

There is no safe level of alcohol consumption – the Lancet 2018 late summer update

When the prestigious journal *The Lancet* published the paper *Alcohol use and burden for 195 countries and territories, 1990–2016: a systematic analysis for the Global Burden of Disease Study 2016* this summer, many addiction researchers were enjoying their well deserved summer holiday.

The paper¹ almost immediately attracted a wave of attention from both researchers and the wider addiction science public as attested by an instant spike in citations in research databases as well as numerous newspaper articles, social network posts, and expert blog pieces. Although most of the findings discussed in the study have long been well known to the addiction science community, this paper marks a certain breaking point in the way findings are presented and published in research studies, including those published in *Adiktologie*.

The reason for this is the conclusion that alcohol-related harm can be minimised only at a zero level of consumption, a statement which confirms and builds on research presented in many studies in the past, including, for example, the 2005 work by Rehm, Babor and Room. The fact that there is no such thing as a safe level of alcohol consumption has long been established and declared, for example, in recommendations published by the WHO and other expert authorities including international bodies.

International organisations that bring together academia and providers of addiction services have started to respond to this “new” information. In real life, the dissemination of scientific findings to other academicians and people in professional practice is often far from being straightforward and simple. The fact that any consumption has/may have negative health consequences meets with a degree of opposition not only in the general public but, sadly, among addiktology circles including some people in the academia. The resistance is understandable. The target groups and unfortunately some addiction specialists as well may not find this conclusion attractive on a personal level. It goes against our personal beliefs, individual life experience and even some attitudes that we see in real-life prevention efforts despite efficiency studies on various approaches and interventions published by professional publications such as *Adiktologie*. After all, the critics say, these findings, especially in the absence of a deeper interpretation, are little more than “scare tactics” that (many believe) cannot work.

So what is new about *The Lancet* paper? The authors claim there is a close link between alcohol and health. Scientists

consider alcohol one of the main contributing factors of the burden of diseases, and research studies have shown that alcohol plays a role in 60 different acute and chronic diseases. On the other hand, authors of other studies point out that at low levels, alcohol consumption might have a positive effect on coronary artery disease, diabetes and other diseases. However, this conclusion is not generally accepted and several recent studies have criticised it. Research of the alcohol consumption negative impact is further complicated by the fact that alcohol affects health through a number of mechanisms: cumulative consumption damages internal organs and tissues; acute intoxication leads to injuries and poisoning; alcohol addiction may result in poor health, potential self-harm or violence. In all these cases, the amount of alcohol consumed and drinking patterns are also important. When measuring the health consequences of alcohol consumption, all these factors must be carefully taken into consideration. The total burden attributable to alcohol is greater than indicated by previous findings and it grows with higher consumption. Based on weighted curves of the relative risk of different health outcomes related to alcohol, the authors of the paper concluded that alcohol-related health problems can be minimised only at a zero consumption level. These findings clearly indicate that alcohol control policies should aim at reducing consumption in the population. It is important to mention once again that alcohol is one of the major global risk factors of the burden of diseases, being responsible for nearly 10% of all deaths in the population aged 15–49 worldwide, and it has caused and without political decisions will continue to cause serious health problems for the global population. In order to lower the impact of alcohol on health in the future, states will need to revise their alcohol policies. The tools to achieve this goal are well known; however, the question is whether there is still time for more scientific research, or whether the time has (finally) come for an evidence-based political action.

High-quality research unquestionably has and will always have its place in this effort. It is up to the members of the global academic community to present undeniable evidence of the harmful consequences of alcohol use in their research and publications. There is still plenty of space for international, national as well as regional and local research. There is still room for original communications and summaries of established findings. There is also a huge role to be played by the “translation science”, the efforts to translate scientific findings into real-life practice.

To conclude, one can only agree with the authors of the paper on the crucial importance of changing the generally accepted view that alcohol may have some positive effects. More and more accurate methods and analyses continue to generate evidence showing the extent to which alcohol consumption contributes to mortality and disability. Knowl-

1 | Griswold, M. G., Fullman, N., Hawley, C., Arian, N., Zimsen, S. R., Tymeson, H. D., ... & Abate, K. H. (2018). Alcohol use and burden for 195 countries and territories, 1990–2016: a systematic analysis for the Global Burden of Disease Study 2016. *The Lancet*, 392(10152), 1015-1035.

edge in the addictology field is continuously evolving, and recent years have brought an immensely dynamic development of our knowledge. We hope that *Adiktologie* has played and will continue to play its role in this effort.

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Supporting Research in non-English speaking countries

We live in an increasingly global economy, with products conceptualized in one country, parts sourced from many countries, production in another country and distribution globally. Services are also often provided across national boundaries with expertise obtained internationally. Higher education and research are behind the curve when it comes to globalization. While students travel internationally for higher education and some universities have international programs or locations in multiple countries, for the most part the development of educational programs and the conduct of research remains localized within countries or even regions within countries. There is little sharing of educational materials across borders. Research in non-English speaking countries rarely receives widespread dissemination.

This lack of transmission of knowledge between countries is a particular problem for health services research. The problem of long lag between research findings and widespread use of evidence based care is well documented, but solutions are still lacking. International conferences can link researchers and educators to each other but without ongoing contact little change can occur.

Enter the International Consortium of Universities for Drug Demand Reduction (ICUDDR). This newly formed organization is designed to fill the gap in the globalization of research and education in drug demand education and research. ICUDDR is a global membership organization of universities that have education and/or research programs in drug demand reduction or addiction studies. Its goal is to improve the use of scientific evidence in the provision of

substance use prevention and treatment through improving the education of the many people employed in health, social welfare and criminal justice fields. It provides links to recent scientific research, curricula on prevention and treatment developed by scientists from many countries that can be freely used by members, program implementation support and connections to faculty in other countries that are interested in the same topics of study for partnership on research projects, and student and faculty exchange. There are currently 150 members from all regions of the world.

Adiktologie's change in direction to support international exchange of ideas and experience with addiction education and applied research provides a supportive platform for ICUDDR members to share their experience and knowledge with each other and the rest of the field. We look forward to future collaboration where cross-country, cross-cultural applied research and implementation studies help us to better understand the fundamental elements of change at the patient, practitioner, provider organization and governmental levels. We hope that these partnerships between universities will lead to a better informed work force, more rapid dissemination and uptake of science and the development of a learning health system that is global.

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