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Europe

Better nutritional information for food will be available to EU consumers following the adoption of new labelling rules by MEPs in July. Alcohol will not be included in new rules.

Those who want better labelling for alcoholic drinks have criticised the omission. But, John Dalli the EU Commissioner for Health and Consumer Policy has suggested that plans to include alcohol could be in the pipeline "I believe that we will be making our own studies to see whether we can come to an arrangement to have some type of nutrition information on alcoholic beverages," he commented.

South Korea

From December 2011, more severe penalties will be imposed on South Korean drivers found guilty of driving under the influence of alcohol. Drivers caught with blood alcohol levels of 0.2% will be fined KRW 5mn (EUR 3,194.23 USD 4,579.55) to KRW 10mn or sentenced to three years jail. Similarly, refusal to take breathalyser tests would carry the same penalty. A KRW 3mn to KRW 5mn fine or a six to 12 month jail sentence will be imposed on drivers caught with blood alcohol levels of 0.1% to 0.2% and a fine of up to KRW 3mn or a jail sentence of up to half a year would be imposed on those found with blood alcohol levels of 0.05% to 0.1%.

Austria

Austrian political party ÖVP has called for uniform rules to be implemented across all Austrian states for youth curfews and alcohol bans as part of the law for the legal protection of minors. ÖVP claims that uniform rules would make laws easier to enforce. New proposals ban the sale of alcohol and tobacco to young people under the age of 16. Plans would also see the introduction of a 22:00 curfew for children aged up to 14, and a 00:00 or 01:00 curfew for those aged up to 16. There are also plans for the 16 to 18 age group, which at present has a curfew in some states but not others.

Australia

The government of Northern Territory in Australia will enforce a series of new alcohol-related laws starting from 1 July 2011. The new laws will require everyone to show ID when buying take-away alcohol. Anyone charged with alcohol-related violence will be automatically included in the state's banned drinker list and will not be allowed to buy alcohol. It is hoped that these measures will help reduce cases of alcohol-related violence and deaths in the state.

Puerto Rico

The Puerto Rico Senate has approved a bill (1530) which bans the sale of alcoholic drinks and cigarettes to under-18s in places where sport activities take place. A penalty of USD 500 (EUR 346.40) to of USD 1,000 will be given to those who violate the law.

Arne Svilaas, MD, PhD joins AIM's Social, Scientific and Medical Council



We are very pleased to welcome Arne Svilaas, MD PhD, to AIM's Social, Scientific and Medical Council.

Arne Svilaas, is Chief Consultant at the Lipid Clinic, Oslo University Hospital, Oslo, Norway. Born in Norway in 1943, he received his medical degree at the University of Groningen, The Netherlands in 1969 and received his Doctorate in Medicine in Oslo in 2003.

He is a specialist in General Medicine and was a full-time General Practitioner in his hometown until retirement in 2011. Since 1992, he has been Chief Consultant and researcher at the Lipid Clinic, Oslo University Hospital and has been Principal Investigator on a series of studies on lipidology, hypertension, and diabetes. He has been a member of the Central Board of the Norwegian Medical Association.

Arne's special interest is prevention of cardiovascular diseases, with an emphasis on a healthy lifestyle. He has several publications in this field. His thesis was on prevention of cardiovascular diseases and achievement of treatment goals. He has developed a short food questionnaire, "SmartDiet", which is used in Norway, Canada and other countries. Alcohol and health has been a passion for many years.

The association of alcohol drinking with migraine headache

Panconesi A, Bartolozzi ML, Guidi L.

Alcohol and migraine: What should we tell patients?

Curr Pain Headache Rep 2011;15:177-184.

DOI 10.1007/s11916-011-0184-4

Authors' Abstract

Alcoholic drinks are a migraine trigger in about one third of patients with migraine in retrospective studies on trigger factors. Many population studies show that patients with migraine consume alcohol in a smaller percentage than the general population. Moreover, research has shown a decreased prevalence of headache with increasing number of alcohol units consumed. The classification criteria of alcohol-related headaches remain problematic.

We discuss the role and mechanism of action of alcohol or other components of alcoholic drinks in relation to alcohol-induced headache. In accordance with data from a recent prospective study, we believe that reports overestimate the role of alcohol, as well as other foods, in the triggering of migraine. If a relationship between the intake of alcohol and the migraine attack is not clear, a small dose of alcohol is not contraindicated either for enjoyment or its protective effect on cardiovascular disease.

Forum Comments

Although the public, and most physicians, consider alcohol as an important factor for many types of headache, the medical evidence on this topic is limited. This review article summarises data on alcohol as a trigger for headache, the time relation between drinking and headache, "hang-over" headaches the morning after excessive drinking, and potential mechanisms for the associations found. The authors conclude that reports overestimate the role of alcohol, as well as other foods, in the triggering of migraine.

Background: Migraine is a neurovascular disease that affects about 15% of the western population. As stated by the authors of the current paper, compounds in foods and beverages (chocolate, wine, citrus, etc) that have been implicated as migraine triggers include tyramine, phenylethylamine and possibly histamine and phenolic compounds. Avoiding those triggers may significantly reduce the frequency of migraines in some patients. However, only a small percentage of patients in one study became headache-free simply by excluding those foods.¹ Epidemiological studies are pointing out that genetic factors may be an underlying cause.² For example,

one genetic factor that could affect the migraine etiopathogenesis is by the control of the metabolism of monoaminergic neurotransmitters³ or the phenol sulfotransferases (PST).⁴ Discrepancies in the way people are reacting to wine intake, and whether or not it triggers migraine, may be potentially explained by genetic polymorphisms in specific enzymes related to metabolism.

Most studies on triggers of headache are from retrospective reports. These generally find that alcohol consumption is listed as a common factor triggering an attack, as summarised by an earlier publication by Panconesi.⁵ However, a prospective analysis of factors related to migraine attacks by Wober et al⁶ produced interesting results. They examined 327 migraineurs recruited via newspapers who kept a comprehensive diary for 3 months. Menstruation had the most prominent effect, increasing the hazard of occurrence or persistence of headache and migraine by up to 96%. All other factors changed the hazard by <35%. The two days before menstruation and muscle tension in the neck, psychic tension, tiredness, noise and odours on days before headache onset increased the hazard of headache or migraine, whereas days off, a divorced marriage, relaxation after stress, and consumption of beer decreased the hazard. They concluded that menstruation is most important in increasing the risk of occurrence and persistence of headache and migraine. Other factors increase the risk less markedly or decrease the risk. These authors found no evidence that alcohol drinking was a trigger (and even found that beer consumption decreased the risk of a migraine attack during the following day). On the other hand, excessive alcohol, dehydration, and perhaps psychogenic mechanisms may play a role in subjects experiencing headaches after drinking.

Comments on the present paper: Forum reviewers were unanimous in considering this paper to be excellent, providing straightforward and sensible advice. Several pointed out the difficulties in the diagnosis of migraine headache. The problem in differentiating true migraines versus other types of headaches should be noted, as it is not uncommon for migraines to be wrongly diagnosed in cases of cluster headaches, tension headaches, etc.

One reviewer stated that migraines are vascular headaches caused by intracerebral vasodilation,

as a response to initial vasospasm. Patients with migraines have a higher incidence of cardiovascular disease, and it would seem that migraineurs might reap an enhanced benefit from moderate wine/alcohol consumption. On the other hand, if wine/alcohol does trigger migraine attacks, injury as a result of intense cerebral vasospasm would be a risk for drinking at all in this group. As another reviewer noted, "In agreement with the authors, it would appear reasonable for migraine patients, with their informed consent and desire to consume alcohol in a healthy and responsible manner, be allowed to 'try' moderate drinking and report back to their physician as to whether it is tolerated or not. At that time risk factoring in symptoms versus potential benefits (decreased cardiovascular risk) can be reasonably discussed with respect to continued alcohol use."

Triggers of migraine headache attacks: One Forum reviewer responded: "As a migraineur myself, I have come to the conclusion that there are many different triggers for migraines, and that it is very individual, such that even members of the same family can have different triggers. There has been no comment made to me or that I have read to date that suggests alcohol per se can cause a migraine, although I know that certain individuals avoid red wine, chocolate and cheese as the biogenic amines contained therein are a trigger for those individuals. Also, for some individuals it is a collection of triggers – more than one – that initiates a migraine. Further, in my experience alcohol consumption during a migraine will exacerbate it but generally not trigger an attack, unless perhaps the trigger is dehydration."

It has been postulated that dietary biogenic amines such as histamine might cause adverse reactions such as migraine headaches and other adverse effects. The foods implicated in these adverse reactions have included cheese, chocolate, fish and fermented foods such as wine.⁷⁻⁸ Wine has also been implicated in the etiology of migraine headaches⁹⁻¹¹ and the histamine H2 receptor antagonist, cimetidine, has been observed to block the headache provoked by the ingestion of red wine.¹²

Stockley¹³ points out, however, that an adverse reaction to a food can either be a food allergy or a food intolerance. An immune or IgE-mediated allergy occurs on subsequent exposure of an individual to an allergen, such as a food protein,

where the sensitized mast and blood basophil cells release histamine and other anaphylaxis-associated chemicals. A food intolerance, on the other hand, is a form of hypersensitivity and is not mediated by the immune system. A relatively large amount of a food is needed to trigger a histamine-induced food intolerance in contrast to a small amount needed to trigger an IgE-mediated food allergy. After the oral ingestion of histamine, however, a food intolerance can be indistinguishable from a food allergy since histamine is also a mediator in a food allergy.¹³ However, in one study,¹⁴ no relationship between histamine ingestion and migraine headaches was observed when histamine-spiked beverages were administered.

One reviewer stated that white wines produce headaches in himself, and he has found that the higher the sulfite content of a wine the higher the risk of a headache. Another Forum reviewer (a medical practitioner) wrote, however, "The sulfites business is very interesting, as people do have allergy to sulfites. But in one case that I had investigated extremely well, the white wine that gave her the headache had a lower concentration of sulfite than one that did not. I also know of people who get headaches from red wine A consistently, but not from red wine B. Maybe it is the combination of molecules in the wine that causes the effect and not one particular molecule."

To make the topic of triggers of headache even more complicated, one reviewer stated that sometimes it not a food that is the trigger for migraine, but that the craving for chocolate (or other specific foods) may be part of the aura for migraine. The confusion about triggers of migraine led one Forum reviewer to conclude: "Migraine, to me, as a subject, like headache in general, has always seemed murky, tending to give me one if I pondered on it."

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Italian researchers explore alcohol in moderation diet and lifestyle -

Conference report by *Professor Giovanni de Gaetano Professor Marialaura Bonaccio Research Laboratories, Fondazione di Ricerca e Cura "Giovanni Paolo II" Catholic University, Campobasso, Italy*

A scientific seminar entitled 'Responsible drinking within the Mediterranean diet and Italian lifestyle' drew together experts from fifteen universities, 6 research centres and 32 research teams who are involved in studies on the effects of alcohol consumption. The conference met in Pontignano, near Siena in June.

Responsible drinking within the Mediterranean diet and Italian lifestyle was an attempt to put together most Italian research teams engaged in research on the potential beneficial health effects of moderate alcohol consumption, and in particular wine. The initiative was a collaboration between the "Umberto Pallotta Vino e Salute" Group, the Academy of Georgofili, the Catholic University of Campobasso, the Universities of Ancona and Siena with the support of the Enoteca Nazionale of Siena and under the patronage of the Italian Ministries of Agriculture and Health and of the Italian Society of Human Nutrition.

Spanning from biochemistry to genetics, from cell culture to population studies, the scientific programme dealt with the effects of alcohol and wine consumption, trying to provide an up to date picture of all research in the field. Each aspect was treated in the wake of the Mediterranean philosophy whereby southern areas of the old continent embrace their healthy Mediterranean heritage in which moderate alcohol consumption can play a key role in protecting from chronic diseases.

The Pontignano seminar was extremely useful in defining the main Italian research lines which are at the international forefront, especially in epidemiological data production. Population studies presented during the meeting confirmed the well-known reduction of the incidence of cardiovascular disease by moderate doses of alcohol. In addition, moderate amounts of wine were found to be associated with a decrease of both cardiovascular and overall mortality.

Among the mechanisms by which antioxidant rich alcoholic beverages exert their beneficial effect, the general theory of nutritional hormesis aroused particular interest, according to which apparently contradictory effects can be observed at moderate or excessive doses of nutrients: this would explain the protective effect of alcohol in moderate doses, and

their toxic effect at higher amounts, a phenomenon reflected by the well known a J-shaped dose response curves. The hormesis model of dose-response presented by Fulvio Ursini, from Padua University, was vigorously debated as the notion that hormesis is a widespread, important phenomenon in biological systems is not widely accepted.

Promising data on the ability of wine to modulate the molecular mechanisms that regulate the longevity of cells and in controlling the activity of several genes related to inflammation were presented.

The last session of the seminar was dedicated to alcohol consumption within the Mediterranean Diet, the context in which alcoholic beverages can best exert their health-promotion role. It was noted that lower adherence to Mediterranean diet is presently associated to lower income, as fruit, vegetables and fish are becoming more expensive while high-calorie junk food is cheaper in a time of economical crisis.

At the end of the meeting a permanent contact group was established for a continuous information exchange among researchers on current scientific initiatives. Improving research results dissemination and balanced public information on alcohol and health is of paramount importance.



Members from the scientific committee of the Pontignano meeting present the results of the seminar at the Enoteca Italiana in Siena. From the left to the right: Gian Pietro Sgaragli (Siena University), Giovanni de Gaetano (Catholic University Campobasso), Francesco Orlandi (Ancona University), Fabio Carlesi from the National Enoteca and Lamberto Vallarino Gancia, President of Federvini

Alcohol intake and atherosclerotic risk factors in normotensive and prehypertensive men

Japanese researchers investigated whether the association between atherosclerotic risk factors and the intake of alcoholic beverages is different in normotensive and prehypertensive individuals.

4,778 Japanese men, age 35-60 years, with normal blood pressure and 9,728 subjects with pre-hypertension were included in the study. The groups were divided into non, light (<22g ethanol/day), moderate (≥22 and <44g ethanol/day) and heavy (≥44g ethanol/day) drinkers. In both the prehypertensive and normotensive groups, compared to nondrinkers, the hemoglobin A(1C) and low-density lipoprotein (LDL) cholesterol levels were significantly lower. The high-density lipoprotein (HDL) cholesterol level was significantly higher in light, heavy and very heavy drinkers, while triglycerides were significantly higher in very heavy drinkers only. The researchers concluded that the beneficial effects of alcoholic beverages intake were similar in normotensive and prehypertensive persons.

In subjects with prehypertension, body mass index (BMI) and waist circumference were significantly lower and smaller, respectively, in light, heavy and very heavy drinkers than in nondrinkers. In subjects with

normal blood pressure, BMI was significantly lower in light and heavy drinkers but not in very heavy drinkers than in nondrinkers, and waist circumference was not significantly different in non, light and heavy drinkers and was significantly larger in very heavy drinkers than in nondrinkers. Both in the prehypertensive and normotensive groups, compared with nondrinkers, hemoglobin A(1C) and low-density lipoprotein (LDL) cholesterol were significantly lower and high-density lipoprotein (HDL) cholesterol was significantly higher in light, heavy and very heavy drinkers, and log-converted triglycerides was significantly higher in very heavy drinkers.

The authors argue that the association of alcohol intake with a lower occurrence of obesity is stronger in prehypertensives than in normotensives, while the associations of alcohol intake with lower occurrences of hyperglycemia and abnormal cholesterol profile, such as lowered HDL cholesterol and elevated LDL cholesterol, and a higher occurrence of elevated triglycerides are similar in normotensive and prehypertensive persons.

Source: *American Journal of Hypertension* (2011). doi:10.1038/ajh.2011.91

Age-dependent inverse association between alcohol consumption and obesity in Japanese men

A study by Ichiro Wakabayashi determined whether age influences the relationship between alcohol drinking and obesity.

Japanese men receiving periodic health checkups (20-70 years old, n = 36,121) were divided into non-, light (<22 g ethanol/day), moderate (≥22 and <44 g ethanol/day), and heavy (≥44 g ethanol/day) drinkers. Relationships between alcohol intake and obesity-related indices were compared among the quartiles of age. BMI was lower in light and moderate drinkers than in nondrinkers, and these differences were more prominent in the 1st and 2nd quartiles of age than in the higher quartiles. Waist circumference and waist-to-height ratio were significantly smaller and lower, respectively, in light and moderate drinkers than in nondrinkers in the 1st and 2nd quartiles of age,

and these differences were less prominent in the 3rd quartile and were not found in the 4th quartile.

In the 1st and 2nd quartiles of age, odds ratios vs. nondrinkers for large waist circumference were significantly low ($P < 0.01$) in light drinkers (1st quartile: 0.64 (0.54-0.75); 2nd quartile: 0.69 (0.60-0.80)) and moderate drinkers (1st quartile: 0.69 (0.61-0.78); 2nd quartile: 0.84 (0.76-0.93)), whereas the odds ratio was significantly low ($P < 0.05$) only in light drinkers in the 3rd quartile (0.84 (0.73-0.97)) and was not significant in any drinker groups of the 4th quartile. The results suggest that alcohol consumption is associated with lower risk of obesity in Japanese men and this association is more prominent in younger men than in older men.

Source: *Age-Dependent Inverse Association Between Alcohol Consumption and Obesity in Japanese Men*. Ichiro Wakabayashi. *Obesity*, (2 June 2011) | doi:10.1038/oby.2011.132

Alcohol drinking in the elderly: Risks and benefits

Royal College of Psychiatrists, London. Our Invisible Addicts. First Report of the Older Persons' Substance Misuse Working Group of the Royal College of Psychiatrists, College Report CR165. June 2011

Overview

The Royal College of Psychiatrists of London has published a report related primarily to problems of unrecognised alcohol misuse among the elderly. The report provides guidelines for psychiatrists and family physicians on how to find and how to treat elderly people with misuse of alcohol and drugs.

A few pages of the lengthy report concern the evidence base for a proposed reduction of sensible limits of alcohol intake for older people. Forum reviewers of the report point out inherent difficulties in providing drinking guidelines for a very non-homogenous group of individuals whose only criterion for inclusion is being above the age of 65 years. Such individuals vary from marathon runners to very sick, frail people. Reviewers thought that advice to lower "acceptable" levels of drinking for everyone in this age group was not appropriate and not based on reliable research.

The Forum reviewers were also struck by the absence of any discussion in the report of the demonstrated strong positive effects of moderate drinking on most of the diseases of ageing. Data are especially convincing for cardiovascular diseases and dementia, which are among the leading causes of morbidity and mortality in this age group.

Specific Forum Comments

Forum members consider it very important to identify abusive drinking among the elderly and this report provides specific and very reasonable recommendations to assist practitioners in both the identification and treatment of such problems. On the other hand, the report was conspicuously lacking in a discussion of the important role that the moderate intake of wine and other beverages can play in reducing the risk of coronary heart disease, ischemic stroke, diabetes, dementia, and osteoporosis. Advising healthy people aged 65 years or older who are moderate, responsible drinkers to stop drinking or to markedly reduce their intake would not be in their best health interests, especially in terms of their risk of cardiovascular diseases.

Evidence is also accumulating that shows that the risk of Alzheimer's disease and other types of dementia is lower among moderate drinkers than among abstainers. Neurodegenerative disorders are key causes of disability and death among elderly people. Epidemiological studies have suggested that moderate alcohol consumption, especially of wine, may reduce the incidence of certain age-related neurological disorders including Alzheimer's disease.¹⁻³ Furthermore, regular dietary intake of flavonoid-rich foods and/or beverages has been associated with 50% reduction in the risk of dementia,⁴ a preservation of cognitive performance with ageing,^{5,6} a delay in the onset of Alzheimer's disease,⁷ and a reduction in the risk of developing Parkinson's disease.⁸

Polyphenols may act to protect the brain in a number of ways, including the protection of vulnerable neurons, the enhancement of existing neuronal function, or by stimulating neuronal regeneration.⁹ For example, red wine antioxidants have been observed to protect hippocampal neurons against ethanol-induced damage¹⁰ and a moderate consumption of Cabernet Sauvignon attenuated A β -neuropathology in a mouse model of Alzheimer's disease.¹¹

Further, scientific data are consistent in demonstrating that quality of life is better and total mortality is lower among moderate drinkers than among abstainers. For example, analyses by Simons et al from a large population-based patient population in New South Wales demonstrated clearly that regular moderate alcohol consumption increases life span and quality of life for men up to 80 years of age and for women indefinitely.^{12,13}

Health benefits from polyphenols in the diet

There was no reference in the Royal College report specifically regarding potential benefits of polyphenols in the diet in reducing the risk of certain diseases of ageing. As discussed above, wine is a substance high in polyphenols and has been shown to protect against stroke,¹⁴ and also protects the brain of the elderly.¹⁵ Moreover, wine polyphenols protect against Alzheimer's disease.¹⁶⁻¹⁸ Because it is such a rich source of polyphenols and other substances, some Forum members consider wine as a "functional food." While wine and other beverages that contain

alcohol can obviously be abused, moderate drinking has been shown in many studies to be an important component of a “healthy lifestyle.”^{19,20}

Drinking guidelines for individuals over age 65

There is no question that, on average, very elderly people may be more sensitive to the effects of alcohol (especially those individuals with chronic diseases, lower muscle mass, a poor diet, etc.) However, 65-year-olds are healthier than people of that age a generation ago, and advice should not be based on out-dated information. And contrary to what the newspapers and some “experts” tell us about our ageing populations, age-specific disability rates are decreasing, not increasing. Of more importance, the absolute risk for cardiovascular diseases increases markedly with age, and therefore the beneficial or protective effect of light to moderate drinking on cardiovascular diseases is greater in the elderly than in younger people.

Current US guidelines define more than one drink/day for adults aged 65 or older as “at-risk drinking,” but there is little science to support this restriction. Instead, a number of studies suggest that a limit of no more than one drink per day for everyone in this age group may be unnecessary. A paper by Lang et al,²¹ based on two large population-based cohort studies (one in the US and one in England), found that people aged 65 or greater who consumed up to 2 drinks/day had no greater disability or mortality than subjects consuming up to 1 drink/day (and both groups had more favorable outcomes than non-drinkers).

In another paper, by Kirchner et al²² of almost 25,000 American adults over age 65 seen in primary care, those reporting between 8 and 14 drinks/week (defined by some as “at-risk” drinking) did not differ significantly in their characteristics from drinkers consuming 1-7 drinks/week. The two groups were also similar in three health parameters evaluated: depressive/anxiety symptoms, perceived poor health, and poor social support. Heavier drinkers and binge drinkers did not do as well. We thus have another paper suggesting that elderly drinkers who consume 8-14 drinks/week may not necessarily be “at risk” drinkers.

A particular interesting paper by White et al²³ showed a direct dose-response relation between alcohol consumption and risk of death in women aged 16-

54 and in men aged 16-34, whereas at older ages the relation is U shaped. These investigators used statistical models relating alcohol consumption to the risk of death from single causes to estimate the all-cause mortality risk for men and women of different ages. The authors state that their data suggest that women should limit their drinking to 1 unit a day up to age 44, to 2 units a day up to age 74, and to 3 units a day over age 75. Men should limit their drinking to 1 unit a day up to age 34, to 2 units a day up to age 44, to 3 units a day up to age 54, and to 4 units a day up to age 84.

Since the absolute effects of moderate drinking on cardiovascular disease are much greater in older people than in younger adults, the current limitations to intake for the elderly may not be appropriate. Attempting to persuade elderly people who currently drink moderately in the 1 to 2 drinks/day category to decrease their current intake may not be advisable since “over restrictive limits risk encouraging nihilistic response or fruitless clinical effort.”²¹

References from Forum comments

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All-cause mortality rates are lower among moderate drinkers than among abstainers

Fuller TD. Moderate alcohol consumption and the risk of mortality.

Demography 2011. DOI 10.1007/s13524-011-0035-2

Author's Abstract

There has been a growing consensus that moderate consumption of alcohol is associated with a lower risk of mortality and that this association is probably causal. However, a recent review article has raised a serious challenge to this consensus. In short, it determined that most prior research in this area committed serious misclassification errors; furthermore, among those studies that were free of these misclassification errors, no support for a protective role of alcohol consumption was found.

This article reexamines the issue using prospective data for more than 124,000 persons interviewed in the U.S. National Health Interview Surveys of 1997 through 2000 with mortality follow-up through 2002 using the Linked Mortality File. The study involves about 488,000 person-years. Controlling for a variety of covariates, this study finds that compared with nondrinkers, those who consume a moderate amount of alcohol have lower all-cause and CHD mortality. The fact that the current study has taken care to avoid the pitfalls of some earlier studies and still finds that those who consume a moderate amount of alcohol have lower all-cause mortality and CHD mortality lends credence to the argument that the relationship is causal.

Forum Comments

Background and overview: These analyses support the majority of population-based prospective studies that have shown that moderate drinkers are at lower risk of death from coronary heart disease (CHD) as well as the risk of all-cause mortality. A poorly done paper in 2006¹ raised questions about potential "errors" in the vast majority of epidemiologic studies, stating that they did not account for sick quitters or occasional drinkers in their analyses. In 2007, the proceedings were published from a conference of scientific experts in the field (including the first author of the earlier paper¹) that focused considerable discussion on this topic. The consensus was that the earlier paper presented a biased view on the topic, and misrepresented the overall scientific findings^{2,3}. Further, almost all recent studies have shown that

these concerns were not well-founded, as when studies avoid the potential "errors" they still found the same results: lower CHD risk for moderate drinkers.

Two recent articles in the BMJ^{4,5} have provided excellent summaries of current scientific data on this topic. Indeed, one Forum reviewer thought that the present paper was "superfluous," as this topic has been adequately dealt with in many previous publications. He added: "Skeptical people who cannot be convinced by the two articles in the BMJ may be ideologists who are unable or unwilling to accept scientific arguments." Nevertheless, even recently a number of groups and policy makers^{6,7} seem to have ignored most recent research and continue to use these same arguments to deny most of the beneficial health effects of moderate drinking. In contrast, other policy makers (e.g., the scientists who recently released the 2010 Dietary Guidelines for the USA⁸) have apparently based their guidelines on what Forum members consider to be more up-to-date, accurate, and balanced data.

Specific comments on paper: The author of the present study has carried out extensive analyses on a very large number of subjects. He claims that his study refutes arguments that "errors" in many previous studies negate their results, and he concludes that this study lends credence to the argument that the relationship between moderate alcohol intake and lower mortality is causal, and not due to associated health behaviors of moderate drinkers.

In the present study, the author adjusted for a very large number of potential confounders, many of which had not been considered in previous studies. In addition to age, sex, and race/ethnicity, the author adjusted for education, marital status, work status, smoking status, and income. Further, he adjusted for self-reported health, previous health conditions, and binge drinking. With all of these adjustments, the hazard ratios for mortality were considerably greater for abstainers, and for some heavy drinkers, than they were for essentially all categories of subjects reporting alcohol consumption.

Forum reviewers recognised some limitations in the present study: numbers in each category of alcohol use are not given, and unadjusted results are not presented (making it impossible to evaluate the

effects of specific confounding variables). Further, while the classification of “moderate drinking” includes both amount and frequency of consumption to some degree, it is difficult to tease apart the two components. Also, the results related to total mortality are probably more reliable than those related to CHD, as the latter is often misdiagnosed on death certificates. Overall, Forum members agreed that the author did a good job and there were no problems in terms of how the effect estimates were obtained, even with multiple factors and interaction terms in the model.

Determining causation in epidemiologic studies: Some Forum members emphasised the known difficulties in judging causation of the beneficial effects of alcohol on health outcomes solely from observational studies, even prospective ones; there is always the possibility of residual confounding. Obviously, in epidemiologic studies, the amounts of alcohol and foods consumed, and descriptions of all other factors, are only an approximation, and do not have the accuracy seen in animal experiments or in human clinical trials. And most studies have not included data on genetic factors that may modify the exposure to alcohol.

Still, the consistency of observational data among a wide variety of populations; the strong support from animal experiments showing biological effects of both alcohol and polyphenols; and the results from an increasing number of human clinical trials of the effects of alcohol/polyphenols on many mechanisms of cardiovascular disease support a causative effect of moderate drinking on CHD and on other diseases of ageing. Further, a number of studies have reached the conclusion that no set of potential confounders thus far recognised could explain the lower risk of heart disease among drinkers that has been demonstrated in most studies.

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Overall health effects of alcohol consumption - Comments on a WHO report

Global status report on alcohol and health. World Health Organization 2011. ISBN 978 92 4 156415 1 (NLM classification: WM 274)

Overview

The World Health Organization (WHO) has released its global status report on alcohol and health for 2011. The first section of this lengthy report deals with indices of alcohol consumption in different countries, trends in consumption, and comments on drinking among the young and on patterns of alcohol consumption. The second section is entitled, Consequences, starting with a statement on alcohol and health and then a variety of topics describing the adverse health and societal effects of abusive drinking. The last section of the report is entitled Policies and Interventions. Comments by the Forum will deal primarily with section 2 of the report, relating alcohol consumption to health.

Forum Comments

Comments on the WHO report: The recent report from the World Health Organization (WHO), prepared by the Management of Substance Abuse Team in the Department of Mental Health and Substance Abuse of WHO, was released as the 2011 "Global Status Report on Alcohol and Health." Forum members generally agreed with the discussion of the serious health and societal problems associated with the misuse of alcohol, which contributes to accidents, many diseases, and premature deaths. On the other hand, Forum members were disturbed that the report was limited almost exclusively to abusive drinking, was based primarily on out-dated information, and minimized any beneficial effects of alcohol consumption.

To a large extent, the WHO report disregards the massive amount of scientific data indicating that in all developed countries, moderate consumers of alcohol are at much lower risk of essentially all of the diseases of ageing: coronary heart disease, ischemic stroke, diabetes, dementia, and osteoporosis. And the report does not describe the decrease in total mortality among middle-aged and elderly people associated with moderate alcohol consumption, which has been found consistently in studies throughout the world.

The Forum reviewers point out that the references chosen by the WHO team to support their contentions

represent a biased appraisal of the scientific literature. Reviewers cited a number of very comprehensive meta-analyses which clearly contradict the WHO report: that of Maclure,¹ Corrao et al,² Di Castelnuovo et al,³ and Ronksley et al.⁴ Further, a comprehensive recent report by Fuller⁵ provides data from more than 120,000 subjects showing considerably lower all-cause mortality rates for moderate drinkers than for abstainers. And these reports only add to data from thousands of experimental and epidemiologic studies over the past few decades, including many that describe mechanisms that explain the beneficial health effects associated with the moderate intake of alcohol. This topic was recently reviewed well by Brien et al.⁶

Even if the authors of the WHO report did not have access to or did not review many recent papers on this topic, Ronksley et al⁴ in their 2011 paper from the BMJ stated: "When studies were summarized chronologically, we found that the overall association between drinking and cardiovascular disease and coronary heart disease became apparent at least a decade ago, and ongoing studies have done little to revise the estimated associations." Those authors added, "In cumulative meta-analyses of cardiovascular disease and coronary heart disease outcomes there was little variation in the relative risk associated with alcohol consumption on cardiovascular disease mortality or incident coronary heart disease with addition of new studies after 1999; for coronary heart disease mortality, this plateau in incremental change from new studies occurred as early as 1992-1993."⁴ Thus, it would appear that the primarily negative statements regarding alcohol in the WHO report are not due only to the exclusion of recent publications.

One Forum reviewer commented: "Even the title of this report is misleading, as the 'status' reported does not reflect the current status of research. Further, it is not about 'alcohol and health' but is almost exclusively about abuse. It turns out to be a prohibitory polemic." Another Forum reviewer added: "The WHO report notes (I think approvingly) that nine countries completely ban alcohol: Afghanistan, Brunei Darussalam, Iran, Maldives, Mauritania, Pakistan, Saudi Arabia, Somalia, Sudan. The authors of the report, it seems to me, would like to consider reducing or eliminating alcohol use everywhere,

by any means.” Given the beneficial health effects of moderate drinking, world-wide prohibition of alcohol would not be in the best health interests of the population.

Using balanced scientific data for determining alcohol policy: Forum reviewers believe that it is especially problematic that the report appears to stray so far from well-established science that it could seriously discredit the standing of WHO. The Forum hopes that, in the future, WHO will undertake a careful and open-minded review of concurrent data to ensure that their recommendations are supported by the strongest science available. Published status reports giving an incomplete summary of the scientific data tend to be used selectively by certain groups⁷ that seem to be so concerned about problems associated with alcohol abuse (which everyone condemns) that they may exclude information on the beneficial health and social benefits associated with moderate drinking. In contrast, the recently published Dietary Guidelines for Americans 2010⁸ presents advice that seems to reflect current scientific data more accurately. Another Forum reviewer comments, “It is essential to present an objective appraisal of alcohol consumption and health; simply focusing on the effects of alcohol abuse is a disservice to the readership. It is easier for people to make informed decisions when they are presented with balanced and accurate information on alcohol and health that reflect concurrent research. Such an approach is used, for example, by the US Food & Drug Administration in that it highlights both benefits and adverse effects of prescription drugs.”

One Forum reviewer suggested that policy makers should consider using sources such as Connor et al⁹ for a more balanced and scientifically sound basis for making decisions. He stated: “This is a fairly obscure paper, and not often referenced overseas because it is specific to New Zealand, but is quite balanced, describing the increased morbidity and mortality from alcohol (primarily from excessive drinking) among the young compared with a net benefit from moderate alcohol drinking among the elderly.” The results in that report⁹ are similar to those reported previously for Canada by Rehm et al:¹⁰ even among drinkers who on average consumed alcohol moderately, there were higher death rates in the young, fewer deaths in older people. It is especially enlightening that the report from Canada showed

that when binge-drinkers were excluded from the “moderate-drinking” group, most of the excess deaths in the young were no longer seen, and the net mortality effect of moderate alcohol use in the population was beneficial.¹⁰

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Red wine: Exercise in a bottle?

New research suggests that daily intake of resveratrol could prevent the ill effects of simulated weightlessness on muscle and bone metabolism

A study published in the FASEB Journal suggests that resveratrol, one of the polyphenols found in red wine, may prevent the negative effects that spaceflight and sedentary lifestyles have on people. The report describes experiments in rats that simulated the weightlessness of spaceflight, during which the group fed resveratrol did not develop insulin resistance or a loss of bone mineral density, but who were not fed resveratrol did.

According to Gerald Weissmann, M.D., Editor-in-Chief of the FASEB Journal, “There are overwhelming data showing that the human body needs physical activity, but for some of us, getting that activity isn’t easy. A low gravity environment makes it nearly impossible for astronauts. For the earthbound, barriers to physical activity are equally challenging, whether they be disease, injury, or a desk job. Resveratrol may not be a

substitute for exercise, but it could slow deterioration until someone can get moving again.”

Scientists studied rats that underwent simulated weightlessness and were given a daily oral load of resveratrol. The control group showed a decrease in soleus muscle mass and strength, the development of insulin resistance, and a loss of bone mineral density and resistance to breakage. The group receiving resveratrol showed none of these complications. Study results further demonstrated some of the underlying mechanisms by which resveratrol acts to prevent the wasting adaptations to disuse-induced mechanical unloading. This study also suggests that resveratrol may be able to prevent the deleterious consequences of sedentary behaviors in humans.

Source: Resveratrol prevents the wasting disorders of mechanical unloading by acting as a physical exercise mimetic in the rat. .I. Momken, L. Stevens, A. Bergouignan, D. Desplanches, F. Rudwill, I. Chery, A. Zahariev, S. Zahn, T. P. Stein, J. L. Sebedio, E. Pujos-Guillot, M. Falempin, C. Simon, V. Coxam, T. Andrianjafiniony, G. Gauquelin-Koch, F. Picquet, S. Blanc. The FASEB Journal, 2011; DOI: 10.1096/fj.10-177295

Young people, alcohol and influences: Joseph Rowntree Foundation report emphasises parental influence

A report 'Young People, Alcohol and Influences' has been published by the Joseph Rowntree Foundation. The report presents the findings from a major study of young people and their relationship with alcohol, and explores the wide range of influences on their drinking. It develops evidence of how different domains of influence work together, understanding their relative importance in tackling different patterns of drinking among different groups.

The study involved a survey of 5,700 teenagers aged 13–14 (Year 9) and 15–16 (Year 11) in schools in England. Data was statistically modelled to highlight the strongest influences on and predictors of young people's drinking.

Key findings include:

- The most common age for a first drink was 12 to 13; usually when with an adult and celebrating a special occasion.
- 70% of Year 9 students and 89% of Year 11 students have had an alcoholic drink. Regular drinking is significantly lower amongst Year 9 than Year 11 students.
- Year 9 students are most likely to have been drinking alcopops, beer or lager. By Year 11, students are most likely to drink beer, lager, spirits or liqueurs. In both year groups, those drinking beer and lager are consuming much larger quantities of these drinks than any other type of drink.

The report is available from <http://www.jrf.org.uk/publications/young-people-alcohol-and-influences>

Parents know best, but are they accurate? Parental normative misperceptions and their relationship to students' alcohol-related outcomes

Parents often look to other parents for guidance, but how accurate are their perceptions? Expanding on existing normative literature to include parents of college students, a study by Joseph W. LaBrie and colleagues first sought to determine whether parents accurately estimated the attitudes of other parents concerning their college student's alcohol-related behaviors.

The effect of these (mis)perceived injunctive norms on the alcohol-related attitudes and behaviors of the parents' own children was then examined.

Study participants were 270 college student–parent dyadic pairs who completed independent online surveys. The student sample was 59% female; the parent sample was 78% female.

The study found that parents significantly overestimated other parents' approval of alcohol use by their respective child and, further, that these misperceptions strongly influenced parental attitudes toward their own child's drinking. Parental attitudes were subsequently found to be significantly

associated with their child's attitudes toward drinking but were only marginally associated with the child's actual drinking, thereby underscoring the mediational effect of the child's attitudes.

The authors state that this is the first study to document the influence of parental normative misperceptions regarding alcohol use by their college-age children, reinforcing the importance of parental attitudes on children's alcohol-related attitudes and behaviors in college.

These findings support the need to complement student-based interventions with parent-based interventions aimed at increasing parental awareness and involvement. Further, the current findings indicate that normative interventions targeting parents offer a promising avenue by which to indirectly and positively influence college students' alcohol use.

Source: Parents Know Best, But Are They Accurate? Parental Normative Misperceptions and Their Relationship to Students' Alcohol-Related Outcomes. Joseph W. LaBrie, Justin F. Hummer, Andrew Lac, Phillip J. Ehret, Shannon R. Kenney, Justin F. Hummer July 2011: Volume 72, Number 4 Journal of Alcohol and Drugs

Underage drinking on Saturday nights, socio-demographic and environmental risk factors: a cross-sectional study

An open access study published by journal Substance Abuse Treatment, Prevention, and Policy, investigated the social, demographic and environmental factors that may raise the risk of Saturday night drinking and binge drinking among underage school students in Italy.

The study was conducted on a sample of 845 underage school students, by means of an anonymous, self-test questionnaire. Multivariate logistic regression was applied to identify independent risk factors for alcohol drinking and binge drinking. Ordered logistic regression was used to identify independent risk factors for harmful drinking patterns.

The independent variables that confer a higher risk of drinking in underage students are older age classes, male sex, returning home after midnight, belonging to a group with little respect for the rules.

The higher the perception of alcohol consumption by own friends group, the higher the risk. Spending time in bars or discos coincides with a two-fold or four-fold increase, respectively, in the risk of alcohol consumption.

The authors state that although certain environmental and social risk factors are associated with underage drinking, the most important role for preventing young people's exposure to these factors lies with the family, because only parents can exert the necessary control and provide a barrier against potentially harmful situations.

Source: Underage drinking on Saturday nights, socio-demographic and environmental risk factors: a cross-sectional study. Luigi Gallimberti, Sonia Chindamo, Alessandra Buja, Giovanni Forza, Federica Tognazzo, Laura Galasso, Angela Vinelli and Vincenzo Baldo

www.substanceabusepolicy.com/content/pdf/1747-597X-6-15.pdf

US Key National Indicators of Well Being report 2011

A US government report on the health and well-being of America's children shows that binge drinking amongst teenagers is declining.

The report, America's Children: Key National Indicators of Well-Being, 2011, is the product of the Federal Interagency Forum on Child and Family Statistics, which is a working group of 22 federal agencies that collects data on children and families.

Positive news in the report included:

- Teen birth rates dropped, from 2.17% of girls in 2008 to 2.01% of girls in 2009.
- Premature births dropped from 12.3% in 2008 to 12.2% in 2009.
- Injuries among teens dropped from 44 per 100,000 in 2008 to 39 per 100,000 in 2009.
- Binge drinking among 12th graders dropped from 25% in 2009 to 23% in 2010.
- Infant deaths dropped from 6.6 per 1,000 in 2008 to 6.4 per 1,000 in 2009.
- Fewer children are living in areas of air pollution (69% in 2008, 59% in 2009).
- Math scores among 8th graders rose two points from 2007 to 2009 and for 12th graders rose three points from 2005 to 2009.

Negative news includes:

- More eighth-graders are using illegal drugs, from 8% in 2009 to 10% in 2010.
- Fewer children are living with a parent who is employed full time, down from 75% in 2008 to 72% in 2009.
- More children are living in poverty, up from 19% in 2008 to 21% in 2009.
- More children are living in crowded housing, physically inadequate housing or housing that costs more than 30% of household income -- up from 43% in 2007 to 45% in 2009.
- The percentage of children with asthma remained the same from 2008 to 2009, but steadily increased from 8.8% of all children in 2001 to 9.6% in 2009.

To see the full report, visit the US Centers for Disease Control and Prevention website.

Sources: Steven E. Lipshultz, M.D., professor and chairman, pediatrics, University of Miami Miller School of Medicine; July 6, 2011, teleconference with Edward Sondik, Ph.D., director, National Center for Health Statistics, U.S. Centers for Disease Control and Prevention, Alan E. Guttmacher, M.D., director, Eunice Kennedy Shriver U.S. National Institute of Child Health and Human Development; July 7, 2011, America's Children: Key National Indicators of Well-Being, 2011

Life goals and alcohol use among first-year college students: The role of motives to limit drinking

A study published in the *Journal Addictive Behaviors* examined the association between life goals and hazardous alcohol use among first-year university students. 117 students rated a series of self-generated life goals on meaning and efficacy and then completed alcohol assessments.

The researchers found that higher goal meaning ratings were associated with less alcohol use and fewer heavy drinking episodes. Tests of indirect effects showed that the associations between goal meaning ratings and alcohol use indices were mediated by motives to limit drinking, particularly the motive to maintain self-control/ standards.

The authors argue that these results replicate and extend previous work on goal meaning and hazardous drinking among students. Their findings are consistent with the view that engagement in university life goals may serve as a protective factor against hazardous drinking among first-year students due to greater concern with the impact of drinking on their ability to attain goal standards. They state that their findings highlight the importance of non-alcohol activities for students.

Source: Life goals and alcohol use among first-year college students: The role of motives to limit drinking Tibor P. Palfai and Timothy E. Ralston *Journal of Addictive Behaviors*. Available online 22 June 2011.

Effectiveness of e-self-help interventions for curbing adult problem drinking: A meta-analysis

Self-help interventions without professional contact to curb adult problem drinking in the community are increasingly being delivered via the Internet. A recent study assessed the overall effectiveness of these eHealth interventions.

9 randomized controlled trials (RCTs), all from high-income countries, with 9 comparison conditions and a total of 1553 participants, were identified, and their combined effectiveness in reducing alcohol consumption was evaluated.

An overall medium effect size ($g = 0.44$, 95% CI 0.17-0.71, random effect model) was found for the 9 studies, all of which compared no-contact interventions to control conditions. Type of control group, treatment location, type of analysis, and sample size did not have differential impacts

on treatment outcome. A significant difference emerged between single-session personalized normative feedback interventions ($g = 0.27$, 95% CI 0.11-0.43) and more extended e-self-help ($g = 0.61$, 95% CI 0.33-0.90).

According to the authors, e-self-help interventions without professional contact are effective in curbing adult problem drinking in high-income countries. In view of the easy scalability and low dissemination costs of such interventions, we recommend exploration of whether these could broaden the scope of effective public health interventions in low- and middle-income countries as well.

Source: Effectiveness of E-Self-help Interventions for Curbing Adult Problem Drinking: A Meta-analysis Heleen Riper, PhD; Viola Spek, PhD; Brigitte Boon, PhD; Barbara Conijn, MSc; Jeannet Kramer, PhD; Katherina Martin-Abello, MA; Filip Smit PhD (*J Med Internet Res* 2011;13(2):e42) doi:10.2196/jmir.1691 Original Paper <http://www.jmir.org/2011/2/e42/>

Some drinkers believe social benefits of heavy drinking outweigh harms

A study by University of Washington psychologists shows that some people continue to drink heavily because of perceived positive effects, despite experiencing negative effects such as hangovers, fights and regrettable sexual situations. Participants in the study, perceived that benefits of courage, chattiness and other social benefits of drinking outweigh its harms, which they generally did not consider as strong deterrents.

The findings offer a new direction for programmes targeting binge drinking, which tend to limit their focus to avoiding alcohol's ill effects rather than considering its rewards.

According to Kevin King, co-author and UW assistant professor of psychology the study gives an insight as to "why some people can experience a lot of bad consequences of drinking but not change their behavior".

Nearly 500 college students completed an online survey measuring their drinking habits during the previous year. The survey assessed how often the participants had experienced 35 different negative consequences of drinking, such as blackouts, fights, hangovers, missed classes and work, and lost or stolen belongings, as well as 14 positive effects of drinking, including better conversational and joke-telling abilities, improved sexual encounters and more energy to stay up late partying and dancing.

The researchers also measured the participants' beliefs about how likely all of these drinking consequences would happen again and how positive or negative they were. Participants rated the upsides to drinking as more positive and likely to happen in the future. Respondents' perceptions of drinking's negative consequences differed according

to how many bad experiences they had had. Those who experienced a small to moderate number of ill effects of drinking did not consider the experiences to be not so bad and did not think that they were any more likely to experience them again compared with students who hadn't experienced them.

The researchers call this cognitive-dissonance reasoning. It leads to people, on the morning after a night of heavy partying, telling themselves "I'll never drink that much again" or "I threw up that one time, but that's not me; I won't do it again." Or, it may be that once a bad consequence of drinking happens, people think that it wasn't really as bad as they initially thought, the researchers speculated. Only the participants reporting the highest number of bad experiences rated the episodes as more negative and more likely to happen again.

Authors argue that the findings have implications for alcohol intervention programmes for college students, which tend to focus on how to avoid the negative consequences of drinking. "We should take into account how people don't think of negative consequences as all that bad or likely to happen again", they state, adding that factoring in how people view alcohol's positive effects "might have a bigger impact" on drinking habits. They suggest that a risk reduction approach by helping people reduce their drinking such that they still get some of the positive effects while avoiding many of the negative and recommends training exercises to increase social skills in the absence of alcohol.

Source: Rose-colored beer goggles: The relation between experiencing alcohol consequences and perceived likelihood and valence. Diane E. Logan, Teague Henry, Matthew Vaughn, Jeremy W. Luk, Kevin M. King. *Psychology of Addictive Behaviors*, 2011; DOI: 10.1037/a0024126

UK increase in teenage non-drinkers

Forthcoming survey results from the NHS Information Centre are expected to show another rise in the number of young teenagers who have never had a drink.

This would be the tenth year in which the proportion of 11 to 15 year olds who have never tried alcohol has increased, from 39% in 2001 to 49% in 2010. There has also been a 21% reduction in the number of children under 16 needing hospital treatment for alcohol-related diseases over the last two years, though the figure for the overall population remains high.

These figures may reflect a cultural change amongst young people, with a greater understanding of the harm that excessive alcohol can cause, together with the example of young celebrities who have made decisive changes in lifestyle after suffering problems with drinking.

Don Shenker, the chief executive of Alcohol Concern, said: "There appears to be a culture emerging of young people choosing to be more independent and discerning about their lifestyle".

The nature and strength of the relationship between expenditure on alcohol and food: An analysis of adult-only households in the UK

Authors of a UK study state that unhealthy lifestyle behaviours can cluster to produce more detrimental overall health consequences than expected with a simple additive effect. This study aims to expand current knowledge of the nature and strength of the relationship between two such health behaviours, alcohol and diet, through analysis of household expenditure on food and drink from a nationally representative UK sample.

Data from the Expenditure and Food Survey for 2005–2006 was used to analyse expenditure on alcohol and diet for 3146 UK households. The classification of a food as healthy or unhealthy was determined using dietary advice provided by the Food Standards Agency. Alcohol expenditure was disaggregated into spending in pubs, bars, clubs and restaurants (on-trade expenditure) and spending in off-licenses and

supermarkets (off-trade expenditure). Analyses were stratified according to household disposable income quintile and household beverage preference.

As household expenditure on alcohol increases, spending on both healthy and unhealthy food decreases. Higher income households spend proportionately more on on-trade alcohol and healthy food than lower income households, and less on unhealthy food. Off-trade alcohol expenditure does not differ significantly according to household income. Households that prefer to purchase wine have healthier expenditure patterns than those that prefer to buy beer or spirits, even after controlling for income.

Source: The nature and strength of the relationship between expenditure on alcohol and food: An analysis of adult-only households in the UK. Gell L, Meier P. *Drug and Alcohol Review*. Article first published online: 5 July 2011

Community Alcohol Partnerships initiative to tackle underage drinking

A major expansion of Community Alcohol Partnerships aimed at tackling underage drinking is to be led by the Government's communities' adviser Baroness Newlove with the backing of drinks retailers and producers. Community Alcohol Partnerships are endorsed by the Home Office and Department of Health and bring together local retailers, trading standards and police to tackle the problem of underage drinking and associated anti-social behaviour. The partners share information and training to encourage risk-based enforcement and resolve local problems swiftly and effectively.

Baroness Newlove has agreed to chair an Advisory Board leading the roll-out of the partnerships which will comprise of senior representatives from the police, trading standards, public health community and local government. Drinks retailers and producers are to invest over £800,000 in Community Alcohol Partnerships as part of their commitment to the Government's Public Health Responsibility Deal.

Baroness Newlove said: "I am very pleased to lead the roll out of Community Alcohol Partnerships as they

are a tried and tested way of driving down underage drinking and associated antisocial behaviour. I advocate local solutions to local problems, and this partnership working based on the road map of successful CAPs will allow us to get a grip on this costly issue not just in terms of money but quality of life for people. I also welcome the industry's injection of resources to fund among other things effective school education."

WSTA Chief Executive Jeremy Beadles said: "This represents a significant investment by retailers and producers in the proven partnership approach to tackling purchase and possession of alcohol by under 18's... It demonstrates the industry's commitment to meet the objectives of the Government's Public Health Responsibility Deal by playing its part in addressing the issues associated with alcohol misuse."

The Alcohol Education Trust is pleased to be working in partnership with the CAP project to ensure that all Heads of PSHE at secondary schools in the CAP operation areas receive a teacher work book and DVD and support for alcohol education throughout the duration of the CAP.

Drinkaware target 18-24 heavy drinkers for summer campaign

In the UK, Drinkaware's campaign to reduce binge drinking amongst 18-24s is gearing up for the September peak.

Continuing the 'Why let good times go bad' campaign, new creatives contrast good times and bad times and gives useful tips on how to prevent a night out going bad. For example: 'A night you'll never forget' compared to 'A night you can't remember'.

The tips focus on eating before going out, pacing, and alternating alcoholic drinks with soft drinks: - It's not a race, remember to pace; Have something to eat to stay on your feet; Try to make every third drink a soft one.

Work with the National Union of Students will also take place ahead of the official launch, targeting new students who are applying for and planning their university experience.

The objective in 2011 is to build on the claimed behaviour and awareness results seen in previous years. There is a particular focus on digital and mobile activity as this has the most impact with the target audience maximising direct engagement with consumers driving actual behaviour change.

Campaign material is available to download from <http://assets.drinkaware.co.uk>



Diageo funds midwives educational campaign in UK

Diageo is paying for 10,000 midwives to be trained in highlighting to pregnant women the dangers of drinking alcohol. The move is an example of the Government's bid to attract the private sector into public health and the Department of Health hopes the initiative will help more than a million expectant mothers over three years. It is part of the Government's "Responsibility Deal" which sees big business, charities and the retail sector working together to help people live healthier lives.

Public Health minister Anne Milton said: "Midwives are one of the most trusted sources of information and advice for pregnant women... This pledge is a great example of how business can work with NHS staff to provide women with valuable information".

The training programme will be run by the National Organisation for Foetal Alcohol Syndrome (NOFAS). The deal involves a six figure investment that will be distributed across the three years of the project.

Pernod Ricard and AA team up on drink driving



In the UK, Pernod Ricard and the Automobile Association (AA) are expanding their joint anti-drink driving campaign, encouraging people to "accept responsibility".

The partnership was initially launched in December 2010 to reinforce both companies' commitment

to tackling drink driving related issues throughout the UK.

The the first phase of the campaign focussed on the Christmas period and phase two, launched on July 12, will run through the summer period with advertisements running online and across social media.

The AA will feature the campaign on its website, which is estimated to reach 15 million people. In addition, advertisements will run on Facebook, Spotify and MSN, reaching around 23% of all 18-24 year olds.

Training in UK for law enforcement

The Home Office in the UK has commissioned law firm Walker Morris to develop a nationwide training programme for local authorities. The move follows concerns by the government and police that officers are not fully using the powers available to them to tackle alcohol related crime and disorder.

The programmes, which helps to train police, licensing officers and Community Safety Partnerships to use their legislative powers more effectively is being monitored closely as the 24-hour drinking environment is being debated once more.

Over the past two months training courses have been held in 26 areas of the country, focusing on more than 500 of the most problematic licensed premises.

The results of the initiative so far are encouraging. The first training sessions in Bristol alone have resulted in the immediate closure of three premises which were operating illegally, making a real contribution to improving the local community.

The current programme follows a successful pilot project run in – Newham, where the local authority was under pressure to improve the situation ahead of the London Olympics in 2012, Newquay where the deaths of two teenagers highlighted the problems the town had with under-age drinking, Lincoln and North Nottinghamshire. In Newquay the police and the local authority have reported a real improvement particularly on tackling underage drinking. In Newham the council say that serious violent crime in licensed premises has gone down by over 64% largely due to improved measures to tackle licensing breaches as a result of the Home Office training.

Debates on the future of harm reduction and drug prevention in the UK

Glasgow, 6pm – 8pm, 21 September, 2011

Edinburgh, 6pm – 8pm, 22 September, 2011

Professor Stanton Peele and Professor Neil McKeganey will meet in Scotland in September 2011 to debate the future of the harm reduction and prevention approaches to drug policy and treatment in the UK.

Two of the most influential addiction experts of the past 30 years, they will debate some of the most contentious issues facing UK drug treatment providers and policy makers in the 21st century including:

- The individual and community health impact of harm reduction strategies

- Drug prevention strategies aimed at reducing supply and demand

- Drug criminalisation, decriminalisation, legalisation, and regulation

- Abstinence-based drug and alcohol treatment programmes

- The policy implications of treating addiction as a brain disease.

For more information, please email Christopher at chris@addictiondebates.com or visit <http://addictiondebates.com/index.php/forthcoming-debates/>

Police reform and Social Responsibility Bill debates pub licence fees

The cost of drinking in pubs could increase further in the UK with the price of beer going up 13 pence under new laws being discussed this week.

Plans to give stronger licensing powers to local authorities, set to be debated as part of the Police Reform and Social Responsibility Bill in the House of Lords, could result in pub licence fees increasing ten-fold from £200 to £2,000.

The Association of Licensed Multiple Retailers says the shake-up, which could cost the pub trade as much as £100 million a year, risks putting more establishments out of business.

Chief executive Nick Bish said that pubs will not be able to afford to absorb these cost hikes so it will inevitably be passed on to customers.

UK responsibility deal update

Health Secretary Andrew Lansley has praised the work of food and drink manufacturers and retailers in backing the Government's Responsibility Deal to improve public fitness and well-being.

Speaking at the UK Faculty of Public Health's annual conference, Mr Lansley said the initiative had already attracted the support of more than 220 partners, mostly in industry, making collective pledges about public health. The successes highlighted by Mr Lansley included improvements in alcohol labelling and further work on alcohol advertising and marketing.

Mr Lansley told the conference that the coalition government would regulate where necessary, but would start with information, support and encouragement.

Launched by the Department of Health on March 15, the Public Health Responsibility Deal aims to tap into the potential for businesses and other organisations to improve public health and tackle health inequalities "through their influence over food, alcohol, physical activity and health in the workplace".

The strategy has previously attracted criticism from some health organisations and experts, who claimed some of the pledges did not go far enough to address concerns about issues such as alcohol abuse.

Northern Ireland consultation on minimum pricing

A consultation on minimum pricing and other options for Northern Ireland closed on the 26 June 2011. Northern Ireland's Department of Health, Social Services and Public Safety were seeking views on setting a minimum price per unit of alcohol.

The consultation provided an opportunity for comment on plans to ban 'below-cost' selling of alcohol; to ban sale of alcohol below level of Duty and VAT; to increase taxation to address the harms of problem drinking; and to introduce a social responsibility levy.

Views were sought from the public, trade associations, criminal justice workers or those who run or work in pubs, clubs, supermarkets or other outlets selling alcohol.

In Ireland, MEAS calls on government to lead development of industry-wide code

MEAS CEO, Ms. Fionnuala Sheehan, has called on the Irish Government to address the unregulated, below cost sale of alcohol within the off-trade sector and to lead the development of an industry-wide code of practice to regulate the merchandising, promotion and sale of alcohol. A comprehensive, co-regulatory code is required and MEAS would be very willing to assist in the development of such a code.

Ms. Sheehan made this statement following the communication by the publicans' representative bodies, the Vintners Federation of Ireland (VFI) and the Licensed Vintners Association (LVA) of their decision to withdraw from the voluntary MEAS Code on "the Naming, Packaging and Promotion of Alcoholic Drinks" (the MEAS Code) and, as a consequence, from membership of MEAS.

Ms. Sheehan said "I very much regret this decision by the two vintner organisations. I understand that it was taken reluctantly and out of concern that the voluntary compliance of their members to the MEAS Code's standards regarding promotions was placing them at a commercial disadvantage vis a vis their off-trade competitors, and at a time when an unprecedented level of pub closures and job losses is occurring."

Established in 2002, MEAS works in partnership with Government, industry and other appropriate bodies to promote the responsible marketing, promotion, retailing and enjoyment of alcohol in society. Through drinkaware.ie, a major consumer focused communications initiative, MEAS has made tangible progress in challenging anti-social drinking behaviours and in reducing the culture of excessive drinking. Ms. Sheehan further noted: "The MEAS/drinkaware.ie programme of initiatives supporting responsible drinking has secured very significant public support. MEAS and its members are firmly resolved to build further on these successful initiatives."

European Commission health determinants committee on national alcohol policy and action 8th meeting

A Summary report and presentations from the 8th Committee on National Alcohol Policy and Action that took place in Luxembourg, March 2011 are now available at http://ec.europa.eu/health/alcohol/docs/ev_20110301_mi_en.pdf

Health trends in France

The 2010 health report from the French national health promotion and education institute INPES in partnership with the French observatory for drugs and addictions OFDT has been published. According to the report, 12% of respondents between the ages of 18 and 75 had drunk alcohol on a daily basis over the past year (18% of men and 6% of women), compared to 16% in 2005.

The survey showed that just 37% of those questioned drank alcohol at least once a week, while 38% drank more regularly. Of those surveyed, 19% had been drunk at least once in 2010 (compared to 15% in 2005), with the proportion reaching 34% in the 18-34 age bracket (up from 20% in 2005). The number of regular smokers in France has risen from 28% in 2005 to 30% in 2010. However, the average number of cigarettes smoked a day by regular smokers fell from 15.3 to 13.8 over the same time frame.

Netherlands Beverage and Catering bill adopted

In the Netherlands the current Licensing and Catering Bill has been updated. Parliament supported a Dutch cabinet proposal to make the possession of alcohol a punishable offence for children under 16. However, the initial proposal was amended following extensive debate about who is to be punished and when.

A majority of MPs agreed that young people under the age of 16 caught drinking in public should be penalised. If they are drinking in a bar both the publican and the child are punishable, but when a child tries to buy alcohol at an off-licence or in a supermarket only the store owner is liable to punishment.

Teenage drinking in the Netherlands

In the Netherlands, the number of young people under 16 years who consume alcohol has declined significantly over the last four years.

According to research by the Public Health Service, the percentage of second graders who had recently consumed alcohol fell from almost 50% in 2005 to 20% in 2009. The study of second graders and fourth graders in the Amsterdam region also found that the number of excessive drinkers amongst second graders dropped from 23% to 13% over the same period.

Campaigns that reinforce the message that under 16s should not drink have been picked up according to researcher Claudia Verhagen and this has resulted in a strong decline in alcohol consumption amongst young people. Similarly the survey showed that parents of teenagers are also less happy about their children consuming alcohol under age 16. The campaign "Alcohol under 16? Not yet" started in 2006. There is clearly a parallel to see the reactions of parents.

Verhagen stated that "The campaign received much attention, and in the news young people and alcohol were a common topic, This reinforced the campaign message". The message has over the course of time become less permissive: initially "Alcohol under 16? not yet" to 'Alcohol under 16? Of course not' and in 2010, 'Not 16? Not a drop'.

The survey also found a reduction in drug use and smoking. The percentage of smokers decreased significantly amongst both second graders and fourth graders. The use of soft drugs dropped by 10% amongst fourth graders, and hard drugs in this group decreased from 2.7 to 0.7%.



CEPS Factsheets published

The European Spirits Organisation has published updated version of its factsheets on Alcohol and underage drinking, Alcohol advertising and consumption and Alcohol taxation, pricing and alcohol-related harm. It has also produced a new factsheet on 'Meaningful consumer information about alcohol'- Health Warning Labels (HWL) began to gain popularity amongst policy makers in the US in the 1980s, when local and state legislation pushed for mandatory labelling in an effort to reduce alcohol-related harm. Warnings generally address targeted audiences or contexts: pregnancy, drink driving or operating machinery. The factsheet aims to address questions surrounding consumer information about alcohol (including, but not limited to, Alcohol Health Warnings).

www.europeanspirits.org

Industry fights alcohol advertising ban in Lithuania

In 2008 the Lithuanian Parliament accepted an amendment to the Alcohol Control Law that would install a comprehensive ban on alcohol advertising in the year 2012. Now with only 6 months left the pressure to withdraw the ban is steadily rising.

According to reports, support for the ban has declined even in the Conservative party, which has gone on record to say they support evidence based measures to deal with the problem of alcohol. Although their election programme stated that they want to ban alcohol advertising, a group of 14 members of parliament (mostly from the Conservative party) have registered an amendment to the Alcohol Control law, that would effectively remove the upcoming total ban on alcohol advertising. These politicians say that it is not technologically possible to implement a ban on foreign television stations and the internet. They also say that the ban will discriminate Lithuanian media compared to Russian media. According to them Lithuanian television stations will move to other countries. They have also presented a table with European countries that shows how alcohol advertisement regulation differs between countries.

Éduc'alcool launches the English version of BAC calculator

Éduc'alcool has launched the English version of its blood-alcohol content (BAC) calculator for iPhone. The application is available free at the Éduc'alcool website.

With the BAC calculator, users can calculate their approximate blood-alcohol content, in advance or in real time, based on how much they are drinking or planning to drink, allowing people to control their alcohol intake and make better decisions. The easy-to-use app calculates changing blood-alcohol levels from the first drink until the alcohol has been completely eliminated. It takes into account the drinker's sex and weight, the number of hours over which the alcohol is absorbed, and the quantity, type of drinks and percentage alcohol being ingested. The application can handle multiple profiles and monitor the BAC of several people at once.

A round up of alcohol legislation in the US

A bill to increase the penalties for people who hold house parties at which alcohol is served to teens became law in Florida on July 1. Under the bill, the second and subsequent violations of the open house party statute are elevated from a second-degree misdemeanor to a first-degree misdemeanor. In addition, the bill creates a first-degree misdemeanor if there is a death or serious injury resulting from a minor's consumption of alcohol or drugs at an open house party.

In Virginia new legislation on underage drinking becomes effective from July 1, 2011. The state has increased penalties for underage drinking and driving. A driver under 21 who is caught with a .02% blood alcohol level will lose their license for one year.

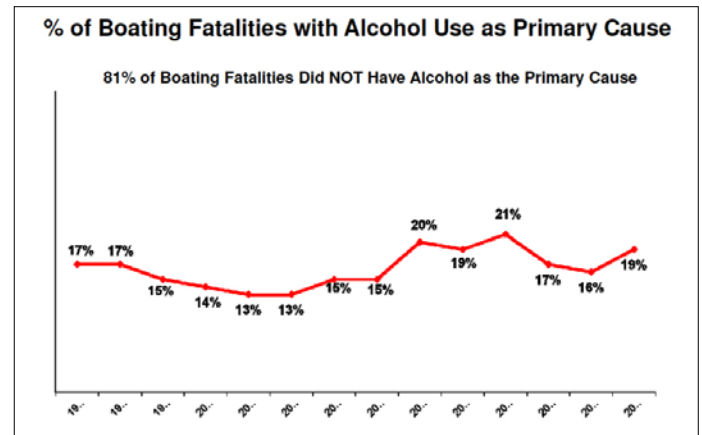
The US state of Indiana has passed a new law which requires the alcohol consumers to possess an ID proof while purchasing any alcoholic products. The new law, effective 1 July, 2011 mandates the store clerks of carry-out alcohol to ask for age-proof from anyone who appears to be less than 40 years of age. Some stores in Indiana require all alcohol to be purchased at the front of the store and put up devices on the bottles which prompt an ID check when scanned. The new law applies to any business or store which sells carry-out alcohol.

US Coast guard boating statistics

The US Coast Guard compiles yearly statistics on reported recreational boating accidents. In 2010, there was one boating fatality with alcohol as a primary factor per 100,000 registered boats. Despite a 25% increase in the number of boats owned, there has been a 35% decrease in boating fatalities. In 2010, there were 126 deaths and 293 injuries in 330 alcohol-related boating accidents in the United States. In 19% of the boating fatalities in 2010, alcohol was identified as the primary cause.

States that have taken steps to reduce alcohol-related boating accidents include Iowa and Oklahoma, which have lowered the legal blood alcohol level of a person operating a boat from 0.10% to 0.08%. North Carolina has launched a campaign called "On the Road or On the Water" to reduce both driving and boating under the influence.

In Texas, judges and police work together during "no refusal" weekends to issue search warrants to draw blood from suspects who are under investigation for boating or driving drunk and who refuse to take a breath test.



Source: US Coast Guard Boating Statistics - http://www.uscoastguard.org/assets/1/workflow_staging/2010_Recreational_Boating_Statistics.pdf
 Note: Figures from Causes of Boating Accident table where alcohol use is noted as the "primary" cause of accidents and fatalities. For each accident record in the Boating Accident Report Database there is allowance for up to four causes (in order of relevance). The alcohol use figure used here was composed of only the first cause field.

Change the Conversation – video competition

The Traffic Injury Research Foundation (TIRF), arrive alive DRIVE SOBER and Young Drivers of Canada have launched a contest for the best public service announcement (PSA) videos on impaired driving.

Geared to youth across Canada aged 15-25, the video PSA contest is a component of Change the Conversation, a national education programme on impaired driving, sponsored by the Brewers Association of Canada. The goal of the video contest is to engage Canada's youth in the conversation on reducing impaired driving by asking them to produce their own public service announcements that increase knowledge and share strategies to avoid drinking and driving.

"Even though youth are less likely to drink and drive relative to other age groups still almost 1/3 of fatally injured drivers who were legally impaired while driving are aged 25 or younger" explains TIRF President and CEO, Robyn Robertson. "The contest was designed to encourage youth to learn the facts about impaired driving and use their creative energy to share their reasons for choosing not to drink and drive."

A new series of Change the Conversation programme materials (PSAs, posters and flash cards) are also being released in conjunction with the video contest launch. Topics address a range of issues including passengers of drinking drivers, alcohol and fatigue,

myths about drunk drivers, and, the time of year when drivers in fatal crashes are more likely to test positive for alcohol.

"The new materials also include information from TIRF's upcoming Road Safety Monitor on youth drinking and driving," notes Robertson. "Based on preliminary results of the report, it's encouraging to see how responsible a majority of youth are when it comes to their personal choices not to drink and drive or to not ride with a drinking driver."

Entrants' videos will be posted for voting on Change the Conversation's YouTube channel (www.youtube.com/Changetheconvo). Viewers can vote for their favourite submissions for the viewers' choice award until September 15, 2011.



Brewers Association of Canada consults with the Canadian Organization of Campus Activities

The Brewers Association of Canada (BAC) met on June 22, 2011 with over one hundred delegates at the Canadian Organization of Campus Activities (COCA) during its annual convention in Whistler, BC.

During the session, organized as part of the COCA conference by the Centre for Responsible Drinking, participants had the opportunity to express to the brewing industry the successes and problems associated with alcohol during campus activities. A range of solutions were also discussed during the session.

Ian Faris, President and CEO of the BAC, said: "The message given to us by the delegates today is key to the development of appropriate policies with respect to alcohol on campus. I thank COCA for the

enthusiastic response given to our suggestion of hosting this session and all of the participants for the excellent feedback provided to us".

Following this session, the BAC will be initiating similar discussions with student bodies at various Colleges and Universities in the fall. These discussions will allow the Association to get the students' and colleges' perspectives as well.

These discussions follow the development of a campus code of marketing, which all BAC members have agreed to respect. This code of conduct was developed following consultation with the Canadian Association of College and University Student Services.

SAB launches 'No Regret Friday' to counter irresponsible drinking

The South African Breweries (SAB) have announced the launch of an innovative responsible drinking initiative - No Regret Friday - and called upon all South Africans to 'Regret Nothing' by consuming alcohol responsibly.

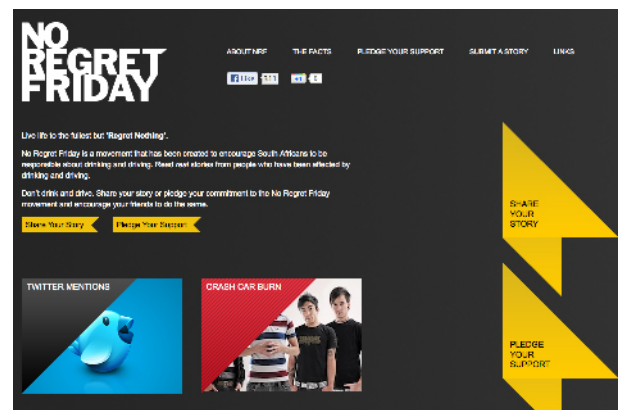
The 'No Regret Friday' campaign is the next step in SAB's highly successful Reality Check advertising campaign which was launched in 2009.

With a focus on the issue of drinking and driving, SAB's 'No Regret Friday' initiative aims to start a movement of South Africans, including high profile celebrities, who are committed to drinking responsibly and who are determined to encourage others to do the same.

SAB's 'Regret Nothing' ambassadors include Bafana Bafana coach Pitso Mosimane, Springbok flank and Stormers captain Schalk Burger as well as 5fm DJ and

Idols judge Gareth Cliff. They will encourage South Africans to share their stories and generate discussion about the dangers of drinking and driving through the No Regret Friday campaign.

www.noregretfriday.co.za



Zambia: An alcohol policy alliance in the making?

In his presentation at a meeting for civil society organizations in Lusaka on the 10th of June, Dr John Mayaya from the Ministry of Health stressed the important role of NGOs in alcohol policy discussions. He said that governments need NGOs both as watchdogs, as strong voices for public health interests and as partners in mobilizing stakeholders.

Dr Mayaya presented the new Liquor Act which had just been adopted by the Zambian parliament. This

Act will be followed by a new alcohol policy which is soon to be presented and adopted. The new policy, however, has been developed without any broad participation from the civil society of Zambia. Dr. Mayaya therefore invited all the present NGOs to submit their opinions on the policy shortly after the workshop. He also welcomed the fact that a network of NGOs concerned with alcohol policies now seemed to be emerging in Zambia.

Sports Clubs sign up to new campaign in Auckland



Heat sensitive urinal stickers which reveal a 'sober driver' message when urinated on are part of a new campaign encouraging sportsmen to make it home safely after a night drinking. More than 100 sport clubs across Auckland have signed up to Auckland Transport's new "Make it a good one, Make it home" alcohol campaign, targeting young male players aged 18-24 at rugby, football and rugby league clubs.

Auckland Transport Community Transport Manager Matthew Rednall thinks that sports clubs are in a position to influence the way people think about drinking. "We are pleased to work with them to raise awareness and promote positive change around their drinking culture... Sport clubs are required to be responsible hosts, but they are also keen to support the campaign because the message is simple, specific to their sport and easy to introduce in their clubrooms," he said.

All Black legend Michael Jones is the voice of the campaign which says "There's nothing better than catching up with mates after the game in the clubrooms, it can be a big part of a players sporting life, but drinking and driving shouldn't be. Look out for your mates and loved ones, get a sober driver and get home safe."

Jones hopes the campaign will be replicated in other regions across the country.

Ongoing community education & awareness campaign in Australia

As part of its ongoing community education activities, DrinkWise Australia, working in collaboration with its producer members who represent 80% (by volume) of the alcohol sold in Australia, has launched new consumer information messages that will appear on the labels of alcohol products in Australia.

Four messages will be available to adopt and integrate with alcohol product labelling.

The core message encourages consumers to 'Get the Facts' from the DrinkWise website (www.drinkwise.org.au) which provides evidence based information on alcohol to help people make informed choices when drinking.

This core message can be used alone on labels or in tandem with three other messages:

- Kids and Alcohol Don't Mix
- Is Your Drinking Harming Yourself or Others?
- It is Safest Not to Drink While Pregnant (an alternative to text is provided via a pictogram)

Consumers will start to see these important messages on underage or excessive drinking, or drinking while pregnant, as they roll out across products nationally.

For more information, visit www.drinkwise.org.au



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

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