Unrecorded Alcohol and Lead Poisoning

To the Editor:

We have read with interest the article by Dalvi and Pillinger,1 who try to shed more light on the health consequences of unrecorded alcohol,2 focusing on its link to lead poisoning. Central to their argumentation is that close to one third of the global alcohol consumption is unrecorded, based on World Health Organization (WHO) data.3 While this estimate is indeed the best available, it is not an estimate for homemade or artisanal moonshine, as the authors suggest; WHO definition of unrecorded alcohol comprises other categories, such as cross-border shopping, surrogate alcohol (ie, alcohol not officially produced for human consumption), and illegally smuggled or industrially produced alcohol.4 Although precise numbers are lacking, it can be assumed that categories other than homemade moonshine constitute the vast majority of global unrecorded alcohol, as evidenced by the type of unrecorded alcohol in key countries such as India (where industrially produced illegal alcohol is dominant5) or Russia (where surrogate is the most prevalent form6). Contrary to moonshine, the categories of unrecorded alcohol listed above have not been associated with lead poisoning, and most of the samples of unrecorded alcohol examined in the past 10 years—including moonshine samples from Europe—did not show lead contamination above regulatory limits.7 The human lead exposure from alcoholic beverages has been estimated as being <10% of the total exposure from foods and beverages.8

Current evidence thus suggests that although moonshine-induced lead poisoning certainly has been observed, especially in the US,1,9 it is currently not a major public health threat. Even in the US, unrecorded is currently estimated to constitute slightly above 10% of all alcohol consumed, not all of which is moonshine.3 Thus, clinical advice such as routine inquiries of gout patients for moonshine consumption may not be recommended, given the expected base rates.

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