

Note: This is an informal edit of the discussion up to 8 March 2023, with content organized under headings and subheadings. Profiles of participants are given at the end. For background on the project, see: www.hifa.org/news

Alcohol Use Disorders

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Mod = moderator (Neil Pakenham-Walsh, UK)

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?

Harms to health

The scale of the problem

Muroiwa Wellington, Zimbabwe: Working at Parirenyatwa Annexe mental health department. Alcohol Use Disorders are our main concern these days.

Eduardo Bianco, Uruguay: 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.

Mod (Neil Pakenham-Walsh, UK): 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)

Mod: 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)

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

Harm to others

Mod/Eduardo: It can be argued that alcohol use disorders are the single most important [medical] cause of harm to others (accidents, violence, gender-based violence).

Mod: What are the global estimates for harm to others caused by alcohol use disorders? How does this compare with other medical causes of harm?

Mod: In 2018 The Lancet published a paper on Alcohol use and burden for 195 countries... Alcohol use and burden for 195 countries and territories, 1990–2016: a systematic analysis for the Global Burden of Disease Study 2016... In the full text, the authors note: 'We were unable to find robust data about the harm caused to others from alcohol-attributable interpersonal violence, a major potential source of health loss. More retrospective studies are needed to assess the harm to others caused through an individual's alcohol use'. In fact, there was only one category with data, and this was deaths caused to others by drink-driving, and only one country (USA) had data on this.

Mod: 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...

Examples of harm

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

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

Mod: 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)

James Mawanda, Uganda: 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.

Harms to health: Do people understand them?

Eduardo Bianco, Uruguay: 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.

Eduardo Bianco, Uruguay: 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.

Eduardo Bianco, Uruguay: 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.

Thomas Babor, USA: 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.

Mod: 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?

Mod: I was interested to read this letter from Professor Sir Ian Gilmore... - what has changed since then? Is there similar action in other countries? Communicating the health harms of alcohol to the public

14 November 2016

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

Other harms

Eduardo Bianco, Uruguay: There are many other behaviors and consumption that can harm others, such as: - Environmental pollution, including SHS; The spread of Infectious diseases due to not having responsible behaviors such as washing hands, wearing face masks, or not going to work or going to public places when having an infectious process.

Inconsistent messaging on benefits of light-moderate drinking versus abstinence

Mod: 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... 'If you already have a glass of red wine with your evening meal, drinking it in limited amounts may improve your heart health... Many studies have shown that drinking regular, limited amounts of any type of alcohol helps the heart...'

Mod: 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.' [https://www.thelancet.com/journals/lanrhe/article/PIIS2665-9913\(23\)00073-5/fulltext](https://www.thelancet.com/journals/lanrhe/article/PIIS2665-9913(23)00073-5/fulltext)

Mod: 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... 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.'

Eduardo Bianco, Uruguay: Historically, studies have shown a J-shaped distribution of outcomes... However, new research has challenged this interpretation by not confirming the J point relationship in Chinese and Indian populations

Eduardo Bianco, Uruguay: John Hopkins University raises doubts about the protective effect of wine. <https://www.hopkinsmedicine.org/health/wellness-and-prevention/alcohol-a...>

Eduardo Bianco, Uruguay: There are multiple reasons that the belief that alcohol is good for cardiovascular health is no longer acceptable...

Eduardo Bianco, Uruguay: 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.

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

Mod: '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' World Health Organization

Mod: ChatGPT supports the [alcohol] industry... : "While moderate alcohol consumption may indeed have some health benefits, such as a reduced risk of heart disease, critics suggest that the alcohol industry sometimes exaggerates these benefits while understating the risks. This can lead to confusion among consumers about what constitutes moderate drinking and its actual health effects."

The reasons for conflicting information

Richard Velleman, UK: 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).

Mod: 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.

Mod: 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.

Richard Velleman, UK: Some of us appear unable or unwilling to accept that 'the science is not yet clear' – it is also that all scientific data is open to interpretation – the myth has been well exploded over the past decades of the scientist as a purely objective being, not influenced by a huge number of internal and external factors. In fact, all data and conclusions deduced from them are theory-laden, and influenced by a wide range of factors; and I think that this issue of relativism is also being played out in this debate.

Impact of conflicting information

Mod: Regrettably, as we have already learned from this discussion, different health professionals give different advice on this point, and the same is true of academic websites... The result is confusion and loss of trust in health professionals and institutions.

Role of the alcohol industry

Eduardo Bianco, Uruguay: The alcohol industry has also perpetuated misleading information about the benefits of drinking alcohol... 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’.

What can be done to improve consistence of health messaging?

Mod: Richard Velleman writes: "It is not solely that people “adopt an inappropriate stance of certainty? Some of us appear unable or unwilling to accept that 'the science is not yet clear’"... The end result is a confused public and reduced trust in health professionals' advice. Worse, as Richard says, health professionals do this with an air of certainty. We have seen the same is true for health organisations and academic institutions such as Harvard and the Mayo Clinic. It can therefore be argued that individual health professionals, health organisations and academic institutions are part of the problem. Their inconsistency and failure to acknowledge uncertainty has led to chaos in public health communication. By contrast, the alcohol industry is focused and consistent (misleading but consistent) in their approach to messaging on alcohol and health.

Mod: The question then arises: how can health professionals and health organisations be stronger together in their health messaging? How might they be encouraged to be more honest with the general public and acknowledge uncertainty?... How can health professionals and health organisations speak with a more united voice in the face of alcohol industry misinformation?

A call for abstinence

Joseph Ana, Nigeria: My suggestion is that the No risk [no alcohol] should be the starting advice. If we are to achieve the 90% awareness my succession may help the effort. There are people who do not drink alcohol at all, they need to know that they should not start at all because they fall in the no risk category. They need to be so encouraged to stay Teetotaler.

Joseph Ana, Nigeria: '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.

How can the public be better informed?

Venus Mushininga, Zimbabwe: 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

Mod: Professor Sir Ian Gilmore... Communicating the health harms of alcohol to the

public 2016. 'Specifically, the [UK] government should...develop mass media campaigns outlining the risks. These could include TV and radio advertisements, social media campaigns, and messages on public transport [and] should introduce mandatory labelling of all alcoholic products, containing clear and legible health information about the harms associated with drinking. There can be no rationale for withholding from the public information to help them make more informed choices.'

Mod: "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?"

Mod: 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.'

Mod: Do people have adequate access to reliable information about the causes, symptoms, and treatment options for alcohol addiction, in a language they can understand? What information is available for the individual with alcohol use disorder, their loved ones, and the general public?

Mod: 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

Spanish: https://www.niaaa.nih.gov/sites/default/files/publications/NIAAA_Treatme...

The UK National Health Service has similar advice for

individuals: <https://www.nhs.uk/conditions/alcohol-misuse/>

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.

Mod: 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?

Stigma

Eduardo Bianco, Uruguay: Alcohol-related problems are among the most stigmatized conditions, adding additional burdens of prejudice and discrimination. Socially, people with problematic alcohol consumption are attributed greater responsibility and generate greater social rejection than consumers of other substances.

Mod: 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.

Miriam Chickering, USA: 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?

Miriam Chickering, USA: 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, see module three for alcohol-specific information.

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

Miriam Chickering, USA: "How can we, as a community, work towards destigmatizing alcohol use disorders and encourage a more informed and empathetic approach to addressing this challenge?"

Mod: On the subject of stigma, Eduardo has emphasised the importance of language, for example using the term Alcohol Use Disorders and not alcoholism. The name of the main US body on AUD therefore seems anachronistic: National Institute on Alcohol Abuse and Alcoholism. Eduardo Bianco, Uruguay: 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.

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

Eduardo Bianco, Uruguay: It is important that health professionals learn to use non-pejorative, non-stigmatizing, and person-centered language.

Eduardo Bianco, Uruguay: 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.

Social pressure to drink alcohol

Mod: 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...

Mod: 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.

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

Mod: 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.

False beliefs

Eduardo Bianco, Uruguay: Popular false beliefs about alcohol

- "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."

Olubunmi Arogunmati, UK: "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".

Debunking myths

Eduardo Bianco, Uruguay:

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

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

Myth 3 Alcohol warms the body...

Myth 4: Alcohol is a stimulant drug...

Myth 5: Hangovers are caused by switching drinks...

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

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

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

Myth 9 I Am Too Old to Have a Drinking Problem...
Myth 10 Drinking is a Good Way to Take the Edge Off My Chronic Pain...
Myth 11 A beer before bed helps you sleep...
Myth 12 All sexes react to alcohol in the same way...
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...
Myth 14 Alcohol only hurts your liver...
Myth 15 Alcohol isn't as harmful as other drugs.
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...
Myth 17 Alcohol makes sex better...
Myth 18 Giving minors alcohol under supervision is responsible ...

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?

Do health workers have adequate knowledge?

Eduardo Bianco, Uruguay: 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.

Eduardo Bianco, Uruguay: 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.

Mod: We would be interested to hear from frontline health professionals whether you find it easy to provide evidence-based alcohol care. Can you give any examples from your clinical experience? What guidance have you found to be helpful to identify and manage patients with Alcohol Use Disorders?

How can health workers be better informed?

Lorri Zipperer, USA: I would like to see more patient safety concepts applied to the improvement of AUD treatment.

Mod: Quote: "We want healthcare professionals to know three things about evidence-based alcohol care: that it is important, that they can do it, and that it's easy," says Raye Litten, PhD, co-developer of The Healthcare Professional's Core Resource on Alcohol (HPCR) and Director of the US National Institute on Alcohol Abuse and Alcoholism Division of Treatment and Recovery. Easy? I'm not sure that all health workers would agree. What do you think? Perhaps what Raye Litten means is that there are some simple steps that can be taken to provide care. "They

can quickly screen, provide a diagnosis, give advice, prescribe FDA-approved medications, and give referrals to a specialist if the case is severe.”

Eduardo Bianco, Uruguay: After assessing for AUD, your next steps could be :

- For patients who drink heavily and do not have AUD: Offer brief advice...
- For patients who have AUD: Advise abstinence and emphasize that it's important to cut down gradually because suddenly stopping can result in alcohol withdrawal, which can be risky. Be cautious and consider the need for medically managed withdrawal. Again, if the patient is hesitant to abstain, then negotiate individualized drinking goals. If you don't feel secure to manage the patient and he/she accepts, refer to a specialized program.

Eduardo Bianco, Uruguay: Knowing and managing FDA-approved medications for AUD—naltrexone, acamprosate, or disulfiram—can help many patients reduce or quit drinking. Healthcare professionals at Primary Care Level can prescribe these non-addicting medications in primary care without specialized training, or can refer to a specialty prescribe

Resources for health workers

Mod: Quote: 'The Healthcare Professional's Core Resource on Alcohol consists of 14 interconnected articles covering the basics of what every healthcare professional needs to know about alcohol.'... The Core articles are aimed broadly at all practicing healthcare professionals... 'The Core was designed to help address common barriers to optimum alcohol-related healthcare by providing: 'Knowledge to fill common gaps in training about addiction, including the neuroscience of addiction, evidence-based AUD behavioral healthcare and medications, and the varied paths to recovery; Quick, validated alcohol screening and assessment tools that address time constraints while providing a definitive picture of drinking levels and, in those who drink heavily, any AUD symptoms; Clarity about what constitutes heavy drinking, AUD severity levels, and recovery to build confidence in providing brief advice to patients and collaborating on their plans for a healthier future; Steps to reduce stigma surrounding alcohol-related problems and encourage greater patient acceptance of alcohol treatment when needed...'

Mod: A quick glance at the Healthcare Professional's Core Resource on Alcohol suggests it is targeted to US health professionals (not 'all practicing healthcare professionals). For example, on page 1 the reader is recommended to 'advise patients who choose to drink to follow the U.S. Dietary Guidelines'. What has been the impact of this resource in the US? What are the key resources for clinicians in other countries?

Jeniffer Yula Musyoka, Kenya: Health workers have little knowledge on handling alcohol abuse. Most consider alcohol abuse as a behaviour caused by poverty and other social economical problems in the society and not as a medical condition that needs medical intervention. Awereness is needed to health care workers for better handling of alcohol abusers.

Screening tools

CAGE

Richard Velleman, UK: I do not think that we have used the CAGE in our work in India, but some studies in India have used the CAGE – see our review: Nadkarni A et al (2022) Alcohol use among adolescents in India: a systematic review. As Nadkarni (2018) argues... the much shorter CAGE is more suitable in busy clinical settings

Richard Velleman, UK: CAGE certainly CAN be used as a screening test (see eg Cherpitel et al, 2005), but as stated above, it is better at screening for alcohol DEPENDENCE than for hazardous and harmful drinkers, where the AUDIT is better.

Dan Mayer, USA: I used CAGE in my practice for over 40 years and found it to be extremely helpful, and it can be administered in a very short period of time.

AUDIT

Eduardo Bianco, Uruguay: Using simple tools to detect people with alcohol consumption problems, such as:

- The Alcohol Use Disorders Identification Test–Consumption (AUDIT-C) that consists of three questions related to drinking frequency and quantity
- The NIAAA Single Alcohol Screening Question (SASQ) , where you have to ask “How many times in the past year have you had (4 for women, or 5 for men) or more drinks in a day?”
- Routinely integrating an Alcohol Symptom Checklist [PDF – 147.8 KB] into primary care may make it easier for healthcare professionals to hold comfortable, patient-centered, non-judgmental conversations about alcohol that help destigmatize AUD and its treatment

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

General considerations

Mod: I asked ChatGPT for examples of misinformation by the alcohol industry. It identified five types of misinformation:

1. Downplaying Health Risks
2. Promotion of Moderate Drinking
3. Targeting Vulnerable Groups
4. Misleading Advertising
5. Funding Biased Research

The alcohol industry and cancer

Mod: Why is there such low awareness of the link between alcohol and cancer? One of the reasons is that the alcohol industry deliberately obfuscates. Another reason is that governments are simply failing in their obligation under human rights law (as demonstrated by HIFA and the New York Law School) to meet the reliable healthcare information needs of their populations.

Mod: From this website we learn that the misinformation effects are greatest in relation to the links between alcohol and breast cancer... The overall effect of industry misinformation is large, increasing the odds of an inaccurate perception of the risk by around 60%.

Mod: Fact: Alcohol is a Group 1 Carcinogen. It increases the risk of breast cancer. Alcohol industry supported message: "It's important to put the risks from drinking alcohol into context. There are many other factors that increase the risk of developing breast cancer, some of which we can't control, like:

- Age: you're more likely to develop it as you get older
- A family history of breast cancer
- Being tall
- A previous benign breast lump

However, in addition to alcohol, other lifestyle factors such as being overweight and smoking are thought to increase your risk of developing breast cancer."

Fact: The Chief Medical Officers advise: Alcohol can cause cancer, including breast and colon cancers

Alcohol industry supported message: "Some studies show a link between alcohol and breast cancer among both pre-menopausal and post-menopausal women. However, no causal relationship has been shown between moderate drinking and breast cancer."

In both examples, we see how the alcohol industry aims to downplay the role of alcohol in breast cancer. In the first example, it emphasises other risk factors in order to make alcohol seem unimportant; in the second it makes what sound like a scientific and compelling statement "no causal relationship has been shown between moderate drinking and breast cancer". This is highly misleading and is very similar to the tactics of the tobacco industry in relation to lung cancer.

I look forward to hear of other examples where the alcohol industry has misled the general public, health workers or policymakers.

Role of the alcohol industry in different countries

Mod: What is the role of the alcohol industry in different countries? We saw in our previous NextGenU-supported discussion on Tobacco last year that industry is focusing more and more on persuading people in LMICs to smoke, as people in HICs abandon the product. Is something similar happening with alcohol?

Mod: What policies does each country have to defend its public health? LMICs may have weak policies on alcohol control, driven partly by alcohol industry lobbying. What examples do we have of the alcohol industry influencing legislation?

Mod: The net effect is that the alcohol industry is able to act in LLMICs in ways that are no longer possible in HICs. This could have devastating consequences on public health in LMICs as they face a huge and increasing non-communicable disease burden with very limited healthcare resources.

DrinkAware

Mod: As Eduardo and others have said, the alcohol industry wants people to drink more alcohol so they can make more profits. In fact, in the UK a staggering 40% of adults drink more than 14 units per week. These are the main source of profit for the alcohol industry and we now see that they are being inappropriately advised to carry on drinking as they are!

Mod: DrinkAware is a service funded mainly by the alcohol industry, that provides 'impartial, evidence-based information, advice and practical resources; raising awareness of alcohol and its harms and working collaboratively with partners. I looked up their information on Alcohol and heart health, expecting to find a claim that small amounts of alcohol can be cardioprotective, and instead found this: "Regularly having just a couple of pints of lager can weaken your heart and shrink your arteries. This makes it harder for blood to be pumped and pass through, which increases your blood pressure. That same pressure can lead to blood clots - which can cause strokes and brain damage." (!)

Eduardo Bianco, Uruguay: The main objective of the alcohol industry, like any industry, is to increase profits for its shareholders... The goal of Public Health is to reduce the burden of death and disease related to alcohol consumption... If Public Health is successful, alcohol sales will decrease. Therefore, there cannot be a "meeting point" between both parties; measures and strategies that are effective for public health harm the alcohol industry. Measures that are effective for the alcohol industry's objectives harm public health.

Eduardo Bianco, Uruguay: Alcohol ads also create false expectations about how alcohol will make people feel and be perceived by others: The ads promise what is important to young people: to be happy, glamorous, successful, brave, mysterious, adventurous and funny, popular, sexy and modern. The industry also sponsors sporting events and teams, as a way to attract young people.

Mod: alcohol 'plays a causal role in a wide range of health conditions and social problems, including coronary heart disease, breast and other cancers, liver diseases, HIV/AIDS, suicide and interpersonal violence'. What do we know about the role of the alcohol industry in misleading the general public about these links?

Mod: There are many online alcohol checks where any person can enter how much alcohol they drink, and then they are given health advice on that basis. Two of the main checks available in the UK are Unit Calculator (by AlcoholChangeUK recommended by the National Health Service) and Drinking Check (by DrinkAware, funded by the alcohol industry)

Mod: I have just done an experiment to see what advice each tool would give me, for the same level of alcohol intake. For the test, I indicated an alcohol intake of 1 large glass of wine (250ml) every day, equivalent to 21 units per week. The NHS recommends that men and women should not drink more than 14 units per week.

Mod: The difference in the advice given is *shocking*.

1. AlcoholChangeUK: "Watch out! You are drinking at levels that could put your health at risk and you would benefit from cutting down"

2. DrinkAware: "Great news! You are at lower risk of alcohol-related problems. This means you are at lower risk of serious diseases such as stroke, heart and liver disease, and seven types of cancer and may already be noticing the benefits of lower risk drinking such as deeper sleep, more energy and brighter moods."

Mod: DrinkAware claims to 'support you with the advice and information you need'. And yet it is clear from this experiment that DrinkAware, which is very widely used across the UK, is providing inappropriate reassurance to people who are drinking unsafe amounts of alcohol.

The source of this misinformation is clear: DrinkAware is funded largely by the alcohol industry.

Mod: And it gets worse! Let's say I drink 2 glasses of wine every day, equivalent to 42 units per week.

1. AlcoholChangeUK says: "Drinking at this level is likely to be harming your health. You may wish to speak to your GP or an alcohol professional to look at your options for taking back control of your drinking."

2. DrinkAware says again: "Great news! You are at lower risk of alcohol-related problems."

Something is *very* wrong here.

Mod: I noticed another big difference between the AlcoholChangeUK and the DrinkAware test. The former focuses on number of units of alcohol, whereas the latter also asks 7 questions such as "How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session?". None of the questions would be answered in the affirmative unless someone had a very serious alcohol dependence. In my opinion, these questions were deliberately designed by the alcohol industry so that the majority of respondents would say "No" to each one and thereby feel reassured and motivated to carry on drinking 14-42 (or more) units per week.

Mod: DrinkAware's own website claims to be reliable: 'An independent review' concluded: 'No evidence was found within the 50 pages reviewed that the Drinkaware website is intentionally misleading the public. When compared to similar types of site, the content on the Drinkaware website was found to be of similar level of accuracy and well-tailored to the 'general public' audience at which it is aimed.'

Mod: I do the experiment a third time. Let's try *3* large glasses of wine (=1 whole bottle of wine every day), equivalent to 63 units per week.

1. AlcoholChangeUK says: "Drinking at this level is likely to be harming your health. You may wish to speak to your GP or an alcohol professional to look at your options for taking back control of your drinking."

2. DrinkAware: "Ready to make a change? You are at increasing risk of alcohol-related problems"

It seems that Drinkaware only advises change when the alcohol consumption is very dangerously high.

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?

Mod: 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.

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

Eduardo Bianco, Uruguay: 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)

Mod: 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'.

Mod: 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.'

Mod: The [US NIAAA and DSM] 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.

Mod: The American Psychiatric Association says: 'Alcohol use disorder (AUD) involves frequent or heavy alcohol drinking that becomes difficult to control and leads to problems such as in relationships, work, school, family, or other areas.'

Mod: The APA publishes the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), which defines Alcohol Use Disorders as 'anyone meeting any 2 of the 11 criteria below] during the same 12-month period.

Mod: ChatGPT indicates that the Diagnostic and Statistical Manual of Mental Disorders (DSM) is widely used by mental health professionals worldwide, not just in the United States. It also notes that 'the World Health Organization (WHO) publishes the International Classification of Diseases (ICD), which includes a section on mental

and behavioral disorders. In some regions, the ICD may be used as the primary diagnostic reference instead of or alongside the DSM'. I had a look at the ICD and it appears to use the terms 'abuse' and 'dependence' as used in older versions of the DSM. I found the ICD difficult to use: hundreds of results when I use the search term "alcohol" and I couldn't readily find definitions.

Mod: WHO estimates that there are 280 million people globally with Alcohol Use Disorders. It would be interesting to know how this estimate was reached.

Mod: The paper [Nadkarni et al 2022] defines the treatment gap as 'the proportion of individuals who require treatment for a particular condition but do not receive it'. Does this include all people with an Alcohol Use Disorder, as defined by the DSM-V, whether or not they seek treatment? It would be interesting to have an idea of [number of people with AUD] vs [number of people with AUD who seek medical help but cannot get it] vs [number of people with AUD who seek medical help and receive it]. Clearly, the picture is blurred also by the quality of help provided, and by whom. I expect perhaps that many people bypass the health system in the first instance and seek help from non-medical sources. It would be very interesting to hear some case studies of people with AUD and their experiences of seeking help for their condition.

Alcohol consumption in different countries

Eduardo Bianco, Uruguay: 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... Unfortunately, at the national level, alcohol control policies are weak, with the exception of a "zero alcohol" policy while driving.

Amelia Taylor, 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)... In Malawi 6.45% of total deaths are due to road traffic accidents. [A] study (2008) among the student population in Malawi that found that almost 50% of male students qualified as 'suffering' from alcohol related disorders. Alcohol drinking among the youth (and female population too) seems to be on the increase (informal sources).

Abenezer Dereje, Ethiopia: In Ethiopia, the national survey (DHS 2016) showed that the burden is up to forty-six percent in the community... Casual alcohol use is seen as a sign of social status and a sign of success and enjoyment of life.

Jum'atil Fajar, Indonesia: low per capita consumption and strict regulations...

Joseph Ana, Nigeria: In Nigeria, the steady rise in the consumption of alcohol (and drugs) has been linked with rising crime, violence and public disorder.

Enock Musungwini, Zimbabwe: Zimbabwe, unfortunately, finds itself on the high end of the spectrum for years of life lost due to alcohol-related causes, painting a grim picture of the nation's health landscape...

Joseph Ana, Nigeria: I searched 'What advice are people who consume or are planning to start consuming alcohol in Nigeria given?', and here are some of the results that popped up, most of them very disturbing...

WHO Global Alcohol Action Plan

Mod: WHO has a Global Alcohol Action Plan 2022-2030, which is available here in pre-print (I cannot find a final version, can anyone help?)

<https://cdn.who.int/media/docs/default-source/alcohol/final-text-of-aap-...>

Mod: The Plan has six objectives:... I tried to find out what the Action Plan says in terms of addressing misinformation by the alcohol industry, but all I could find was this: 'The continuing global dialogue with economic operators in alcohol production and trade should focus on industry's contribution to reducing the harmful use of alcohol in their roles as developers, producers and distributors/sellers of alcoholic beverages...' Shouldn't this read: 'should focus on addressing industry's contribution to *increasing* the harmful use of alcohol in their roles as developers, producers and distributors/sellers of alcoholic beverages'?

Other

Peter Jones, UK: Just to highlight again the utility of Hodges' model in this context (across addictions)... <https://hodges-model.blogspot.com/search?q=alcohol>

Marileine Kemme, Cameroon: 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?

HIFA member, Russia: 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.

Joseph Ana, Nigeria: I searched 'What advice are people who consume or are planning to start consuming alcohol in Nigeria given?', and here are some of the results that popped up, most of them very disturbing...

PROFILES (alphabetical by last name)

Mod: To see if this is reported elsewhere, I searched on "Drinkaware encourages heavy drinkers to continue drinking" and I was unable to find anything on the subject.

Mod: I learned that DrinkAware prides itself in saying "In 2021, 250,991 people completed the Drinkaware Self-Assessment Tool" and it has 'since been shortlisted for an award in the 2022 European Search Awards' (!)

Enock Musungwini, Zimbabwe: Alcohol industry attempts to influence alcohol policies, evidence from research and Zimbabwean experience... There is some

evidence of the pervasive influence of the alcohol industry on regulatory decisions. Even in Africa, concerns are mounting about the undue sway that alcohol corporations wield in shaping public health policies. The alcohol industry has vast resources and powerful lobbying machinery which they use to influence policymakers (Governments) to enact regulations that align with their business interests. The alcohol industry lobbying includes advocating for lenient advertising restrictions, resisting measures aimed at curbing alcohol consumption and influencing policy discussions agenda. The industry enters strategic alliances, make financial contributions, use of celebrities to promote alcohol, sponsorship deals with sports, and use sophisticated marketing campaigns to shape the narrative around alcohol use and minimize the implementation of stringent regulations like WHO Best buys. The industry leverage on their economic clout and political connections to sway policymakers in their favor.

Enock Musungwini, Zimbabwe: A study done by the author as part of MSc Public health at London School of Hygiene and Tropical (2019) showed that there is no legally binding National Alcohol Policy, and the industry is regulated by various legal instruments under different organisations. The Zimbabwe national alcohol policy making process started in 2008, first draft was completed in 2009 and final draft completed in 2010 (WHO, 2010). The draft policy is not legally binding. The policy making process was dominated by alcohol industry players with 19 out of 45 (42%) stakeholders involved (actors) in the Zimbabwe National Alcohol policy making being linked to the Alcohol industry (Zimbabwe National Alcohol Policy, 2010).

Mod: Yesterday I sent a message [URL below] to HIFA saying that a UK alcohol charity 'actually encourages heavy drinkers to continue drinking'. As described in the rest of the message, this observation was based on my test of their online drinking check tool, whereby I posed as if I were a drinker of two large glasses of wine daily. I withdraw the above comment and replace the wording with 'on the basis of my observation, appears to encourage heavy drinkers to continue drinking. This needs to be confirmed by others in case I have somehow made an error'.

Geoff Royston, UK: Tried the test. Result same as yours. Shocking!

Mod: The key problem, as highlighted by Richard Velleman, is that they assume a level of certainty or - at least - fail to communicate the uncertainty of the cumulative evidence. This is an indictment of all such health professionals and organisations. By assuming certainty, or not communicating uncertainty, they are part of the problem rather than part of the solution. How can we support health professionals to recognise uncertainty and to see the importance of communicating this to their patients and the general public?

Jeniffer Yula Musyoka, Kenya: Health workers do not have adequate knowledge on alcohol use disorders since it is not considered as a medical condition. Unfortunately health workers are victims of abusing alcohol due to pressure at work caused by staffing poorly paid income and poor working condition with no supply to perform there duties without improvisation.

Mod: I am getting further reports of people being misinformed by DrinkAware's Drinking Check tool. I have tried the test again, entering that I drink 5-6 units of

alcohol per day (which is seriously heavy drinking), and being told "Great news! You are at lower risk of alcohol-related problems" We have established there is a big problem. What is the cause? It seems unbelievable that this is deliberate misinformation. I suspect there is an error in the software. If so, this has continued for at least 3 days, potentially misinforming up to 900 people per day who reportedly take the test.

Eduardo Bianco, Uruguay: It is very likely that a person who "regularly" drinks 3 or 4 units of alcohol per day will not mark "never" in the rest of the questions. There is a good chance that a person with such a level of alcohol consumption may consume more units on some days, and therefore, must respond positively to one of the other answers that increase the score. This would easily make him reach 8, placing him in a higher risk situation.

Mod: "It is very likely that a person who "regularly" drinks 3 or 4 units of alcohol per day will not mark "never" in the rest of the questions." I know a lot of people who drink 3 or 4 units of alcohol per day (or even more) and who would answer Never to the seven questions in the DrinkAware Drinking Check. These questions are only likely to be answered yes by someone who has a very serious drinking problem (ie more than 6 units per day).

Mod: I have done another test, again posing as a man who drinks 5-6 units per day (eg 2 large glasses of wine). This time I admitted to occasionally needing an alcoholic drink in the morning to get myself going after a heavy drinking session. The result: "Great news! You are at lower risk of alcohol-related problems" (!) This implies that if I drink 42 units a week (3X the maximum recommended by the UK National Health Service) and I occasionally need an alcoholic drink in the morning to get going, then I should celebrate that I am at lower risk of alcohol-related problems!!??

Eduardo Bianco: It has been shown that there is no minimum level of alcohol consumption that is free of health risk.

Eduardo Bianco, Uruguay: Drink responsibly. In this way, it focuses the responsibility of consumption on the individual, and removes that from the alcohol industry. This approach has not been effective in controlling alcohol consumption. Advertising and other marketing strategies strongly stimulate consumption and influence adolescents (who have not yet fully developed the brain capacity for self-control) and those adults who already have a dependent relationship with consumption, and cannot control it either. The term "responsible drinking" is strategically ambiguous, and allows for multiple interpretations, given that it is not clearly defined in relation to a particular level of alcohol consumption. (3)

Eduardo Bianco, Uruguay: Designated driver. It is another intervention encouraged by the industry with the intention of transmitting the message that drinking too much alcohol is not a problem, as long as a driver has abstained from drinking.

Eduardo Bianco, Uruguay: Large alcohol companies systematically use the terms "harmful use of alcohol", "abuse", "misuse" and "excessive use" and aggressively hold the "consumer" responsible for alcohol-related problems. (4)

Eduardo Bianco, Uruguay: The term “harmful use” per se does not convey the fact that there is no safe or healthy consumption of alcohol. At first glance, it communicates the idea that there is a “harmful” and a “normal” alcohol consumption.

Eduardo Bianco, Uruguay: This term does not illustrate that the primary cause of the global alcohol burden is the products and practices of the alcohol industry, but rather intuitively appears to focus on the consumer who consumes alcohol in harmful ways.

Eduardo Bianco, Uruguay: The term “harmful use”, which is included in the WHO Global Alcohol Strategy, is questioned by some, because it is a term that is not based on evidence, and that in reality, resulted from a political commitment to ensure that approve the strategy itself.

Eduardo Bianco, Uruguay: They see it as a victory for the big alcohol lobby in adopting the WHO's Global Alcohol Strategy, because they argue that the term is a key strategy for promoting ambiguity about the alcohol harms and related regulatory solutions. (4)

Eduardo Bianco, Uruguay: Big alcohol is trying to delay and derail a comprehensive understanding of the alcohol harms (health, social, economic and developmental) and in doing so question the effectiveness of the Best Buys in alcohol control policies, which are also elements key to the strategy. The goal is to distract attention away from scientifically proven, cost-effective, high-impact policy solutions aimed at regulating the alcohol industry. The power of industry interference to hinder evidence-based policies in alcohol regulation should not be underestimated.

Eduardo Bianco, Uruguay: Healthcare professionals must continue to inform the public, not only on the harmful effects of alcohol consumption, but also on the practices of global industries to prevent the public health message from having an impact.

Mod: I sent a message that referenced the influence of the alcohol industry on the WHO Global Alcohol Action Plan, suggesting that in the past 10 years the alcohol industry is now indeed sitting at the table:

<https://www.hifa.org/dgroups-rss/alcohol-use-disorders-92-alcohol-indust...>

There are a lot of reasons that the alcohol industry should not have a role in global policy. Are there any reasons why they should be given a voice?

Mod: What countries have the highest alcohol consumption? Here they are:

1. Latvia 13.19 (litres of pure alcohol per capita per year)
2. Moldova 12.85
3. Germany 12.79
4. Lithuania 12.78
5. Ireland 12.75
6. Spain 12.67
7. Uganda 12.48
8. Bulgaria 12.46

9. Luxembourg 12.45

10 Romania 12.34

Peter Jones, UK: "Be aware of @Drinkaware "
ncbi.nlm.nih.gov/pmc/articles/P... via @peter_g_miller et al
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3992896/>

Mod: Dear Jeniffer, You made an important observation: "Health workers do not have adequate knowledge on alcohol use disorders since it is not considered as a medical condition" Please can you say a bit more about this in your context (Kenya)? The implication is that some health workers do not see it as their responsibility to prevent or manage Alcohol Use Disorders. Is that the case? Can you give any examples of how this looks in practice?

Mod: According to DrinkAware, if I enter 3 pints of beer per day (42 units per week), then I get the response: "Great news! You are at lower risk of alcohol-related problems"

Mod: And according to AUDIT [auditscreen.org], if I enter 3 pints of beer per day, I get this response: "Your score is 6 and places you in the low risk category for alcohol problems. Congratulations on this... ensuring it [your consumption] remains within the low risk range represents a great investment for your future."

Mod: Neither the DrinkAware test nor the AUDIT test advise you to reduce your intake. In fact the AUDIT test advises you to 'ensure your consumption remains within the low risk range'. In other words, carry on drinking 3 pints of beer a day!

Mod: When we first started to discuss this, I assumed that perhaps there was a temporary fault with the DrinkAware software. But no... People who drink three times the recommended amount of alcohol are advised to celebrate and carry on, without even a hint of encouragement to cut down, and without any guidance on the fact that 42 units of alcohol per week is associated with an increased risk of cardiovascular disease and cancer. The alcohol industry must be laughing all the way to the bank...

Mod: From where I see it, this is a gross case of misinformation. If you drink 42 units a week and you consult an online tool to check your drinking, then you should be told that your level of drinking is defined as 'heavy drinking', you should be told that you are at risk of cardiovascular disease and cancer, you should be advised to cut down. You should not be advised to celebrate and carry on.

Mod: These tests are used by thousands of people every day. Over a year, hundreds of thousands of people are probably being misinformed.

Mod: How on earth could public health professionals in the US and the UK have approved a tool that is so misleading?

Mod: Call to action: I invite HIFA colleagues to join me in calling for an urgent review of online drinking checks like DrinkAware and AUDIT. Currently they are surely not fit for purpose.

Miriam Chickering, USA: I wonder what protocol the test is based upon? Since this test is open to the public, it should be based on public health recommendations and not on a protocol used by healthcare professionals to diagnose a substance use disorder. There is a big difference in tools or advice meant for the general public and a protocol used by physicians to diagnose a substance use disorder.

Mod: The DrinkAware test is described as 'an alcohol self-assessment that can help you identify if the amount you drink could be putting your health at serious risk. We use a tool developed by the WHO, called 'AUDIT', that is used internationally by medical professionals to check for alcohol harm, including dependence'.

Mod: Whatever AUDIT is meant for, it is clearly NOT an appropriate tool for self-assessment. This is clear because we have seen that the tool congratulates people who drink more than the recommended level of alcohol per week (14-42 units per week), without indicating that such levels of consumption may be harmful.

Mod: It seems obvious to me that the result of a public self-assessment tool used by someone who drinks 42 units a week should *not* congratulate that person and encourage them to carry on (as DrinkAware clearly does). It *should* warn the person that this level of alcohol consumption is, by definition, heavy drinking and carries long-term risks in terms of cardiovascular disease and cancer. The result *should* also emphasise that the recommended maximum level of consumption is 14 units, and that an intake of 42 units is 3X the recommended maximum intake.

Mod: This is blatant misuse of a tool that should be used for clinical evaluation for Alcohol Use Disorders, and not for self-evaluation.

Mod: Hundreds of thousands of people self-assess their alcohol intake with DrinkAware every year. Many of them are drinking 14-42 units per week, and are being told "Good news, carry on!"

Mod: The winner in all this is the alcohol industry; the loser is the very large numbers of individuals who are being misinformed and encouraged to continue heavy drinking, predisposing them to cardiovascular disease, cancer and other serious health consequences, increased risk of harm to others, and all the other harms of alcohol that we have discussed: societal, economic, environmental...

Mod: This appears to be misinformation on an industrial scale.

Peter Jones, UK: I wonder whether the question: "Do people understand the harms of alcohol?" must always be placed in context? It is radically different when asked of the tee-total, dry, safe drinker; and someone (still) actually in their alcohol drinking?

Oluwakemi Akagwu, UK: The extent to which health workers see it as their responsibility to prevent or manage Alcohol Use Disorders would depend on their context. For instance, if their training curriculums cover how to prevent, screen for or manage Alcohol Use Disorders, if guidelines on Alcohol Use Disorders are disseminated to guide those practising, and if there is clarity on when and where they can refer patients who need help. It is possible to change the mindset of already established health workers but this will need to be approached through various channels including making changes to policies, training curriculums and funding.

Mod: We have noted that DrinkAware, the leading alcohol charity in the UK, funded by the alcohol industry, appears to be encouraging heavy drinkers (42 units per week) to continue drinking heavily.

I have identified another self-evaluation website (whose financial support is not revealed) that does the same: www.auditscreen.org

Like DrinkAware, Auditscreen is based on the AUDIT tool.

Like DrinkAware, if I enter that I drink 42 units per week, the result is: "Your score is 6 and places you in the low risk category for alcohol problems. Congratulations"

This is clearly misinformation, and it is likely that huge numbers of people are being misinformed.

Mod: The same is true of a third site, Alcohol Change UK:

<https://alcoholchange.org.uk/> - I enter that I drink 42 units per week and am reassured this is fine: "Drinking at this level means that you are unlikely to be putting yourself at risk of alcohol-related harm." Unlike DrinkAware, Alcohol Change UK is not funded by the alcohol industry.

Mod: Compare the above with a personal health check. If I said to my doctor that I am drinking 42 units a week, s/he would rightly remind me that the recommended upper limit is 14 units per week. They would tell me rightly that 42 units is defined as 'heavy drinking' and that this level of consumption will predispose me to cardiovascular disease, cancer and many other medical conditions. The doctor would strongly encourage me to reduce my alcohol intake.

Mod: I searched on "rapid advice to reduce alcohol intake" and I could not find it. I had assumed there was a package of agreed "rapid advice" that all health workers should apply, but I found there is a plethora of sites that give a multitude of different suggestions. Very confusing. I'm sure someone will be able to point us to the official consensus advice, but it's notable that I had such difficulty. The implication is that any health worker who had heard about rapid advice, like me, and wanted to check about it, would have difficulty in finding the information.

Eduardo Bianco, Uruguay: I wish to thank Neil again for having "triggered" that exchange about Drinkaware's results, because it has forced us to review information and realize that "there is something wrong here."

Eduardo Bianco, Uruguay: I think we have identified a series of "errors": 1. I begin by venturing to completely rule out "the technical error" in the Drinkaware results and advice. 2. The AUDIT is not a diagnostic tool but a rapid screening tool to be used in a clinical environment (along with other tools), and not at a population level.

Eduardo Bianco, Uruguay: To develop an instrument with international applicability, the creators of the AUDIT assumed that a standard drink contains 10 g. of alcohol. The problem is that there is a divergence in standard drink sizes and recommended levels of low-risk consumption between countries, so the WHO AUDIT User Manual recommended that the AUDIT be adjusted to the alcohol content of the

standard drink in the country in which it is used. Only with such an adjustment will the AUDIT total score accurately reflect the amount of alcohol consumed by the patient.

Eduardo Bianco, Uruguay: The population and global use of the AUDIT tool, by Drinkaware, without properly taking into account the quantities consumed is a “gross error”. Firstly, because the AUDIT was not designed to be used at a “population” level but rather at a clinical level... Drinkaware also “forgot” to properly “highlight” the importance of the amount of weekly alcohol consumption, and only puts it in a “small symbol” in relation to the concept of “alcohol units”, which if the user does not click on it will not be clear what is being talked about when talking about units and what the limits are.

Eduardo Bianco, Uruguay: On the other hand, the results obtained with high alcohol consumption (42 units) and the resulting advice (low risk), constitute a scandalous way of misinforming the population.

Eduardo Bianco, Uruguay: I was also annoyed that Drinkaware focuses only on “problem drinking” and “AUD”, leaving out the total amount of alcohol consumed per week. Which is key. The problem of alcohol is not only in “problematic and dependent consumers”, it is necessary to reduce the total amount consumed at the population level if we want to reduce the impact of alcohol on a health and social level. [Query]

Eduardo Bianco, Uruguay: We suggest that working with, and for, industry bodies such as Drinkaware helps disguise fundamental conflicts of interest and serves only to legitimize corporate efforts to promote partnership as a means of averting evidence-based alcohol policies. We invite vigorous debate on these internationally significant issues and propose that similar industry bodies should be carefully studied in other countries.

Eduardo Bianco, Uruguay: In relation to AUDIT, I think it would be appropriate to have an exchange with the WHO to share with them what the HIFA Forum has identified and ask if they share our same concerns and if they are thinking about “updating” the AUDIT, as the US has done, and what would be the steps for it.

Eduardo Bianco, Uruguay: Regarding Drinkaware, I believe that we have to corroborate the evidence of the relationship with the alcohol industry and alert our audiences to avoid using this tool, because it is “misinforming” thousands of people, and putting their health and lives at risk.

Thomas Babor, USA: I agree with Eduardo’s concerns about DrinkAware’s use of the WHO AUDIT. It is not a diagnostic instrument and the scoring outside the UK should be adjusted to take into account differences among countries in standard drink sizes. I am cc-ing my colleague, John Higgins-Biddle, in case he wants to address some of the issues raised in the discussion.

Thomas Babor, USA: If there is general agreement within the Forum that the AUDIT should be revised, perhaps we can reach out to WHO with some questions and a recommendation. We could ask WHO if DrinkAware ever asked for permission to use the AUDIT on their website, and whether they asked for WHO’s opinion about the advice DrinkAware provides online. If the advice about a positive score was never

reviewed by WHO experts, perhaps a direct letter to DrinkAware from WHO or from the Forum participants would be in order, asking them to make changes.

Thomas Babor, USA: Regarding Eduardo's February 26 post about the alcohol industry [<https://www.hifa.org/dgroups-rss/alcohol-use-disorders-91-role-alcohol-i...>], I am less concerned with the definitional issues on the WHO side than with the propaganda value of the "Responsible Drinking" concept on the industry side... One thing the public health community could do to deal with terminology issues raised in the Forum is to co-opt the responsible drinking concept by defining it better in terms of lower risk drinking levels, explaining that risk begins with even small doses because of alcohol's cumulative effects on many organ systems, and expand it to include responsible nondrinking. That brings me to the issue of NoLo alcohol products... branding these products with well-known alcohol brand names to circumvent current or future marketing restrictions and to provide an opportunity to claim they are helping WHO to reduce global alcohol consumption, which is a way of using Corporate Social Responsibility as brand marketing.

Eduardo Bianco, Uruguay: There can be no agreement between public health and the alcohol industry because the interests of both parties are frankly opposite... There is no reason for the Alcohol Industry to participate in the formulation of alcohol regulation policies.

Joseph Ana, Nigeria: I agree with the suggestion that our findings be shared as widely as possible. It may lead to action to revise the Audit to contain appropriate advice about alcohol use .

Mod: I have had a look at the question of definition and it appears to be not very straightforward. One of the challenges is that there are at least two official sources: the Diagnostic and Statistical Manual of Mental Disorders (DSM) and the International Classification of Diseases (ICD)... According to Wikipedia, DSM is used primarily in the US, while ICD is used elsewhere. It would be interesting to know which other countries use DSM. It seems likely there are different organisations within the same country that use one or the other source.

Mod: Searching for the DSM, I was signposted to the Internet Archive. I then had to register but was still unable to access to the full text. I note that the landing page contains only 2 reviews by users, and each of these is only a few words. One would expect hundreds of reviews for an important reference of this type. Perhaps HIFA members can point us to a better way of accessing this.

Mod: ICD is published by WHO and it is straightforward to access and search. The text includes: 'Disorders due to use of alcohol are characterised by the pattern and consequences of alcohol use. Alcohol — more specifically termed ethyl alcohol or ethanol — is an intoxicating compound produced by fermentation of sugars usually in agricultural products such as fruits, cereals, and vegetables with or without subsequent distillation. There are a wide variety of alcoholic drinks, with alcohol concentrations typically ranging from 1.5% to 60%. Alcohol is predominantly a central nervous system depressant. In addition to ability to produce Alcohol Intoxication, alcohol has dependence-producing properties, resulting in Alcohol Dependence in

some people and Alcohol Withdrawal when alcohol use is reduced or discontinued. Unlike most other substances, elimination of alcohol from the body occurs at a constant rate, such that its clearance follows a linear rather than a logarithmic course. Alcohol is implicated in a wide range of harms affecting most organs and systems of the body (e.g., cirrhosis of the liver, gastrointestinal cancers, pancreatitis). Harm to others resulting from behaviour during Alcohol Intoxication is well recognized and is included in the definitions of harmful use of alcohol (i.e., Episode of Harmful Use of Alcohol and Harmful Pattern of Use of Alcohol). Several alcohol-induced mental disorders (e.g., Alcohol-Induced Psychotic Disorder) and alcohol-related forms of neurocognitive impairment (e.g., Dementia Due to Use of Alcohol) are recognized.'

Mod: ICD also provides 'a list of specific diagnostic categories of that apply to alcohol:

- 6C40.0 Episode of Harmful Use of Alcohol
- 6C40.1 Harmful Pattern of Use of Alcohol
- 6C40.2 Alcohol Dependence
- 6C40.3 Alcohol Intoxication
- 6C40.4 Alcohol Withdrawal
- 6C40.5 Alcohol-Induced Delirium
- 6C40.6 Alcohol-Induced Psychotic Disorder
- 6C40.70 Alcohol-Induced Mood Disorder
- 6C40.71 Alcohol-Induced Anxiety Disorder
- 6C40.Y Other Specified Disorder Due to Use of Alcohol
- 6C40.Z Disorder Due to Use of Alcohol, Unspecified'

Mod: My first impression is that neither the DSM nor the ICD are ideal for the primary care health worker, the former because I can't access it, and the latter because there is a lot of confusing detail.

Mod: Alongside with the companion publication on the AUDIT, WHO has also produced a manual to aid primary health care workers in administering brief interventions to persons whose alcohol consumption has become hazardous or harmful to their health. Together, these manuals describe a comprehensive approach to alcohol screening and brief intervention (SBI) that is designed to improve the health of the population and patient groups as well as individuals.

Mod: I would like to invite HIFA members to share their experience of using AUDIT and the WHO publications mentioned above. What other guidance are you aware of to help identify and manage people with Alcohol Use Disorders? Is the information you need readily available?

Mod: As a result of our interactions on HIFA in the past few days, we have 'discovered' that the AUDIT tool is being widely used as a self-administered online drinking check for the general public. As a result, it appears that tens of thousands of heavy drinkers (alcohol intake up to 42U per week, or 3X the recommended maximum) are potentially being misinformed that they are at 'lower risk' and thereby encouraged to continue drinking at unsafe levels. This is our impression, but it needs

formal verification by others. We have therefore today informed the World Health Organization of this observation and will keep you updated.

Mod: I was interested to see a paper about this... Understanding standard drinks and drinking guidelines... According to the full text, 'Many countries have a national standard drink or unit with alcohol contents ranging from 8 to 23.5 grams of ethanol'. This is almost a 3-fold difference among different countries. This can only add to everyone's confusion. Ideally a standard drink or unit should be truly standard - the same across countries. The paper says a little about why some countries choose different amounts, but it does seem surprising that the international health community has not reached a consensus.

Mod: Here are the top seven hits from a google search on 'definition of alcohol use disorders' and a comment from me below:

US Medline Plus: 'This means that their drinking causes distress and harm.'
<https://medlineplus.gov/alcoholusedisorderaud.html#:~:text=However%2C%20...>

UK NHS: 'Alcohol misuse is when you drink in a way that's harmful, or when you're dependent on alcohol'
<https://www.nhs.uk/conditions/alcohol-misuse/>

American Psychological Association: 'People with alcohol use disorders drink to excess, endangering both themselves and others.'
<https://www.apa.org/topics/substance-use-abuse-addiction/alcohol-disorders>

UK NICE: 'Harmful drinking (high-risk drinking) is defined as a pattern of alcohol consumption causing health problems directly related to alcohol'
<https://www.nice.org.uk/guidance/cg115/chapter/Introduction>

WebMD: 'Alcohol use disorder (AUD) is a chronic illness in which you can't stop or control your drinking even though it's hurting your social life, your job, or your health.'
<https://www.webmd.com/mental-health/addiction/what-is-alcohol-abuse>

Lancet paper 2019: 'Alcohol use disorders consist of disorders characterised by compulsive heavy alcohol use and loss of control over alcohol intake.'
<https://pubmed.ncbi.nlm.nih.gov/31478502/>

WHO: 'Adults (15+ years) who suffer from disorders attributable to the consumption of alcohol (according to ICD-10: F10.1 Harmful use of alcohol; F10.2 Alcohol dependence) during a given calendar year. Numerator: Number of adults (15+ years) with a diagnosis of F10.1, F10.2 during a calendar year.'
<https://www.who.int/data/gho/indicator-metadata-registry/imr-details/1388>

Mod: American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders says someone has alcohol use disorder if they meet two or more of 11 criteria in one 12-month period. AUD may be mild, moderate, or severe, based on how many of the criteria are true. The criteria are:

Alcohol use in larger amounts or for a longer time than intended

A lasting desire or unsuccessful effort to cut down or control alcohol use

A lot of time spent getting alcohol, drinking it, or recovering from its effects

A craving for alcohol

Alcohol use that causes a failure to meet obligations at work, school, or home

Alcohol use that continues even though it leads to lasting or repeated personal problems

Giving up or cutting back on important activities because of alcohol

Repeatedly using alcohol in dangerous situations

Using alcohol even though you know it causes physical or psychological problems, or makes them worse

Alcohol tolerance, when you need more to have the same effect

Alcohol withdrawal

Mod: WHO: ICD-11 it [Hazardous Alcohol Use] is defined as: A pattern of alcohol use that appreciably increases the risk of harmful physical or mental health consequences to the user or to others to an extent that warrants attention and advice from health professionals.

Mod: The above are to some extent consistent, but have differing emphasis on specific features such as harm and control. Three of the definitions describe alcohol use disorders (plural). For the latter there are different ways of describing the individual disorders. Does this variation matter? Should we be paying more attention to one or more definitions? And, most importantly, what criteria should frontline health professionals use when assessing a patient's alcohol consumption?

Mod: The overall terminology is quite confusing. Is it feasible to reach a point where everything is clear? From my perspective, this seems unlikely. Perhaps, for the individual health worker, there is a case for abandoning terminology that is not useful and instead focus on the number of units of alcohol consumed per week, together by a narrative description of the harms attributable to alcohol consumption in each case?

Eduardo Bianco, Uruguay: Due to "professional deformation", although I am not a psychiatrist, I am inclined to favor the use of the APA [American Psychiatric Association] criteria, because it allows us to identify a wide range of problems linked to alcohol consumption. It is also in line with my conviction that we must not only try to help those who have the "most serious disorders," but to do so we must reduce the population average alcohol consumption.

Eduardo Bianco, Uruguay: I am sharing a summary of the WHO Alcohol Action Plan 2022-2030...

Global goal 3.1: Achieve 50% of countries to develop a national multi-sector coordination mechanisms to implement and strengthen alcohol regulations.

Global target 3.2: Achieve 50% of countries participating in WHO global and regional networks on alcohol regulation.

Global target 4.1: Achieve 50% of countries with greater capacity to implement effective strategies and interventions to reduce harmful use of alcohol at the national level.

Global goal 4.2: Achieve 50% of countries with health services with greater capacity to provide interventions for the prevention and treatment of alcohol-related problems

Global goal 5.1. Achieve 75% of countries to periodically generate and present national data on alcohol consumption, related harms, and the application of measures.

Global target 5.2: Have 50% of countries regularly report on a national data set for monitoring.

Global Meta 6.1: Achieve at least 50% of countries to allocate resources to reduce the harmful use of alcohol.

Richard Velleman, UK: You suggest that “Perhaps, for the individual health worker, there is a case for abandoning terminology that is not useful and instead focus on the number of units of alcohol consumed per week, together with a narrative description of the harms attributable to alcohol consumption in each case?” I certainly would agree with this – and indeed, in my book ‘Counselling for Alcohol Problems’ [SAGE Publications Ltd; Third edition (18 Jan. 2011)] I have an entire chapter devoted to ‘Understanding Alcohol Problems’...

Richard Velleman, UK: For me, the issue is whether a person’s drinking is causing harm or problems to anyone – to the person drinking, or to others (eg their family or friends), or to wider society...

Richard Velleman, UK: “My own definition of an alcohol problem is very simple: if someone’s drinking causes problems for him or her, or for someone else, in any area of their lives, then that drinking is problematic... someone has an alcohol problem if their drinking causes them or anyone else a problem.”.

Eduardo Bianco, Uruguay: The World Health Organization (WHO), in collaboration with international partners, launched the SAFER initiative in 2018 alongside the United Nations third high-level meeting on prevention and control of noncommunicable diseases (NCDs). The objective of the initiative is to provide support for Member States in reducing the harmful use of alcohol ... The SAFER interventions are:

STRENGTHEN restrictions on alcohol availability

ADVANCE and enforce drink-driving countermeasures

FACILITATE access to screening, brief interventions and treatment

ENFORCE bans or comprehensive restrictions on alcohol advertising, sponsorship and promotion

RAISE prices on alcohol through excise taxes and other pricing policies

This SAFER technical package is aimed at government officials with responsibility for developing policy and action plans to reduce the harm done by alcohol.

Joseph Ana, Nigeria: It gets worse when the public is told emphatically that “Teetotalers ‘die sooner’ than those who have the odd drink”.

(www.express.co.uk/life-style/health/976771/people-drink-alcohol-live-lon...); and that

‘Drinkers May Outlive Teetotalers’ according to - Business Insider

(www.businessinsider.com/drinkers-may-outlive-teetotalers-2018-6). The same

business groups urge the public not to abstain, even though ‘resorting to alcohol to feel better could actually be getting in the way of your self-development’, because if all the socio-economic-physical-psychological and mental risk that alcohol abuse leads to. This alcohol-business led advocacy for people to drink alcohol, flies in the

face of evidence that 'one of the benefits of teetotal living is that it may prompt you to dig deep into the resources you already have or could have to become stronger in the face of adversity.'

Mod: It seems the definition of 'moderate' drinking is also unclear. In the USA it is defined as not more than 1 standard drink per day for women and 2 standard drinks per day for men. The UK NHS website is unclear but implies that anything up to 14 units per day is 'moderate'.

Mod: Physicians in the US seem to have their own way of defining moderate drinking (!) 'Physicians operationally defined "light" drinking as 1.2 drinks/day, "moderate" drinking as 2.2 drinks/day, and "heavy" drinking as 3.5 drinks/day.'

<https://pubmed.ncbi.nlm.nih.gov/9726266/>

Mod: This is further muddled by the fact that a US standard drink contains much more alcohol than a UK unit. 'In the US, a standard drink contains 14 grams of alcohol, in Australia it's 10 grams and in the UK it's about eight grams. In some countries there is separate advice for men and women, while in others – including Australia – there is not.' <https://www.theguardian.com/society/2023/jan/15/glass-too-full-why-safe-...>

Mod: The Guardian news notes that 'Belgium suggests 21 drinks a week is safe for men, while Australia recommends no more than 10 for anyone. What goes into the decision making?'

Mod: Belgium labels up to 21 drinks a week for men and 14 for women as low risk, while Ireland goes with up to 17 drinks for men and 11 for women, with two alcohol-free days a week. France recommends no more than 10 standard drinks a week – the same as Australia – but never more than two standard drinks a day and at least one alcohol-free day a week. The UK advises no more than 14 units a week, over at least three days, and "some" alcohol-free days, while the

Mod: Arguably the majority of those who drink excessively, say, 14-42 (8-24 standard drinks) units of alcohol per week will not be visibly manifesting such harms. And yet their alcohol consumption may well be harming their long-term health and wellbeing, and the health of others, including mental and physical health. It seems that every health worker needs to be empowered to identify and address, in each patient, the hidden harms of alcohol (and how to prevent them) as well as the visible harms. How well are health workers able to do this currently, and what resources might assist them?

Mod: I note 'The World Health Organization Global Alcohol Action Plan 2022–2030 was endorsed by the Seventy-fifth World Health Assembly in May 2022 to effectively implement the global strategy to reduce the harmful use of alcohol as a public health priority. You can download a pre-print copy of the final action plan. The final printed version is expected medio August.' (presumably August 2022 or 2023?) The URL above is to a pre-print version. Is there a final version available? Dissemination and uptake of the final version of a plan would be important to accelerate progress on the indicators.

Mod: I have not been able to study the Action Plan in detail, but I note that it uses a different approach [cf SAFER]:

- 1: Implementation of high-impact strategies and interventions
- 2: Advocacy, awareness and commitment
- 3: Partnership, dialogue and coordination
- 4: Technical support and capacity building
- 5: Knowledge production and information systems
- 6: Resource mobilization

Eduardo Bianco, Uruguay: shouldn't we promote a global discussion on alcohol regulation... I agree that different countries have different definitions regarding the unit of alcohol and the amount of alcohol in different drinks. That is part of the problem. Isn't it time for a global discussion on this matter (and others)? Something similar to the WHO- FCTC. [Framework Convention on Tobacco Control]

Eduardo Bianco: At the population level there IS a relationship between the amounts of alcohol consumed by the population and the problems linked to it.

Eduardo Bianco, Uruguay: [Richard Velleman: "My own definition of an alcohol problem is very simple: if someone's drinking causes problems for him or her, or for someone else, in any area of their lives, then that drinking is problematic..."] I understand the reasoning and it seems rational, and it could apply to some individual consumers, my concern is that it places the "responsibility" of the problem exclusively on "the consumer", as if he were oblivious to the influences of marketing and the influence of a social environment that openly promotes alcohol, and presents it as an essential tool for social life... Another concern I have with this definition is the issue of "causing problems": What would be the definition of a problem? What is the limit to define a situation as a problem? Who sets the limit?

Eduardo Bianco, Uruguay: There is a clear responsibility of those who benefit from the alcohol business, (which is not assumed) and, therefore, it is the State that should protect people, starting with children and adolescents, from the strategies of the alcohol industry to promote a higher consumption for increasing their revenues.

HIFA profiles of contributors

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Publications, websites and other references cited by participants: To be compiled for final version