Background Alcohol guidelines enable individuals to make informed choices about their alcohol consumption and assist healthcare practitioners to identify and offer support to at-risk drinkers. The UK lower risk drinking guidelines were revised in 2016 and the weekly guideline for men was reduced. This study sought to retrospectively establish 1) the number of additional men in England who have been drinking at increasing risk levels in the past 5 years, and 2) whether this group of newly defined increasing risk male drinkers shared any specific characteristics.

Methods Average weekly alcohol consumption data for men aged 16+ from the cross-sectional nationally representative Health Survey for England were used and regrouped into: non-drinkers; lower risk drinkers (≤14 units per week); newly defined increasing risk drinkers (>14 to ≤21 units pw) and increasing/higher risk drinkers (>21 units pw) in order to 1) calculate annual population prevalence estimates for newly defined increasing risk adult male drinkers from 2011–2015 (n=3487–3790) and 2) conduct a multinomial logistic regression analysis to assess which characteristics were significantly associated with men being newly defined increasing risk drinkers (reference category) versus lower risk and increasing/higher risk drinkers (n=2982). Models were fully-adjusted and included age-group, social class, region, smoking status, marital status, ethnicity and limiting-longstanding illness. Analyses were conducted in Stata 15.

Results Population prevalence estimates of newly defined increasing risk drinkers ranged from 10.2% of the adult male population in England (2,182,401 men) in 2014 to 11.2% (2,322,896 men) in 2016. Lower risk drinkers were significantly less likely (p<0.05) than newly defined increasing risk drinkers to be aged 55–64 (RRR 0.43, 95% CI 0.21 to 0.87); working in professional or managerial occupations (RRR 0.61, 95% CI 0.45 to 0.83); living in the North East (RRR 0.47, 95% CI 0.29 to 0.77), North West (RRR 0.56, 95% CI 0.38 to 0.82), West Midlands (RRR 0.52, 95% CI 0.32 to 0.83) or South West (RRR 0.57, 95% CI 0.36 to 0.91); and to be ex-regular (RRR 0.62, 95% CI 0.46 to 0.83) or current (RRR 0.56, 95% CI 0.39 to 0.81) cigarette smokers. Increasing/higher risk drinkers were significantly more likely than newly defined increasing risk drinkers to be ex-regular smokers (RRR 1.42, 95% CI 1.01 to 1.99).

Conclusion Approximately 11% of adult men would have been reclassified from lower risk to increasing risk drinkers according to the 2016 drinking guidelines. Such an increase in at-risk drinkers could impact clinical services. Newly defined increasing risk drinkers differ from lower risk drinkers on several characteristics but are largely similar to increasing/higher risk drinkers, therefore targeting this group specifically may not be feasible.
Background There are strong structural and theoretical reasons to expect politics to be an important determinant of population health outcomes. However, the most recently available systematic review of the evidence linking key political features (welfare state generosity, political tradition along the left-right axis, democracy, and globalisation) and population health outcomes contains searches only up to April 2010. Considering only internationally comparative studies, it found preliminary evidence that pro-social political features predicted better population health, but more up to date evidence synthesis is required.

Therefore, the aim of this study was to present an updated systematic review on the political determinants of population health.

Methods Ten academic bibliographical databases, including MEDLINE, EMBASE, and Sociological Abstracts, were searched using search terms based on (((democracy OR autocracy OR welfare regime OR welfare state OR welfare capitalism OR politics OR political tradition OR internationality OR globalization) AND (health OR health services OR population health OR public health OR health economics OR health expenditure))). Supplementary searches were also conducted on Google Scholar and in relevant bibliographies. The final search was conducted in November 2017. We considered full-text scholarly articles or book chapters assessing the relationship between at least one of our eligible political features (welfare state generosity, political tradition along the left-right axis, democracy, and globalisation) and any population health outcome in human populations, except healthcare spending. Standardised data extraction, risk of bias assessment and narrative synthesis were conducted. Proportionate second review was conducted.

Results 73 articles were identified from the previous 2010 review. Updated database searches yielded 43 356 records (35 207 unique) and supplementary searches yielded 55. Full-text screening was conducted on 255 publications, and 176 publications (176 studies) were included, of which 106 were newly identified by our 7-year update. 79/102 studies found that increased welfare state generosity predicted greater population health. 15/17 studies found this effect for left-of-centre political tradition, as did 34/44 for democracy. Half of identified studies suggested that globalisation may be detrimental for health. 85 studies were at low risk of bias, 89 moderate, none high, and two could not be assessed.

Discussion To assess its impact, the four sites using the framework will be compared with the remaining 27 HSCP sites. The aim of the comparison is to establish: the extent to which the remaining sites use elements of the framework; the principles and processes used for decision-making; and whether decisions have resulted in evidence-based resource shifts.