

This month saw the launch of the Alcohol Health Alliance, a group that will lobby in the UK with the aim of reducing alcohol related harm through higher taxation, limiting hours of sale and restricting or banning alcohol advertising. Following the launch of Drinkaware, and other government initiatives this year, and at a time when excessive drinking statistics appear to be falling, our lead article questions why the group is being formed now.

The recently published World Cancer Fund report is reviewed on pages 15-19, with an analysis by R. Curtis Ellison.

Harvey Finkel's article asks 'Do we need alcohol in our wine?' and Creina Stockley reviews the new Australian alcohol guidelines issued by the National Health and Medical Research Council.



### Contents

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

<b>News from around the world</b> .....	2	◇ <b>US impaired driving still common amongst high school seniors</b> .....	12
<b>Lead article: Alcohol Health Alliance - why now?</b> by Helena Conibear .....	3	◇ <b>Miller publish 'Sustainable Development Report'</b> .....	12
<b>Social and Policy News</b> .....	5	◇ <b>Delaware forms underage drinking task force</b> .....	13
◇ <b>Alcohol Health Alliance launched in UK</b> .....	5	◇ <b>US designated driver study</b> .....	13
◇ <b>The Lancet calls for a framework convention on alcohol control</b> .....	5	<b>Diet, drinking, lifestyle and cancer risk - a comprehensive review</b> .....	15
◇ <b>Ofcom and ASA publish research on the impact of alcohol advertising rules</b> .....	6	<b>Commentary on World Cancer Fund report by R. Curtis Ellison</b> .....	17
◇ <b>UK industry standards review</b> .....	7	<b>Food, nutrition, physical activity, and the prevention of cancer: a global perspective</b> .....	17
◇ <b>Diageo responsibility advertising in UK</b> .....	7	<b>Do we need the alcohol in our wine? by Harvey E. Finkel, MD</b> .....	20
◇ <b>Don't let a good night turn into a bad one</b> .....	7	<b>Review of the National Health and Medical Research Council's Australian Alcohol Guidelines by Creina Stockley</b> .....	21
◇ <b>First Alcohol Awareness week in Scotland</b> .....	8	<b>Medical News</b>	
◇ <b>Call for research into attitudes to alcohol in Scotland</b> .....	9	◇ <b>Does moderate drinking lower risk of heart failure?</b> .....	15
◇ <b>Alcohol and sport drinkaware.ie guide</b> .....	9	◇ <b>Moderate alcohol consumption make be beneficial for lung function</b> .....	19
◇ <b>European Alcohol and Health Forum - next steps</b> .....	10	◇ <b>Abstracts related to alcohol consumption from the scientific sessions of the American Heart Association</b> .....	22
◇ <b>New film competition to explores Irish attitudes to alcohol</b> .....	10	<b>International Medical Advisory Group Conference</b> .....	26
◇ <b>Pernod Ricard USA launch social responsibility campaign</b> .....	10	<b>Book Review - 'Addiction Proof Your Child' by Dr Stanton Peele</b> .....	26
◇ <b>Canadian campaign to encourage students to drink responsibly</b> .....	11		
◇ <b>New road laws in Ontario affect drink drivers</b> .....	11		
◇ <b>'Saving Faces' research into binge drinking</b> .....	11		

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## Australia

The New South Wales Government says it will spend an extra \$3.6 million to reduce alcohol-related crime as it implements its new liquor laws.

The laws will allow more small venues to operate, but also provide greater legal powers to deal with problem venues and increase penalties for providing alcohol to minors.

The state's Gaming and Racing Minister, Graham West, says the laws will be complemented by education campaigns about responsible drinking and better late night transport schemes to get patrons home safely. West says the laws can only be put into practice with the help of the community.

“Where we need to be continually working is the responsible consumption of alcohol,” he said.

“That’s not something the Government can do alone, it’s something we’ve got to do working with the community and with things like local liquor accords. But also with this money we can help educate young people, especially around some of the dangers of excessive alcohol consumption and encourage them to keep our community safe.”

## Ukraine

A drinks trade body in Ukraine has proposed a minimum price for vodka in the country, according to local reports.

The Union of Alcohol and Tobacco Wholesalers (SOVAT) has proposed to the Ukrainian government that it introduce a floor of UAH11.15 (US\$) per half-litre bottle of vodka in the country.

The association set the price for vodka with an abv of 40% minimum.

A ‘lowest price’ for spirits had been in effect in Ukraine up until 2005, the agency said, although this was disbanded “to harmonise a domestic legal framework in line with WTO requirements”.

A minimum price for vodka would stem the rise of counterfeit and illegally-made versions of the spirit, SOVAT has suggested.

The proposal has received the backing of the country's Ministry of Agricultural Policy, which has drawn up a draft law setting a lowest retail value for all spirits in the Ukraine of UAH46.63 per litre of 100% abv equivalent.

## New Zealand

Alcohol-related antisocial behaviour on the Mahurangi Peninsula in New Zealand has resulted in many popular beaches and holiday spots introducing an overnight summer alcohol ban.

The liquor ban from Christmas to Easter was passed at the first full public meeting of the new Rodney District Council. It was supported by a 1027-signature petition from Mahurangi residents following a rise in reported public disorder incidents between Christmas and Easter during the past four years.

## Alcohol Health Alliance - why now? by Helena Conibear, Executive Director, AIM

The Alcohol Health Alliance a group of 24 bodies, that includes medical associations and charities such as Alcohol Concern and The British Liver Trust, was launched on the 13th November. The Alliance will serve as a lobbying group with the aim of reducing alcohol related harm in the UK through higher taxation, limiting hours of sale and restricting or banning alcohol advertising. The launch of the Alliance is considered surprising in the light of the formation of the pioneering Drinkaware Trust last year. Both Alcohol Concern and The Royal College of Physicians are Trustees of this public facing body whose role, with industry funding is specifically to reduce alcohol related harm.

The government has also undertaken to comprehensively review the pricing advertising and promotion of alcoholic drinks in the UK in a systematic and evidence based manner (contracted this November). With these steps and the programmes laid out in 'Safe. Social. Sensible' that show a proactive and active Alcohol Harm Reduction Strategy for England, which consulted all stakeholders concerned, it is wondered why the group is being formed now, when figures across the board in the UK are showing a decline in damaging patterns of drinking

Statistics from 2005 and 2006 are clearly showing that UK citizens are indulging less in damaging patterns of drinking and are behaving better on our streets. Recognition must be given to the on trade for the significant effort that has been

made in server training, and banning drunken and rowdy customers via Pubwatch and public private partnerships to improve the environment and street safety (Citisafe and Best Bar none), coupled with on the spot fines, stricter laws and more diligent policing. Similarly selling to under age drinkers by all sectors of the trade has reduced dramatically through 'Challenge 21' and the formation of the Retail Standards Group in 2005. As a result, those underage are buying and drinking less.

### More to be done

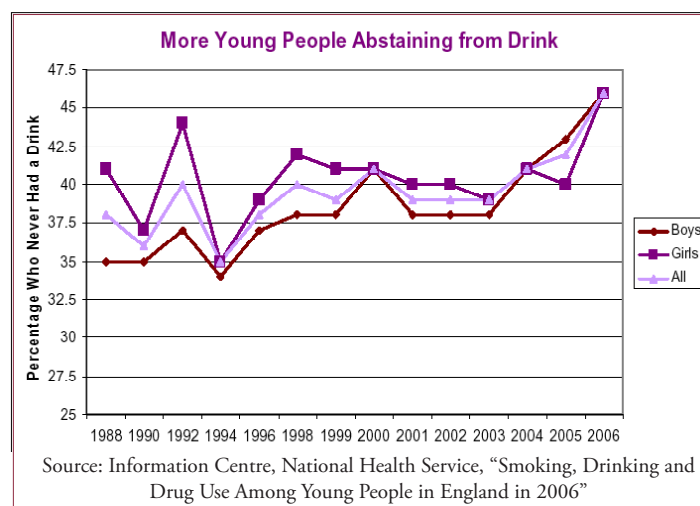
Although trends are in the right direction, much of the work in reducing public drunkenness and disorder has been 'preventative' – whether getting drunk as a legitimate and aspirational social pastime has decreased in attractiveness in the UK is debatable, and although there is much more information available for consumers on responsible drinking via labels, websites, school and college projects, more can be done, especially in the retail, school and college sector. The figures are showing that more young people

are drinking moderately however, and nearly 50% of 11–15 year olds now do not drink at all (up from 35% in 1994) - a promising start.

The health ramifications of the growth in heavy drinking in the 1980's and 90's, particularly among young women will continue to be seen for a number of years. Experts believe that heavy drinking, combined with an increase in obesity in this period, will lead to a continued growth in incidence of fatty liver and cirrhosis, not always attributable to alcohol.

### Designated driver campaigns

An area that remains of concern, is the number of breath test failures which has remained largely static at approximately 84,000 a year since 1992. As a percentage of the population, convictions have dropped (there has been a 3 million population growth in that time) but inspite of 'repeat offenders', perhaps the time is right for a powerful 'don't drink and drive' initiative combined with more designated driver and safe ride home programmes. Drinking and driving must remain socially unacceptable – a perfect opportunity for Drinkaware to

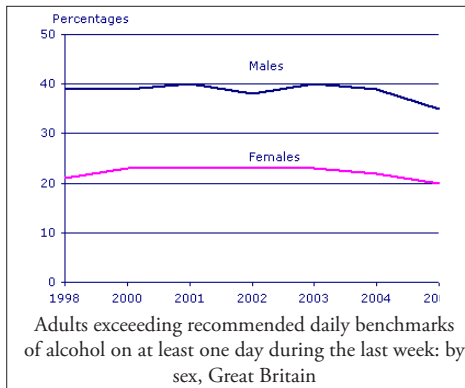


## The good news

### The UK amongst its EU peers

The EU average per capita adult consumption of pure alcohol is 11 litres per annum. UK consumption was 11.4 litres in 2004 and has fallen to 10.9 in 2006 (ONS and HM customs). The UK ranks well below Germany (12.7), France (12.3) Spain (11.7) or Luxembourg at 18 litres.

Fewer adults are exceeding the sensible daily guidelines of 2-3 units for women and 3-4 for men. A drop from 39% in 2004 to 35% in 2005 for men and 22% down to 20% for women (ONS and [www.statistics.gov.uk](http://www.statistics.gov.uk)). The General Household survey finds a similar trend downwards with those drinking at harmful or hazardous levels falling from 27.4 % of males in 2000-02 to 24.5% in 2005 and females from 17% to 14.5%.



The number of 16 – 24 year old girls who drank more than six units (8g) on one occasion in the last week, fell from 28% in 2002 to 22% in 2005 – the lowest rate since 1998.

### Home Office funded Test Purchase Campaigns 2004-2007

	AMEC 1 (Jul/Aug 2004)	AMEC 2 (Dec 2004)	TVCP AMEC (Summer 2005)	AMEC 3 (Nov/Dec 2005)	AMEC 4 (May/Jun 2006)	TUSAC (19-29 Oct 2006)	TVCP AMEC (Winter 2006)	TUSAC (May/July 2007)
Number of BCUs / 227	92	188	25	233	221	27	24	166
Test-purchases carried out	1,864	989	909	6697	6715		780	8,966
On-licence / off-licence split	391 / 1,473	334 / 655	239 / 670	1,674 / 5,023	1,268 / 5,447		245 / 535	1,558 / 7,025
Number of premises						224		2,683 (484 / 2,199)
On-licence failure rate	45%	32%	51%	29%	29%		53%	18%
Off-licence failure rate (incl. supermarkets)	31%	32%	36%	20%	21%		22%	14%
Supermarkets failure rate	-	-	50%	17% (of 1,564)	18%		17%	-

AMEC = Alcohol Misuse Enforcement Campaign, TVCP = Tackling Violent Crime Programme, TUSAC = Tackling underage Sales of Alcohol Campaign, BCUs = Basic Command Unit of the Police

However, 31% of 16 –24 young men still binge weekly.

Heavy drinking (8 units for men and 6 and above for women once a week or more) is now at 19% for all men and 8% for all women, a significant reduction from 1998 – 2003.

### Underage drinking declining

5.5% of pupils in year 8 (age 13) and 8% of 13-14 year olds drink 7 units or more a week. This rises to 19% of Year 10 (age 15). Although less young people are drinking (46% of 11 –15 year olds have never drunk), those that are drinking regularly are drinking more (average 10.9 units a week).

### Drunkenness offences

Convictions for drunkenness have fallen from a high of 123,000 in 1980 to 34,250 in 2004. The further fall to 24,300 in 2005 can be attributed partially to the introduction of the fixed penalty notices.

Sources: Smoking and drinking among young adults 2006, Drinking: Adults' behaviour and knowledge 2006, [www.statistics.gov.uk](http://www.statistics.gov.uk), [www.apho.org.uk](http://www.apho.org.uk) and [www.dh.gov.uk](http://www.dh.gov.uk)

### Test purchases

Failure of test purchases have reduced significantly since their introduction in 2004, from 38% to 15%, and according to the Trading Standards Institute the proportion of 14 - 17 year olds buying alcohol has fallen from 40% to 28% in two years and those drinking weekly has fallen from 50% to 44%.

## The bad news

### Drink drive

Although the UK has some of the safest roads in the world in terms of accidents and deaths per kilometre travelled and per capita, the number of people failing breath tests has remained largely static since 1992 at 84,000 per year. Startlingly the number of female convictions has doubled in that time from 5,600 to 10,258.

Crashes involving drunk drivers, however, are extremely low at 2.3% of drivers (6,397 out of 281,000).

### Sick man of Europe

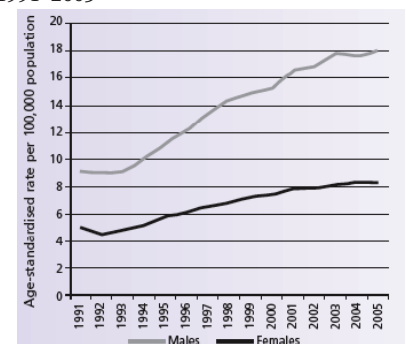
UK adults are the fattest in Europe - 23% are obese against 9.4% of French and 8.5% of Italians.

### Alcohol related deaths

In 'Safe. Social. Sensible', the government links excessive alcohol consumption to between 15,000 and 22,000 premature deaths, with directly attributable deaths at 6,500 (4,160 from alcoholic liver disease).

Although women are beginning to improve their patterns of drinking again after two decades of increasing excess, the health ramifications will continue to be seen for a number of years. Although death rates from cirrhosis and liver disease are low at 5.8 per 100,000 women under 65 per annum, (against 64 per 100,000 for heart disease), this is above the EU average of 4.8.

### Alcohol-related death rates by sex in the UK, 1991-2005



Source: National Statistics Alcohol-Related Deaths

### Alcohol Health Alliance launched in UK

At a time when clear indicators are showing an improvement in drinking patterns in the UK (see article on page 2) a powerful group has been formed - comprising 24 health bodies in total which includes Alcohol Concern, The British Liver Trust and The Royal College of Physicians - to lobby for stricter regulation and control of alcohol in the UK.

The Alcohol Health Alliance officially launched on 13th November. It suggested that there should be dedicated funding for alcohol treatment and prevention. It also called for higher taxes on drinks and for a ban on alcohol advertising on television before 9pm.

Alcohol Concern chief executive Srabeni Sen commented "It's basically a collection of organisations that have a shared objective to reduce the amount of harm that alcohol causes to peoples health and society as a whole.

"We will look at how we can work together to achieve common objectives."

The Royal College of Physicians (RCP), who chair the AHA, is openly in favour of a rise in alcohol taxation. RCP President Professor Ian Gilmore said: "Raising the tax on alcohol would help reduce our consumption, and reduce the future burden of ill-health from alcohol misuse, while generating more funding for treatment services. This is a win-win for the nation's health."

However, David Poley, chief executive of the Portman Group said raising taxes would not solve the problem. He commented:

"Considering taxing adult drinkers to stop children breaking the law is illogical, especially as international comparisons prove that higher prices would not deter binge drinkers or people addicted to alcohol".

Five key drinks organisations - the Wine & Spirit Trade Association, the British Beer & Pub Association, the Gin & Vodka Association, the National Association of Cider Makers and the Scotch Whisky Association sent an open letter to professor Ian Gilmore of the AHA three days before the launch, challenging the campaign.

It said: "In our view, the measures you are seeking would increase the burden on taxpayers, further restrict personal freedoms and limit consumer choice, while at the same time have little or no impact on alcohol misuse. In fact, in some areas it may make the situation worse by encouraging an illicit market in alcohol."

Sandra Gidley, Liberal Democrat MP's Alcohol Harm reduction Bill received a second reading in the House of Commons in October, calling for price controls and an alcohol advertising watershed.

### The Lancet calls for a framework convention on alcohol control

The Lancet has in a recent editorial called for a Framework Convention on Alcohol Control. The journal says that next year's World Health Assembly provides a crucial opportunity for WHO and member states to make those first steps towards a global treaty to reduce alcohol-related harm.

The editorial refers to the Framework Convention on Tobacco Control as "one of WHO's greatest achievements" and argues that a similar international treaty is also needed on alcohol, for alcohol

control measures to be taken more seriously by national governments.

Reference is also made to the recent statements by World Medical Association and the American Public Health Association, who have voiced their support for stronger international efforts to prevent alcohol problems by adopting an international framework convention.

Compared to all the efforts to fight tobacco smoking, The Lancet describes the attitudes towards alcohol as "lax":

"These lax attitudes along with free trade and competition rules, which treat alcohol as any other commodity, have undermined effective alcohol control measures, such as increasing taxes or restricting the hours or days of sale. Instead, at country level, ineffective control strategies (warning labels, education in schools) have been adopted. Internationally, resolutions on alcohol control exist but are non-binding and easily flouted."

The Lancet 2007; 307:1102

## Ofcom and ASA publish research on the impact of alcohol advertising rules

On 16 November 2007, Ofcom and Advertising Standards Authority (ASA) jointly published a research report on the impact of alcohol advertising on young people following the tightening of the Advertising Codes in October 2005. The new rules were designed to make alcohol advertisements less appealing to the under 18s and, in particular, to prevent alcohol advertisements from being associated with or reflecting youth culture. Ofcom, together with its co-regulatory partner, ASA, jointly commissioned a two-part research project to examine the appeal of alcohol advertisements to under-18s.

The first wave of research published in December 2005 aimed to establish the appeal of alcohol advertising to young people, and was created as a benchmark against which the impact of the new rules could be assessed.

The second and most recent wave of research aimed to evaluate the impact of the tightened Codes and the changes to the alcohol market over the last two years. Key findings from this second part of the research show:

- Alcoholic drink suppliers have shifted their advertising spend away from television with a reduction of 26.2% on TV compared to a 2.9% fall via all media from 2005-2007.
- Children and young adults are being exposed to fewer alcohol advertisements on television. Between 2002 and 2006 advertising impacts fell by 31% for 16-24 year olds and 39% for 10-15 year olds.
- There has been a significant decline in the proportion of young

people saying that they feel alcohol adverts are aimed at them.

- Young people still feel advertisements make the drink look appealing and that the adverts will encourage people to drink, with 34% believing this to be the case in 2007 compared with 25% in 2005.
- There has been a significant decline in young people's recall of alcohol adverts, with unprompted mentions of alcohol ads remembered down from an average of 3.95 ads remembered to 3.31.

Considerable market changes since 2005 mean that the two research waves are not directly comparable. Although the second wave does not generate conclusive data on the impact of the rule changes, it provides information on trends and statistics that will be useful for informing the ASA Council on future decisions about whether specific ads have breached the alcohol code rules.

In addition, the research has identified changes in reported drinking behaviour between 2005 and 2007, including:

- The proportion of 11-13 year olds who have never drunk alcohol has increased from 31% in 2005 to 46% in 2007. (This is consistent with the findings of a 2007 Government report - 'Safe. Sensible. Social. The next steps in the National Alcohol Strategy', HM Government June 2007 - which found that there has been an increase in the proportion of 11-15 year olds who claim not to drink alcohol since 2001).
- There has been very little change in the proportion of 11-17 years

olds saying they regularly drink to get drunk.

- alcopops have declined in popularity. Between 2005-2007, there has been an 11% drop across all ages of those who claim to have drunk RTDs in the last six months.
- There has been an increase in the amount of cider that young people report drinking. This is particularly the case among 14-17 and 18-21 year olds – three in ten young people from both these groups have drunk cider in the last six months (compared to 14% and 11% respectively in 2005). The proportion of television spend represented by the cider market increased from 1.8% in 2002 to 15.5% in 2006.

Ofcom's Director of Content, Kate Stross, said: "This research shows that the revised rules on alcohol advertising have ensured that fewer young people feel that TV ads are aimed at them. These are issues of considerable public concern. We welcome the fact the ASA will keep the matter under review and ensure the rules remain effective and appropriate."

The ASA Director General, Christopher Graham said: "The ASA welcomes this report as part of an ongoing process of implementing the new rules rigorously. It is of concern that some ads are still of strong appeal to under-18s, but the ASA stands willing and ready to play its part in tackling this issue. We will be taking the findings of the report on board when assessing ads against the Codes to ensure that young people are protected."

The research report is available at [www.ofcom.org.uk](http://www.ofcom.org.uk) and [www.asa.org.uk](http://www.asa.org.uk).

## UK industry standards review

The Industry 'Social Responsibility Standards for the Production and Sale of Alcoholic Drinks in the UK' are being reviewed by the Home Office, with a particular focus on implementation and the effectiveness of self regulation.

The WSTA has voiced concerns that the solutions have been identified by Government before the review has been undertaken. Their objective is to ensure that

the review is balanced and an a key element of the industry's interest is to ensure that each code is reviewed in context.

It has already been established that the Advertising Standards and Portman Codes will be treated separately from other standards.

The Invitation to tender was issued in October 2007 with a contractor expected to be appointed in November 2007.

## Diageo responsibility advertising in UK

Students in the UK are being urged to use a new safe drinking device over the festive period.

The mobile phone alcohol unit calculator helps them keep track of the number of units they are consuming on a night out.

The calculator is part of the 'Know What's In It' campaign, now in its third year. The campaign seeks to promote unit awareness by highlighting the different levels of alcohol in different brands. It is being run in conjunction with the National Union of Students and will run in 15 student unions across the UK during November. Beer mats, bar runners and posters will also feature in student bars to draw attention to unit information on alcohol.

The scheme is run by Diageo Great Britain, in association with National

Union of Student Services, Ltd.

Ama Uzowuru, vice president (Welfare) National Union of Students, said: "We welcome this innovative campaigning method to promote safe drinking."

In addition Diageo has announced details of its Christmas responsible drinking TV ad campaign that shows how excessive drinking ruins nights out.

The "Choice is Yours" campaign includes two ads that depict men and women enjoying their night, before showing results of drinking too heavily.

Ads will run over four weeks in November, prior to the Government's anti-drink driving ads, which run in December, but after its "Know Your Limits" ads.

The TV ads will be accompanied by outdoor and print advertising and the website [www.thechoiceisyours.com](http://www.thechoiceisyours.com).

## Don't let a good night turn into a bad one

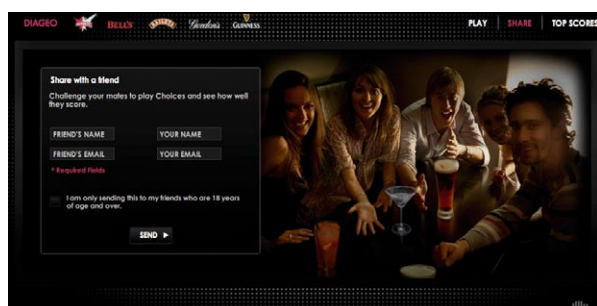
Black cabs half-painted as police cars and ambulances are being used in the UK as part of the latest Know Your Limits safer drinking publicity campaign.

Seen from the front, the forty vehicles resemble a traditional black cab, or hackney carriage, but they have been painted so that from the rear, they look like either police cars or ambulances. The two halves are linked by a simple line of text: 'Don't let a good night turn into a bad one'.

The taxis will be on Liverpool and Manchester streets for eight weeks and have also be rolled out in Birmingham and London. They form part of a wider advertising effort that also includes a fleet of 1,000 buses emblazoned with a bus route-style map. Using the same 'Don't let a good night...' strap line, the journey depicted on the side of the buses terminates at the Accident and Emergency department.

Home Office Minister Vernon Coaker said:

"The Know Your Limits campaign has been reminding young people of the dangers of excessive drinking in an imaginative, non-preaching and hard-hitting way since October 2006. Since the publication of the alcohol strategy in June this year, we have stepped up our efforts to educate people about the harm that alcohol can do not only to themselves but also to those around them. At this time of year when people will be out having a good time, these vehicles will, I hope, make people think twice about having one drink too many."



### First Alcohol Awareness week in Scotland



Scotland's first Alcohol Awareness Week, one of the initiatives under the Government's partnership agreement with the alcohol industry, ran from 21–27 October 2007. There was a joint programme of events in which Government, the alcohol industry, health professionals and the voluntary sector work together to provide useful information to members of the public and promote a joined up message about responsible consumption of alcohol. The campaign objectives were to get the Scottish adult drinking public thinking how much alcohol they consume by raising understanding of what a unit of alcohol is and to help people understand their own drinking habits and levels of consumption, in the context of the sensible drinking message. Alcohol Awareness Week was officially launched by Shona Robison, Minister for Public Health.

400,000 beer mats, along with posters, flyers and tent cards, distributed to 1,400 pubs and clubs throughout Scotland, reaching over 1.5 million customers and around 7,500 staff. Retailers including Asda, Morrisons, Sainsbury's, Tesco, Threshers, The Co-op, Marks and Spencer, Somerfield, Majestic, and Waitrose distributed materials and held in-store events to get the sensible drinking message

to as many people as possible across Scotland.

The Scottish Association of Alcohol and Drug Action Teams throughout Scotland Distributed promotional materials and organised educational events.

There was advertising on buses in various regions and there were interactive stalls in shopping centres.

250,000 unit calculators were distributed through supermarkets, corner shops, pubs, off-licences, health practitioners and police and every Army Mess in the country promoting responsible drinking throughout the week. Campaign materials were also distributed to 10,000 employees in the Scotch Whisky industry and displayed at industry sites and visitor centres across the county. All 32,000 Big Issue readers receive an alcohol 'unit calculator'

#### Distillers ask 'Does Your Drinking Add Up?'

Scotch Whisky companies ran a nationwide series of activities in support of Scotland's first Alcohol Awareness Week. The events encouraged Scots to learn more about the units of alcohol in different drinks under the banner 'Does Your Drinking Add Up?' Improved unit awareness and understanding of the daily Sensible Drinking guidelines have been identified as key elements in efforts to tackle alcohol misuse.

A wide range of activities were organised and supported across the Scotch Whisky industry, including:

- Nationwide TV advertising highlighting the negative impact of excessive drinking

- Alcohol awareness workshops for employees

- Display of Awareness Week materials at industry sites and visitor centres

- Responsible drinking information sent to all distillers, backed up by individual company communications

- 250,000 'unit calculators' distributed across the industry and more widely.

Douglas Meikle, SWA Alcohol Policy Manager and a member of the Alcohol Awareness Week steering group, said:

"The Awareness Week is another step in trying to change Scotland's tolerance of alcohol misuse. Making inappropriate and excessive drinking unacceptable will require a sustained effort, continuing partnership, and a multi-faceted policy approach, ranging from better alcohol education to stricter enforcement of licensing laws. The Scotch Whisky industry is committed to playing its part to the full both this week and over the long term."

#### BMA Scotland Highlights Need For Clearer Information For Consumers

In October BMA Scotland called for new legislation to introduce compulsory labelling on all alcoholic products to help people understand and manage their drinking habits better. In the week leading up to Alcohol Awareness week, Dr Peter Terry, Chairman of the BMA in Scotland, said:

"This week provides us with an opportunity to raise awareness about dangerous drinking levels.



Binge drinking and alcohol misuse have serious social, psychological and physical consequences. BMA Scotland believes that much more should be done to promote sensible, moderate drinking and to move away from the cultural norm of drinking to get drunk.

“The only way that individuals can keep a check on their own drinking patterns is to have access to clear information about what they are consuming. Consistent information on alcohol content and units along with guidelines on the daily drinking limits would help people to better understand their own drinking habits.

“By legislating for standardised labelling on all alcohol products, we can avoid mixed messages and help people to make informed choices about what they drink.

“This approach would be a valuable addition to the Scottish Government’s plans to tackle Scotland’s drinking problem.”

## Call for research into attitudes to alcohol in Scotland

On 15 November, Members of the Scottish Parliament debated Motion S3M-668 on ‘Perceived Norms of Alcohol and Tobacco Consumption - Pilot Studies in Scottish Educational Institutions’ lodged by Dr Bill Wilson MSP. Research in Scotland and the USA has shown that what is perceived as ‘normal’ drinking behaviour has a strong influence on how individuals drink. University students, for example, tend to overestimate alcohol consumption amongst their peers. The greater the over-estimation of what is ‘normal’ to drink, the more an individual feels justified in his/her own consumption.

Researchers concluded raising awareness of the fact that the norm is most people drink responsibly is a powerful tool to reduce alcohol misuse.

Douglas Meikle, the Scotch Whisky Association’s Alcohol Policy Manager, commented on the debate:

“Changing misperceptions about the incidence of excessive drinking can play an important role in tackling alcohol misuse. The Scottish norm is to drink responsibly as part of a healthy lifestyle. Academic research shows that by consistently highlighting that fact, rather than focusing solely on excessive behaviour, individuals can be persuaded to question and change their own drinking patterns. The industry welcomes this timely Parliamentary debate and both Ministerial and cross-party MSP support for further research into how social norm interventions can change attitudes to alcohol consumption.”

## Alcohol and sport drinkaware.ie guide



The new guide from drinkaware.ie, ‘Alcohol, Sport & You’, was launched by Irish Heptathlete Leona Byrne and RTÉ sports presenter Shane O’Donoghue in October 2007.

The pocket sized drinkaware.ie guide dispels commonly held fitness myths that fit people can

drink more without getting drunk or that hangovers can be sweated out of your body.

The booklet has information on how and why alcohol affects your body and impacts on your performance. The guide also reminds readers of the key ‘Rules of Game’:

- Avoid alcohol 24 hours before playing or training;
- Drink lots of water;
- If your injured, don’t drink alcohol until you have had treatment;
- Eat before you drink.

To coincide with the launch, drinkaware.ie announced that 10,000 copies of the guide will be inserted into competitor registration packs for Monday’s Dublin City Marathon.

“The ‘Alcohol, Sport & You’ guide gives useful and practical advice for all those who participate in sport and exercise – whether you are training seriously, toning up or having a kick around the park,” added Fionnuala Sheehan.

For more information, visit [www.drinkaware.ie](http://www.drinkaware.ie).

## European Alcohol and Health Forum - next steps

The first meeting of the Alcohol and Health Forum took place on 17th October. The Forum has established two Task Forces, each composed of 20 experts, which will work towards agreed objectives on the basis of specified mandates. The Task Force on Marketing Communication will:

- examine best practice actions aimed at promoting responsibility in marketing, and preventing irresponsible marketing;
- examine and build upon the report of the Directorate General for Health and Consumer Protection on the Advertising Round Table;
- examine trends in product development, product placement,

sales promotions and other forms of marketing, and trends in alcohol advertising and sponsorship.

The Task Force on Youth will:

- examine trends and drivers in drinking habits of young people and of the alcohol-related harm they suffer;
- examine approaches that have a potential to reduce the alcohol-related harm suffered by young people, and in particular strategies aimed at curbing under-age drinking and drink-driving by young people, actions aimed at promoting responsible selling and serving, and interventions aimed at educating and empowering young people.

## New film competition to explore Irish attitudes to alcohol

A new film competition aimed at highlighting and exploring attitudes to alcohol was launched on 15th November.

Dare2Bdrinkaware is a digital film competition for third-level students, sponsored by drinkaware.ie and organised by the Digital Hub Development Agency (DHDA). It was launched by Dr. Stephen Brennan, Director of Marketing and Strategy at DHDA, and Fionnuala Sheehan, CEO of MEAS.

“With dare2Bdrinkaware, we are offering 5,000 euros to aspiring film-makers to produce short films challenging the relationship between Irish culture and drinking” explained Ms. Sheehan.

Further information available at [www.dare2Bdrinkaware.com](http://www.dare2Bdrinkaware.com).

## Pernod Ricard USA launch social responsibility campaign

A Public campaign that focuses on drunk driving, underage consumption and binge drinking has been launched this Autumn by Pernod Ricard USA. The campaign included newspaper and magazine advertisements, as well as web site banners and a new website [www.acceptresponsibility.org](http://www.acceptresponsibility.org).

Headlined: “Drunk driving doesn’t start with a drink. It starts with an excuse,” the ads feature a martini glass illustrated with the text of typical excuses people make when they drive after drinking too much, such as “I’m 220 lbs - it takes a lot more than three drinks to slow this guy down,” and “I’ve driven home from here so many times I could do it blindfolded.” An animated,

online version of the binge drinking advert shows shot glasses filling up with typical excuses.

“Although the vast majority of adult Americans who drink do so in moderation, and the incidence of underage drinking is declining, we have an obligation to fight against irresponsible consumption,” says Alain Barbet, President and CEO of Pernod Ricard USA “Our new responsibility campaign focuses on recognizing and overcoming enabling excuses so we can act responsibly.”

The [Acceptresponsibility.org](http://Acceptresponsibility.org) site lists numerous links for authoritative information on drunk driving, underage drinking and binge drinking provided by

governmental agencies and third-party organizations.

Other elements of the campaign include a media outreach effort, financial contributions by Pernod Ricard USA to a selected group of organizations and initiatives to address alcohol-related issues, and ongoing development of innovative, educational tools to reach parents and their teenagers.



### Canadian campaign to encourage students to drink responsibly



The Student Life Education Company (SLEC) and Molson brewers have launched their 2007 campaign dedicated to responsible drinking among university and college-age students. This year's campaign, which was delivered to 150 campuses for the start of the new campus year, includes an interactive Web site: [www.herestomychoice.com](http://www.herestomychoice.com).

"University and college students are sometimes under tremendous pressure to drink to excess," said Frances Wdowczyk, Executive Director, Student Life Education Company. "Drinking on campus is a reality and what we want to do is make sure students are armed with the information to do so responsibly."

The 2007 campaign focuses on six main communication elements. Each of these elements addresses specific responsible behaviour among university/college students.

The campaign approach highlights and celebrates responsible behaviour in each of these areas:

- Friends (taking care of friends)
- Safety (watching friend's drinks)
- Academic (healthy balance between school and play)
- Designated Drivers (safe driving)
- Personal Protective Behaviour (eating before drinking)
- Balancing Finances (good personal financial management)

"Molson recognizes that college and university students are a key target audience for our responsible drinking message," said Ferg Devins VP, Government & Public Affairs, Molson. "In order to better reach this group in a meaningful way, we partner with the Student Life Education Company. This helps us reach students at colleges and universities and ensure that responsible drinking messages have a strong presence on campus."

In addition to the interactive Web site, the campaign also features posters, buttons, radio advertisements and age-of-majority birthday cards.

### New road laws in Ontario affect drink drivers

Bill 203, new legislation recently announced through Ontario's Ministry of Transportation, targets drink-drivers and street racers. The new legislation is planned to take effect in late 2008 and will include:

Creating escalating administrative sanctions for repeat drinking drivers measuring 0.05 to 0.08 blood alcohol concentration (the "warn" range)

- First instance: driver suspended for three days.
- Second instance: driver suspended for seven days and must undergo remedial measures course.
- Third or subsequent instance: driver suspended for 30 days, must undergo remedial measures course, and have ignition interlock condition on their licence for six months.

Measures to increase installation of ignition interlock devices by convicted offenders.

Allowing the use of the civil forfeiture law to take vehicles away from people who continue to drink and drive.

The announcement of this new legislation comes following the recent publication of MADD Canada's 2007 Progress Report, in which the organization says although there is "real progress", in the fight against drunk driving with tougher laws, there is still room for improvement.

### 'Saving Faces' research into binge drinking

The UK Department of Health funded study by 'saving faces' into teenage drinking culture has interviewed 9,000 pupils aged 13 and 14 who have completed a baseline questionnaire and surgeons have visited schools all over the country to deliver graphic presentations about the link between binge drinking and severe facial injury.

Teachers remarked that "students were very shocked and disgusted. They were also surprised at the kind of injuries that could be caused by drinking too much alcohol. A lot mentioned that they would think twice about getting drunk..." Pupils will complete follow-up questionnaires next year.

For more information website: <http://www.savingfaces.co.uk>

## Self regulation of advertising – a success story for beer



Recent research published in ‘Beer Advertising in Europe’ and conducted on behalf of the Brewers of Europe by independent researchers reveals that a record 97% of beer advertisements on TV and in the printed press successfully meet standards set by Europe’s national bodies governing self regulation of advertising.

“The beer sector in Europe continues to meet society’s expectations for respectful and responsible advertising. The standards we set out back in 2003 in the Brewers of Europe Guidelines for Responsible Commercial Communications for Beer,

continue to provide the blueprint for the entire sector,” said Rodolphe de Looz-Corswarem, Secretary General of the Brewers of Europe.

“Clear systems for complaining about irresponsible beer advertising are in place and we would encourage anyone who has a problem with any advertisement to complain.”

Complaints about alcohol advertising in general are very low – less than 3% of all advertising complaints. The number of complaints about beer advertising is even lower.

The Brewers of Europe is the official voice of the European brewing sector to the European Union and its Institutions, currently including 25 national brewing associations, representing over 95% of the beer produced in the EU.

To view the report, [http://www.brewersofeurope.org/docs/publications/v1\\_23-4-2007.pdf](http://www.brewersofeurope.org/docs/publications/v1_23-4-2007.pdf)

## US impaired driving still common amongst high school seniors

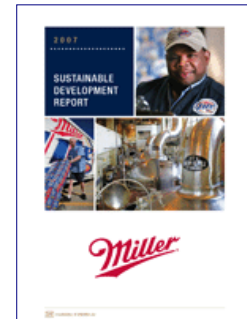
30% of American high school seniors said they’d driven after heavy drug or alcohol use or had been in a car with an impaired driver at least once within the previous two weeks, according to a 2006 survey funded by the U.S. National Institute on Drug Abuse (NIDA).

Rates of impaired driving among teens have declined - from 35% to 31% between 2001 and 2003, and leveling off at just under 30% between 2004 and 2006.

The survey appears in the November issue of the Journal of Studies on Alcohol and Drugs.

“Most teens are aware of the dangers of drinking and driving, yet many ignore it and many don’t seem to recognize the dangers of drinking and driving after using illicit drugs, including marijuana,” NIDA Director Dr. Nora Volkow stated.

## Miller publish ‘Sustainable Development Report’



Miller have published their Sustainable development report for 2007.

In 2006, SABMiller, the parent company, identified 10 global sustainable development priorities, which include: discouraging irresponsible drinking; making more beer but using less water; reducing our energy and carbon footprint; having a vibrant packaging reuse and recycling economy; working towards zero waste operations; having supply chains that reflect the company’s values and commitment; benefiting communities; contributing to the reduction of HIV/AIDS; respecting human rights and transparency in reporting progress.

In the effort to discourage irresponsible drinking, Miller has created programmes and supported initiatives which encourage responsible consumption of alcohol and that prevent youth access by equipping adults and retailers with educational tools and resources. The company has also promoted alternative transportation initiatives in order to discourage drink driving and subject their marketing to comprehensive processes of review and self-regulation.

For a copy of the report, visit <http://www.millerbrewing.com/aboutMiller/sustainableDev/responsibleDrinking.asp>

## Delaware forms underage drinking task force

The US state of Delaware has announced the formation of a legislative task force to study the issues surrounding the underage consumption of alcohol and drunk driving.

The task force is being chaired by Brian Fischer, vice president of community relations of The Charmer Sunbelt Group, a national distributor of fine wines and spirits.

The task force will examine the problem of underage drinking and make recommendations on specific measures to combat, prevent and reduce alcohol-related harm within the state.

Delaware Speaker of the House Terry R. Spence said: "I established this task force during the past session to address what we, as policy makers, can do .... The group is comprised of people from various agencies, including the Office of Highway Safety, the Division of Alcohol and Tobacco Enforcement, the Attorney General's Office, the Delaware Restaurant Association and the Delaware Chapter of Mothers Against Drunk Driving—all committed to stemming the underage consumption of alcohol." Fischer commented: "It's all about finding ways to better educate our youth and their parents about a zero tolerance policy on underage drinking. When most teens report that they receive alcohol from family and friends, we need to do more to address the problem of social hosting in which adults host teen parties where there may be underage drinking."

## US designated driver study

Nielsen Media Research conducted a study on behalf of Anheuser-Busch in order to measure opinions about Designated Driver programmes and their usage. A total of 1,036 persons 21+ were interviewed.

- 96.9% of adults have heard of the idea of a Designated Driver, and two-thirds have been a designated driver at least once.

- 41.4% of adults have used a Designated Driver at least once in the past.

- 71.1% of people who have ever had occasion to drink alcohol beverages have been a Designated Driver and 51.2% have used a Designated Driver.

- Parents are about 14% more likely to have been a Designated Driver and 30% more likely than the total population to have ever been driven home by one.

- One in five respondents (21.8%) had used a taxicab as their Designated Driver. 30-39 year olds are 57% more likely to have done so, and men are 54% more likely to have done so than women.

- 92.8% of adults feel that promoting the use of Designated Drivers is an excellent or good way to help reduce the problem of drunk driving.

### Some choices of Designated Driver proved more popular with respondents than others.

- 76.5% said they would use free or reduced-fare cab rides as a Designated Driver. Adults 30-39 years old were the most likely to agree to using this choice at 85.0%.

- Nearly 90% (88.8%) said they would use a friend. Adults 30-39 were the most likely to agree to this choice, as well (94.1%).

- 41.3% would use mass transit. Adults 21-29 were the most likely to indicate they would use mass transit

as a Designated Driver (58.2%).

- 30.8% would use a tow service that would get them and their car home. Adults 21-29 were the most likely to indicate they would use this service (35.7%).

- The least popular choice given was a scooter service that would send a driver to drive you and your car. 28.9% would make use of this service with adults 21-29 the most likely (44.0%) to use it.

### For planning an evening out

- 50.3% of respondents indicated that someone volunteers to be the Designated Driver.

- Another 27.2% of respondents indicated that the Designated Driver is selected on a rotating basis.

- 69.0% of respondents chose to describe their Designated Driver as "responsible" and

- 25.6% chose "a true friend" as a description for their Designated Driver.

### For socialising at work

- 61.3% said their company encouraged the use of Designated Drivers. Adults 21-29 were the most likely (71.4%) to work somewhere that the employer encouraged Designated Drivers.

- 26.0% of respondents have employers that offered free cab rides home.

- 56.3% of respondents' employers ensure that employees are served alcohol beverages responsibly.

- 72.1% of respondents said their employers offer plenty of food at the party to help get employees home safely.

- 69.0% of respondents chose "be the Designated Driver" as the best way to impress the boss.

For more information, visit <http://www.alcoholstats.net/>

AIM – Alcohol in Moderation was founded in 1991 as an independent organisation whose role is to communicate ‘The Sensible Drinking Message’ and to act as a conduit for information from the industry, its associations and relevant medical and scientific researchers, legislation, policy and campaigns.

## AIM Mission Statement

- To promote the sensible and responsible consumption of alcohol
- To encourage informed debate on alcohol issues
- To communicate and publicise relevant medical and scientific research in a clear and concise format via AIM Digest and the AIM Research Highlights
- To publish information via the ‘AIM Gateway to Responsible Drinking and Health’ on moderate drinking and health – comprehensively indexed and fully searchable without charge
- To communicate with consumers on responsible drinking and health via [www.drinkingandyou.com](http://www.drinkingandyou.com) and via publications based on national government guidelines
- To distribute AIM Digest without charge to the media, legislators and researchers involved in alcohol affairs
- To direct enquiries from the media and others towards full and accurate sources of information.

## AIM SOCIAL, SCIENTIFIC AND MEDICAL COUNCIL

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Boston University School of  
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Boston University School of  
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**Stanton Peele PhD,**  
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**Dr. Thomas Stuttaford,**  
Medical Correspondent to the  
Times and Author

**Dr. Elisabeth Whelan,**  
President American Council on  
Science and Health

## Diet, drinking, lifestyle and cancer risk - a comprehensive review

The largest ever study of the links between lifestyle and cancer has made 10 recommendations to reduce the risk of developing the disease.

A scientific panel put together by the World Cancer Research Fund examined more than 7,000 existing studies into cancer risks to produce what is billed as the most comprehensive analysis of the relationship between diet and cancer.

10 lifestyle recommendations are made to reduce cancer risk

### **Recommendation 1: be as lean as possible without being underweight**

The researchers found “convincing” evidence that excess body fat could cause six different types of common cancers, including those of the breast, bowel and pancreas. Even those falling within the normal and healthy weight range should slim down to reduce their risk of developing cancer. People with a body mass index of between 18.5 and 25 are deemed to be a healthy weight. But the study warns that those at the higher end of the normal weight range are at increased risk, and everyone should aim to be as near to the lower end as possible. Cancers strongly linked with excess body fat include those of the oesophagus, pancreas, bowel, womb and kidney – as well as breast cancer in post-menopausal women.

### **Recommendation 2: be physically active in everyday life**

People should undertake a minimum of 30 minutes of moderate exercise

every day, because there is growing evidence that this helps to reduce the risk of developing cancer. As their fitness improves, people should aim to do an hour of moderate exercise or 30 minutes of vigorous exercise every day. The study found strong evidence that exercise protected against bowel cancer.

### **Recommendation 3: limit consumption of food and drink high in fat, sugar and calories**

Avoid highly calorific foods and drinks such as chocolate, which contains around 10 times more calories than an apple, and sugary drinks, such as fizzy drinks and cordials. The report recommends that people drink water or unsweetened tea or coffee, although no more than four cups of the last. Drink no more than one glass of fruit juice a day, as it contains a lot of sugar.

### **Recommendation 4: eat a diet predominantly of fruit and vegetables**

Green leafy vegetables such as spinach and broccoli “probably” offer protection against cancers of the mouth, larynx, pharynx, oesophagus and stomach. Fruits “probably” protect against mouth, pharynx, larynx, oesophagus, lung and stomach cancers. Dietary fibre, found in cereals, roots, vegetables, fruits and pulses, “probably” helps to prevent bowel cancer. The evidence that fruit and vegetables directly protect against cancer is not as convincing as it was 10 years ago. But eating a diet rich in fruit and vegetables can help to prevent weight gain, which is linked to cancer.

### **Comments on the report:**

*“We know that if you smoke, you increase your risk... but with obesity and being overweight, it is very clear and it is a graded phenomenon... The more you drink, the higher the risk. but this had to be balanced with its (alcohol’s) ability to protect against heart disease’.*

Sir Michael Marmot, professor of epidemiology and public health at University College London and the survey chairman

*‘After smoking, obesity is the biggest risk factor for cancer, and the evidence showing the link continues to strengthen’.*

Dr Lesley Walker, Cancer Research UK’s director of cancer information..

*‘The main take-home message is that you should enjoy a balanced, healthy diet and not overeat. If you do that, the occasional rasher of bacon is unlikely to cause any harm’.*

Professor Ian Rowland, head of the Hugh Sinclair Unit of Human Nutrition at Reading University,

### **On breast cancer risk**

*‘This report highlights what we’ve known for some time - that maintaining a healthy weight, taking regular exercise, breastfeeding for at least 12 months in total and limiting your alcohol intake can decrease your risk of developing breast cancer.’*

Dr Sarah Cant, policy manager at Breakthrough Breast Cancer

## Recommendation 5: avoid eating processed meats and limit red meat

Red meat and processed meats, such as ham, bacon, pastrami, salami and frankfurters, should be avoided because they are strongly linked to bowel cancer. People should consume less than 500 grams, or 18 ounces, of cooked red meat per week, and avoid processed meat altogether if possible.

## Recommendation 6: limit alcohol consumption

Drinking in excess over a long period of time is strongly linked to mouth and oesophagus cancer. Moderate use may be linked to an increase risk of breast cancer (6 - 10% per daily drink). The report recommends limiting drinking for men to one pint of lager, beer or cider, or a small glass of wine or a measure of spirits a day - and half that amount for women.

## Recommendation 7: limit salt consumption

Consume no more than 6g of salt a day, because it is linked to stomach cancer.

## Recommendation 8: avoid dietary supplements

It is not clear that supplements, such as vitamin and mineral tablets, are an adequate substitute for eating a balanced diet. Some research shows that taking high doses of some supplements may increase the risk of developing cancer.

## Recommendation 9: breastfeeding protects mothers and children

Women should aim to breastfeed their baby exclusively for six months, and after that on a complementary basis. This is because of strong evidence that breast-feeding protects women from breast cancer. There is also some evidence that breast-fed children are less likely to become obese in later life, which reduces their risk of cancer.

## Recommendation 10: cancer survivors should get specialist nutritional advice

Cancer survivors, who include people living with the disease and those who have recovered, should get specialist advice on their diet once their treatment is finished. This can help to prevent a recurrence of the disease.

## Comments on the Report (cont'd)

*'You can't eliminate the risk [of cancer] and it is important people realise they can do everything on this list and still get cancer'.*

Antonia Dean, a clinical nurse specialist for the Breast Cancer Care helpline

*'Don't make the mistake of thinking that becoming a teetotaler means you'll lower your risk of the disease. The new findings have to be looked at as one more piece of information among many risk factors. In the big scheme of things; [alcohol] is a small issue' compared with something such as family history. Follow a healthy lifestyle, with a good diet, exercise, and avoidance of smoking and heavy drinking'.*

Len Lichtenfeld, MD, American Cancer Society deputy chief medical officer.

**A commentary on the World Cancer Fund report follows on page 17.**

## Does moderate drinking lower risk of heart failure?

To examine the association between moderate drinking and heart failure, researchers assessed data from 21,601 male participants in the Physicians' Health Study who were free of heart failure at that study's baseline. Analyses were adjusted for potential confounders (i.e., age, smoking, body mass index, and valvular heart disease).

- During an average follow-up of 18 years, 904 incident cases of heart failure occurred.

- The risk of heart failure decreased

as drinking increased (hazard ratios, 0.9 for 1–4 drinks per week, 0.8 for 5–7 drinks per week, and 0.6 for >7 drinks per week versus <1 drink per week; P for trend=0.01).

- Drinking was not significantly associated with the risk of heart failure in subjects without antecedent myocardial infarction or coronary artery disease (CAD).

### R. Curtis Ellison comments:

These results support what many, but not all, recent prospective epidemiological studies have shown:

a reduced risk of heart failure among moderate drinkers in comparison with nondrinkers (or, as in this study, occasional drinkers). This lower risk was found primarily in patients with heart failure and CAD, and therefore may result from alcohol's protective effects on myocardial infarction or other consequences of CAD.

References: Djoussé L, Gaziano JM. Alcohol consumption and risk of heart failure in the Physicians' Health Study I. *Circulation*. 2007;115(1):34–39



## Commentary on World Cancer Fund report by R. Curtis Ellison

There has been considerable media attention in the last weeks regarding a major report on alcohol and cancer, a huge undertaking by a large number of cancer experts from around the world. The report goes into great detail on most environmental exposures that may relate to one or more types of cancer. The full 500+ page report is available on the internet at [www.dietandcancerreport.org/?p=ER](http://www.dietandcancerreport.org/?p=ER). In the paper on colon and breast cancer, we briefly summarize the data presented in the report on the relation of alcohol to these common cancers. In addition, we give below a few general comments on the report and the response to it by the media.

Many of the press releases on this report end with recommendations that people should not drink alcohol at all because of the potential increase in the risk of many types of cancer. A large number of reports have failed to point out that cancer is only one of many diseases and conditions associated with alcohol consumption, and the net effects of moderate drinking in middle-aged and older adults is a decrease

in morbidity and mortality from many of the diseases of ageing, and a lowering in total mortality.

We have just begun reviewing the mammoth report, but there are a few initial comments regarding the chapter dealing with alcohol and cancer. Most of the graphs compare the “highest” versus the “lowest” categories of alcohol intake with each type of cancer. While such analyses are helpful for seeking a relation between alcohol and cancer, they in themselves do not provide data permitting us to judge limits of alcohol associated with various health outcomes.

Even when the new report presents increases in risk per 10 g of alcohol, it seems that all of their analyses are assuming a linear relationship. This assumption is perhaps not necessarily as inaccurate for cancer as it is for cardiovascular disease or mortality (where there is definitely a U- or J-shaped curve), but still it makes it difficult to judge the relation of moderate drinking to cancer risk. For example, if you assume no increased risk at 0 and greatly increased risk at 6 drinks per

day, a straight line will necessarily show an increase for 1 or 2 drinks/day. Further, the authors of the report sometimes appear to base their conclusions that alcohol increases the risk of a type of cancer if the majority of studies show an increase, but do not carry out a meta-regression to evaluate potential bias in the various studies or otherwise try to explain why some studies do not show such a relation.

Overall, we think that we should praise the new cancer report for the huge effort the authors took to summarize a mammoth amount of research relating alcohol to cancer. The information they report will be important in identifying modifiable factors associated with cancer. Still, the media stories on this report appear to focus only on the dangers of drinking, and ignore potential health benefits of moderate alcohol intake on other conditions. The report is thus of limited value for groups setting up drinking guidelines, as it provides no information on more common causes of death, on total mortality, or on the net health effects associated with alcohol consumption.

## Food, nutrition, physical activity, and the prevention of cancer: a global perspective

**Comments from the Institute on Lifestyle and Health at Boston University School of Medicine:**

Some of the cancers described are known to be strongly associated with excessive alcohol intake, usually in conjunction with heavy smoking, and they occur primarily among alcoholics. These include

cancers of the mouth, pharynx, and larynx, and probably esophagus. The two common cancers that may relate to even moderate drinking are colorectal cancers and breast cancer in women. We include some of the graphs, and the report summaries, for these two cancers, as well as a few of our comments on these aspects of the report.

### Colorectal Cancer

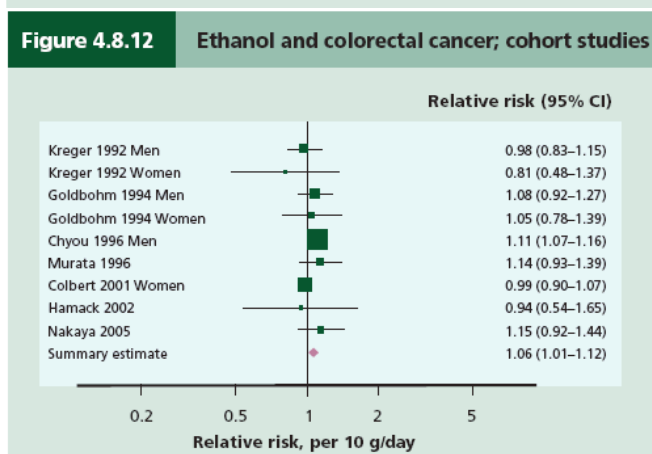
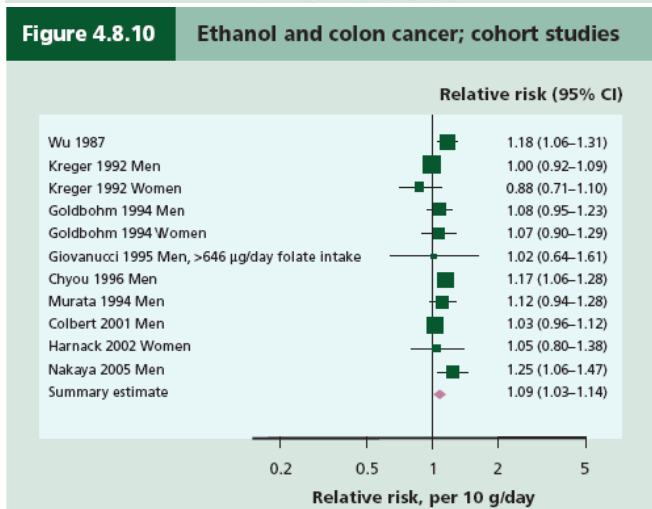
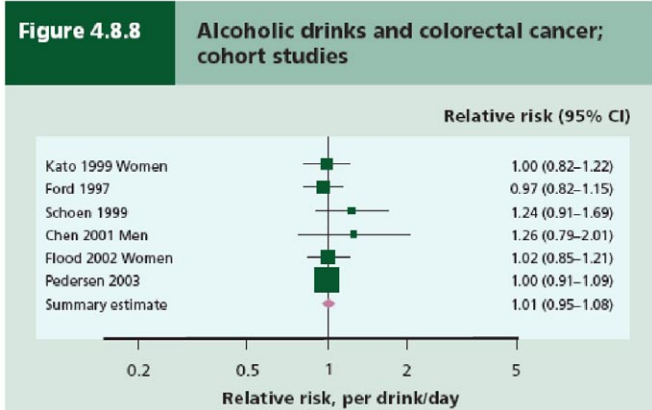
#### Report Summary of Alcohol and Colorectal Cancer

There is ample and generally consistent evidence from cohort studies. A dose-response is apparent. There is evidence for plausible mechanisms. The evidence that consumption of more than 30

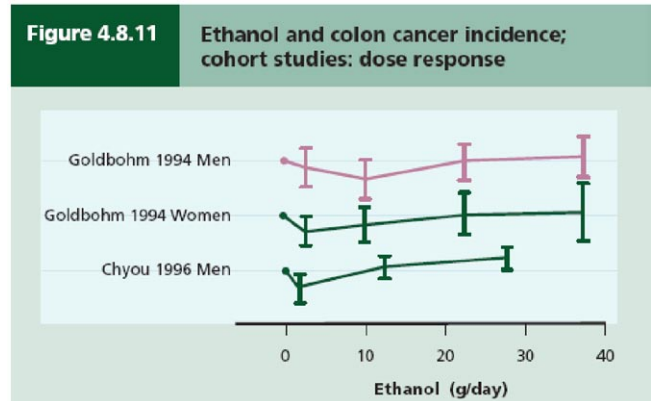
g/day of ethanol from alcoholic drinks is a cause of colorectal cancer in men is convincing, and probably also in women.

**Comments:** In the above charts from the Report, while number of drinks showed little relation with colorectal cancer in cohort studies (Figure 4.8.8), total ethanol estimates were associated with a 9% increased risk per 10 g/day for colon cancer (Figure 4.8.10) and a 6% estimated increased risk per 10 g/day for colorectal cancer (Figure 4.8.12).

increase in risk over that of non-drinkers (the horizontal line) appeared to only be evident above 20 g/day for the first two studies and above about 10 g/day for the third study.



Few studies were included in the dose-response graph for alcohol and colon cancer (Figure 4.8.11), but all suggest that there may be a slight J-shaped curve; an



Unlike the interpretation of a J-shaped association between alcohol and CHD, if one found a J-shaped association between alcohol and colon cancer (i.e., moderate drinkers have a lower risk than non-drinkers), one may argue that some people who developed GI symptoms before cancer was diagnosed may have reduced their alcohol consumption or stopped drinking completely (protopathic bias); the J-shaped association is not reflecting the alcohol and colon cancer causal relation but rather a reverse causation. In other words, the association with alcohol consumption, especially going from none to moderate, may reflect the consequence of pre-cancer disease status. The group identified as “non-drinkers” may include a number of ex-heavy drinkers, making the risk of cancer higher in this group than it would be for true, long-term non-drinkers.

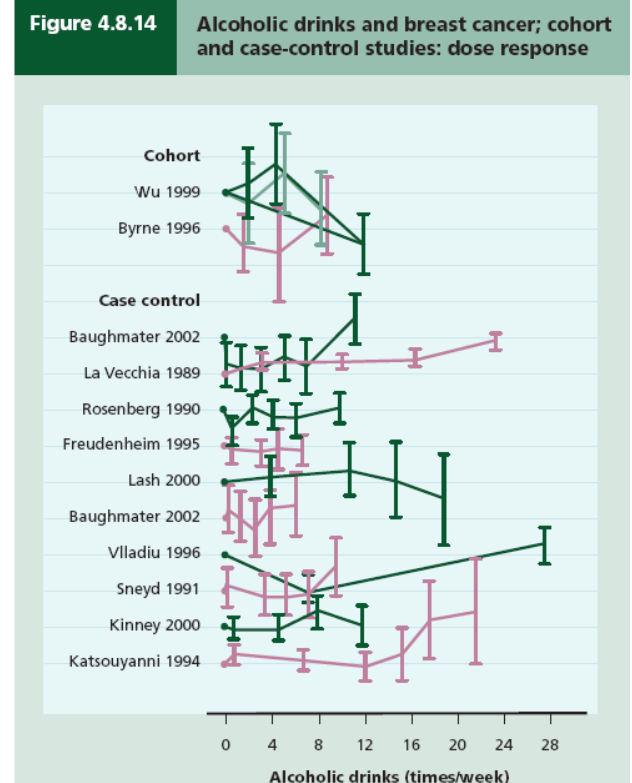
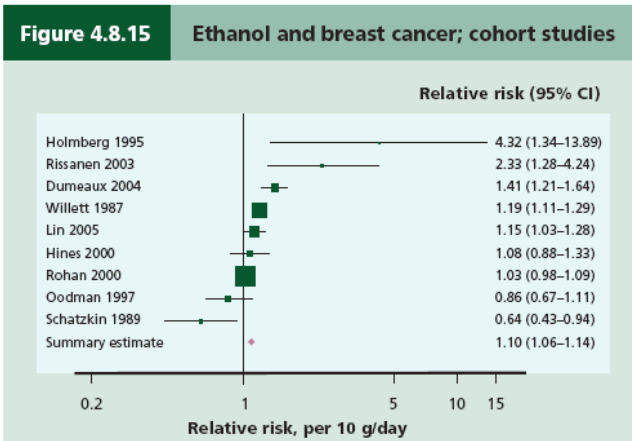
**Alcohol and Breast Cancer**

**Report Summary of Alcohol and Breast Cancer**

There is ample, generally consistent evidence from case-control and cohort studies. A dose-response relationship is apparent. There is robust evidence for mechanisms operating in humans. The evidence that alcoholic drinks are a cause of premenopausal and postmenopausal breast cancer is convincing. No threshold was identified.

**Comments:** The data from cohort studies summarized in Figure 4.8.15 shows considerable variability in the relation of alcohol to breast cancer, with a summary estimate of a 10% increase in risk for women consuming 10 g/day of alcohol. In Figure 4.8.14, results from

both cohort and case-control studies are included in an attempt to determine a dose-response relation. Again, there is considerable heterogeneity, with some studies suggesting a threshold amount of alcohol for an increase in risk but others not showing such a relation.



The summaries of studies upon which the report is based did not allow for evaluation of potential modification of the risk of breast cancer associated with alcohol consumption by low folate intake, concomitant hormone therapy, or binge drinking. Some studies suggest that any increase in breast cancer risk from alcohol may be attenuated, or even prevented, by such behaviours.

Curtis Ellison is professor of Medicine and Public Health at Boston University School of Medicine and Director of the Institute on Lifestyle and Health at Boston University School of Medicine. He is a valued member of the AIM Social, Scientific and Medical Council.

## Moderate alcohol consumption make be beneficial for lung function

A new study reported by Dr. Stanton T. Siu, chief of pulmonary medicine at Kaiser Permanente Hospital in Oakland, California, was presented at the American College of Chest Physicians annual meeting, in Chicago in October.

The study suggests that moderate alcohol consumption may have a protective effect for lung function.

“We found that that if you drank less than two glasses of alcohol per day of wine, beer, or spirits that you had much less likelihood of developing obstructive airways disease, which includes asthma and emphysema,” Siu said.

Siu and his colleagues analyzed the health records of almost 178,000 patients living in northern California. All had undergone exams between 1964 and 1973 as members of the same local health plan. Exam questionnaires completed at the time recorded their smoking and drinking habits, as well as their lung function histories. As part of their exams, all the patients also underwent a range of pulmonary function tests (PFT) designed to gauge how well a person inhales, exhales and transfers oxygen from the lungs into the bloodstream. Siu’s team found that “light to moderate drinkers” (under two glasses of alcohol per day) were the least likely to have problems with lung function.

The relationship between moderate drinking and healthy lungs was consistent regardless of smoking habits or a previous experience of lung and/or heart disease. The survey records had not broken down alcohol consumption according to type of alcohol consumed, so it’s not possible to tell from this study if any category of drink is healthier for the lungs than another. Siu said that light drinking’s protective effect roughly translates to a 20% reduction in the risk for developing lung disease. The link between alcohol use and lung health was consistent across all ethnic groups, all age groups, and for both men and women.

Source: Stanton T. Siu, MD; Neil Schachter, MD; Oct. 24, 2007, presentations, American College of Chest Physicians annual meeting, Chicago

## Do we need the alcohol in our wine? by Harvey E. Finkel, M.D.

There's been a lot of talk lately about avoiding alcohol--the *bête noire* of many --while still preserving the health benefits of wine, a sort of having your antioxidant and not drinking it too. Grape juice, dealcoholised wine, and resveratrol capsules are being promoted as more temperate, more healthful alternatives to wine. Let's critically examine what alcohol brings, particularly to wine, most particularly to the health of the wine drinker. It should be remembered that drinking wine, or any alcoholic drink should be for pleasure and relaxation rather than for any given health benefits however.

Alcohol, that is, ethyl alcohol (ethanol), contributes body and flavour to wine - and other naturally fermented beverages, helping to preserve and enliven it, and, through its volatility, enables the all-important bouquet to bloom. Medical evidence over the last 30 years shows repeatedly that alcohol itself accounts for at least 50-60% of the many and now-familiar health benefits of moderate wine consumption. Polyphenolic antioxidants take care of most of the remainder. Some of the salubrious effects involve a joint venture between alcohol and polyphenols.

Most of the studied health benefits of drinking alcohol in moderation concern the cardiovascular system, the heart and blood vessels, especially the arteries, which vitally supply the organs and tissues of the body with oxygen, nutrients, and defenses against diseases and injuries.

Moderate drinking appears to reduce atherosclerotic disease—

heart attack, stroke, and related--by more than 40%, and probably alleviates the ravages of aging, diabetes, dementia (including Alzheimer's disease), immune dysfunction, inflammation, cataract formation, and other degenerative diseases. Research also suggests that wine consumption might lead to increased overall life span.

Immoderate drinking, in contrast, damages many body organs, impairs health, hastens death, and fosters antisocial consequences. Alcohol is the only toxic component of wine, but, as with many things in life, it is a matter of quantity. Little and often is the take-home message as the antithrombotic effects of alcohol last for approximately 24 hours.

### Recent research

Now there is additional evidence that alcohol can be considered essential to the beneficial effects of wine upon health, and, therefore, that efforts to eliminate alcohol are ill conceived. Research at the US Department of Agriculture laboratory, published recently by Chanjirakul, et al., in the *Journal of the Science of Food and Agriculture*, demonstrates that alcohol promotes the antioxidant capacity of berries, and enhances their resistance to decay in so doing. Also, it has been thought for some years that the alcohol elaborated during fermentation improves the extraction of healthful polyphenols from grape skins.

A "State-of-the-Art Paper" from the University of Missouri, Kansas City, and the Ochsner Medical Center, New Orleans, in the *Journal of the American College of Cardiology* of September 11, 2007, succinctly

summarizes alcohol's role in health when used in moderation. The paper cites J-shaped associations between alcohol consumption and a number of disorders, including coronary heart disease, diabetes, hypertension, stroke, congestive heart failure, dementia, and peripheral vascular disease, and death from all causes. The authors believe that alcohol confers cardiovascular protection to high-risk and low-risk men and women predominantly by improving insulin sensitivity and raising high-density lipoprotein cholesterol (the "good" cholesterol). It is also associated with reduction in abdominal obesity, a distinct cardiovascular risk factor. Finally, the authors agree that a modest daily allotment of alcohol, particularly with meals, is best, but warn against the risks of binge drinking and abuse of alcohol.

The moral seems clear to me: spare the alcohol and lose much of the pleasure and healthfulness of wine. Just don't go too far.

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## Review of the National Health and Medical Research Council's Australian Alcohol Guidelines: health benefits and health risks

by Creina Stockley, Health and Regulatory Information Manager, The Australian Wine Research Institute

The National Health and Medical Research Council's (NHMRC) Australian Alcohol Guidelines: health benefits and health risks of 2001 are under review and a new draft has been recently released for public comment on <http://www.nhmrc.gov.au/consult/index.htm>.

The public comment period closes on 11 December 2007. These draft guidelines are intended to give Australians clear guidelines on how to avoid, or minimise, the harmful consequences of drinking alcohol — both the immediate effects of each drinking occasion and the longer-term effects of regular drinking. Similar to the current Guidelines, the new draft, which is entitled Australian Guidelines for Low-Risk Drinking, contains three levels of health advice:

- A single, universal guideline for Australian adults that provides a recommended low-risk drinking level to reduce both the immediate and long-term harm from alcohol consumption;
- Two guidelines with special precautions for children and adolescents, and for pregnant and breastfeeding women; and
- Additional health advice and precautions for specific groups of adults who have an increased risk (such as young adults, older people, people with a family history of alcohol dependence), for people with physical or mental conditions made worse by alcohol, and for specific situations (such as taking

part in high-risk activities or using illicit drugs).

Indeed, compared to the current Guidelines of 2001, minimal changes have been made to the content in the new draft Guidelines except for the following:

- The universal Guideline 1 sees: four standard drinks per day for men reduced to two as per women with no gender differentiation regarding risk; no mention of a maximum amount for occasional higher drinking days; no mention of a maximum amount per week; no mention of a maximum amount per hour (related to binge drinking patterns); and no mention of 2 alcohol-free days per week.
- Guideline 11 referring to pregnancy and extended to breast feeding suggests that abstinence is the best option but does not provide a low risk amount or any guidance if pregnant and breast feeding women opt to drink alcohol. It does not, however, specifically state 'do not drink' if pregnant or breastfeeding.
- Guideline 2 referring to when responsible for private and public drinking environments is removed.
- Guideline 12 referring to people who choose not to drink alcohol is removed.

The terminology has reverted back to the 'low-risk' terminology of the 1987 and 1992 versions of the Guidelines, although still related to harm minimisation which is the premise of the [Australia] National

Alcohol Strategy, and the term 'safe' is also no longer used. The rationale of the guidelines appears to be more epidemiologically than clinically based, referring to lifetime risk of death from alcohol-related diseases with no inclusion of a reduced longer-term risk from light to moderate alcohol consumption, which is in complete contrast with the 2001 version of the guidelines. For example, at each level, the 'low-risk' has been conservatively defined as the level of alcohol intake that, for healthy adults, should keep the risk of accidents and injuries, or of developing alcohol-related diseases, at low levels (compared with not drinking). This level should also reduce the lifetime risk of death from an alcohol-related injury, or from an alcohol-related disease, to less than 1 in 100, that is, one death for every 100 people who drink at that specified level and pattern.

Submissions can be made in writing, by email or on audiotape and all comments will be considered by the NHMRC.

Please send your submission to:  
Project Officer – Australian Alcohol Guidelines Evidence Translation Section NHMRC  
GPO Box 1421  
CANBERRA ACT 2601  
Tel: (02) 6217 9386 Fax: (02) 6217 9035  
Email: [nhc@nhmrc.gov.au](mailto:nhc@nhmrc.gov.au)

**Abstracts related to alcohol consumption from the scientific sessions of the American Heart Association, October 4-7, 2007** reviewed by R Curtis Ellison



**Alcohol consumption and one-year angina risk after myocardial infarction.** Buchanan DM, Mundluru S, O’Keefe JH, Reid KJ . . . Spertus JA. Abst 3586

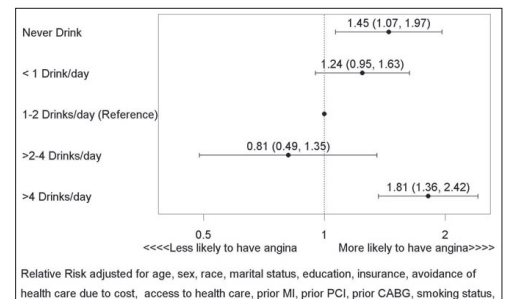
**Summary:** The authors state that prior studies show light to moderate alcohol use is associated with reduced mortality and cardiovascular events, whereas heavy use increases mortality and cardiovascular risks. The association of alcohol use and post-myocardial infarction (MI) symptoms is unknown. They explored the association between alcohol use and risk of having angina 1 year after an MI. Upon enrollment in the 19-centre prospective PREMIER registry, acute MI patients (n=2,481) were asked about alcohol use. Angina (any vs. none) was assessed at 1 year with the Seattle Angina Questionnaire. The association of alcohol use and 1-year angina was modeled using a hierarchical multivariable modified Poisson regression model.

Results indicated that 47% reported never drinking and others reported having the following number of drinks/day: 42% < 1; 6% 1 to 2; 3% > 2 to 4; 2% > 4. After adjusting for demographic, clinical, and treatment variables, patients who reported never drinking were 45% more likely to have angina than

moderate drinkers (1 to 2 drinks/day). However, > 4 drinks/day was associated with an 81% greater risk of angina than moderate alcohol use. Those drinking < 1 drink/day or > 2 to 4 per day had similar angina risk compared to moderate drinkers. Results did not vary by gender (p > .05 for interaction). The authors conclude that this study extends prior evidence of a dose-dependent relationship between alcohol use and other cardiovascular benefits/risks to post-MI angina. Moderate alcohol consumption (1 to 2 drinks/day) was associated with reduced risk of angina 1 year after MI compared to abstinence or heavy alcohol consumption. Excessive alcohol use (> 4 drinks/day) was associated with increased risk of angina.

**Comments:** *In this study of subjects who had had a MI, there appeared to be a reduction in the risk of angina among consumers of alcohol of up to 4 drinks per day, but a significant increase in risk for those consuming more. In the above figure, the risk was lowest for those consuming 2-4 drinks/day, but it was stated in the presentation that the percentage of subjects reporting angina was essentially the same for all subjects consuming between 1 and 4 drinks/day. The risk was higher, however, for “binge drinkers,” defined in this study as consuming 6 or more per occasion at least once a month: 34% higher than non-bingers for men, 55% higher than non-bingers for women.*

*In the presentation, the speaker said that the study also evaluated level of physical functioning, using*



*the SF12 PCS instrument. As with angina, the highest risk of a poor functioning score was among abstainers and heavy drinkers. This study supports limited data on the effect of alcohol intake among people who have had a MI. From both the functioning point of view and for angina, the moderate drinkers had the best outcomes.*

**Moderate alcohol consumption is associated with improved endothelial function.** Suzuki K, Elkind MS, Boden-Albala B, Zhezhen J . . . Homma S. Abst 3644

**Summary:** The authors state that endothelial dysfunction contributes to atherosclerosis and the pathogenesis of cardiovascular disease. Effects of alcohol consumption on endothelial function may be relevant to these cardiovascular outcomes, but very few human studies have examined the effect of alcohol consumption on endothelial function assessed by flow-mediated dilation (FMD) of the brachial artery. In the population-based Northern Manhattan Study (NOMAS), the authors performed a cross-sectional analysis of lifetime alcohol intake and brachial artery FMD during reactive hyperemia using high-resolution B-mode ultrasound images among 883 stroke-free participants (mean age 66.7 years,

women 56.6%, Hispanic 67.5%, black 17.5%, and white 14.9%).

Results showed that the mean brachial FMD was 5.68% and the median was 5.52%. Reported lifetime alcohol consumption was as follows: 147 (16.7%) non-drinkers (<1drink/month), 616 (69.8%) >1drink/mo to 2 drinks/day, 59 (6.7%) >2 to 5drinks/day, 60 (6.8%) >5drinks/day. Compared to non-drinkers, those who drank >1 drink/mo to 2 drinks/day were more likely to have FMD above the median (5.5%) of FMD (unadjusted OR 1.7, 95% CI 1.2-2.5, p=0.004). In multivariate analysis, the relationship between moderate alcohol consumption and FMD remained significant after adjusting for multiple traditional cardiovascular risk factors, including age, body mass index, hypertension, diabetes and smoking (adjusted OR 1.5, 95%CI 1.1-2.2, p=0.02). No beneficial effect on FMD was seen for those who drank more than 2 drinks/day. The authors conclude that consumption of up to 2 alcoholic beverages per day independently was associated with improved FMD compared to nondrinkers in this multiethnic population. The effect on FMD may represent an important mechanism in explaining the protective effect of alcohol intake on cardiovascular disease.

**Comments:** *Function of the endothelium, the lining of arteries, is a critical factor associated with the development of atherosclerosis and myocardial infarction. This was a cross-sectional study, so the effects of improved endothelial function on subsequent disease can not be ascertained. The study, however, supports other research findings*

*showing that moderate drinking is associated with better endothelial function.*

**Alcohol volume, not drinking frequency, increases plasma high-density lipoprotein sub-class particle concentration. Harriss LR, English DR, Wolfe R, Tonkin AM . . . Jenkins AJ. Abst 3645**

**Summary:** The authors assessed the hypothesis that usual daily alcohol intake (volume), beverage type and drinking frequency influence plasma HDL sub-class concentrations as determined by NMR. Six hundred and ninety volunteers (389 women) aged 40-69 years at baseline (1990-1994) participated in a cross-sectional study using the Melbourne Collaborative Cohort Study, Australia. Measures included self-reported alcohol intake using beverage-specific quantity-frequency questions (volume) and a drinking diary for previous week (frequency).

The median alcohol intake was 15.2 g/d (2.7, 32.0) for men and 1.0 g/d (0, 9.6) for women. Alcohol volume was positively associated with total HDL particle concentration in men and women. For men, a 10 g/d increment in alcohol intake increased total HDL particle concentration by 0.62  $\mu\text{mol/L}$  (95% CI: 0.27, 0.98) and small HDL particle concentration by 0.34  $\mu\text{mol/L}$  (0.01, 0.68). For women, total HDL particle concentration increased 1.06  $\mu\text{mol/L}$  (0.60, 1.53) for every 10 g/d increment in alcohol intake. Results varied by menopausal status, as alcohol volume was positively associated with large HDL particle concentration in premenopausal women [0.67  $\mu\text{mol/L}$  (0.19,

1.15)] and small HDL particle concentration in postmenopausal women [0.82  $\mu\text{mol/L}$  (0.14, 1.51)]. Drinking frequency was not associated with total HDL particle concentration or any of its sub-classes. The authors conclude that alcohol volume (and not drinking frequency) was positively associated with NMR-determined plasma total HDL particle concentration for men and women. These associations appeared to be regardless of beverage type, although comparison of beverage types was not possible for women. These results suggest that for any given weekly volume of alcohol, the number of drinking days does not influence HDL particle concentration.

**Comments:** *In our previous analysis of middle-aged subjects in the Family Heart Study, we found that in comparison with non-drinkers, men who consumed 2 drinks/day had about 9 mg/dl higher total HDL, while for women the increase was almost 13 mg/dl. In the present study, the estimated increase that would be associated with 2 drinks/day was the equivalent of an increase in total HDL of about 6 mg/dl for men and 10 mg/dl for women, only slightly lower than our earlier population estimates.*

*As has been shown in most studies, it is the alcohol in a beverage that is the main determinant of HDL, rather than the type of beverage. In this study after taking the amount of alcohol consumed into consideration, the frequency of drinking had no effect on HDL; however, these investigators did not evaluate effects of alcohol on coagulation and fibrinolysis, which may well have varied by*

*frequency of drinking. The impact on heart disease risk associated with differences between large and small HDL particles, the main object of this study, remains unclear.*

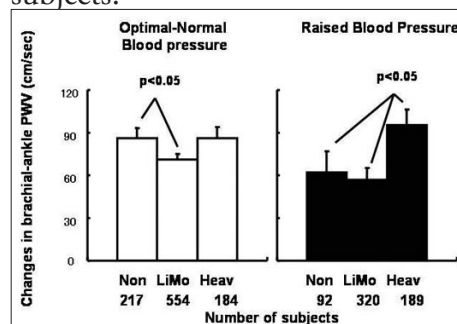
**Raised blood pressure modifies the association between alcohol intake and the progression of arterial stiffness: A 6-year observational study.** Matsumoto C, Tomiyama H, Yamada J, Yoshida M . . . Yamashina A. Abst 2931

**Summary:** The authors state that a J-shaped association between alcohol intake and cardiovascular events has been reported. Increased arterial stiffness is a cardiovascular risk, and raised blood pressure (RBP) (>130/85 mmHg) is associated with a progressive increase of arterial stiffness. The present prospective study was conducted to examine the association between alcohol intake and the progression of arterial stiffness, and also clarify whether RBP modifies this association over a period of 6 years. The brachial-ankle PWV was measured and alcohol intake was determined by interview on three occasions, at an interval of 3 years, in Japanese male subjects without RBP (n=955) and those with RBP (n=601) (age, 40±8 years, 1279 men and 287 women).

According to the results of the interviews on three occasions, the subjects were categorized according to their daily alcohol intake into three groups {non-drinker group (Non), light-moderate (LiMo) and heavy (Heavy) alcohol intake groups}. In subjects without RBP, the increase of the PWV during 6 years' follow-up was lower in the LiMo group than in the Non group, even after adjusting changes in atherosclerotic risk factors (p<0.05);

however, no such attenuation was observed in the subjects with RBP. On the other hands, in subjects with RBP, the increase of the PWV during a 6 year follow up was higher in the Heavy group than in other two groups (Figure).

The authors conclude that light-moderate alcohol intake may have a vasculo-protective effect against structural arterial stiffening in subjects without RBP. In the presence of RBP, however, this protective effect is blunted and heavy alcohol intake seems to be rather harmful in middle-aged subjects.



**Comments:** *In both non-hypertensive and borderline hypertensive groups, subjects with light-to-moderate intake had the most favorable level of arterial stiffness, which is a risk factor for atherosclerosis and coronary heart disease. In this study, heavy alcohol intake was associated with increased blood pressure among subjects with hypertension at baseline, but had little effect on blood pressure for people not hypertensive. Further, heavy drinking was associated with increasing degrees of arterial stiffness over time among subjects with raised blood pressure.*

**Mitochondrial Complex I - Regulated alteration of carbohydrate oxidation and energy metabolites reduces ischemia-reperfusion injury in hearts from mice exposed**

**to moderate ethanol intake.** Zhou H-Z, Ma X, Cecchini G, Simonis U, Gray MO. Abst 511

**Summary:** The authors state that moderate alcohol consumption is cardioprotective in large part through mechanisms that converge on mitochondria. As a primary entry point for reducing equivalents into the respiratory chain, the state of complex I activation has important consequences for overall mitochondrial function and cell homeostasis. Complex I is a key control point in regulation of carbohydrate oxidation and energy production that influence the extent of cardiac injury in hearts from ethanol-fed animals subjected to ischemia-reperfusion (I/R). In this study, isolated hearts from C57BL/6 mice that had been fed 10% ethanol (vol/vol) as drinking water for 16 weeks (E) and age-matched controls were subjected to 30 min global ischemia and 30 min reperfusion.

Hemodynamic results showed E hearts had better contractile recovery (left ventricular developed pressure 62±6 vs. 24±5 mmHg) and less cell damage (creatin kinase release 0.32±0.1 vs. 0.65±0.1 U/min/g) than controls after reperfusion. Mitochondrial NADH-Oxidase (1.2±0.2 vs. 0.58±0.1  $\mu$ g/m/mg), NADH-ubiquinone reductase (complex I, 1.04±0.2 vs. 0.48±0.1  $\mu$ g/m/mg), state 3 oxygen consumption rates (266±28 vs. 152 ± 18 ngAtomO/m/mg), respiratory control ratios (5.2±0.4 vs. 3.1±0.2), aconitase activity (0.73±0.2 vs. 0.48±0.1  $\mu$ mol/m/mg), and lipid peroxidation (MDA 216±22 vs. 348±14 nmol/g) were significantly improved in E hearts after I/R



compared to control hearts (all  $P < 0.05$ ,  $n = 3-12$ ). EM showed that the severity of mitochondrial ultrastructure deformation in E hearts was attenuated. In addition, high resolution  $^1\text{H}$  NMR spectroscopy revealed that the myocardial metabolites alanine, glycine, creatine/phosphocreatine, NAD, total adenosine nucleotide, and ATP were better preserved, whereas lactate and succinate were reduced in E heart tissue extracts relative to control hearts. The authors conclude that (1) moderate alcohol consumption reduces myocardial I/R injury; (2) the mechanism of the cardioprotection in part depends on mitochondria-mediated survival pathways; (3) within the mitochondria, preservation of complex I activity is critical for maintaining overall respiratory function and cardiac energy generation.

**Comments:** *A large number of experiments have shown that animals that are preconditioned by giving them alcohol before creating a myocardial infarction (MI) in the laboratory tend to have less damage to the heart and better survival. This study confirms such protection, showing several changes in the mitochondria that are associated with reduced injury (as well as less increase in cardiac enzymes and better ventricular function after a MI) and less oxidation of lipids. The dose of alcohol each animal received cannot be easily determined, as the only water furnished to the experimental animals for 16 weeks prior to the MI contained 10% alcohol (essentially the equivalent of drinking no water but only light wine, such as a Riesling, for four months!), and*

*blood alcohol levels in the animals were not reported. This is another study of biologic mechanisms that describes an important process by which moderate alcohol may protect against cardiovascular disease.*

**Red wine consumption increases circulating endothelial progenitor cells and improves endothelial function in obese type II diabetics.** Seck CL, Mueller-Ehmsen J, Kreuter G, Hauser K-H . . . Flesch M. *Abst 3785*

**Summary:** The authors state that cardiovascular risk factors are associated with decreased levels of circulating progenitor cells (CPC). The aim of this study was to determine whether the moderate consumption of red wine leads to an increase of CPCs.

CD34 positive and CD133/CD34 as well as CD117/CD34 double positive cells were measured by FACS analysis in peripheral blood of 15 obese patients suffering from type II diabetes with stable oral drug treatment ( $67.3 \pm 2.3$  years, BMI  $32.3 \pm 0.5$  kg/ m<sup>2</sup>) prior to and after a six week period of drinking two units (300 ml) of red wine (Lemberger Classic, Württemberg, Germany). The drinking period was anticipated by a four week fasting period, in which no alcohol consumption was allowed at all. In addition, brachial artery flow mediated dilatation was determined prior to and after the drinking period.

The six week drinking period had no effect on BMI, systolic and diastolic blood pressure, blood glucose levels, HbA1c-values and liver enzymes. There was a non-significant drop in LDL cholesterol,

but no change in HDL cholesterol. Concerning CPCs, the following alterations were observed: CD34+ cells increased from  $171 \pm 22$  to  $354 \pm 28$  per million leucocytes. Within the CD34+ cells, the percentage of CD133+ cells increased from  $30.8 \pm 5.7$  % to  $53.1 \pm 3.3$  %, and the percentage of CD117+ cells increased from  $38.1 \pm 5.8$  % to  $57.5 \pm 4.6$  % ( $p < 0.05$  for all parameters). Brachial artery flow mediated dilatation increased from  $5.57 \pm 0.74$  % to  $11.13 \pm 1.34$  % ( $p < 0.05$ ) in response to six weeks of red wine consumption. Nitroglycerin mediated brachial artery dilatation increased from  $7.45 \pm 1.09$  % to  $11.31 \pm 1.09$  % ( $p < 0.05$ ). The authors conclude that in obese patients suffering from type II diabetes, moderate consumption of red wine leads to a significant improvement of circulating progenitor cell count and endothelial function. No adverse effects of wine consumption on metabolic and cardiovascular parameters were observed.

**Comments:** *There was a striking increase in the flow mediated dilatation (the standard measure of endothelial function) and a marked improvement in circulating progenitor cells associated with 10 ounces of red wine/day in the diabetic subjects in this study. These changes should lead to much lower risk of coronary disease, which is the leading cause of death among diabetics.*

## International Medical Advisory Group Conference

The 35th International Medical Advisory Conference was held in Nova Scotia October 14-16th.

The Scientific programme was provided by the Foundation for Alcohol Research (ABMRF). The conference programme included research undertaken by Canadian and U.S. grantees in various areas ('Research Highlights' sessions), work to demonstrate the dedication over time necessary to advance understanding ('Building a Body of Knowledge' sessions), and work to offer insights into the long-term gains from basic research ('Putting Knowledge to Work' session).

The ABMRF Research highlights looked at co-morbidity, especially with nicotine with papers presented by Kristina Jackson, Brown University, 'Unraveling Alcohol and Tobacco Use Co-Morbidity: Secondary Analysis of Prospective Data' Sherry McKee, Yale University, 'Unraveling the Relationship Between Non-daily

Smoking and Alcohol Use in Young Adults' and Julie Staley, Yale University, 'Delineating the Regulatory Effects of Alcohol Drinking and Tobacco Smoking on Brain Nicotinic Acetylcholine Receptor Availability'.

Interventions were analysed with papers by Joseph LaBrie, Loyola Marymount University, 'Group Social Norms Motivational Intervention with Interactive Real-Time Feedback'

Thomas Brown, Douglas Hospital Research Center, 'Ultra Brief Motivational Interviewing for DUI Recidivists Not Engaged in Remedial Measures', Brad Krevor, Brandeis University, "The Responsible Retailing Forum's New Model of Underage Sales Prevention'.

Sessions were held on 'building a body of knowledge' research ranging from from describing behaviour to exploring behavioral control with papers by Muriel Vogel-Sprott,

University of Waterloo, 'Drunk or Sober? Getting What You Expect'. Mark Fillmore, University of Kentucky, 'Alcohol Impairment: People differ in Their Expectancies'. Cecile A. Marczinski, University of Kentucky, 'Alcohol Impairment and Behavioral Control'.

Finally, the 'Putting knowledge to work' session looked at drug development for alcohol disorders Ivan Diamond, CV Therapeutics & Founding Director Ernest Gallo Clinic & Research Center, 'Drug Development Using Targets Developed in Basic Academic Research: CVT Experience Developing a Selective Reversible Inhibitor of Aldehyde Dehydrogenase 2 (ALDH2)' and Raymond Anton, Medical University of South Carolina, 'Medications Development for Alcohol Treatment: Promises and Pitfalls'.

For further details contact [j.hanratty@mindspring.com](mailto:j.hanratty@mindspring.com)

## Book Review - 'Addiction Proof Your Child' by Dr Stanton Peele



Dr Stanton Peele comments in interviews on his new controversial but research-driven book 'Addiction Proof Your Child',

"In a world where binge drinking, recreational and prescription drug abuse, chronic overeating and anorexia, and internet gambling and pornography are all too common among teens, it's time to rethink conventional wisdom about addiction. We clearly need something more than 'just say no'. This book is the alternative".

According to Dr Peele, parents are being misled—and disempowered. Brainwashed by the constant refrains that addiction is a disease, that abstinence is the only solution, and that any drug or alcohol use requires treatment, society and parents aren't being presented with the successful tactics they can use to make their children addiction-proof—and to keep them safe if they do use drugs or drink, as so many will.

Dr. Peele explains that, despite what parents have been told, it's normal for most kids to try alcohol and drugs, and that the large majority

will not become addicts or ruin their lives—if they are armed with real-life motivators to keep them addiction free: independence, critical thinking, responsibility, and the ability to enjoy life.

'Addiction Proof Your Child' shows parents how to instill these qualities: by teaching children to take pride in achievement and other bedrock values, learning how to be calm questioners and tolerant listeners, fighting the urge to overparent, and (if the parents drink) teaching kids how to drink in moderation at home.

For copies please visit <http://www.peele.net/>

# ORGANISATIONS

## UNITED KINGDOM

### Alcohol Concern

First Floor 8 Shelton Street, London WC2 9JR  
Tel: (0207) 395 4000 Fax: (0207) 395 4005  
website: [www.alcoholconcern.org.uk](http://www.alcoholconcern.org.uk)

### Alcohol Education And Research Council

Abell House, John Islip Street, London SW1P 4LH  
Tel: (0207) 217 5276

### The Medical Council on Alcohol

3 St. Andrew's Place, London, NW1 4LB  
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### The Portman Group

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email: [Info@portmangroup.org.uk](mailto:Info@portmangroup.org.uk)  
website: [www.portman-group.org.uk](http://www.portman-group.org.uk)

### The Drinkaware Trust

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website: [www.drinkawaretrust.org.uk](http://www.drinkawaretrust.org.uk)  
[www.drinkaware.co.uk](http://www.drinkaware.co.uk)

### Alcohol Focus Scotland

2nd Floor 166 Buchanan Street, Glasgow G1 2NH  
Tel: 0141-572 6700 Fax: 041-333 1606  
website: [www.alcohol-focus-scotland.org.uk](http://www.alcohol-focus-scotland.org.uk)

### BBPA British Beer and Pub Association

Market Towers, 1, Nine Elms Lane, London. SW8  
5NQ Tel: 020 7627 9191 Fax: 020 7627 9123  
email: [jwitheridge@beerandpub.com](mailto:jwitheridge@beerandpub.com)  
website: [www.beerandpub.com](http://www.beerandpub.com)

### Wine & Spirit Education Trust

International Wine & Spirit Centre  
39-45 Bermondsey Street  
London SE1 3XF  
Telephone: 020 7089 3800 Fax: 020 7089 3845  
Email: [wset@wset.co.uk](mailto:wset@wset.co.uk)

### The Wine and Spirit Trade Association

International Wine & Spirit Centre  
39 - 45 Bermondsey Street  
London SE1 3XF  
tel: +44 (0)20 7089 3877 fax: +44 (0)20 7089 3870  
Email: [info@wsta.co.uk](mailto:info@wsta.co.uk)

## EUROPE

### Brewers of Europe

Rue Caroly 23-25, B-1060 Bruxelles Tel: (+32.2) 672  
23 92 Fax: (+32.2) 660 94 02  
email: [info@brewersofEurope.org](mailto:info@brewersofEurope.org)  
website: [www.brewersofEurope.org](http://www.brewersofEurope.org)

### Forum of Taste and Education

Livornostraat 13 b 5 rue de Livourne - Brussel 1050  
Bruxelles, Belgium  
Tel: 32 2 539 36 64 Fax: 32 2 537 81 56  
email: [forum.taste.education@skynet.be](mailto:forum.taste.education@skynet.be)

### Enterprise et Prevention

13, Rue Monsigny, 75002 Paris, France  
Tel: 00-33-53-43-80-75  
email: [enterprise@wanadoo.fr](mailto:enterprise@wanadoo.fr)  
website: [www.soifdevivre.com](http://www.soifdevivre.com)

### IREB

19, avenue Trudaine, 75009 Paris  
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email: [ireb@ireb.com](mailto:ireb@ireb.com) website: [www.ireb.com](http://www.ireb.com)

### OIV

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email: [oiv@oiv.int](mailto:oiv@oiv.int) website: [www.oiv.int](http://www.oiv.int)

### STIVA

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The Hague, The Netherlands  
Tel: +31 (0)70 314 2480 Fax: +31(0) 70 314 2481  
email: [info@STIVA.nl](mailto:info@STIVA.nl)  
website: [www.stiva.nl](http://www.stiva.nl)

### Fundacion Alcohol Y Sociedad

Villalar, 4 1º izq. 28001 Madrid  
Tel: + 34 91 745 08 44 Fax: + 34 91 561 8955  
email: [secretaria@alcoholysociedad.org](mailto:secretaria@alcoholysociedad.org)  
website: [www.alcoholysociedad.org](http://www.alcoholysociedad.org)

### Scandinavian Medical Alcohol Board

Vandværksvej 11 DK - 5690 Tommerup  
Tel: 45 64 75 22 84 Fax: 45 64 75 28 44  
email: [smab@org](mailto:smab@org)  
website: [www.smab.org](http://www.smab.org)

### Deutsche Wein Akademie GMBH

Gutenbergplatz 3-5, 55116 Mainz  
Tel: 49-2641-9065801 (home office)  
49-6131-282948 (head office) Fax: 49-2641-9065802  
email: [fradera@deutscheweinakademie.de](mailto:fradera@deutscheweinakademie.de)  
website: [www.deutscheweinakademie.de](http://www.deutscheweinakademie.de)

### FIVIN

Plaza Penedés, 3, 3,08720 Vilafranca del Penedés,  
Barcelona, Spain  
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Fax: 0034 (93) 890 46 11

### GODA

Gode Alkoholdninger, Kattesundet 9, DK-1458  
København K, Denmark Tel: 33 13 93 83  
Fax: 33 13 03 84 email: [info@goda.dk](mailto:info@goda.dk)  
website: [www.goda.dk](http://www.goda.dk)

### FIVS International Federation of Wines & Spirits

18, rue d'Aguesseau, F-75008 - PARIS France  
Tél. 33 01 42 68 82 48 Fax 33 01 40 06 06 98  
email : [fivs.ass@wanadoo.fr](mailto:fivs.ass@wanadoo.fr)  
website: [www.fivs.org](http://www.fivs.org)

### EFRD The European Forum for Responsible Drinking

Place Stéphanie, 6, B -1050 Bruxelles  
T: + 32.2.505.60.72  
F: + 32.2.502.69.71  
website: [www.efrd.org](http://www.efrd.org)

### MEAS Limited

Merrion House  
1/3 Fitzwilliam Street Lower  
Dublin 2, Ireland  
Tel: 00 353 1 611 4811 Fax: 00 353 1 611 4808  
website: [www.meas.ie](http://www.meas.ie)  
[www.drinkaware.ie](http://www.drinkaware.ie)

### The European Federation Of Wine & Spirit Importers

And Distributors (EFWSID)  
Five Kings House  
1 Queen Street Place  
London EC4R 1XX  
Tel +44 (0) 20 7248 5377 Fax +44(0) 20 7489 0322  
email: [EFWSID@wsa.org.uk](mailto:EFWSID@wsa.org.uk)

## USA, CANADA, SOUTH AMERICA, AUSTRALIA

American Council On Science And Health  
1995 Broadway, 2nd Floor, New York, NY 10023-5860  
Tel: (212) 362-7044 Ext. 234 Fax: (212) 362-4919  
email: [kava@acsh.org](mailto:kava@acsh.org) website: [www.acsh.org](http://www.acsh.org)

### Beer Institute

122 C Street, NW #750,  
Washington DC 20001  
Tel:(202) 737-2337 Fax: (202) 737-7004  
email:[info@beerinstitute.org](mailto:info@beerinstitute.org)  
website: [www.beerinstitute.org](http://www.beerinstitute.org)

### Distilled Spirits Council Of The US

1250 Eye Street, NW, Suite 400,  
Washington DC 20005  
Tel:(202) 628-3544 website: [www.discus.org](http://www.discus.org)

### Proyecto Ciencia Vino Y Salud

Facultad de ciencias Biológicas,  
Casilla 114 D. Santiago, Chile  
Tel:/Fax: (56-23) 222 2577  
email: [vinsalud@genes.bio.puc.cl](mailto:vinsalud@genes.bio.puc.cl)

### Éduc' Alcool

606, Cathcart, Suite 700, Montréal, Québec, H3B 1K9  
Canada Tel: (514) 875-7454  
email: [hsacy@educalcoool.qc.ca](mailto:hsacy@educalcoool.qc.ca)  
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### FISAC

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Fax: +52 5554 0161  
email: [iybarra@fisac.org.mx](mailto:iybarra@fisac.org.mx)  
website:[www.alcoholinformate.org.mx](http://www.alcoholinformate.org.mx)

### The Wine Institute

425 Market Street, Suite 1000, San Francisco, CA  
94105, USA Tel: (415) 512-0151 Fax: (415) 442-0742

### Traffic Injury Research Foundation.

Suite 200, 171 Nepean Street, Ottawa, Ontario,  
Canada, K2P 0B4 Tel: 613-238-5235  
email: [barbarak@trafficinjuryresearch.com](mailto:barbarak@trafficinjuryresearch.com)  
website: [www.trafficinjuryresearch.com](http://www.trafficinjuryresearch.com)

### ICAP

International Center for Alcohol Policies  
1519 New Hampshire Avenue, NW  
Washington DC 20036  
Tel: (202) 986-1159 Fax: (202) 986-2080  
website: [www.icap.org](http://www.icap.org)

### The Century Council

1310 G Street, NW, Suite 600,  
Washington, DC 20005-3000  
Tel: (202) 637-0077 Fax: (202) 637-0079  
email: [washde@centurycouncil.org](mailto:washde@centurycouncil.org)  
website: [www.centurycouncil.org](http://www.centurycouncil.org)

### California Association Of Winegrape Growers

601 University Avenue, Suite 135 Sacramento, CA  
95825 email: [karen@cawg.org](mailto:karen@cawg.org)  
website: [www.cawg.org](http://www.cawg.org)

### Lodi-Woodridge Winegrape Commission

2545 West Turner Road Lodi, CA 95242 USA  
email: [mark@lodiwine.com](mailto:mark@lodiwine.com)  
website: [www.lodiwine.com](http://www.lodiwine.com)

### Oldways Preservation & Exchange Trust

266 Beacon Street Boston, MA 02116 617.421.5500  
Fax: 617.421.5511 website: [www.oldwayspt.org](http://www.oldwayspt.org)

### The Australian Wine Research Institute

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Australia. Tel: 61 8 8303 6600 Fax: 61 6 303 6601  
website: [www.awri.com.au](http://www.awri.com.au)