





Alcohol Policy Research: Harnessing the Global Burden of Disease Data

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**A TRADITION OF
INDEPENDENT
THINKING**



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Outline



- **The burden of alcohol in Ireland and Globally**
- **Data sources**
- **The Global Burden of Disease (GBD) Study**
- **The Irish GBD Alcohol Study**
- **Some concluding remarks/reflections**

Think Global Health



On St. Patrick's Day, Ireland's Alternative to Drowning the Shamrock

by Sheila Gilheany, Eunan McKinney, Zubair Kabir

Giving a green light to measures that reduce alcohol use would cut Ireland's high rate of alcohol-related injury, death

Alcohol and the Irish Society

- Alcohol plays a complex role in the Irish society.
- Alcohol is no ordinary commodity.
- The societal cost of problem alcohol is estimated at €3.7 billion per year in Ireland.
- Alcohol industry had spent an estimated €116 million on advertising in 2021 alone
- Alcohol costed the Irish citizens and taxpayers €1.9 billion alone in 2021 in health-care costs

How big is the problem in Ireland?

How much are we drinking?



In 2019, on average,
Irish people aged 15 years and over drank
10.8 litres of pure alcohol.

This corresponds to:



How Ireland compares internationally



Ireland has the
**9th highest
per capita**

alcohol consumption rate of
all OECD member countries



Ireland had the
**8th highest
rate of monthly
binge drinking**

in the world



Decrease in the proportion of drinkers aged 15–64 years – from 84% in 2002/03 to 78% in 2019/20.

Hazardous drinking patterns are the norm in Ireland (51% of drinkers)



One-third
of drinkers typically
consume at least 6
standard drinks per
drinking occasion;



for male drinkers
this increases to
one-half

The Irish National Drug & Alcohol Surveys



Key Irish Data on Alcohol

Key Irish data



Factsheets



Regional Data



Prevalence Data



Treatment Data



Deaths Data



Newsletters



National Reports



Policy Reports



Alcohol Policy



Alcohol Research

Global Burden of Alcohol Use- 2020

Alcohol use

Alcohol use is a major risk factor for death and disability worldwide. It is ranked among other risks such as high blood pressure, smoking, and dietary risks. In some countries, alcohol use is the number one risk factor for men.

Photo by Chuttersnap, Unsplash.

1.34 billion

people consumed harmful amounts of alcohol in 2020.

49.3%

of cirrhosis and other liver diseases are attributable to alcohol use.

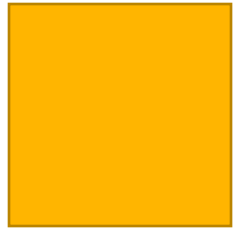
2.4 million

deaths were attributable to alcohol use disorders in 2019.

76.7%

of people who consumed harmful amounts of alcohol were male.

GBD: a global enterprise



GBD uses a collaborative scientific model for health measurement



GBD: A global public good

All data sources in the GBD indexes in on-line catalog with metadata on 100,000+ GBD sources, all code in GitHub

The screenshot shows the GHDx website interface. At the top, there is a navigation bar with links for 'HOME', 'GHDx', and 'GBD Compare', along with a search bar and a 'Login' button. Below the navigation bar is the GHDx logo and the text 'Global Health Data Exchange - Discover the World's Health Data'. A secondary navigation bar contains links for 'Home', 'Country Profiles', 'Series and Systems', 'Organizations', 'Keywords', 'IHME Data', 'About the GHDx', and 'Help'. The main content area is titled 'Global Health Data Exchange' and includes a welcome message, a list of recent data releases (such as 'Fulvestrant Nutrition Survey 2002', 'World Taxation and Price Guide 1994', etc.), and search options. There are also sections for 'More Ways to Explore the GHDx' and 'Resources'. The footer contains the logo of the Institute for Health Metrics and Evaluation (IHME) and the University of Washington.

Systematic and Rigorous Scientific Evidence



THE LANCET

The Global Burden of Disease Study 2019

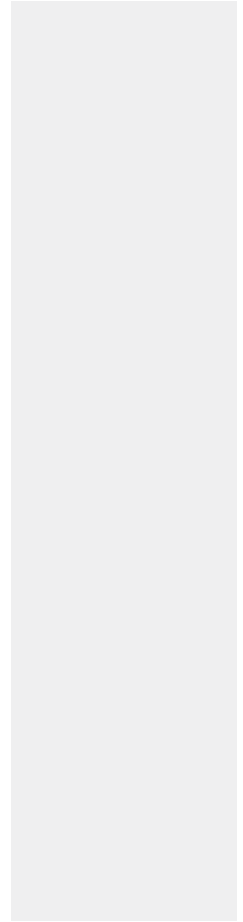


The GBD 2016 Study in the Lancet, 2018



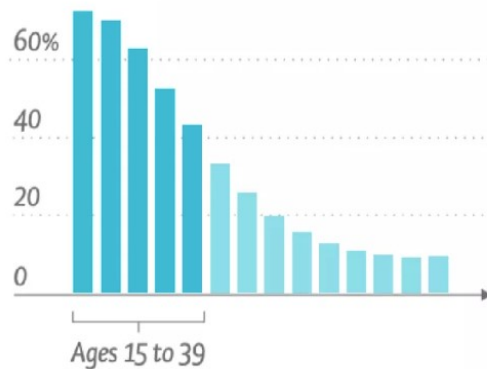
- There is no safe level for alcohol consumption

Definition We define current drinkers as individuals consuming at least one alcoholic beverage in the past year. Among current drinkers, we estimate the level of exposure based on average grams of pure alcohol consumed per day.



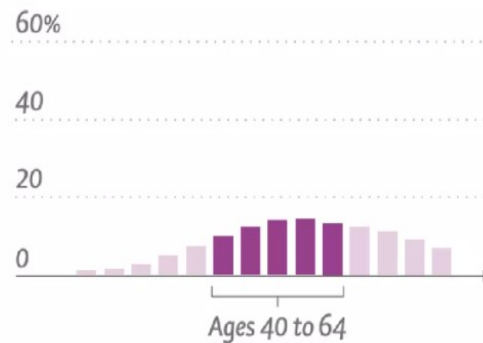
Alcohol burden varies by age- 2020

Injury



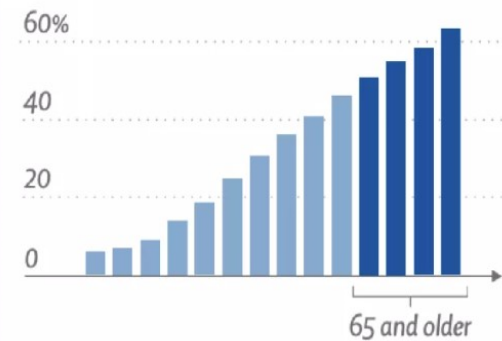
Injuries account for the majority of DALYs lost among individuals aged 15–39 years.

Cancers



The alcohol-attributable burden shifts to **chronic health conditions such as cancer** in individuals aged 40–64 years.

Heart disease



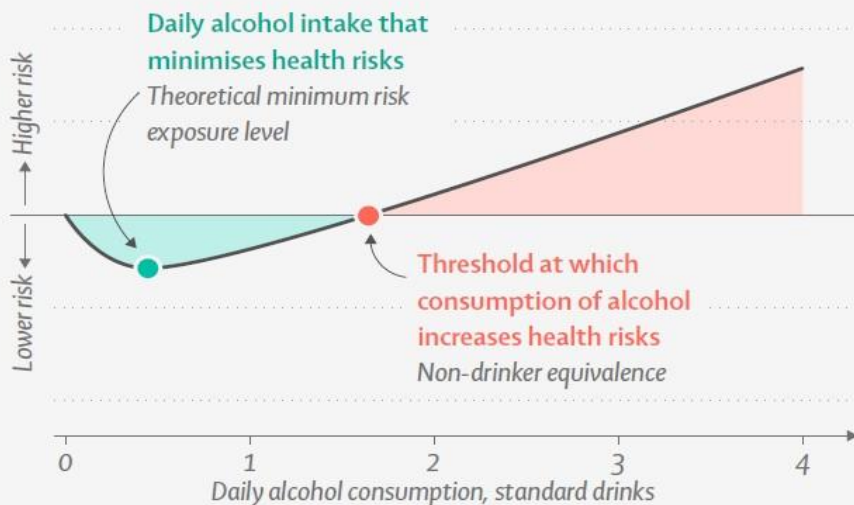
Cardiovascular diseases are the major causes of disease burden among individuals aged 65 years and older.

Understanding disease burden is key to setting effective guidelines

Good and bad alcohol consumption

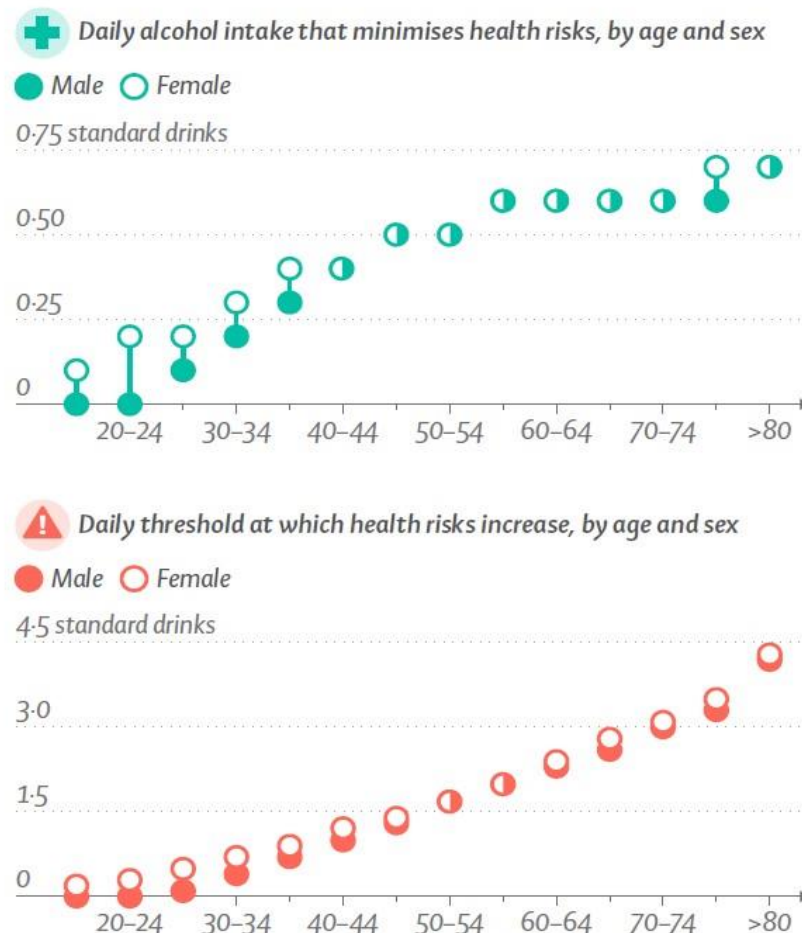
For individuals aged 40+, drinking small amounts of alcohol is not harmful to health, but drinking more than a certain amount increases health risks.

Relative risk of alcohol consumption vs zero alcohol consumption



People 40+ can safely drink small amounts of alcohol

Guidance on alcohol consumption should be based on age and location.



One standard drink is equivalent to...



10 g of ethanol

=



100 mL of wine
at 13% vol

=

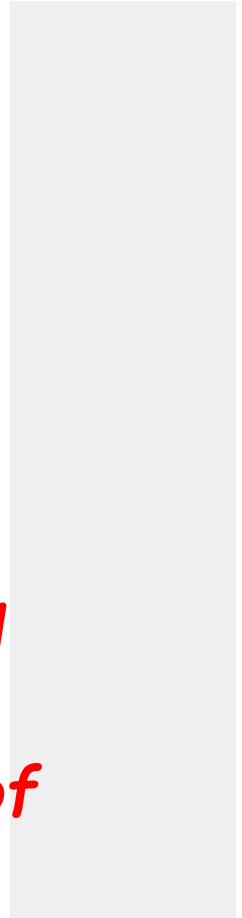


375 mL of beer
at 3.5% vol

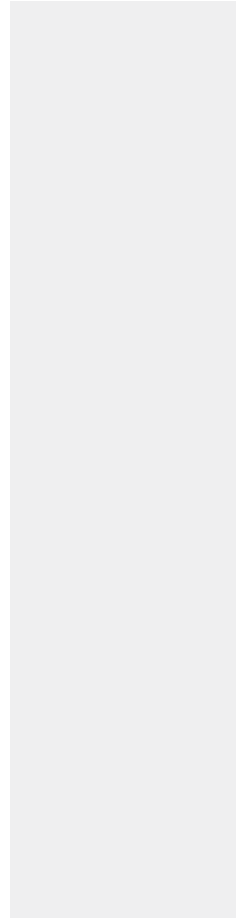
Which estimates are accurate and reliable?



- Data Sources? Sales data?
- Estimation Process/Statistical Modelling?
- ***ALL ABOUT MEASUREMENTS!***
- ***How do you estimate population-level alcohol consumption?***
- ***How do you assess the risk-outcome curve of alcohol and the health-related outcomes?***



“Big Data” and Precision Public Health



- The GBD 2016 Study used data from 694 studies to estimate the rate of drinking alcohol across the world
- 592 studies including 28 million people worldwide, to study the health risks associated with alcohol between 1990 to 2016 in **195 countries**
- **~10000 global collaborators**
- **~70 core modellers at the IHME (Institute for Health Metrics & Evaluation) in Seattle, US**

Methodological Challenges

GBD: standardized solution to global health measurement challenges



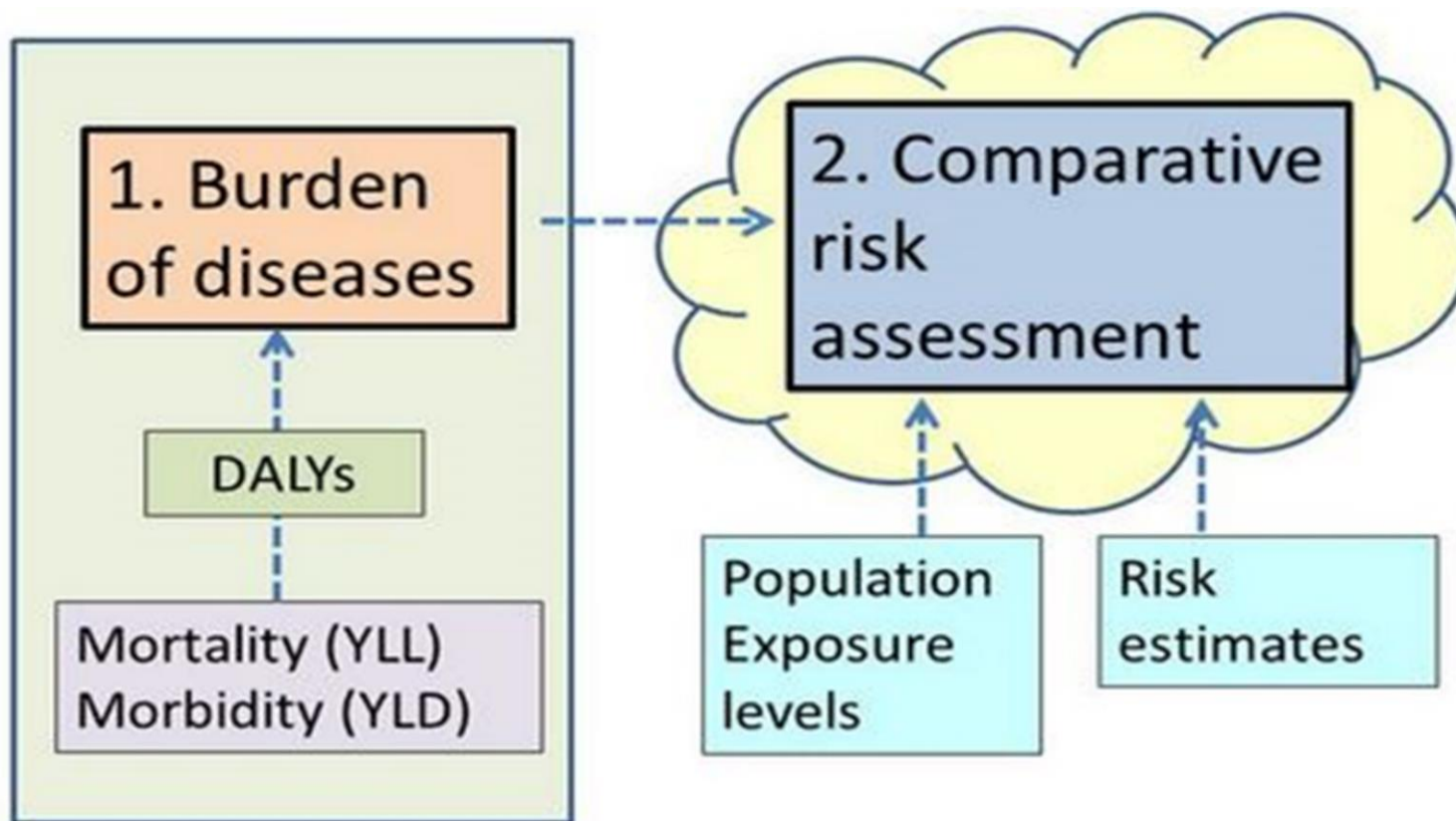
Challenges:

1. Inconsistent coding and case definitions
2. No data
3. Conflicting data
4. Sampling and non-sampling measurement error
5. Excluded groups

GBD solutions:

1. Quality review of all sources and corrections for garbage coding
2. Cross-walking different case definitions, diagnostic technologies, recall periods, etc., using statistical methods
3. Statistical methods to deal with missing data, inconsistent data, excluded groups and measurement error

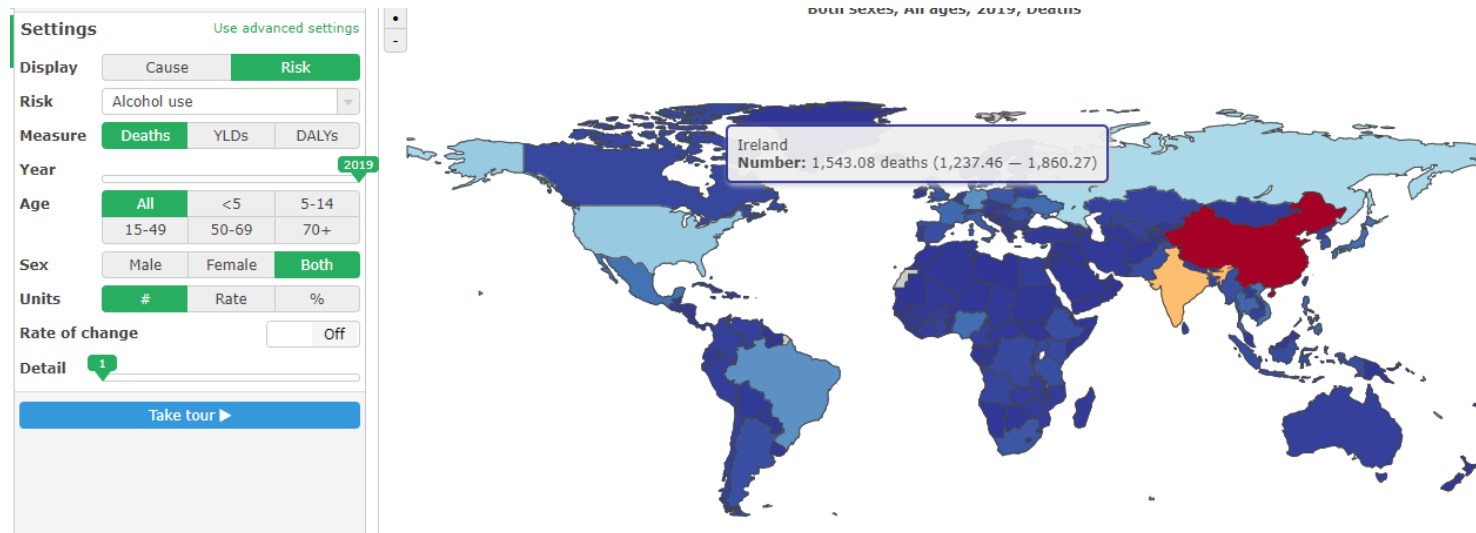
DALY: Disability Adjusted Life Years



GBD Compare | IHME Viz Hub (healthdata.org)



- Disability-Adjusted-Life-Years (DALYs) and age-standardised death rates attributable to alcohol were estimated using the GBD **comparative risk assessment framework**



What is new in GBD 2019?

What is new in GBD 2019?

- We added 488 new data sources, including 286 for locations that previously did not have any data.
 - We made changes to supply-side estimates, including adding Euromonitor data, using imputation to remove compositional bias, and revising estimation of unrecorded consumption in countries with low recorded consumption or no available data.
 - We improved the gamma distribution fit by predicting standard deviation based on method developed by Kehoe et al.
 - We used ST-GPR to model drinking prevalence and mean grams per day. Previously these were modelled using DisMod-MR.
 - We estimated region-specific sex ratios using MR-BRT. Previously, global sex ratios were estimated within DisMod-MR.
 - We estimated alcohol-attributable burden for all cirrhosis aetiologies except for cirrhosis due to non-alcoholic fatty liver disease (NAFLD).
- Three parameters for population-level alcohol consumption levels:
 - Abstention (25%)
 - Tourist information
 - Unrecorded information (illicit sales, etc)

GBD Alcohol Irish Study 2019



| Sex | Total attributable deaths (95% uncertainty interval) | Attributable death rate per 100,000 | Attributable deaths as a % of total deaths |
|--------|--|-------------------------------------|--|
| All | 1543 (1237-1860) | 31 (25 - 38) | 4.77 (3.86 - 5.75) |
| Male | 1104 (896 - 1327) | 45 (37 - 55) | 6.6 (5.37 - 7.93) |
| Female | 439 (295 - 599) | 18 (12 - 24) | 2.81 (1.86 - 3.79) |

Alcohol Attributable Deaths in Ireland (n=1,543)

| Condition | Rank | Deaths (95% UI) |
|-------------------------|------|--------------------------|
| Neoplasms | 1 | 635 (543 - 735) |
| Digestive Diseases | 2 | 306 (240 - 371) |
| Cardiovascular Diseases | 3 | 162 (21 - 370) |
| Respiratory & TB | 4 | 146 (71 - 224) |
| Self-harm & Violence | 5 | 123 (70 - 179) |
| Substance Use Disorders | 6 | 95 (78 - 106) |
| Unintentional Injuries | 7 | 39 (19 - 67) |
| Neurological Disorders | 8 | 19 (14 - 25) |
| Others | 9 | 18 |
| TOTAL | | 1543 (1237- 1860) |

Top 10 Alcohol-related conditions in Ireland

| Condition | Risk Factor Attribution for deaths (95% uncertainty interval) |
|-----------------------------------|---|
| Cirrhosis and other Liver Disease | 73% (57 – 78) |
| Pharyngeal Ca | 54% (44 – 62) |
| Lip and Oral Cavity Ca | 50% (42 – 58) |
| Pancreatitis | 44% (33 – 58) |
| Liver Ca | 37% (27 – 47) |
| TB | 37% (26 – 47) |
| Oesophageal Ca | 31% (24 - 39) |
| Laryngeal Ca | 31% (19 – 41) |
| Self Harm | 27% (15 – 39) |
| Interpersonal Violence | 19% (11 – 27) |

DALYs Lost, 2019

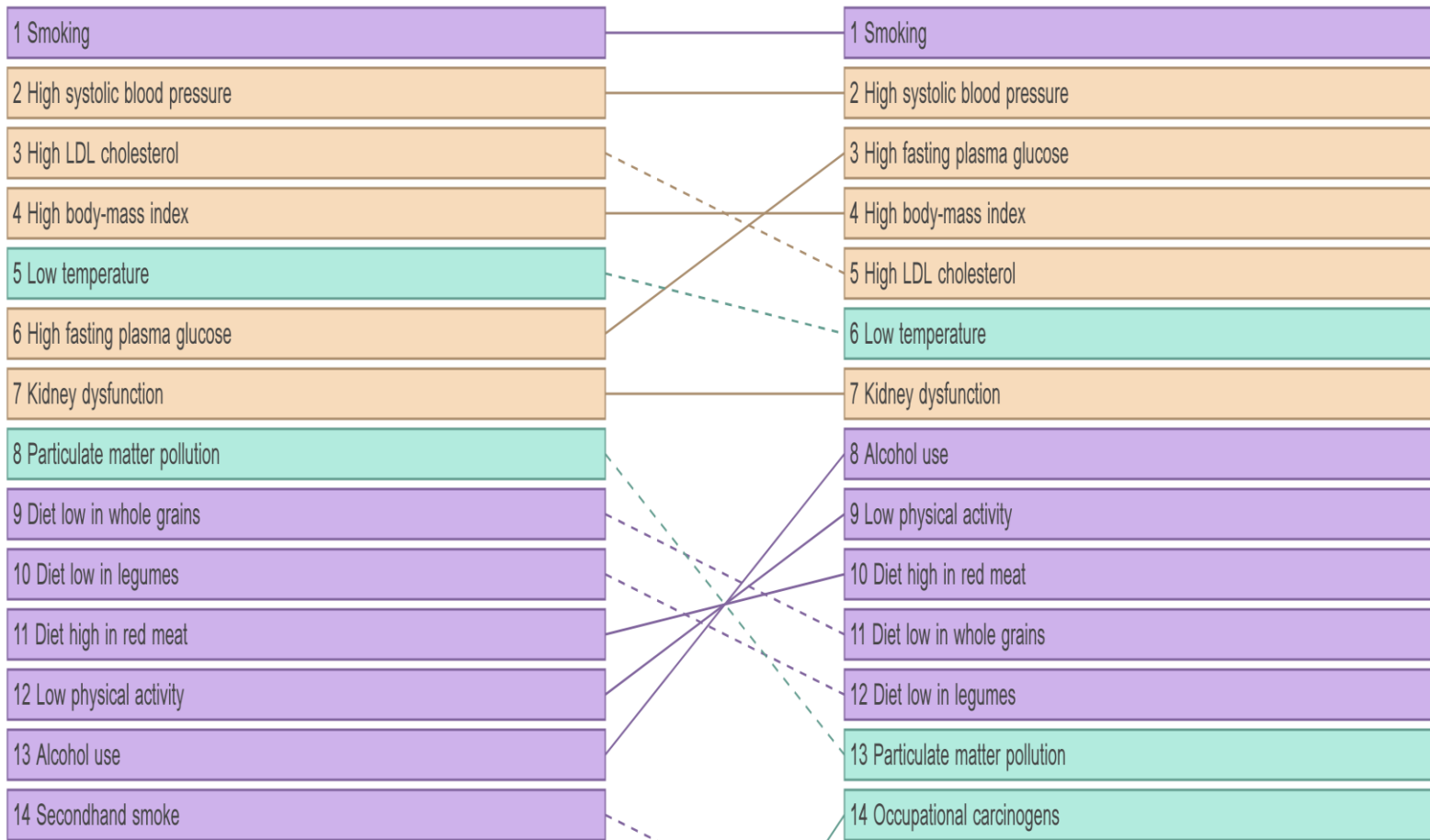
| Sex | Total attributable DALYs (95% uncertainty interval) | Attributable DALYs rate per 100,000 | Attributable DALYs as a % of total DALYs |
|--------|---|-------------------------------------|--|
| All | 62237(52062 - 73939) | 1267 (1060 - 1506) | 5.24 (4.56 - 6.01) |
| Male | 44538 (37377 - 52277) | 1834 (1539 - 2152) | 7.56 (6.61 - 8.57) |
| Female | 17669 (14096 - 22191) | 713 (568 - 894) | 2.97 (2.41 - 3.55) |

Ranking: 1990 vs. 2019

Ireland
Both sexes, All ages, Deaths

1990 rank

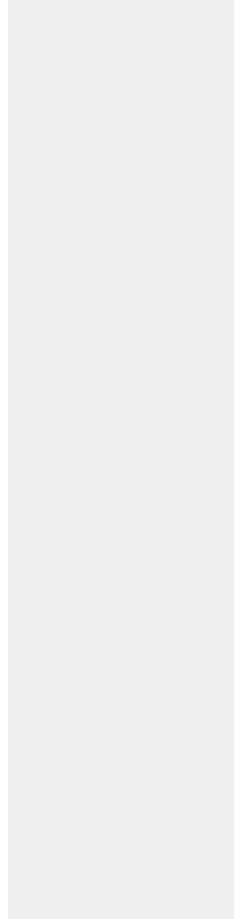
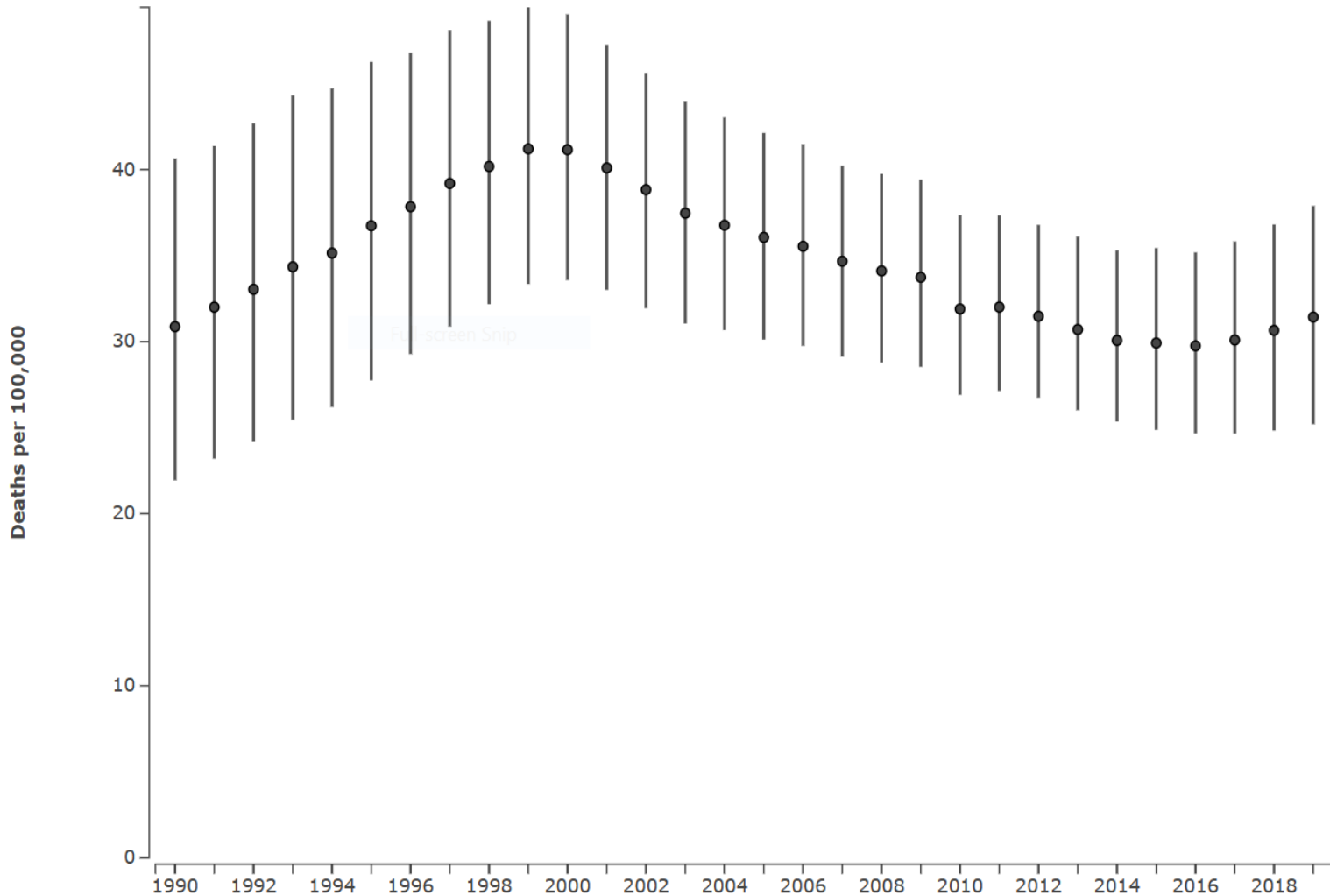
2019 rank



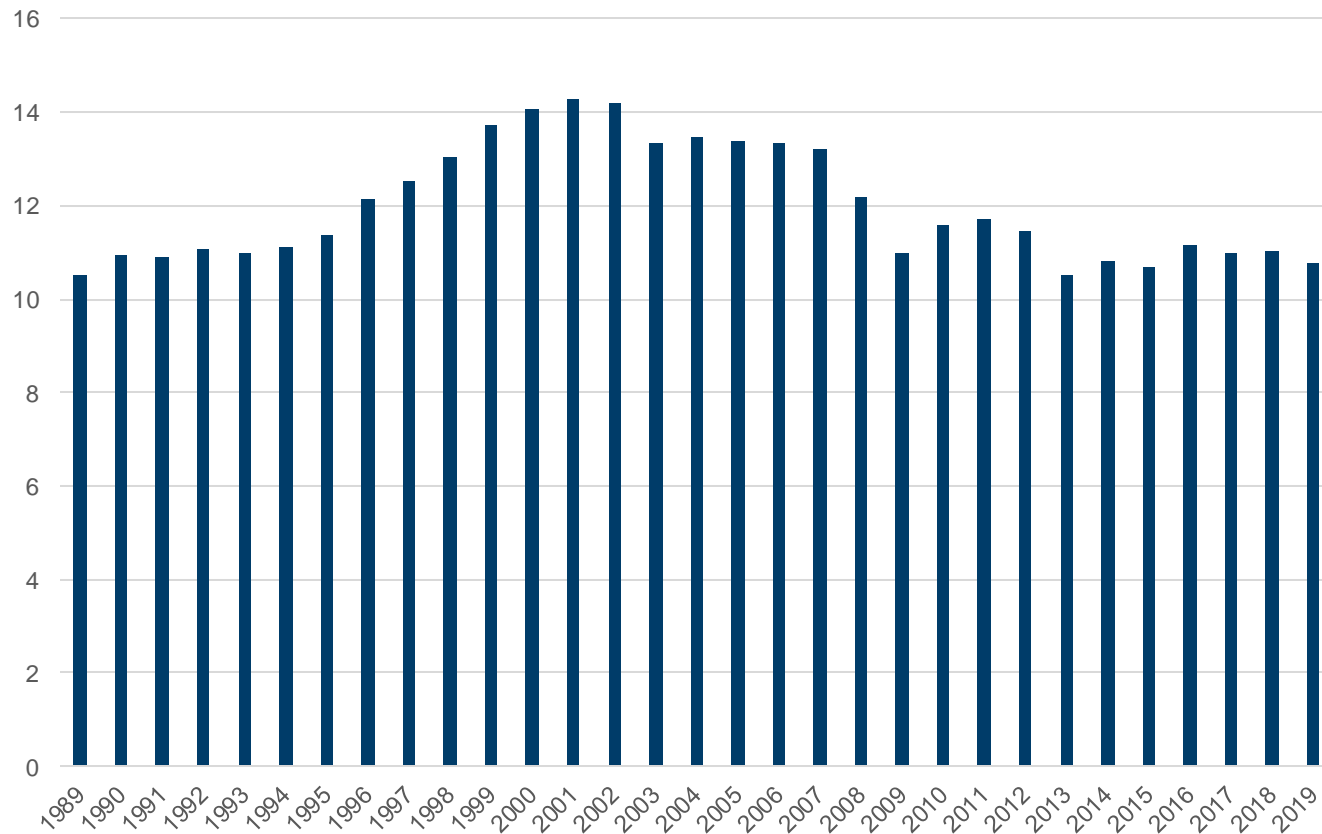
Death rates/100,000 Attributable to Alcohol



Ireland
Alcohol use
Both sexes, All ages



Alcohol consumption litres per capita, age >15 years



On Reflections...

- **Four people die** of alcohol every day in Ireland (**5% of all deaths**).
- The health profile of a nation depends on good health data governance and **harnessing such data**
- Strive towards timely, systematic, comprehensive, accurate, and comparable data
- **For better and robust estimates, we must harness data through sincere collaboration** across the stakeholders



Acknowledgements & Thank you!



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