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Kenya

Authorities in Kenya have held a four-day nationwide crackdown on illicitly brewed alcohol. The operation started in Kiambu county, following demonstrations by women asking the government to take action. Last year, 70 people were killed in the area. Illicit alcohol is also blamed for the breakdown of families.

The government has revoked all licences for bars and other outlets selling home brew, which can be laced with methanol. Illicit alcohol is popular in central Kenya because it is cheap and many people cannot afford to buy commercial alcohol.

Thailand

Under amendments to the Alcohol Control Act endorsed by the Thai government in July, bars, clubs and retailers will be prohibited from selling alcoholic beverages within a 300-metre radius of higher-educational institutions. The measures, which are due to be implemented in late August, are aimed at promoting a healthy lifestyle and tackling alcohol-related problems, including underage sex, the Ministry of Public Health said.

UK

A worrying new trend, a bar where customers inhale alcohol, is expected to launch on July 31 in London. It works as spirits and mixers, combined at a 1:3 ratio, are released into the air as heady alcoholic clouds using a powerful humidifier, alcohol then enters the bloodstream not only through breathing, but thorough the eyeballs as well. The maximum visit time to the bar, Alcoholic Architecture, is one hour.

France

In France the BAC limit for novice drivers was changed to 0.2 from 1 July.

France's new limit for young and novice drivers will apply to those who have held their license for three years or less. The measure was announced in January in response to the first rise in alcohol related road deaths in France for more than a decade.

India

Toxic homemade liquor has killed at least 102 slum dwellers in Mumbai.

Police arrested seven people in connection with the deaths in a western neighbourhood of the city, on the west coast of India.

"More than 150 have consumed this alcohol. The death toll may rise," said Dhananjay Kulkarni, Mumbai's deputy police commissioner, adding that eight police officials had been suspended for suspected negligence.

Worldwide

An article in the Economist magazine suggests that although the world may be getting warmer, it is not getting much wetter. 249 billion litres of alcoholic drinks were consumed in 2014, a modest increase of 1 billion over the preceding year. When measured by intake per head of the drinking-age population, consumption is down a little from a peak of 56.6 litres in 2012 to 55.4 litres in 2014. People in rich countries are imbibing less. Emerging markets such as India and China are in contrast expanding.

What determines a person's belief that "alcohol is heart-healthy?"

Whitman IR, Pletcher MJ, Vittinghoff E, Imburgia KE, Maguire C, Bettencourt L, Sinha T, Parsnick T, Tison GH, Mulvanny CG, Olgin JE, Marcus GM. Perceptions, Information Sources, and Behaviour Regarding Alcohol and Heart Health. *Am J Cardiol* 2015; pre-publication. [dx.doi.org/10.1016/j.amjcard.2015.05.029](https://doi.org/10.1016/j.amjcard.2015.05.029).

Authors' Abstract

Despite the equipoise regarding alcohol's cardiovascular effects and absence of relevant rigorous controlled trials, the lay press frequently portrays alcohol as "heart healthy." The public perception of alcohol's heart effects, the sources of those perceptions, and how they may affect behaviour are unknown. We performed a cross-sectional analysis of data obtained from March 2013 to September 2014 from consecutive participants enrolled in the Health eHeart Study.

Of 5,582 participants, 1,707 (30%) viewed alcohol as heart healthy, 2,157 (39%) viewed it as unhealthy, and 1,718 (31%) were unsure. Of those reporting alcohol as heart healthy, 80% cited lay press as a source of their knowledge. After adjustment, older age (odds ratio 1.11), higher education (odds ratio 1.37), higher income (odds ratio 1.07), US residence (odds ratio 1.63), and coronary artery disease (odds ratio 1.51) were associated with perception of alcohol as heart healthy (all $p < 0.003$). Ever smokers (odds ratio 0.76, $p = 0.004$) and those with heart failure (odds ratio 0.5, $p = 0.01$) were less likely to cite alcohol as heart healthy. Those perceiving alcohol as heart healthy consumed on average 47% more alcohol on a regular basis (95% confidence interval 27% to 66%, $p < 0.001$).

In conclusion, of >5,000 consecutive Health eHeart participants, approximately 1/3 believed alcohol to be heart healthy, and the majority cited the lay press as the origin of that perception. Those with a perception of alcohol as heart healthy drink substantially more alcohol.

Forum Comments

Reviewer Barrett-Connor considered that "This paper was an interesting idea about where the public gets its information about health and risks of common behaviours and prescriptions. It reminds me of the first 30 years of 'estrogen is good for you' papers and books intended for a lay audience. In this case, the authors have interesting questions and interesting answers and a reasonable study design.

"I think that my biggest problem with the paper is there is no attempt to understand the different kinds of associations or to do multiply adjusted analyses. The actual number of people is still small; it would have been smart for them to wait another couple of years in order to get more people so that they could have a much better study."

Forum member Ellison had a number of concerns about the paper. "First, who are the people whose opinions are given in this survey? They are certainly not a random sample of the population. The ways that people were recruited are not described very well, and differences in response by recruitment techniques (which varied markedly among the participating centers) are not given. (It would be assumed that advertising in a wine magazine would give very different responses than if recruitment for the survey was in a conservative or evangelical paper.)" Ellison also thought that "The leading question: 'Do you believe alcohol is good for your heart?' would be answered very differently from what Forum members considered to be a more appropriate question: 'Do you believe that the moderate consumption of alcoholic beverages is good for your heart?'"

"While the authors report that people who think alcohol is good for your heart tend to drink slightly more, I fail to find any details on the results of an additional and important question: 'How does your understanding of the potential health effects of alcohol influence the amount of alcohol you drink?' For this question, the potential choices included statements that there is no influence, I drink more because of health reasons, and I drink less because of health reasons. It seems unusual that comments are not given in the paper for the responses to this question; if perceived health effects are only a minor reason for drinking, this would tend to undermine the arguments against giving what the authors consider to be 'premature or even erroneous' advice to the public."

Reviewer Skovenborg commented that this article is interesting as not many studies of this type have been published. However, he pointed out that "The statement of the authors that the participants perceiving alcohol as heart healthy consumed 47% more alcohol may sound alarming; however, this real difference is from 0-3 to 1-5 glasses of wine/week and from 1-7 to 2-8 drinks/week. These are not 'alarming' differences, and all fall within usual guidelines for 'sensible drinking.'"

Skovenborg continued: "Further, the authors have misrepresented the scientific literature when they suggest that 'Even low to moderate levels of alcohol consumption have been shown to impose harm including a number of conditions.' For example, they

state that there was a 'higher risk of mortality from <2 drinks/day,' whereas the reference they quote (Gronbaek et al) actually states: 'Compared with stable light drinkers, stable nondrinkers and heavy drinkers (>13 drinks/week) had similarly increased risks of dying (RR 1.29 and 1.32 respectively). There was little difference in mortality between light and moderate drinkers.' And Gronbaek et al conclude: 'Persons with stable patterns of light and moderate alcohol intake had the lowest all-cause mortality.' Almost all other prospective studies have shown the same result.

"For their statement that atrial fibrillation increases at 1-2 drinks/day, the reference they quote (Conen et al) states: 'Among healthy middle-aged women, consumption of up to 2 alcoholic beverages per day (15 – 30 g per day) was not associated with an increased risk of incident atrial fibrillation.' And, for 'increased risk of hypertension at 3/drinks/day,' the reference they quote (Paulin et al) states: 'The mean systolic and diastolic pressures of male heavy alcohol users (300 g or more per week = >43 g per day) were, respectively, 9.8 and 8.9 mmHg higher than those of male nondrinkers. No relationship between alcohol intake and blood pressure was found in the women.'" Skovenborg concludes: "I do not know if these quotes are examples of intentional or unintentional bias; however, I find it strange that so many authors have underwritten these statements that do not reflect current scientific knowledge and yet are presenting information to help doctors give advice to patients regarding alcohol and health." Added Forum member Barrett-Connor: "I agree that the bias of study authors can lead to bias of the responders; this was never analyzed in this paper. Nor did the authors address the huge difference between heavy drinking and social drinking."

Reviewer Ursini stated: "It is clear we are dealing with a hidden prohibitionism when authors conclude their abstract with a sentence (obviously not scientific) saying that if you believe that alcohol is good for your heart you drink more (and presumably should expect more health problems). What can be the relevance of this for the general population and the community of experts? I'm more convinced every day that there must be an 'ethical commitment' rather than just 'scientific data' behind many publications."

Reviewer Barrett-Connor commented: "It is clear that from the way the text is written that the authors do

not believe that alcohol is good for you. It would have been nice to have known how many of the participating authors think of alcohol as a drug that should be avoided, possibly altogether. Clearly there is a bias in the authors which I think would lead to respondents' bias. This is the most problematic aspect for the understanding of this study; in other words, those who do not believe that alcohol can have benefits when used in moderate doses would presumably have been more likely to have responded to the questionnaire.

"However, I think the article was interesting in that it demonstrated where people get their medical information from—the lay press." Added Forum member Mattivi: "It is not too surprising that people get information from the lay press. The population has little access to scientific/technical data that are published for ordinary folk, and are very unlikely or unable to read the full text from scientific journals. Even skilled researchers sometimes tend to be poorly informed about complex scientific issues, and some citations in this paper seem a good example of that. In the real scientific world (not that of the media), the truth is not black or white, or simple or comfortable."

As pointed out by a number of reviewers, the Discussion in this paper suggests anti-alcohol sentiments of the authors which results in a gross misrepresentation of scientific evidence. The authors suggest that their survey results suggesting an 'optimal level of ≤ 14 drinks/week' (a level that was reported by 98% of their subjects) is too high. However, this level of drinking has been found in most studies to have the greatest health benefit, both in reducing heart diseases and overall mortality. In addition, this consumption rate is in accordance with the recommendations of most national agencies in North America and Europe.

Reviewer Ellison added: "Statements such as those suggesting that people who think it is heart healthy to consume alcohol are misinformed reinforces the clear impression that it is the authors who are apparently misinformed. Statements suggesting that perceptions that alcohol decreases heart disease are 'premature or even erroneous' and that such 'misperceptions' may affect behaviour in an unhealthy manner further indicate that the authors are not basing their conclusions on sound scientific data."

Forum member Goldfinger points out that “Different populations with different demographics may (obviously) present different perceptions on alcohol and health. Depending on the subjects recruited for such a survey, results could potentially present a dangerous misrepresentation of scientific data.” All Forum members agreed that data on this topic from a random sample of the population could be very informative.

References from Forum critique

Conen D, Tedrow UB, Cook NR, Moorthy MV, Buring JE, Albert CM. Alcohol consumption and risk of incident atrial fibrillation in women. *JAMA* 2008;300:2489e2496.

Gronbaek M, Johansen D, Becker U, Hein HO, Schnohr P, Jensen G, Vestbo J, Sørensen TI. Changes in alcohol intake and mortality: a longitudinal population-based study. *Epidemiology* 2004;15:222e228.

Paulin JM, Simpson FO, Waal-Manning HJ. Alcohol consumption and blood pressure in a New Zealand community study. *N Z Med J* 1985;98:425e428.

Forum Summary

This paper, based on data from more than 5,000 adults participating in an internet-based survey, sought to determine what were the perceptions of subjects on the relation of alcohol to heart disease, and how these perceptions resulted in particular behaviours related to alcohol consumption. Participants for the survey were recruited by a variety of methods, including announcements “in the lay press, promotional events, word of mouth, social media, e-mail, and clinic visits.” While the goal of the study is commendable, the results of any such survey obviously depend on many social and cultural factors of the people who respond to the survey; it was not a random sample of the population used in this analysis. This is critical because an interpretation of the data requires an understanding of the population surveyed.

Forum members had other concerns about this paper, including the specific survey questions regarding the perceptions of alcohol effects. For example, the key question asked in the survey was “Do you believe alcohol is good for your heart?” Forum members pointed out that it is obvious to nearly everyone that this cannot be answered without quantifying the amount of alcohol or the pattern of drinking. They considered that a more appropriate question might be something such as “Do you believe that the moderate consumption of alcoholic beverages can benefit your heart?”

The authors make statements such as “Participants perceiving alcohol as heart healthy consumed 47% more alcohol.” This may sound alarming until it is revealed that the observed difference was from a baseline of 0-3 to 1-5 glasses of wine/week and from 1-7 to 2-8 total drinks/week. These higher amounts are not ‘alarming’ at all, and in fact fall within usual guidelines for “sensible drinking.”

Forum members were particularly upset that the authors misquote a number of scientific papers to support their claim that even low levels of drinking increase the risk of certain diseases. The authors also use such misrepresentations of data to justify their concerns that current guidelines for alcohol consumption may not be appropriate. Forum reviewers found it especially disturbing that the peer review process by the journal failed to uncover such misrepresentations of data.

The authors repeatedly give the impression that they are against any amount of alcohol consumption. They do not comment on the consistent findings in almost all well-done prospective studies indicating that moderate drinkers live longer than abstainers. Further, statements by the authors that suggest that people who think that alcohol is heart healthy are misinformed does not stand up to scientific data, which indicate that moderate and responsible drinking is associated with better health and longevity.

It is interesting that the report indicates that older, higher-income, and more highly educated subjects are more likely to consider alcohol to be heart healthy than younger and less-educated subjects. While a question was asked by the investigators as to whether or not the responder’s perception of the health effects of alcohol influences their decision to drink or to not drink, the specific responses to this question are not presented in the paper. It remains unclear to what extent beliefs about alcohol’s potential health effects relate to alcohol use or, more importantly, to alcohol abuse.

Overall, Forum members thought that the idea behind this study was of interest, but emphasised that it is important to collect data based on a random and well described sample of the population if one is to provide significant and understandable results. Further, the report is compromised by what appears to be a deliberate misrepresentation of the prior scientific literature to support the authors’ contention

that alcohol is not healthy; there are a number of obvious errors that should have been detected during the review process by the journal. In the opinion of the Forum, the most reliable result from these analyses relates to where people obtain their information regarding alcohol and health: it does not come from physicians or scientific publications, but primarily from the lay press.

Comments on this paper have been provided by the following members of the International Scientific Forum on Alcohol Research:

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Moderate alcohol consumption is associated with lower risk (and severity) of chronic widespread pain

A study set out to determine whether reported level of alcohol consumption is associated with the likelihood of reporting chronic widespread pain (CWP) and, amongst persons with CWP, the associated disability.

A population-based study was conducted in two areas of the United Kingdom. Participants completed a postal questionnaire and were classified according to whether they met the American College of Rheumatology definition of CWP and whether the pain was disabling (Chronic Pain Grade III or IV). They reported their usual level of alcohol consumption. Potential confounding factors on which information was available included age, gender, cigarette smoking, employment status, self-reported weight and height and level of deprivation.

13,574 persons participated (mean age 55 years; 57% female) of whom 2,239 (16.5%) had CWP: 28% reported never regularly consuming alcohol, 28%

consuming up to 5 units/wk, 20% 6-10 units/wk and 24% more than 10 units/wk. Amongst persons with CWP, disability was strongly linked to level of alcohol consumption. Prevalence of disability decreased with increasing alcohol consumption up to 35 unit/wk (Odds Ratio (OR) 0.33 95% CI (0.19,0.58)) adjusted for confounders. A similar relationship was found between reporting CWP and level of alcohol consumption (adjOR 0.76 95% CI (0.61-0.94).

This study has demonstrated strong associations between level of alcohol consumption and CWP. However the available evidence does not allow the authors to conclude that the association is causal. The strength of the associations means that specific studies to examine this potential relationship are warranted.

Source: Moderate alcohol consumption is associated with lower risk (and severity) of chronic widespread pain: Results from a UK population-based study. GJ Macfarlane and M Beasley. *Arthritis Care & Research*, published online.

The association between alcohol consumption and suicidal ideation and suicidal attempt

Bae H-C, Hong S, Jang S-I, Lee K-S, Park F-C. Patterns of Alcohol Consumption and Suicidal Behavior: Findings From the Fourth and Fifth Korea National Health and Nutritional Examination Survey (2007–2011). *J Prev Med Public Health* 2015;48:142-150. [dx.doi.org/10.3961/jpmph.14.027](https://doi.org/10.3961/jpmph.14.027)

Authors' Abstract

Objectives: The purpose of this study was to investigate the association between suicidal behaviour and patterns of alcohol consumption in Korean adults.

Methods: This study was based on data provided by the Korea National Health and Nutritional Examination Survey from 2007 to 2011. A total of 42 347 subjects were included in the study, of whom 19 292 were male and 23 055 were female. Logistic regression analysis was performed to assess the association between patterns of alcohol consumption and suicidal behaviour.

Results: Among the study subjects, 1426 males (11.3%) and 3599 females (21.2%) had experienced suicidal ideation, and 106 males (0.8%) and 190 females (1.1%) had attempted suicide during the previous 12 months. Alcohol Use Disorders Identification Test (AUDIT) scores were found to be associated with suicidal ideation in males and associated with both suicidal ideation and suicide attempts in females. Alcoholic blackouts were associated with suicidal ideation and suicide attempts in males, and were also associated with suicidal ideation in females.

Conclusions: In this study, we found that certain patterns of alcohol consumption were associated with suicidal behaviors. In particular, only alcoholic blackouts and categorised AUDIT scores were found to be associated with suicidal behaviour in males. We therefore suggest that Further research is needed to examine this relationship prospectively and in other settings.

Forum Comments

There has often been a discussion about the use of alcohol in conjunction with suicide, and subjects attempting suicide are often found to have been drinking heavily. Further, depression often underlies attempts at suicide, and alcohol consumption can both add to the risk of depression or be used by some to alleviate depression.

The present study evaluates the relation between alcohol consumption and pattern of drinking with self-reports of suicidal ideation and suicidal attempts among men and women in Korea. From data provided by the Korea National Health and Nutritional Examination Survey from 2007 to 2011

with more than 43,000 subjects, logistic regression analysis was performed to assess the association between patterns of alcohol consumption and suicidal behaviour.

The key findings of the study reported by the authors are that 11.3% of males and 21.2% of females reported that they had experienced suicidal ideation, and 0.8% of males and 1.1% of females had attempted suicide. Scores on the Alcohol Use Disorders Identification Test (AUDIT) and a history of alcoholic blackouts were associated with suicidal ideation for males and females and with suicidal attempts among males.

Specific Comments on the study: For all analyses, the data indicate that increased risk of suicidal tendencies are associated with heavier drinking, especially alcohol misuse (a high score on the AUDIT instrument) and "blacking out" from excessive alcohol. The risk of suicidal ideation seems to rise at lower levels of alcohol intake among women (e.g., an increase in risk with an AUDIT score exceeding 8 for women, but only above 20 for men; also, an increase starts at 3-4 drinks/occasion for women and not even above 10 drinks/occasion for men).

The authors point out that **"Among males, no significant associations were found between either drinking frequency or drinking quantity and suicidal behaviours,"** suggesting that intoxication is more important than the number of drinks consumed. For women, however (among whom the number of heavy drinkers was low), more frequent drinkers and those reporting more than 1 or 2 drinks per occasion had higher suicidal tendencies. It should be noted, however, that the women in this cohort were primarily non-drinkers or very occasional drinkers: 92% of the women reported consuming alcohol only 2-4 times/month or less frequently, and less than 2% of women were in the highest drinking category of drinking ≥ 4 times/week. Hence estimates of effect among women may be less reliable than those among men.

Overall, drinking alcohol according to the usual guidelines for "sensible drinking" did not increase the risk of suicidal ideation or attempt in this study. For both men and women, there were no significant increases in risk for those reporting no more than 1 to 2 drinks/occasion.

The authors report that 9.4% of males and 17.6% of females reported a history of major depression during the previous year. While their analyses adjusted for this, it is likely that these self-reports of depression did not fully adjust for this condition, generally assumed to be a major factor for suicidal behaviour.

The strengths of this study include the large number of participants, and the fact that the cohort is derived from the general population. Also the authors had data on good indices of alcohol misuse, including scores from the AUDIT test for misuse and a history of blackouts associated with excessive alcohol consumption.

The main weaknesses relate to its cross-sectional data collection (with a history of alcohol consumption and of suicidal behaviours being from the same previous year); hence, it is not possible to judge causation between the two. Also, obviously, the study did not include any information related to “successful” suicidal attempts that may have occurred in this population prior to data collection. Reviewer McEvoy stated: “I think that the authors appropriately acknowledged the cross-sectional limitation of their study, and inability to draw causal inferences. I think one of the important contributions of this study is that it indicates that a pattern of excessive drinking, with black outs, may be risk factor for suicide. Regardless of the direction of causality, this finding has clinical implications for intervention and treatment.”

Forum member McCormick added: “Correlation doesn’t mean cause, as we all know. Alcohol might be part of the cause in heavy drinkers, but this paper doesn’t confirm that.” Forum member Skovenborg agreed with the comments of other members: “This type of study, using cross-sectional data, cannot sort out the confounding issues nor address the causality of drinking volume and drinking patterns. To my knowledge the egg and hen question has never been solved – whether the depression or the heavy drinking came first.”

Depression and suicidal tendencies: Reviewer Finkel commented that “Depressive disease in one form or another is pervasive in our society. It is basically the cause of suicide. I am unfamiliar with Korea, but would be surprised were things very different there. More women than men attempt suicide, yet more men die of suicide, probably because the sexes choose different methods: men often shoot themselves in

the head, usually fatal; women often take what seems an overdose of pills, not so lethal. Again, I’m citing what I learned practicing in the western world.” He continued: “I would view the relationships exposed in this paper as most likely reflecting that depressed people are sometimes driven to drink to great excess, the more depressed, the more some drink. Black-outs and suicides ensue. I won’t deny that excessive drinking may loosen controls, thus making suicide more likely, but I believe the shoe fits the other way round most of the time. Obviously, the data available in this study cannot distinguish between the two directions.”

The epidemiology of suicide: Forum member Thelle commented: “Suicide epidemiology is not a simple exercise. I have recently been supervisor to a PhD student (Finn Gjertsen) on suicide statistics, and I have provided a few of her findings.” Sections of the work of Giertsen that were provided by Thelle indicate that suicide rates are remarkably stable within populations, even though rates vary markedly across populations. The causes of suicide are poorly defined: undoubtedly social factors within populations relate to suicide rates, with one hypothesis being that an imbalance between integration within the society and the amount of regulation imposed upon them may be important. Others have suggested that suicide increases where there is “need, hunger, and unemployment.”

Forum member Ellison emphasised the large differences in suicide rates between populations. “The present study had adequate numbers of subjects for study, as suicide in Korea is much more common than in Europe and North America. However, there are large cultural differences between populations that limit the application of the findings in this study to other cultures.” Reviewer Evans pointed out that there are large differences in the distribution of genes affecting the metabolism of alcohol and aldehyde (especially ADH1B and ALDH2) between people in the west and those in Korea; these may also relate to differences in the association of alcohol with suicide between the two cultures.

Reviewer McEvoy added: “I was struck by the differences in drinking patterns between women and men, with women drinking much less than men, and many more women reporting non-drinking. I wonder if this reflects differences in societal acceptance of drinking among men and women, and whether

women who drink regularly, or who have alcoholic tendencies, face greater censure than men, which could contribute to the greater risk of suicide/suicidal ideation among women at a lower level of alcohol use. I think this may be an important area for future research that the authors missed emphasising."

Forum Summary

The present study evaluates the relation of alcohol consumption and the pattern of drinking with self-reports of suicidal ideation and suicidal attempts among more than 43,000 men and women in Korea, using data from a 2007-2011 survey. Overall, 11.3% of males and 21.2% of females reported that they had experienced suicidal ideation, and 0.8% of males and 1.1% of females had attempted suicide. High scores on the Alcohol Use Disorders Identification Test (AUDIT) and a history of alcoholic blackouts were associated with suicidal ideation among both men and women and, for males, with suicidal attempts.

There is little known about the epidemiology of suicidal tendencies, or the specific causes of suicide. It is generally agreed that depression is the most important risk factor for suicide, and depression can lead to alcohol abuse; however, alcohol abuse can also lead to depression. Unfortunately, with cross-sectional data, analyses such as those in this paper cannot sort out the confounding issues nor, more importantly, address the causality of alcohol consumption with suicidal tendencies. The egg and hen question has never been solved – whether the depression or the heavy drinking came first. Thus, whether alcohol abuse increases the risk of depression (that may lead to suicide) or whether depressed people turn to alcohol seeking relief, cannot be determined from analyses such as these. However, it is also noted that this study suggests that drinking alcohol according to the usual guidelines for "sensible drinking" (generally, advising no more than 1 to 2 drinks/day) is not associated with the risk of suicidal ideation or attempt.

Forum members also commented on the large differences between populations in suicidal tendencies, being much higher in Korea and Japan than in most of Europe and North America. This could limit the applicability of the conclusions of this study to western populations.

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

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

Giovanni de Gaetano, MD, PhD, Department of Epidemiology and Prevention, IRCCS Istituto Neurologico Mediterraneo NEUROMED, Pozzilli, Italy

Ross McCormick, PhD, MSc, MBChB, Professor Emeritus, The University of Auckland; former Associate Dean, Faculty of Medical and Health Sciences, The University of Auckland, Auckland, New Zealand

Linda McEvoy, PhD, Department of Radiology, University of California at San Diego (UCSD), La Jolla, CA, USA

Erik Skovenborg, MD, specialised in family medicine, member of the Scandinavian Medical Alcohol Board, Aarhus, Denmark

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

Alun Evans, MD, Centre for Public Health, The Queen's University of Belfast, Belfast, UK.

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

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The effects of alcohol on blood pressure in premenopausal women

Australian researchers have found that drinking above recommended could raise a woman's blood pressure enough to put her at risk for hypertension.

Researchers at the University of Western Australia in Perth recruited 24 healthy women to test the effects of varying amounts of alcohol on 24-hour blood pressure. The women were aged 24 to 49, and most were wine drinkers. Researchers measured the participants' normal blood pressure before the study period. Then they divided women into two groups – higher-level and lower-level drinkers – based on how much each woman said she typically drank. There were no non-drinkers among the participants.

For the study, the women went through three month-long trials. In the first month, the women drank a higher volume of Shiraz Cabernet wine each night, equal to 200 milliliters or two glasses per evening for the lower-level consumers, and 300 ml or three glasses per night for the higher-level consumers, seven days a week.

In the second month the women drank a smaller amount of the same red wine each evening, with lower-level drinkers having one glass per evening on four days per week and higher-level drinkers having one glass each evening every night of the week.

For the last four-week period, the women had the same number of drinks as they had consumed during

the higher volume month, but of de-alcoholised red wine. They did not consume alcohol at any other time of the day.

Before the study began, the women had average blood pressure readings of 110 millimeters of mercury (mmHg) systolic and 69 mm Hg diastolic blood pressure. After the higher-volume red wine period, their blood pressure was about 2 mmHg higher for systolic and 1.2 mmHg higher for diastolic readings than after the dealcoholised wine period. Blood pressure differences were most notable during the day rather than during sleep. Blood pressure readings were similar during the lower-volume red wine month and the dealcoholised red wine month.

The researchers concluded that for healthy premenopausal women, drinking two to three glasses of red wine per day (above recommended guidelines) does increase blood pressure, and the effect is similar to that found previously among men. For each 1 mmHg increase in systolic blood pressure, the risk for cardiovascular mortality goes up by one percent, and the risk is greater for people who have high blood pressure to begin with.

Source: Randomised Controlled Intervention of the Effects of Alcohol on Blood Pressure in Premenopausal Women. Trevor A. Mori, Valerie Burke, Lawrence J. Beilin, Ian B. Puddey. Hypertension AHA.115.05773. Published online before print June 29, 2015.

European Code against Cancer 4th edition: 12 ways to reduce your cancer risk

An open access article published in Cancer Epidemiology provides an overview of the principles of the 4th edition of the European Code against Cancer and an introduction to the 12 recommendations to reduce cancer risk.

Among the 504.6 million inhabitants of the member states of the European Union (EU28), there are annually 2.64 million new cancer cases and 1.28 million deaths from cancer. It is estimated that this cancer burden could be reduced by up to one half if scientific knowledge on causes of cancer could be translated into successful prevention.

The Code is a preventive tool that aims to reduce the cancer burden by informing people how to avoid or reduce carcinogenic exposures, adopt behaviours to reduce the cancer risk, or to participate in organised intervention programmes. The Code should also form a base to guide national health policies in cancer prevention. The 12 recommendations are: not

smoking or using other tobacco products; avoiding second-hand smoke; being a healthy body weight; encouraging physical activity; having a healthy diet; limiting alcohol consumption, with not drinking alcohol being better for cancer prevention; avoiding too much exposure to ultraviolet radiation; avoiding cancer-causing agents at the workplace; reducing exposure to high levels of radon; encouraging breastfeeding; limiting the use of hormone replacement therapy; participating in organised vaccination programmes against hepatitis B for newborns and human papillomavirus for girls; and participating in organised screening programmes for bowel cancer, breast cancer, and cervical cancer.

Source: European Code against Cancer 4th edition: 12 ways to reduce your cancer risk. Joachim Schüz et al. Cancer Epidemiology.

[www.cancerepidemiology.net/article/S1877-7821\(15\)00127-7/abstract](http://www.cancerepidemiology.net/article/S1877-7821(15)00127-7/abstract)

Alcohol and cardiovascular diseases: where do we stand today?

A. L. Klatsky from the Division of Research and Department of Cardiology, Northern California Kaiser Permanente, Oakland, CA, USA has contributed a review of the current thinking on alcohol and cardiovascular disease risk. The article is available in full online.

For centuries, multiple medical risks of heavy alcohol drinking have been evident with simultaneous awareness of a less harmful or sensible drinking limit. The increased risks of heavy drinking, defined as three or more standard-sized drinks per day, are both cardiovascular (CV) and non-CV. The CV risks include the following: (i) alcoholic cardiomyopathy (ACM), (ii) systemic hypertension, (iii) atrial arrhythmias, (iv) haemorrhagic stroke and, probably, ischaemic stroke.

By contrast, modern epidemiological studies have shown lower morbidity and mortality amongst light-moderate drinkers, due mostly to a reduced risk of coronary artery disease (CAD), with contributions from ischaemic stroke and heart failure (HF). A low level of alcohol drinking has no clear relation to increased risk of any CV condition, except for haemorrhagic

stroke. There is good evidence that supports the existence of mechanisms by which alcohol might protect against CAD, but the mechanisms for other alcohol-CV associations remain unclear. Interrelationships amongst the CV conditions affect the individual alcohol-disease relationships; for example, lower CAD risk in light-moderate drinkers is to a large extent responsible for the reduced HF risk. International comparison data plus the presence of proposed beneficial nonalcohol components in wine (particularly in red wine) suggest that this beverage type might afford extra CAD protection. However, the effect of beverage choice is confounded by a healthier drinking pattern and more favourable risk traits in wine drinkers.

Debate persists about methodological and public health issues related to the epidemiology of alcohol-related CV disease.

Source: Alcohol and cardiovascular diseases: where do we stand today? A. L. Klatsky. *Journal of Internal Medicine*. Article first published online: 8 Jul 2015.

onlinelibrary.wiley.com/store/10.1111/joim.12390/asset/joim12390.

Is alcohol consumption in older adults associated with poor self-rated health?

A study investigated which drinking profiles and other demographic characteristics are associated with poor self-rated health among a community-based sample of older adults in England. The study also examined whether drinking designated as being "increasing-risk" or "higher-risk" is associated with poorer self-rated health.

This study used data from Wave 0, Wave 1 and Wave 5 of the English Longitudinal Study of Ageing [ELSA]. Logistic regression analysis, was used to examine the association between drinking profiles (based on quantity and frequency of drinking) and self-rated health, adjusting for gender, age, wealth, social class, education, household composition, smoking and body mass index [BMI].

Twenty percent of the sample reported drinking above the recommended level at wave 0. Rates of poor self-rated health were highest among those who had stopped drinking, followed by those who never drank. The rates of poor self-rated health among non-drinkers were significantly higher than

the rates of poor self-rated health for any of the groups who reported alcohol consumption. In the adjusted logistic regression models there were no drinking profiles associated with significantly higher rates of poor self-rated health relative to occasional drinkers.

The authors report that among those who drank alcohol, there was no evidence that any pattern of current alcohol consumption was associated with poor self-rated health, even after adjustment for a wide range of variables. The results associated with the stopped drinking profile indicate improvement in self-rated health can be associated with changes in drinking behaviour. Although several limitations of the study are noted, policy makers may wish to consider how these findings should be translated into drinking guidelines for older adults, the authors suggest.

Source: Is alcohol consumption in older adults associated with poor self-rated health? Cross-sectional and longitudinal analyses from the English Longitudinal Study of Ageing. Frisher et al. *BMC Public Health* (2015) open access.

Alcohol sensitizes brain response to food aromas, increases food intake in women

A study measuring the brain's role in mediating caloric intake following alcohol consumption among women, shows that alcohol exposure sensitizes the brain's response to food aromas and increases caloric intake. Led by William J. A. Eiler II, PhD, of the Indiana University School of Medicine's Departments of Medicine and Neurology the research shows this increased intake does not rely entirely on the oral ingestion of alcohol and its absorption through the gut. The study is published in the July issue of the journal *Obesity*.

Researchers conducted the study in 35 non-vegetarian, non-smoking women at a healthy weight. To test the direct effects of alcohol on the brain, researchers circumvented the digestive system by exposing each participant to intravenously administered alcohol at one study visit and to a placebo (saline) on another study visit, prior to eating. Participants were observed, and brain responses to food and non-food aromas were measured using blood oxygenation level dependent (BOLD) response via fMRI scans. After imaging, participants were offered a lunch choice between pasta with Italian meat sauce and beef and noodles.

When participants received intravenous alcohol, they ate more food at lunch, on average, compared to when they were given the placebo. However, there were individual differences, with one-third of participants

eating less after alcohol exposure when compared to the placebo exposure. In addition to changes in consumption, the area of the brain responsible for certain metabolic processes, the hypothalamus, also responded more to food odours, compared to non-food odours, after alcohol infusion. The researchers conclude that the hypothalamus may therefore play a role in mediating the impact of alcohol exposure on our sensitivity to food cues, contributing to the aperitif phenomenon.

"This research helps us to further understand the neural pathways involved in the relationship between food consumption and alcohol," said Martin Binks, Associate Professor of Nutrition Sciences at Texas Tech University. "Often, the relationship between alcohol on eating is oversimplified; this study unveils a potentially more complex process in need of further study."

Study authors agree and call for further research into the mechanism by which the hypothalamus affects food reward.

Source: The apéritif effect: Alcohol's effects on the brain's response to food aromas in women. William J.A. Eiler, Mario Džemidžić, K. Rose Case, Christina M. Soeurt, Cheryl L.H. Armstrong, Richard D. Mattes, Sean J. O'Connor, Jaroslaw Harezlak, Anthony J. Acton, Robert V. Considine, David A. Kareken. *Obesity*, 2015; 23 (7): 1386 DOI: 10.1002/oby.21109

Alcohol consumption and risk of melanoma among women

Evidence regarding the association between alcohol and melanoma is inconclusive.

A pooled analysis was conducted to examine total alcohol consumption (grams per day), and type of alcohol consumed (beer, wine, beer and wine combined, and liquor) in relation to melanoma among women using original data from eight completed case-control studies (1,886 cases and 2,113 controls), with adjustment for the potential confounding effects of sun exposure-related factors.

The analysis found a positive association with ever consuming alcohol [adjusted pooled odds ratio (pOR) 1.3, 95 % confidence interval (CI) 1.1–1.5]. Specifically the pORs were 1.4 (95 % CI 1.1–1.8) for wine, 1.1 (95 % CI 0.9–1.5) for beer and 1.2 (95 % CI 1.0–1.4) for liquor. However, the pOR for the highest fourth of consumption compared with never consumption

was 1.0 (95 % CI 0.7–1.3) without evidence of a trend with increasing amount of total alcohol, or separately with amount of beer, wine or liquor consumed. Stratifying by anatomic site of lesion, number of nevi, age group, or histologic subtype did not alter these results.

Although the results showed a weak positive association between ever consuming alcohol and melanoma occurrence, the authors state that their findings do not provide strong support for the hypothesis that alcohol consumption plays a role in the development of melanoma in women.

Source: Alcohol consumption and risk of melanoma among women: pooled analysis of eight case-control studies Kyoko Miura, Michael S. Zens, Tessa Peart, Elizabeth A. Holly, Marianne Berwick, Richard P. Gallagher, Thomas M. Mack, J. Mark Elwood, Margaret R. Karagas, Adèle C. Green. *Archives of Dermatological Research*. July 2015.

Adolescent drinking could be driven by altered DNA

According to new research led by the Institute of Psychiatry, Psychology & Neuroscience (IoPPN) at King's College London, altered DNA in a gene linked to impulsive behaviour could be a risk factor for adolescent drinking.

Published in the American Journal of Psychiatry, this study provides the first evidence for an epigenetic marker associated with alcohol consumption and brain activity during behavioural control.

Epigenetic changes affect the expression or activity of genes without changing the underlying DNA sequence – they are believed to be one mechanism by which the environment can interact with the genome. Crucially, epigenetic changes are potentially reversible and may therefore provide targets for the development of new therapies.

Researchers examined an epigenetic biochemical change in methylation of the DNA of the PPM1G gene. Pairs of Finnish identical twins, one twin with alcohol problems at ages 18 and 24 and one twin without this problem, showed increased methylation in the problem-drinking twin.

The research confirmed that in a sample of 14-year-olds, those with similar changes in the PPM1G gene were likely to escalate their alcohol drinking over the next two years. The epigenetic change in PPM1G

was also associated with higher ratings of impulsivity at age 14. Both early escalation of drinking and impulsiveness are risk factors for future alcohol use disorders.

The study found that methylation of PPM1G may influence behavioural inhibition by altering activity in an area of the brain that integrates neural signals necessary for behavioural control.

Professor Gunter Schumann said: 'Epigenetic changes such as those observed in our study could increase impulsivity and make adolescents more inclined to engage in excessive drinking. Highlighting risk factors such as these is the first step for designing prevention and treatment interventions for alcohol addiction.'

'Environmental factors associated with alcohol use are poorly understood, so it would be intriguing to examine them more comprehensively and identify those associated with PPM1G methylation', he added.

The study, was presented at the Annual Meeting of the American Psychiatric Association in Toronto,

Source: Association of Protein Phosphatase PPM1G With Alcohol Use Disorder and Brain Activity During Behavioural Control in a Genome-Wide Methylation Analysis. Schumann G et al. American Journal of Psychiatry 2015 Jun 1;172(6):543-52.

Drinking level, drinking pattern, and twenty-year total mortality among late-life drinkers

Research on moderate drinking has focused on the average level of drinking. Recently, however, investigators have begun to consider the role of the pattern of drinking, particularly heavy episodic drinking, in mortality. A study by CJ Holahan and colleagues examined the combined roles of average drinking level (moderate vs. high) and drinking pattern (regular vs. heavy episodic) in 20-year total mortality among late-life drinkers.

The study sample comprised 1,121 adults ages 55-65 years. Alcohol consumption was assessed at baseline, and total mortality was indexed across 20 years. Multiple logistic regression analyses controlling for a broad set of sociodemographic, behavioural, and health status covariates were employed.

Among individuals whose high level of drinking placed them at risk, a heavy episodic drinking pattern did not increase mortality odds compared

with a regular drinking pattern. Conversely, among individuals who engage in a moderate level of drinking, prior findings showed that a heavy episodic drinking pattern did increase mortality risk compared with a regular drinking pattern. Correspondingly, a high compared with a moderate drinking level increased mortality risk among individuals maintaining a regular drinking pattern, but not among individuals engaging in a heavy episodic drinking pattern, whose pattern of consumption had already placed them at risk.

Findings highlight that low-risk drinking requires that older adults drink low to moderate average levels of alcohol and avoid heavy episodic drinking.

Source: Drinking level, drinking pattern, and twenty-year total mortality among late-life drinkers Holahan CJ; Schutte KK; Brennan PL; Holahan CK; Moos RH. Journal of Studies on Alcohol and Drugs. Vol 76, No 4, 2015, pp552-558.

A combination of lower calorie intake and exercise may have additional benefits to reduce diabetes risk

Previous studies have indicated that both calorie restriction and exercise affect gluco-regulation (the body's capacity to keep steady levels of sugar (glucose) in the blood) through weight loss, but also through weight loss-independent mechanisms, such as the increase in skeletal muscle through exercise. A the objectives of a study from Saint Louis University in St. Louis, Washington University School of Medicine in St. Louis, and Baylor College of Medicine in Houston were 1) to determine whether a combined intervention of calorie restriction and exercise will have additive benefits in regulating glucose relative to either intervention alone, and 2) to investigate the weight loss-independent mechanisms through which particularly calorie restriction may influence gluco-regulation, as these are less well understood compared to exercise.

Sixty-nine sedentary, overweight men and women aged 45 to 65 years were assigned to one of three interventions (only a calorie restriction diet [CR], only exercise [EX], or both combined [CREX]), with a common goal to lose approximately 6-8 % bodyweight over a period of 12 to 14 weeks. Fifty-two of them finalised the study and reached the weight loss goal. For the CR intervention the aim was to decrease the energy intake by 20%. In the EX intervention the participants were instructed to increase their Total Energy Expenditure (TEE) by 20%. The CREX intervention was a combined 10% reduction in energy intake and a 10% increase in TEE. Three-day food diaries were used to assess energy intake. Energy expenditure was measured using physical activity recall interviews and electronic measurement equipment (accelerometers). Blood samples were taken at several intervals after a meal to assess insulin sensitivity and gluco-regulation.

Different substances were analysed, including glucose, insulin, and hormones involved in insulin production and release like glucagon-like peptide 1 (GLP-1) and glucose-dependent insulinotropic polypeptide (GIP).

All three interventions resulted in a BMI reduction of about 7%, as intended. The time required to reach the weight loss goal was significantly shorter in the CREX group (13 weeks) than in the CR (19 weeks) group and EX (20 weeks) groups. Insulin sensitivity in the CREX group improved twice as much in comparison to either the CR or EX group alone. Moreover, the dietary intervention, in contrast to exercise, decreased one of the hormones involved in insulin action (GLP-1). The authors hypothesised that it may be part of a CR-specific mechanism that improves gluco-regulation.

In summary, the authors concluded that calorie restriction and exercise together lead to greater improvements in gluco-regulation than either calorie restriction or exercise alone, with equal weight loss. Weight loss showed to be more successful when the two interventions are combined. The findings suggest that both calorie restriction and exercise interventions affect gluco-regulation through weight loss but also through other mechanisms. The authors underlined the importance of combining both to reduce the risk for diabetes, but also noted that since data from participants who withdrew (12) and from those who did not adhere to the intervention (5) were excluded, these results may only be relevant to people who can commit to healthy lifestyle interventions.

Source: Weiss EP, Albert SG, Reeds DN, et al. (2015). Calorie Restriction and Matched Weight Loss from Exercise: Independent and Additive effects on Glucoregulation and the Incretin System in Overweight Women and Men. *Diabetes Care* 38:7 1253-1262.

Ireland – Alcohol Bill

In Ireland, the publication of legislation to introduce minimum pricing for alcohol and regulate advertising has been delayed until the autumn, creating doubts about its planned passage by the end of the year.

Minister for Health Leo Varadkar had pledged in April to publish the Public Health (Alcohol) Bill before the Dáil adjourned for the summer recess. But earlier in July in the Dáil during health question time, he indicated there would be a delay and in a

statement the Department of Health highlighted the complexities involved in the Bill's provisions. As well as minimum unit pricing, it will include health labelling on alcohol products as well as restricting advertising, regulating sports sponsorship and sponsorship aimed at young people, restrictions on certain promotional activities and a broadcast watershed.

The Bill is expected to be ready in the autumn.

Drinking with parents - the effect on adolescent high risk drinking

A Norwegian study investigated the implications of drinking with parents (DWP) on adolescents' drinking behaviour. Researchers expanded the body of research on this controversial issue by assessing the association between the frequency of DWP and adolescent high-risk drinking, taking a number of parental factors into account.

Data was derived from a subsample of 14-17-year-old current drinkers (n = 7,616) who participated in a cross-sectional Norwegian school survey (response rate: 84%).

One in four participants reported DWP during the past year. The higher the frequency of DWP, the higher was the prevalence of high-risk drinking. Parental drunkenness, permissive alcohol-related parenting, and indicators of suboptimal parenting more generally also correlated with DWP. After controlling for these confounders, only frequent DWP remained significantly associated with high-risk drinking.

The authors found that DWP was related to adolescent high-risk drinking, yet the association was in part attributable to parents' drinking and parenting style. The risk of involvement in high-risk drinking was about the same for adolescents reporting no DWP and infrequent DWP, while it was significantly elevated among those reporting frequent DWP. This study thus demonstrated that the frequency of DWP matters and that parents who drink with their adolescent children differ from other parents in important ways.

Source: *Is Drinking with Parents Associated with High-Risk Drinking among Adolescents*. Pape H. Rossow I. Storrøll E.E. *Eur Addict Res*. 2015 May 28.

Call for Statutory PSHE education in the UK continues to be debated

A 10 minute rule motion on statutory status for PSHE education, tabled by Green Party MP Caroline Lucas, was debated in the House of Commons on 15 July. The motion was supported by MPs from across the political spectrum.

This first reading was passed with 183 in favour and 44 against, meaning a second reading has now been scheduled for 22nd January, 2016.

The effects of alcohol on driver-risk taking and driver-skill

Researchers from the University of Kentucky have studied the effect alcohol has on drivers' level of risk taking and also on their level of driving skill.

The authors comment that "Those who place their vehicles closer to others on the roadway are said to have high risk acceptance, and this contributes to motor vehicle crashes. However, the effect of alcohol on this risky driving behaviour is understudied. Behavioural mechanisms that contribute to risky driving are also not well understood. Further, whether increased risk-taking behaviour in a driver co-occurs with pronounced impairment in the driver's skill is unknown".

The study examined the effect of alcohol on risk and skill-relevant driving and whether riskier drivers were also those who showed high skill impairment. The relationship between driving behaviour and inhibitory control was also tested. Participants completed two driving simulations. In the first drive test, risky driving was encouraged and in the second test, skill-relevant driving was emphasised. The cued go/no-go task provided a measure inhibitory control. Tests were completed under a 0.65 g/kg alcohol and 0.0 g/kg (placebo) dose of alcohol.

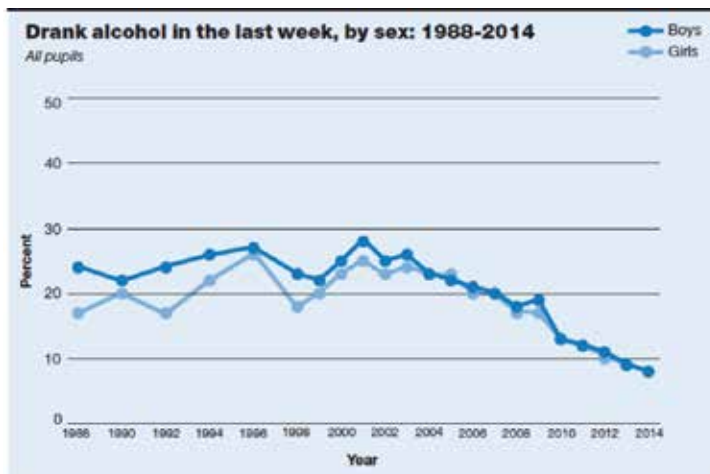
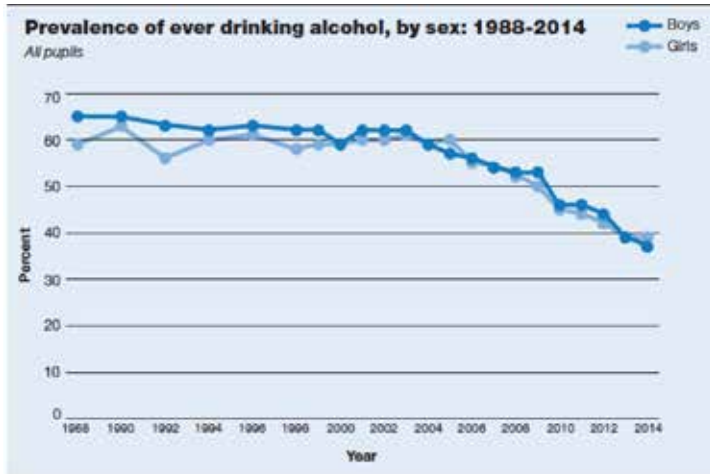
Alcohol impaired a measure of driving skill and increased driver risk taking. It was found that riskier drivers were not necessarily those who showed the greatest impairments in skill. Poorer inhibitory control was associated with greater driver risk in the sober state.

Alcohol-induced risk-taking behaviours can be separate from the impairing effects on driver skill and poor inhibitory control is selectively related to risky driving, the authors conclude. As such, a distinction between skill and risk-related driving needs to be made in the investigation of problems concerning DUI-related accidents and fatalities in future research.

Source: *Simulated driving performance under alcohol: effects on driver-risk versus driver-skill*. Jennifer R. Laude, Mark T. Fillmore, University of Kentucky. *Drug and Alcohol Dependence*. Vol. 21, No. 6, 2015 Published Online: July 17, 2015.

England – Drinking among 11-15 year olds at all time low for survey

The latest release of the Smoking, Drinking and Drug Use Among Young People in England - 2014 was published on July 23.



The report contains results from an annual survey of secondary school pupils in England in years 7 to 11 (mostly aged 11 to 15). 6,173 pupils in 210 schools completed questionnaires in the autumn term of 2014.

The survey report presents information on the percentage of pupils who have ever smoked, tried alcohol or taken drugs. The report also explores the attitudes of school children towards smoking and drinking.

Key facts:

- In 2014, 38% of 11 to 15 year-olds had tried alcohol at least once, the lowest proportion since the survey began in 1988 and down from 61% in 2003.
- 6% of pupils said that they sometimes or always drank energy drinks at the same time as they drank alcohol (1% of 12 year-olds, rising to 15% of 15 year-olds).
- The estimates from this survey indicate that in England in 2014 around 240,000 had drunk alcohol in the past week, but the proportion of 11-15 year-olds reporting that they had been drunk once or twice was 6%, compared to 12% in 2006 and those who had been drunk 3 or more times reduced from 5% in 2006 to 2% in 2014 among boys and from 9% to 3% among girls.

www.hscic.gov.uk/searchcatalogue?productid=18273

Pilot scheme extended for alcohol-related crime offenders

A pilot scheme in south London in which offenders wear ankle tags that monitor alcohol levels is to be extended for a further six months.

The Mayor's Office for Policing and Crime (MOPC) also said it was "working closely" with government to roll out the scheme more widely

Under the scheme, courts can ban offenders who have committed alcohol-related crimes from drinking. Those subject to the abstinence orders wear ankle tags which monitor alcohol levels in their sweat every 30 minutes. If alcohol is detected the offender can be returned to court to face further sanctions such as a fine or resentencing.

The 12-month trial began in July 2014 in four London boroughs: Croydon, Lambeth, Southwark and Sutton.

MOPC reported that 91% of those ordered to wear the tags had complied, compared with a 61% compliance rate in other types of community order.

Mayor of London Boris Johnson said: "**Sobriety tags have proved a fantastic success in helping offenders across south London to stay off the booze and avoid the circumstances under which they might reoffend.**"

Juliet Lyon, director of the Prison Reform Trust, praised MOPC's early findings as positive, but added: "**The real test will be whether sobriety bracelets lead to long term desistance once the bracelet is taken off.**"

In March, Metropolitan Police Commissioner Sir Bernard Hogan-Howe said 80% of night-time arrests in London were to do with alcohol.

Character and moderation encouraging the next generation of responsible drinkers



The DEMOS report 'Character and moderation encouraging the next generation of responsible drinkers' by Jonathan Birdwell and Ian Wybron was published in July 2015.

The authors explain 'While there are many serious outstanding challenges related to problematic

drinking in the UK, over the last decade there have emerged a number of positive trends showing a decline in problematic alcohol consumption, particularly among young Britons.

The positive trends in the official statistics are mirrored by an original and nationally representative Demos survey recently conducted by YouGov for the purposes of this report, which seeks to validate official statistics and find out why these trends might be taking place.

Character and Moderation: Alcohol sets out how we can build on these positive trends, and combat the continuing issues of harmful drinking that continue to persist, by ensuring that programmes that develop character and life skills are promoted and supported by Government, within the education sector, and the alcohol industry itself.

www.demos.co.uk/publications/character-and-moderation-alcohol

Is there really a middle-class drinking 'epidemic' in over-50s?

The NHS website has published a response to media coverage of a recent study. An analysis of alcohol consumption among more than 9,000 adults aged over 50 from the English Longitudinal Study of Ageing found that over-50s falling into a "higher-risk drinking" category were more likely to have middle-class traits such as high educational achievement, better self-rated health, and being socially active.

In the study, higher-risk drinking was defined as consuming more than 50 alcohol units per week (equivalent to five or more bottles of wine) for men, and over 35 units per week (three-and-half bottles of wine) for women.

The NHS response concludes that the media coverage was misleading adding that the headline in the Mail newspaper "Middle-class over-50s have become a generation of problem drinkers," – actually has little basis in fact. The commentary continues "The Mail's headline got the wrong idea, because only 3-7% of over-50s drank at these "higher-risk" levels. While an obvious issue of concern, it a stretch to say this is a generation of problem drinkers. There were also significantly different patterns between men and women. For example, higher-risk drinking was linked to higher income, but only in women.

These uncertainties aside, the study does reinforce the fact that alcohol misuse and the risks of drinking too much do not respect class boundaries. You can do just as much damage by drinking champagne to excess as you can by drinking cheap cider".

The full commentary is available at www.nhs.uk/news/2015/07July/Pages/Is-there-really-a-middle-class-drinking-epidemic-in-over-50s.aspx

House parties twice as popular as bars UK survey finds

Entertaining friends at home is now twice as popular as gathering in a local bar or pub in the UK, a new survey has revealed.

The poll of 2,000 people in the UK found that 52% of people would rather host or attend a gathering of friends at a house instead of a pub or bar, compared with just 23% who would prefer to socialise at their local. Dining at a restaurant as a way of meeting

up with friends was the top choice for only 11% of people.

Of those who favour at-home gatherings 64% cited the cost of going out as the main reason for their preference.

The survey by cracker brand Ritz found that of those hosting parties at home, just 14% would hold sit-down dinner parties, compared to 28% choosing to lay on nibbles and wine.

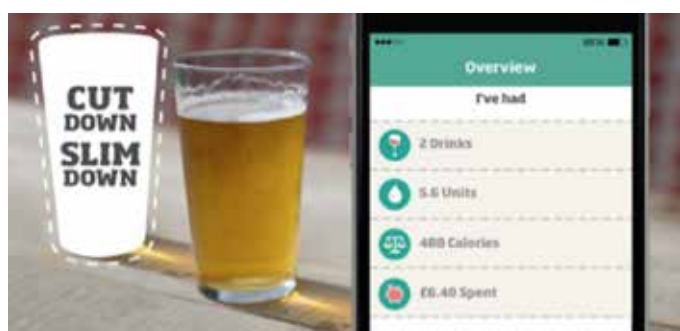
Cut Back And Feel Better campaign

Drinkaware launched the Cut Back and Feel Better campaign in January 2015, with the objective of achieving over 40,000 downloads to the new 'Drinkaware: Track and Calculate Units' app - a tool that enables users to track their alcohol consumption, calculate the units and calories in their drinks and set goals to help reduce the amount of alcohol they consume. In the first phase of activity the campaign exceeded the download target by 7%.

Two pieces of research have been used to evaluate phase 1, and moving forward, the Cut Back and Feel Better campaign will look to target 36-55 year old women.

A second burst of the campaign ran May – June 2015, and further activity is planned for September 2015 and January 2016. Each burst will last 1 month.

resources.drinkaware.co.uk/campaign-assets/drinkaware-cut-back



Local Authority Child Health Profile summaries for PHE centres

A summary of the data in Child Health Profiles is available for each PHE centre. These summaries show data for the local authorities in each centre area, benchmarked against England. They include Hospital admissions due to alcohol specific conditions

www.chimat.org.uk/profiles/phecentre

Drinkaware raise awareness of children mimicking parents behaviour

Ahead of the summer holidays, a time of year when parents may be more likely to drink in front of their children, research by Drinkaware reveals that 44% of parents in the UK who drink in front of their child say they witness their children mimicking their drinking behaviour - such as saying 'cheers' or pretending to sip alcohol.

However, despite this, more than 52% of those parents admitted it did not make them reconsider how much alcohol they drink in front of their child. Of those parents who were prompted to reduce their drinking in front of their child as a result, fathers (55%) were more likely to say they now drink less in front of their children than mothers (42%).

Prior to schools break up for the summer, Drinkaware asked parents to think about their position as role models when it comes to alcohol, as 41% of those questioned say their own drinking habits have been influenced by their parent's drinking.

Elaine Hindal, Chief Executive at Drinkaware, said: "We all know that our children like to play grown up and mimic our habits and mannerisms, from putting on makeup to pretending to drive the car. However, it's important to think about the other behaviours we may inadvertently pass on to our children.

"Particularly at this time of year, when most families will be looking forward to their summer holiday, it's important to remind ourselves that when it comes to alcohol, it's not just how we talk about it, but how much and how often we drink in front of our children that makes an impact. If you find yourself saying "we're on holiday, let's have another bottle" or "I'm really stressed out, I need a drink!" It can confirm in children's minds that drinking is just what you do, regardless of occasion.

"That's why if you choose to drink alcohol in front of your child it's important to be aware of your position as a good role model and to talk to them about the risks associated with drinking underage so that, if they choose to drink alcohol when they grow up, they do so moderately."

48% of parents who responded to the survey said they drink in front of their child.

www.drinkaware.co.uk/underageddrinking

Know the Score campaign in Wales, reduces drinking

A South Wales Police campaign aimed at reducing violent crime is encouraging people on a night out to drink less alcohol according to a report by the Centre for Public Health in addition to making them feel safer.

The Know the Score, Drink Less Enjoy More intervention combines awareness raising alongside a period of enhanced enforcement of the law related to serving drinks to people who are already drunk. The launch phase took place during the Six Nations Rugby tournament and will continue throughout the year, with the next phase focusing on the Fresher's period as students return to university in Swansea and Cardiff, and the Rugby World Cup. The aims of the campaign are to:

- Increase awareness of the law around serving alcohol to people who are drunk
- Help support bar staff in refusing service of alcohol to people who are drunk
- Deter sales of alcohol to drunks
- Promote responsible drinking

The evaluation post intervention nightlife user survey in Cardiff and Swansea found that following the intervention:

- There was an increase in knowledge of the laws around the service of alcohol to drunks amongst nightlife users: post intervention a significantly higher proportion of participants correctly

answered that it is illegal for a bar server to sell alcohol to someone who is already drunk (from 48% to 61%).

- There was a decrease in preloading drinking behaviour amongst nightlife users: the proportion of participants reporting preloading reduced significantly post intervention (from 63% to 54%).
- The proportion of participants consuming alcohol from an off-licence or supermarket whilst in the night-time economy reduced significantly post intervention (from 15% to 6%).
- There was a shift in the perceived acceptability of drunkenness: post intervention a significantly smaller proportion of participants agreed that getting drunk is socially acceptable in the city's nightlife (from 87% to 74%) and that it's hard to enjoy a night out if you are not drunk (from 46% to 36%).

www.drinkwisewales.org.uk/drink-less-enjoy-more/



Minimum pricing planned in Wales



Plans for a new law setting a minimum price for alcohol in Wales have been published by the Welsh government. According to research from Sheffield University, a 50p unit price could reduce total alcohol consumption in Wales by 4%.

Wales' Deputy Health Minister Vaughan Gething

said the new Welsh law would save lives, reduce rates of crime, help ensure valuable NHS resources are used wisely and help businesses by reducing absence from the workplace.

The Welsh government held a previous consultation on minimum alcohol pricing as part of a wider Public Health Bill. Alcohol pricing will now be covered by a separate bill, to avoid the risk of any EU judgement against it delaying other public health measures, such as restrictions on e-cigarettes and the registration of tattoo parlours.

The consultation will run until December 2015.

The Welsh Health Survey

Welsh Health Survey provides unique information about the health and health-related lifestyles of people living in Wales. It covers a range of health-related issues, including health status, lifestyle and health behaviours, and health service use. Some Following the release of initial headline results from the survey in June 2014, more detailed health-related lifestyle results from the 2014 survey, relating to data collected between January and December 2014 have been made available.

Since 2008 the proportion of the population who binge drink has declined from 45% to 40% and the proportion drinking over government recommended levels from 28% to 24%. Greatest decline has been amongst males. Those aged 35-44 and 45-54 were most likely to binge drink and exceed guidelines.

Although drinking above guidelines was less common among the oldest drinkers, it was in those age groups that there were increases in the proportion of those drinking at harmful and hazardous consumption levels since 2008).

Most increases occurred among women aged over 55 years. Between 2008 and 2014, there was an increase of eight percentage points among 65-74 year-old women drinking above guidelines, and a doubling in the proportion of 65+ year-olds who were reported to binge drink.

Men were more likely than women to report drinking above the recommended guidelines on at least one day in the past week (46% of men compared with 35% of women), and to report binge drinking (29% of men, 19% of women).

14% of adults reported that they were non-drinkers, and a further 38% reported that they drank less than once a week in 2014.

Alcohol consumption decreased as deprivation increased with 47% of people in the least deprived quintile drinking above guidelines on one day in the previous week, compared with 34% for the most deprived. There was less variation for binge drinking. gov.wales/statistics-and-research/welsh-health-survey/?lang=en

Adults' reported maximum daily alcohol consumption in the past week, by age and sex				
Per cent	2008		2014	
	Binge	Above guidelines	Binge	Above guidelines
Men aged:				
16-24	39	52	27	38
25-34	47	60	32	45
35-44	47	62	37	52
45-54	39	59	38	59
55-64	32	52	29	51
65-74	18	42	20	43
75+	6	21	8	23
16-44	44	58	32	45
45-64	36	55	34	55
65+	13	33	15	35
Men aged 16+	35	52	29	46
Women aged:				
16-24	37	49	25	34
25-34	30	44	25	36
35-44	30	50	27	45
45-54	26	49	25	44
55-64	15	34	18	40
65-74	5	19	8	27
75+	1	8	3	11
16-44	33	48	25	38
45-64	21	41	22	42
65+	3	14	6	19
Women aged 16+	22	38	19	35
All aged:				
16-24	38	50	26	36
25-34	39	52	29	41
35-44	38	56	32	48
45-54	33	54	32	51
55-64	23	43	23	45
65-74	11	30	14	35
75+	3	13	5	16
16-44	38	53	29	42
45-64	28	48	28	49
65+	7	22	10	26
All aged 16+	28	45	24	40

A simple blood test could identify binge drinkers

A biomarker found in the blood of alcohol users is significantly higher in binge drinkers than in those who consume alcohol moderately, according to a study by researchers at the University of Illinois at Chicago.

Mariann Piano, professor and head of the department of biobehavioural health science in the UIC College of Nursing, knew phosphatidylethanol (PEth) is a biomarker associated with alcohol consumption, but it had never been measured in young adults.

Piano and co-investigator Shane Phillips, measured PEth in blood samples from student participants at two

large Midwestern university campuses. Participants also completed a 10-question self-assessment survey to determine their drinking patterns. The PEth levels in the blood were found to positively correlate with the self-assessment survey scores.

"Using a biomarker of heavy alcohol consumption such as PEth along with self-reporting could provide an objective measure for use in research, screening and treatment of hazardous alcohol use among young adults," Piano said.

news.uic.edu/biomarker-higher-in-binge-drinkers#sthash.QfeDzht3.dpuf

Royal College of Emergency Medicine release alcohol toolkit

The Royal College of Emergency Medicine have released an alcohol toolkit which calls for further investment in Alcohol Care Teams and brief interventions to be carried by all medical staff in emergency settings.

The document provides a detailed resource covering key areas of alcohol activity that hospitals and Emergency Departments (ED) can undertake. It states the aims of the toolkit as:

1. Promotion of best practice in the area of alcohol management
2. Advancement of safe and effective care in this area
3. Education and training of Emergency Medicine

It also cites 'operational aims' as:

1. Identification and Brief Advice – to have a system of alcohol screening in EDs across the UK so that Brief Intervention is followed by input from Alcohol Nurse Specialists.

2. Departmental Alcohol Care Team – to develop a framework for establishing Alcohol Services within EDs incorporating Alcohol Nurse Specialists.

3. Alcohol Champions - to have a Consultant as an 'Alcohol Champion' for their ED/Trust, to lead on the management of alcohol related illness and injury in the ED/Trust.

4. Tackle re-attenders to reduce alcohol attendances to the ED with strategies for frequent alcohol related re-attenders.



www.rcem.ac.uk/CEM/document?id=8479

Pub staff could be used to spread public health message

Bar staff could be helping drinkers take better care of their health by raising awareness of the dangers of excessive drinking, lack of exercise and unhealthy diets according to a report by The Royal Society for Public Health. The report suggests using cleaners, hairdressers and postal workers and venues such as pubs to help reach people doctors do not see.



The RSPH report, Rethinking the Public Health Workforce, states that as many as 15 million workers – more than a quarter of England's population of 54 million – could help form a "wider public health workforce" with sufficient training.

With bookmakers already spreading public health messages to men who

would normally avoid their local GPs' surgery, the NHS and local authority services are being urged to consider going further in nudging reluctant attenders of both genders into seeking medical help and advice.

www.rsph.org.uk/en/policy-and-projects/areas-of-work/wider-public-health-workforce/index.cfm

Calls for a ban on powdered alcohol in the UK

Ministers in the UK have been urged to ban imports of powdered alcohol as part of a crackdown on legal highs. Labour peer Lord Brooke argued that powdered alcohol could be "snorted" or "baked into cakes" or added to confectionery, making it easier for minors to consume it.

Lord Brooke was speaking as peers discussed the government's Psychoactive Substances Bill, which will criminalise the production, supply and trade in psychoactive substances and carry a maximum prison sentence of seven years.

Legitimate substances, such as food, alcohol, tobacco, nicotine, caffeine and medical products, would be excluded from the legislation but Lord Brooke said powdered alcohol posed a particular risk and urged ministers to act now.

Although not available in the UK, he warned that "as night follows day" powdered alcohol, which can be mixed with water to make a standard flavoured drink, will eventually come to the UK through the internet.

Home Office minister Lord Bates said the government was aware of the issue and was considering how to address it.

Powdered alcohol was recently banned in the Australian state of Victoria but the Australian government has rejected calls for a federal-wide ban.

Responsible drinking campaign in Italy

The third edition of the social campaign "Conoscere l'alcol" (or "Know Alcohol") was launched 5 June in Rome. With the target of reaching 3 million consumers, the social campaign aims to raise awareness about responsible consumption of alcoholic beverages in line with the objectives of the programme "GAIN HEALTH", promoted by the Ministry of Health. Campaign material on the strength of alcoholic beverages and when to avoid drinking (minors, driving, pregnancy, lactation, etc.) will be featured in the 150 supermarkets. There is also a dedicated Facebook page.

Specially trained staff will be present during 23 days and will guide and sensitize the consumers - through a multimedia quiz - to adopt moderate and responsible consumption patterns and avoid dangerous behaviours (such as binge drinking, drink driving, etc.).

This initiative will last until the end of July is promoted by leading companies in the production and marketing of spirits (Diageo and Pernod Ricard Italy), wine (and Caviro Ruffino) and beer (Diageo), with the support of associations Union Italian Wine and Wine In Moderation and in collaboration with chains Auchan and Simply.

www.facebook.com/pages/Conoscere-lAlcol/1478882039008267



Vin & Société formalises partnership with SYNHORCAT for industry training

Following the Partnership agreement between WIM Association and HOTREC to encourage Partnership action at national level and with the experience gained by the VET Art de Vivre Partnership Programme, in France, Vin & Société has formalised a first major partnership with SYNHORCAT – the National Union of Hotel, Restaurant, Café and Catering – making training on responsible and moderate consumption mandatory for all future professionals of the industry. To address the issues related to responsible consumption, Vin & Société has developed training material available online. Their objective is to train future professionals to become ambassadors of moderation and responsibility.

Primarily designed for group use, the objective is to disseminate this training and the principles of responsible consumption to maximum number of future professionals.

Vin & Société has implemented the "Art de Vivre" Programme in the form of vocational education and training with the aim to increase knowledge, skills and competences of wine professionals, and with a view to helping them and their customers make well-informed, responsible choices compatible with a healthy lifestyle, and to reduce misuse and abuse of alcohol.

www.vinetsociete.fr/formations/formation-des-professionnels



Poland seventh EU country to require interlocks for convicted drink drivers

Poland is the latest European country to require convicted drink driving offenders to install an alcohol interlock if they wish to get back behind the wheel. The country joins Belgium, Denmark, Finland, France, The Netherlands and Sweden, all of which now have rehabilitation programmes with interlocks backed by

the courts. Poland's new measures came into force on 18 May.

Austria, Norway and Switzerland are in the process of preparing similar legislation, and Germany announced a trial programme in February.

Alcohol consumption down in Finland

Finns are drinking less alcohol than before, with total consumption in the country falling once more, in line with recent trends.

On average, the consumption of pure alcohol last year was 11 litres, marking a four per cent fall on 2013, according to figures from the National Institute for Health and Welfare (THL).

Ciders, spirits and liqueurs all saw a fall in their popularity, while even beer, the country's alcoholic beverage of choice, experienced a decline. The data also featured alcohol brought into Finland by an individual, which fell from 2013. The so-called 'booze cruise' alcohol, which is most commonly brought from Estonia, was at 2.3 litres of pure alcohol per person.

THL spokesperson Esa Osterberg noted that the drop in consumption was, in part, related to tax rises and the recession, but claimed a cultural shift could also be a factor.

The figures showed that alcohol consumption in Finland hit a peak in 2007 but has since fallen by 13 per cent. Beer remains the number one alcoholic drink in the country but wine has also enjoyed a recent surge, while liqueurs and spirits have suffered a fall.

Understanding responsible drinking - website relaunch

The European portal providing consumer information, responsibledrinking.eu website, has been modernised and updated. The website acts as a portal to national information websites and is intended to help consumers work out how much is too much and to weigh up the pros and cons when deciding to drink.

The website also provides detailed information on calories in alcoholic beverages, by serve size and by beverage type www.responsibledrinking.eu



Danish youth under pressure to drink alcohol

According to a new survey, almost a quarter (24 percent) of all Danes over 18 who drink alcohol have felt pressured to drink more alcohol than they've wanted to.

The survey, compiled by YouGov for Metroxpress newspaper, also showed that the figure increased up to 42 percent when only looking at young people aged 18-29.

"It comes with the alcohol culture we have in connection with, for instance, social gatherings," Johan Damgaard Jensen, the head of the organisation Alkohol og Samfund, "In these settings, it can be difficult not to drink alcohol."

"You almost require a plausible explanation as to why you're not drinking, like being pregnant, an elite athlete or driving the car home. It can be tough to have other reasons for not drinking."

Jensen contends that another reason is that it is taboo to have a problem with alcohol, while young people often feel pressure by their peers to drink more in order to fit in.

"Research shows that young people think that their friends drink more than they actually do. Therefore the youths drink more in the belief that they are following the others," said Dan Orbe, a spokesperson for the centre for young substance abusers Center for Unge og Misbrug.

Annual marketing regulation report launched in UK

The Portman Group has published its annual Code Report, which covers all regulatory activity undertaken by the Portman Group in the period 31 May 2013 to 31 December 2014: the first 18 months of the 5th edition of the Portman Group Code on the Naming, Packaging and Promotion of Alcoholic Drinks, which gave greater

protection to under-18s and enabled producers to promote lower alcohol drinks.

The report includes rulings made by the Independent Complaints Panel (Panel), the implementation of the Fast Track complaints process as well as the launch of the first edition of the Sponsorship Code.

www.portmangroup.org.uk/codes/alcohol-marketing/annu

Workshop on the contribution of alcohol education to reduce underage drinking



Spirits Europe are to host a workshop exploring what type of educational interventions show the most promise and how best to advance effective alcohol education for minors across Europe. It will provide an opportunity to learn from and engage with academics, programme managers and evaluators.

The educational programmes that will be showcased are designed for teachers, parents and others in a close relationship with minors. The programmes will equip them with the tools to give young people the necessary confidence and skills not to drink before they should, and reduce the frequency and amount of drinking occasions.

The programme includes contributions from

Elisabeth Morin Chartier, Member of the European Parliament from France since 2007, Chairwoman of the European Union of Women and member of the EPP Political Assembly.

Dr Jean-Pascal Assailly, Psychologist and Senior Researcher at the Institute of Science and Technology for Transport, Development and Networks (IFSTTAR)

Dr Arrash Arya Yassaee, Foundation Year One Doctor at Barts Health NHS Trust; Think Tank Lead at the Faculty of Medical Leadership and Management

Jordan Abdi, Medical Student; Chair of the London Forum for Science and Policy

Tom Livermore MSci, PhD Student, MRC Laboratory of Molecular Cell Biology, UCL; co-author of "Intoxicated Britain, can education fix Britain's Youth drinking problem?"

Dr Michael McKay, STAMMP Trial Manager at Liverpool John Moores University

Betsy Thom, Professor of Health Policy Head Drug and Alcohol Research Centre at Middlesex University Professor

Sarah Lynch, Research Manager at the National Foundation for Education Research (NFER)

Helena Conibear, Alcohol Education Trust (UK)



20 October 2015 from 9.30 to 13.00

(followed by Lunch)

Radisson Blu EU Hotel

rue d'Idalie 36, 1050 Brussels

Register online by 9 October 2015 at

registration.spirits.eu/view.php?id=54966

Who should attend?

Stakeholders from the European institutions, health editors, NGOs, the private sector, education correspondents and media who are interested in learning about or implementing possible solutions to reduce underage drinking in a European context.

Responsibility campaign in Mexico

In Mexico, FISAC have created a new campaign "that scares you". The idea behind the campaign is to stress that all members of society have a role to in preventing and avoiding the consequences caused by the harmful or irresponsible alcohol consumption.



The campaign focuses on two main areas :- Avoiding drinking and driving and avoiding underage drinking. "The scary is you" is a 360 ° campaign aimed at all those who in some way or another could be actors to prevent the harmful use of alcohol. FISAC are encouraging everyone to be bearers of the message of prevention and responsible consumption of alcohol.

The tag line is 'Responsibility belongs to everyone. You say it as friends, FISAC!'

www.alcoholinformate.org.mx/

Understanding recent trends in Australian alcohol consumption

A report from the Foundation for Alcohol Research and Education examines recent trends in alcohol consumption in Australia. The study is based on five waves of the National Drug Strategy Household Survey involving more than 120,000 respondents and examines rates of abstinence, rates of episodic heavy drinking and the distribution of drinking across the population.

The report found that there have been small but significant increases in the proportion of the Australian population (aged 14 and over) reporting lifetime abstinence from alcohol in the past decade, from 9.4% in 2001 to 14.1% in 2013. This shift has been concentrated in the younger subgroups of the population, with significant increases for all age groups up to 40-49 year olds. There have been no significant increases observed for respondents aged 50 or over. By far the largest shift has occurred among teenagers, with abstinence among 14-17 year olds increasing from 28% in 2001 to 57.3% in 2013.

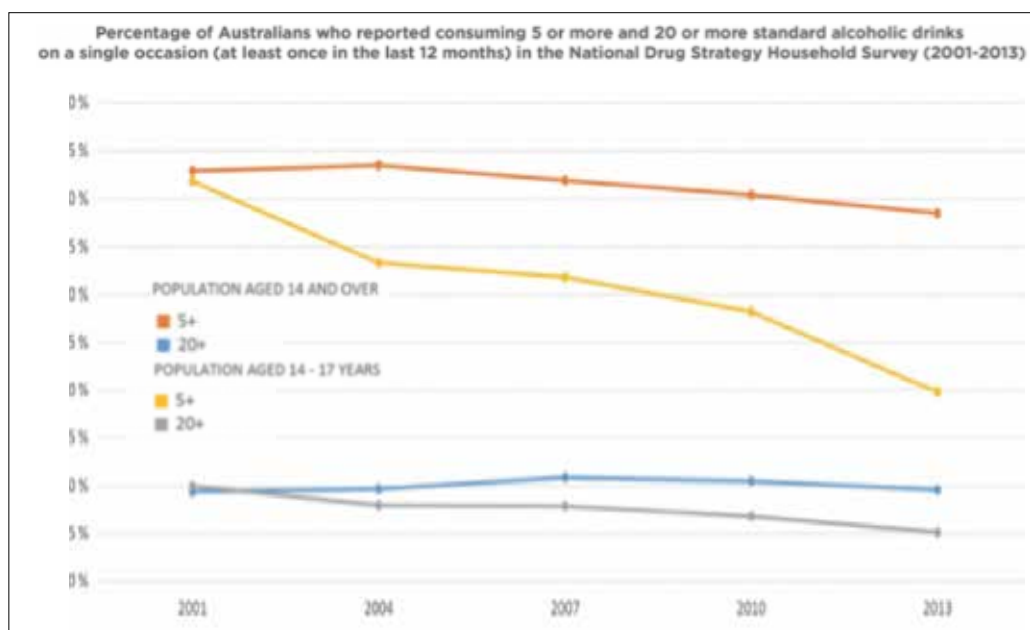
An analysis of abstinence by cultural background suggested that the shifts in the population abstaining rates among adults were driven partly by changes in the cultural makeup of the population and survey sample. Among respondents aged 18 and over living in households where only English was spoken, rates of abstinence increased only slightly (from 4.5 to 7.3% for 18-24 year olds) during the period examined. In contrast, there were large increases in abstinence rates in households where a language other than English was spoken alongside a general increase in the proportion of these households included in the sample.

Trends in the rates of heavy episodic drinking in Australia from 2001 to 2013 produced contrasting pictures by age groups. For younger drinkers (aged less than 40) there were steady declines in the prevalence of consuming five or more drinks in an occasion, and relatively stable rates of consuming 20 or more drinks in an occasion. For older respondents (aged 40-49) the number of occasions on which 20 or more drinks had

generally increased (from 6.4% to 9%). Rates of heavy episodic drinking at lower levels (five or more drinks per occasion) were more likely to decline than rates of very heavy episodic drinking (20 or more drinks per occasion). Across the entire sample, heavy episodic drinking declined from 42.9 to 38.5%, while very heavy episodic drinking rates were relatively unchanged between 2001 and 2013 (9.4 and 9.5% respectively).

A detailed analysis of changes in the distribution of alcohol consumption in Australia over the last 13 years showed that consumption had declined across the entire drinking distribution – for both heavy and light drinkers, with declines generally steeper for lighter drinkers. Although Australia's overall level of drinking has declined, the top ten per cent of drinkers are now responsible for an increasing proportion of the total consumption (from 48.9% in 2001 up to 53.2% in 2013). The share of alcohol consumed by the top 5% of heavy drinkers has increased to 35.3% in 2013 (up from 32.3% in 2001), despite the average volume of alcohol this group consume has declined from 37.1 litres to 36.6 litres.

According to the authors, this study provides a complex picture of changes in Australian drinking. In the last 13 years young people, particularly those aged under 25, have sharply reduced their drinking; with increases in abstinence rates among young adults driven by both changes in the cultural makeup of the population and the aging of abstaining teenage cohorts into adulthood. At the general population level consumption has been more stable, with some



evidence of increasing rates of very heavy episodic drinking among older adults (significant increases in the number of occasions where 20 or more drinks are consumed for respondents aged between 30 and 59). The authors suggest that public health advocates need to ensure that policy and prevention focuses on older adults as well as young people. The sharp declines in drinking among teenagers and, in more recent years, young adults during this period are promising signs, and further research into the factors driving these changes is needed to facilitate and reinforce them.

apo.org.au/research/understanding-recent-trends-australian-alcohol-consumption

Decline in underage drinking in the US

A new report by the Substance Abuse and Mental Health Services Administration (SAMHSA) shows a significant decline in the level of past month (current) underage alcohol consumption, as well as a drop in underage binge drinking.

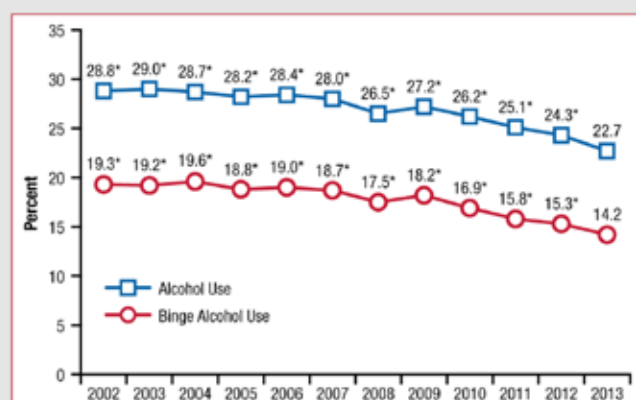
The report shows that level of current underage drinking among those aged 12 to 20 decreased from 28.8% in 2002 to 22.7% in 2013.

The level of current underage binge drinking also declined from 19.3% in 2002 to 14.2% in 2013 (defined as having five or more drinks on the same occasion) on at least one day in the past 30 days.

Alcohol still remains the most widely used substance. More youths aged 12 to 20 currently use alcohol (22.7%) than tobacco (16.9%) or illicit drugs (13.6%).

www.samhsa.gov/data/sites/default/files/report_1978/Spotlight-1978.pdf

Past month alcohol use and binge alcohol use among people aged 12 to 20: 2002 to 2013



Pernod Ricard Responsib'All Day

On 11 June 2015, Pernod Ricard celebrated the fifth edition of Responsib'All Day. This company event brought together the Group's 18,000 employees to focus exclusively on promoting responsible drinking. The day involved many different initiatives, including field work, meetings with consumers and promoting the Wise Drinking app which was launched in 2014 during the fourth Responsib'All Day, etc.

For the 2015 edition, Pernod Ricard committed its sales force to promoting the key principles of responsible distribution among retailers. Pernod Ricard's 5,500 salespeople throughout the world distributed 500,000 pamphlets to their main customers (cafés, hotels, restaurants and major retailers). These pamphlets reminded people of the 8 key principles needed for responsible distribution of alcoholic beverages and serve as a useful, educational reference on such matters as the amount of alcohol contained in a standard glass.

Drunk driving recidivism is halved in Michigan

A report released by the Michigan Supreme Court, the Michigan DWI/Sobriety Court Ignition Interlock Evaluation 2015, concludes that "[I]t appears that ignition interlocks used in conjunction with DWI/Sobriety Courts are a promising method of reducing DWI recidivism among repeat drunk drivers in the state of Michigan."

The Michigan Supreme Court highlighted the following findings from the evaluation:

- Recidivism cut in half. A DWI recidivism rate of 2.8% among interlock participants who are off probation as compared to participants in the Standard Probation Group who have a DWI recidivism rate of 5.5%.
- Nearly universal compliance. More than 97 percent of people ordered by the DWI/Sobriety Court judges to put the devices on their vehicles actually put them on.
- Failure rate two-thirds lower. 12% of interlock participants failed the DWI/Sobriety Court programme, while nonparticipants had a failure rate of 34%.

[www.dwicourts.org/sites/default/files/ncdc/INTERLOCK%20EVLUAION%20REPORT%202012%20\(Distribution%20Version\).pdf](http://www.dwicourts.org/sites/default/files/ncdc/INTERLOCK%20EVLUAION%20REPORT%202012%20(Distribution%20Version).pdf)

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

AIM Mission Statement

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

AIM SOCIAL, SCIENTIFIC AND MEDICAL COUNCIL

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

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

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

Harvey Finkel MD, Clinical Professor of Medicine (oncology and haematology), Boston University School of Medicine

Giovanni de Gaetano MD, PhD, Professor of Biomedical sciences, Director, “RE ARTU” Research Laboratories, “John Paul II” Catholic University, Camposso, Italy

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Professor Dwight B Heath, Anthropologist, Brown University, US

Professor OFW James, Emeritus Professor of Hepatology, Newcastle University, UK

Professor Adrian Furnham, Professor in Psychology and occupational psychology, University College London

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Professor JM Orgogozo, Professor of brain science, Institut de Cerveau, University of Bordeaux

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Arne Svilaas MD, PhD, Chief Consultant, Lipid Clinic, Oslo University Hospital, Oslo, Norway.

Dr Erik Skovenborg, Scandinavian Medical Alcohol Board

Creina S Stockley MSc MBA, Health and regulation, The Australian Wine Research Institute

Dr Thomas Stuttaford, Medical Correspondent to The Times and Author

David Vauzour PhD, Senior Research Associate, Department of Nutrition, Norwich Medical School, University of East Anglia, Norwich, UK