

Measuring alcohol's cost, the Russian-language AUDIT, home-drinking, guilt, shame and forgiveness, and alcohol use among sexual minority women

Editorial

Welcome to the first issue of Volume 9 of IJADR for 2021. This issue has papers that are likely to be of interest to a very broad audience. Again, we have a spread of international papers addressing issues related to (a) the measurement of cost of alcohol-attributable illness in studies across the globe (Carr et al., 2021); (b) drinking at home in Australia (Aplin et al., 2021); (c) the operationalisation of the Alcohol Use Disorders Identification Test (AUDIT) in the Russian Federation and other countries where Russian-language versions of the instrument have been used (Bunova et al., 2021); (d) alcohol consumption and problems among sexual minority women (SMW) in the United States of America (Hughes et al., 2021); and (e) emotions of shame and guilt feelings among people with alcohol use disorders (AUDs) in Turkey (Vatansever & Ozgur-Ilhan, 2021). There are many interesting, useful and important lessons about measuring alcohol consumption, alcohol-related problems and costs in this issue's collection of papers.

Cost of illness studies are relevant to policymakers because they summarize the societal burden from a given disease and enable comparison of costs for different health and social problems. Cost of illness studies have been broadened to include costs due to risk factors such as alcohol. The aim of the Carr, Rehm and Mantney (2021) paper was two-fold: to evaluate alcohol-attributable cost of illness metrics and improve guidelines for alcohol-specific and general cost of illness studies. Carr et al. (2021) undertook a systematic review firstly to identify guidelines for how cost of illness studies should be undertaken. They found 14 sets of guidelines and identified key criteria that cost of illness studies should meet. Secondly, they identified 18 alcohol-attributable cost of illness studies and reviewed whether these studies followed identified best practice guidelines. Disappointingly, Carr et al. found that adherence to guidelines in published alcohol-attributable (and general) cost of illness studies was low. Contrary to recommendations, many studies did not: define direct and indirect

costs; compare the costs estimated to the national gross domestic figures; or estimate avoidable costs. Consequently, they concluded that the alcohol-related costs of illness estimated in many studies are deficient. Importantly Carr et al., (2021) set out common standards for cost of illness studies and suggest content-related and software-based solutions that should reduce heterogeneity and enhance comparability in future alcohol cost of illness studies.

Aplin and colleagues' (2021) paper describes a study in which the authors compared the role of habit and intention in drinking at home among a sample of adults (aged 35-60 years) in Australia. Although conducted pre-COVID, this study is particularly relevant to the COVID-19 times of increased home drinking due to the closure of on-premise outlets in many locations. A key finding of the study is that habit is more strongly associated with alcohol consumption than is drinking intention. In other words, drinking at home seems to involve more of an automatic than a conscious decision-making process. The study's findings raise some important questions regarding drinking during the pandemic. With restrictions imposed on on-premise consumption in many countries, in one form or the other, home drinking is likely to have increased. What are the implications of these restrictions and new patterns or levels of "habitual drinking" for alcohol-related harms in the home? And will those habits be maintained once lockdown restrictions have been lifted?

The AUDIT has been widely available since the 1980s, and validated and translated into several languages throughout the world. The paper by Anna Bunova and colleagues (2021) describes a document analysis which was conducted to identify the different Russian-language versions of the AUDIT as part of a larger validation project. Bunova et al. uncovered 61 unique versions of the AUDIT in Russian and identified a number of inconsistencies in the ways in which they had been operationalized

and translated from English. For example, they found standard drinks were operationalised differently across different forms of the AUDIT, and speculated that this could be due to the absence of official definitions of a standard drink in Russia. It would be useful for these revelations to be disseminated widely to those interested in using the AUDIT in Russian. The shortcomings that have been highlighted are probably not unique to the Russian language AUDITs, and similar audits of the AUDIT are probably worth pursuing for other non-English language versions of the AUDIT.

The Chicago Health and Life Experiences of Women (CHLEW) study is the longest-running and most comprehensive study of alcohol use among sexual minority women (SMW, e.g., lesbian, bisexual) in the United States of America and globally. The first wave was undertaken in 2000 and the fifth wave is underway. The article by Hughes, Wilsnack, Martin, Matthews and Johnson (2021) describes CHLEW's development and the challenges faced by the research team in developing and maintaining a longitudinal study. This paper celebrates the success of this study, including the 56 published manuscripts produced in the past 21 years, and describes the contribution the study has made to deepening understanding of SMW's drinking and associated risks. Crucially, the paper also details how longitudinal designs can be used to understand how changes in social determinants impact alcohol use. This paper outlines the processes of this long-term study, its major findings, and the lessons learned, and acts as a model for future research that seeks to understand and eliminate sexual orientation-related health disparities.

In a study of treatment and non-treatment samples in Turkey, Vatansever and Ozgur-Ilhan (2021) sought to disentangle the relative importance of two similar, but unique concepts, among people with alcohol use disorders (AUDs) – guilt and shame. These constructs refer to a feeling and an emotion that are not uncommon among people in treatment for AUDs. They also assessed pride and forgiveness. A key finding was that individuals with substance use disorders had higher levels of guilt and shame, and lower levels of pride than a comparison group of people without an AUD. They also found that when both guilt and shame were entered into one model, only guilt was independently associated with having a substance use disorder. The findings have important implications for treatment of individuals with AUDs.

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