Alcohol Use Disorders

Alcohol Use Disorders (1) Introduction

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

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.

Neil Pakenham-Walsh, UK

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

My name is Enock Musungwini, and I am a passionate public health professional and advocate for alcohol policy, mental health, and well-being… Together, let us strive for a healthier and more informed global community.

Enock Musungwini, Zimbabwe

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

Just to highlight again the utility of Hodges’ model in this context (across addictions)... https://hodges-model.blogspot.com/search?q=alcohol

Peter Jones, UK

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

Many thanks indeed for your introduction message…

Neil Pakenham-Walsh
Alcohol Use Disorders (5) Introduction: Eduardo Bianco, Uruguay

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)…

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

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, Cameroon

Alcohol Use Disorders (7) Tobacco control

Ranti Ekpo, Nigeria

Alcohol Use Disorders (8) Starts 5 Feb! (1) HIFA sponsored discussions in 2024

Neil Pakenham-Walsh, UK

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

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… to invite you to join HIFA (free) in readiness for a global conversation [on alcohol use disorders] starting on 5 February 2024.

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

Peter Jones

Alcohol Use Disorders (11) Alcohol Use Disorders in Zimbabwe

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.

Alcohol Use Disorders (12) Welcome to the HIFA Alcohol Discussion Forum - What are the health consequences of alcohol?

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.’

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.

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.

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?

Eduardo Bianco, Uruguay

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

Neil Pakenham-Walsh, UK

**Alcohol Use Disorders (14) Alcohol consumption in Uruguay**

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...

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...

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.

**Alcohol Use Disorders (15) Alcohol consumption in Uruguay (2) Stigma**

"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...
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: [https://blogs.bmj.com/bmj/2009/09/21/joe-collier-a-drink-for-mr-teetotal...](https://blogs.bmj.com/bmj/2009/09/21/joe-collier-a-drink-for-mr-teetotal...)

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."

**Alcohol Use Disorders (16) Popular beliefs about alcohol**

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.”
Eduardo Bianco, Uruguay

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

Eduardo… 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”.

Olubunmi Arogunmati, UK

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

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**

Miriam Chickering, USA

Alcohol Use Disorders (19) What is the definition of Alcohol Use Disorders?

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.

Is there an agreed definition that we can all use?

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

Neil Pakenham-Walsh

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?

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

Alcohol consumption in Malawi

Amelia Taylor, Malawi

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-...](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.

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

Joseph Ana, Nigeria

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…

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 over 65s 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…

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

Eduardo Bianco, Uruguay

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?

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

Neil Pakenham-Walsh, UK

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

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

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)

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…

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 Anon, Russia 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.

**Alcohol Use Disorders (26) Personal experience (2)**

Joseph Ana, Nigeria

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.

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.

**Alcohol Use Disorders (27) Popular beliefs about alcohol (3) Alcohol**
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.

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

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.
Alcohol Use Disorders (29) Do people understand the harms of alcohol? (4)
How can they be better informed?

Neil Pakenham-Walsh, UK

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?

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

Neil Pakenham-Walsh, UK

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...

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.'

https://www.thelancet.com/journals/lanrhe/article/PIIS2665-9913(23)00073-5/fulltext

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

Eduardo Bianco, Uruguay

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.

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.

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

Venus Mushininga, Zimbabwe

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.

**Alcohol Use Disorders (33) Do people understand the harms of alcohol? (7) How can they be better informed? (3)**

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...](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?

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

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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Alcohol Use Disorders (35) Do people understand the harms of alcohol? (9) How can they be better informed? (5)

Joseph Ana, Nigeria

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.

Alcohol Use Disorders (36) Alcohol consumption in Ethiopia

Abenezer Dereje, Ethiopia

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.

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

Eduardo Bianco

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.

**Alcohol Use Disorders (38) Personal experience (3)**

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...

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

- 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...??).

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

Richard Velleman, UK
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.

[*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

Jum'atil Fajar, Indonesia

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.

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

Abenezer Dereje, Ethiopia
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)**

Thomas Babor, USA

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?**

Eduardo Bianco, Uruguay

Alcohol use disorders (AUD) are widely prevalent, affecting 5.1% of people Lorri Zipperer, USA 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.

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.

**Alcohol Use Disorders (44) Q2: Do health workers have adequate knowledge to prevent and manage alcohol use disorders? (2) AUD and patient safety**

Lorri Zipperer, USA

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](https://journals.sagepub.com/doi/10.1177/25160435221117952) [*see note below]*

*[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, unreferred 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?

Neil Pakenham-Walsh, UK

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: 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 (46) How to identify people with AUD (1) Global trends

Neil Pakenham-Walsh, UK

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...](https://www.statista.com/forecasts/726990/alcoholic-beverage-consumption...)

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

**Alcohol Use Disorders (47) Do people understand the harms of alcohol? (12) Does alcohol have health benefits? (2)**

Dear Richard Velleman,

"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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