

Alcohol and childhood adversity, future health workers, improved consumption estimates and a new research agenda

Editorial

In 2022, IJADR was ratified as the official journal of the Kettil Bruun Society for Social and Epidemiological Research on Alcohol (KBS). Our ongoing relationship with KBS was formalized in the by-laws and we thank KBS for their financial and advisory support in 2022. We completed the process of expanding the IJADR Board and Senior Editorial team, and our journal now has more diverse leadership with representatives from five continents, and a majority of women. An exciting development has been our call for a special issue, a collaboration with FORUT and Movendi, to generate research and discussion on “Alcohol Prevention Research and Policy Development in LMICs: Facilitating Partnerships, Capacity and Impact” (<https://ijadr.org/index.php/ijadr/special-issue>).

As alcohol and drug researchers globally readapted to a somewhat post-COVID world, we found that submissions declined in 2022. Hence, we produced one issue, with four papers including authors from Australia, Brazil, Canada, China, Finland, India, Italy, Mexico, Nigeria, South Africa, Switzerland, Tanzania, Thailand, the United States of America (USA) and Viet Nam.

In Volume 10 of IJADR for 2022, we include papers on (a) how a history of childhood neglect results in differential ratings of stress, affect, and desire to drink, during typical alcohol consumption sessions in moderate to heavy drinkers in the USA (Peterson et al., 2022); (b) a study of problematic alcohol consumption, knowledge about drinking limits and health risks among future health professionals in Tanzania (Kureh et al., 2022); (c) improved estimates of individual and population-level alcohol use in the United States, 1984–2020 (Buckley et al. 2022) and (d) a detailed discussion paper on a potential research agenda for alcohol policymaking in the wider world (Room et al., 2022). These papers all focused on alcohol, a drug that continued to be consumed during the COVID-19 pandemic across the world, and in some cases in greater volumes and with more negative consequences (Sohi et al., 2022; White et al., 2022)

The first paper by Peterson et al. (2022) examined whether adverse childhood experiences resulted in differential ratings of stress, affect, and desire to drink in adult moderate to heavy drinkers without an alcohol use disorder. Using the Childhood Trauma Questionnaire and real-time surveys collected in participants’ natural environments using iPhones, findings on adult levels of

stress, affect, and desire for alcohol were measured while participants followed their typical drinking routine and then during a brief period of imposed abstinence. This small study of 36 participants found a low prevalence of childhood abuse, but moderate to high levels of childhood emotional and physical neglect. The results suggest that moderate to heavy daily drinkers with histories of greater childhood physical neglect experience poorer mood and higher stress on a daily basis, with smaller improvement experienced from drinking alcohol than those with less childhood physical neglect.

Kureh and colleagues (2022) conducted a study among health and allied sciences students at three institutions in the Morogoro region of eastern Tanzania. The study examined the extent of their consumption of alcohol as well as their knowledge of standard drinks, and recommended drinking limits and health harms associated with alcohol consumption. About 40% of the participants consumed alcohol and 16.4% had an Alcohol Use Disorders Identification Test (AUDIT) score of ≥ 8 , suggestive of unhealthy alcohol consumption. These students were more likely to drink alcohol and to drink at harmful/hazardous levels than general populations of young people. Most participants were unaware of the recommended drinking limits of 21 standard drinks for men and 14 for women per week. Virtually all participants did not know the number of standard drinks contained in standard containers of wine, beer, Guinness and spirits. Participants were relatively knowledgeable about alcohol-related health harms such as liver disease, pancreatitis and high blood pressure, yet very few knew about alcohol’s cancer risk and in fact a large percentage indicated that alcohol consumption was *not* associated with breast cancer risk. The findings suggest a need for information about standard drinks and health consequences of alcohol consumption to be incorporated into the training curricula of health and allied professionals in the institutions in the region.

Buckley and colleagues’ study was concerned with improving the estimates of alcohol consumption that are derived from general population surveys since these tend to underestimate alcohol consumption when compared with alcohol per capita consumption (APC) data. APC data, which are based on overall sales and production figures, although providing objective consumption figures for a jurisdiction, are limited in being unable to provide disaggregated data. The purpose of the paper was to

introduce a way of constructing an individual-level dataset by triangulating APC and survey data. Survey data were “upshifted” in order to come up with more accurate estimates of alcohol consumption, which gave rise to a better estimate of alcohol quantity consumed. The findings suggest that it is possible to estimate alcohol consumption more accurately, and develop an individual-level database if both self-reported survey data as well as objective sales data are combined. Accurate estimates of alcohol consumption are invaluable for many reasons, including the evaluation of alcohol policy interventions and for informing where best to target alcohol prevention interventions.

As outlined by Room and colleagues (2022) “people in lower-income countries experience more harms per litre of alcohol and different types of harms compared to those from higher-income countries” (p. 34). Yet, higher-income countries produce the vast majority of alcohol and other drug research, and dominate the policy-setting agenda as the globe seeks to prevent alcohol problems. Room and colleagues’ paper begins a collaborative process and sets out to suggest priority areas for research relevant to low- and middle-income countries. Including the expert opinions of researchers from high, middle and low-income countries, the co-authors identified seven research priority areas that focus on: the differing alcohol markets in LMIC; alcohol industry interests in LMIC, global agreements on alcohol governance that affect LMIC differently; unrecorded alcohol in LMIC; decreasing harm from men’s drinking to family members; strategies for reducing the effects of poverty on drinking’s role in harms; and measuring and addressing key alcohol-induced LMIC health harms such as infectious diseases, injuries and digestive diseases.

Acknowledgements

We would like to welcome our new Advisory Board and Editorial Team members. New members of the Advisory Board are Dr Nazarius Tumwesigye (Uganda), Prof Robin Room (Australia), Dr Sarah Callinan (Australia), Dr Guilherme Borges (Mexico), and Prof Sawitri Assanangkornchai (Thailand). Our new Senior Editors are Prof Surasak Chaiyasong (Thailand), Prof Jason Ferris (Australia), Dr Heng (Jason) Jiang (Australia/China), Dr Rachel O’Donnell (Scotland), Dr Sebastián Peña (Finland/Chile), Dr Ilona Pinsky (US/Brazil), Dr Girish N Rao (India), Prof Ilona Tamutiënė (Lithuania) and Dr Jinhui Zhao (Canada/China).

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Anne-Marie Laslett, PhD, MPH, MDS, BSc

Co-Editor-in-Chief

Senior Research Fellow, Centre for Alcohol Policy Research, La Trobe University, Australia (Australian Research Council DE190100329)

Adjunct Senior Research Fellow, National Drug Research Institute, Curtin University, Australia
President, Kettil Bruun Society for Social and Epidemiological Research on Alcohol

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Co-Editor-in-Chief

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Honorary Professor, School of Public Health and Family

Medicine, University of Cape Town, South Africa

Vice-President, Kettil Bruun Society for Social and

Epidemiological Research on Alcohol

Vice-President, International Society of Addiction

Journal Editors.

Florian Labhart, PhD

Guest Editor-in-Chief

Project Leader, Research Department, Addiction Suisse, Lausanne, Switzerland.

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