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Indonesia

Indonesia is threatening to introduce plain packaging on wine and spirits which are imported from countries that enforce plain labelling on packs of cigarettes.

Russia

Proposed amendments to Russian alcohol laws would reclassify wine as an agricultural product and lift advertising restrictions for domestic wines, among other changes. The measures would also create a geographical indication for Russian wines made from domestic grapes, and provide access to federal subsidies.

Denmark

Danish officials have announced new regulations instituting stronger penalties for drink driving offenders, effective July 1, 2014. Drivers found with high blood alcohol concentration (BAC) levels will be penalised with driving license revocation for three years and permanent confiscation of their vehicles, which will be auctioned off by the government.

Kenya

The Kenya Bureau of Standards (KEBS) has announced the release of a free mobile application to verify the authenticity of alcohol beverages, after a series of deaths from contaminated alcohol. The agency is using Kenya's cellphone network so consumers can access the KEBS database through a quick response (QR) scanner and provide information through a SMS messaging feature.

Finland

The Finland Government is considering selling the state-owned alcohol producer Alia, which officials described as "no longer strategically important to the state." The divestment proposal comes shortly after the government announced it would sell EUR €1.9 billion in non-core state assets in an effort to reduce debt and fund new projects.

US

The Illinois House of Representatives is considering draft legislation that would allow repeat drink drive offenders to continue to drive. The "redemption bill" would allow offenders with a fourth drink driving offense a limited driving permit, dependent on five years elapsing from their final offense, alcohol interlock installation, successful completion of a rehabilitation programme, and three years confirmed abstinence.

UK

A report in the UK press, based on leaked documentation, suggests that if a Labour Government becomes elected in 2015, it would implement minimum unit pricing and ending sports sponsorship by alcohol companies. Alcohol sports sponsorship spend is currently thought to be worth £300m a year.

A meta-analysis shows that light alcohol consumption is associated with a reduced risk of stroke, while heavier drinking may increase risk

Zhang C, Qin Y-Y, Chen Q, Jiang H, Chen X-Z, Xu C-L, Mao P-J, He J, Zhou Y-H. Alcohol intake and risk of stroke: A dose-response meta-analysis of prospective studies. *Int J Cardiol* 2014; pre-publication
<http://dx.doi.org/10.1016/j.ijcard.2014.04.225>.

Authors' Abstract

Background: Alcohol intake is inconsistently associated with the risk of stroke morbidity and mortality. The purpose of this study was to summarize the evidence regarding this relationship by using a dose-response meta-analytic approach.

Methods: We performed electronic searches of PubMed, EMBASE, and the Cochrane Library to identify relevant prospective studies. Only prospective studies that reported effect estimates with 95% confidence intervals (CIs) of stroke morbidity and mortality for more than 2 categories of alcohol intake were included.

Results: We included 27 prospective studies reporting data on 1,425,513 individuals. Low alcohol intake was associated with a reduced risk of total stroke (risk ratio [RR], 0.85; 95% CI: 0.75–0.95; $P = 0.005$), ischemic stroke (RR, 0.81; 95% CI: 0.74–0.90; $P = 0.001$), and stroke mortality (RR, 0.67; 95% CI: 0.53–0.85; $P = 0.001$), but it had no significant effect on hemorrhagic stroke. Moderate alcohol intake had little or no effect on the risks of total stroke, hemorrhagic stroke, ischemic stroke, and stroke mortality. Heavy alcohol intake was associated with an increased risk of total stroke (RR, 1.20; 95% CI: 1.01–1.43; $P = 0.034$), but it had no significant effect on hemorrhagic stroke, ischemic stroke, and stroke mortality.

Conclusions: Low alcohol intake is associated with a reduced risk of stroke morbidity and mortality, whereas heavy alcohol intake is associated with an increased risk of total stroke. The association between alcohol intake and stroke morbidity and mortality is J-shaped.

Forum Comments

Most epidemiologic studies have shown a reduction in the risk of ischemic stroke (and total stroke, as ischemic stroke is by far the most common type in western countries) to be associated with light to moderate alcohol consumption. The present study supports these findings, with a decrease for most strokes with light drinking and possibly an increase in strokes for heavy drinking.

Differences in effect of alcohol on ischemic stroke by pattern of drinking and type of alcohol: Forum member Stockley provided a good summary of our previous understanding of the relation of alcohol to

ischemic stroke: "This meta-analysis confirms or adds to results of previous ones, such as those of Corrao et al (1999, 2004), Reynolds et al (2003), Patra et al (2010), and Ronksley et al (2011). The apparent inverse association of moderate alcohol consumption and risk of ischaemic stroke occurs at a lower amount of alcohol and with a lower magnitude of risk reduction than does the corresponding association with risk of coronary heart disease (Klatsky et al 2001, Reynolds et al 2003, Mukamal, Ascherio, et al 2005, Mukamal et al 2006, Ronksley et al 2011). Only a regular pattern of light consumption is consistently associated with a reduced risk of ischaemic stroke (Mukamal, Chung, et al 2005, Ikehara et al 2008, Ruidavets et al 2010). For example, in the Prospective Epidemiological Study of Myocardial Infarction (PRIME), binge drinking approximately doubled the risk of an ischaemic stroke compared with regular consumption (Ruidavets et al 2010)."

Reviewer Lanzmann-Petithory pointed out that a number of studies have shown that the reduction in stroke risk associated with light-to-moderate alcohol consumption is more apparent for consumers of wine than of other beverages. As stated by Mukamal, Ascherio, et al (2005), "Red wine consumption was inversely associated with risk in a graded manner ($P = 0.02$ for trend), but other beverages were not." A similar difference by type of beverage was reported by Djoussé et al (2002), who stated: "In beverage-specific analysis, only wine consumption was related to a decreased risk of ischemic stroke." In a large prospective study in Eastern France, Renaud et al (2004) demonstrated that wine consumers had lower hypertension-related mortality than beer and spirits drinkers.

Differences in effect of alcohol by type of stroke: Stockley also commented on differences between ischemic stroke and hemorrhagic stroke. "There is consensus among studies that heavy alcohol consumption is usually associated with a higher risk of both ischaemic and haemorrhagic strokes. The relationship between moderate alcohol consumption and haemorrhagic stroke is less certain. Some studies have observed a J-shaped relationship while others observed a linear and dose-dependent relationship between the amount of alcohol consumed and the risk of hemorrhagic stroke (Klatsky et al 2002, Ariesen

et al 2003, Corrao et al 2004, Feigin et al 2005, Patra et al 2010). If J-shaped, the optimal amount of alcohol is even lower than that for ischaemic stroke. For example, while Corrao et al (2004) calculated a significantly increased risk for ischaemic stroke at 100 g alcohol/day, for haemorrhagic stroke this was calculated at 50 g/day. This difference in risk between stroke types may be associated with an alcohol-induced increase in blood pressure in heavier consumers (Klatsky et al 2002, Iso et al 2004) or may relate to effects of alcohol on blood clotting mechanisms (Renaud 2001, Ruf et al 1995)."

Forum member Lanzmann-Petithory also commented on differences in alcohol effect according to type of stroke: "Generally, ischemic stroke and hemorrhagic strokes (the latter make up about 10-15% of strokes) have different, even opposite, effects from nutritional factors, particularly in lipids, as explained by Renaud (2001). The physiopathology is not the same for ischemic stroke (thrombosis and atherosclerosis) as for hemorrhagic stroke (membrane frailty and bleeding). (For example, saturated fat, as in butter, may protect against hemorrhagic stroke.) High blood pressure is a risk factor for both. Concerning alcohol, quantity increases the risk of hemorrhagic stroke, and binge drinking increases particularly the risk for ischemic stroke by a platelet rebound effect of alcohol withdrawal, as shown in rats (Ruf et al 1995); such an effect is less pronounced for wine than for other alcoholic beverages."

Comments of Form members on the present study: This seems to be a straight-forward analysis of prospective studies. The authors state that "no restrictions were placed on language or publication status (published, in press, in progress)". A total of 27 prospective studies met criteria to be included in the meta-analysis. The authors used restricted cubic splines to generate their dose-response curve, with knots at 10%, 50%, and 90% of the distribution. They categorised a reported average alcohol intake of <15 g/day (up to about 1_ "typical drinks") as light consumption and of 15-30 g/day (about 2 to 3 drinks) as moderate consumption. Overall, 24 of the studies included in the analysis were adjusted for smoking and most other potential risk factors. The authors point out differences (greater smoking, larger amounts of alcohol) among the Chinese subjects, which may explain some of the differences shown between alcohol's effects in different countries. They

also point out that they had no data on pattern of drinking. Forum reviewer Yuqing Zhang considered the statistical methods used in the meta-analysis to be sound and appropriate.

The key results of the study are a significant 15% reduction in total stroke for low alcohol intake, no effect for moderate, and a 20% increased risk for heavy alcohol consumption (RR 1.20, 95% CI 1.01, 1.43). For ischemic stroke and stroke mortality there were decreases for low alcohol intake, but no significant effects of either moderate or heavy intake. For hemorrhagic stroke, the RR for subjects reporting heavy alcohol intake was increased, but none of the differences between drinkers and non-drinkers was statistically significant.

Reviewer Skovenborg considered that "The present meta-analysis of alcohol intake and risk of stroke was well executed with proper use of state-of-the-art principles. Most of the results are not surprising and the confirmation of a J-shaped association between alcohol intake and risk of stroke was expected. The wide confidence intervals are surprising considering the large number of studies in the meta-analysis, and the heterogeneity of the results for alcohol intake and hemorrhagic stroke is also somewhat surprising."

Reviewer Van Velden was not sure whether hypertension was given adequate consideration in this study, adding that blood pressure is linked both to heavy alcohol consumption and to stroke mortality. Added reviewer Skovenborg, "The results of the sensitivity analysis excluding the studies that specifically included patients with hypertension were similar to the results of the overall analysis and the conclusions were not affected by the exclusion of these studies. However, it is worth a discussion whether hypertension is a confounding variable or whether it is an important factor in the mechanistic pathway of the effect of alcohol on risk of stroke. In subgroup analysis the associations between alcohol intake and stroke morbidity and mortality were largely unaffected whether the analysis was adjusted for blood pressure or not."

Forum member Svilaas stated that "This paper presents a well-performed meta-analysis, with some limitations as recognised by the authors. However, the benefit of light alcohol use seems once more to be confirmed."

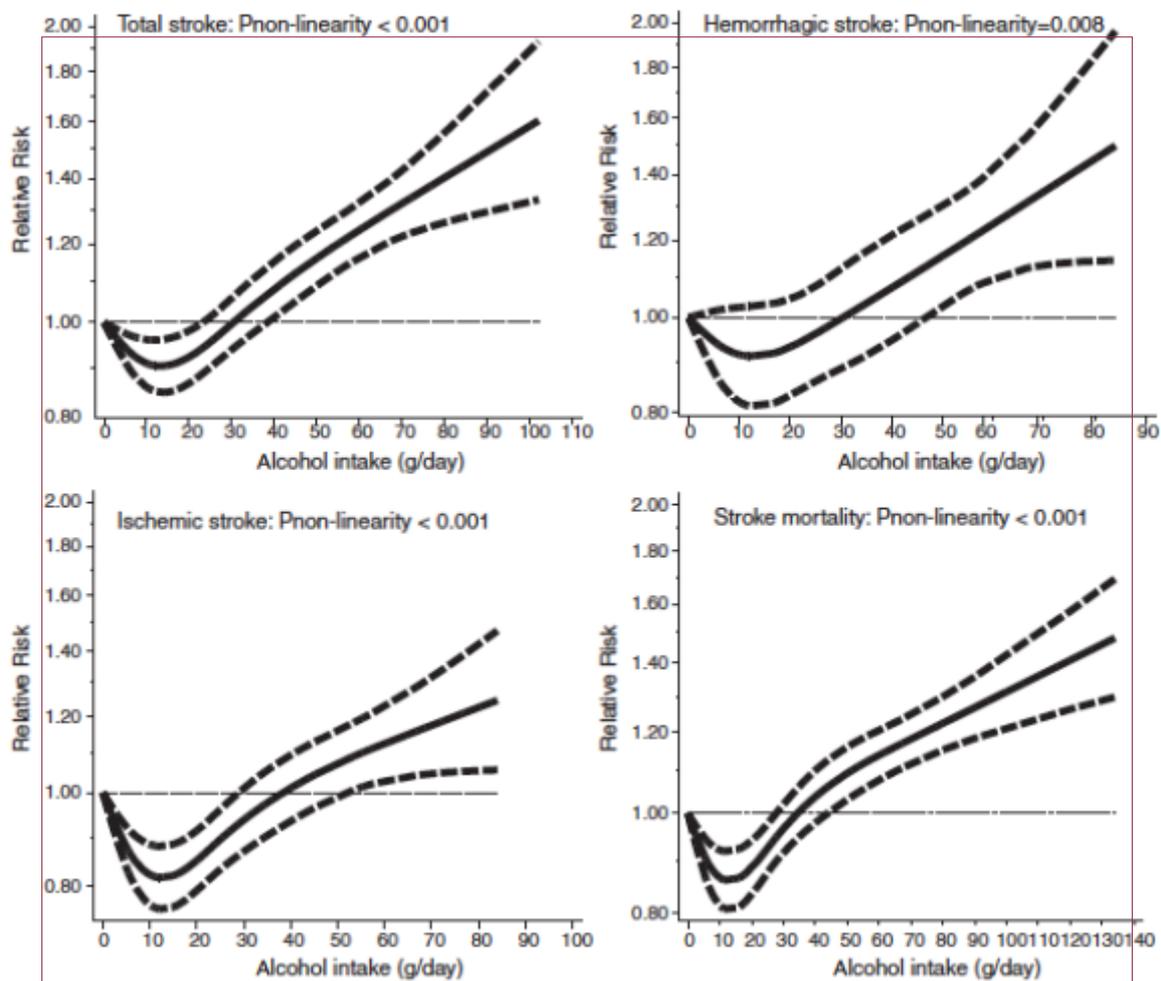


Fig. 5. Dose-response relations between alcohol intake and relative risks of total stroke, hemorrhagic stroke, ischemic stroke, and stroke mortality.

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Forum Summary

Most epidemiologic studies have shown a reduction in the risk of ischemic stroke (and total stroke, as ischemic stroke is by far the most common type in western countries) to be associated with light to moderate alcohol consumption. The present study, a meta-analysis, was based on 27 prospective studies; the authors categorised a reported intake of <15 g/day as light consumption, and 15-30 g/day as moderate consumption. The authors point out differences (greater smoking, larger amounts of alcohol) between Chinese subjects and those from other countries, which may explain some of the differences shown between alcohol's effects in the different countries. They also point out that they had no data on the pattern of drinking (regular, moderate intake versus binge-drinking) or on the type of alcoholic beverage consumed.

The key results of the study are a significant 15% reduction in total stroke for low alcohol intake, no effect for moderate, and a 20% increased risk for heavy alcohol consumption (RR 1.20, 95% CI 1.01, 1.43). Analyses were also done according to type of stroke: for ischemic stroke and stroke mortality

there were decreases for low alcohol intake, but no significant effects of either moderate or heavy intake. For hemorrhagic stroke, the RR for subjects reporting heavy alcohol intake was higher than that of abstainers, but none of the differences between drinkers and non-drinkers was statistically significant.

This meta-analysis supports previous findings of a decrease in the risk of most strokes with light drinking and a probable increase in the risk for heavy drinking. Forum members generally agreed with the conclusions of the authors: **“Low alcohol intake is associated with a reduced risk of stroke morbidity and mortality, whereas heavy alcohol intake is associated with an increased risk of total stroke. The association between alcohol intake and stroke morbidity and mortality is J-shaped. An alcohol intake of 0-20 grams/day is associated with decreased rates of stroke morbidity and mortality.”**

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

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

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

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

Does adjustment for stress levels explain the protective effect of moderate drinking on the risk of mortality?

Ruf E, Baumert J, Meisinger C, Döring A, Ladwig K-H, and for the MONICA/KORA Investigators. Are psychosocial stressors associated with the relationship of alcohol consumption and all-cause mortality? *BMC Public Health* 2014, 14:312.

<http://www.biomedcentral.com/1471-2458/14/312>.

Authors' Abstract

Background: Several studies have shown a protective association of moderate alcohol intake with mortality. However, it remains unclear whether this relationship could be due to misclassification confounding. As psychosocial stressors are among those factors that have not been sufficiently controlled for, we assessed whether they may confound the relationship between alcohol consumption and all-cause mortality.

Methods: Three cross-sectional MONICA surveys (conducted 1984–1995) including 11,282 subjects aged 25–74 years were followed up within the framework of KORA (Cooperative Health Research in the Region of Augsburg), a population-based cohort, until 2002. The prevalences of diseases as well as of lifestyle, clinical and psychosocial variables were compared in different alcohol consumption categories. To assess all-cause mortality risks, hazard ratios (HRs) were estimated by Cox proportional hazards models which included lifestyle, clinical and psychosocial variables.

Results: Diseases were more prevalent among non-drinkers than among drinkers: Moreover, non-drinkers showed a higher percentage of an unfavourable lifestyle and were more affected with psychosocial stressors at baseline. Multivariable-adjusted HRs for moderate alcohol consumption versus no consumption were 0.74 (95% confidence interval (CI): 0.58–0.94) in men and 0.87 (95% CI: 0.66–1.16) in women. In men, moderate drinkers had a significantly lower all-cause mortality risk than non-drinkers or heavy drinkers ($p = 0.002$) even after multivariable adjustment. In women, moderate alcohol consumption was not associated with lowered risk of death from all causes.

Conclusions: The present study confirmed the impact of sick quitters on mortality risk, but failed to show that the association between alcohol consumption and mortality is confounded by psychosocial stressors.

Forum Comments

Among the most consistent of findings from prospective epidemiologic studies is an inverse association between moderate drinking and total mortality, even after adjustments for all known potential confounders. The present analysis was carried out specifically to focus on the effects of psychosocial stressors on the association, using a

large population-based German cohort from the WHO MONICA study. Standard risk factors assessed included smoking, physical activity, body size, blood pressure, hypertension, serum cholesterol, and HDL cholesterol; further, a history of diabetes, heart failure, myocardial infarction, cancer and liver diseases were assessed to help judge “sick quitters.” A total of 15.3% of males and 41.8% of females reported no alcohol consumption; “moderate drinking” was defined as an average intake of 0.1–39.9 g/day for men (making up 51.1% of the cohort) and 0.1 – 19.9 g/day for women (38.8% of the cohort). Although data are not presented, there were apparently few women in the higher drinking categories.

The authors related the effects of including, or not including, in their equations a large number of psychosocial stressors, including educational level, occupational status, several indices of social support, job strain symptoms, depressive symptoms, somatic symptoms, and self-perceived health status, in the estimation of the effects of alcohol consumption on risk of total mortality over an average follow-up period of 12 years. The majority of the factors evaluated in the present paper have been included in previous studies, but the authors combined an extensive list of such factors for these analyses, which showed little effect on risk estimates when added to the multi-variable analysis. The authors conclude: “The observed protective effect of moderate drinking could not be attributed to misclassification or confounding by psychosocial stressors.”

The authors have demonstrated among men a “U-shaped” curve, as the risk of mortality was the same for men reporting ≥ 40 grams/day of alcohol as that of non-drinkers; the risk for moderate drinkers was reduced by 25–30%. For women, there was a lower estimated risk ratio for all drinkers than for non-drinkers, although the confidence intervals included 1.0 in all categories (perhaps, as the authors state, there were few women in their higher categories of alcohol intake).

Overall, this analysis of a large population-based population in Germany provides additional evidence that the observed reduction in total mortality seen among moderate drinkers is not due to confounding by other lifestyle factors, including psychosocial stressors.

Specific comments by Forum reviewers: Several Forum reviewers thought it interesting that the apparent underlying reason for this analysis was to show how confounding factors, not alcohol, was the reason that moderate drinkers have lower risk of mortality. As stated by the authors, their results indicate that psychosocial stressful factors do not explain the protective effect of moderate drinking. Reviewer Keil stated: "This paper is straight forward and easy to digest. This paper is very good, because the people who wrote it are good scientists and the cohort is of good quality. When you try everything to find an excuse and are unsuccessful at the end, this supports a protective effect of moderate drinking."

Reviewer Van Velden commented: "There is no doubt that psychological stressors may cause alcohol abuse, and it is also true that people with health problems may abstain from alcohol consumption. This does not negate the positive effects on health by the majority of 'normal' people consuming alcohol moderately for social reasons, and not to 'escape' from reality. The authors should have stated this more clearly."

Forum member Mattivi added: "This paper is a good example of useful dissemination of the negative results of a study (which is, unfortunately, not so common). Here the working hypothesis was that the protective association of moderate alcohol intake with mortality could be explained by misclassification confounding by psychosocial stressors. After evaluating a most extensive combination of psychosocial stressors, it was substantially rejected. This is a typical example where a null result is as interesting as a 'positive' one. We can safely conclude that the hypothesis of the protective effects of a moderate alcohol intake on mortality risk has passed a 'stress test'!"

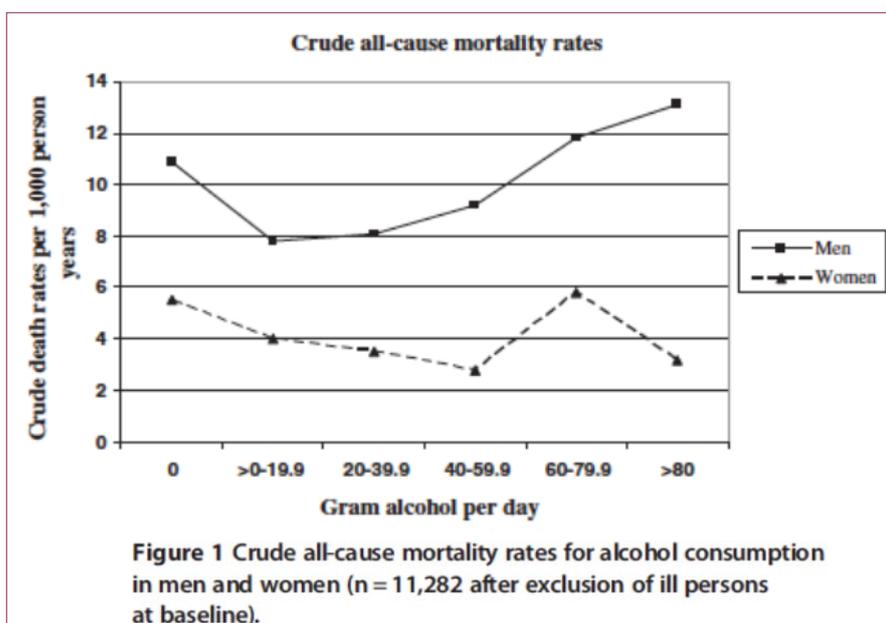
Reviewer Waterhouse commented on the results of this paper: "At least among men, the happiness associated with moderate drinking still cannot explain the reduced mortality in that population. Thus, the study suggests that happiness helps reduce mortality, but light drinking appears to help even the morose."

Reviewer Lanzmann-Petithory stated: "The type of alcoholic beverage and the pattern of drinking are not taken into account. Further, the age of the population

is especially heterogeneous, as the investigators have mixed people born during the 1st World War, some having gone through the 2nd World War, and young adults; there may well have been cohort effects for stress among this German population."

She continues: "Further, the size of the population is somewhat low for a mortality study, and they were apparently not enough deaths to distinguish as many groups in the multi-variable adjustment analysis (3 groups) as in the crude rate (6 groups). Although the authors assert they could not evaluate drinking pattern, with their separation between week-end and a work day in their alcohol intake assessment, they could maybe have tried to identify a week-end binge drinking profile."

Finally, Forum member De Gaetano wrote that he agreed with the positive comments of other reviewers, and added: "In our own meta-analysis quoted in this paper (Di Castelnuovo et al, Arch Int Med, 2006) we observed that, when adjusted and unadjusted data were compared, the maximum protection against mortality was only reduced from 19% to 16%. We commented that even if the confounders were twice as important of that considered in our analysis, a protection of 13% would have still been highly significant. The present paper confirms our hypothesis. The inverse association was found both in men and in women, but in women it disappeared at doses lower than in men." The latter could reflect true gender differences in alcohol effect, but could just also relate to small number of women with high alcohol intake in this study.



Forum Summary

An inverse association between moderate alcohol consumption and total mortality has been reported in most prospective epidemiologic studies, even after adjustments for all known potential confounders. The present analysis was carried out specifically to focus on the effects of psychosocial stressors on the association, using a large population-based German cohort from the WHO MONICA study. No alcohol intake was reported by 15.3% of males and 41.8% of females; “moderate drinking” was defined as an average intake of 0.1-39.9 g/day for men (making up 51.1% of the cohort) and 0.1 – 19.9 g/day for women (38.8% of the cohort). Although data are not presented, there were apparently few women in the higher drinking categories.

The authors related the effects of including, or not including, in their equations a large number of psychosocial stressors (including educational level, occupational status, several indices of social support, job strain symptoms, depressive symptoms, somatic symptoms, and self-perceived health status) in the estimation of the effects of alcohol consumption on risk of total mortality over an average follow-up period of 12 years. In their analyses, there was little effect on risk estimates for mortality when these factors were added to the multi-variable analysis. The authors conclude: **“The observed protective effect of moderate drinking could not be attributed to misclassification or confounding by psychosocial stressors.”**

The authors have demonstrated among men a “U-shaped” curve, with the risk for moderate drinkers being 25-30% lower than that of both non-drinkers and heavier drinkers. For women, there was a lower estimated mortality risk ratio for all drinkers than for non-drinkers, although the confidence intervals included 1.0 in all categories (perhaps, as the authors state, there were few women in their higher categories of alcohol intake).

Forum reviewers thought that this was a well-done analysis of a large population-based population. It did not support the hypothesis that social support, job strain, depressive symptoms, and other such psychosocial factors have a strong influence on the demonstrated inverse relation between moderate alcohol consumption and total mortality. Thus, this study provides additional evidence that the observed reduction in total mortality seen among moderate drinkers is not due to confounding by other lifestyle factors, including psychosocial stressors.

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

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Lifestyle risk factors and residual life expectancy at age 40

Lifestyle and mortality data from the EPIC-Heidelberg cohort, comprising 22,469 German adults ≥ 40 years and free of diabetes, cardiovascular disease and cancer at recruitment (1994–1998), were analyzed with multivariable Gompertz proportional hazards models to predict lifetime survival probabilities given specific baseline status of lifestyle risk factors. The life table method was then used to estimate the RLEs.

For 40-year-old adults, the most significant loss of RLE was associated with smoking (9.4 [95% ci] years for male and 7.3 years for female heavy smokers [>10 cigarettes/day]; 5.3 years for men and 5.0 years for women smoking ≤ 10 cigarettes/day).

Other lifestyle risk factors associated with major losses of RLE were low body mass index (BMI < 22.5 kg/m², 3.5 years for men; 2.1 years for women), obesity (BMI ≥ 30 , 3.1 years for men; 3.2 years for women), heavy alcohol drinking (>4 drinks/day, 3.1 years for men), and high processed/red meat consumption (≥ 120 g/day, 2.4 years for women). The obesity-associated

loss of RLE was stronger in male never smokers, while the loss of RLE associated with low BMI was stronger in current smokers. The loss of RLE associated with low leisure time physical activity was moderate for women (1.1 years) and negligible for men (0.4 years).

The combined loss of RLE for heavy smoking, obesity, heavy alcohol drinking and high processed/red meat consumption, versus never smoking, optimal BMI (22.5 to 24.9), no/light alcohol drinking and low processed/red meat consumption, was 17.0 years for men and 13.9 years for women.

Promoting healthy lifestyles, particularly no cigarette smoking and maintaining healthy body weight, should be the core component of public health approaches to reducing premature deaths in Germany and similar affluent societies, the authors conclude.

Source: Lifestyle risk factors and residual life expectancy at age 40: a German cohort study. K Li, A Hüsing and R Kaaks. *BMC Medicine*, volume 12, published 7 April 2014.

<http://www.biomedcentral.com/1741-7015/12/59>

Could red wine be used to prevent dental cavities?

A study published in the *Journal of Agricultural and Food Chemistry* highlights an unexpected potential health benefit of red wine consumption.

Teeth are non-shredding surfaces. This means that microorganisms adhere to them for long periods of time, forming biofilms and dental plaque. Bacteria like streptococci and lactobacilli are able to produce organic acids in high levels, following the fermentation of dietary sugars. These acids deprive the teeth of essential minerals on the surface and can lead to periodontal disease or tooth loss.

Although antimicrobial agents can be prescribed to control plaque and reduce oral biofilms, they can also reduce taste perception and cause discolouration of the gums. Scientists are investigating whether natural products exist that could be used to control biofilms, including polyphenols in tea, cranberries, wine and grapes.

The researchers used a biofilm model of dental plaque that integrates five species of bacteria associated with oral disease. They then investigated the potential for red wine to inhibit biofilm production. These biofilm cultures were placed in red wine; alcohol-free red wine, red wine with grape seed extract, water and 12% ethanol for a couple of minutes each.

The results identified that red wine, both with and without alcohol, was the most effective at combating the bacteria. At moderate concentration it helped inhibit the growth of some pathogenic species in an oral biofilm model.

Authors said: "These findings contribute to existing knowledge about the beneficial effects of red wine on human health. Moreover, the promising results concerning grape seed extract, which showed the highest antimicrobial activity, uncover promising methods we could use toward a natural ingredient in the formulation of oral care products specifically indicated for the prevention of caries, due to its antimicrobial properties."

Scientists believe the active ingredient was a group of compounds called proanthocyanidins, chemicals rich in antioxidants from the grape skins. The next step in the research will be to investigate whether the compounds can be extracted and used as a form of treatment on their own, as many wines contain sugars that are corrosive to teeth.

Source: Red Wine and Oenological Extracts Display Antimicrobial Effects in an Oral Bacteria Biofilm Model. I Muñoz-González, T Thurnheer, B Bartolomé, and MV Moreno-Arribas. *J. Agric. Food Chem.*, 2014, 62 (20), pp 4731–4737.

Cigarette smoking, physical activity, and alcohol consumption as predictors of cancer incidence among women at high risk of breast cancer

The National Surgical Adjuvant Breast and Bowel Project (NSABP P-1) provides an opportunity to examine the association of behavioural factors with prospectively monitored cancer incidence and interactions with tamoxifen.

From 1992 to 1997, 13,388 women with estimated 5-year breast cancer risk greater than 1.66% or a history of lobular carcinoma in situ (87% younger than age 65; 67% postmenopausal) were randomly assigned to tamoxifen versus placebo. Invasive breast cancer, lung cancer, colon cancer, and endometrial cancer were analyzed with Cox regression. Predictors were baseline cigarette smoking, leisure-time physical activity, alcohol consumption, and established risk factors.

At median 7 years follow-up, the study observed 395, 66, 35, and 74 breast cancer, lung cancer, colon cancer, and endometrial cancer, respectively. Women who had smoked were at increased risk of breast cancer (HR = 1.3 for 15–35 years smoking, HR = 1.6 for ≥35 years), lung cancer (HR = 3.9 for 15–35 years, HR = 18.4 for ≥35 years), and colon cancer HR = 5.1 for ≥35

years) versus never-smokers. Low activity predicted increased breast cancer risk only among women assigned to placebo (HR = 1.4 for the placebo group) and endometrial cancer among all women (HR = 1.7). Moderate alcohol (>0–1 drink/day) was associated with decreased risk of colon cancer (HR = 0.35) versus no alcohol. There were no other significant associations between these behaviours and cancer risk.

Among women with elevated risk of breast cancer, smoking has an even greater impact on breast cancer risk than observed in past studies in the general population. The authors argue therefore that women who smoke or are inactive should be informed of the increased risk of multiple types of cancer.

Source: Cigarette Smoking, Physical Activity, and Alcohol Consumption as Predictors of Cancer Incidence among Women at High Risk of Breast Cancer in the NSABP P-1 Trial. SR Land, Q Liu, DL Wickerham, JP Costantino, and PA Ganz. *Cancer Epidemiol Biomarkers Prev*; 23(5); 823–32. ©2014 AACR.

<http://www.biomedcentral.com/1741-7015/12/59>

Effects of resveratrol on memory performance, hippocampal functional connectivity, and glucose metabolism in healthy older adults

A study published in the *Journal of Neuroscience* found that people who take resveratrol supplements, resveratrol, a compound found in red grape skins, have better short-term memory.

In previous studies resveratrol has been shown to increase memory performance in primates; however, interventional studies in older humans are lacking. The study tested whether supplementation of resveratrol would enhance memory performance in older adults and addressed potential mechanisms underlying this effect.

Twenty-three healthy overweight older individuals that successfully completed 26 weeks of resveratrol intake (200 mg/d) were matched to 23 participants that received placebo (total n = 46, 18 females, 50–75 years). Before and after the intervention/control period, subjects underwent memory tasks and neuroimaging to assess volume, microstructure, and functional connectivity (FC) of the hippocampus, a key region implicated in memory functions. In addition, anthropometry, glucose and lipid metabolism, inflammation, neurotrophic factors, and vascular parameters were assayed.

The researchers observed a significant effect of resveratrol on retention of words over 30 min compared with placebo. In addition, resveratrol led to significant increases in hippocampal FC, decreases in glycated hemoglobin (HbA1c) and body fat, and increases in leptin compared with placebo. Increases in functional connectivity between the left posterior hippocampus and the medial prefrontal cortex correlated with increases in retention scores and with decreases in HbA1c.

This study provides initial evidence that supplementary resveratrol improves memory performance in association with improved glucose metabolism and increased hippocampal FC in older adults. The authors suggest that the findings offer the basis for novel strategies to maintain brain health during aging.

Source: Effects of Resveratrol on Memory Performance, Hippocampal Functional Connectivity, and Glucose Metabolism in Healthy Older Adults. AV Witte, L Kerti, DS Margulies, and A Flöel. *The Journal of Neuroscience*, 4 June 2014, 34(23)

Young people “pre-drink” before a night out because they are fearful of bars and clubs, a study finds

A study by Researchers at Plymouth found that 18-23 year-olds drink significant quantities of alcohol at home before venturing out to venues in the evenings as they prefer the feeling of “control” when they drink in private with friends. The researchers say the findings run contrary to a popular understanding that young people “pre-drink” or “pre-load” in order to take advantage of cheaper alcohol at supermarkets and off licences, as opposed to buying drinks in bars and clubs.

Previous research by the authors (Barton and Husk, 2012) suggested that the UK is seeing a shift from the traditional “pub-club” drinking pattern to a “home-pub-club” pattern. In this recent pattern, often excessive early evening drinking occurs in the private sphere - at home or at friends’ houses, in the absence of external control, leading to problems when the drinkers enter the public sphere.

Pre-loading has become a key aspect in the drinking patterns of many in the Night Time Economy (NTE) population with around 60-70% of people drinking some alcohol prior to going out and in 50% of those people, the alcohol consumed was significant.

The authors state that whilst these statistics give a general overview of patterns of drinking, they fail to provide the depth required to uncover potential mechanisms. It is generally assumed that the driving force behind this cultural shift in alcohol use is price. However, the feeling is that this is too simplistic. To explore this, they conducted a set of in-depth qualitative interviews with young people to ascertain why pre-loading is such an entrenched aspect of their drinking culture (n=20).

The preliminary findings of that research showed that beyond the price factor, many young people seemingly need alcohol to cope with the NTE; they prefer the safety and control of the environment that drinking in the private sphere provides; and some of them (despite drinking alcohol) simply do not like pubs. The paper adds to the discourse on pre-loading by suggesting underlying mechanisms of action.

Source: Adrian Barton, Kerryn Husk, (2014) “I don’t really like the pub [...]”: reflections on young people and pre-loading alcohol”, *Drugs and Alcohol Today*, Vol. 14 Iss: 2, pp.58 - 66.

UK women have 10th highest rate in world for cancers linked to inactivity

Women in the UK have the 10th highest rate in the world for cancers linked to a lack of physical activity, according to recently released figures.

Western countries dominate the top ten list of global rates for bowel, breast and womb cancers. Being physically active is one way to protect against these cancers.

In January 2014, The World Cancer Research Fund launched the 100 Calorie Challenge to help people reduce their cancer risk through small lifestyle changes, including being more physically active in everyday life. The challenge offers tips on eating healthily and moving more to avoid the extra 100 calories a day that can lead to nearly a stone in weight gain over a year. After not smoking, maintaining a healthy weight is the best thing to do to reduce cancer risk.

Dr Rachel Thompson, Head of Research Interpretation at World Cancer Research Fund, said: “It is a major concern that women in the UK are placed so highly in the world for cancers that are partially preventable through people being more physically active.

“These figures reflect the sedentary lifestyles of many people in Western countries, with lots of us spending too much time sitting around and not incorporating physical activity into our daily routine. Regular activity can help strengthen the immune system, keep hormone levels healthy and the digestive system in good shape, all of which help reduce our chances of developing cancer.”

Scientists estimate that about 12% of bowel and breast cancer cases and about 10% of womb cancer cases in the UK could be prevented if people were more physically active. This amounts to preventing around 12,000 cases in the UK every year. Just 36% of British women meet the government’s recommended physical activity guidelines of at least 30 minutes of moderate activity five days a week.

As well as being more physically active, women can reduce their risk of developing these cancers by maintaining a healthy body weight, following a healthy diet high in wholegrains, vegetables and fruits and low in red and processed meat and reducing their consumption of alcohol.

Coached extracurricular activities may help prevent pre-adolescent smoking, drinking

Researchers have found that certain coached extracurricular activities can reduce the likelihood of 10-14 year-olds smoking and drinking. The study found that team sport participation with a coach was the only extracurricular activity associated with lower risk of trying smoking compared to none or minimal participation. Participating in other clubs was the only extracurricular activity associated with lower risk of trying drinking compared to none or minimal participation.

Researchers from the School of Medicine at Dartmouth, Lebanon, New Hampshire conducted telephone surveys with 6522 US students (ages 10 to 14 years) in 2003. They asked participants if they had ever tried smoking or drinking, and about their participation in extracurricular activities. Using sample weighting, they produced response estimates that were representative of the population of adolescents aged 10 to 14 years at the time of data collection. Logistic regression models tested associations with trying smoking and drinking, controlling for sociodemographics, child and parent characteristics, friend/sibling/parent substance use, and media use.

Over 55% of students reported participating in team sports with a coach and without a coach a few times per week or more. Most had minimal to no

participation in school clubs (74.2%); however, most reported being involved in other clubs (85.8%). A little less than half participated in music, choir, dance, and/or band lessons. Over half of participants involved in religious activity did those activities a few times per week or more.

In the multiple regression analysis, team sport participation with a coach was the only extracurricular activity associated with lower risk of trying smoking (adjusted odds ratio 0.68, 95% confidence interval 0.49, 0.96) compared to none or minimal participation. Participating in other clubs was the only extracurricular activity associated with lower risk of trying drinking (adjusted odds ratio 0.56, 95% confidence interval 0.32, 0.99) compared to none or minimal participation.

The type of extracurricular involvement may be associated with risk of youth smoking and drinking initiation, the authors conclude. Future research should seek to better understand the underlying reasons behind these differences.

Source: Anna M. Adachi-Mejia, Jennifer J. Gibson Chambers, Zhigang Li, James D. Sargent. The Relative Roles of Types of Extracurricular Activity on Smoking and Drinking Initiation Among Tweens. *Academic Pediatrics*, 2014; 14 (3): 271 DOI: 10.1016/j.acap.2014.02.002.

Participating in sports reduces risk of hazardous drinking in adolescent offenders

A study in *Criminal Behaviour and Mental Health* aimed to find the relationship between participation in organised sports and an increase in hazardous drinking. The study focused on an underrepresented group - young offenders - adolescents who were either excluded from school or involved with the justice system.

Two groups of 13–18 year-old males were recruited in Cardiff, UK: 93 young offenders and 53 non-offenders from secondary schools matched on estimated IQ, sex and socioeconomic status. Indicators of hazardous drinking were measured using the Fast Alcohol Screening Test (FAST). Organised activity participation and externalising behaviour was measured by the Youth Self Report. The Wechsler Abbreviated Scale of Intelligence was also administered.

Young offenders participated in fewer organised activities and had higher FAST scores than non-offenders. Young offenders and non-offenders

significantly differed on mean FAST scores if they participated in no organised activities but not if they participated in at least one team sport. Externalising behaviour problems were unrelated to participation in organised activities.

The authors conclude that although young offenders were less likely to have participated in organised activities, for them, participation in a team sport was associated with less hazardous drinking. Vulnerable youths who might benefit most from sporting activities actually access them the least. Future research should identify the different barriers to participation that they face.

Source: Adolescent male hazardous drinking and participation in organized activities: Involvement in team sports is associated with less hazardous drinking in young offenders. B Hallingberg, S Moore, J Morgan, K Bowen and S Vangozen. *Criminal behaviour and mental health*. Article first published online: 16 MAY 2014, open access.

Mixing alcohol and marijuana especially dangerous for teen drivers

Teenagers who drink alcohol and smoke marijuana may be at increased risk for unsafe driving, according to research by the University of Michigan's Institute for Social Research. Results suggest a need for education on the risks of simultaneous use of alcohol and marijuana, particularly when driving.

The study analysed data from annual surveys of 72,053 US 12th-grade students from 1976 to 2011. Two aspects of past-12-month alcohol and marijuana use were examined: (a) use frequency and (b) status as a nonuser, single substance user, concurrent user, or simultaneous user. Measures of past-12-month unsafe driving included any tickets/warnings or accidents, as well as tickets/warnings or accidents following alcohol or marijuana use. Analyses explored whether an individual's substance use frequency and simultaneous use status had differential associations with their rate of unsafe driving.

Higher substance use frequency (primarily alcohol use frequency) was significantly and positively associated with unsafe driving. The rate of engaging

in any unsafe driving was also significantly and positively associated with simultaneous use status, with the highest rate associated with simultaneous use, followed by concurrent use, followed by use of alcohol alone. Individuals who reported simultaneous use most or every time they used marijuana had the highest likelihood of reporting unsafe driving following either alcohol or marijuana use.

This article expands the knowledge on individual risk factors associated with unsafe driving among teens. According to the authors, efforts to educate U.S. high school students (especially substance users), parents, and individuals involved in prevention programming and driver's education about the increased risks associated with various forms of drug use status may be useful.

Source: Alcohol and Marijuana Use Patterns Associated With Unsafe Driving Among U.S. High School Seniors: High Use Frequency, Concurrent Use, and Simultaneous Use. Yvonne M. Terry-McElrath, Patrick M. O'Malley, Lloyd D. Johnston. *J. Stud. Alcohol Drugs*, 75, 378–389, 2014.

Contribution of six risk factors to achieving the 25-25 non-communicable disease mortality reduction target: a modelling study

Reducing 6 risk factors to globally agreed target levels could prevent 37 million deaths from chronic diseases over 15 years. Countries have agreed to reduce premature mortality (defined as the probability of dying between the ages of 30 years and 70 years) from four main non-communicable diseases (NCDs) - cardiovascular diseases, chronic respiratory diseases, cancers, and diabetes - by 25% from 2010 levels by 2025 (referred to as 25-25 target). Targets for selected NCD risk factors have also been agreed on.

A study published in the *Lancet*, available on early view, estimated whether achieving the six risk factor targets would help meet the 25-25 mortality target.

The study found that reducing or curbing the six modifiable risk factors—tobacco use, harmful alcohol use, salt intake, high blood pressure and blood sugar, and obesity - to globally-agreed target levels could prevent more than 37 million premature deaths over 15 years, from the four main non-communicable diseases. The researchers' methods accounted for multi-causality of NCDs and for the fact that when risk factor exposure increases or decreases, the harmful or beneficial effects on NCDs accumulate gradually.

The authors estimated that if risk factor targets are achieved, the probability of dying from the four main NCDs between the ages of 30 years and 70 years will decrease by 22% in men and by 19% in women between 2010 and 2025, compared with a decrease of 11% in men and 10% in women under the so-called business-as-usual trends (ie, projections based on current trends with no additional action).

Most of the benefits of achieving the risk factor targets, including 31 million of the delayed or prevented deaths, will be in low-income and middle-income countries, and will help to reduce the global inequality in premature NCD mortality. The authors state that a more ambitious target on tobacco use (a 50% reduction) will almost reach the target in men (>24% reduction in the probability of death), and enhance the benefits to a 20% reduction in women.

Source: Funding Contribution of six risk factors to achieving the 25-25 non-communicable disease mortality reduction target: a modelling study. Vasilis Kontis, Colin D Mathers, Prof Jürgen Rehm, Gretchen A Stevens, Kevin D Shield, Prof Ruth Bonita, Leanne M Riley, Vladimir Poznyak, Prof Robert Beaglehole, Prof Majid Ezzati. *The Lancet*, Early Online Publication, 3 May 2014.

National household survey of adverse childhood experiences and their relationship with resilience to health-harming behaviours in England

Epidemiological and biomedical evidence link adverse childhood experiences (ACEs) with health-harming behaviours (HHB) and the development of non-communicable disease in adults.

A nationally representative survey of English residents aged 18 to 69 (n = 3,885) was undertaken during the period April to July 2013. Individuals were categorised according to the number of ACEs experienced. Modelling identified the proportions of HHBs (early sexual initiation, unintended teenage pregnancy, smoking, binge drinking, drug use, violence victimisation, violence perpetration, incarceration, poor diet, low levels of physical exercise) independently associated with ACEs at national population levels.

47% of individuals experienced at least one of the nine ACEs. Prevalence of childhood sexual, physical, and verbal abuse was 6.3%, 14.8%, and 18.2% respectively (population-adjusted). After correcting for sociodemographics, ACE counts predicted all HHBs, e.g. (0 versus 4+ ACEs, adjusted odds ratios

(95% confidence intervals)): smoking 3.29 (2.54 to 4.27); violence perpetration 7.71 (4.90 to 12.14); unintended teenage pregnancy 5.86 (3.93 to 8.74). Modeling suggested that 11.9% of binge drinking, 13.6% of poor diet, 22.7% of smoking, 52.0% of violence perpetration, 58.7% of heroin/crack cocaine use, and 37.6% of unintended teenage pregnancy prevalence nationally could be attributed to ACEs.

Stable and protective childhoods are critical factors in the development of resilience to health-harming behaviours in England. Interventions to reduce ACEs are available and sustainable, with nurturing childhoods supporting the adoption of health-benefiting behaviours and ultimately the provision of positive childhood environments for future generations.

Source: National household survey of adverse childhood experiences and their relationship with resilience to health-harming behaviours in England. M Bellis, K Hughes, N Leckenby, C Perkins and H Lowey. BMC Medicine. Published 2 May 2014.

www.biomedcentral.com/1741-7015/12/72

Junior doctors' understanding of alcohol units remains poor in UK

An article in the journal Clinical Medicine reports on a survey of 586 trainee doctors in Yorkshire was undertaken to ascertain current junior doctors' knowledge and understanding of alcohol units. Approximately 18% of trainees had no knowledge of alcohol units despite the fact that 82% believed they had a good knowledge.

The survey was run previously, 7 years ago. Once again, those who did not drink alcohol knew less about alcohol units than those who did. According to the authors little progress seems to have been made on this important subject since previous survey and further steps must be taken to ensure that junior doctors are taught about alcohol units during the course of their training so that they are able to counsel patients appropriately.

Source: Junior doctors' understanding of alcohol units remains poor. Abhay K Das, Oliver J Corrado, Zuzanna Sawicka, Safirul Haque, Sujo Ananthnam, Lopa Das, Robert West. Clin Med April 1, 2014 vol. 14 no. 2 141-144.

The drunken monkey: Why we drink and abuse alcohol

In his book 'The Drunken Monkey: Why we drink and abuse alcohol', Robert Dudley presents an intriguing evolutionary interpretation to explain the persistence of alcohol-related problems. Providing an interdisciplinary perspective on today's patterns of alcohol consumption and abuse, Dudley traces the link between the fruit-eating behaviour of arboreal primates and the evolution of the sensory skills required to identify ripe and fermented fruits that contain sugar and low levels of alcohol. In addition to introducing this new theory of the relationship of humans to alcohol, the book discusses the supporting research, implications of the hypothesis, and the medical and social impacts of alcoholism. The Drunken Monkey is designed for interested readers, scholars, and students in comparative and evolutionary biology, biological anthropology, medicine, and public health.

The Drunken Monkey: Why We Drink and Abuse Alcohol By Robert Dudley, University of California Press, 184pp, £24.95 ISBN 9780520275690 and 0958173 (e-book). Published 1 June 2014.

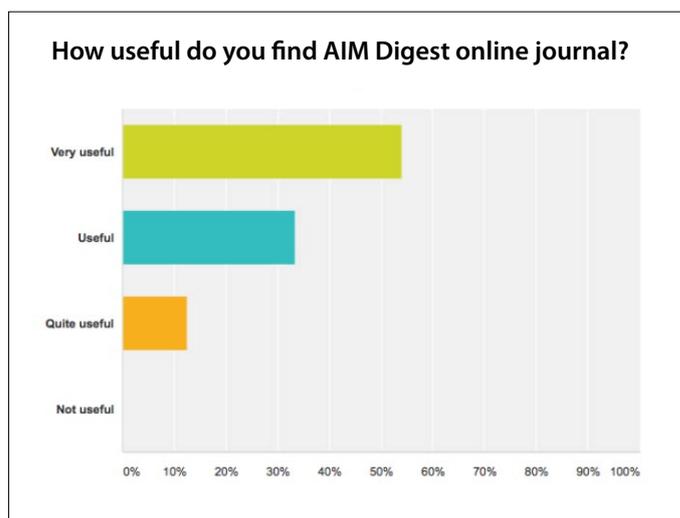
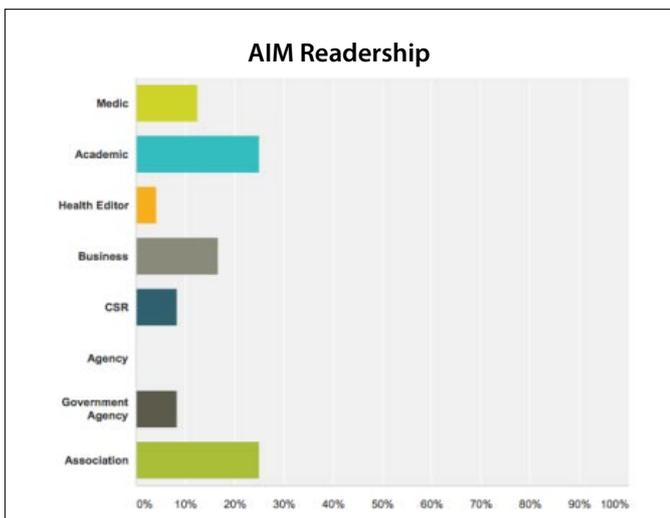
AIM subscriber survey findings

We recently ran a survey for subscribers to AIM. Our main objective was to find what areas of the sector subscribers worked in, to make sure they were aware of the services we offer and to find out whether they thought what we provide is interesting and useful. Responses were from a wide range of stakeholders including researchers, policy makers and companies.

The results were very encouraging, with 87% of respondents saying they found the Digest very useful or useful. 91% of respondents thought that it was essential or good to make past editions of the AIM journal freely available online to ensure that balanced information on alcohol, health, social and policy issues is in the public domain. 87.5 % said they found ISFAR very useful or useful. (The International Scientific Forum of Alcohol Research (ISFAR) was

formed in 2009 to ensure that comments by experts (41 experts of different disciplines) were made on emerging research and issued to health editors, medical alert services, policy makers and opinion formers.

Only 60% of respondents said they were aware that AIM maintains a complex database of critiques and summaries on alcohol and health, pdf's of social aspect and CSR programmes and initiatives free to use online via www.alcoholinmoderation.com called the Gateway to Responsible Drinking and Health and 58% found it easy to use. This is an area that we will be focussing on in the near future to improve access to the information by improved menus and a better search facility working to improve.



Sogrape Vinhos launches monthly information leaflet for employees

In February Portuguese company SOGRAPE Vinhos launched "Let's take action to life". The project circulates a monthly information leaflet to all Sogrape Vinhos employees. Each leaflet aims to raise awareness of the benefits of moderate consumption, of a nutritious and balanced diet, exercise, etc. amongst Sogrape Vinhos coworkers. It shows the will of Sogrape Vinhos to invest, educate and inform its employees about a moderate consumption and a healthy diet.

So far, two leaflets have been sent out, the first was issued in February and focused on physical exercise and the second concentrated on alcohol consumption. The latter gave a brief description of the origins of alcohol and on its effect on the body, also mentioning guidelines for low-risk consumption.

Moreover, it also gave guidance to parents as to how to best explain the subject "Wine in Moderation" to younger people, referencing of a brochure dedicated to parents: Be prepared to speak with your children about alcohol, and recognising that parents have an important role to play.



Drinkaware kits help users cut down on alcohol

A pilot campaign by UK charity Drinkaware has helped to change drinking behaviour, with more than 63% of participants saying they drank less as a result.

The pilot campaign, developed in partnership with Berkshire Public Health and the Local Pharmaceutical Committee, ran in 151 local pharmacies during Alcohol Awareness Week last year. A key element of the campaign was a kit containing an alcohol unit measure cup, calorie and unit wheel and information booklet. The campaign was independently evaluated by Shared Intelligence and was found to help people change their drinking behaviour and cut down on alcohol.

Feedback suggests that the measuring cup allowed consumers to make a tangible link between their current drinking habits and the number of units they were consuming. 93% who used it said the kits helped them visualise how many units there are in alcoholic drinks. 83% said it helped them understand the unit guidelines and three in four became more aware of their own drinking habits. In many cases they had significantly underestimated their unit consumption. Calories consumed through alcohol were measured through use of the wheel and the booklet allowed people to keep track of how much they were drinking. As a result of being encouraged to reflect on their drinking behaviour, 58% switched to lower-strength drinks. 52% said the kit helped them reduce the number of days on which they drank alcohol.

The evaluation identified that being given a practical kit with tangible products, rather than simply being told what to do, was one of the most helpful aspects of the kit. Many people also involved their friends and family when using the kit, which the research concludes is indicative that support and encouragement help people make and sustain healthier lifestyle choices.

Elaine Hindal, Chief Executive of Drinkaware, says: "We are thrilled with the results of this pilot trial... The results demonstrate that, by giving consumers the right support and information, we can achieve real and sustained positive behaviour change. The partnership-working model with Berkshire Public Health and the Local Pharmaceutical Committee is one of the key reasons for the success of this campaign, and I am grateful for their guidance and support during the trial."



How big is a self-poured glass of wine for Australian drinkers?

An Australian study investigated the average self-reported size of a self-poured glass of wine for Australians aged 16 and over.

Cross-sectional survey data were taken from the first wave of the Australian arm of the International Alcohol Control study administered to 2020 Australians aged 16 and over, with an oversampling of heavy drinkers. Respondents were asked about their usual consumption in eight locations, with specific questions asked about drink type and how much they consumed. The 639 respondents who stated that they drank bottled wine purchased at off-licensed premises by the glass were asked 'How many glasses do you get to a bottle?'

On average, small, generic-sized and large glasses were 144, 156 and 166 mL respectively, with an

average glass size of 154 mL overall. A 'standard drink' or 10g of alcohol, as reported in health promotion materials, equates to about 100ml of wine and the NHMRC guidelines refer to a standard glass of wine as 100ml.

The authors conclude that wine drinkers may be underestimating their own consumption due to large glass sizes, and survey data estimates of wine consumption should also be adjusted to account for glass size. The way a standard drink of wine is presented in health promotion materials should also be considered in light of these findings, they add.

Source: How big is a self-poured glass of wine for Australian drinkers? Sarah Callinan, Drug and Alcohol Review. Article first published online: 15 May 2014 Early view.

Statistics on Alcohol - England, 2014

The report 'Statistics on Alcohol – England' acts as a reference point for health issues relating to alcohol use and misuse, providing information obtained from a number of sources and covering topics such as drinking habits and behaviours among adults (aged 16 and over) and school children (aged 11 to 15); drinking-related ill health and mortality; affordability of alcohol; alcohol-related admissions to hospital; and alcohol-related costs. The report contains previously published information and also includes additional new analyses.

The new analyses are mainly obtained from the Health and Social Care Information Centre's (HSCIC) Hospital Episode Statistics (HES) system, and prescribing data. The report also includes up-to-date information on the latest alcohol related government policies and ambitions and contains links to further sources of useful information.

The report used a revised methodology for estimating alcohol-related hospital admissions following a review by Public Health England, the Department of Health and the Health and Social Care Information Centre. Consequently estimates of alcohol-related hospital admissions for 2012-13, reported in this publication, are not comparable to estimates for earlier years. A back time series of estimates of alcohol-related hospital admissions, calculated using the revised methodology, for the years 2003-04 to 2011-12 will be published on 2 July 2014.

Drinking behaviour

- Between 2005 and 2012 the proportion of men who drank alcohol in the week before being interviewed fell from 72% to 64%, and the proportion of women fell from 57% to 52% in Great Britain.
- Among adults who had drunk alcohol in the last week, 55% of men and 53% of women drank more than the recommended daily amounts, including 31% of men and 24% of women who drank more than twice the recommended amounts in 2012.
- In real terms, between 2009 and 2012 household spending on alcoholic drinks in the UK increased by 1.3%, whilst spending on alcohol outside the home fell by 9.8%. Alcohol consumption within the home has remained steady at 700ml in 2012 compared to 735ml in 2001.
- 64% of women drank wine and 26% spirits with just 19% showing a preference for beer, lager, cider or shandy.

- In 2012, 43% of school pupils (aged 11-15) said that they had drunk alcohol at least once. This continues the downward trend since 2003, when 61% of pupils had drunk alcohol.

Drinking related costs, ill health and mortality

- In 2012-13, there were an estimated 325,870 admissions where the primary diagnosis or external causes recorded in secondary diagnosis fields were attributable to the consumption of alcohol.
- In 2013, 183,810 items were prescribed (in a primary care setting or NHS hospital) for the treatment of alcohol dependency and dispensed in the community.
- In 2012, there were 6,490 alcohol-related deaths. This is a 19% increase from 2001 (5,476) but a 4% decrease from 2011 (6,771).

www.hscic.gov.uk/catalogue/PUB14184

Welsh Health Survey 2014

Headline results have been published for the 2014 Welsh Health Survey providing information on health status, illnesses, lifestyle, health service use and children. The full report of the survey will include more detailed information and will be published in September.

Initial findings include: 50% of adults reported currently being treated for an illness such as high blood pressure (20%), respiratory illness (14%), arthritis (12%), mental illness (12%), heart condition (8%), or diabetes (7%). 33% of adults reported that their day-to-day activities were limited because of a health problem /disability, including 16% who were limited a lot. 20% of adults reported fair or poor general health.

21% of adults reported that they currently smoked. 42% of adults reported drinking above the guidelines on at least one day in the past week, including 26% who reported drinking more than twice the daily guidelines (sometimes termed binge drinking). 33% of adults reported eating five or more portions of fruit and vegetables the previous day. 29% of adults reported being physically active on five or more days in the past week. 58% of adults were classified as overweight or obese, including 22% obese.

wales.gov.uk/statistics-and-research/welsh-health-survey/?lang=en

UK Universities crack down on excessive drinking under new programme backed by the Home Office

A radical new project designed to tackle the culture of binge drinking at universities across England and Wales has been launched by the government and National Union of Students.

Seven universities have signed up to a 12 month pilot scheme to encourage responsible drinking among students. Loughborough, Nottingham, Manchester Met, Liverpool John Moores, Swansea, Brighton and Royal Holloway universities are hoping to gain accreditation under the NUS Alcohol Impact Scheme for their work in promoting responsible alcohol policy and practice. They will aim to reduce alcohol-fuelled crime and disorder and prevent health harms.

Accreditation will be awarded to universities which meet a set of criteria committing them to actions such as preventing alcohol-related initiation ceremonies, tackling student participation in pub crawls and monitoring anti-social behaviour.

Responsible drinking communications campaigns, formal training for university staff on alcohol harms and developing social alternatives to licensed premises are also among the criteria which the universities will work towards.

Launch of new PASS 18 plus card

Norman Baker MP, Minister of State for Crime Prevention, launched the new PASS 18 plus card design on Tuesday 10th June 2014 in London. Other speakers at the launch included Chief Constable Adrian Lee, Licensing Lead for the Association of Chief Police Officers (ACPO) and Bill Butler, Chief Executive of the Security Industry Authority (SIA).

PASS Chairman, Robert Humphreys said, "This will be the most fundamental change to the PASS Proof of Age Scheme since its launch in 2003. During this time over 5 million cards have been issued and the PASS Hologram is widely recognised and accepted in both the on and off trade. Over the past 18 months we have conducted extensive research with retailers across the UK, which has shown that a standardised card design would greatly improve recognition and ease acceptance. We believe that these changes will make PASS the preferred Proof of Age for all age restricted products."

Crime Prevention Minister Norman Baker said: "Binge drinking at universities is nothing new, but that doesn't mean it is a good idea. Some students find themselves encouraged to participate in alcohol fuelled activities which can damage health and in some cases spill over into disorder and anti-social behaviour. The NUS Alcohol Impact project, backed by the Home Office, will help participating universities to encourage responsible drinking leading to safer and more productive places to study and live".

NUS Vice-President (Welfare) Colum McGuire said: "We hope that the work of the project will allow us to create a social norm of responsible consumption by students at the pilot institutions, changing attitudes and behaviours towards alcohol, leading to safer and more productive places to study and live... The NUS will monitor the success of the scheme through detailed surveys comparing student experiences of crime and disorder, as well as tracking crime rates, during the period of the pilot".

Drinkaware seeks to remove its branding from venues promoting irresponsible consumption

Drinkaware is reportedly taking legal advice on the feasibility of forcing venues that promote irresponsible consumption to remove all Drinkaware branding from their marketing materials. According to news coverage, the charity will in the future oblige organisations to obtain prior consent before referring to Drinkaware or its website www.drinkaware.co.uk in marketing materials.

The organisation already requests that venues breaching its policies by running promotions encouraging consumption above the government's drinking guidelines, using imagery or materials that promote the desirability or acceptability of intoxication, or lobbying for changes in alcohol policy voluntarily remove all Drinkaware references from marketing materials.

Low alcohol products sales in the UK

According to press reports, UK sales of lower alcohol wines have increased by 250% in recent months and now account for almost a fifth of all wine sold.

As a result, producers have responded to the trend by launching 'lifestyle' wines – with Blossom Hill, currently the bestselling wine brand in the UK, First Cape, Black Tower and JP Chenet, all offering wines with, on average, half of the alcohol found in traditional wines. Mostly, the reduced alcohol translates to reduced calories, with just 55 per 125ml in the low alcohol wine compared to 114 in the regular version.

Rosie Davenport, Editor of Off License News commented: "Demand for wines that are lower in alcohol and with fewer calories has grown from pretty much zero into a £36.9 million market in recent years. Like buying reduced-calorie foods, some wine drinkers want to watch the number that are in their glass, which is why retailers have been stocking a bigger range of bottles at 5.5% ABV to meet this need. Aside from the health benefits, some shoppers also prefer the taste of these lighter style wines, especially during the summer when they want something more refreshing and less full-bodied to enjoy in the sunshine".

The growing sales figures, which were unveiled in a report by price comparison site, bringabottle.co.uk, are also thought to be a result of the lower amount of tax incurred by 'lifestyle' wines. The lower alcohol wines are taxed less than £1 a bottle so they're all significantly cheaper.

Mateus has unveiled a range of low alcohol wines, with owner Sogrape pledging to invest £2 million in the UK alone. The new Mateus Light range was on show at London Wine Fair and features 5.5% abv white, rosé and sparkling styles. The labels also feature calorie information, which is calculated at 44 calories per 100ml serve.

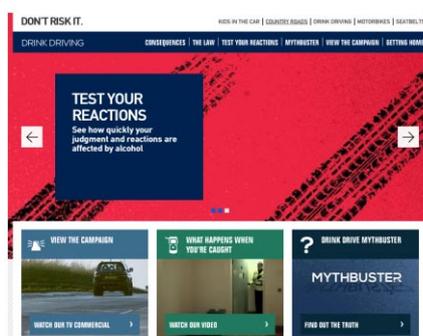
As part of their 20x20 sustainability strategy, Sainsbury's has pledged to double the sale of lighter alcohol wine and to reduce the average alcohol content of their own brand wine and beer by 2020. Sainsbury's launch their plans on 11 June, share the progress they are making and discuss some of the related issues the stores have encountered.

Brand Phoenix, however, has revamped its portfolio to refocus on full-strength wines after admitting an over-reliance on the light wine category. It has reduced its wide range of SKUs and now has just six lower- alcohol wines – four still and two sparkling – all under the First Cape brand at 5.5% abv, rrp £3.99 for 75cl.

Managing director Greg Wilkins said: "We built our business on good value- for-money, full-strength South African wines and recently we have focused too heavily on light wines.

"People buying it are repeat purchasers and they are happy with what they have, but it's not the main business – it's an add-on" category.

Scottish government summer campaign on drink driving



On June 2nd, Cabinet Secretary Kenny MacAskill was in Edinburgh to launch a new Police Scotland Drink Drive campaign. 'Don't Risk It' focuses on the consequences of being caught and the message that Scotland remains tough on drink and driving.

The campaign highlights that many people don't realise that if you're convicted of drink driving you'll get a 20-year minimum criminal record. This can have a huge effect on your ability to work and generate income, thereby putting an incredible strain on your lifestyle, your finances and even on your relationships.

If the offence is also punished by a prison sentence, then you get a minimum 40-year criminal record. Depending on the type of job you have, or that you may apply for, a momentary decision can have very long-lasting consequences.

www-new.dontriskit.info/

Alcohol website launched for parents in Scotland

A new website with information and advice for parents on how to discuss alcohol with their children has been launched by the three Alcohol and Drug Partnerships in North East Scotland.

The website, www.meetthehendersons.org.uk builds on the successful radio 'soap' about the Henderson family, which was developed by Northsound Radio in partnership with the three Alcohol and Drug Partnerships. It was broadcast last summer to make parents aware of their own drinking behaviour and how this can affect their children.

The website provides information for parent that is broken down into age stages, so that every parent will find something of interest and relevance. The website also features advice for parents on sensible drinking; audio clips in the form of short quiz sessions; games

for children and adults; film clips; and weblinks for additional information. Flyers promoting the website are being sent home to parents of every Primary school age child in Grampian. Flyers will also be given to Secondary year 1 and 2 pupils. Posters directing parents to the website will be issued to schools, libraries, GP practices, dentists, community centres and other busy venues throughout Grampian.



Pernod Ricard launch global mobile app on wise drinking

Pernod Ricard launched the first global mobile application to educate consumers about responsible drinking on May 22nd 2014. The app "Wise Drinking" is available in 37 languages and can be downloaded both on iPhone and Android. Users are given the opportunity to calculate the number of drinking units they have consumed taking into account the type of drink consumed (wine, spirit or other), its volume as well as other important data such as the user's gender, weight and whether he/she has had anything to eat.

This mobile app also offers other useful characteristics including a digital calendar that the user can use to track alcohol consumption over a period of up to four weeks. The inclusion of a geolocalisation means that it adapts itself to the law of the country the user is in and informs them about the nearest suitable means of transport.

Alexandre Ricard, Deputy Chief Executive Officer, said, "Pernod Ricard has been at the forefront of digital development for its brands. The Group is now using all its expertise in the field of collaborative and social communication to launch 'Wise Drinking', the first application to raise everyone's awareness on responsible drinking".

www.wise-drinking.com/



European spirits sector promotes innovative ways to tackle underage and binge drinking

SpiritsEUROPE hosted a special workshop in Brussels, 23 May 2014, to discuss innovative ways of curbing underage and binge drinking – as part of its commitment to the EU Strategy to reduce alcohol-related harm. The event brought together public and private sector stakeholders to share best practices from prevention campaigns across Europe.

“The workshop focused on two objectives: campaigns with ‘objective zero’ for minors and ‘objective moderation’ for young adults” said Paul Skehan, Director General of spiritsEUROPE. He added that *“Partnerships work best. These campaigns show how the sector works with a wide range of partners, from medical professionals to the retail and hospitality sectors and in direct contact with consumers to reach our objectives.”*

Campaigns with ‘objective zero’ were presented including the Spanish initiative ‘Children, not a single drop: over 100 reasons why a child should not drink’ aimed at changing perceptions of underage drinking and making it socially unacceptable. From the UK,

the ‘Community Alcohol Partnership’ demonstrated the importance of a localised partnership approach to reducing anti-social behaviour. The ‘not 18, no alcohol’ campaign running in the Netherlands focuses on raising awareness of the new Legal Purchasing Age for all alcohol.

‘Objective moderation’ campaigns target young adults, where binge drinking is a major concern in several countries - and moderation is key. The ‘Responsible Party’ pan-European campaign, implemented in partnership with ERASMUS students is an initiative encouraging a form of peer pressure among European youth – focusing on responsible enjoyment of alcohol as an alternative to anti-social consumption. As part of a long term commitment to stop social permission for excessive drinking, Irish consumers are invited ‘re-think their drinking’. As part of this objective, the new campaign targeting young people ‘The best pace to drink is your own’ that is showing positive results closed the workshop.

Paul Skehan concluded by saying *“Improvements in measurement and evaluation of such initiatives are important steps to make sure we are heading in the right direction. The presentations of today show we are contributing to making a difference in changing awareness, attitudes and - in the long term - behaviour.”*



French health authority offers balance on assessing the risk of alcohol consumption on breast cancer risk

In France, women aged 50 to 74 years are invited to participate in the national screening programme for breast cancer and those carry a genetic mutation (BRCA1 and 2) have a specific monitoring defined by the National Institute Cancer (INCA). However, other risk factors for breast cancer exist.

Haute Autorité de Santé (HAS) has published recommendations on these risk factors and identifies those requiring specific additional testing. The objective is to improve medical practices, help professionals identify and track high-risk women, to inform women and to enable them to raise relevant issues.

An analysis of epidemiological studies found in the literature allowed HAS to identify 69 presumed risk

factors. For each risk factor, HAS documented if they are related or unrelated to the occurrence of breast cancer and if so, the level of risk with which they are associated. This work allowed the authority to confirm situations in which additional screening is not required, i.e. women affected by any of these risk factors do not require testing other than that offered to all women aged 50 to 74 years (a mammogram every 2 years).

After analyzing the risk factors listed in the literature, HAS categorised alcohol as giving a modest increase or moderate risk of developing breast cancer, but not to the point to justify special screening.

www.has-sante.fr/portail/jcms/c_1741484/fr/cancer-du-sein-quel-depistage-selon-vos-facteurs-de-risque

10th International Congress Mediterranean Diet, Barcelona

In Barcelona, in early April, researchers from all over the world gathered to present and discuss the latest scientific evidence on the Mediterranean diet. The presentations and discussions focused mostly on cardiovascular disease, diabetes, Alzheimer and other chronic diseases, in particular on the advantages of the Mediterranean diet.

In his inaugural keynote speech, Prof. Ramon Estruch, President of the "10th International Conference Mediterranean Diet" and principal investigator of the PREDIMED study, emphasised the health benefits of the Mediterranean food pattern. A high adherence to the Mediterranean diet (MeDiet) is associated with a strong protection against cardiovascular disease as seen in the results of his PREDIMED study, where the markers of cardiovascular risk such as blood pressure, lipid profiles, inflammation, oxidative stress and atherosclerosis improved significantly. The PREDIMED results further demonstrate that a high-unsaturated fat and antioxidant-rich dietary pattern is a useful tool in the prevention of cardiovascular disease. Thus, the protective benefits of the traditional MeDiet may be even greater, if it is upgraded with extra virgin olive oil (instead of common olive oil), a higher amount of nuts, fatty fish and whole grain cereals and maintaining a moderate consumption of wine with the meals.

What happened to the French Paradox?

Professor Michel de Lorgeril, currently at the Faculty of Medicine in Grenoble, and one of the initiators of the famous "Lyon Study", spoke about the "French Paradox – 20 years later".

The "French Paradox" is the fact that, despite similar risk factor patterns as other Western countries, the mortality rate from cardiovascular disease in the 1960s-1980s was about 50% lower in France compared to similar developed countries. In 1992, de Lorgeril and other French scientists like Serge Renaud, proposed a theoretical explanation of the "French Paradox": the lifestyle of French people, in particular their dietary habits, could be protective. More specifically, the French way of drinking alcoholic beverages – wine in moderation – could be the main explanation because regular low dose alcohol does have anti blood clotting properties and wine polyphenols could also provide some health benefits. Twenty years later, when the mortality rate from cardiovascular disease (CVD) has

decreased in most Western countries, the French Paradox still persists; mortality from CVD in France is still lower than in UK and USA and even lower than in most Mediterranean countries. De Lorgeril attributes it to the fact that the French have maintained their lifestyle and drinking patterns.

Communicating the Mediterranean drinking patterns

The scientific work of the Vice president of the Hellenic Health Foundation, Prof. Antonia Trichopoulou, focused on public health nutrition and nutrition epidemiology, with emphasis on the health effects of the Mediterranean diet and traditional foods. She explained in her presentation that moderate wine drinking during meals is associated with health benefits. It appears that this is due to the gradual and lower elevation of ethanol in the circulating blood or because it may modulate the health effects of other food components (such as vegetables, fruit, olives and nuts) in the stomach. In addition, the drinking patterns of wine drinkers are different from those consuming beer or spirits. Moderate wine drinking during the meals may maximise the health benefits without substantially increasing the risk of excessive ethanol consumption. Trichopoulou emphasised that it is necessary to balance the risks and benefits and prevent alcohol misuse and its negative consequences. However, those who like to enjoy 2 – 3 glasses of wine per day during the meals can continue to do so and combine pleasure and enjoyment with good health.

The French Paradox also in China and the US

Prof. Eric Rimm, director of the Programme in Cardiovascular Epidemiology at the Harvard School of Public Health, also presented in Barcelona. The focus of his talk were alcoholic beverages and in particular, wine. He described that during the last four decades, over a hundred large prospective studies have examined the association between alcoholic beverages and CVD from countries as far reaching as Thailand, China, Japan in the East and England, Spain, France and the US in the West. Almost without exception, every study finds that men and women who drink moderately have a 30% lower risk of coronary heart disease and a 10-15% reduction in ischemic stroke. Rimm pointed out that the challenges may be less about the science of the benefits and more about

the best way to communicate the health messages around healthy vs. unhealthy drinking patterns. From long-term prospective studies with data on drinking pattern, it is known that the healthiest drinking is at modest levels more frequently during the week as opposed to infrequent binge drinking. Rimm advised to eat a balanced diet and drink moderately with the meals. He cautioned, however, that without exception, there is no benefit from consuming more than 4-5 drinks per day because at these levels, the risk for all diseases is increased.

Videos, posters and abstracts from the congress are available at congresodietamediterranea.com.



Student tasting bill in California

Until now, winemakers, distillers and brewers and even those studying those professions who are under 21 are not legally allowed to drink what they produce – in line with the country-wide law in the US.

However, a bill put forward by assemblyman Wesley Chesbro, known as AB1989, has been passed 70-2 by the state assembly in Sacramento and is now on its way to the Senate. If passed there, the bill will allow eight institutions with winemaking and brewing programmes, including those at University of California Davis and Fresno State, to remove age restrictions for students majoring in those subjects (though not for elective students). Chesbro stressed that the bill only allowed minors of 18 and over but under 21 to sip and spit and would not lead to “partying” in classes.

A similar law has been adopted in both Oregon and Washington, two of the US’s biggest winemaking and brewing states. The Washington bill (B5774) was passed last year. It, likewise, states that minors may taste alcoholic beverages, “for the purpose of educational training as part of the class curriculum,” and that any alcohol is “tasted but not consumed”.

New bans on Sydney alcohol service

Pubs, clubs and bars across central Sydney face a fresh crackdown on alcohol service from mid-July, including a ban on shots, doubles and pre-mixed drinks after midnight in a bid to prevent alcohol-fuelled violence.

Customers will also be prevented from buying more than four drinks at a time after midnight and more than two drinks per person after 2am to prevent “stockpiling” before the 3am curfew on alcohol service. A ban on serving drinks in glass after midnight will be imposed on venues “with a history of violence”, while so-called “party boats” will be banned from picking up or dropping off customers in the Central Business District after midnight. Venues will also be restricted from promoting “high risk drinks”, such as discounted alcohol designed to be consumed quickly, while anyone seen consuming alcohol “on approach to a venue” must be refused entry. Hospitality Minister Troy Grant said the new rules would complement existing licensing restrictions, such as 1.30am lockouts and 3am last drinks introduced earlier this year.

In other new measures, security guards and all staff serving alcohol must hold Responsible Service of Alcohol (RSA) competency cards from October. Restaurants and “tourist accommodation establishments” will be exempt from the new rules.

John Green, director of policing with the NSW branch of the Australian Hotels Association, criticised the new rules, arguing they were being imposed on venues “regardless of whether or not they have had any issues with alcohol-related violence in the past... Venues are already working closely with police and the community on targeting those thugs doing the wrong thing – that’s why assault levels in and around licensed premises are at their lowest levels since the 1990s,” Mr Green said. He called for the effectiveness of the new measures and their impact on businesses to be assessed “sooner rather than later”.

Partnership to tackle drunk driving and underage drinking

Pernod Ricard USA and Southern Wine & Spirits of America, Inc. have announced a national effort to promote retailer engagement with The Foundation for Advancing Alcohol Responsibility (FAAR) aimed at reducing drunk driving and underage drinking.

Pernod Ricard USA's full salesforce will team up with more than 1,000 Southern salespeople to distribute information to retail accounts that can be shared with consumers about key FAAR programmes, including B4Udrink.org, which offers tips on how such factors as body type and food consumption can affect Blood Alcohol content (BAC) after alcohol consumption. The team is expected to cover nearly 15,000 stores nation-wide.

"Pernod Ricard USA and Southern Wine & Spirits are committed to being leaders – not only in the sales of our premium portfolio, but also in the fight against the abuse of our products," said Bryan Fry, President and CEO, Pernod Ricard USA. *"That's why we're excited*

to team with Southern in this effort to help retailers promote responsible consumption."

Wayne Chaplin, Southern's President and Chief Operating Officer, added, *"We're asking our sales teams to do what they do best – talk to retailers – about useful tools aimed at reducing the irresponsible consumption of alcohol. We're honoured to work with Pernod Ricard USA and FAAR on this initiative and committed to being leaders in educating consumers on responsible drinking."*

Formerly known as The Century Council, FAAR has created breakthrough programmes that have significantly reduced drunk driving and underage drinking. FAAR President and CEO Ralph Blackman commended Pernod Ricard USA and Southern for teaming up to reach retailers, said he is *"delighted by this integrated initiative to help spread the word about FAAR and alcohol responsibility."*

US Navy officials promote responsible drinking using phone app

As part of the Navy's "Keep What You've Earned" campaign, which seeks to encourage safe drinking and smart decisions among sailors by celebrating the achievements in their Navy careers, officials are recommending a new mobile app dubbed "Pier Pressure."

The app – launched by the Navy Alcohol and Drug Abuse Prevention office and available for download on the iTunes app store and Google Play – reminds sailors to think twice before drinking irresponsibly or driving under the influence.

Using the app, sailors can check their blood-alcohol level with a built-in BAC calculator or search for a safe, sober ride home using a local taxi search tool. The app also includes different work-and-play scenario games that could have different outcomes depending on the decision made by a sailor. The point of the game is to advance one's career, but players must make the right choices in order to succeed. The game can be played to demonstrate how a night of drinking could impact work life and possibly get a sailor demoted in rank.

"In the game, the choices you make at the bar affect your skill level at work the next day, which in turn affects your player's evaluation reports," said Mike Aukerman, Alcohol Program Manager at NADAP. *"Just like in real life, smart drinking choices help advance your career, while poor choices can get you separated from the Navy – aka game over."*

In order to develop the app to be user-friendly, entertaining and truly useful for sailors, the Navy tested the mobile app using feedback from more than 110 sailors.



Australia launches interlock devices

In Victoria new measures relating to alcohol interlocks for drink drive offenders are to be introduced.

An Interlocking device costing AUS\$1,000 prevents a car from starting unless its driver passes a breathalyser test. The device registers the amount of alcohol in a driver's blood and will prevent the car from starting if its driver is found to be over the limit, with cameras set to be fitted to Victorian cars by 2015 to prevent someone else from blowing into a drunk-driver's interlocking device. It also registers the number of times offenders have tried to start their car while under the influence of alcohol.

From October all first time drink-driving offenders will be made to fit the device in their cars by 2016, if they are caught by police registering a reading of .07 or more. Probationary drivers, and those with a cancelled licence caught with readings of between .05 and .07, will also be made to fit them, according to the report. By 2016, any driver caught registering any alcohol in their blood will be made to install the device.

Transport minister and Victorian MP Terry Mulder said that the device would cut down on the rate of accidents and deaths and revealed ambitions to make the \$1,000 device a permanent feature inside all new Australian vehicles sold.

In Victoria, drink-drivers make up 25 to 30% of deaths and 11% of serious injuries, with repeat drink-drivers accounting for 20%.

2014 Responsible Drinking Media Awards in South Africa

Brandhouse, one of South Africa's leading alcohol beverage companies has announced that entries for the 2014 Responsible Drinking Media Awards (RDMAs) are now closed and the judging panel has been announced. As the first awards initiative of its kind in the country, the RDMAs are aimed at recognising journalistic efforts that support, promote and contribute to the responsible drinking agenda.

"At brandhouse, we acknowledge the various issues associated with alcohol abuse and we are deeply committed to promoting responsible drinking," says Jeff Milliken, MD at brandhouse. *"One of the best ways of doing this is to partner with those who have power and influence, such as the media."*

Now in its fourth year, brandhouse annually calls on journalists to use their influence to promote responsible drinking amongst the South African public by publishing media pieces covering responsible drinking and issues related to it.

Categories for this year's RDMAs include: Best Broadcast, Best Blog, Best Online, Best Community, Best Newspaper, Best Magazine, Best Campus Media, Most Responsible Media House and Journalist of the Year. Three finalists are chosen per category, with the winner of each category receiving R10 000 in prize money. Winners will be announced at the annual Awards Ceremony, held in Cape Town on Friday 27 June 2014. There were a record number of 145 entries over nine categories last year.

Alcohol in Eurasian prehistory

Dr Elisa Guerra-Doce, a prehistory expert at the University of Valladolid in Spain, looked at the fossilised remains of plants, residue from fermented alcoholic drinks, the chemicals left on skeletons and artwork showing drinking scenes in an attempt to build up a picture of drinking practices in Eurasian prehistory.

Alcoholic residues discovered by the team suggested that ancient Eurasians drank fruity wines and beer made from barley, wheat and mead, and also drank fermented drinks made from dairy products, with residue found on pottery fragments at a burial site leading experts to believe it could have been used in ritualistic and mortuary practices.

Experts said the origins of alcohol production could be traced as far back as China in 7,000BC, 9,000 years ago, while a fully equipped winery was unearthed at

a site in southeastern Armenia, which dates back to 4,000BC.

Dr Guerra-Doce said: "Many tombs have provided traces of alcoholic drinks and drugs. I think these substances were used to aid in communication with the spirit world".

Their research also suggested that alcohol was reserved for the prehistoric elite, and not widely consumed by the everyday man.

"The main evidence to support that idea is the archaeological contexts where they have been found: tombs of high-status individuals and restricted ceremonial places... I think that prior to a large-scale production, alcoholic drinks were reserved for special events and they played a similar role as drug plants," Guerra Doce added.

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

AIM Mission Statement

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

AIM SOCIAL, SCIENTIFIC AND MEDICAL COUNCIL

Helena Conibear, Executive and Editorial Director, AIM-Alcohol in Moderation

Professor Alan Crozier, Professor of Plant Biochemistry and Human Nutrition, University of Glasgow

Professor R Curtis Ellison, Chief of Preventative Medicine and Epidemiology/ Director of The Institute Lifestyle and Health, Boston University School of Medicine

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