



RESEARCH AND NEWS SUMMARY

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ALCOHOL POLICIES AND SUICIDE: A REVIEW OF THE LITERATURE

September 2016

Abstract: Both intoxication and chronic heavy alcohol use are associated with suicide. There is extensive population-level evidence linking per capita alcohol consumption with suicide. While alcohol policies can reduce excessive alcohol consumption, the relationship between alcohol policies and suicide warrants a critical review of the literature. This review summarizes the associations between various types of alcohol policies and suicide, both in the United States and internationally, as presented in English-language literature published between 1999 and 2014. Study designs, methodological challenges, and limitations in ascertaining the associations are discussed. Because of the substantial between-states variation in alcohol policies, U.S.-based studies contributed substantially to the literature. Repeated cross-sectional designs at both the ecological level and decedent level were common among U.S.-based studies. Non-U.S. studies often used time series data to evaluate pre–post comparisons of a hybrid set of policy changes. Although inconsistency remained, the published literature in general supported the protective effect of restrictive alcohol policies on reducing suicide as well as the decreased level of alcohol involvement among suicide decedents. Common limitations included measurement and selection bias and a focus on effects of a limited number of alcohol policies without accounting for other alcohol policies. This review summarizes a number of studies that suggest restrictive alcohol policies may contribute to suicide prevention on a general population level and to a reduction of alcohol involvement among suicide deaths.

Source: <http://onlinelibrary.wiley.com/doi/10.1111/acer.13203/abstract>

TO WHAT EXTENT IS ALCOHOL CONSUMPTION ASSOCIATED WITH BREAST CANCER RECURRENCE AND SECOND PRIMARY BREAST CANCER?: A SYSTEMATIC REVIEW

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Background: The association between alcohol intake and breast cancer recurrence or development of second primary breast cancer in the survivor population is unclear. The aim of this systematic review was to evaluate the existing evidence to assess the extent to which alcohol consumption is associated with breast cancer recurrence and second primary breast cancer.

Methods: Six databases (Cochrane Library, EMBASE, MEDLINE, PubMed, Scopus and Web of Science) were searched using the following search phrase: (breast cancer OR breast adenocarcinoma OR breast neoplasm OR breast tumour) AND (alcohol* OR alcohol intake OR alcohol consumption OR ethanol) AND (recurrence OR second primary). A narrative synthesis was conducted on studies meeting the inclusion criteria.

Results: After screening, 16 studies met the inclusion criteria, of which 11 assessed breast cancer recurrence and 5 assessed second primary breast cancer. Considerable clinical and methodological heterogeneity was observed between studies. Approximately half of the included studies observed a modest, but significant, association between alcohol consumption and increased risk of breast cancer recurrence or development of a second primary breast cancer, with some studies observing associations from as little as six grams of alcohol intake per day. Two studies suggest this association was stronger in postmenopausal women.

Conclusion: There is some evidence that alcohol consumption increases the risk of breast cancer recurrence, particularly in postmenopausal women. The association between alcohol and development of a second primary breast cancer is less clear. Inconsistencies in methodology and results across studies complicate attempts to develop a cohesive interpretation of findings.

Source: <https://www.ncbi.nlm.nih.gov/pubmed/27693930>

ALCOHOL INVOLVEMENT IN HOMICIDE VICTIMIZATION IN THE UNITED STATES

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Background: Although the association between alcohol and homicide is well documented, there has been no recent study of alcohol involvement in homicide victimization in U.S. states. The objective of this article was to determine the prevalence of alcohol involvement in homicide victimization and to identify socio demographic and other factors associated with alcohol involvement in homicide victimization.

Methods: Data from homicide victims with a reported blood alcohol content (BAC) level were analyzed from 17 states from 2010 to 2012 using the National Violent Death Reporting System. Logistic regression was used to investigate factors associated with the odds of homicide victims having a BAC $\geq 0.08\%$.

Results: Among all homicide victims, 39.9% had a positive BAC including 13.7% with a BAC between 0.01% and 0.79% and 26.2% of victims with a BAC $\geq 0.08\%$. Males were twice as likely as females to have a BAC $\geq 0.08\%$ (29.1% vs. 15.2%; $p < 0.001$). Characteristics that were independent predictors of homicide victims having a BAC ≥ 0.08 included male sex, American Indian/Alaska Native race, Hispanic ethnicity, history of intimate partner violence, and nonfirearm homicides.

Conclusions: Alcohol is present in a substantial proportion of homicide victims in the United States, with substantial variation by state, demographic, and circumstantial characteristics. Future studies should explore the relationships between state-level alcohol policies and alcohol involvement among perpetrators and victims of homicide.

Source: <http://onlinelibrary.wiley.com/doi/10.1111/acer.13230/abstract>

INFLUENCE OF EARLY ONSET OF ALCOHOL USE ON THE DEVELOPMENT OF ADOLESCENT ALCOHOL PROBLEMS: A LONGITUDINAL BINATIONAL STUDY

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Abstract: This study examined cross-national similarities in a developmental model linking early age of alcohol use onset to frequent drinking and heavy drinking and alcohol problems 1 and 2 years later in a binational sample of 13-year-old students from two states: Washington State, USA and Victoria, Australia (N = 1833). A range of individual, family, school, and peer influences was included in analyses to investigate their unique and shared contribution to development of early and more serious forms of alcohol use and harms from misuse. Data were collected annually over a 3-year period from ages 13 to 15. Analyses were conducted using multiple-group structural equation modeling. For both states, early use of alcohol predicted frequent drinking, which predicted alcohol problems. Family protective influences had neither direct effects on heavy drinking nor effects on alcohol harm in either state, whereas school protection directly reduced the risk of heavy drinking in both states. Exposure to antisocial peers and siblings predicted a higher likelihood of heavy drinking and alcohol harm for students in both Washington and Victoria. Implications for the prevention of adolescent alcohol problems are discussed.

Source: <https://www.ncbi.nlm.nih.gov/pubmed/27699620>

ALCOHOL SCREENING AND BRIEF INTERVENTIONS IN PRIMARY CARE - EVIDENCE AND A PRAGMATIC PRACTICE-BASED APPROACH

October 2016

Background: Risky alcohol drinking is a common problem in adults presenting in Australian general practice. Preventive health guidelines recommend routine delivery of alcohol screening and brief intervention (ASBI) by general practitioners (GPs). However, ASBIs have rarely been implemented successfully in a sustainable manner.

Objective: In this article, we explain the current state of empirical evidence for the effectiveness of ASBI in primary care and describe a pragmatic interpretation of how this evidence applies to routine care.

Discussion: The empirical evidence surrounding ASBIs is complex. ASBIs are efficacious in research settings, but their effectiveness when compared with control interventions in real-world practice is less certain. Alcohol assessment within therapeutic doctor-patient relationships, rather than the specific formal tools, may be the 'active ingredient'. A pragmatic, practice-based approach to early detection of risky drinking is to focus on strategies that allow asking patients about their

drinking more regularly, documenting it, and using quality improvement methodology to improve alcohol recording data completeness for the practice population.

Source: <https://www.ncbi.nlm.nih.gov/pubmed/27695730>

ASSOCIATION OF SPECIFIC TRAUMATIC EXPERIENCES WITH ALCOHOL INITIATION AND TRANSITIONS TO PROBLEM USE IN EUROPEAN AMERICAN AND AFRICAN AMERICAN WOMEN

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Background: The aims of this study were to (i) characterize racial differences in alcohol involvement and (ii) examine the risk conferred by specific trauma exposures and posttraumatic stress disorder (PTSD) for different stages of alcohol involvement in European American (EA) and African American (AA) women.

Methods: Data are from the Missouri Adolescent Female Twins Study ($N = 3,787$, 14.6% AA; mean age at most recent interview = 24.5 [SD 2.8]). Trauma exposures (e.g., sexual abuse [SA], physical abuse [PA], witnessing another person being killed or injured, experiencing an accident, and experiencing a disaster) were modeled as time-varying predictors of alcohol initiation, transition to first alcohol use disorder (AUD) symptom, and transition to AUD diagnosis using Cox proportional hazards regression while taking into account other substance involvement, parental characteristics, and commonly co-occurring psychiatric disorders.

Results: In EA women only, SA was associated with alcohol initiation prior to the age of 14, PA predicted transition from initiation to first AUD symptom, and PA, witnessing injury or death, and SA predicted transition to AUD diagnosis. No association was discovered between trauma exposures or PTSD for any stage of alcohol involvement in AA women.

Conclusions: Results reveal trauma experiences as important contributors to all stages of alcohol involvement in EA women only, with different trauma types conferring risk for each stage of alcohol involvement. PTSD was not revealed as a significant predictor of AUD in EA or AA women, suggesting trauma, independent of PTSD, directly contributes to alcohol involvement. Findings highlight the importance of considering racial differences when developing etiologic models of the association of traumatic experiences with alcohol involvement.

Source: <http://onlinelibrary.wiley.com/doi/10.1111/acer.13220/abstract>