

Contents

(Click on an item/ page no. to be taken directly to your choice of article)

News from around the world	2	Lottery £4.3 million for Amy Winehouse schools project	
Is there a safe level of alcohol consumption? by Helena Conibear	3	The Alcohol and Families Alliance	
Medical News		Westminster Policy Forum on Alcohol Policy	21
Physical activity and occasional drinking found to be associated with decrease in vision impairment risk	4	NatCen Health of the Nation film clip	
Alcohol intake prior to and during pregnancy and birth outcomes	5	News & Events	
To drink or not to drink: Decision-making center of brain identified	9	Reducing the Strength conference	22
Alcohol consumption and mortality: a dose-response analysis in terms of time	10	Public Health England publish Child Profiles 2014	
Alcohol quantity and type on risk of recurrent gout attacks		UK Think! drink drive campaign - costs and effectiveness	23
Binge drinking greatly increases mortality risk among moderate drinkers	11	Eurocare suggests changes to the EU Alcohol and Health Forum	24
Hop leaves could help fight dental cavities and gum disease	13	Century Council renamed as Foundation for Advancing Alcohol Responsibility (FARR)	
Alcohol's effects on cardiovascular risk among subjects with diabetes mellitus	14	Video clip - What is moderation ?	
Social and Policy News		Italy – App to calculate BAC	
Women better at knowing their limits, study finds	17	EU releases 2013 road death figures	25
Do hangovers influence future drinking decisions?	18	Ireb presentations on alcohol and aggression	
Alcohol brief intervention trains over 5,000 in Wales		ICAP website gives access to drinks research	
ASA bans "irresponsible" facebook adverts	19	Social situation of young people in Europe - Eurofound report	26
BII welcomes government announcement on Personal Licences		Iceland announce new alcohol policy	
Chief Medical Officer criticises alcohol retailers in annual report		EU Alcohol Strategy	
Alcohol-related hospital statistics Scotland 2012/13	20	MillerCoors first US beer brand to adopt a new voluntary labelling system	
International car hire company reminds customers of the dangers of drink driving		Low-alcohol yeast strain discovered	27
		Wine consumption in India to rise by 73%	
		FTC fourth major study on alcohol advertising and industry efforts to reduce marketing to underage	28
		Annual poll highlights concern over alcohol in Australia	29
		DrinkWise Australia launches campaign targeting 18-24 year olds	30
		WHO launch online library of road safety mass media campaigns	
		International Chamber of Commerce issues marketing guidelines of alcohol	

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US

In Maryland, the House of Delegates has approved a bill that prohibits the sale of alcohol beverages with 95% alcohol by volume or above (also known as grain alcohol). The bill was submitted to address harmful drinking among university students. Supporters of the legislation identified grain alcohol as a popular and inexpensive spirit often consumed by students engaged in extreme drinking. The bill was carried with a vote of 103-1. The sale of grain alcohol will carry a fine of up to a USD \$1,000.

Norway

Up to 5,000 liters of alcohol could be smuggled across the Norway/Sweden border daily, according to Norway customs officials in Hedmark. They estimate that illegal alcohol seizures recorded by authorities in Hedmark in 2013 represented approximately 21% of total seizures in Norway. Officials have identified obstacles to enforcement include a sophisticated smuggling network and permissive attitudes toward purchasing smuggled goods.

Kenya

In Kenya, Bomet County Governor Isaac Ruto has signed into law the Alcoholic Beverage Control and Management Act 2014, which prohibits the sale and distribution of alcohol in plastic bottles, with immediate effect. It is hoped that the Act will help to reduce illegal alcohol sales and harmful drinking among youth, and provide financial support to illegal brewers as they transition to establishing legal businesses.

Turkey

Turkish authorities are considering heavy fines for people who promote alcohol and drinking on social media. Last year a law was introduced that banned brewers and distillers from traditional advertising and sponsorship of cultural events, and some companies have turned to online promotion.

The new plans would affect companies advertising their products as well as people sharing pictures that "suggest advertising for alcohol brands" on platforms such as Facebook, Twitter and Instagram. According to the Turkish press, the penalties could range between 5,000 and 200,000 Turkish Lira (£1,355-£54,223).

Iceland

An amendment to the Icelandic Act on Trade in Alcohol and Tobacco was notified in December 2013. This regulation gives to ÁTVR (the state monopoly) powers to impede the marketing of goods. spiritsEUROPE is encouraging the European Commission to ask for more detailed and precise wording - to avoid any discriminatory measures against spirits exporters and distributors in Iceland.

Is there a safe level of alcohol consumption? by Helena Conibear

If you reduce your drinking, even from mild to moderate levels or stop drinking, will you be healthier and live longer?

No studies have ever reported a safe level of smoking, thus 'Don't smoke' is well founded advice. Alcohol research on the other hand has repeatedly shown that there is a window where moderate consumption of alcohol does not increase mortality and may even be associated with a decreased risk of potentially fatal diseases for older populations. How can this message be conveyed safely to the public?

To make matters worse, across Europe we cannot agree on the size of a drink - which varies from 8g in the UK to 12g in Denmark or 10g in France, but daily low risk guidelines are fairly similar across Europe, namely one to two drinks a day for women (20 - 24g) and two to three for men (30g). Thus the public health message varies according to national borders, whereas a scientific basis with the best available evidence is what it should be based upon.

The fact is that since the 1970s a growing body of evidence has suggested that healthy adults who drink little and often (a drink a day) live longer than those who don't drink, or indeed who drink heavily. It has been contended, that it is other lifestyle factors (confounders) that account for this benefit, namely that moderate drinkers live healthier lives, eat a more Mediterranean diet, and are better educated for example. Studies since the 1990s have carefully adjusted for these potential confounders as a result, but let us look at two very large research studies whose results have been published in the last six months to see if they support current guidelines.

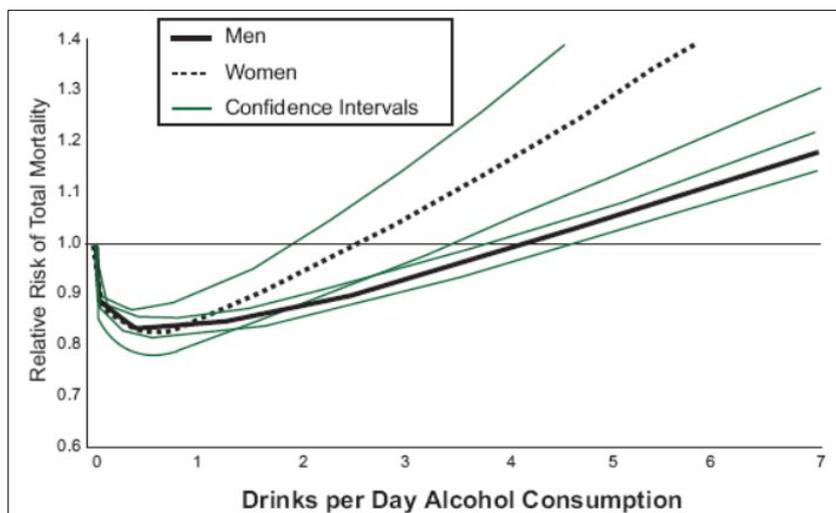
The first looks at the alcohol consumption each decade for the 111 953 men and 268 442 women from eight countries participating in the European Prospective Investigation into Cancer and Nutrition (EPIC) study (1). 26 411 deaths were observed during an average of 12.6 years of follow-up. The results illustrate the effect of alcohol consumption on different diseases well - namely a protective, or beneficial effect for cardiovascular diseases (men had a 24% lower cardiovascular disease mortality and risk was 34-46% lower among women) and a negative effect on cancers (men and women had a 2- to 5-times higher risk of dying due to alcohol-related cancers at levels higher than light drinking).

So how can the consumer balance the risks?

By looking at the all cause mortality risk of drinking moderately (that is, your risk of dying from any cause). The EPIC study showed clearly, what we know as the J-shaped curve, i.e. a higher risk of death if you don't drink, or if you drink heavily, with the lowest risk for those who drink moderately.

A commentary on the paper concluded (2): "For the age group included in the EPIC study (i.e., older adults), accounting for prevalent illness, the risks of death were lowest in men with lifetime patterns of alcohol consumption of >2-24g/day and consumption at enrolment of 15-20g/day; corresponding levels for women were >1-12g/day and around 10g/day. The evidence indicates that it is advisable to avoid heavy drinking throughout life. If taken as causal, these findings are consistent with most public health advice about alcohol, except that most advice recommends an upper limit to alcohol consumption, but does not actually encourage drinking. In fact, the evidence goes further than this and indicates that, in later life, on average and bearing in mind the priorities and risks of specific individuals, drinking at least some alcohol, but not too much, is likely to minimise the overall risk of death."

The second study is important as it looks at how we drink - two individuals can drink the same amount in one week - one in a heavy session, the other a glass a day - this pattern has profound health effects. Alcohol consumption, heavy drinking, and mortality: Rethinking the J-shaped curve, Plunk et al (3) offers an analysis based on data from more than 110,000 subjects in the USA, of whom 3,364 died during a follow-up period of up to 9 years. They evaluated the relation of 'heavy drinking' and 'non heavy drinking'



(5 drinks or more per session) to the risk of all-cause mortality. The key findings of the analyses were that there was a positive and linear increase in risk of mortality for subjects consuming heavy amounts of alcohol, with the risk increasing as drinking at this level was more frequent. For non heavy drinkers, there was a J-shaped relation with mortality. The point at which the non heavy drinkers' risk of mortality exceeded that of abstainers was between 4 and 5 drinking occasions/week. The authors concluded: **"Promoting less harmful drinking patterns by reducing heavy drinking frequency is an appropriate harm reduction strategy, and assessing drinking pattern by determining the frequency of heavy and non heavy drinking is a simple and fast way to determine risk and promote less risky drinking behaviour."**

With thanks to Dag Thelle, MD, PhD, Senior Professor of Cardiovascular Epidemiology and Prevention, University of Gothenburg, Sweden; Senior Professor of Quantitative Medicine at the University of Oslo, Norway.

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3. Plunk AD, Syed-Mohammed H, Cavazos-Rehg P, Bierut LJ, Gruzca RA. Alcohol consumption, heavy drinking, and mortality: Rethinking the J-shaped curve. *Alcohol Clin Exp Res* 2013;pre-publication: DOI: 10.1111/acer.12250.

Physical activity and occasional drinking found to be associated with decrease in vision impairment risk

A study published by the American Academy of Ophthalmology (AAO) finds that a physically active lifestyle and occasional drinking are associated with a reduced risk of developing visual impairment.

Visual impairment - sight loss often caused by eye disease, trauma, or a congenital or degenerative condition that cannot be corrected with glasses or contact lenses - is associated with a poorer quality of life and, when severe, loss of independence. In 2020, the number of people in the United States with visual impairment is projected to increase to at least four million. This is a 70% increase from 2000 and is due to the growing aging population and prevalence of age-related eye diseases.

To help determine ways to decrease the growing burden of visual impairment, researchers from the University of Wisconsin School of Medicine and Public Health examined the relationships between the incidence of visual impairment and three modifiable lifestyle behaviours: smoking, drinking alcohol and staying physically active. The research was conducted as part of the Beaver Dam Eye Study, a long-term population-based cohort study from 1988 to 2013 of nearly 5,000 adults aged 43 to 84 years.

The researchers found that over 20 years, visual impairment developed in 5.4% of the population and varied based on lifestyle behaviours. Physically active persons were defined as people who engage in regular activity three or more times a week. Over 20 years, 6.7% of sedentary persons and 2% of physically

active persons developed visual impairment. After adjustment for age, these figures show a 58% decrease in odds of developing visual impairment in those who were physically active compared to those who were sedentary. Over 20 years, 11% of non-drinkers (people who have not consumed alcohol within the past year) developed visual impairment while 4.8% of occasional drinkers did so (those who have consumed alcohol in the past year, but reported fewer than one serving in an average week). After adjustment for age, these figures show a 49% decrease in odds of developing visual impairment in those who were occasional drinkers compared to those who consumed no alcohol. While the odds were higher in heavy drinkers and smokers compared to people who never drank heavily and never smoked, respectively, the associations were not statistically significant.

While the study provides risk estimates of associations of lifestyle factors with the incidence of visual impairment, the researchers caution that a limitation to their study - which is present in all epidemiologic research - is that the findings may be due, in part, to unmeasured factors related to both lifestyle behaviours and development of visual impairment. The data does not prove that these lifestyle behaviours are directly responsible for increased risk.

Source: Relation of Smoking, Drinking, and Physical Activity to Changes in Vision over a 20-Year Period. R Klein, KE Lee, RE Gangnon, BE Klein. *Ophthalmology*, 2014; DOI: 10.1016/j.ophtha.2014.01.003.

Alcohol intake prior to and during pregnancy and birth outcomes

Nykjaer C, Alwan NA, Greenwood DC, Simpson NAB, Hay AWM, White KLM, Cade JE. Maternal alcohol intake prior to and during pregnancy and risk of adverse birth outcomes: evidence from a British cohort. *J Epidemiol Community Health* 2014, pre-publication. doi:10.1136/jech-2013-202934

Authors' Abstract

Background: Evidence is conflicting regarding the relationship between low maternal alcohol consumption and birth outcomes. This paper aimed to investigate the association between alcohol intake before and during pregnancy with birth weight and gestational age and to examine the effect of timing of exposure.

Methods: A prospective cohort in Leeds, UK, of 1303 pregnant women aged 18–45 years. Questionnaires assessed alcohol consumption before pregnancy and for the three trimesters separately. Categories of alcohol consumption were divided into ≤ 2 units/week and >2 units/week with a nondrinking category as referent. This was related to size at birth and preterm delivery, adjusting for confounders including salivary cotinine as a biomarker of smoking status.

Results: Nearly two-thirds of women before pregnancy and over half in the first trimester reported alcohol intakes above the Department of Health (UK) guidelines of ≤ 2 units/week. Associations with birth outcomes were strongest for intakes >2 units/week before pregnancy and in trimesters 1 and 2 compared to non-drinkers. Even women adhering to the guidelines in the first trimester were at significantly higher risk of having babies with lower birth weight, lower birth centile and preterm birth compared to non-drinkers, after adjusting for confounders ($p < 0.05$).

Conclusions: We found the first trimester to be the period most sensitive to the effect of alcohol on the developing fetus. Women adhering to guidelines in this period were still at increased risk of adverse birth outcomes. Our findings suggest that women should be advised to abstain from alcohol when planning to conceive and throughout pregnancy.

Forum Comments

There have been literally hundreds of epidemiologic studies relating the maternal use of alcohol during pregnancy and outcomes among the offspring. There is no question that heavy alcohol use, generally among women who are known alcoholics, can be associated with a very serious group of abnormalities known as Fetal Alcohol Syndrome (FAS). Further, some, but not all, follow-up studies of pre-natal alcohol use by women have shown some physical and/or behavioural defects that have been attributed to lesser degrees of maternal alcohol use, and classified as Fetal Alcohol Exposure (FAE) or FASD (Fetal alcohol syndrome spectrum). A persisting difficulty is that

a known percentage of neonates will demonstrate some abnormality; these are often classified as FAE only if there is evidence of alcohol use by the mother during pregnancy, but otherwise blamed on some other exposure.

According to some, no level of pre-natal alcohol consumption has been shown to be entirely free of adverse effects on the fetus, so the common recommendation in many countries is for no alcohol consumption at all during pregnancy. Some scientists have argued that this is unnecessarily conservative, as many developmental studies of infants and children have not shown differences according to whether or not the mother consumed light or occasional alcohol during her pregnancy.

The present study, while not large (1,303 pregnant women) evaluated reported alcohol intake to birth weight and the risk that an infant is small for gestational age (SGA). The authors concluded that, in this group of English women, there was an increased risk of an infant having a low birth weight and being SGA if the mother reported any alcohol intake during pregnancy, especially during the first trimester. The study also related the reported alcohol intake in the 4 weeks prior to the woman became pregnant, and found an increased risk for women who consumed alcohol and the risk of the infant being SGA.

Previous research on maternal alcohol exposure during pregnancy: There is a serious problem in interpreting all studies of alcohol and the outcomes of pregnancy because of potential confounding, especially by level of education, ethnicity, smoking, coexisting use of illegal drugs, etc. Further, alcohol use by pregnant women has become an especially emotional and even a moral issue. As stated by reviewer Finkel, "This subject is an emotional and scientific morass, and something of a minefield. In addition, the entangled confounders make rational analysis most difficult. Here, indeed, is a challenge for the epidemiologists and statisticians. The literature can support varying views, from no alcohol at all for those who might soon be expectant mothers and fathers to drinking moderately throughout pregnancy."

Forum member Stockley had similar concerns: "The relationship between alcohol consumption and pregnancy outcomes other than FAS appears

controversial and uncertain, so it is difficult to draw any conclusion and give absolute advice, although a maximum daily amount and pattern to minimise risk should be advised.

"For every paper that claims that any alcohol negatively influences a birth outcome, another paper refutes it: where Kesmodel et al (Epidemiology 2000;11:512-518) observed an increased risk of preterm delivery only with consumption of larger amounts of alcohol, Albertsen et al (Am J Epidemiol 2004;159:155-161) did not with four drinks per week over the gestation period. An increased risk of preterm birth was also not observed by Parazzini et al (European J Clin Nutr 2003;57:1345-1349) until more than three drinks on average per day were consumed.

"Concerning low birth rate, while Covington et al (Neurotoxicology Teratology 2002;24:489-496) observed that more than 14 alcoholic drinks/week decreased birth weight and length, and was associated with lower weight at age seven years, O'Callaghan et al. (Early Hum Dev 2003;71:137-148) did not observe this. Furthermore, Mariscal et al (Ann Epidemiol 2006;16:432-438) observed that alcohol consumption of less than 6 g/day actually decreased the risk for low birth weight, but the risk was increased when more than 12 g/day of alcohol was consumed. The risk was decreased again when the 12 g/day was confined to weekends for non-cigarette smoking women. This also shows the confounding of cigarette smoking and the importance of the pattern of alcohol consumption.

"Concerning spontaneous abortion, while Kesmodel et al (Alcohol and Alcoholism 2002;37:87-92) observed an increased risk of spontaneous abortion when five or more alcoholic drinks/week were consumed in the first trimester, which was corroborated by Henriksen et al (Am J Epidemiol 2004;160:661-667) but at 10 or more alcoholic drinks/week, but this was not found by Maconochie et al (2006).

"Concerning neurobehaviour and cognition, O'Callaghan et al (Early Hum Dev 2007;83:115-123) did not observe any adverse attention, learning or cognition outcomes when less than one alcoholic drink/day was consumed but drinking more than this in late pregnancy and indeed binge drinking, was associated with an increased risk of overall learning difficulties. D'Onofrio et al (Arch Gen Psychiatry 2007;64:1296-1304) stated that polydrug use during

pregnancy was a better indicator of behavioural and learning difficulties." As stated by Forum member Skovenborg: "The issue of maternal alcohol intake prior to and during pregnancy has sunk into the quick sands of political science, poor science, serious confounding and large problems with bias including information bias (self report on alcohol intake) and that situation is not going to change for the better in the near future."

Contributions to the topic by the present paper:

Forum members have detected a number of potential problems with the present paper. The number of subjects is quite small for evaluating such a relationship. Further, the majority of eligible subjects did not agree to take part in the study (only 30% agreed), so there may be limited application of the results to the general population. Also, these women in Leeds, at least those who agreed to take part in the study, were much more likely to be drinkers than in most previous studies of pregnant women. In the 4 weeks prior to pregnancy, 74% of women reported ≥ 2 units/week, with a mean intake of 15.1 units per week. During the first trimester, 78% of the women reported alcohol consumption, and 53% of the women reported consuming ≥ 2 drinks/week. It is also interesting that for first trimester alcohol consumption, the effects on birth weight, being SGA, and having a preterm birth did not show a dose-response curve; the women reporting ≤ 2 drinks/week had essentially the same effects as those who reported that they consumed more.

It is unfortunate that the investigators did not include the pattern of drinking (regular versus binge drinking) in their analyses. During the first trimester, the average intake of alcohol in the ≥ 2 drinks/week group was 7.2 drinks; consuming this number of drinks on a single occasion during the week would have very different effects on blood alcohol levels (and presumably on the fetus) than if one drink was consumed daily. The authors state that the women in this study had a variety of ethnic backgrounds, but do not discuss potential differences in effect of alcohol when data were stratified by ethnicity. In the US, there are very large differences in birth weight and an infant being SGA among most minority populations, when compared with women of European ethnicity, and residual confounding could be expected if only a variable for ethnicity was included in the multi-variable analysis, as was done in this study.

Reviewer Zhang had some more specific problems with the study. "Overall the results are difficult to comprehend. For example, the crude difference in birth weight between non-drinkers and drinkers assessed 4 wks prior to pregnancy was relatively small (-14.6 g with <2 unit/wk, and -23.2g/wk with >2 units/wk); however, after adjusting for potential confounders, the differences were substantially increased (-70.2g/wk and -105g/wk, respectively), indicating that some strong confounders existed between alcohol consumption and birth weight. These confounders should have a strong protective effect on birth weight and were more common among alcohol drinkers. In this study, compared with non-alcohol drinkers, women who drank >2 units/wk were older, smoked less, had a higher percentage of college education, were more likely of European origin, and had a higher percentage of being primigravida. On the other hand alcohol drinkers consumed substantially more coffee (a risk for low birth weight) than non-consumers of alcohol. The data only present the mean and 95% CI for coffee drinking. If coffee consumption between alcohol drinkers and non-drinkers did not overlap, then simply adding coffee drinking into the regression model will not properly adjust for the confounding effect of coffee drinking on the association between alcohol consumption and low birth weight (violation of positivity assumption). Similar issues can be applied for BMI at pre-pregnancy.

"Further, the average of alcohol consumption 4 weeks before pregnancy was 15.1 units/wk for those who consumed >2 units/wk (95% CI 14.1-16.1), suggesting that more than 97.5 % of women in that group consumed >2 units/day of alcohol. However, among those who consumed <2 units/wk, the 95% CI of alcohol consumption was 0.9-1.1 units/wk, suggesting very few women consumed alcohol between 2 units/wk to 14 units/wk. Such a distribution of alcohol consumption found in this group is a little bit odd. This finding only can be interpreted if women who drank more than 2 units/day had an increased risk of having a low birth weight infant to begin with, instead of it being based on their consumption of >2 units/wk.

"Finally, epidemiologic studies of pregnancy outcome can only study prevalent outcomes. If risk of spontaneous abortion is unevenly distributed between comparison groups, it would bias the effect estimates. For example, if non-drinkers had higher

risk of spontaneous abortion due to their other risk factors, then it would bias the effect estimate of alcohol consumption and low birth weight away from the null. Further, there is not mention of C-section in the paper, which also relates to birth weight. My comments neither endorse nor disapprove the conclusions of the current study findings, but rather raise several methodological issues and raise question as to how appropriately to interpret the reported findings."

Forum member Thelle focused his comments on three topics: selection bias, confounding, and the public health message. He states: "If selection bias should be the explanation for the observed effect, then the association between alcohol and birth weight among the non-attendees should be the opposite, assuming that there is no true association between alcohol and birth weight. That the selective forces should be acting in this direction is unlikely. As for confounding, the consumption of coffee has been raised. This is of interest as coffee during the first trimester is associated with increased risk of fetal deaths, but nausea is at the same time a protective factor resulting in reduced coffee intake. Finally, the public health concern differs in this situation from that of health effects of alcohol on the adult population. The fetus is unprotected and has no will in determining whether to be exposed to alcohol or not. This is neither dogmatic nor emotional, and the message to the public must be based on the consequences of giving the wrong advice. It is in my view better to err on the safe side in this particular situation."

Forum Summary

The present analysis was carried out among 1,264 women from Leeds, UK, whose alcohol intake was estimated prior to and during pregnancy. The outcomes were birth weight of the infant and whether or not it was small for gestational age (SGA). In comparison with most previous research on this topic, this study is notable for being of a relatively small size. Further, it had a high percentage of women who consumed alcohol both prior to and during the first trimester, had a very low participation rate of eligible women (only 30%), failed to present estimated effects by ethnicity, and had some questions related to residual confounding. It is unclear how the results of this study increase our knowledge of maternal alcohol consumption and birth outcomes.

Forum members do not believe that the consumption of alcohol should be recommended for pregnant women. A certain percentage of newborns will be small for gestational age, have certain deformities, and have later emotional and behavioural abnormalities. If a woman has consumed any alcohol during the pregnancy, she (and perhaps even her doctor) may blame the abnormality on alcohol consumption, whether or not it had anything to do with it. Hence, the majority of Forum members agree that women should not be encouraged to consume alcohol during pregnancy.

Further, scientific data are very consistent on the potential risks of serious adverse health outcomes of the infant from heavy maternal drinking, especially among women who are alcoholics. Heavy-drinking women who become pregnant should be strongly urged to stop their drinking.

On the other hand, sound data indicating harmful effects on the fetus of light or occasional drinking by a pregnant woman are difficult to come by. Because of the epidemiologic concerns of the present paper, described in our Forum critique, we do not believe that this study adds materially to our understanding of the topic. The serious anxiety occurring among some women who may have ingested some alcohol prior to learning that they were pregnant seems, based on numerous studies, to generally be unnecessary; the need to abort a fetus because of previous light drinking by the mother cannot be justified.

There is a serious problem in interpreting all studies of prenatal alcohol exposure and the outcomes of pregnancy because of potential confounding, especially by ethnicity, education, smoking, coexisting use of illegal drugs, etc. Further, alcohol use by pregnant women has become an especially emotional and even a moral issue, and the entangled confounders make rational analysis most difficult. This means that there is a difficult challenge for epidemiologists and statisticians, as well as for public health officials and the general public, about how to interpret results of individual research projects. The literature can support varying views, from no alcohol at all for those who might soon be expectant mothers to being able to drink moderately throughout pregnancy.

Also, it should be pointed out that the potential health benefits of moderate alcohol consumption relate

primarily to middle-aged and older people, so there is no reason for pregnant women to consume alcohol for its "health effects." Thus, it is very reasonable that the majority of women choose to avoid alcohol during pregnancy. Further, heavy drinking during pregnancy has known potentially serious consequences, and should never be encouraged. Finally, there is insufficient scientific evidence that an occasional drink of alcohol during pregnancy leads to harm to the fetus, and should not cause undue alarm in a pregnant woman who may have consumed some alcohol before she realised she was pregnant.

Comments on this critique by the International Scientific Forum on Alcohol Research were provided by the following members:

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To drink or not to drink: Decision-making center of brain identified

Although choosing to do something because the perceived benefit outweighs the financial cost is something people do daily, little is known about what happens in the brain when a person makes these kinds of decisions. Studying how these cost-benefit decisions are made when choosing to consume alcohol, a researcher identified distinct profiles of brain activity that are present when making these decisions.

The study combined functional magnetic resonance imaging and a bar laboratory alcohol procedure to see how the cost of alcohol affected people's preferences. The study group included 24 men, age 21-31, who were heavy drinkers. Participants were given a \$15 bar tab and then were asked to make decisions in the fMRI scanner about how many drinks they would choose at varying prices, from very low to very high. Their choices translated into real drinks, at most eight that they received in the bar immediately after the scan. Any money not spent on drinks was theirs to keep.

The study applied a neuroeconomic approach, which integrates concepts and methods from psychology, economics and cognitive neuroscience to understand how the brain makes decisions. In this study, participants' cost-benefit decisions were categorised into those in which drinking was perceived to have all benefit and no cost, to have both benefits and costs, and to have all costs and no benefits. In doing so, MacKillop could dissect the neural mechanisms responsible for different types of cost-benefit decision-making.

When participants decided to drink in general, activation was seen in several areas of the cerebral cortex, such as the prefrontal and parietal cortices. However, when the decision to drink was affected by the cost of alcohol, activation involved frontostriatal

regions, which are important for the interplay between deliberation and reward value, suggesting suppression resulting from greater cognitive load. This is the first study of its kind to examine cost-benefit decision-making for alcohol and was the first to apply a framework from economics, called demand curve analysis, to understanding cost-benefit decision making.

These conflicted decisions appeared to be represented by activity in the anterior insula, which has been linked in previous addiction studies to the motivational circuitry of the brain. Not only encoding how much people crave or value drugs, this portion of the brain is believed to be responsible for processing interceptive experiences, a person's visceral physiological responses.

"It was interesting that the insula was sensitive to escalating alcohol costs especially when the costs of drinking outweighed the benefits," MacKillop said. "That means this could be the region of the brain at the intersection of how our rational and irrational systems work with one another. In general, we saw the choices associated with differential brain activity were those choices in the middle, where people were making choices that reflect the ambivalence between cost and benefits. Where we saw that tension, we saw the most brain activity."

While MacKillop acknowledges the impact this research could have on neuromarketing or understanding how the brain makes decisions about what to buy - he is more interested in how this research can help people with alcohol addictions.

Source: The Neuroeconomics of Alcohol Demand: An Initial Investigation of the Neural Correlates of Alcohol Cost-Benefit Decision Making in Heavy Drinking Men. James MacKillop, Michael T Amlung, John Acker, Joshua C Gray, Courtney L Brown, James G Murphy, Lara A Ray, Lawrence H Sweet. *Neuropsychopharmacology*, 2014; DOI: 10.1038/npp.2014.47

Alcohol consumption and mortality: a dose-response analysis in terms of time

Low-to-moderate alcohol consumption is associated with decreased mortality. However, many aspects of this association are still debated. Researchers aimed to complement available information by conducting a dose-response analysis of the association between alcohol consumption and survival time.

In a Swedish population-based cohort of 67,706 middle-aged and elderly men and women, frequency and amount of drinking were assessed through a self-administrated questionnaire. During 15 years of follow-up, 13,323 participants died. Differences in survival (10th percentile differences, PDs) according to levels of alcohol consumption were estimated using Laplace regression.

The research found evidence of nonlinearity between alcohol consumption and survival. Among women, a rapid increase in survival up to 6 g/d of alcohol consumption (0.5 drinks/d) was observed where survival was 17 months longer (PD = 17 months, 95% confidence interval, 10 to 24). After this peak, higher alcohol consumption was progressively associated with shorter survival. Among men, survival improved up to 15 g/d (1.5 drinks/d) where survival was 15 months longer (95% confidence interval, 8 to 22).

Low alcohol consumption was associated with improved survival up to 1.5 years for women with an

average consumption of 0.5 drinks per day and to 1.3 years for men with an average consumption of 1.5 drinks per day.

Source: Alcohol consumption and mortality: a dose-response analysis in terms of time. Andrea Bellavia, MSc, Matteo Bottai, PhD, Alicja Wolk, DMSc, Nicola Orsini, PhD. *Ann Epidemiol.* 2014 Apr;24(4):291-6. published online 06 January 2014.

A second study looked at mortality: Mortality risks associated with average drinking level and episodic heavy drinking.

Data from the 1997 to 2004 National Health Interview Survey Sample Adult questionnaires were linked to the National Death Index (N = 242,397) to examine mortality risks associated with average and episodic heavy drinking. Cox proportional hazard models (Stata 12.0) revealed that (average) heavier drinkers and episodic heavy drinkers (5+ in a day) had increased mortality risks but when examined together, episodic heavy drinking added only modestly to the mortality risks of light and moderate drinkers. Limitations and implications of results for survey measurement of potentially harmful levels of alcohol use are noted. This was a Federal study that received no outside funding.

informahealthcare.com/doi/abs/10.3109/10826084.2014.891620

Alcohol quantity and type on risk of recurrent gout attacks

Although beer and liquor have been associated with risk of incident gout, wine has not. Yet anecdotally, wine is thought to trigger gout attacks. Further, how much alcohol intake is needed to increase the risk of gout attack is not known. Researchers examined the quantity and type of alcohol consumed on risk of recurrent gout attacks.

A prospective Internet-based case-crossover study was conducted in the US among participants with gout and who had at least one attack during the 1 year of follow-up. The association of alcohol intake over the prior 24 hours as well as the type of alcoholic beverage with risk of recurrent gout attack was evaluated, adjusting for potential time-varying confounders.

This study included 724 participants with gout (78% men, mean age 54 years). There was a significant dose-response relationship between amount of alcohol

consumption and risk of recurrent gout attacks (P <.001 for trend). The risk of recurrent gout attack was 1.36 (95% confidence interval [CI], 1.00-1.88) and 1.51 (95% CI, 1.09-2.09) times higher for >1-2 and >2-4 alcoholic beverages, respectively, compared with no alcohol consumption in the prior 24 hours. Consuming wine, beer, or liquor was each associated with an increased risk of gout attack.

The authors conclude that episodic alcohol consumption, regardless of type of alcoholic beverage, was associated with an increased risk of recurrent gout attacks, including potentially with moderate amounts. Individuals with gout should limit alcohol intake of all types to reduce the risk of recurrent gout attacks.

Source: Alcohol Quantity and Type on Risk of Recurrent Gout Attacks: An Internet-based Case-crossover Study Tuhina Neogi, Clara Chen, Jingbo Niu, Christine Chaisson, David J. Hunter, Yuqing Zhang, published online 21 January 2014.

Binge drinking greatly increases mortality risk among moderate drinkers

Holahan CJ, Schutte KK, Brennan PL, Holahan CK, Moos RH. Episodic heavy drinking and 20-year total mortality among late-life moderate drinkers. *Alcohol Clin Exp Res* 2014; pre-publication; DOI: 10.1111/acer.12381.

Authors' Abstract

Background: Analyses of moderate drinking have focused overwhelmingly on average consumption, which masks diverse underlying drinking patterns. This study examined the association between episodic heavy drinking and total mortality among moderate-drinking older adults.

Methods: At baseline, the sample was comprised of 446 adults aged 55 to 65; 74 moderate drinkers who engaged in episodic heavy drinking and 372 regular moderate drinkers. The database at baseline also included a broad set of sociodemographic, behavioural, and health status covariates. Death across a 20-year follow-up period was confirmed primarily by death certificate.

Results: In multiple logistic regression analyses, after adjusting for all covariates, as well as overall alcohol consumption, moderate drinkers who engaged in episodic heavy drinking had more than 2 times higher odds of 20-year mortality in comparison with regular moderate drinkers.

Conclusions: Among older moderate drinkers, those who engage in episodic heavy drinking show significantly increased total mortality risk compared to regular moderate drinkers. Episodic heavy drinking—even when average consumption remains moderate—is a significant public health concern.

Forum Comments

Background: For several decades, epidemiologists have realised that the pattern of drinking — regular versus episodic — is a strong determinant of whether alcohol consumption has net risks or benefits regarding health and mortality. For example, two studies from Finland have shown adverse health effects of alcohol among subjects who binge drink, in comparison with drinkers who do not binge. (1,2) In 2005, Mukamal et al (3) showed that, among subjects interviewed within days after having a myocardial infarction, those reporting drinking without binges (n=766) over the preceding year had lower mortality than those reporting binge drinking (n=250), as well as a lower mortality risk than abstainers (n=903). These authors defined binge drinkers as those who reported consuming 3 drinks or more within 1 to 2 hours. They concluded: **"Binge drinkers had a 2-fold higher risk of mortality than drinkers who did not binge (hazard ratio, 2.0; 95% confidence interval, 1.3 to 3.0)."**

In 2007, Rehm et al (4) presented estimates of risks and benefits associated with "moderate" consumption of alcohol in terms of mortality for Canada in 2002 by age and sex. Moderate was initially defined simply as an average intake of < 20 g/day for women and < 40 g/day for men; with this definition, there were greater numbers of deaths attributed to alcohol than "prevented" by alcohol, especially from young subjects dying from accidental causes. When the definition of "moderate" included only subjects who did not report binge drinking, the net effects on mortality were strongly protective. These authors concluded: **"Overall, the net impact of on-average moderate alcohol consumption on mortality depends on patterns of drinking."**

Ruidaverts et al (5) reported on the risk of myocardial infarction in almost 10,000 subjects in Northern Ireland and France in the PRIME study. They found that **"Regular and moderate alcohol intake throughout the week, the typical pattern in middle aged men in France, is associated with a low risk of ischaemic heart disease, whereas the binge drinking pattern more prevalent in Belfast confers a higher risk."** Their data showed that the hazard ratio for hard coronary events for binge drinkers was 1.97 (95% CI 1.21, 3.22) when compared with regular drinkers. A recent paper by Naimi et al (6) also showed that more frequent drinkers are less likely to be binge drinkers than are infrequent drinkers.

The authors did not comment on the report of follow up of a Danish population of 26,786 men and women who participated in the Danish National Cohort Study in 1994, 2000, and 2005. Among the moderate drinkers (defined as an average of ≤ 21 and ≤ 14 drinks/week for men and women, respectively) in that study, occasional binge drinking was not associated with an increased risk of ischemic heart disease or all-cause mortality when compared with moderate drinkers who did not binge drink. (7)

Comments on the present study: In this study, moderate drinkers were defined as those consuming an average of at least one-half drink/day. For the upper limits of moderate in this study, women were included if they reported consuming "no more than 1/2 drink/d" and for men, those consuming "no more than 2 drinks/d." Subjects reporting no alcohol intake or an average of < 1/2 drink per day were excluded (so the present analyses do not compare mortality

between drinkers and abstainers). Binge drinkers were defined as those reporting 4 or more drinks/occasion for women and 5 or more drinks/occasion for men. Subjects were classified according to their alcohol intake and drinking pattern only at baseline, and then observed for mortality over the next 20 years.

Forum members noted that the present study was based on a small number of subjects (only 74 binge drinkers). Reviewer Skovenborg points out a number of other weaknesses: "It has no data on potential changes in alcohol consumption over 20 years; has evidence suggesting selection bias (e.g., from excluding many subjects who were very light drinkers, etc.); the authors do not give confidence intervals for their estimates; there is insufficient adjustment for covariates: (e.g., smoking not classified by amount or duration; there was a very poor measurement of physical activity); and subjects reporting episodic heavy drinkers, who represented the main outcome of the analyses, were 3 times more likely to be problem drinkers at baseline. All of these factors indicate that there is surely room for residual confounding."

Skovenborg added: "This paper confirms a large body of evidence on the harmful effects of binge-drinking and extends the evidence to include late-life moderate drinkers. There is no doubt that irregular heavy drinking is very harmful and dangerous; the problem is how to categorise irregular heavy drinking. In the present analyses, eligible participants were subjects who, on average, consumed no more than 3.5 drinks/week for women and 14 drinks/week for men. However, some of the moderate drinkers acknowledged previous heavy drinking episodes, which makes the current results difficult to interpret." Further, subjects in one of the two cohorts upon which the analyses were carried out were chosen because they had "current or past drinking problems," so this is not a population-based analysis. Nevertheless, the analyses in the present paper support findings from much previous research indicating that "moderate" drinkers who binge drink may have higher mortality risk than such drinkers who do not engage in episodic heavy drinking.

Among comments from other Forum members were the following: reviewer Finkel raises a question: "Might those who drove home after binge drinking contribute to the differences in mortality?" Forum member Ursini reminded us that the results of this

paper simply reinforce a very old message: "During meals drink wine happily, little but often . . . to avoid harming the body never drink between meals," from Arnaldo da Villanova (1253-1315), from the Regimen Sanitatis Salernitani, a manuscript from the Schola Medica Salernitana, the world's first medical school that was prominent in the 10-13th centuries. The school was situated on the Tyrrhenian Sea in the south Italian city of Salerno, and was the most important source of medical knowledge in Western Europe at the time.

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Forum Summary

This study was based on a sample of "late-middle-aged community residents" (55-65 years old at baseline) who were recruited from the western part of the United States to participate in a study of late-life alcohol consumption and drinking problems. The present analyses evaluated the association between episodic heavy drinking and total mortality among 446 adults who were considered to be "moderate" drinkers. The authors report that the 74 moderate drinkers who engaged in episodic heavy drinking ("binge drinking") had more than two times higher odds of 20-year mortality than moderate drinkers who did not binge drink.

An association between binge drinking and health outcomes has been demonstrated in epidemiologic studies for decades. Many (but not all) studies have shown an approximately two-fold increase in the risk of adverse outcomes for binge drinkers, in comparison with moderate drinkers who do not binge drink. In reviewing the present study, Forum members commented on the small number of subjects (only 74 binge drinkers in the analysis), and some other analytic weaknesses (e.g., no data on potential changes in drinking habits over 20 years, inadequate control of some potential confounders, results not applicable to the general population as some subjects were recruited because of previous alcohol misuse). Nevertheless, the results of the study support adverse effects on mortality of such a drinking pattern.

There are now considerable scientific data indicating harmful health effects of episodic excessive drinking in terms of coronary heart disease, other diseases of ageing, and mortality. Simply knowing the average intake of subjects over a period of time is inadequate for classifying their alcohol consumption. For middle-aged and older subjects the drinking pattern that has been shown to be associated with the most favourable health outcomes (including greater longevity of life) is regular, light-to-moderate intake, especially when the alcoholic beverage is consumed with food.

Hop leaves could help fight dental cavities and gum disease

According to a study published in the *Journal of Agricultural Food Chemistry*, the light green leaves of hops, found on the flowers that give beer its bitterness, contain antioxidants that could help fight dental diseases.

Scientists from the Research Laboratories for Fundamental Technology of Food in Japan, led by Yoshihisa Tanaka, found that discarded hop leaves, not used in the beer making process, contain healthful antioxidants and could be used to battle cavities and gum disease.

Using a laboratory technique called chromatography, scientists found three new compounds within the leaves, one already-known compound that was identified for the first time in plants, and 20 already-known compounds that were found for the first time in hops.

Comments on this critique were provided by the following members of the International Scientific Forum on Alcohol Research:

Harvey Finkel, MD, Hematology/Oncology, Boston University Medical Center, Boston, MA, USA

Erik Skovenborg, MD, Scandinavian Medical Alcohol Board, Practitioner, Aarhus, Denmark

Creina Stockley, MSc, MBA, Clinical Pharmacology, Health and Regulatory Information Manager, Australian Wine Research Institute, Glen Osmond, South Australia, Australia

Arne Svilaas, MD, PhD, general practice and lipidology, Oslo University Hospital, Oslo, Norway

Dominique Lanzmann-Petithory, MD, PhD, Nutrition/Cardiology, Praticien Hospitalier Hôpital Emile Roux, Paris, France

Fulvio Ursini, MD, Dept. of Biological Chemistry, University of Padova, Padova, Italy

Andrew L. Waterhouse, PhD, Marvin Sands Professor, Department of Viticulture and Enology, University of California, Davis; Davis, CA, USA

R. Curtis Ellison, MD, Section of Preventive Medicine & Epidemiology, Boston University School of Medicine, Boston, MA, USA

Pierre-Louis Teissedre, PhD, Faculty of Oenology – ISVV, University Victor Segalen Bordeaux 2, Bordeaux, France

David Van Velden, MD, Dept. of Pathology, Stellenbosch University, Stellenbosch, South Africa.

The leaves also contained substantial amounts of proanthocyanidins, which are healthful antioxidants, and antioxidant polyphenols which, when extracted from the hop leaves, were found to stop the bacteria responsible for these dental conditions from being able to stick to surfaces and prevented the release of some bacterial toxins.

Every year farmers harvest about 2,300 tons of hops in US, but their leaves are not used for making beer and are discarded which could instead be repurposed for use within the dental sector.

Source: *Comprehensive Separation and Structural Analyses of Polyphenols and Related Compounds from Bracts of Hops (Humulus lupulus L.)* Yoshihisa Tanaka et al. *J. Agric. Food Chem.*, 2014, 62 (10), pp 2198–2206.

Alcohol's effects on cardiovascular risk among subjects with diabetes mellitus

Blomster JI, Zoungas S, Chalmers J, Li Q, Chow CK, Woodward M, Mancina G, Poulter N, Williams B, Harrap S, Neal B, Patel A, Hillis GS. The relationship between alcohol consumption and vascular complications and mortality in individuals with type 2 diabetes mellitus. *Diabetes Care* 2014; pre-publication: DOI: 10.2337/dc13-2727

Authors' Abstract

Objective Moderate alcohol consumption has been associated with a reduced risk of mortality and coronary artery disease. The relationship between cardiovascular health and alcohol use in type 2 diabetes is less clear. The current study assesses the effects of alcohol use among participants in the Action in Diabetes and Vascular Disease: Preterax and Diamicon Modified-Release Controlled Evaluation (ADVANCE) trial.

Research Design And Methods The effects of alcohol use were explored using Cox regression models, adjusted for potential confounders. The study end points were cardiovascular events (cardiovascular death, myocardial infarction, and stroke), microvascular complications (new or worsening nephropathy or retinopathy), and all-cause mortality.

Results During a median of 5 years of follow-up, 1,031 (9%) patients died, 1,147 (10%) experienced a cardiovascular event, and 1,136 (10%) experienced a microvascular complication. Compared with patients who reported no alcohol consumption, those who reported moderate consumption had fewer cardiovascular events (adjusted hazard ratio [aHR] 0.83; 95% CI 0.72–0.95; $P = 0.008$), less microvascular complications (aHR 0.85; 95% CI 0.73–0.99; $P = 0.03$), and lower all-cause mortality (aHR 0.87; 96% CI 0.75–1.00; $P = 0.05$). The benefits were particularly evident in participants who drank predominantly wine (cardiovascular events aHR 0.78, 95% CI 0.63–0.95, $P = 0.01$; all-cause mortality aHR 0.77, 95% CI 0.62–0.95, $P = 0.02$). Compared with patients who reported no alcohol consumption, those who reported heavy consumption had dose-dependent higher risks of cardiovascular events and all-cause mortality.

Conclusion In patients with type 2 diabetes, moderate alcohol use, particularly wine consumption, is associated with reduced risks of cardiovascular events and all-cause mortality.

Forum Comments

Background: A U- or J-shaped curve for the relation of alcohol consumption to cardiovascular disease (CVD) among diabetics has been known for more than a decade. (1-3) A variety of potential mechanisms have been described, including beneficial effects of moderate drinking on lipids, inflammatory markers, and insulin resistance. While some earlier studies show greater benefits for wine drinkers, others have demonstrated similar effects for all beverage types.

Forum member Skovenborg thought that "The authors seem to think that only 3 smaller studies have reported on association between alcohol consumption and reduced risk of non-fatal and fatal MI. However, a very brief literature search found 8 studies on the subject and there may be more if you look carefully. For example, Beylens et al (4) found that moderate alcohol consumption (1–2 drinks/day) is not only associated with a reduced risk of vascular and all-cause death in a high-risk patients with clinical manifestations of vascular disease, but also with reduced risks of non-fatal events like coronary artery disease, stroke and possibly amputations. Further, Diem et al, (5) reported that diabetic patients consuming 16 to 30 g per day had reduced mortality from coronary heart disease and from all causes. Alcohol intake above 30 g per day was associated with a tendency towards increased all-cause mortality.

"Many other papers showed that moderate drinking reduced all-cause mortality [e.g., Lin et al (6) [Nakamura et al (7)], peripheral vascular disease [e.g., Mingardi et al (8)], coronary heart disease [Rajpathak et al,(9); Valmadrid(10)]. Sluik et al (11) reported that, compared with light alcohol consumption (<6 g/day, or an average of about 3.5 drinks/week), there was no relationship between subjects reporting consumption of greater amounts of alcohol and mortality [HR for ≥ 6 -12 g/d was 0.89 (95% CI 0.61 – 1.30) in men and 0.86 (95% CI 0.46 – 1.60) in women]."

Comments on the present study: The present study was based on more than 11,000 subjects with diabetes from 20 countries, including those in Eastern Europe, Asia, and established market economies in Western Europe, North America, and the Pacific region. The outcomes over 5 years of follow up were CVD events (death from CVD, non-fatal myocardial infarction, non-fatal stroke), microvascular disease (renal disease, diabetic eye disease), and all-cause mortality.

At baseline, only about 30% of subjects were alcohol consumers, so there was an adequate number of non-drinkers to serve as the referent group. Approximately one-third of those drinking reported that more than one-half of their alcohol intake was from wine (median consumption 5 drinks/week) and two-thirds reported that more than one-half of their intake was from beer or spirits (median consumption

7 drinks/week). Subjects who consumed alcohol were separated into categories of “moderate” (<21 drinks/week for men or <14 drinks/week for women), who made up 26.7% of total subjects, or “heavy” (exceeding these limits) based on their total alcohol consumption; the latter group made up less than 4% of total subjects.

Overall, 9.8% of subjects in Asia, 23.7% in Eastern Europe, and 50.9% in established market countries reported drinking some alcohol. There was high correlation between alcohol intake reported at baseline, the amount reported at 24 months, and that reported at the end of the study, as well as a high correlation between baseline and intake reported during the year prior to the diagnosis of diabetes.

Forum member Skovenborg commented: “The present report by Blomster et al is a large study of diabetics at high-risk of CVD, a large number of events, a large number of participants with a modest and regular intake of alcohol, and also a large number of non-drinkers. However, the adjustment for potential confounding factors did not include diet: a Mediterranean type of diet preference in wine drinkers might be a confounding factor in this study. (12)

“In the present study, moderate drinking was defined as ≤ 21 drinks weekly for men and ≤ 14 drinks weekly for women. In the previous studies from the U.S. moderate drinking was defined as 0.5 – 2 drinks/day for men and 0.5 – 1 drinks/day for women. This could explain why a protective effect of a higher alcohol intake was seen in the earlier studies: many American study participants with a ‘high intake’ of alcohol would have been moderate drinkers according to the definition used in the present study.

Key results of present study: Over a median follow-up period of 5 years, more than 1,000 subjects (about 10%) had a major CVD event, with similar percentages experiencing a microvascular complication or dying. The authors report that “Compared with abstainers, any alcohol use was associated with a 17% lower risk of cardiovascular events, a 15% lower risk of microvascular complications, and a 13% lower risk of all-cause mortality.” While there were few heavy drinkers (<4%), their data suggested that there was no lowering of risk of the outcomes among such subjects.

Do wine drinkers have extra protection? The largest effect on CVD events and total mortality was among subjects reporting predominantly the consumption of wine, rather than beer and spirits. Reviewer Estruch comments: “The results of two recent meta-analysis of twenty (13) and fifteen (14) cohort studies indicated that moderate alcohol consumption was inversely associated with diabetes risk, but no differences between the effects of the different types of alcoholic beverages were found. However, Wannamethee et al (15) in 2003 reported that the reduction in the risk of incident diabetes was more apparent in those who reported wine or beer drinking. The present study of Blomster and colleagues goes further and concludes that moderate drinkers with diabetes (especially wine drinkers) show a reduced risk of cardiovascular events and all-cause mortality.”

Reviewer Estruch continued: “Apart of the beneficial effect of wine on inflammatory markers, platelet aggregation and lipid profile (increase of HDL-cholesterol), its effects on glucose metabolism should also be taken into account. In fact, the results of a recent randomised cross-over trial support the beneficial effect of the non-alcoholic fraction of red wine (mainly polyphenols) on insulin resistance, conferring a greater protective effects on cardiovascular disease. (16)”

Of the baseline characteristics reported in the present paper, most showed expected trends (e.g., more alcohol for subjects with higher education, smokers, etc.) but for unknown reasons there were no differences in the measured HDL-cholesterol levels according to reported alcohol intake. The finding of less severe microvascular disease among consumers of alcohol is interesting, as some studies have found such protection from alcohol consumption while others have not.

Potential importance of moderate drinking among people with diabetes: Reviewer Finkel considered the message from this paper to be of extreme relevance, as “The vascular ravages of diabetes are of monumental importance. There are said to be more than 26 million diabetics in the US, even more in Europe. There is also much misconception, even among physicians (who should know better), not to mention the media and the public, that adult-onset diabetics should eschew all alcohol-containing beverages, because ‘they are loaded with carbohydrates!’ [I am embarrassed for our profession.] It is just these

vulnerable individuals who most sorely need the extra cardiovascular protection of moderate alcohol consumption. My endocrinological colleagues and the American Diabetes Association agree that moderate alcohol consumption can be beneficial to diabetics, as long as they eat when they drink. Thus, while not plowing new ground, this paper serves to further important truths.”

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Forum Summary

A U- or J-shaped curve for the relation of alcohol consumption to cardiovascular disease (CVD) among diabetics has been shown in most prospective epidemiologic studies for many years, and CVD is the leading cause of death among diabetics. A variety of potential mechanisms of protection against CVD have been described, including beneficial effects of moderate drinking on lipids, inflammatory markers, and insulin resistance. The current paper assesses the effects of alcohol use among participants in the Action in Diabetes and Vascular Disease: Preterax and Diamicron Modified-Release Controlled Evaluation (ADVANCE) trial. It was based on more than 11,000 subjects with diabetes from 20 countries, including those in Eastern Europe, Asia, and established market economies in Western Europe, North America, and the Pacific region. The outcomes over 5 years of follow up were CVD events (death from CVD, non-fatal myocardial infarction, non-fatal stroke), microvascular disease (renal disease, diabetic eye disease), and all-cause mortality.

Key results of the analyses showed that during follow up, more than 1,000 subjects (about 10%) had a major CVD, with similar percentages experiencing a microvascular complication or dying. The authors report that “Compared with abstainers, any alcohol use was associated with a 17% lower risk of cardiovascular events, a 15% lower risk of microvascular complications, and a 13% lower risk of all-cause mortality.” While there were few heavy drinkers (<4% of subjects), their data indicated

that there was no significant lowering of risk of the outcomes among such subjects. Subjects who consumed wine had lower estimates of cardiovascular disease outcomes and mortality than consumers of other beverages.

Forum reviewers considered this to be a well-done analysis based on a large cohort of subjects with diabetes mellitus, with an adequate number of non-drinkers to serve as a referent group. The results strongly support previous studies that have shown a lower risk of cardiovascular events and total mortality among diabetic subjects who consume moderate alcohol. The study also showed that the risks of microvascular complications (diabetic kidney disease, diabetic eye disease) were lower among moderate drinkers.

The Forum considers this to be an important message (to physicians and the public), as the vascular ravages of diabetes are very serious, and diabetes is such a

common disease that is increasing throughout the world. Diabetic patients without contraindications to alcohol sorely need to know of the potential cardiovascular protection of moderate alcohol consumption.

Comments on this critique by the International Scientific Forum on Alcohol Research were provided by the following members:

Ramon Estruch, MD, PhD, Department of Medicine, University of Barcelona, Spain

R. Curtis Ellison, MD, Section of Preventive Medicine & Epidemiology, Boston University School of Medicine, Boston, MA, USA

Erik Skovenborg, MD, Scandinavian Medical Alcohol Board, Practitioner, Aarhus, Denmark

Harvey Finkel, MD, Hematology/Oncology, Boston University Medical Center, Boston, MA, USA

Dominique Lanzmann-Petithory, MD, PhD, Nutrition/ Cardiology, Praticien Hospitalier Hôpital Emile Roux, Paris, France

Women better at knowing their limits, study finds

A study, entitled "Staying in the Zone but Not Passing the Point of No Return: Drinking in Mid-life", explores how middle-aged men and women aged 30 to 50 experienced alcohol.

According to data gathered from group discussions, middle-aged women are more likely than their male counterparts to stop drinking when they feel they have had enough alcohol.

Researchers spoke to 15 groups of friends in Glasgow, aged 30 to 50, about their drinking habits. They found that women in the study were more likely than men to say they stopped drinking when they reach a certain level of intoxication, and more clearly described a range of sensations and feelings in their bodies which indicated they had had enough alcohol.

Participants in the study described themselves as being 'in the zone' when they felt they had consumed enough to drink to feel relaxed and chatty, but not inebriated. They described their enjoyment of the sensation of being 'in the zone' with friends who were drinking at a similar rate, and then slowing down or stopping drinking before they felt they had passed a

'point of no return' when they realised they had drunk too much, as indicated by slurring, stumbling, feeling sick and becoming too loud.

The report produced a range of conclusions which could support alcohol health promotion efforts to reduce excessive drinking: Middle-aged drinkers often associate drinking alcohol with relaxation, reward and temporary release from work and childcare responsibilities; Current health promotion usually focuses on the number of units of alcohol consumed. It could usefully focus in addition on the way an individual experiences alcohol to reduce excessive drinking; Many midlife drinkers draw on physical cues from their own bodies to know when to slow down or stop drinking.

The authors state that further research should examine how we support people to perceive and act on these cues to minimise harmful levels of alcohol consumption.

Staying 'in the zone' but not passing the 'point of no return': embodiment, gender and drinking in mid-life. A C. Lyons, C Emslie, K Hunt. Sociology of Health & Illness Volume 36, Issue 2, pages 264–277, February 2014.

Do hangovers influence future drinking decisions?

Hangovers don't influence when people will have their next drink, according to a new study that challenges some common beliefs. Although many people say having another drink will help cure a hangover, others think a hangover will delay further drinking. In this study of nearly 400 frequent drinkers, researchers found the unpleasant after-effects of overindulgence have little effect on the timing of the next alcoholic drink.

The current study aimed to determine whether hangover following a drinking episode influences time to next drink (TTND) and, if so, to determine the direction of this effect and identify any moderating personal or contextual factors.

Community-recruited, frequent drinkers oversampled for current smoking (N = 386) carried electronic diaries for 21 days, reporting on drinking behaviours and other experiences. Survival analysis was used to model data from 2,276 drinking episodes, including 463 episodes that were followed by self-reported hangover in morning diary entries.

When tested as the sole predictor in a survival model, hangover was associated with increased TTND. The median survival time was approximately 6 hours longer after episodes with hangovers compared to those without. In a multivariate model, hangover was only significant in the presence of interaction effects involving craving at the end of the index drinking episode and the occurrence of financial stressors. Additional predictors of TTND in the final multivariate model included age, lifetime alcohol use disorder diagnosis, typical drinking frequency, day of the week, and morning reports of craving, negative affect, and stressors after the index episode. There was no association between morning reports of hangover and contemporaneous diary ratings of likelihood of drinking later the same day.

The findings suggest that hangover has, at best, a modest or inconsistent influence on the timing of subsequent alcohol use among frequent drinkers.

Source: Does Hangover Influence the Time to Next Drink? An Investigation Using Ecological Momentary Assessment. AJ Epler, RL Tomko, TM Piasecki, PK Wood, KJ Sher, S Shiffman, AC Heath. *Alcoholism: Clinical and Experimental Research*, published online: 3 Mar 2014.

Alcohol brief intervention trains over 5,000 in Wales

The alcohol brief intervention training programme, Have A Word, was launched in May 2012 and originally provided training to Primary and Maxillo Facial Nurses who were often in contact with people who had alcohol-related injuries.

Following its success with these staff groups, the training package was expanded to include staff working in trauma clinics, GPs, social workers, midwives, physiotherapists, youth workers, custody staff and other professionals or volunteers who are in regular contact with people who drink harmful amounts. Over 5,000 people in Wales have now been trained in how to offer support and advice to those drinking harmful amounts of alcohol.

Public Health Wales' Alcohol Team trains anyone who is faced with a 'teachable moment' or an opportunity to approach this sensitive subject with someone who over-drinks. The Have A Word package has now moved to a 'train the trainers' model which has already seen 500 members of Dyfed Powys Police

being trained in alcohol brief intervention. A further 1000 staff or more will be trained by the end of April as alcohol brief intervention has been made part of their statutory training.

Craig Jones, Senior Public Health Practitioner and national Alcohol Lead for Public Health Wales, explains: "With over 1000 alcohol related deaths in Wales every year and with over 50% of the Welsh population drinking above the current health guidelines, it is essential for Public Health Wales to introduce a more robust programme to help tackle these increasing figures.

"Approaching a subject such as drinking over the recommended guidelines can be tricky – no one wants to offend but the topic needs to be addressed. This is what the programme's all about – teaching people how to approach a difficult subject with confidence."

wales.nhs.uk/sitesplus/888/page/71717

ASA bans “irresponsible” facebook adverts

A series of Facebook adverts for vodka-based alcopop WKD have been banned by the Advertising Standards Authority (ASA) after they were deemed “irresponsible”.

A complaint was lodged by the Youth Alcohol Advertising Council (YAAC) who alleged that the advertisements, which it said were likely to appeal to the under 18 market, implied that alcohol could enhance confidence, that alcohol was capable of changing mood and behaviour and was a key component of the success of a social event.

One of the ads featured a WKD 8 ball prediction stating, “you will refuse to do karaoke, at first”, before showing a bottle of WKD.

Laura Mackenzie, an expert in brands and advertising at law firm Browne Jacobson, said: “This is not the first time that the YAAC – a group that monitor alcohol advertising to ensure young people are protected from exposure – has achieved success against alcohol industry ads.

“Once again we see that it is vital to monitor your social media presence, a medium heavily used by young people; this decision highlights the importance of reviewing ads in light of the ASA advertising rules for alcohol which are amongst the strictest in the world.”

Beverage Brands UK, which owns WKD, said they intended to comply with all industry codes and had developed their own responsible drinking campaign as well as running regular responsibility training for staff and external agencies. Responding to the allegations Beverage Brands UK told the ASA that its Facebook page was accessible only to those registered with Facebook with a date of birth that meant they were over 18. While the ads did not actually show any alcohol being consumed, the ASA said the combination of bottles of WKD throughout the ads and its surrounding text suggested that alcohol could enhance confidence and was a ‘key component’ to the success of a social occasion.

BII welcomes government announcement on Personal Licences

The British Institute of Innkeeping (BII) has welcomed the announcement on 24th March that the government has dropped plans to abolish the Personal Licence after a survey found its members strongly opposed the change.

The survey, submitted as evidence to ministers, found 95% of BII members believed there was a continued need for the Personal Licence and that 91% felt that scrapping it would harm the professionalism of the trade. In addition, 89% felt that the move would undermine the work being done to improve standards and compliance within the sector. — Today’s announcement that the plans to abolish the Personal Licence have been dropped was welcomed by BII Chief Executive Tim Hulme who said: “I am delighted that after hearing representations from the BII and the wider trade the government has made the right decision. Personal licences are a positive legacy of licensing reform, setting a benchmark in

terms of training standards and helping to underline the professionalism inherent in the licensed trade. BII members had expressed grave concerns over the proposed changes to the personal licence system. We spoke to ministers about these concerns and it seems they listened to the trade’s views which is a very positive sign that Westminster is willing to work in partnership with the industry to get things right.”

Chief Medical Officer criticises alcohol retailers in annual report

Dame Sally Davies, the UK government’s principal medical adviser, used her annual report, published 27 March 2014, to highlight concerns about the way alcohol is sold and marketed.

gov.uk/government/uploads/system/uploads/attachment_data/file/298297/cmo-report-2012.pdf

Alcohol-related hospital statistics Scotland 2012/13

On 25th February, statistics were released on alcohol-related activity in NHS hospitals in Scotland.

In 2012/13, there were 35,926 alcohol-related discharges from a general acute hospital in Scotland (a European age-sex-standardised rate of 693 discharges per 100,000 population). This is a 7.5% decrease in rates and a 7.3% decrease in absolute numbers compared to the previous year (2011/12), when there were 38,776 alcohol-related discharges (a rate of 749 discharges per 100,000 population). There was also a 16% fall since 2008/9 when there were 828 discharges per 100,000 population.

The drop from 2008/09 to 2012/13 was particularly pronounced in the youngest age groups (under 25) with decreases between 30 and 40%. For females aged 35 to 39 the drop was only 1%, compared with 22% for males of the same age.

In all years from 2008/09 to 2012/13, the rate of alcohol-related general acute hospital discharges was approximately six to seven times greater for patients living in the most deprived areas (category 1) compared to those living in the least deprived areas (category 5).

isdscotland.org

International Car Hire company reminds customers of the dangers of drink driving

In the UK, car rental company Sixt is running a campaign to raise awareness of drink driving. The aim is to provide their customers and the wider public with a clearer understanding of the dangers involved with mixing alcohol with driving. A new section on their website gives details on the law, drink driving penalties, and the effects that alcohol can have on the body.

Sixt have also commissioned a short education film entitled "A cocktail for disaster".

sixt.co.uk/drink-drive-awareness/



Lottery £4.3 million for Amy Winehouse schools project

A grant of £4.3 million from the Big Lottery Fund has been awarded to The Amy Winehouse Foundation, which will be joining forces with Addaction to deliver a five-year Resilience Education programme to 250,000 secondary school children across England.

The project is based on two strands of work piloted by these two charities: drug and alcohol education and support for young people affected by substance misuse at home.

The Resilience programme works by creating an environment in schools where pupils can talk freely and openly about their lives, and to people who are in recovery from their own problems with drugs and alcohol.

The project will originally be delivered in 10 England areas with Addaction, and by a team of trained volunteers who have direct experience of substance misuse and are in recovery themselves. 250 volunteers will deliver life story share sessions and workshops on resilience, self esteem, peer pressure and risky behaviour. These sessions will not only focus on avoiding substance misuse, but explore the many factors that can contribute towards a young person being susceptible to substance misuse, such as emotional issues, bullying, family circumstances or parents who misuse. The Resilience programme also works with parents and teachers, helping them to better understand drug and alcohol use, and to navigate their way through complex issues and developments – such as the emergence of so called 'legal highs'.

The Alcohol and Families Alliance

Adfam and Alcohol Concern are working in partnership to establish, support and lead an Alliance of organisations with an interest in the issues surrounding children and families affected by the use of alcohol.

The AFA is a forum and resource for influencing policy on alcohol and families, forging a consensus across the voluntary and statutory sector, and bringing an informed voice to driving change for these families.

alcoholandfamiliesalliance.org/

Westminster Policy Forum on Alcohol Policy

Speaking at the Westminster Social Policy Forum on alcohol policy in London on March 25th, Rosanna O'Connor, director of alcohol and drugs at Public Health England, said consumption of alcohol in England had risen significantly since the 1950s continuing a spiralling "upward trend".

Responding to questioning by an attending delegate that alcohol consumption had actually decreased (HRMC figures released in February confirmed that alcohol consumption had fallen by 16% since 2004). She said: "There has been a very significant upward trend over the last 50 years. There are times over the last 50 years where there have been small drops and those have often been associated with economic downturn.

"One would hope that we are on the brink of a significant downturn. I don't seek to undermine that but I think we cannot put to one side the unbelievable harms that the increased levels of consumption are having across society, particularly upon people suffering inequalities across a broad range of health issues."

O'Connor told delegates attending the key note seminar that 10% of the population drink 45% of all alcohol consumed – and that it was those individuals who needed to be supported.

O'Connor said she believed the answer to tackling excessive consumption lies in taking a multi-agency approach incorporating partnerships at local and national levels to drive change, but that there is no doubt that price and availability affects consumption and over the past 50 years alcohol has become more affordable and available. O'Connor believes that health organisations need to focus on creating environments that support lower risk drinking and on lowering the consumption of at risk drinkers.

Government estimates currently place the total cost of alcohol to society is estimated at £21 billion per year; crime £11bn, the NHS £3.5bn and the cost of productivity £7bn.

News & Events

New directions in the study of Alcohol

The forthcoming New Directions in the Study of Alcohol Group 2014 conference takes place next month in Dundee, Scotland from 23rd April to 26th April. The event explores Scottish alcohol policy, minimum unit pricing and Scottish-based ABI (alcohol brief intervention) research, and more.

For full conference programme, visit newdirections.org.uk/booking.htm

Selling to drunks? June event

On the 16th June in London, the Alcohol Academy is co-hosting an event to explore the offence of section 141, in partnership with Alcohol Research UK and the LDAPF.

Section 141 of the 2003 Licensing Act prohibits the sale of alcohol to a drunken person. However, it is one of the most uncommonly prosecuted offences, raising questions over the level of recognition of the offence and difficulties for trade practice or enforcement.

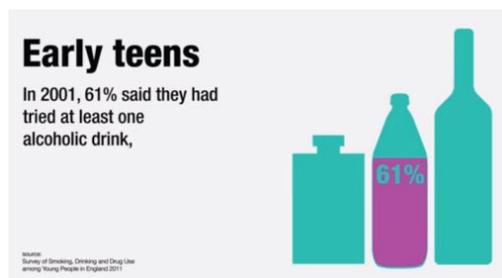
Could further awareness, enforcement or reconsideration of section 141 be an opportunity for reducing alcohol-related crime and disorder? This workshop event aims to explore the key issues relating to section 141 and identify supply, enforcement and policy options for the future.

alcoholacademy.net/uploads/S%20141%20Sales%20to%20drunks%20event%20outline_final.pdf

Applications are invited for a one-day symposium for PhD students researching substance misuse, taking place on Monday 21st July 2014 - details here. It is being organised by Oxford Brookes University and the National Addiction Centre, King's College London.

swph.brookes.ac.uk/events/substance-misuse-symposium

NatCen Health of the Nation film clip



NatCen Social Research have produced a short animated clip detailing the health of the nation. youtube/watch?v=H19WX9oP95Q

Reducing the Strength conference

Representatives from more than 40 councils attended a conference hosted by Suffolk Police in March with a view to implementing a ban on “super-strength” products in their areas. At least 90 local authorities have already rolled out, or are considering, a Reducing the Strength campaign, despite warnings from the Office of Fair Trading that some could be illegal under competition law.

Concern was expressed about the number of different initiatives that have evolved, with some authorities developing schemes that require retailers to strip shelves of specific products and brands – or those over a given alcoholic strength – which the authority considers cause social problems.

The Association of Convenience Stores (ACS), has called for government, police, local authorities and the trade to work together to establish a clear framework to assess proposed local schemes targeted at preventing street drinking.

Speaking to the Conference hosted by the East of England Co-operative Society and Suffolk, a Constabulary on the Ipswich Reducing the Strength Initiative, ACS Public Affairs Director Shane Brennan said: “We are pleased that so many people from across the country are here to learn from the Ipswich experience. We commend the Ipswich partners for taking an approach that is evidence based, proceed as voluntary partnerships and are targeted at specific local problems. We believe that these elements are vital to any area that is considering taking local action on street drinking.

“We are however concerned about the rapid and uncoordinated proliferation of places that

are implementing schemes like Ipswich. This inconsistency of implementation between areas creates a real barrier to industry support. We are asking for all the partners in this policy area to work together to agree a clear framework that helps us all to identify what are good schemes that need to be supported”.

Chief inspector Andrew Mason, who spearheaded the Ipswich scheme, emphasised that Reducing the Strength formed only one part of the initiative he developed and urged other councils to take a similar wider view of the problem and possible solutions - Reducing the Strength was one point of a 36-point plan.

Henry Ashworth, chief executive of the Portman Group, said local innovations needed to take place within a national framework, so “we can all align behind the same agenda”. He suggested councils make better use of the measures already in place to counter problems.

He told the conference: “If we do nothing to tackle problem drinkers other categories will grow to fill the space [left by the banned drinks]. We must ensure we cover both sides of this equation – supply and demand.

David Paterson, head of public affairs at Heineken UK, which pulled out of the white cider market, also favours a partnership approach between the trade and retailers. “It was a problem we didn’t want to be part of,” he said. “But addiction means they’ll still get their supply – other products take their place. So removing products isn’t enough. Addressing problems of street drinkers is absolutely essential to success.”

Public Health England publish Child Profiles 2014

The Child Health Profiles 2014, published on 19 March by Public Health England (PHE), present a picture of child health and wellbeing for each local authority in England using 32 key health indicators which help local organisations work in partnership to improve health in their local area. They contain data on a wide range of issues about and affecting child health, from levels of childhood obesity, MMR immunisation rates, teenage pregnancy and underage drinking, to hospital admissions, educational performance and youth crime.

The Local Authority Child Health Profiles 2014 enable local authorities to identify where they are doing well as well as where they might improve in terms of child health, helping them to set priorities locally. PHE are committed to improving child health in the local community and are working on a range of programmes to support local areas to develop a joint strategic needs assessment. This is an annual update and the first time PHE is responsible for publishing these statistics which were previously published by the Department of Health.

chimat.org.uk/profiles/static

UK Think! drink drive campaign - costs and effectiveness

Information released by the Department of Transport gives details of the Department for Transport's expenditure on the THINK! Drink Drive campaigns from 2002-present. A table of expenditure has been prepared using a range of sources held by the Department for Transport and provides an estimate of the advertising campaign expenditure for the years requested where the information is available in an existing source. Campaign expenditure refers to all spend relating to Drink Drive including advertising media, production, PR and research.

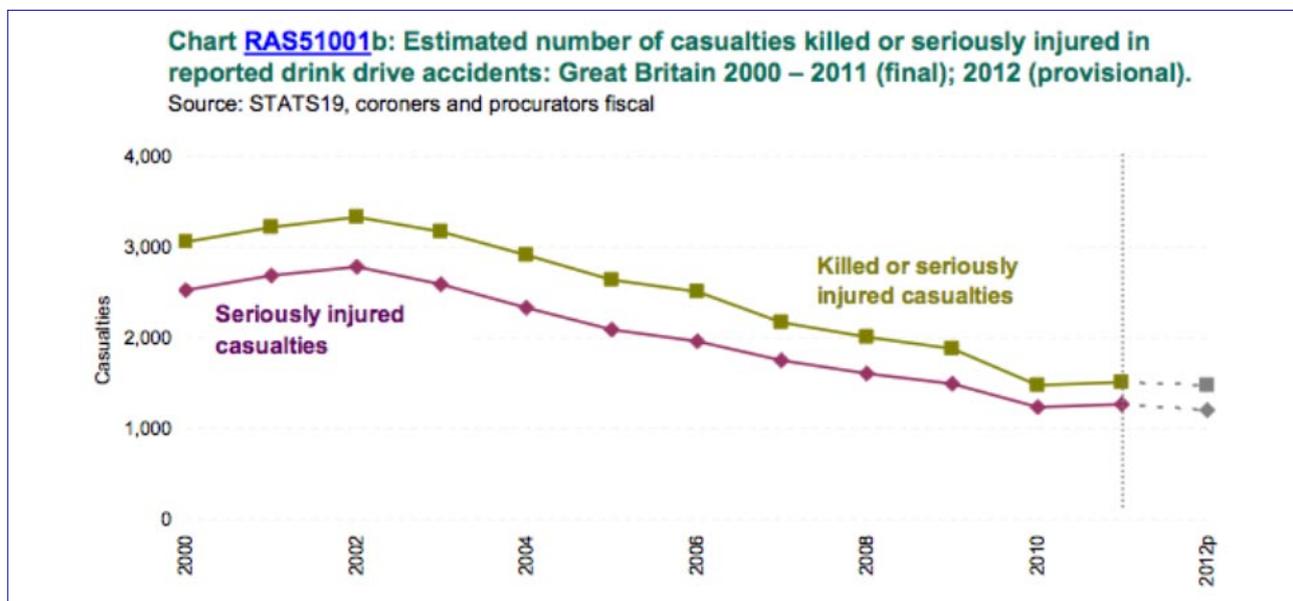
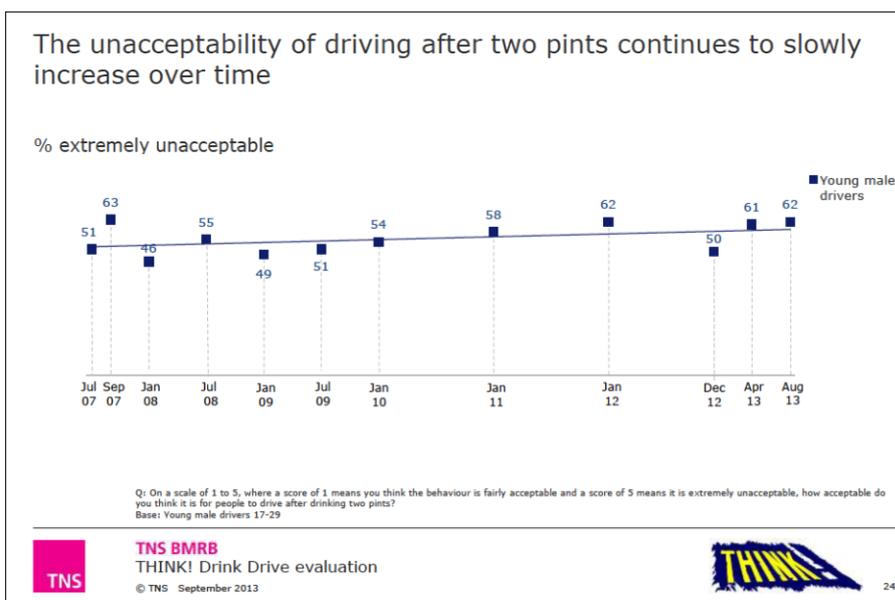
Advertising media expenditure is also given for the years where the full campaign expenditure is not available. Advertising media expenditure refers to bought advertising space such as radio, TV and outdoor spaces/slots.

Results from the Think Drink Drive evaluation were published in September 2013 and give details of how the Think campaign has influence behaviour and perception. The number of fatalities and casualties from drink drive accidents has fallen steadily since 2002, although in 2011 a slight increase was recorded.

gov.uk/government/uploads/system/uploads/attachment_data/file/291955/drink-drive-costs.pdf

Financial Year	THINK! Drink Drive Campaign Expenditure	THINK! Drink Drive Advertising Media Expenditure
2002-03		£1,640,000
2003-04		£2,100,000
2004-05		£2,310,000
2005-06		£2,700,000
2006-07	Not available	Not available
2007-08	£3,559,778	£2,949,499
2008-09	£3,157,333	£2,962,763
2009-10	£3,031,643	£2,734,785
2010-11	£381,945	£363,917
2011-12	£524,264	£505,453
2012-13	£2,633,343	£1,998,999
2013-14*	£1,090,000*	£880,000

*Estimates as final figures are not available until after the end of the financial year.



Eurocare suggests changes to the EU Alcohol and Health Forum

The European Alcohol Policy Alliance (Eurocare) represents around 50 organisations in 24 countries working across Europe to prevent and reduce alcohol-related harm.

eurocare.org/library/updates/eurocare_suggestions_for_changes_to_the_eu_alcohol_and_health_forum

Century Council renamed as Foundation for Advancing Alcohol Responsibility (FAAR)

The industry-funded US group aimed at tackling drink-driving and underage drinking has been renamed as part of a plan to increase awareness of the issues. The Century Council will now be known as the Foundation for Advancing Alcohol Responsibility (FAAR).

FAAR is working with its ambassadors including basketball legend Shaquille O'Neal, Olympic figure skater Ashley Wagner and teen actress Bella Thorne to raise awareness of the issues.

"Our ... new plan and our new name will make our connections with parents, teachers, elected officials and community leaders stronger," said Lisa Graham Keegan, an advisory board member of FAAR.

responsibility.org

Video clip - What is moderation ?

Wine in Moderation has produced a short film that is available on youtube. It features important personalities of the wine sector and other experts who give their definition of the moderation.

youtube.com/user/wineinmoderation



Italy – App to calculate BAC

Together with H3G-Tre Italia (the third Italian mobile company) & Fondazione Umberto Veronesi (Italian foundation dedicated to scientific education and scientific research), Federvini has supported and promoted the launch of an app that helps users learn more about their theoretical Blood Alcohol Content (BAC) levels.

The Drink Test application not only provides key facts and figures about alcohol, legislation and alcohol content in wine, spirits and beer (per unit); it also gives the user guidelines on how to best appreciate alcohol in moderation.

The data provided by the user (gender, weight, food consumption, and number & types of drinks), enables the app to calculate the hypothetical blood alcohol level and gives the user more information on his or her alcohol consumption. In addition, the GPS and the A-GPS based technology allows the user to immediately find and call a taxi in the surrounding area.

The Drink Test App was launched during Vinitaly (April 2013). Federvini launched two major advertising campaigns in Milan and Rome's metros and airports in September 2013. Due to its success; the campaign is to be repeated in 2014 and 2015 at the same period. Around 9,000 people have downloaded the application so far.

drinktest.it



EU releases 2013 road death figures

The number of people killed on Europe's roads fell by 8% last year, following a 9% decrease between 2011 and 2012, according to provisional figures released by the European Commission.

Commenting on the announcement, Antonio Avenoso, Executive Director of the European Transport Safety Council (ETSC) said: **"We welcome the reduction in the number of road deaths in Europe last year. But the fact that more than 500 lives are still being lost every single week on our roads is a reminder that Europe needs to step up its efforts"**.

Speeding is a primary factor in about one third of fatal collisions and an aggravating factor in all crashes. ETSC say that one technology which could help, known as Intelligent Speed Assistance (ISA), is available now and at modest cost. ISA should be fitted to all lorries, buses and vans to ensure speed limits are respected.

The Commission says that the number of cyclists killed has been increasing, partly due to the increase in popularity of cycling. Legislation on the weights and dimension of lorries is currently being negotiated by the EU. ETSC says that the safety elements of the proposals, enabling a safer front end design and increased visibility, are of tantamount importance and must be given the green light as soon as possible.

Passenger seat-belt reminders are another simple piece of technology that is currently optional but could save many lives if made mandatory, according to ETSC.

The European Commission also announced that a strategic target for the reduction of road safety injuries is expected to be adopted in 2015. ETSC welcomed the move, which is long overdue. More than 300,000 people suffer serious injuries on Europe's roads every year – a target for cutting this number can help reduce the number dramatically as the existing road deaths target has done.

europa.eu/rapid/press-release_IP-14-341_en.htm?locale=en

IREB presentations on alcohol and aggression

The 43th Scientific morning of the Scientific Research Institute Beverages in France (Ireb) held on Wednesday, March 12, 2014 was devoted to the relationship between alcohol consumption and aggressive or violent behaviour.

Laurent Begue, professor of social psychology at the University Pierre Mendes-France, Grenoble and Director of the Maison des Sciences de l'Homme (MSH Alpes), presented a panorama of international studies conducted on the subject, as well as his own experimental research.

A presentation by Véronique Nahoum-Cluster, member of the IREB Scientific Committee, and an anthropologist and researcher at the Ecole des Hautes Etudes en Sciences Sociales (EHESS), deepened understanding of drunkenness and alcohol use in conflict situations.

Laurent Begue stated that recent studies provide a relatively consensual conclusion on the existence of a link between alcohol and aggressive behaviour, and many International studies attest to its causal effect. Begue explored how this mechanism occurs and its pathway.

For more information visit, ireb.com/node/2457

ICAP website gives access to drinks research

ICAP has announced the launch of the International Alcohol Information Database (IAID) – Research. Developed in an effort to provide a comprehensive, global collection of alcohol-related research from peer-reviewed journals, the freely-accessible database currently contains over 50,000 citations from approximately 3,550 journals dating back to 2003. **"Research is a critical component of informed decision making about alcohol-related issues, but the impact of the evidence base is limited if it cannot be freely accessed,"** said ICAP Deputy President Marjana Martinic. **"IAID-Research helps to fill this gap, making the body of research evidence available to scientists, policymakers, prevention specialists, and the general public."**

drinksresearch.org

Social situation of young people in Europe - Eurofound report

A policy brief, published 24, March focuses on the quality of life of young people in Europe, looking at dimensions such as living arrangements, social exclusion, relationships and sources of support, as well as participation in society and social/cultural activities. It reveals that almost half of Europe's young adults are living with their parents - a record level of dependency. By 2011, the percentage of people aged 18-30 who were still living with their parents rose to 48%, or 36.7 million people, in tandem with levels of deprivation and unemployment that surged during five years of economic crisis.

eurofound.europa.eu/publications/htmlfiles/ef1404.htm

Iceland announce new alcohol policy

In January, the Icelandic Minister of Health approved a policy on alcohol and drug prevention to run until 2020. Quantifiable targets will be defined on the basis of this policy and a plan of action will be drawn up to work towards achieving them. The policy covers consumption of alcohol and illegal drugs as well as abuse of prescription drugs.

Main goals include:

- To restrict access to alcohol and other drugs.
- To protect groups at risk from the damaging effects of alcohol and other drugs.
- To prevent young people from starting to consume alcohol or other drugs.
- To reduce the numbers of people who develop dangerous habits regarding the consumption of alcohol or other drugs.
- To ensure that those who have abuse or addiction problems have access to continuous and coordinated services based on the best available knowledge and quality standards.
- To reduce health damage and the number of deaths related to consumption of alcohol, or other drugs, consumed by the individuals involved, or by others.

velferdarraduneyti.is/frettir-vel/nr/34419

EU Alcohol Strategy

Following the adoption on 10th March of a Resolution on the EU Alcohol Strategy by the European Parliament's Committee on the Environment, Public Health and Food Safety, the Motion for a Resolution on the Alcohol Strategy expected on 3 April has been deferred. Spirits Europe hope that the EP Motion will call for a continued and strengthened EU Strategy to support Member States in reducing alcohol related harm. They remind the MEPs of the initiatives launched by the European spirits sector to reduce alcohol-related harm:

- 317 initiatives all across Europe - measured and evaluated - created since 2007: drinksinitiatives.eu
- Consumer campaigns to inform, educate and raise awareness on the impact of harmful and hazardous consumption, and on appropriate consumption patterns: esponsibledrinking.eu
- Interactive training sessions on the standards applicable to spirits marketing communications: marketresponsibly.eu

Brewers of Europe have said that they believe targeted actions against alcohol misuse are a prerequisite for achieving the objectives of the EU Strategy to support Member States in reducing alcohol-related harm. Although alcohol consumption has declined during the economic crisis, significant alcohol misuse-related problems still remain. The Brewers believe that this merely reinforces the need for the prime focus to be enforcement of existing legislation and targeted, local-level activities aimed at the minority who misuse alcohol, rather than introducing new, top-down, overall consumption-focused measures from afar.

The Brewers are fully engaged in initiatives targeted at alcohol misuse through major commitments, such as the EU Beer Pledge, marketing self-regulation, the SMART project aimed at reducing drink driving, launched in collaboration with the EU-wide NGO the European Transport Safety Council, and the European Alcohol & Health Forum, and are also involved in a multitude of local partnerships. Brewers are responsible for over 100 of the 250 commitments pledged.

MillerCoors first US beer brand to adopt a new voluntary labelling system

Last year the US Department of Treasury's Alcohol and Tobacco Tax and Trade Bureau issued new guidelines encouraging brewers, vintners and hard liquor distillers to disclose more detailed nutritional information about their products on their labels.

Miller64 is the first US beer to adopt the new labelling guidelines choosing to include their products' serving size, servings per container, alcohol content by volume, calories, protein and fat per serving — on their packaging.

Gannon Jones, vice president of brand marketing at MillerCoors, said: *"We're proud to be the first US alcohol company to incorporate the new voluntary labeling guidelines and hope Miller64 drinkers find it beneficial."*

The nutritional labels are not mandatory, but the guidelines ensure consistency and clarity across all types of alcohol, for the brands that choose to participate. Light beers are required to include only calories, carbs, protein and fat, while other beer and alcohol brands are not required to include any nutritional information. Jones said MillerCoors hopes to eventually expand its adoption of the voluntary nutritional labelling, but will start with Miller64 to learn more about consumer reaction before making additional decisions.

Wine consumption in India to rise by 73%

By 2017, wine consumption in India may increase to 2.1 million cases, up 73% from the 1.10 cases consumed in 2013. According to a Vinexpo survey, Indians are likely to drink 1.15 million cases of red wine, 0.63 million cases of white wine and 0.10 million cases of rosé by 2017. Consumption of red wine is expected to grow from accounting for 61% of total wine consumption in India to 71.6% in the same period.

"Many factors are behind it as there is rise in the salary in the country, people are travelling to the West, local production is increasing and people are becoming sophisticated... For similar reasons, wine consumption in China has increased. It triggers demand in any country," Vinexpo chairman Xavier De Eizaguirre said.

Low-alcohol yeast strain discovered

Australian scientists have discovered a natural yeast strain that can reduce alcohol levels by up to 1.5%.

A team at the Australian Wine Research Institute have isolated a yeast strain which proved capable of reducing alcohol levels in Shiraz by 1.4% and 0.9% in a Chardonnay.

The strain is called *Metschnikowia pulcherrima* and it was picked out from around 40 different strains and is usually present during normal fermentations.

However, while it may be of interest to producers wishing to lower the alcohol content in their wines and not use genetically modified yeasts, the new strain (also called AWRI 1149) has its problems too.

It was the most successful culture the team created when it came to fermenting sugar but it is not able to fully ferment a wine and dies leaving residual sugars behind.

This necessitates the use of the more normal *Saccharomyces cerevisiae* to create a dry wine – raising the alcohol level in the process and negating the reduction in alcoholic content gained by using *M. pulcherrima*. Senior research scientist, Cristian Valera, admitted that more work was required.

Spirits consumption is also set to shoot up by 20% over the next four years to 373.5 million cases, the Vinexpo study predicted.

The 20% predicted growth illustrates a levelling out of spirits consumption in India, which grew by 74% between 2008 and 2012 fuelled by brandy and Scotch sales, which were up by 155% and 110% respectively over the four-year period. If the forecast is correct, by 2017 India will have be the fourth largest Asian spirits importer ahead of Thailand.

Vinexpo also predicts that Indian sparkling wine consumption will have doubled by 2017. A quarter of the wine consumed in India today is imported, by 2017 imports are set to increase from 0.28 million cases to 0.48 million cases.

FTC fourth major study on alcohol advertising and industry efforts to reduce marketing to underage audiences study

The Federal Trade Commission released its fourth major study on alcohol industry compliance with self-regulatory guidelines, including those designed to address concerns about youth access to alcohol marketing.

For the study, the FTC ordered 14 major alcohol companies to provide information on advertising and marketing expenditures from the 2011 calendar year, and advertising placement data (including audience data) for the first six months of 2011. For the first time, the agency obtained substantial information on Internet and digital marketing and data collection and use practices.

The findings include:

- **How Companies Allocate Marketing Dollars:** 31.9% of expenditures were directed to advertising in traditional media such as television, radio, magazine, and newspaper advertising. The study found that 28.6% of expenditures were used to help wholesalers and retailers promote alcohol; 17.8% were allocated to sponsorships (sports and non-sports) and public entertainment; 7.9% were directed to online and other digital marketing – almost a four-fold increase from the 2% reported in the 2008 study; and 6.8% were directed to outdoor and transit marketing efforts.
- **Meeting Industry Standards on Ad Placement.** In the first half of 2011, 93.1% of all measured media combined (including traditional media and online/other digital) met the alcohol industry's placement standard at the time, which required that 70% or more of the audience viewing the ads be 21 years old or older, based on reliable data. Further, because compliance shortfalls were primarily in media with smaller audiences (such as local radio), over 97% of individual consumer exposures to alcohol ads were from placements meeting the 70% standard. The industry has since adopted a new ad placement standard requiring that 71.6% of the audience viewing alcohol ads be 21 years old or older.
- **Ad Placement on Online and Other Digital Media.** In the first half of 2011, 99.5% of alcohol ads that advertisers placed on sites owned by others – such as news, entertainment, and sports sites – met the alcohol industry's 70% placement standard. The

alcohol companies' web sites and social media pages are "age gated," meaning that a consumer must either enter a date of birth that shows him or her to be 21 years old or older, or must certify to being over 21 to enter the site.

- **Privacy Concerns on Online and Other Digital Media.** The report stated that alcohol industry members appear to have considered privacy impacts in the marketing of their products. It appears that, at least in the context of online registration opportunities, alcohol companies generally advise consumers how their information will be used and that they require consumers to opt-in to receive marketing information and consumers can readily opt-out when they want to stop receiving such information. Use of cookies and tracking tools on brand websites appears to be limited to those needed to ensure that only consumers who have stated they are 21 or older can re-enter the site.
- **Product Placements.** Product placement in movies, television shows, and other entertainment media accounted for a very small portion – about one-tenth of one percent – of expenditures. Most product placements involve the provision of props (such as bottles and signs) rather than money.
- **Outside Review of Complaints.** The report found that all three major alcohol industry trade groups – the Beer Institute, the Distilled Spirits Council of the United States, and the Wine Institute – have procedures for external review of complaints regarding alcohol advertising, but only the Distilled Spirits Council received any complaints between January 2009 and December 2012. In the majority of cases (including all cases involving Council members), the advertiser agreed to comply with the decision of the Council's review board.

The report's key recommendations include:

- When placement compliance levels fall below 90% for a brand in a particular media, and lack of compliance is due to wide fluctuations in measured audience composition due to small sample size, the company should consider using a higher audience composition threshold at the time of placement, to increase the likelihood of meeting the standard at the time the ad actually appears.

- Because audience demographic data for radio is now available for larger markets showing all audience members age 6 and older, the companies should review this more comprehensive data when making placements.
- Companies should take advantage of age-gating technologies offered by social media, including YouTube, and age gates on company websites should require consumers to enter their date of birth, rather than simply asking them to certify that they are of legal drinking age.
- Companies should improve posted privacy policies to make them brief, transparent regarding data collection and use, and understandable to ordinary consumers.
- Regarding user-generated content, companies should use blocking technologies and engage in frequent monitoring to reduce the potential for violations of the voluntary advertising and marketing codes established by the Beer Institute, the Distilled Spirits Council of the United States, and the Wine Institute.
- Alcohol companies and the industry as a whole should continue their efforts to facilitate compliance with the voluntary codes, including staff training and cross-company identification of best practices.
- State regulatory authorities, consumer advocacy organisations, and others who are concerned about alcohol marketing should participate in the industry's external complaint review system when they see advertising that appears to violate the voluntary codes.
- Industry and others concerned with reducing underage access to alcohol are encouraged to use the free "We Don't Serve Teens" alcohol education materials available on DontServeTeens.gov.

ftc.gov/system/files/documents/reports/self-regulation-alcohol-industry-report-federal-trade-commission/140320alcoholreport.pdf

Annual poll highlights concern over alcohol in Australia

A poll of more than 1500 Australians, conducted in January by Galaxy Research for the Foundation for Alcohol Research and Education, shows 79% of respondents said more needs to be done to tackle alcohol abuse, and 64% said governments were not doing enough.

Almost 80% of Australians think the nation has a problem with alcohol, and more than three quarters believe Australia's battle with the bottle will not get better over the next decade, according to new polling for 2014.

88% of people supported tougher penalties for people involved in drunken violence, while 87% wanted a greater police presence in trouble spots and 81% wanted earlier closing times for pubs, clubs and bars. 70% said either they, a family member or friend had been the victim of alcohol-fuelled violence. More than two thirds of those surveyed support a ban on alcohol advertising on weekends before 8:30pm.

The annual poll also revealed some positive trends in drinking habits. The proportion of drinkers consuming

only one or two standard drinks on a typical occasion was up from 47% in 2013 to 55% in the latest survey. The proportion of drinkers consuming three to five drinks on each occasion was 28%, the lowest level since the poll was first taken in 2010.

The proportion of drinkers who say they drink to get drunk declined from 40% in 2013 to 36% this year.

"While we are seeing some positive behavioural shifts, the reality is that we still have too many Australians engaging in dangerous drinking practices," foundation chief executive Michael Thorn said.

Almost half of the drinkers surveyed said they had vomited after drinking, while 22% had driven a car, and 18% had passed out. Over a third of drinkers said they had consumed alcohol in a social setting because it was expected of them, despite not planning to drink.

smh.com.au/federal-politics/political-news/majority-of-australians-think-nation-has-problem-with-alcohol-20140326-35gv8.html

DrinkWise Australia launches campaign targeting 18-24 year olds

DrinkWise Australia has launched an Australian first campaign designed to influence young adults to drink responsibly - by moderating the intensity and frequency of binge drinking occasions.

The Drinking - Do it Properly campaign aims to make the ongoing trend of binge drinking to get drunk less socially acceptable amongst young drinkers, and to encourage those already drinking in safe and moderate ways. Nationwide research conducted with young Australians by DrinkWise indicated that on a normal night out, 29% of 18-24 year olds indicate consuming 7+ standard drinks and on a self-defined 'big night out' nearly 30% of 18-24 year olds report consuming 11+ standard drinks

"For the first time, this campaign asks young adults to start a process of self-reflection - to look at how their poor drinking choices can impact on how they see themselves in the context of their peer group. We needed to talk with young people in their tone and their language - acknowledging the reality that young people will continue to drink," said DrinkWise, CEO, Mr John Scott.

Unlike previous campaigns targeting young adults, Drinking - Do it Properly utilises social media channels and a dedicated website (howtodrinkproperly.com) which will be a content hub to house the campaign creative.

Additionally, the campaign will run on premise as well as on selected outdoor media to delivery experienced advice and tips that highlight the downsides of poor drinking choices. The campaign highlights the difference between poor drinking practices and drinking properly - that there's a way to do it - and a way not to do it.

The launch marks the roll out of animations that will reach young people over the course of their typical week. From beginning to think about the upcoming weekend from a Wednesday, to meeting at friends houses on a Friday night - right through to Sunday mornings - this campaign seeks to reach young adults via multiple social media channels and at various times - forming part of a fully integrated programme of initiatives that will be delivered in coming months.

howtodrinkproperly.com/



WHO launch online library of road safety mass media campaigns

WHO have developed a library of road safety mass media campaigns. The library can be searched on WHO area, language and topic (drink driving, speeding, seat belts etc.) It's aim is to encourage and inspire those developing such campaigns.

who.int/violence_injury_prevention/videos/en/



International Chamber of Commerce issues marketing guidelines of alcohol

The International Chamber of Commerce (ICC) has announced the release of the ICC Framework for Responsible Marketing Communications of Alcohol, which provides companies and self-regulatory groups with guidelines for international best practices. The global resource can also be the basis for development of self-regulatory rules for beverage alcohol marketing in regions where no voluntary regulations are currently in place.

iccwbo.org/Advocacy-Codes-and-Rules/Document-centre/2014/ICC-Framework-for-responsible-marketing-communications-of-alcohol/

AIM – Alcohol in Moderation was founded in 1991 as an independent not for profit organisation whose role is to communicate “The Responsible Drinking Message” and to summarise and log relevant research, legislation, policy and campaigns regarding alcohol, health, social and policy issues.

AIM Mission Statement

- To work internationally to disseminate accurate social, scientific and medical research concerning responsible and moderate drinking
- To strive to ensure that alcohol is consumed responsibly and in moderation
- To encourage informed and balanced debate on alcohol, health and social issues
- To communicate and publicise relevant medical and scientific research in a clear and concise format, contributed to by AIM's Council of 20 Professors and Specialists
- To publish information via www.alcoholinmoderation.com on moderate drinking and health, social and policy issues – comprehensively indexed and fully searchable without charge
- To educate consumers on responsible drinking and related health issues via www.drinkingandyou.com and publications, based on national government guidelines enabling consumers to make informed choices regarding drinking
- To inform and educate those working in the beverage alcohol industry regarding the responsible production, marketing, sale and promotion of alcohol
- To distribute AIM Digest Online without charge to policy makers, legislators and researchers involved in alcohol issues
- To direct enquiries towards full, peer reviewed or referenced sources of information and statistics where possible
- To work with organisations, charities, companies and associations to create programmes, materials and policies built around the responsible consumption of alcohol.

AIM SOCIAL, SCIENTIFIC AND MEDICAL COUNCIL

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