is the authors’ conclusion that care of patients with AUD is unsafe. We advocate for the patient safety approach common in American hospitals to be extended to AUD treatment. Experienced patient safety leaders are in the strongest position to initiate collaboration between the mainstream medical and substance abuse treatment communities to reduce harm for this patient population.’

**Alcohol Use Disorders (45) The single most important cause of harm to others?**

13 February, 2024

Eduardo Bianco has noted: "It can be argued that alcohol use disorders are the single most important cause of harm to others (accidents, violence, gender-based violence)."

[https://www.hifa.org/dgroups-rss/alcohol-use-disorders-12-welcome-hifa-a... ]

There are other (non-medical) causes, such as war and social injustice, that would arguably take the top spot in terms of causing harm.

But I agree that if we consider specifically medical causes, alcohol use disorders are indeed near the top, alongside medical errors and low-quality health care.

We are fortunate to have several experts in alcohol use disorders who have joined HIFA for this discussion. I would like to ask them (and others):

What are the global estimates for harm to others caused by alcohol use disorders?

How does this compare with other medical causes of harm?

How might this harm be categorised (eg accidents, violence, gender-based violence) and quantified?

What is the picture in different countries?
What attempts (if any) are being made to measure harm to others?

What measures can be taken at national, community and individual level to better protect people from harm?

If alcohol is indeed one of the greatest causes of harm to others, is this truly understood by the general public, by health professionals, and by policymakers?

HIFA profile: Neil Pakenham-Walsh is coordinator of HIFA (Healthcare Information For All), a global health community that brings all stakeholders together around the shared goal of universal access to reliable healthcare information. HIFA has 20,000 members in 180 countries, interacting in four languages and representing all parts of the global evidence ecosystem. HIFA is administered by Global Healthcare Information Network, a UK-based nonprofit in official relations with the World Health Organization.
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Alcohol Use Disorders (46) How to identify people with AUD (1) Global trends

13 February, 2024
Dear HIFA colleagues,

We are having a parallel discussion about Alcohol Use Disorders on our sister forum CHIFA (global child health and right). In one message paediatrician Efe Obasohan (Nigeria) makes a point that is relevant beyond child health:

"Alcohol and other substance use disorders are rising globally. The developing countries suffer disproportionately due to competing priorities from infections and other diseases. With available resources already very stretched, the regular use of the CAGE questionnaire may be of help, especially in community health setting. There is also the need to partner with schools and NGOs to reduce excessive alcohol consumption."

My response:

"Many thanks for mentioning the CAGE Questionnaire. This is a tool for use by health professionals and consists of four questions:

Have you ever felt you should Cut down on your drinking?
Have people Annoyed you by criticising your drinking?

Have you ever felt bad or Guilty about your drinking?

Have you ever had a drink first thing in the morning to steady your nerves or to get rid of a hangover (Eye opener)?

https://patient.info/doctor/cage-questionnaire

"A total score of 2 Yes or greater is considered clinically significant (sensitivity of 93% and a specificity of 76% for the identification of problem drinking);[3] compared with GGT liver function test which detected only a third of patients having more than 16 'drinks' per day.'

"Has anyone used this questionnaire in their work? Can you give examples of how you have used it?

"The questionnaire is offered as a 'screening test'. Is it feasible to apply it to everyone, or might it be applied to selected people when a problem is suspected.

"How honest are people when answering these questions?"

In terms of global alcohol consumption this graph indicates that there was a decrease in 2020-2022 (presumably COVID-related?) but an increase since then, and predictions are that consumption will continue to rise over the coming years. https://www.statista.com/forecasts/726990/alcoholic-beverage-consumption...

Follow the discussion on CHIFA: https://www.hifa.org/forums/chifa-child-health-and-rights

HIFA profile: Neil Pakenham-Walsh is coordinator of HIFA (Healthcare Information For All), a global health community that brings all stakeholders together around the shared goal of universal access to reliable healthcare information. HIFA has 20,000 members in 180 countries, interacting in four languages and representing all parts of the global evidence ecosystem. HIFA is administered by Global Healthcare Information Network, a UK-based nonprofit in official relations with the World Health Organization.
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Alcohol Use Disorders (47) Do people understand the harms of alcohol? (12) Does alcohol have health benefits? (2)

13 February, 2024
Dear Richard Velleman,

Thank you for your valuable comments on the lack of consistency of messages on whether small quantities of alcohol may have health benefits.


You make a really vital point:

"The fundamental reason for the conflicting information is that the science is not yet clear (although both ‘sides’ in this debate argue that it IS clear)."

I would be very interested to unpack this observation.

It seems that when the evidence is unclear, there is a tendency to ‘take sides’. Many of us look at the evidence (cursorily or in depth) and, with misplaced authority, we may say to our patients (or whoever) that "small quantities of alcohol have health benefits" or we may say "there are no health benefits of small quantities of alcohol". In either case, as you say, they may argue that the evidence is clear. The same patient is very likely to hear both statements (and many more besides) from different sources. No wonder they are confused.

Isn’t this where the problem lies, at least in part? That we (whether we are health workers, journalists, health communicators) tend to adopt an inappropriate stance of certainty? Some of us appear unable or unwilling to accept that ‘the science is not yet clear’.

The patient has a right to know that the science is not clear. Any taking of sides is disingenuous and potentially harmful.

What, if anything, can be done to address this issue?

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