

Search Results

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Search History

1. MEDLINE; *ALCOHOL DRINKING/ OR *ALCOHOLISM/; 64262 results.
2. MEDLINE; *MORTALITY/; 15394 results.
3. MEDLINE; 1 AND 2; 164 results.
4. MEDLINE; *ALCOHOLISM/mo [Mortality]; 395 results.
5. CINAHL; *ALCOHOLIC INTOXICATION/; 689 results.
6. CINAHL; alcoholism.ti,ab; 1811 results.
7. CINAHL; *ALCOHOLISM/; 4352 results.
8. CINAHL; 5 OR 6 OR 7; 5713 results.
9. CINAHL; *MORTALITY/; 3636 results.
10. CINAHL; 8 AND 9; 12 results.
11. CINAHL; *ALCOHOLISM/mo [Mortality]; 29 results.
12. CINAHL; ALCOHOL ABUSE/; 3666 results.
13. CINAHL; 9 AND 12; 35 results.
14. CINAHL; 10 OR 11 OR 13; 73 results.
15. HMIC; exp ALCOHOLISM/; 559 results.
16. HMIC; exp ALCOHOL/ OR exp ALCOHOL ABUSE/ OR exp ALCOHOL ABUSERS/ OR exp "ALCOHOL AND DRUG CONSUMPTION"/ OR exp ALCOHOL CONSUMPTION/; 2874 results.
17. HMIC; (alcohol AND attributable AND mortality).ti,ab; 25 results.
18. HMIC; exp MORTALITY/; 3889 results.
19. HMIC; 16 AND 18; 110 results.
20. HMIC; 15 AND 18; 6 results.
21. HMIC; 17 OR 19 OR 20; 129 results.
22. MEDLINE; (alcohol AND attributable AND mortality).ti,ab; 298 results.
23. PsycINFO; (alcohol AND attributable AND mortality).ti,ab; 65 results.
24. AMED, BNI, EMBASE, HMIC, MEDLINE, PsycINFO, CINAHL, HEALTH BUSINESS ELITE; (alcohol AND attributable AND mortality).ti,ab; 747 results.
25. CINAHL; (alcohol AND attributable AND mortality).ti,ab; 43 results.
27. HMIC; (alcohol AND attributable AND mortality).ti,ab; 25 results.
28. MEDLINE,PsycINFO,CINAHL,HMIC; Duplicate filtered: [(alcohol AND attributable AND mortality).ti,ab], [(alcohol AND attributable AND mortality).ti,ab], [(alcohol AND attributable AND mortality).ti,ab], [(alcohol AND attributable AND mortality).ti,ab]; 431 results.
29. PsycINFO; exp ALCOHOLISM/; 22274 results.
30. PsycINFO; *DRINKING BEHAVIOR/ OR *BINGE DRINKING/ OR *ANIMAL DRINKING BEHAVIOR/ OR *ALCOHOL DRINKING PATTERNS/ OR *ALCOHOL DRINKING ATTITUDES/; 15683 results.
31. PsycINFO; *"DEATH AND DYING"/ [Limit to: Publication Year 2009-Current]; 1381 results.
32. PsycINFO; Mortality.ti,ab [Limit to: Publication Year 2009-Current]; 2362 results.
33. PsycINFO; 31 OR 32 [Limit to: Publication Year 2009-Current]; 3140 results.
34. PsycINFO; 29 OR 30; 35949 results.
35. PsycINFO; 33 AND 34 [Limit to: Publication Year 2009-Current]; 53 results.
36. MEDLINE,CINAHL,HMIC,PsycINFO; Duplicate filtered: [1 AND 2], [10 OR 11 OR 13], [17 OR 19 OR 20], [33 AND 34 [Limit to: Publication Year 2009-Current]]; 419 results.

1. Alcoholic liver disease-related mortality in the United States: 1980-2003.

Citation:	American Journal of Gastroenterology, August 2010, vol./is. 105/8(1782-7), 0002-9270;1572-0241 (2010 Aug)
Author(s):	Paula H; Asrani SK; Boetticher NC; Pedersen R; Shah VH; Kim WR
Institution:	Division of Gastroenterology and Hepatology, Mayo Clinic College of Medicine, Rochester, Minnesota, USA.
Language:	English
Abstract:	OBJECTIVES:Data on temporal changes in alcoholic liver disease (ALD)-related mortality in the United States are lacking. This longitudinal assessment is important, given the divergent data on trends in worldwide ALD-related mortality, concerns for underestimation of mortality attributed to ALD in previous investigations, and shifting attention to hepatitis C virus (HCV)-related mortality.METHODS:We analyzed mortality data compiled in the multiple cause-of-death public-use data file from the National Vital Statistics System from 1980 to 2003 using categorization by both International Classification of Diseases (ICD)-9 and ICD-10 systems. The main outcome measure was age- and sex-adjusted death rates attributable to ALD, HCV, or both (ALD/HCV) listed as immediate or underlying cause of death.RESULTS:A total of 287,365 deaths were observed over the 24-year period. Age- and sex- adjusted incidence rates of ALD-related deaths decreased from 6.9/100,000 persons in 1980 to 4.4/100,000 persons by 2003. After introduction of HCV diagnostic testing, HCV-related liver mortality increased to 2.9/100,000 persons by 2003. Death rates for subjects with concomitant ALD/HCV rose to 0.2/100,000 persons by 1999 and then remained unchanged through 2003. Age-specific mortality related to ALD was highest in the ages of 45-64 years. Between 1980 and 2003, the age- and sex-adjusted ALD-related mortality (per 100,000 persons) decreased from 6.3 to 4.5 among Caucasians, 11.6 to 4.1 among African Americans, and 8.0 to 3.7 among the "other" race group.CONCLUSIONS:Despite a decline in ALD-related mortality, the proportion of alcohol-related liver deaths is still considerably large and comparable in scope to that of HCV.
Country of Publication:	United States
Publication Type:	Journal Article
Subject Headings:	
Source:	MEDLINE

2. The burden of disease and the cost of illness attributable to alcohol drinking-results of a national study.

Citation:	Alcoholism: Clinical & Experimental Research, August 2010, vol./is. 34/8(1442-9), 0145-6008;1530-0277 (2010 Aug)
Author(s):	Cortez-Pinto H; Gouveia M; dos Santos Pinheiro L; Costa J; Borges M; Vaz Carneiro A
Institution:	Departamento de Gastrenterologia, Unidade de Nutricao e Metabolismo, IMM, Lisbon, Portugal. hlcortezpinto@netcabo.pt
Language:	English
Abstract:	BACKGROUND AND AIMS: The World Health Organization estimated that 3.2% of the burden of disease around the world is attributable to the consumption of alcohol. The aim of this study is to estimate the burden of disease attributable to alcohol consumption in Portugal. METHODS: Burden and costs of diseases attributable to alcohol drinking were estimated based on demographic and health statistics available for 2005, using the Disability-Adjusted Life Years (DALY) lost generated by death or disability. RESULTS: In Portugal, 3.8% of deaths are attributable to alcohol (4,059 of 107,839). After measuring the DALY generated by mortality data, the proportion of disease attributable to alcohol was 5.0%, with men having 5.6% of deaths and 6.2% of disease burden, while female figures were, respectively, 1.8 and 2.4%. Considering the sum of death and disability DALYs, liver diseases represented the main source of the burden attributable to alcohol with 31.5% of total DALYs, followed by traffic accidents (28.2%) and several

types of cancer (19.2%). As for the cost of illness incurred by the health system, our results indicate that 95.1 millions euros are attributable to alcohol-related disease admissions (liver diseases, cancer, traffic accidents, and external causes) while the ambulatory costs of alcohol-related diseases were estimated in 95.9 million euros, totaling 191.0 million euros direct costs, representing 0.13% of Gross Domestic Product and 1.25% of total national health expenditures. An alternative analysis was carried out using higher consumption levels so as to replicate aggregate alcohol consumption statistics. In this case, DALYs lost increased by 11.7% and health costs by 23%. **CONCLUSION:** Our results confirm that alcohol is an important health risk factor in Portugal and a heavy economic burden for the health system, with hepatic diseases ranking first as a source of burden of disease attributable to alcohol.

Country of Publication: England
Publication Type: Journal Article
Subject Headings:
Source: MEDLINE

3. Alcohol as a risk factor for liver cirrhosis: a systematic review and meta-analysis.

Citation: Drug & Alcohol Review, July 2010, vol./is. 29/4(437-45), 0959-5236;1465-3362 (2010 Jul)
Author(s): Rehm J; Taylor B; Mohapatra S; Irving H; Baliunas D; Patra J; Roerecke M
Institution: Centre for Addiction and Mental Health, 33 Russell Street, Toronto, Ontario, Canada. jtrehm@aol.com
Language: English
Abstract: INTRODUCTION AND AIMS: Alcohol is an established risk factor for liver cirrhosis. It remains unclear, however, whether this relationship follows a continuous dose-response pattern or has a threshold. Also, the influences of sex and end-point (i.e. mortality vs. morbidity) on the association are not known. To address these questions and to provide a quantitative assessment of the association between alcohol intake and risk of liver cirrhosis, we conducted a systematic review and meta-analysis of cohort and case-control studies. DESIGN AND METHODS: Studies were identified by a literature search of Ovid MEDLINE, EMBASE, Web of Science, CINAHL, PsychINFO, ETOH and Google Scholar from January 1980 to January 2008 and by searching the references of retrieved articles. Studies were included if quantifiable information on risk and related confidence intervals with respect to at least three different levels of average alcohol intake were reported. Both categorical and continuous meta-analytic techniques were used to model the dose-response relationship. RESULTS: Seventeen studies met the inclusion criteria. We found some indications for threshold effects. Alcohol consumption had a significantly larger impact on mortality of liver cirrhosis compared with morbidity. Also, the same amount of average consumption was related to a higher risk of liver cirrhosis in women than in men. DISCUSSION AND CONCLUSIONS: Overall, end-point was an important source of heterogeneity among study results. This result has important implications not only for studies in which the burden of disease attributable to alcohol consumption is estimated, but also for prevention.

Country of Publication: England
Publication Type: Journal Article; Research Support, N.I.H., Extramural; Research Support, Non-U.S. Gov't
Subject Headings:
Source: MEDLINE

4. Alcohol-attributable mortality in Ireland.

Citation: Alcohol & Alcoholism, July 2010, vol./is. 45/4(379-86), 0735-0414;1464-3502 (2010 Jul-Aug)
Author(s): Martin J; Barry J; Goggin D; Morgan K; Ward M; O'Suilleabhain T

Institution:	Department of Public Health, Merlin Park, Galway, Ireland. Jennifer.martin@hse.ie
Language:	English
Abstract:	<p>AIMS: The study aim was to calculate Irish alcohol-attributable fractions (AAFs) and to apply these measurements to existing data in order to quantify the impact of alcohol on mortality. METHODS: Exposure of the Irish population to alcohol was derived from a national survey and combined with estimates of the alcohol-disease/injury risk association from meta-analyses in the international literature to calculate Irish AAFs. In diseases for which relative risk estimates were not available, such as injury, AAFs were taken directly from Ridolfo and Stevenson [(2001) The quantification of drug-caused mortality and morbidity in Australia, 1998. In Drug Statistics Series no. 7. AIHW cat. no. PHE 29. Australian Institute of Health and Welfare, Canberra]. AAFs were applied to national datasets to calculate alcohol-attributed mortality caused or prevented and potential years of life lost (PYLL) or saved. RESULTS: In Ireland, over the 5-year period from January 1, 2000 to December 31, 2004, alcohol was estimated to have caused 4.4% (6584) of deaths and 10.8% (131,245) of all-cause PYLL. Alcohol was estimated to have prevented 2.7% (3967) of deaths and 1.5% (18,285) of all-cause PYLL. This resulted in an estimated net effect of 1.8% (2616) of deaths and 9.3% (112,959) of all-cause PYLL. Chronic conditions were responsible for 69% of alcohol-attributable deaths and acute conditions for 31%. Conditions not wholly attributable to alcohol accounted for 83% of deaths as opposed to 17% for conditions wholly caused by alcohol. CONCLUSIONS: This study showed for the first time the full magnitude of deaths from alcohol in Ireland and revealed that while young people and those dependent on alcohol are at high risk of negative outcomes due to alcohol, particularly acute injuries, at an individual level, at a population level it is in fact moderate drinkers and chronic diseases, not wholly attributable to alcohol, that are associated with most alcohol-attributed deaths. The findings of this study suggest that policies focusing on the whole population attitude to alcohol, and chronic conditions and conditions partially attributable to alcohol, would yield considerable public health benefits.</p>
Country of Publication:	England
Publication Type:	Journal Article
Subject Headings:	
Source:	MEDLINE
Full Text:	Available in <i>fulltext</i> at National Library of Medicine

5. Estimating the number of alcohol-attributable deaths: methodological issues and illustration with French data for 2006.

Citation:	Addiction, June 2010, vol./is. 105/6(1018-29), 0965-2140;1360-0443 (2010 Jun)
Author(s):	Rey G; Boniol M; Jouglu E
Institution:	INSERM, CapiDc, Universite Paris Sud 11, IFR69 Le Vesinet, France. gregoire.rey@inserm.fr
Language:	English
Abstract:	<p>AIMS: Computing the number of alcohol-attributable deaths requires a series of hypotheses. Using French data for 2006, the potential biases are reviewed and the sensitivity of estimates to various hypotheses evaluated. METHODS: Self-reported alcohol consumption data were derived from large population-based surveys. The risks of occurrence of diseases associated with alcohol consumption and relative risks for all-cause mortality were obtained through literature searches. All-cause and cause-specific population alcohol-attributable fractions (PAAFs) were calculated. In order to account for potential under-reporting, the impact of adjustment on sales data was tested. The 2006 mortality data were restricted to people aged between 15 and 75 years. RESULTS: When alcohol consumption distribution was adjusted for sales data, the estimated number of alcohol-attributable deaths, the sum of the cause-specific estimates, was 20 255. Without adjustment, the estimate fell to 7158. Using an all-cause mortality approach, the adjusted number of alcohol-attributable deaths was 15 950, while the</p>

non-adjusted estimate was a negative number. Other methodological issues, such as computation based on risk estimates for all causes for 'all countries' or only 'European countries', also influenced the results, but to a lesser extent. **DISCUSSION:** The estimates of the number of alcohol-attributable deaths varied greatly, depending upon the hypothesis used. The most realistic and evidence-based estimate seems to be obtained by adjusting the consumption data for national alcohol sales, and by summing the cause-specific estimates. However, interpretation of the estimates must be cautious in view of their potentially large imprecision.

Country of Publication: England
Publication Type: Journal Article; Research Support, Non-U.S. Gov't
Subject Headings:
Source: MEDLINE

6. Commentary on Rey et al. (2010): How to improve estimates on alcohol-attributable burden?

Citation: Addiction, June 2010, vol./is. 105/6(1030-1031), 0965-2140;1360-0443 (Jun 2010)
Author(s): Rehm, Jurgen
Correspondence Address: Rehm, Jurgen, jtrehm@aol.com
Language: English
Abstract: Comments on an article by G. Rey et. al (see record 2010-09361-014). In this issue, the authors contribute to our understanding of estimation of alcohol-attributable harm by presenting a number of sensitivity analyses on their estimates. Their analyses show that the source of exposure estimates and the choice of approach-- aggregated using all-cause mortality versus disaggregated using cause of death by disease--have a major impact on the results. In fact, estimates of alcohol attributable mortality in France varied between 24 000 deaths avoided and 20 000 deaths caused, depending upon which assumptions were chosen. Such a conclusion would be wrong, and reasons will be given in the following. First, an aggregated approach based on all-cause mortality would not be acceptable for any serious epidemiological assessment . The second major question concerns exposure information. Adult per capita consumption is arguably the best indicator for overall alcohol consumption in a country. More research is necessary to understand the sources of under coverage and to determine how to best triangulate survey and per capita consumption for studies such as that by the authors. However, many improvements to understanding and standardizing surveys have been made and should be used routinely. (PsycINFO Database Record (c) 2010 APA, all rights reserved)

Country of Publication: HOLDER: The Author. Journal compilation--Society for the Study of Addiction; YEAR: 2010
Publication Type: Journal; Peer Reviewed Journal
Subject Headings: [*Alcohol Abuse](#)
[*At Risk Populations](#)
[*Death and Dying](#)
[*Mortality Rate](#)
Source: PsycINFO

7. The relation between different dimensions of alcohol consumption and burden of disease: an overview.

Citation: Addiction, May 2010, vol./is. 105/5(817-43), 0965-2140;1360-0443 (2010 May)
Author(s): Rehm J; Baliunas D; Borges GL; Graham K; Irving H; Kehoe T; Parry CD; Patra J; Popova S; Poznyak V; Roerecke M; Room R; Samokhvalov AV; Taylor B
Institution: Centre for Addiction and Mental Health, Toronto, Canada. jtrehm@aol.com
Language: English
Abstract: AIMS: As part of a larger study to estimate the global burden of disease and injury attributable to alcohol: to evaluate the evidence for a causal impact of average volume of alcohol consumption and pattern of drinking on diseases and injuries; to quantify

relationships identified as causal based on published meta-analyses; to separate the impact on mortality versus morbidity where possible; and to assess the impact of the quality of alcohol on burden of disease. **METHODS:** Systematic literature reviews were used to identify alcohol-related diseases, birth complications and injuries using standard epidemiological criteria to determine causality. The extent of the risk relations was taken from meta-analyses. **RESULTS:** Evidence of a causal impact of average volume of alcohol consumption was found for the following major diseases: tuberculosis, mouth, nasopharynx, other pharynx and oropharynx cancer, oesophageal cancer, colon and rectum cancer, liver cancer, female breast cancer, diabetes mellitus, alcohol use disorders, unipolar depressive disorders, epilepsy, hypertensive heart disease, ischaemic heart disease (IHD), ischaemic and haemorrhagic stroke, conduction disorders and other dysrhythmias, lower respiratory infections (pneumonia), cirrhosis of the liver, preterm birth complications and fetal alcohol syndrome. Dose-response relationships could be quantified for all disease categories except for depressive disorders, with the relative risk increasing with increased level of alcohol consumption for most diseases. Both average volume and drinking pattern were linked causally to IHD, fetal alcohol syndrome and unintentional and intentional injuries. For IHD, ischaemic stroke and diabetes mellitus beneficial effects were observed for patterns of light to moderate drinking without heavy drinking occasions (as defined by 60+ g pure alcohol per day). For several disease and injury categories, the effects were stronger on mortality compared to morbidity. There was insufficient evidence to establish whether quality of alcohol had a major impact on disease burden. **CONCLUSIONS:** Overall, these findings indicate that alcohol impacts many disease outcomes causally, both chronic and acute, and injuries. In addition, a pattern of heavy episodic drinking increases risk for some disease and all injury outcomes. Future studies need to address a number of methodological issues, especially the differential role of average volume versus drinking pattern, in order to obtain more accurate risk estimates and to understand more clearly the nature of alcohol-disease relationships.

Country of Publication: England
Publication Type: Journal Article; Research Support, Non-U.S. Gov't
Subject Headings:
Source: MEDLINE

8. Differences in alcohol-related mortality between foreign-born and native-born Spaniards.

Citation: International Journal of Drug Policy, May 2010, vol./is. 21/3(240-3), 0955-3959;1873-4758 (2010 May)
Author(s): Fierro I; Yanez JL; Alvarez FJ
Institution: Institute for Alcohol and Drug Studies, Faculty of Medicine, University of Valladolid, 47005 Valladolid, Spain.
Language: English
Abstract: **BACKGROUND:** Alcohol consumption is associated with high rates of mortality. This study aimed to analyse mortality attributable to alcohol consumption in foreign-born and native-born Spaniards in 2004 and to determine whether differences existed between these groups. **METHODS:** The number of deaths attributable to alcohol consumption was calculated by means of the alcohol-attributable fractions devised by the Center for Disease Control and Prevention for calculating mortality rates in the USA. Alcohol-related mortality rates and age-adjusted mortality rates per 100,000 persons (using European standard population) were calculated by gender. **RESULTS:** The mortality rates attributable to alcohol per 100,000 inhabitants were lower among foreign-born Spaniards (7.0) than native-born Spaniards (16.7). Chronic conditions accounted for only 23.6% of all alcohol-related mortality for foreign-born Spaniards, but 60% for native-born Spaniards. The former were much more likely to suffer unintentional injuries, particularly road traffic accidents, while the latter showed high rates of alcohol-related death for digestive diseases, cardiovascular disorders, intentional injuries and malignant neoplasm. **CONCLUSION:** Alcohol consumption is an important cause of death among the native-born Spanish population. The observed differences in

alcohol-related mortality between native and foreign-born Spaniards should be considered when developing targeted harm reduction policies. Copyright 2009 Elsevier B.V. All rights reserved.

Country of Publication: Netherlands

Publication Type: Journal Article; Research Support, Non-U.S. Gov't

Subject Headings: [Adult](#)
[*Alcohol Drinking/eh \[Ethnology\]](#)
[*Alcohol Drinking/mo \[Mortality\]](#)
[Cause of Death](#)
[*Emigrants and Immigrants/sn \[Statistics & Numerical Data\]](#)
[Female](#)
[Humans](#)
[Male](#)
[Middle Aged](#)
[*Population Groups/sn \[Statistics & Numerical Data\]](#)
[Spain/eh \[Ethnology\]](#)

Source: MEDLINE

9. A 42-year-old man considering whether to drink alcohol for his health.

Citation: JAMA: Journal of the American Medical Association, May 2010, vol./is. 303/20(2065-2073), 0098-7484 (May 26, 2010)

Author(s): Mukamal, Kenneth J

Correspondence Address: Mukamal, Kenneth J.: Beth Israel Deaconess Medical Center, 1309 Beacon St, Second Floor, Brookline, MA, US, 02446, kmukamal@bidmc.harvard.edu

Language: English

Abstract: Alcohol consumption is widespread and, in excess, a leading cause of morbidity and mortality worldwide. At the same time, a consistent body of observational evidence has found that individuals who consume alcohol within recommended limits have a lower risk of coronary heart disease than do abstainers. These observations have led many to consider small amounts of alcohol as a cardioprotective strategy. Mr Q, a 42-year-old man who has consistently sought ways to preserve his health, is at a crossroads in his discussions with his physicians about the health effects of his regular, limited alcohol intake. The discussion reviews the epidemiology of drinking in the United States, the established effects of moderate alcohol intake on key pathophysiological biomarkers and pathways, the strengths and limitations of observational evidence linking alcohol intake to lower risk of coronary heart disease, other chronic diseases linked to moderate alcohol intake, and a framework in which Mr Q can discuss the potential risks and benefits of alcohol consumption with his physicians. (PsycINFO Database Record (c) 2010 APA, all rights reserved) (journal abstract)

Country of Publication: STATEMENT: All rights reserved.; HOLDER: American Medical Association; YEAR: 2010

Publication Type: Journal; Peer Reviewed Journal

Subject Headings: [*Alcohol Drinking Patterns](#)
[*Alcohols](#)
[*Heart Disorders](#)
[*Morbidity](#)
[Death and Dying](#)
[Health](#)

Source: PsycINFO

Full Text: Available in *fulltext* at [Highwire Press](#)

10. The relation between different dimensions of alcohol consumption and burden of disease: An overview.

Citation: Addiction, May 2010, vol./is. 105/5(817-843), 0965-2140;1360-0443 (May 2010)

Author(s): Rehm, Jorgen; Baliunas, Dolly; Borges, Guilherme L. G; Graham, Kathryn; Irving, Hyacinth; Kehoe, Tara; Parry, Charles D; Patra, Jayadeep; Popova, Svetlana; Poznyak, Vladimir; Roerecke, Michael; Room, Robin; Samokhvalov, Andriy V; Taylor, Benjamin

Correspondence Address: Rehm, Jorgen: Centre for Addiction and Mental Health, Public Health and Regulatory Policy, 33 Russell Street, Room 2035, Toronto, ON, Canada, M5S 2S1, jtrehm@aol.com

Language: English

Abstract: Aims: As part of a larger study to estimate the global burden of disease and injury attributable to alcohol: to evaluate the evidence for a causal impact of average volume of alcohol consumption and pattern of drinking on diseases and injuries; to quantify relationships identified as causal based on published meta-analyses; to separate the impact on mortality versus morbidity where possible; and to assess the impact of the quality of alcohol on burden of disease. Methods: Systematic literature reviews were used to identify alcohol-related diseases, birth complications and injuries using standard epidemiological criteria to determine causality. The extent of the risk relations was taken from meta-analyses. Results: Evidence of a causal impact of average volume of alcohol consumption was found for the following major diseases: tuberculosis, mouth, nasopharynx, other pharynx and oropharynx cancer, oesophageal cancer, colon and rectum cancer, liver cancer, female breast cancer, diabetes mellitus, alcohol use disorders, unipolar depressive disorders, epilepsy, hypertensive heart disease, ischaemic heart disease (IHD), ischaemic and haemorrhagic stroke, conduction disorders and other dysrhythmias, lower respiratory infections (pneumonia), cirrhosis of the liver, preterm birth complications and fetal alcohol syndrome. Dose-response relationships could be quantified for all disease categories except for depressive disorders, with the relative risk increasing with increased level of alcohol consumption for most diseases. Both average volume and drinking pattern were linked causally to IHD, fetal alcohol syndrome and unintentional and intentional injuries. For IHD, ischaemic stroke and diabetes mellitus beneficial effects were observed for patterns of light to moderate drinking without heavy drinking occasions (as defined by 60+ g pure alcohol per day). For several disease and injury categories, the effects were stronger on mortality compared to morbidity. There was insufficient evidence to establish whether quality of alcohol had a major impact on disease burden. Conclusions: Overall, these findings indicate that alcohol impacts many disease outcomes causally, both chronic and acute, and injuries. In addition, a pattern of heavy episodic drinking increases risk for some disease and all injury outcomes. Future studies need to address a number of methodological issues, especially the differential role of average volume versus drinking pattern, in order to obtain more accurate risk estimates and to understand more clearly the nature of alcohol-disease relationships. (PsycINFO Database Record (c) 2010 APA, all rights reserved) (journal abstract)

Country of Publication: HOLDER: The Authors. Journal compilation--Society for the Study of Addiction; YEAR: 2010

Publication Type: Journal; Peer Reviewed Journal

Subject Headings: [*Alcohol Drinking Patterns](#)
[*Alcoholism](#)
[*Injuries](#)
[Death and Dying](#)
[Guilt](#)
[Morbidity](#)

Source: PsycINFO

11. Alcohol and cardiovascular health.

Citation: Physiology & Behavior, April 2010, vol./is. 100/1(76-81), 0031-9384 (Apr 26, 2010)

Author(s): Klatsky, Arthur L

Correspondence Address: Klatsky, Arthur L., arthur.klatsky@kp.org

Language: English

Abstract: The substantial medical risks of heavy alcohol drinking as well as the probable existence of a less harmful or safe drinking limit have been evident for centuries. Modern epidemiology studies suggest lowered risk of morbidity and mortality among lighter drinkers. Thus, defining "heavy" drinking as ≥ 3 standard drinks per day, the alcohol-mortality relationship is a J-curve with risk highest for heavy drinkers, lowest for light drinkers and intermediate for abstainers. A number of non-cardiovascular and cardiovascular problems contribute to the increased mortality risk of heavier drinkers. The lower risk of light drinkers is due mostly to lower risk of the most common cardiovascular condition, coronary heart disease (CHD). These disparate relationships of alcoholic drinking to various cardiovascular and non-cardiovascular conditions constitute a modern concept of alcohol and health. Increased cardiovascular risks of heavy drinking include: (1) alcoholic cardiomyopathy, (2) systemic hypertension (high blood pressure), (3) heart rhythm disturbances, and (4) hemorrhagic stroke. Lighter drinking is not clearly related to increased risk of any cardiovascular condition and, in observational studies, is related to lower risk of CHD, ischemic stroke, and diabetes mellitus. A protective hypothesis for CHD is supported by evidence for plausible biological mechanisms attributable to ethyl alcohol. International comparisons and some prospective study data suggest that wine is more protective against CHD than liquor or beer. Possible non-alcohol beneficial components in wine (especially red) support possible extra protection by wine, but a healthier pattern of drinking or more favorable risk traits in wine drinkers may be involved. (PsycINFO Database Record (c) 2010 APA, all rights reserved) (journal abstract)

Country of Publication: STATEMENT: All rights reserved.; HOLDER: Elsevier Inc.; YEAR: 2010

Publication Type: Journal; Peer Reviewed Journal

Subject Headings: [*Alcoholism](#)
[*Cardiovascular Disorders](#)
[*Epidemiology](#)
[*Heart Disorders](#)
[*Morbidity](#)
[Risk Factors](#)

Source: PsycINFO

12. Commentary on Britton et al. (2010): Kelly et al. (2010): The dangers of declining drink.

Citation: Addiction, April 2010, vol./is. 105/4(646-647), 0965-2140;1360-0443 (Apr 2010)

Author(s): Fillmore, Kaye Middleton; Chikritzhs, Tanya

Correspondence Address: Fillmore, Kaye Middleton: Institute for Scientific Analysis, 390 4th Street, 2nd Floor Suite D, San Francisco, CA, US, 94017, kaye.fillmore@ucsf.edu

Language: English

Abstract: Comments on article by Annie Britton et al. (see record 2010-05050-012). The real significance of the Britton et al. paper is overlooked by the authors themselves. Alcohol intake varies in the same individuals over time, declining with increasing age in many countries. This decline has been shown to occur among those individuals most vulnerable to morbidity and mortality. The authors acknowledge these findings by stating that it is well established that the nondrinking group often includes former drinkers who terminated consumption due to ill health. The Britton et al. results are not surprising, in that they show a 'drift' down in consumption after the middle years of life among those who have been 'heavier' drinkers at one time or another. The authors provide but four characteristics of group variability. Unfortunately, the authors do not supply the characteristics relating to health status, serious disease and medication use that might account not only for the decline in the drinking, but also for mortality/morbidity. The authors may still redeem their own efforts by performing additional analyses on their data to address the critical question of whether illness drove alcohol consumption down among the high variability group or vice versa. (PsycINFO Database Record (c) 2010 APA, all rights reserved)

Country of Publication: HOLDER: The Authors. Journal compilation--Society for the Study of Addiction; YEAR: 2010

Publication Type: Journal; Peer Reviewed Journal

Subject Headings: [*Alcohol Drinking Patterns](#)
[*Death and Dying](#)
[*Heart Disorders](#)
[*Risk Factors](#)

Source: PsycINFO

13. How does variability in alcohol consumption over time affect the relationship with mortality and coronary heart disease?

Citation: Addiction, April 2010, vol./is. 105/4(639-645), 0965-2140;1360-0443 (Apr 2010)

Author(s): Britton, Annie; Marmot, Michael G; Shipley, Martin J

Correspondence Address: Britton, Annie: Department Epidemiology and Public Health, University College London, 1-19 Torrington Place, London, United Kingdom, WC1E 6BT, a.britton@ucl.ac.uk

Language: English

Abstract: Objective: To examine the relationship between alcohol consumption and risk of mortality and incident coronary heart disease (CHD), taking account of variation in intake during follow-up. Method: Prospective cohort study of 5411 male civil servants aged 35-55 years at entry to the Whitehall II study in 1985-88. Alcohol consumption was reported five times over a 15-year period. Mortality, fatal CHD, clinically verified incident non-fatal myocardial infarction and definite angina were ascertained during follow-up. Results: We found evidence that drinkers who vary their intake during follow-up, regardless of average level, have increased risk of total mortality (hazard ratio of high versus low variability 1.52: 95% CI: 1.07-2.17), but not of incident CHD. Using average consumption level, as opposed to only a baseline measure, gave slightly higher risk estimates for CHD compared to moderate drinkers at the extremes of the drinking range. Conclusions: Multiple repeated measures are required to explore the effects of variation in exposure over time. Caution is needed when interpreting risks of exposures measured only once at baseline, without consideration of changes over time. (PsycINFO Database Record (c) 2010 APA, all rights reserved) (journal abstract)

Country of Publication: HOLDER: The Authors. Journal compilation--Society for the Study of Addiction; YEAR: 2010

Publication Type: Journal; Peer Reviewed Journal

Subject Headings: [*Alcohol Drinking Patterns](#)
[*Death and Dying](#)
[*Heart Disorders](#)
[*Risk Factors](#)

Source: PsycINFO

14. Response to Fillmore & Chikritzhs (2010); Kelly et al. (2010): "The dangers of declining drink."

Citation: Addiction, April 2010, vol./is. 105/4(647-648), 0965-2140;1360-0443 (Apr 2010)

Author(s): Britto, Annie; Shipley, Martin

Correspondence Address: Britto, Annie: Department of Epidemiology and Public Health, University College London, 1-19 Torrington Place, London, United Kingdom, WC1E 6BT, a.britton@ucl.ac.uk

Language: English

Abstract: Reply by the current authors to the comments made by K. M. Fillmore & T. Chikritzhs (see record 2010-05050-013) on the original article (see record 2010-05050-012). Our first response to the authors is to re-emphasise that the aim in our paper was to explore whether the relationship between alcohol consumption and coronary heart disease (CHD) and mortality is different if exposure to alcohol is measured in a variety of ways. Indeed,

we share their belief that people may reduce alcohol consumption concomitant with detection of health problems. We therefore excluded participants with prevalent CHD at baseline in recognition that they may have already cut back drinking alcohol. Contrary to the commentators' belief that alcohol consumption in this cohort is declining over time, our data show an upward trend in alcohol consumption across the phases of data collection. The commentators quite rightly recognise, as we do in the paper, that cohort studies are at risk of selective attrition. We used mortality as one of our key endpoints as 99.9% of the baseline cohort is flagged for fatal events using their unique NHS number. In order to explore whether the chronic health consequences of alcohol consumption are affected by varying intake over the life course requires large, longitudinal datasets with repeated exposure and outcome measurements on the same individuals. (PsycINFO Database Record (c) 2010 APA, all rights reserved)

Country of Publication: HOLDER: The Authors. Journal compilation--Society for the Study of Addiction; YEAR: 2010

Publication Type: Journal; Peer Reviewed Journal

Subject Headings: [*Alcohol Drinking Patterns](#)
[*Death and Dying](#)
[*Heart Disorders](#)
[*Risk Factors](#)

Source: PsycINFO

15. Estimated effect of alcohol pricing policies on health and health economic outcomes in England: an epidemiological model.

Citation: Lancet, April 2010, vol./is. 375/9723(1355-64), 0140-6736;1474-547X (2010 Apr 17)

Author(s): Purshouse RC; Meier PS; Brennan A; Taylor KB; Rafia R

Institution: Department of Automatic Control and Systems Engineering, University of Sheffield, Sheffield, UK. r.purshouse@sheffield.ac.uk

Language: English

Abstract: BACKGROUND: Although pricing policies for alcohol are known to be effective, little is known about how specific interventions affect health-care costs and health-related quality-of-life outcomes for different types of drinkers. We assessed effects of alcohol pricing and promotion policy options in various population subgroups. METHODS: We built an epidemiological mathematical model to appraise 18 pricing policies, with English data from the Expenditure and Food Survey and the General Household Survey for average and peak alcohol consumption. We used results from econometric analyses (256 own-price and cross-price elasticity estimates) to estimate effects of policies on alcohol consumption. We applied risk functions from systemic reviews and meta-analyses, or derived from attributable fractions, to model the effect of consumption changes on mortality and disease prevalence for 47 illnesses. FINDINGS: General price increases were effective for reduction of consumption, health-care costs, and health-related quality of life losses in all population subgroups. Minimum pricing policies can maintain this level of effectiveness for harmful drinkers while reducing effects on consumer spending for moderate drinkers. Total bans of supermarket and off-license discounting are effective but banning only large discounts has little effect. Young adult drinkers aged 18-24 years are especially affected by policies that raise prices in pubs and bars. INTERPRETATION: Minimum pricing policies and discounting restrictions might warrant further consideration because both strategies are estimated to reduce alcohol consumption, and related health harms and costs, with drinker spending increases targeting those who incur most harm. FUNDING: Policy Research Programme, UK Department of Health. Copyright 2010 Elsevier Ltd. All rights reserved.

Country of Publication: England

Publication Type: Journal Article; Research Support, Non-U.S. Gov't

Subject Headings: [Adolescent](#)
[Adult](#)
[Aged](#)

[Alcohol Drinking/ec \[Economics\]](#)
[Alcohol Drinking/ep \[Epidemiology\]](#)
[*Alcohol Drinking/pc \[Prevention & Control\]](#)
[Alcohol-Related Disorders/ec \[Economics\]](#)
[Alcohol-Related Disorders/ep \[Epidemiology\]](#)
[*Alcohol-Related Disorders/pc \[Prevention & Control\]](#)
[*Alcoholic Beverages/ec \[Economics\]](#)
[Child](#)
[Costs and Cost Analysis](#)
[England/ep \[Epidemiology\]](#)
[Female](#)
[Health Care Costs](#)
[Health Policy](#)
[Humans](#)
[Male](#)
[Middle Aged](#)
[Quality-Adjusted Life Years](#)
[Young Adult](#)

Source: MEDLINE

Full Text: Available in *fulltext* at [ProQuest](#)
 Available in *print* at [Bolton PCT](#)

16. Alcohol and cardiovascular health.

Citation: Physiology & Behavior, April 2010, vol./is. 100/1(76-81), 0031-9384;1873-507X (2010 Apr 26)

Author(s): Klatsky AL

Institution: Kaiser Permanente Medical Care Program, Oakland, CA, USA. arthur.klatsky@kp.org

Language: English

Abstract: The substantial medical risks of heavy alcohol drinking as well as the probable existence of a less harmful or safe drinking limit have been evident for centuries. Modern epidemiology studies suggest lowered risk of morbidity and mortality among lighter drinkers. Thus, defining "heavy" drinking as $>$ or $=3$ standard drinks per day, the alcohol-mortality relationship is a J-curve with risk highest for heavy drinkers, lowest for light drinkers and intermediate for abstainers. A number of non-cardiovascular and cardiovascular problems contribute to the increased mortality risk of heavier drinkers. The lower risk of light drinkers is due mostly to lower risk of the most common cardiovascular condition, coronary heart disease (CHD). These disparate relationships of alcoholic drinking to various cardiovascular and non-cardiovascular conditions constitute a modern concept of alcohol and health. Increased cardiovascular risks of heavy drinking include: (1) alcoholic cardiomyopathy, (2) systemic hypertension (high blood pressure), (3) heart rhythm disturbances, and (4) hemorrhagic stroke. Lighter drinking is not clearly related to increased risk of any cardiovascular condition and, in observational studies, is related to lower risk of CHD, ischemic stroke, and diabetes mellitus. A protective hypothesis for CHD is supported by evidence for plausible biological mechanisms attributable to ethyl alcohol. International comparisons and some prospective study data suggest that wine is more protective against CHD than liquor or beer. Possible non-alcohol beneficial components in wine (especially red) support possible extra protection by wine, but a healthier pattern of drinking or more favorable risk traits in wine drinkers may be involved. Copyright 2009 Elsevier Inc. All rights reserved.

Country of Publication: United States

Publication Type: Journal Article

Subject Headings: [*Alcoholic Beverages/ae \[Adverse Effects\]](#)
[Animals](#)
[Cardiomyopathy, Alcoholic/ep \[Epidemiology\]](#)
[Cardiomyopathy, Alcoholic/et \[Etiology\]](#)
[Cardiovascular Diseases/cl \[Classification\]](#)

[Cardiovascular Diseases/ep \[Epidemiology\]](#)
[*Cardiovascular Diseases/et \[Etiology\]](#)
[*Cardiovascular System/de \[Drug Effects\]](#)
[Drinking Behavior](#)
[Humans](#)
[Hypertension/ci \[Chemically Induced\]](#)
[Hypertension/ep \[Epidemiology\]](#)

Source: MEDLINE

17. Estimated effect of alcohol pricing policies on health and health economic outcomes in England: An epidemiological model.

Citation: The Lancet, April 2010, vol./is. 375/9723(1355-1364), 0140-6736 (Apr 17, 2010)

Author(s): Purshouse, Robin C; Meier, Petra S; Brennan, Alan; Taylor, Karl B; Rafia, Rachid

Correspondence Address: Purshouse, Robin C.: Department of Automatic Control and Systems Engineering, University of Sheffield, Mappin Street, Sheffield, United Kingdom, S1 3JD, r.purshouse@sheffield.ac.uk

Language: English

Abstract: Background: Although pricing policies for alcohol are known to be effective, little is known about how specific interventions affect health-care costs and health-related quality-of-life outcomes for different types of drinkers. We assessed effects of alcohol pricing and promotion policy options in various population subgroups. Methods: We built an epidemiological mathematical model to appraise 18 pricing policies, with English data from the Expenditure and Food Survey and the General Household Survey for average and peak alcohol consumption. We used results from econometric analyses (256 own-price and cross-price elasticity estimates) to estimate effects of policies on alcohol consumption. We applied risk functions from systemic reviews and meta-analyses, or derived from attributable fractions, to model the effect of consumption changes on mortality and disease prevalence for 47 illnesses. Findings: General price increases were effective for reduction of consumption, health-care costs, and health-related quality of life losses in all population subgroups. Minimum pricing policies can maintain this level of effectiveness for harmful drinkers while reducing effects on consumer spending for moderate drinkers. Total bans of supermarket and off-license discounting are effective but banning only large discounts has little effect. Young adult drinkers aged 18-24 years are especially affected by policies that raise prices in pubs and bars. Interpretation: Minimum pricing policies and discounting restrictions might warrant further consideration because both strategies are estimated to reduce alcohol consumption, and related health harms and costs, with drinker spending increases targeting those who incur most harm. (PsycINFO Database Record (c) 2010 APA, all rights reserved) (journal abstract)

Country of Publication: HOLDER: Elsevier Ltd; YEAR: 2010

Publication Type: Journal; Peer Reviewed Journal

Subject Headings: [*Alcohol Drinking Patterns](#)
[*Costs and Cost Analysis](#)
[*Government Policy Making](#)
[*Health](#)
[*Health Care Costs](#)
[Death and Dying](#)
[Disorders](#)
[Economics](#)
[Epidemiology](#)
[Health Promotion](#)
[Intervention](#)
[Models](#)
[Quality of Life](#)

Source: PsycINFO

Full Text: Available in *fulltext* at [ProQuest](#)

Available in *print* at [Bolton PCT](#)

18. Exploring the boundary between health protective and hazardous drinking in a community cohort.

Citation: Addictive Behaviors, March 2010, vol./is. 35/3(278-281), 0306-4603 (Mar 2010)

Author(s): Murray, Robert P; Tyas, Suzanne L; Snow, Wanda; Ekuma, Okechukwu; Bond, Ruth; Barnes, Gordon E

Correspondence Address: Murray, Robert P., Suite 605, 1000 Beach Avenue, Vancouver, BC, Canada, V6E 4M2, rob3045@telus.net

Language: English

Abstract: We sought to identify a level of alcohol consumption representing the boundary between health protective and hazardous drinking. The Winnipeg Health and Drinking Survey began in 1990-91 (n = 1257). Seven years later, a third wave of interviews (n = 785) expanded questions on heavy episodic drinking (HED) and assessed the consumption of ≥ 3 , ≥ 5 , ≥ 8 , and ≥ 12 drinks at a sitting for each of wine, beer and liquor (equivalent to about 40 g, 65 g, 105 g and 155 g of ethanol). Cox proportional hazards models were based on seven years of illness and mortality data following the Wave 3 interview, and were stratified by gender and HED definition. For HED of ≥ 40 g, ≥ 65 g, ≥ 105 g, or ≥ 155 g per occasion, the hazard ratios for morbidity and mortality from all causes were 1.06, 1.09, 1.17, and 1.16 respectively in women, and 1.00, 0.98, 1.02, and 1.02 in men. Most of these hazard ratios were significant in women, whereas none was significant in men. This study did not provide support for a definition of HED that could divide protective from hazardous alcohol consumption. (PsycINFO Database Record (c) 2010 APA, all rights reserved) (journal abstract)

Country of Publication: STATEMENT: All rights reserved.; HOLDER: Elsevier Ltd; YEAR: 2009

Publication Type: Journal; Peer Reviewed Journal

Subject Headings: [*Alcohol Abuse](#)
[*Drinking Behavior](#)
[Communities](#)
[Health Behavior](#)

Source: PsycINFO

19. Failure to reduce drinking and driving in France: A 6-year prospective study in the GAZEL cohort.

Citation: Addiction, January 2010, vol./is. 105/1(57-61), 0965-2140;1360-0443 (Jan 2010)

Author(s): Constant, Aymery; Lafont, Sylviane; Chiron, Mireille; Zins, Marie; Lagarde, Emmanuel; Messiah, Antoine

Correspondence Address: Constant, Aymery: INSERM U897-IFR99, Equipe Avenir 'Prevention et Prise en Charge des Traumatismes', ISPED, Bordeaux, France, F-33076, aymery.constant@isped.u-bordeaux2.fr

Language: English

Abstract: Aim: An unprecedented decline in alcohol consumption and road mortality has been observed recently in France, but it is still unclear whether or not these changes affected driving while alcohol-intoxicated (DWI). The objective of the study was to estimate prospectively trends of excessive speed on the roads, alcohol consumption and DWI between 2001 and 2007 in a large cohort of experienced drivers. Methods: Participants were current employees or recent retirees of the French national electricity and gas company, who volunteered to participate in a research cohort established in 1989 under strict conditions of anonymity. An annual cohort questionnaire is sent to participants that includes two questions about overall alcohol consumption. In 2001 and 2007, 10 684 participants reported their driving behaviours using the same self-administered questionnaire. Results: Between 2001 and 2007, the proportion of participants (n = 10 684) who reported having driven at speeds at least 20 km/hour above the limit decreased from 23.7% to 4.1% in built-up areas ($P < 0.001$), from 34.3% to 9.3% on rural roads ($P < 0.001$) and from 24.3% to 2.7% on highways ($P < 0.001$). Regular and non-regular

excessive alcohol consumption decreased from 22.7% to 19.7% and from 18.0% to 14.9%, respectively, whereas DWI increased from 22.9% to 25.3% over the same period ($P < 0.001$). Conclusions: A recent crackdown on road violations by the French government has failed to deter DWI. Given that DWI seems to be a sporadic and rarely punished behaviour, its prevention requires more coercive measures, such as using a breath alcohol ignition interlock device. (PsycINFO Database Record (c) 2010 APA, all rights reserved) (journal abstract)

Country of Publication: HOLDER: The Authors. Journal compilation--Society for the Study of Addiction; YEAR: 2009

Publication Type: Journal; Peer Reviewed Journal

Subject Headings: [*Alcohol Drinking Patterns](#)
[*Alcohol Intoxication](#)
[*Death and Dying](#)
[*Driving Under the Influence Drivers](#)

Source: PsycINFO

20. Alcohol consumption and all-cause mortality among elderly in Finland.

Citation: Drug and Alcohol Dependence, January 2010, vol./is. 106/2-3(212-218), 0376-8716 (Jan 15, 2010)

Author(s): Halme, Jukka T; Seppa, Kaija; Alho, Hannu; Poikolainen, Kari; Pirkola, Sami; Aalto, Mauri

Correspondence Address: Aalto, Mauri, P.O. Box 30, Helsinki, Finland, FIN-00271, mauri.aalto@thl.fi

Language: English

Abstract: Aims: To estimate the gender-specific prevalences of alcohol consumption levels and to investigate the association between heavy drinking and all-cause mortality among elderly males. Design: A cohort derived from a nationally representative sample of Finns aged >65 years was followed for six years. Number of subjects was 1569 (72.7% of the original sample, 65.3% females, weighted $n = 1357$). Measurements: Alcohol consumption was retrospectively measured by beverage-specific quantity and frequency over a 12-month period. Mortality data were obtained from the official Cause-of-Death Register. Cox proportional hazards models were used to analyse the relative risks (RRs) of death. Findings: The prevalence of heavy drinking (>8 standard drinks per week) was 20.3% in males and 1.2% in females. Over one-tenth (11.4%) of males reported drinking ≥ 15 standard drinks per week. Relative death risks suggested a J-curved relationship between alcohol consumption levels and mortality. However, significant curvilinear relationship was not found, when using alcohol consumption as continuous variable. The multivariate adjusted RR of death among moderate drinkers (1-7 drinks per week) vs. abstinent subjects was 0.41 (95% CI = .23-.72). Males drinking ≥ 15 standard drinks per week had a two-fold multivariate adjusted risk of death ($RR = 2.11$, 95% CI = 1.19-3.75) compared with abstinent males. The level of alcohol consumption by females was too low for analysis. Conclusions: Heavy drinking is common among Finnish elderly males but not among females. The present study shows an increased all-cause mortality risk for males drinking, on average, more than two standard drinks per day. (PsycINFO Database Record (c) 2010 APA, all rights reserved) (journal abstract)

Country of Publication: STATEMENT: All rights reserved.; HOLDER: Elsevier Ireland Ltd.; YEAR: 2009

Publication Type: Journal; Peer Reviewed Journal

Subject Headings: [*Aging](#)
[*Alcohol Drinking Patterns](#)
[*Mortality Rate Human Males](#)

Source: PsycINFO

21. Socioeconomic deprivation, urban-rural location and alcohol-related mortality in England and Wales.

Citation: BMC Public Health, 2010, vol./is. 10/(99), 1471-2458;1471-2458 (2010)

Author(s): Erskine S; Maheswaran R; Pearson T; Gleeson D

Institution: Public Health GIS Unit, School of Health and Related Research, University of Sheffield, Regent Court, 30 Regent Street, Sheffield S14DA, UK.

Language: English

Abstract: BACKGROUND: Many causes of death are directly attributable to the toxic effects of alcohol and deaths from these causes are increasing in the United Kingdom. The aim of this study was to investigate variation in alcohol-related mortality in relation to socioeconomic deprivation, urban-rural location and age within a national context. METHODS: An ecological study design was used with data from 8797 standard table wards in England and Wales. The methodology included using the Carstairs Index as a measure of socioeconomic deprivation at the small-area level and the national harmonised classification system for urban and rural areas in England and Wales. Alcohol-related mortality was defined using the National Statistics definition, devised for tracking national trends in alcohol-related deaths. Deaths from liver cirrhosis accounted for 85% of all deaths included in this definition. Deaths from 1999-2003 were examined and 2001 census ward population estimates were used as the denominators. RESULTS: The analysis was based on 28,839 deaths. Alcohol-related mortality rates were higher in men and increased with increasing age, generally reaching peak levels in middle-aged adults. The 45-64 year age group contained a quarter of the total population but accounted for half of all alcohol-related deaths. There was a clear association between alcohol-related mortality and socioeconomic deprivation, with progressively higher rates in more deprived areas. The strength of the association varied with age. Greatest relative inequalities were seen amongst people aged 25-44 years, with relative risks of 4.73 (95% CI 4.00 to 5.59) and 4.24 (95% CI 3.50 to 5.13) for men and women respectively in the most relative to the least deprived quintiles. People living in urban areas experienced higher alcohol-related mortality relative to those living in rural areas, with differences remaining after adjustment for socioeconomic deprivation. Adjusted relative risks for urban relative to rural areas were 1.35 (95% CI 1.20 to 1.52) and 1.13 (95% CI 1.01 to 1.25) for men and women respectively. CONCLUSIONS: Large inequalities in alcohol-related mortality exist between sub-groups of the population in England and Wales. These should be considered when designing public health policies to reduce alcohol-related harm.

Country of Publication: England

Publication Type: Journal Article

Subject Headings:

Source: MEDLINE

Full Text: Available in *fulltext* at [BioMedCentral](#)
Available in *fulltext* at [National Library of Medicine](#)

22. Statistical modeling of volume of alcohol exposure for epidemiological studies of population health: the US example.

Citation: Population Health Metrics, 2010, vol./is. 8/(3), 1478-7954;1478-7954 (2010)

Author(s): Rehm J; Kehoe T; Gmel G; Stinson F; Grant B; Gmel G

Institution: Centre for Addiction and Mental Health (CAMH), 33 Russell Street, Toronto, Ontario, M5S 2S1, Canada. jtrehm@aol.com.

Language: English

Abstract: ABSTRACT: BACKGROUND: Alcohol consumption is a major risk factor in the global burden of disease, with overall volume of exposure as the principal underlying dimension. Two main sources of data on volume of alcohol exposure are available: surveys and per capita consumption derived from routine statistics such as taxation. As both sources have significant problems, this paper presents an approach that triangulates information from both sources into disaggregated estimates in line with the overall level of per capita

consumption. METHODS: A modeling approach was applied to the US using data from a large and representative survey, the National Epidemiologic Survey on Alcohol and Related Conditions. Different distributions (log-normal, gamma, Weibull) were used to model consumption among drinkers in subgroups defined by sex, age, and ethnicity. The gamma distribution was used to shift the fitted distributions in line with the overall volume as derived from per capita estimates. Implications for alcohol-attributable fractions were presented, using liver cirrhosis as an example. RESULTS: The triangulation of survey data with aggregated per capita consumption data proved feasible and allowed for modeling of alcohol exposure disaggregated by sex, age, and ethnicity. These models can be used in combination with risk relations for burden of disease calculations. Sensitivity analyses showed that the gamma distribution chosen yielded very similar results in terms of fit and alcohol-attributable mortality as the other tested distributions. CONCLUSIONS: Modeling alcohol consumption via the gamma distribution was feasible. To further refine this approach, research should focus on the main assumptions underlying the approach to explore differences between volume estimates derived from surveys and per capita consumption figures.

Country of Publication: England

Publication Type: Journal Article

Subject Headings:

Source: MEDLINE

Full Text: Available in *fulltext* at [BioMedCentral](#)
Available in *fulltext* at [National Library of Medicine](#)

23. Alcohol consumption and the risk of morbidity and mortality for different stroke types--a systematic review and meta-analysis.

Citation: BMC Public Health, 2010, vol./is. 10/(258), 1471-2458;1471-2458 (2010)

Author(s): Patra J; Taylor B; Irving H; Roerecke M; Baliunas D; Mohapatra S; Rehm J

Institution: Centre for Addiction and Mental Health, Toronto, Ontario Canada.
jayadeep_patra@camh.net

Language: English

Abstract: BACKGROUND: Observational studies have suggested a complex relationship between alcohol consumption and stroke, dependent on sex, type of stroke and outcome (morbidity vs. mortality). We undertook a systematic review and a meta-analysis of studies assessing the association between levels of average alcohol consumption and relative risks of ischemic and hemorrhagic strokes separately by sex and outcome. This meta-analysis is the first to explicitly separate morbidity and mortality of alcohol-attributable stroke and thus has implications for public health and prevention. METHODS: Using Medical Subject Headings (alcohol drinking, ethanol, cerebrovascular accident, cerebrovascular disorders, and intracranial embolism and thrombosis and the key word stroke), a literature search of MEDLINE, EMBASE, CINAHL, CABS, WHolist, SIGLE, ETOH, and Web of Science databases between 1980 to June 2009 was performed followed by manual searches of bibliographies of key retrieved articles. From twenty-six observational studies (cohort or case-control) with ischemic or hemorrhagic strokes the relative risk or odds ratios or hazard ratios of stroke associated with alcohol consumption were reported; alcohol consumption was quantified; and life time abstention (manually estimated where data for current abstainers were given) was used as the reference group. Two reviewers independently extracted the information on study design, participant characteristics, level of alcohol consumption, stroke outcome, control for potential confounding factors, risk estimates and key criteria of study quality using a standardized protocol. RESULTS: The dose-response relationship for hemorrhagic stroke had monotonically increasing risk for increasing consumption, whereas ischemic stroke showed a curvilinear relationship, with a protective effect of alcohol for low to moderate consumption, and increased risk for higher exposure. For more than 3 drinks on average/day, in general women had higher risks than men, and the risks for mortality were higher compared to the risks for morbidity. CONCLUSIONS: These results indicate that heavy alcohol consumption increases the relative risk of any stroke while light or moderate alcohol consumption may

be protective against ischemic stroke. Preventive measures that should be initiated are discussed.

Country of Publication: England

Publication Type: Journal Article; Research Support, Non-U.S. Gov't

Subject Headings:

Source: MEDLINE

Full Text: Available in *fulltext* at [BioMedCentral](#)
Available in *fulltext* at [National Library of Medicine](#)

24. Addressing the spectrum of unhealthy alcohol use in health services: Implementing and informing development of effective methods of intervention.

Citation: Dissertation Abstracts International: Section B: The Sciences and Engineering, 2010, vol./is. 70/8-B(4794), 0419-4217 (2010)

Author(s): Williams, Emily Caterina

Language: English

Abstract: Unhealthy alcohol use is common and associated with substantial morbidity and mortality. Meta-analyses suggest that brief alcohol counseling interventions are effective for reducing drinking in primary care settings, but implementation into routine care has proven challenging. Further, brief alcohol counseling does not have confirmed efficacy for medical inpatients with unhealthy alcohol use, and it is unknown what may catalyze changes in drinking in this population. The first two studies presented in this dissertation report results from evaluations of an electronic clinical reminder designed to facilitate provision of brief alcohol counseling interventions, which was implemented in two different Veterans Affairs sites in the context of routine annual screening for unhealthy alcohol use. Together findings from these studies suggest that, in the absence of other active implementation efforts or a culture of routine clinical reminder use, a clinical reminder alone is likely insufficient to get alcohol use on the primary care agenda. The third study explored whether diverse measures of physical health were associated with drinking 3 months after hospitalization among medical inpatients. This study found that poor physical health, as reflected in 5 different measures, was not associated with changes in drinking among all participants, but having an alcohol-attributable principal admitting diagnosis was associated with less heavy episodic drinking among patients with non-dependent unhealthy alcohol use and those with low levels of readiness to change. This study suggests that, among some subpopulations of medical inpatients, medical illness attributable to alcohol use may serve as a catalyst of change. Future research is needed to replicate results. (PsycINFO Database Record (c) 2010 APA, all rights reserved)

Publication Type: Dissertation Abstract

Subject Headings: [*Alcohols](#)
[*Health](#)
[*Health Care Services](#)
[*Intervention](#)
[Alcohol Abuse](#)

Source: PsycINFO

25. Suicide and alcohol: Do outlets play a role?

Citation: Alcoholism: Clinical and Experimental Research, December 2009, vol./is. 33/12(2124-2133), 0145-6008;1530-0277 (Dec 2009)

Author(s): Johnson, Fred W; Gruenewald, Paul J; Remer, Lillian G

Correspondence Address: Johnson, Fred W.: Prevention Research Center, 1995 University Ave., Suite 450, Berkeley, CA, US, 94704, fred@prev.org

Language: English

Abstract: Background: The purpose of this study was to determine whether the number of alcohol outlets in local and adjacent areas, in particular bars, was related over time to completed suicide and suicide attempts. There is evidence both from studies of individuals and time series aggregate studies, mostly at the national level, of substantial alcohol involvement in suicide, but no small-area, longitudinal studies have been carried out. The present study is the first that is both longitudinal and based on a large number of small spatial units, California zip codes, a level of resolution permitting analysis of the relationship between local alcohol access and suicide rates over time. Method: Longitudinal data were obtained from 581 consistently defined zip code areas over 6 years (1995-2000) using data from the California Index Locations Database, a geographic information system that contains both population and place information with spatial attributes for the entire state. Measures obtained from each zip code included population characteristics (e.g., median age) and place characteristics (e.g., numbers of retail and alcohol outlets) which were related in separate analyses to (i) suicide mortality and (ii) the number of hospitalizations for injuries caused by suicide attempts. The effect of place characteristics in zip code areas adjacent to each of the 581 local zip codes (spatial lags) was also assessed. Analysis methods were random effects models corrected for spatial autocorrelation. Results: Completed suicide rates were higher in zip code areas with greater local and lagged bar densities; and higher in areas with greater local but not lagged off-premise outlet densities. Whereas completed suicide rates were lower among blacks and Hispanics, completed suicide rates were higher among low income, older whites living in less densely populated areas, that is, rural areas. Rates of suicide attempts were higher in zip code areas with greater local but not lagged bar densities, and higher among low income younger whites living in smaller households and in rural areas. Rates of attempted suicide were also higher among blacks. Completed suicide and suicide attempt rates were lower in zip code areas with greater local restaurant densities; there were no lagged effects for restaurants. Conclusions: Bar densities in particular appear related to suicide, meaning, because this is an aggregate-level spatial analysis, that suicides, both attempted and completed, occur at greater rates in rural community areas with greater bar densities. Because the suicide rate is highest in rural areas, this study suggests that although the number of completed and attempted suicides is no doubt greater in absolute numbers in urban areas, the suicide rate, both completed and attempted, is greater in rural areas, which draws attention, perhaps much needed, to the problems of rural America. (PsycINFO Database Record (c) 2010 APA, all rights reserved) (journal abstract)

Country of Publication: HOLDER: The Research Society on Alcoholism; YEAR: 2009

Publication Type: Journal; Peer Reviewed Journal

Subject Headings: [*Alcohol Drinking Patterns](#)
[*Attempted Suicide](#)
[*Suicide](#)
[Income Level](#)
[Rural Environments](#)

Source: PsycINFO

26. Alcohol-related mortality risk in natural and non-natural death cases.

Citation: Journal of Forensic Sciences, November 2009, vol./is. 54/6(1429-1432), 0022-1198;1556-4029 (Nov 2009)

Author(s): Toro, Klara; Dunay, Gyorgy; Rona, Kalman; Klausz, Gabriella; Feher, Szilvia

Correspondence Address: Toro, Klara: Department of Forensic Medicine, Semmelweis University, Ulloi ut 93, Budapest, Hungary, 1091, torok@igaz.sote.hu

Language: English

Abstract: Determination of the associations between alcohol influence and sudden natural death represents challenges for medicolegal investigations. The aim of this study was to investigate the prevalence of alcohol influence in medicolegal autopsies. In our study of natural and non-natural deaths cases (5496 total: 4045 males, 1451 females) were examined. Blood alcohol concentrations (BACs) were detected by headspace gas chromatographic method. We investigated the alcohol-related mortality using hierarchical

log-linear statistical models. Severe BACs were detected among suicidal victims in the oldest age group (>65 years) (InF = 0.442) and among the homicide victims between the age of 40-65 years (InF = 0.234). Correlations we found between manner-of-death and sex suggested that the rate of males in accidents (InF = 0.140) and the rate of females in homicides (InF = 0.193) were higher. It was concluded that the accurate statistical mortality database may provide a huge support for the determination of alcohol effects on human health and mortality. (PsycINFO Database Record (c) 2010 APA, all rights reserved) (journal abstract)

Country of Publication: HOLDER: American Academy of Forensic Sciences; YEAR: 2009
Publication Type: Journal; Peer Reviewed Journal
Subject Headings: [*Animal Drinking Behavior](#)
[*Autopsy](#)
[*Death and Dying](#)
[*Risk Factors](#)
Source: PsycINFO

27. Alcohol and Russian mortality: a continuing crisis.

Citation: Addiction, 01 October 2009, vol./is. 104/10(1630-1636), 09652140
Author(s): Leon DA; Shkolnikov VM; McKee M
Language: English
Abstract: Background Russia remains in the grip of a mortality crisis in which alcohol plays a central role. In 2007, male life expectancy at birth was 61 years, while for females it was 74 years. Alcohol is implicated particularly in deaths among working-age men. Aims To review the current state of knowledge about the contribution of alcohol to the continuing very high mortality seen among Russian adults Results Conservative estimates attribute 31-43% of deaths among working-age men to alcohol. This latter estimate would imply a minimum of 170 000 excess deaths due to hazardous alcohol consumption in Russia per year. Men drink appreciably more than women in Russia. Hazardous drinking is most prevalent among people with low levels of education and those who are economically disadvantaged, partly because some of the available sources of ethanol are very cheap and easy to obtain. The best estimates available suggest that per capita consumption among adults is 15-18 litres of pure ethanol per year. However, reliable estimation of the total volume of alcohol consumed per capita in Russia is very difficult because of the diversity of sources of ethanol that are available, for many of which data do not exist. These include both illegal spirits, as well as legal non-beverage alcohols (such as medicinal tinctures). In 2006 regulations were introduced aimed at reducing the production and sale of non-beverage alcohols that are commonly drunk. These appear to have been only partially successful. Conclusion There is convincing evidence that alcohol plays an important role in explaining high mortality in Russia, in particular among working age men. However, there remain important uncertainties about the precise scale of the problem and about the health effects of the distinctive pattern of alcohol consumption that is prevalent in Russia today. While there is a need for further research, enough is known to justify the development of a comprehensive inter-sectoral alcohol control strategy. The recent fall in life expectancy in Russia should give a renewed urgency to attempts to move the policy agenda forward.

Publication Type: journal article
Subject Headings: [Alcohol Abuse](#)
[Alcohol Drinking](#)
[Alcoholism](#)
[Health Status](#)
[Mortality](#)
[Adult](#)
[Alcohol Abuse](#)
[Ethanol](#)
[Alcoholic Beverages](#)
[Alcoholism](#)

Cardiovascular Diseases
Chronic Disease
Public Health
Russia

Source: CINAHL

28. Alcohol consumption and health status in older adults: a longitudinal analysis.

Citation: Journal of Aging & Health, September 2009, vol./is. 21/6(824-47), 0898-2643;0898-2643 (2009 Sep)

Author(s): Chen LY; Hardy CL

Language: English

Abstract: Objective. This longitudinal study examines the relationship of alcohol consumption to mortality and changes in mental and functional health in older adults. Method. In a national population health survey, 4,187 participants aged 50 and older at baseline provided information on alcohol consumption, potential confounders, and follow-up vital status. Logistic regression estimated the odds ratio for mortality, increase in psychological distress, and decline in functional health 10 years later. Results. Compared with lifelong abstainers, light and moderate drinkers were at nonsignificantly lower risk of mortality. Among survivors, alcohol consumption showed no consistent relationship with increases in psychological distress. Occasional and light drinkers had significantly reduced risk of a substantial functional health decline, whereas moderate drinkers had nonsignificantly reduced risk. Discussion. Findings suggest that light-to-moderate alcohol consumption reduces the risk of substantial functional health decline in older middle-aged drinkers.

Country of Publication: United States

Publication Type: Journal Article; Research Support, Non-U.S. Gov't

Subject Headings: Activities of Daily Living
Aged
Aging
*Alcohol Drinking
Canada
*Drinking Behavior
*Health Status
Health Surveys
Humans
Longitudinal Studies
Mental Health
Middle Aged
*Mortality
Outcome Assessment (Health Care)
Self Disclosure
Stress, Psychological

Source: MEDLINE

29. The burden of alcohol-related ill health in the United Kingdom.

Citation: Journal of Public Health, September 2009, vol./is. 31/3(366-73), 1741-3842;1741-3850 (2009 Sep)

Author(s): Balakrishnan R; Allender S; Scarborough P; Webster P; Rayner M

Institution: British Heart Foundation Health Promotion Research Group, Department of Public Health, University of Oxford, Headington, Oxford OX3 7LF, UK.

Language: English

Abstract: BACKGROUND: Although moderate alcohol consumption has been shown to confer a protective effect for specific diseases, current societal patterns of alcohol use impose a huge health and economic burden on modern society. This study presents a method for

estimating the health and economic burden of alcohol consumption to the UK National Health Service (NHS). METHODS: Previous estimates of NHS costs attributable to alcohol consumption were identified by systematic literature review. The mortality and morbidity due to alcohol consumption was calculated using information from the World Health Organization Global Burden of Disease Project and routinely collected mortality data. Direct health-care costs were derived using information on population attributable fractions for conditions related to alcohol consumption and NHS cost data. RESULTS: We estimate that alcohol consumption was responsible for 31,000 deaths in the UK in 2005 and that alcohol consumption cost the UK NHS 3.0 billion pounds in 2005-06. Alcohol consumption was responsible for 10% of all disability adjusted life years in 2002 (male: 15%; female: 4%) in the UK. CONCLUSIONS: Alcohol consumption is a considerable public health burden in the UK. The comparison of the health and economic burden of various lifestyle factors is essential in prioritizing and resourcing public health action.

Country of Publication: England

Publication Type: Journal Article; Research Support, Non-U.S. Gov't; Review

Subject Headings: [Alcohol Drinking/ae \[Adverse Effects\]](#)
[*Alcohol Drinking/ec \[Economics\]](#)
[Alcohol Drinking/mo \[Mortality\]](#)
[*Alcohol-Related Disorders/ec \[Economics\]](#)
[Alcohol-Related Disorders/mo \[Mortality\]](#)
[Female](#)
[Great Britain/ep \[Epidemiology\]](#)
[*Health Care Costs/sn \[Statistics & Numerical Data\]](#)
[Humans](#)
[Male](#)
[Quality-Adjusted Life Years](#)
[Risk Factors](#)
[Sick Leave/ec \[Economics\]](#)
[*State Medicine/ec \[Economics\]](#)

Source: MEDLINE

Full Text: Available in *fulltext* at [Highwire Press](#)
 Available in *fulltext* at [National Library of Medicine](#)

30. Cost-effectiveness of screening for unhealthy alcohol use with %carbohydrate deficient transferrin: Results from a literature-based decision analytic computer model.

Citation: Alcoholism: Clinical and Experimental Research, August 2009, vol./is. 33/8(1440-1449), 0145-6008;1530-0277 (Aug 2009)

Author(s): Kapoor, Alok; Kraemer, Kevin L; Smith, Kenneth J; Roberts, Mark S; Saitz, Richard

Correspondence Address: Kapoor, Alok, 801 Massachusetts Avenue-Second Floor, Boston, MA, US, 02118, alok.kapoor@BMC.org

Language: English

Abstract:

Background: The %carbohydrate deficient transferrin (%CDT) test offers objective evidence of unhealthy alcohol use but its cost-effectiveness in primary care conditions is unknown. Methods: Using a decision tree and Markov model, we performed a literature-based cost-effectiveness analysis of 4 strategies for detecting unhealthy alcohol use in adult primary care patients: (i) Questionnaire Only, using a validated 3-item alcohol questionnaire; (ii) %CDT Only; (iii) Questionnaire followed by %CDT (Questionnaire-%CDT) if the questionnaire is negative; and (iv) No Screening. For those patients screening positive, clinicians performed more detailed assessment to characterize unhealthy use and determine therapy. We estimated costs using Medicare reimbursement and the Medical Expenditure Panel Survey. We determined sensitivity, specificity, prevalence of disease, and mortality from the medical literature. In the base case, we calculated the incremental cost-effectiveness ratio (ICER) in 2006 dollars per quality-adjusted life year (\$/QALY) for a 50-year-old cohort. Results: In the base case, the ICER for the Questionnaire-%CDT strategy was \$15,500/QALY compared with the

Questionnaire Only strategy. Other strategies were dominated. When the prevalence of unhealthy alcohol use exceeded 15% and screening age was <60 years, the Questionnaire-%CDT strategy costs less than \$50,000/QALY compared to the Questionnaire Only strategy. Conclusions: Adding %CDT to questionnaire-based screening for unhealthy alcohol use was cost-effective in our literature-based decision analytic model set in typical primary care conditions. Screening with %CDT should be considered for adults up to the age of 60 when the prevalence of unhealthy alcohol use is 15% or more and screening questionnaires are negative. (PsycINFO Database Record (c) 2010 APA, all rights reserved) (journal abstract)

Country of Publication: HOLDER: Research Society on Alcoholism; YEAR: 2009

Publication Type: Journal; Peer Reviewed Journal

Subject Headings: [*Alcoholism](#)
[*Carbohydrates](#)
[*Costs and Cost Analysis](#)
[*Primary Health Care](#)
[*Screening](#)

Source: PsycINFO

31. The lifelong mortality risks of World War II experiences.

Citation: Research on Aging, 01 July 2009, vol./is. 31/4(391-412), 01640275

Author(s): Elder GH Jr.; Clipp EC; Brown JS; Martin LR; Friedman HS

Language: English

Abstract: In this longitudinal study of American veterans, the authors investigated the mortality risks of five World War II military experiences (e.g., combat exposure) and their variation among veterans in the postwar years. The male subjects (n = 854) were members of the Stanford-Terman study, and 38% served in World War II. Cox models (proportional-hazards regressions) were used to compare the relative mortality risk associated with each military experience. Overseas duty, service in the Pacific theater, and exposure to combat significantly increased the mortality risks of veterans in the study. Individual differences in education, mental health in 1950, and age at entry into the military, as well as personality factors, made no difference in these results. In conclusion, a gradient was observed such that active duty on the home front, followed by overseas duty, service in the Pacific, and combat exposure, markedly increased the risk for relatively early mortality. Potential linking mechanisms include heavy drinking.

Publication Type: journal article

Subject Headings: [Men](#)
[Military Services](#)
[Mortality](#)
[Alcohol Abuse](#)
[Archives](#)
[California](#)
[Cox Proportional Hazards Model](#)
[Death Certificates](#)
[Educational Status](#)
[Funding Source](#)
[Life Experiences](#)
[Longevity](#)
[Male](#)
[Overseas Deployment](#)
[Pacific Islands](#)
[Prospective Studies](#)
[Risk Taking Behavior](#)
[Secondary Analysis](#)
[Stress Disorders, Post-Traumatic](#)
[War](#)
[Human](#)

Source: CINAHL

32. Understanding and treating patients with alcoholic cirrhosis: An update.

Citation: Alcoholism: Clinical and Experimental Research, July 2009, vol./is. 33/7(1136-1144), 0145-6008;1530-0277 (Jul 2009)

Author(s): Addolorato, Giovanni; Russell, Marcia; Albano, Emanuele; Haber, Paul S; Wands, Jack R; Leggio, Lorenzo

Correspondence Address: Addolorato, Giovanni: Institute of Internal Medicine, Catholic University of Rome, Gemelli Hospital, Largo A. Gemelli 8, Rome, Italy, I-00168, g.addolorato@rm.unicatt.it

Language: English

Abstract: Alcoholic cirrhosis represents the terminal stage of alcoholic liver disease (ALD) and one of the main causes of death among alcohol abusers. The aim of this review was to provide an update on alcoholic cirrhosis, with an emphasis on recent findings. Increased alcohol consumption in developing countries is expected to increase cirrhosis mortality. There is a need, therefore, to develop new approaches to the prevention of ALD, including more attention to co-factors that may increase risk of ALD (i.e., obesity and diabetes, chronic HCV infection, and smoking). Furthermore, a better understanding of the pathological mechanisms on the basis of alcohol cirrhosis represents a cornerstone in order to develop new pharmacological treatments. Inflammatory and immune responses along with oxidative stress and alterations in adipokine secretion might contribute in different ways to the evolution of alcohol-induced fibrosis/cirrhosis. As of this date, patients with severe alcoholic hepatitis with a Maddrey Discriminant Factor (MDF) 32 should be offered pentoxifylline and/or corticosteroids unless contraindications exist. For ambulatory patients, S-adenosylmethionine (SAME) may be considered in a motivated patient with nutritional support. Current studies do not support use of anti-tumor necrosis factor (TNF)-alpha antibody. Finally, achieving total alcohol abstinence should represent the main aim in the management of patients affected by any stage of cirrhosis. In the last decades, several drugs able to increase abstinence and prevent alcohol relapse have been evaluated and some of them have obtained approval for alcohol dependence. Patients with alcoholic cirrhosis; however, are usually excluded from such treatments. A recent study demonstrated the efficacy and safety of baclofen in inducing and maintaining alcohol abstinence in cirrhotic alcohol-dependent patients with cirrhosis. All together the information available suggests the need of a multimodal approach in the clinical management of these patients. (PsycINFO Database Record (c) 2010 APA, all rights reserved) (journal abstract)

Country of Publication: HOLDER: Research Society on Alcoholism; YEAR: 2009

Publication Type: Journal; Peer Reviewed Journal

Subject Headings: [*Alcohol Rehabilitation](#)
[*Alcoholism](#)
[*Baclofen](#)
[*Cirrhosis \(Liver\)](#)
[*Drug Abstinence](#)
[Drug Therapy](#)
[Safety](#)

Source: PsycINFO

33. 2008--Lithuania's year of sobriety: Alcohol control becomes a priority of health policy.

Citation: Addiction, July 2009, vol./is. 104/7(1259), 0965-2140;1360-0443 (Jul 2009)

Author(s): Veryga, Aurelijus

Correspondence Address: Veryga, Aurelijus, aurelijus.veryga@gmail.com

Language: English

Abstract: When alcohol-related morbidity and mortality in Lithuania increased significantly within a very short period of time, a very intense discussion was begun by civil society. The

period of 2007-08 became a time for legislative work on alcohol-control policies and 2008 was designated as 'The Year of Sobriety'. Despite enormous pressure from the alcohol industry, daytime advertising was banned on radio and television, the excise duty on alcohol (including cider) was increased and tax relief was abolished for small breweries. (PsycINFO Database Record (c) 2010 APA, all rights reserved)

Publication Type: Journal; Peer Reviewed Journal

Subject Headings: [*Alcoholism](#)
[*Death and Dying](#)
[*Sobriety](#)
[*Health Care Policy](#)
[*Morbidity](#)

Source: PsycINFO

Full Text: Available in *fulltext* at [EBSCO Host](#)

34. Global burden of disease and injury and economic cost attributable to alcohol use and alcohol-use disorders.

Citation: Lancet, June 2009, vol./is. 373/9682(2223-33), 0140-6736;1474-547X (2009 Jun 27)

Author(s): Rehm J; Mathers C; Popova S; Thavorncharoensap M; Teerawattananon Y; Patra J

Institution: Public Health and Regulatory Policies, Centre for Addiction and Mental Health, Toronto, ON, Canada. jtrehm@aol.com

Language: English

Abstract: Alcohol consumption has been identified as an important risk factor for chronic disease and injury. In the first paper in this Series, we quantify the burden of mortality and disease attributable to alcohol, both globally and for ten large countries. We assess alcohol exposure and prevalence of alcohol-use disorders on the basis of reviews of published work. After identification of other major disease categories causally linked to alcohol, we estimate attributable fractions by sex, age, and WHO region. Additionally, we compare social costs of alcohol in selected countries. The net effect of alcohol consumption on health is detrimental, with an estimated 3.8% of all global deaths and 4.6% of global disability-adjusted life-years attributable to alcohol. Disease burden is closely related to average volume of alcohol consumption, and, for every unit of exposure, is strongest in poor people and in those who are marginalised from society. The costs associated with alcohol amount to more than 1% of the gross national product in high-income and middle-income countries, with the costs of social harm constituting a major proportion in addition to health costs. Overall, we conclude that alcohol consumption is one of the major avoidable risk factors, and actions to reduce burden and costs associated with alcohol should be urgently increased.

Country of Publication: England

Publication Type: Journal Article; Research Support, Non-U.S. Gov't

Subject Headings: [Adult](#)
[Age Distribution](#)
[Alcohol-Related Disorders/co \[Complications\]](#)
[*Alcohol-Related Disorders/ec \[Economics\]](#)
[*Alcohol-Related Disorders/ep \[Epidemiology\]](#)
[Alcohol-Related Disorders/pc \[Prevention & Control\]](#)
[Cause of Death](#)
[Chronic Disease/ep \[Epidemiology\]](#)
[*Cost of Illness](#)
[Developed Countries](#)
[Developing Countries](#)
[Disabled Persons/sn \[Statistics & Numerical Data\]](#)
[Female](#)
[Humans](#)
[Male](#)
[Population Surveillance](#)
[Poverty](#)

[Prevalence](#)
[Residence Characteristics](#)
[Risk Assessment](#)
[Risk Factors](#)
[Sex Distribution](#)
[Socioeconomic Factors](#)
[*World Health](#)
[Wounds and Injuries/ep \[Epidemiology\]](#)
[Wounds and Injuries/et \[Etiology\]](#)

Source: MEDLINE

Full Text: Available in *fulltext* at [ProQuest](#)
 Available in *print* at [Bolton PCT](#)

35. Alcohol and cause-specific mortality in Russia: a retrospective case-control study of 48,557 adult deaths.

Citation: Lancet, June 2009, vol./is. 373/9682(2201-14), 0140-6736;1474-547X (2009 Jun 27)

Author(s): Zaridze D; Brennan P; Boreham J; Boroda A; Karpov R; Lazarev A; Konobeevskaya I; Igitov V; Terechova T; Boffetta P; Peto R

Institution: Department of Epidemiology and Prevention, N N Blokhin Russian Cancer Research Centre, Moscow, Russia. dgzaridze@crc.umos.ru

Language: English

Abstract: BACKGROUND: Alcohol is an important determinant of the high and fluctuating adult mortality rates in Russia, but cause-specific detail is lacking. Our case-control study investigated the effects of alcohol consumption on male and female cause-specific mortality. METHODS: In three Russian industrial cities with typical 1990s mortality patterns (Tomsk, Barnaul, Biysk), the addresses of 60,416 residents who had died at ages 15-74 years in 1990-2001 were visited in 2001-05. Family members were present for 50,066 decedents; for 48,557 (97%), the family gave proxy information on the decedents' past alcohol use and on potentially confounding factors. Cases (n=43,082) were those certified as dying from causes we judged beforehand might be substantially affected by alcohol or tobacco; controls were the other 5475 decedents. Case versus control relative risks (RRs; calculated as odds ratios by confounder-adjusted logistic regression) were calculated in ever-drinkers, defining the reference category by two criteria: usual weekly consumption always less than 0.5 half-litre bottles of vodka (or equivalent in total alcohol content) and maximum consumption of spirits in 1 day always less than 0.5 half-litre bottles. Other ever-drinkers were classified by usual weekly consumption into three categories: less than one, one to less than three, and three or more (mean 5.4 [SD 1.4]) bottles of vodka or equivalent. FINDINGS: In men, the three causes accounting for the most alcohol-associated deaths were accidents and violence (RR 5.94, 95% CI 5.35-6.59, in the highest consumption category), alcohol poisoning (21.68, 17.94-26.20), and acute ischaemic heart disease other than myocardial infarction (3.04, 2.73-3.39), which includes some misclassified alcohol poisoning. There were significant excesses of upper aerodigestive tract cancer (3.48, 2.84-4.27) and liver cancer (2.11, 1.64-2.70). Another five disease groups had RRs of more than 3.00 in the highest alcohol category: tuberculosis (4.14, 3.44-4.98), pneumonia (3.29, 2.83-3.83), liver disease (6.21, 5.16-7.47), pancreatic disease (6.69, 4.98-9.00), and ill-specified conditions (7.74, 6.48-9.25). Although drinking was less common in women, the RRs associated with it were generally more extreme. After correction for reporting errors, alcohol-associated excesses accounted for 52% of all study deaths at ages 15-54 years (men 8182 [59%] of 13968, women 1565 [33%] of 4751) and 18% of those at 55-74 years (men 3944 [22%] of 17,536, women 1493 [12%] of 12 302). Allowance for under-representation of extreme drinkers would further increase alcohol-associated proportions. Large fluctuations in mortality from these ten strongly alcohol-associated causes were the main determinants of recent fluctuations in overall mortality in the study region and in Russia as a whole. INTERPRETATION: Alcohol-attributable mortality varies by year; in several recent years, alcohol was a cause of more than half of all Russian deaths at ages 15-54 years. Alcohol accounts for most of the large fluctuations in Russian mortality, and alcohol and tobacco account for the large difference in adult mortality between Russia and western

Europe. FUNDING: UK Medical Research Council, Cancer Research UK, British Heart Foundation, International Agency for Research on Cancer, and European Commission Directorate-General for Research.

Country of Publication: England

Publication Type: Journal Article; Research Support, Non-U.S. Gov't

Subject Headings: [Adolescent](#)
[Adult](#)
[Age Distribution](#)
[*Alcoholism/mo \[Mortality\]](#)
[Case-Control Studies](#)
[*Cause of Death/td \[Trends\]](#)
[Confounding Factors \(Epidemiology\)](#)
[Cost of Illness](#)
[Death Certificates](#)
[Female](#)
[Health Surveys](#)
[Humans](#)
[Logistic Models](#)
[Male](#)
[Middle Aged](#)
[Mortality/td \[Trends\]](#)
[Population Surveillance](#)
[Questionnaires](#)
[Risk Factors](#)
[Sensitivity and Specificity](#)
[Sex Distribution](#)
[Siberia/ep \[Epidemiology\]](#)
[Urban Health/sn \[Statistics & Numerical Data\]](#)

Source: MEDLINE

Full Text: Available in *fulltext* at [ProQuest](#)
 Available in *print* at [Bolton PCT](#)

36. Global burden of disease and injury and economic cost attributable to alcohol use and alcohol-use disorders.

Citation: The Lancet, June 2009, vol./is. 373/9682(2223-2233), 0140-6736 (Jun 27, 2009)

Author(s): Rehm, Jurgen; Mathers, Colin; Popova, Svetlana; Thavorncharoensap, Montarat; Teerawattananon, Yot; Patra, Jayadeep

Correspondence Address: Rehm, Jurgen: Centre for Addiction and Mental Health, 33 Russell Street, Room 2035B, Toronto, ON, Canada, M5S 2S1, jtrehm@aol.com

Language: English

Abstract: Alcohol consumption has been identified as an important risk factor for chronic disease and injury. In the first paper in this Series, we quantify the burden of mortality and disease attributable to alcohol, both globally and for ten large countries. We assess alcohol exposure and prevalence of alcohol-use disorders on the basis of reviews of published work. After identification of other major disease categories causally linked to alcohol, we estimate attributable fractions by sex, age, and WHO region. Additionally, we compare social costs of alcohol in selected countries. The net effect of alcohol consumption on health is detrimental, with an estimated 3Middle-Dot 8% of all global deaths and 4Middle-Dot 6% of global disability-adjusted life-years attributable to alcohol. Disease burden is closely related to average volume of alcohol consumption, and, for every unit of exposure, is strongest in poor people and in those who are marginalized from society. The costs associated with alcohol amount to more than 1% of the gross national product in high-income and middle-income countries, with the costs of social harm constituting a major proportion in addition to health costs. Overall, we conclude that alcohol consumption is one of the major avoidable risk factors, and actions to reduce burden and costs associated with alcohol should be urgently increased. (PsycINFO Database Record (c) 2010 APA, all rights reserved) (journal abstract)

Publication Type: Journal; Peer Reviewed Journal

Subject Headings: [*Alcohol Drinking Patterns](#)
[*Health Care Costs](#)
[*Injuries](#)
[Alcoholism](#)

Source: PsycINFO

Full Text: Available in *fulltext* at [ProQuest](#)
 Available in *print* at [Bolton PCT](#)

37. Alcohol and cause-specific mortality in Russia: A retrospective case-control study of 48 557 adult deaths.

Citation: The Lancet, June 2009, vol./is. 373/9682(2201-2214), 0140-6736 (Jun 27, 2009)

Author(s): Zaridze, David; Brennan, Paul; Boreham, Jillian; Boroda, Alex; Karpov, Rostislav; Lazarev, Alexander; Konobeevskaya, Irina; Igitov, Vladimir; Terechova, Tatiana; Boffetta, Paolo; Peto, Richard

Correspondence Address: Zaridze, David: Department of Epidemiology and Prevention, N N Blokhin Russian Cancer Research Centre, Kashirskoye Shosse 24, Moscow, Russia, 115478, dgzaridze@crc.umos.ru

Language: English

Abstract: Background: Alcohol is an important determinant of the high and fluctuating adult mortality rates in Russia, but cause-specific detail is lacking. Our case-control study investigated the effects of alcohol consumption on male and female cause-specific mortality. Methods: In three Russian industrial cities with typical 1990s mortality patterns (Tomsk, Barnaul, Biysk), the addresses of 60,416 residents who had died at ages 15-74 years in 1990-2001 were visited in 2001-05. Family members were present for 50,066 decedents; for 48,557 (97%), the family gave proxy information on the decedents' past alcohol use and on potentially confounding factors. Cases (n = 43,082) were those certified as dying from causes we judged beforehand might be substantially affected by alcohol or tobacco; controls were the other 5475 decedents. Case versus control relative risks (RRs; calculated as odds ratios by confounder-adjusted logistic regression) were calculated in ever-drinkers, defining the reference category by two criteria: usual weekly consumption always less than 0Middle-Dot 5 half-litre bottles of vodka (or equivalent in total alcohol content) and maximum consumption of spirits in 1 day always less than 0Middle-Dot 5 half-litre bottles. Other ever-drinkers were classified by usual weekly consumption into three categories: less than one, one to less than three, and three or more (mean 5Middle-Dot 4 [SD 1Middle-Dot 4]) bottles of vodka or equivalent. Findings: In men, the three causes accounting for the most alcohol-associated deaths were accidents and violence (RR 5Middle-Dot 94, 95% CI 5Middle-Dot 35-6Middle-Dot 59, in the highest consumption category), alcohol poisoning (21Middle-Dot 68, 17Middle-Dot 94-26Middle-Dot 20), and acute ischaemic heart disease other than myocardial infarction (3Middle-Dot 04, 2Middle-Dot 73-3Middle-Dot 39), which includes some misclassified alcohol poisoning. There were significant excesses of upper aerodigestive tract cancer (3Middle-Dot 48, 2Middle-Dot 84-4Middle-Dot 27) and liver cancer (2Middle-Dot 11, 1Middle-Dot 64-2Middle-Dot 70). Another five disease groups had RRs of more than 3Middle-Dot 00 in the highest alcohol category: tuberculosis (4Middle-Dot 14, 3Middle-Dot 44-4Middle-Dot 98), pneumonia (3Middle-Dot 29, 2Middle-Dot 83-3Middle-Dot 83), liver disease (6Middle-Dot 21, 5Middle-Dot 16-7Middle-Dot 47), pancreatic disease (6Middle-Dot 69, 4Middle-Dot 98-9Middle-Dot 00), and ill-specified conditions (7Middle-Dot 74, 6Middle-Dot 48-9Middle-Dot 25). Although drinking was less common in women, the RRs associated with it were generally more extreme. After correction for reporting errors, alcohol-associated excesses accounted for 52% of all study deaths at ages 15-54 years (men 8182 [59%] of 13968, women 1565 [33%] of 4751) and 18% of those at 55-74 years (men 3944 [22%] of 17 536, women 1493 [12%] of 12 302). Allowance for under-representation of extreme drinkers would further increase alcohol-associated proportions. Large fluctuations in mortality from these ten strongly alcohol-associated causes were the main determinants of recent fluctuations in overall mortality in the study region and in Russia as a whole. Interpretation: Alcohol-attributable

mortality varies by year; in several recent years, alcohol was a cause of more than half of all Russian deaths at ages 15-54 years. Alcohol accounts for most of the large fluctuations in Russian mortality, and alcohol and tobacco account for the large difference in adult mortality between Russia and western Europe. (PsycINFO Database Record (c) 2010 APA, all rights reserved) (journal abstract)

Publication Type: Journal; Peer Reviewed Journal

Subject Headings: [*Alcohol Drinking Patterns](#)
[*Death and Dying](#)
[*Etiology](#)
[*Risk Factors](#)

Source: PsycINFO

Full Text: Available in *fulltext* at [ProQuest](#)
 Available in *print* at [Bolton PCT](#)

38. The health and economic consequences of moderate alcohol consumption in Germany 2002.

Citation: Value in Health, March 2009, vol./is. 12/2(253-61), 1098-3015;1524-4733 (2009 Mar)

Author(s): Konnopka A; Konig HH

Institution: University of Leipzig, Leipzig, Germany.

Language: English

Abstract: Objective: Moderate alcohol consumption is associated with both positive and negative health effects. This study aims to estimate the positive and negative consequences on mortality, years of potential life (YPL), quality-adjusted life-years (QALYs), resource utilization, and societal costs attributable to moderate alcohol consumption in Germany in 2002. Methods: The concept of attributable risks and a prevalence-based approach was used to calculate age- and sex-specific alcohol attributable mortality and resource utilization for a wide range of disorders, and avoided mortality and resource utilization for diabetes mellitus, coronary heart disease, stroke, and cholelithiasis. The literature provided prevalence of moderate alcohol consumption in Germany by age and sex and relative risks. Direct costs were calculated using routine utilization and expenditure statistics. Indirect costs were calculated using the human capital approach. Results: Due to moderate alcohol consumption, 14,457 lives, 205,691 YPL, and 179,964 QALYs were lost, whereas 29,918 lives, 300,382 YPL, and 258,284 QALYs were gained. Up to an age of 55 to 60 (62.5-67.5) years, more lives were lost than gained among men (women), whereas in older age groups more lives were gained than lost. Moderate alcohol consumption caused euro3049 million of direct and euro2630 million of indirect costs, whereas euro2094 million of direct and euro2604 million of indirect costs were avoided. Conclusion: Despite considerable uncertainty, moderate alcohol consumption seems to result in an overall net effect of gained lives, YPL, and QALYs, realized among the elderly, but overall increased societal costs. Thus, moderate alcohol consumption should still be seen critical, especially among youths.

Country of Publication: United States

Publication Type: Journal Article

Subject Headings:

Source: MEDLINE

39. The causes of cancer in France.

Citation: Annals of Oncology, March 2009, vol./is. 20/3(550-5), 0923-7534;1569-8041 (2009 Mar)

Author(s): Boffetta P; Tubiana M; Hill C; Boniol M; Aurengo A; Masse R; Valleron AJ; Monier R; de The G; Boyle P; Autier P

Institution: International Agency for Research on Cancer, Lyon, France. boffetta@iarc.fr

Language: English

Abstract: BACKGROUND: While external factors are responsible for many human cancers, precise estimates of the contribution of known carcinogens to the cancer burden in a given population have been scarce. METHODS: We estimated the proportion of cancer deaths which occurred in France in 2000 attributable to known risk factors, based on data on frequency of exposure around 1985. RESULTS: In 2000, tobacco smoking was responsible for 23.9% of cancer deaths (33.4% in men and 9.6% in women), alcohol drinking for 6.9% (9.4% in men and 3.0% in women) and chronic infections for 3.7%. Occupation is responsible for 3.7% of cancer deaths in men; lack of physical activity, overweight/obesity and use of exogenous hormones are responsible for 2%-3% of cancer deaths in women. Other risk factors, including pollutants, are responsible for <1% of cancer deaths. Thus, known risk factors explain 35.0% of cancer deaths, and 15.0% among never smokers. CONCLUSIONS: While cancer mortality is decreasing in France, known risk factors of cancer explain only a minority of cancers, with a predominant role of tobacco smoking.

Country of Publication: England

Publication Type: Journal Article; Research Support, Non-U.S. Gov't

Subject Headings: [France/ep \[Epidemiology\]](#)
[Hormone Replacement Therapy/ae \[Adverse Effects\]](#)
[Humans](#)
[Incidence](#)
[Life Style](#)
[Neoplasms/co \[Complications\]](#)
[*Neoplasms/et \[Etiology\]](#)
[Obesity/co \[Complications\]](#)
[*Occupational Exposure](#)
[Risk Factors](#)
[*Smoking/ae \[Adverse Effects\]](#)

Source: MEDLINE

Full Text: Available in *fulltext* at [Highwire Press](#)
 Available in *fulltext* at [ProQuest](#)
 Available in *fulltext* at [ProQuest](#)
 Available in *fulltext* at [National Library of Medicine](#)

40. Estimating alcohol-attributable mortality among Indigenous Australians: towards Indigenous-specific alcohol aetiologic fractions.

Citation: Drug & Alcohol Review, March 2009, vol./is. 28/2(196-200), 0959-5236;1465-3362 (2009 Mar)

Author(s): Pascal R; Chikritzhs T; Gray D

Institution: National Drug Research Institute, Curtin University of Technology, Perth, WA 6845, Australia. r.pascal@curtin.edu.au

Language: English

Abstract: INTRODUCTION AND AIMS: Past estimates of Indigenous alcohol-attributable health in Australia have been based on drinking prevalence estimates from the general population, rather than prevalence figures from the Indigenous population. The purpose of this paper is to demonstrate the efficacy of using Indigenous-specific drinking prevalence to estimate alcohol-attributable deaths among Indigenous Australians. DESIGN AND METHODS: Estimates of Indigenous alcohol-attributable deaths between 2000 and 2004 were obtained using both (i) national general-population drinking prevalence estimates and (ii) national Indigenous-specific drinking prevalence. Estimates were calculated using the 'aetiologic fraction' method. RESULTS: By using national general-population drinking prevalence figures, past reports on Indigenous health have underestimated alcohol-attributable deaths for the national Indigenous population. Female deaths due to alcohol-attributable haemorrhagic stroke were estimated to be approximately four times higher and alcohol-attributable suicides among men were estimated to be 30% higher than was previously held, when Indigenous-specific drinking prevalence figures were used.

DISCUSSION AND CONCLUSIONS: By substituting Indigenous-specific alcohol consumption prevalence estimates for general-population drinking prevalence, the accuracy of estimates of alcohol-related harm among Indigenous Australians can be significantly improved.

Country of Publication: England

Publication Type: Journal Article; Research Support, Non-U.S. Gov't

Subject Headings: [Adult](#)
[Alcohol Drinking/eh \[Ethnology\]](#)
[*Alcohol Drinking/mo \[Mortality\]](#)
[Alcoholism/eh \[Ethnology\]](#)
[*Alcoholism/mo \[Mortality\]](#)
[Australia/ep \[Epidemiology\]](#)
[Cause of Death](#)
[Female](#)
[Humans](#)
[Male](#)
[*Oceanic Ancestry Group](#)
[Prevalence](#)
[Risk Factors](#)

Source: MEDLINE

41. Why we should still estimate the costs of substance abuse even if we needn't pay undue attention to the bottom line.

Citation: Drug & Alcohol Review, March 2009, vol./is. 28/2(117-21), 0959-5236;1465-3362 (2009 Mar)

Author(s): Single E

Institution: Department of Public Health Sciences, University of Toronto, 6 Mervyn Avenue, Toronto, Ontario, Canada. e.single@utoronto.ca

Language: English

Abstract: A coalition of provincial, national and international addictions agencies has sponsored a series of symposia leading to the developing of international guidelines for estimating the costs of substance abuse. These guidelines have now been used in national studies in four continents, with more consistent and comparable results than in previous studies. Although the bottom-line results have been used to argue for alcohol and drug issues having a higher place on the public policy agenda, the real value in such studies lies in the detailed results regarding mortality and morbidity attributable to substance abuse, the relative contribution of acute versus chronic conditions to overall problem levels and the role of substance misuse in adverse social consequences, such as crime and economic productivity. There is a variety of factors which undermine the robustness of the findings, including lack of data, layering of assumptions and changes in the epidemiological knowledge base. It is argued that economic cost estimates should nonetheless be conducted and continually refined, as the detailed findings are of great utility to the design and targeting of prevention programming and policy. The presentation concludes on a personal note of farewell, as this is the author's final conference presentation.

Country of Publication: England

Publication Type: Journal Article

Subject Headings: [Canada](#)
[*Cost of Illness](#)
[Cost-Benefit Analysis](#)
[Guidelines as Topic](#)
[*Health Care Costs](#)
[Humans](#)
[Social Problems](#)
[*Substance-Related Disorders/ec \[Economics\]](#)

Source: MEDLINE

42. The burden of alcohol-related ill health in the United Kingdom.

Citation: Journal of Public Health, 2009, vol./is. 31/3(366-373), 1741-3842 (September 2009)

Author(s): Batty, G. David

Abstract: BACKGROUND: Although moderate alcohol consumption has been shown to confer a protective effect for specific diseases, current societal patterns of alcohol use impose a huge health and economic burden on modern society. This study presents a method for estimating the health and economic burden of alcohol consumption to the UK National Health Service (NHS). METHODS: Previous estimates of NHS costs attributable to alcohol consumption were identified by systematic literature review. The mortality and morbidity due to alcohol consumption was calculated using information from the World Health Organization Global Burden of Disease Project and routinely collected mortality data. Direct health-care costs were derived using information on population attributable fractions for conditions related to alcohol consumption and NHS cost data. RESULTS: We estimate that alcohol consumption was responsible for 31,000 deaths in the UK in 2005 and that alcohol consumption cost the UK NHS £3.0 billion in 2005-06. Alcohol consumption was responsible for ten per cent of all disability adjusted life years in 2002 (male: 15 per cent; female: four per cent) in the UK. CONCLUSIONS: Alcohol consumption is a considerable public health burden in the UK. The comparison of the health and economic burden of various lifestyle factors is essential in prioritizing and resourcing public health action. 4 tables 32 refs. [Abstract]

Publication Type: Article

Subject Headings: ALCOHOL
COSTS
DISEASE BURDEN
ILL HEALTH
MORBIDITY
MORTALITY
UNITED KINGDOM

Source: HMIC

Full Text: Available in *fulltext* at [Highwire Press](#)
Available in *fulltext* at [National Library of Medicine](#)

43. The composition of alcohol products from markets in Lithuania and Hungary, and potential health consequences: a pilot study.

Citation: Alcohol & Alcoholism, January 2009, vol./is. 44/1(93-102), 0735-0414;1464-3502 (2009 Jan-Feb)

Author(s): Lachenmeier DW; Sarsh B; Rehm J

Institution: Chemisches und Veterinaruntersuchungsamt (CVUA) Karlsruhe, Germany.
Lachenmeier@web.de

Language: English

Abstract: AIMS: The rates of alcohol-attributable mortality in Lithuania and Hungary have been shown to be higher than those in most other European countries. Quality of alcohol products is investigated as a possible explanation. METHODS: In a descriptive pilot study, a convenience sample of alcohol products was collected from local city markets in both countries (Lithuania n = 10, Hungary n = 15) and chemical analyses, including some that have not been done in prior studies, were conducted. The parameters studied were alcoholic strength, volatiles (methanol, acetaldehyde, higher alcohols), ethyl carbamate, anions (including nitrate) and inorganic elements (including lead). Additionally, a multi-target screening analysis for toxicologically relevant substances was conducted. RESULTS: The majority of samples (64%) had an alcohol content between 35% vol. and 40% vol., being in accordance with the typical strength of legal spirits in Europe. Three samples containing significantly higher concentrations of alcohol above 60% vol. were

found to be unrecorded alcohol products, defined as any alcohol that is outside of legal and taxed production. Screening analysis showed that those samples contained various flavourings, including the hepatotoxic substance coumarin, at concentrations above the legal limit for foods. All other substance classes under study were found to be at levels of no toxicological concern. CONCLUSIONS: Although some problems with the quality of the alcohol samples were found, there is insufficient evidence from this pilot study to conclude that alcohol quality has an influence on health as reflected in alcohol-attributable mortality rates. Given the extent of alcohol-attributable disease burden in central and eastern European countries, future research should focus on collection of large, representative samples, particularly of unrecorded sources, which was the most problematic product group in our study.

Country of Publication: England

CAS Registry Number: 0 (Central Nervous System Depressants); 0 (Coumarins); 0 (Flavoring Agents); 51-79-6 (Urethane); 64-17-5 (Ethanol); 67-56-1 (Methanol)

Publication Type: Journal Article

Subject Headings: [Alcohol Drinking/mo \[Mortality\]](#)
[*Alcoholic Beverages/ae \[Adverse Effects\]](#)
[*Alcoholic Beverages/an \[Analysis\]](#)
[Central Nervous System Depressants/an \[Analysis\]](#)
[Chromatography, High Pressure Liquid](#)
[Coumarins/an \[Analysis\]](#)
[Drug Contamination](#)
[Electrochemistry](#)
[Ethanol/an \[Analysis\]](#)
[Flavoring Agents/an \[Analysis\]](#)
[Gas Chromatography-Mass Spectrometry](#)
[Hungary](#)
[Lithuania](#)
[Mass Spectrometry](#)
[Methanol/an \[Analysis\]](#)
[Pilot Projects](#)
[Spectroscopy, Fourier Transform Infrared](#)
[Urethane/an \[Analysis\]](#)
[Water Supply/st \[Standards\]](#)

Source: MEDLINE

Full Text: Available in *fulltext* at [Highwire Press](#)
 Available in *fulltext* at [ProQuest](#)

44. The association between alcohol use, alcohol use disorders and tuberculosis (TB). A systematic review.

Citation: BMC Public Health, 2009, vol./is. 9/(450), 1471-2458;1471-2458 (2009)

Author(s): Rehm J; Samokhvalov AV; Neuman MG; Room R; Parry C; Lonnroth K; Patra J; Poznyak V; Popova S

Institution: Public Health and Regulatory Policies, Centre for Addiction and Mental Health, Toronto, Ontario, Canada. jtrehm@aol.com

Language: English

Abstract: BACKGROUND: In 2004, tuberculosis (TB) was responsible for 2.5% of global mortality (among men 3.1%; among women 1.8%) and 2.2% of global burden of disease (men 2.7%; women 1.7%). The present work portrays accumulated evidence on the association between alcohol consumption and TB with the aim to clarify the nature of the relationship. METHODS: A systematic review of existing scientific data on the association between alcohol consumption and TB, and on studies relevant for clarification of causality was undertaken. RESULTS: There is a strong association between heavy alcohol use/alcohol use disorders (AUD) and TB. A meta-analysis on the risk of TB for these factors yielded a pooled relative risk of 2.94 (95% CI: 1.89-4.59). Numerous studies show pathogenic impact of alcohol on the immune system causing susceptibility to TB

among heavy drinkers. In addition, there are potential social pathways linking AUD and TB. Heavy alcohol use strongly influences both the incidence and the outcome of the disease and was found to be linked to altered pharmacokinetics of medicines used in treatment of TB, social marginalization and drift, higher rate of re-infection, higher rate of treatment defaults and development of drug-resistant forms of TB. Based on the available data, about 10% of the TB cases globally were estimated to be attributable to alcohol. CONCLUSION: The epidemiological and other evidence presented indicates that heavy alcohol use/AUD constitute a risk factor for incidence and re-infection of TB. Consequences for prevention and clinical interventions are discussed.

Country of Publication: England

Publication Type: Journal Article; Research Support, Non-U.S. Gov't; Research Support, U.S. Gov't, P.H.S.

Subject Headings:

Source: MEDLINE

Full Text: Available in *fulltext* at [BioMedCentral](#)
Available in *fulltext* at [National Library of Medicine](#)

45. Chronic liver disease--an increasing problem: a study of hospital admission and mortality rates in England, 1979-2005, with particular reference to alcoholic liver disease.

Citation: Alcohol & Alcoholism, July 2008, vol./is. 43/4(416-22), 0735-0414;1464-3502 (2008 Jul-Aug)

Author(s): Thomson SJ; Westlake S; Rahman TM; Cowan ML; Majeed A; Maxwell JD; Kang JY

Institution: Department of Gastroenterology and Hepatology, St George's Hospital, Blackshaw Rd, London, England, SW17 0QT, UK.

Language: English

Abstract: AIMS: To determine time trends in hospital admissions for chronic liver disease in England between 1989/1990 and 2002/2003, mortality rates in England and Wales between 1979 and 2005, and the influence of alcohol-related disease on these trends. METHODS: Hospital episode statistics for admissions in England were obtained from the Information Center for Health and Social Care and mortality data for England and Wales from the Office for National Statistics. RESULTS: Hospital admission rates for chronic liver disease increased by 71% in males and 43% in females over the study period. This increase was largely due to alcoholic liver disease, admission rates for which more than doubled between 1989/1990 and 2002/2003. While there was a smaller rise for chronic viral hepatitis B and C, admission rates declined for hepatitis A, autoimmune hepatitis, and primary biliary cirrhosis. Mortality rates for chronic liver disease more than doubled between 1979 and 2005. Two thirds of these deaths were attributable to alcohol-related liver disease in 2005. The highest rate of alcoholic liver disease mortality was in the 45-64 age group, and the largest percentage increase between 1979 and 2005 occurred in the 25-34 age group. CONCLUSIONS: Hospital admissions and mortality in England from chronic liver disease are increasing. The underlying reasons are complex, but alcohol-induced liver disease makes a major contribution. There are clear social and health implications if the trend continues and addressing alcohol-related liver disease should be a public health priority.

Country of Publication: England

Publication Type: Journal Article; Research Support, Non-U.S. Gov't

Subject Headings: [Adult](#)
[Chronic Disease](#)
[England/ep \[Epidemiology\]](#)
[Female](#)
[Hepatitis A/mo \[Mortality\]](#)
[Hepatitis A/rh \[Rehabilitation\]](#)
[Hepatitis B/mo \[Mortality\]](#)
[Hepatitis B/rh \[Rehabilitation\]](#)
[Hepatitis C/mo \[Mortality\]](#)

[Hepatitis C/rh \[Rehabilitation\]](#)
[Hepatitis, Autoimmune/mo \[Mortality\]](#)
[Hepatitis, Autoimmune/rh \[Rehabilitation\]](#)
[Humans](#)
[Incidence](#)
[*Liver Cirrhosis, Alcoholic/ep \[Epidemiology\]](#)
[Liver Cirrhosis, Alcoholic/mo \[Mortality\]](#)
[*Liver Cirrhosis, Alcoholic/rh \[Rehabilitation\]](#)
[*Liver Diseases/ep \[Epidemiology\]](#)
[Liver Diseases/mo \[Mortality\]](#)
[*Liver Diseases/rh \[Rehabilitation\]](#)
[Male](#)
[Middle Aged](#)
[*Patient Admission/sn \[Statistics & Numerical Data\]](#)
[Prevalence](#)
[Wales/ep \[Epidemiology\]](#)

Source: MEDLINE

Full Text: Available in *fulltext* at [Highwire Press](#)
 Available in *fulltext* at [ProQuest](#)

46. Comparison of methods for estimating the subnational cost of alcohol misuse.

Citation: Public Health, March 2008, vol./is. 122/3(307-312), 0033-3506 (Mar 2008)

Author(s): Bolam, B; Coast, J

Correspondence Address: Bolam, B., bruce.bolam@nhs.net

Language: English

Abstract: Health economic 'cost-of-illness' (COI) studies estimating the overall magnitude of the burden placed on society by the misuse of alcohol are popular with policy makers because they provide a readily intelligible assessment of the economic cost of such behavior. These calculations commonly include not only those costs arising from illness or health care, but also those of police and criminal justice expenditure and lost economic activity. The present study aimed to compare the results of a simple population-based calculation with a more complex method for estimating the economic cost of alcohol misuse in North Somerset during 2000/2001. All data were gathered from publicly available statistics and sources. All estimates were adjusted for value at 2000/2001 prices. Published population-attributable fractions were used to calculate the relative proportion of the burden of mortality, morbidity and criminal acts attributable to alcohol misuse in the North Somerset population. The findings of this study showed that differences in population and service provision may lead to considerable under- or overestimation of the costs of alcohol misuse when the population attributable fraction of national cost figures are calculated. (PsycINFO Database Record (c) 2010 APA, all rights reserved)

Publication Type: Journal; Peer Reviewed Journal

Subject Headings: [*Alcohol Abuse](#)
[*Costs and Cost Analysis](#)
[*Health Care Costs](#)

Source: PsycINFO