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## Lithuania

In Lithuania proposals are being made to tackle the illegal smuggling of goods including alcohol cigarettes and fuel. It is planned to introduce new tax stamps on alcohol and cigarettes.

**“The release of the new tax stamps will allow the strengthening of controls,”** said Lithuanian Prime Minister Algirdas Butkevicius. The proposed measures will be presented by the State Tax Inspectorate (VMI), the Customs of the Republic of Lithuania and the Ministry of Finance.

## Scotland

Scotland has voiced support for a proposal to allow courts to order people convicted of alcohol-related offenses to wear remotely monitored transdermal alcohol sensors. The Scottish Association of Social Workers is opposed to the mandatory device use, which it said **“could be counter-productive and create additional breach offenses,”** and may not be compatible with rehabilitation models.

## Russia

Russia's State Duma is considering draft legislation relating to mass media that would prohibit alcohol consumption being portrayed as a Russian tradition, or part of Russian culture and history. Additionally, it would prohibit the use of alcohol in all advertisements and any implication that alcohol is essential to achieve professional, sporting, or personal success, or that it imparts mental or physical benefits.

## US

In January, the New Hampshire House of Representatives passed House Bill 496 which will allow first-time DWI offenders to drive for limited purposes, so long as an ignition interlock device is installed in their vehicle to test their blood alcohol content. The idea behind the Bill is to let those convicted of DWI keep their license so they can drive to work, to their required alcohol and drug treatment, and can continue to care for their family.

The New Hampshire Association of Chiefs of Police was against the change, saying it would be difficult to enforce. Law enforcement officials say there is no way to verify whether offenders take side trips to other locations.

The Kansas Senate is considering legislation that passed in the House of Representatives allowing home brewers to share beer and wine they produce with friends and other nonrelatives. Current state law prohibits home brewers and small-scale wine producers from sharing beverages with anyone outside of their families, unless they obtain licenses to manufacture and distribute alcohol.

## Australia

In Australia, as part of efforts to reduce alcohol-related violence in the city, Darwin bars have voluntarily agreed to limit patrons' purchases to four drinks during happy hours and after 12:00 a.m. Additionally, they have agreed that sales of shots will be banned after 1:00 a.m. and to a complete ban on service of shots with alcohol by volume (ABV) over 51%.

## A brief history of alcohol and warfare By Rupert Millar

In recognition of the 100th anniversary of the First World War, Rupert Millar has written a series of articles on the use of alcohol in war through the ages. This feature offers an overview of some of his discoveries.

### An Arm and a leg



War tends to lead to the development of many things which are then absorbed into civilian practice.

Medical progress in particular has been driven by warfare: as weapons evolved so too did the medical nous to deal with the resulting wounds.

Anyone who's broken a bone or suffered some sort of physical

trauma or even required plastic surgery can thank techniques developed through centuries of conflict for their recovery – and alcohol has a part to play here too as both anaesthetic and disinfectant.

With men being assailed by swords, pikes, billhooks, maces, bayonets, large calibre bullets, solid iron cannonballs weighing up to 24lbs, napalm and shell fragments the length of a man's forearm; it is little wonder that casualty clearing stations are described as charnel houses.

Worse still, until the end of the 19th century, hygiene, anaesthetic and good patient care were all virtually non-existent. Until the advent of ether and later penicillin, the only way to clean wounds or render a patient as immune to pain and infection as he was likely to get was using alcohol.

Battlefield surgery from the ancients into the 19th century was a brutally simple affair – in fact you were probably better off being treated by a Roman medic than most European doctors after them who were usually little better than butchers.

That's if you saw a doctor at all. A lack of surgeons was a real problem in many conflicts. At the beginning of the American Civil War (ACW) the US army and navy had just 100 trained physicians, none with battlefield trauma experience and 30 of them joined the Confederacy at the outbreak of the conflict.

The lack of medical knowledge caused more problems when gunpowder weapons became more common. In the Middle Ages when cutting, stabbing and blunt force trauma were the main cause of wounding, major surgery was actually quite rare.

From the 15th century onwards though, as guns became more common and then as explosives made an appearance on the battlefield, surgeons were confronted with new types of trauma and the practice of amputation became much more common.

Until the advent of chloroform which was first used extensively in the Crimean War, the only pain killer available to both doctor and patient was alcohol.

Soldiers often started drinking before the battle to give themselves "Dutch Courage" so there was a chance a wounded man might be slightly anaesthetised when he arrived.

On the other hand, the shock of injury and the rush of adrenalin would probably have sobered him up. Either he or whoever brought him in might have more alcohol on them and, as time went on, doctors would keep a stash handy too.

There would be no time for the patient to drink himself insensible though. A good, fortifying slug of rum or brandy would be it and then a bit would be placed between the teeth and he'd be held down as the doctor went to work.

Unless he passed out he would be conscious for the whole procedure as the doctor incised his flesh to the bone and then sawed off the limb, which would be flung onto a quickly growing pile, and bandaged him.

Baron Dominique-Jean Larrey, who actually helped pioneer modern battlefield surgery and the method known as triage, is supposed to have performed over 200 amputations personally after the Battle of Borodino in 1812 and many doctors would pride themselves in their ability to whip off a limb quickly and cleanly.

On the other hand it could be drawn-out agony. Major George Napier of the 52nd Foot (brother to the famous historian who also served in the Peninsular War) was wounded while commanding one of the storming parties at the capture of Ciudad Rodrigo in 1812.

A musket ball shattered his right elbow and his arm had to be amputated. Unfortunately it took the doctor



20 minutes to take his arm off as his instruments were so blunt from previous amputations.

The other patients had drunk all the rum too so there was none to dull the pain and poor Napier remembered cursing the surgeon "like a trooper" until it was over at which point he thanked him politely and went to find warm fire to sleep by for the night.

He retired a full general in 1854 having been governor of Cape Colony for five years and died in 1855 aged 71.

Despite this unbelievable sang-froid, patients could still die of shock and even if they survived, post-operative infection rates were monstrously high as surgeons were renowned for using instruments covered in the blood and filth of previous patients. Throw into the mix campaigns in disease-ridden areas or (as in the First World War) water contaminated by rat urine or decaying flesh and sometimes a wound was the least of your worries.

Disease has followed armies throughout history and it is thought that as many as two thirds of the 620,000 men who died during the American Civil War died of disease. In hospitals meanwhile gangrene and erysipelas were rampant and carried off terrifyingly high numbers of patients or put them through more procedures which were completely unnecessary if they'd been looked after in the first place.

Bacteria and how it caused infection and illness wasn't fully understood until later in the 19th century despite being discovered in the 17th. Doctors instead attributed the cause of sickness to nebulous sounding "vapours" or "humours" wafting on the breeze.

As alcohol was generally held to be good for you it was therefore dished out as a preventative. The West Indies in particular had a frightening reputation for virulent diseases and were commonly referred to as the "white man's grave".

A posting there was tantamount to a death sentence for most soldiers. Rum, which became the army and navy's drink when the islands were colonised, was thought to help prevent the spread of diseases such as yellow fever.

In 1761 Colonel Andrew Rollo reported from Dominica that: "The excessive heat hath putt me under the Necessitie of giving a Gill (a quarter of a pint) of Rum per day to each private Man ... the care of the Mens health is the grand object of my attention."

When the science behind infection and disease was better understood, the cleansing (and stinging) powers of alcohol could be used to better treat wounds and clean surgical instruments.

Although advocated by Hippocrates, the use of alcohol on wounds in more modern times was first supposed to have been observed at the Battle of Harlem in 1776 during the American War of Independence. US surgeon Charles Gillman accidentally spilled rum on the infected hand of a soldier and saw the infection recede.

The practice was not widely adopted however although in the same war, wine was apparently used to treat minor burns by both sides and the use of alcohol in various experimental rubs and ointments would continue throughout the 18th and 19th centuries.

Alcohol was so vital to medical personnel as the 19th century progressed that it was not uncommon for medicinal supplies to be looted during the chaos of a retreat or by the pursuers because the men knew they contained booze of some kind.

Indeed, alcohol rubs remain important in hospitals military or civilian to this day. An interesting and much deeper look at changes to military medicine over the centuries can be found here.

One final aspect of drinking and warfare is the threat of alcoholism as a result of turning to drink to blot out the horrors and discomfort of a long campaign.

Although it can be a powerful bonding tool as it is in civilian life, alcohol can become a crutch.

War and booze was and is a heady mix. Piling a chemical stimulant on top of what is already a terrifying cocktail of emotional and hormonal overdrive can lead to self-destruction.

Sadly it is no coincidence that army veterans continue to make up a great majority of the homeless in this country and others – many due to hitting the bottle following a deployment or leaving the forces.

As for the soldiers who fought in Flanders, Portugal and Spain, India and Africa, North America and China, men who fought before the advent of psychological medicine and an understanding of what is now termed post-traumatic stress disorder (PTSD); how many of them came home only to find destitution, homelessness and death at the bottom of a bottle?

For better or worse alcohol has had a role in warfare for millennia and, as they say, sometimes the fight isn't over when the guns fall silent.

## Comments on “Section 2.3, Alcohol Consumption,” from the “World Cancer Report 2014” issued by the World Health Organization

The following is a critique by Members of the International Scientific Forum on Alcohol Research of the section on alcohol consumption (Section 2.3) included in the “World Cancer Report 2014,”(1) released on 3 February 2014 by the World Health Organization.

From reading this report, it is clear that the conclusion of the authors is that all alcohol consumption is harmful, regardless of the amount consumed, the type of beverage, or the pattern of drinking. Indeed, epidemiological data clearly show that heavy alcohol consumption and “binge” drinking are associated with many adverse effects (and would never be advised by responsible agencies). However, the WHO seriously undermines its credibility by publishing a report that seems to deliberately ignore overwhelming scientific evidence showing that light-to-moderate consumption of alcohol not only reduces overall mortality but is usually not associated with an increased risk of cancer. The casual reader of this report would assume that “alcohol” (not just heavy drinking) is the leading cause of death throughout the world, although the authors do state that malignant neoplasms attributable to alcohol represent less than 1% of all deaths (0.4% of all deaths of women and 0.8% of all deaths of men).

**Research cited in the WHO report:** It appears that the authors have been very selective in choosing the data upon which they base their conclusions, often citing their own work and ignoring thousands of scientific articles relating alcohol consumption to cancer rates and mortality. For example, while the authors of the WHO report cite alcohol as a factor for colorectal cancer, a recent analysis from the very large Women’s Health Study/Health Professional’s Study on alcohol and colorectal cancer(2) showed that after 1998, when dietary folate was increased in the USA, there has been no significant relation between alcohol and colorectal cancer. While the authors of the WHO report state that “Alcohol consumption is related to more than 200 ICD 10 code diseases . . . including diabetes and cardiovascular diseases,” they do not indicate that essentially all epidemiologic studies show a decrease in the incidence of Type 2 diabetes and essentially every type of vascular disease among moderate drinkers.

When references are given in the WHO report

related to cancers for which the risk is decreased by alcohol (e.g., renal, lymphoid malignancies), the authors state: “These apparently protective observed effects should be interpreted with caution since the biological mechanisms are not understood and confounding and/or misclassification of abstainers may be responsible for the observations that have been made.” They do not indicate that similar caution may be warranted for epidemiologic studies showing adverse effects of alcohol.

No mention is made in the WHO report of beverage-specific differences, although epidemiologic studies for many decades [e.g., Klatsky et al(3); Grønbaek et al(4)] have shown that cardiovascular disease risk is lower among consumers of wine than of other beverages. Further, Grønbaek et al(5) and others have shown lower cancer mortality for wine consumers than for other drinkers. Hundreds of experimental studies[e.g., (6,7)] have demonstrated anti-cancer activity of the polyphenols in wine, adding plausibility to the epidemiologic results.

**Effects of alcohol on mortality:** The authors of the WHO report present little discussion of the relation of alcohol to mortality, either cancer related or all-cause mortality. In addition to the study by Grønbaek et al,(5) a recent report on more than 50,000 cancer deaths(8) showed no increase in the risk of cancer death for “moderate” drinkers (those reporting 1-3 drinks/day) when compared with non-drinkers, and significantly decreased risk of all-cause mortality. Indeed, almost all prospective studies have shown that non-drinkers, even lifetime abstainers, die at an earlier age than do moderate drinkers.

It is also surprising that the authors fail to mention another recent paper, co-authored by Rehm (the first author of the new WHO report), that presented data showing that the lowest total mortality risk over 12 years in the very large European Prospective Investigation into Cancer and Nutrition (EPIC) study was found among men and women who consumed moderate amounts of alcohol.(9) Further, in a recent study of women with invasive breast cancer, those who consumed alcohol after developing their cancer had no increased risk of dying of breast cancer, and a significantly lower risk of all-cause mortality;(10) the editorial accompanying this paper concluded: “Based on the best available evidence, including [the

present report(10)], it appears that modest alcohol consumption after breast cancer diagnosis, up to approximately one drink per day on average, may be associated with optimal overall survival, without compromising breast cancer-specific survival.”(11)

**Need for a balanced message on alcohol and health: Excessive and binge drinking in young people is a growing scourge in many parts of the world, and alcohol consumption (especially in conjunction with smoking) clearly increases the risk of upper aero-digestive cancers; further, even moderate consumption is associated with a slight increase in the risk of breast cancer in women. However, the scare tactics condemning all alcohol consumption in the WHO report tend to obscure those important messages. A more scientific and balanced opinion on the topic was recently published by Banks:(12); instead of focusing so completely on warning about the adverse health effects of abusive drinking, Banks presented a scientifically valid and balanced view that concluded: “The evidence . . . indicates that, in later life, on average and bearing in mind the priorities and risks of specific individuals, drinking at least some alcohol, but not too much, is likely to minimize the overall risk of death.(12)”**

It is the opinion of our Forum that WHO, in the alcohol section of its new publication World Cancer Report 2014, has not provided an objective and balanced report on alcohol and cancer based on scientific data. Instead, it has issued paternalistic blanket condemnations against alcohol, and recommends approaches for reducing availability of alcohol to the general population rather than those that focus on binge drinkers and others who misuse alcohol. By doing so, WHO has missed a key opportunity to convey important messages about alcohol and cancer that could lead to appropriate recommendations to help improve the health of the public.

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#### Forum Summary

A recently released report by IARC (International Agency for Research on Cancer) of the World Health Organization, entitled “World Cancer Report 2014,” includes a section on alcohol consumption as a factor in the etiology of cancer. From reading this report, it is clear that the conclusion of the authors is that all alcohol consumption is harmful, regardless of the amount consumed, the type of beverage, or the pattern of drinking. The members of the International Scientific Forum on Alcohol Research (the Forum) have real concerns about the WHO report.

It appears that the authors have been very selective in choosing the data upon which they base their conclusions, often citing their own work and ignoring thousands of scientific articles relating alcohol consumption to cancer rates and mortality. The report fails to discuss potential lower risks of cancer associated with polyphenols in wine and some other



beverages. It ignores the consistent finding in almost all prospective epidemiologic studies over many decades that total mortality rates are lower among light-to-moderate alcohol consumers (and recent evidence suggests that this may even be true among people with cancer).

Members of the Forum strongly agree that heavy alcohol consumption and “binge” drinking are associated with many adverse effects (and would never be advised by responsible agencies). However, the WHO report risks undermining its credibility by publishing a report that seems to deliberately ignore overwhelming scientific evidence showing that light-to-moderate consumption of alcohol reduces overall mortality and is usually not associated with an increased risk of several cancers.

Excessive and binge drinking in young people is a growing scourge in many parts of the world, and alcohol consumption (especially in conjunction with smoking) clearly increases the risk of upper aero-digestive cancers; further, even moderate consumption is associated with a slight increase in the risk of breast cancer in women. However, the scare tactics condemning all alcohol consumption in the WHO report tend to obscure those important messages.

It is the opinion of our Forum that WHO, in the alcohol section of its new publication World Cancer Report 2014, has not provided an objective statement on alcohol and cancer based on current scientific data. By doing so, WHO has missed a key opportunity to convey important focused messages about alcohol and cancer that would be more likely to improve the health of the public.

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

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## Alcohol intake may lower the risk of developing multiple sclerosis

Hedström AK, Hillert J, Olsson T, Alfredsson L. Alcohol as a modifiable lifestyle factor affecting multiple sclerosis risk. *JAMA Neurology* 2014; doi:10.1001/jamaneurol.2013.5858; published online January 6, 2014.

### Authors' Abstract

**Importance** Alcohol consumption may be a modifiable lifestyle factor that affects the risk of developing multiple sclerosis (MS). Results of previous studies have been inconsistent.

**Objective** To investigate the possible association of alcohol consumption with the risk of developing MS and to relate the influence of alcohol to the effect of smoking.

**Design, Setting, And Participants** This report is based on 2 case-control studies: Epidemiological Investigation of Multiple Sclerosis (EIMS) included 745 cases and 1761 controls recruited from April 2005 to June 2011, and Genes and Environment in Multiple Sclerosis (GEMS) recruited 5874 cases and 5246 controls between November 2009 and November 2011. All cases fulfilled the McDonald criteria. Both EIMS and GEMS are population-based studies of the Swedish population aged 16 to 70 years. In EIMS, incident cases of MS were recruited via 40 study centers, including all university hospitals in Sweden. In GEMS, prevalent cases were identified from the Swedish national MS registry. In both studies, controls were randomly selected from the national population register, matched by age, sex, and residential area at the time of disease onset.

**Main Outcome And Measure** Multiple sclerosis status.

**Results** There was a dose-dependent inverse association between alcohol consumption and risk of developing MS that was statistically significant in both sexes. In EIMS, women who reported high alcohol consumption had an odds ratio (OR) of 0.6 (95% CI, 0.4-1.0) of developing MS compared with nondrinking women, whereas men with high alcohol consumption had an OR of 0.5 (95% CI, 0.2-1.0) compared with nondrinking men. The OR for the comparison in GEMS was 0.7 (95% CI, 0.6-0.9) for women and 0.7 (95% CI, 0.2-0.9) for men. In both studies, the detrimental effect of smoking was more pronounced among nondrinkers.

**Conclusions And Relevance** Alcohol consumption exhibits a dose-dependent inverse association with MS. Furthermore, alcohol consumption is associated with attenuation of the effect of smoking. Our findings may have relevance for clinical practice because they give no support for advising patients with MS to completely refrain from alcohol.

### Forum Comments

Multiple sclerosis (MS) is a serious, chronic neurological disease, for which no cure is currently available. It is generally considered to be an autoimmune disease; other such diseases (e.g., lupus erythematosus, rheumatoid arthritis) have shown a relation with alcohol consumption. Thus, the authors reviewed data from two large Swedish studies on MS to determine if there was an association with reported alcohol consumption. Key results showed that in both of the case-control analyses, there was a dose-response inverse relation between alcohol consumption and the risk of developing MS. In comparison with subjects reporting no alcohol intake in the 5- or 10-year period during which the diagnosis of MS was first made, subjects in the highest alcohol consumption group (> 112 g/week, about 9 drinks per week for women; >168 g/week, about 14 drinks per week for men) had 30% to 50% lower risk of developing MS. A variety of potential confounders were included in the analysis, including smoking, education, and SES.

Specific comments by Forum members on the paper: Reviewer Ellison stated: "The strengths of this paper include the large number of cases and, especially, the consistency of results within both groups of subjects. Also, there was a clear dose-response effect noted. It appears that alcohol consumption may attenuate the increase in risk associated with smoking; while the authors state that the interaction for this relation was significant in only one group, there were almost identical ORs in both studies. In the discussion, the authors did a good job of dealing with potential biases that could have affected their results. They also present a good discussion of potential mechanisms by which alcohol could affect immunity and lead to a lower risk of auto-immune diseases."

Reviewer Waterhouse stated that "The effect seems very strong, and the authors' comments regarding other auto-immune diseases suggest other interesting avenues of investigation. The observed dose dependency is striking, but because of a limited number of heavy drinkers, the authors could not determine the upper limit of alcohol consumption that may have a beneficial effect on MS. MS is not a common enough disease that these results would lead to general recommendations for people to



consume alcohol to prevent the disease; however, it might be important to determine if, for people who already have MS, moderate drinking would affect progression of the disease.”

Forum member Skovenborg agreed with Waterhouse that this was a very well-done study. He added: “The prevalence of multiple sclerosis depends on who you are and where you live. In my region of the world, Scandinavia, the prevalence is around 150 – 163 per 100,000 inhabitants. The most comprehensive review of MS prevalence to date confirmed a statistically significant positive association between MS prevalence and latitude globally. Exceptions to the gradient in the Italian region and northern Scandinavia are likely a result of genetic and behavioural-cultural variations. The persistence of a positive gradient in Europe after adjustment for HLA-DRB1 allele frequencies strongly supports a role for environmental factors which vary with latitude, the most prominent candidates being ultraviolet radiation (UVR)/vitamin D. (Simpson S Jr, Blizzard L, Otahal P, Van der Mei I, Taylor B. Latitude is significantly associated with the prevalence of multiple sclerosis: a meta-analysis. *J Neurol Neurosurg Psychiatry* 2011;82:1132-41). The association of latitude, vitamin D and alcohol is not obvious.”

Skovenborg continued: “The updated distribution of MS in Europe, showing many exceptions to the previously described north-south gradient, requires more explanation than simply a prevalence-latitude relationship. Prevalence data imply that racial and ethnic differences are important in influencing the worldwide distribution of MS and that its geography must be interpreted in terms of the probable discontinuous distribution of genetic susceptibility alleles, which can however be modified by environment (Rosati G. The prevalence of multiple sclerosis in the world: an update. *Neurol Sci* 2001;22:117-139). The environmental and genetic determinants of geographic gradients are by no means mutually exclusive, however, and the connection with alcohol intake is not obvious.”

Reviewer Van Velden stated: “Our group has done research at Stellenbosch University on MS, and our results support the findings of this paper. In our study, among 114 patients diagnosed with MS, their disability status was measured using the Expanded Disability Status Scale (EDSS – Kurtzke 1983). We found that the effect of alcohol intake on disability

status formed a J-shaped curve, similar to the effect found in cardiovascular disease. The optimal protection for alcohol intake against disability in our study was 1-2 units of alcohol per week.”

Because of several concerns, Forum member de Gaetano believed that the authors may have overstated their results: “The authors could not determine if subjects classified as ‘non-drinkers’ included former drinkers; also, while the estimates of effect were similar between the two studies, in the smaller study only that of the highest alcohol group reached statistical significance. Further, the authors failed to discuss possible anti-inflammatory effects of wine polyphenols, in addition to alcohol.”

Reviewer Thelle stated: “We are still facing the inherent problems with case-control studies in regard to how the controls are selected (and select themselves), even if the authors have done a good job arguing against biases and taken care of confounders. The observed effects, however, are weak and one would like to see more studies on the same issue from other populations, also those with lower MS risk.” Reviewer Ellison points out: “The relative rarity of MS makes it difficult to have an adequate number of cases in a prospective study for definitive results, so we are usually forced to base our opinions on case-control studies. Also, while the statistical significance values of the results are not large, the estimated effects (generally about 30% lower risk of MS among drinkers of moderate or higher amounts of alcohol in comparison with non-drinkers) are rather impressive.”

Mechanisms by which alcohol could reduce the risk of MS: Reviewer Finkel thought this was a well-done study, but wanted to know how secure our assumptions are that MS is an autoimmune disease, and how alcohol may prevent such diseases. Reviewer Estruch commented: “Multiple sclerosis is an autoimmune disease that affects the brain and the spinal cord in which the nerve damage is due to inflammation, demyelination and axonal damage. Since alcoholic beverages exert an anti-inflammatory effect, it seems very logical that moderate drinking could help to prevent the development of the disease and its relapses. In addition, since polyphenols exert a strong anti-inflammatory effect, it seems logical that wine showed a higher protective effect than other alcoholic beverages. I think that the authors should include in the discussion the potential anti-

inflammatory effect of the polyphenols in wine. Ethanol by itself has an anti-inflammatory effect but, due to its polyphenolic content, that of red wine is greater (Chiva-Blanch et al, Differential effects of polyphenols and alcohol of red wine on the expression of adhesion molecules and inflammatory cytokines related to atherosclerosis: a randomized clinical trial. *Am J Clin Nutr* 2012; 95:326-334)."

Forum member Ursini wrote: "This paper, the comments from several members of the Forum, and the pertinent previous studies quoted, nicely illustrate the most welcome convergence between epidemiology and basic science in identifying an anti-inflammatory effect of ethanol and (even more) of wine. Considering inflammation a 'reaction to injury,' it is easily understandable that too much reaction produces a pathological outcome. While the reaction to an injury (or a stress in general) is activated by NFκB in a more electrophilic (oxidant) environment, the counteracting (switching off) reaction is supported by nucleophilic system expressed under the control of Keap1/Nrf2. Notably, the latter is activated by oxidants (hormetic effect) or oxidized antioxidants (para-hormetic effect). Within this (simplified) scenario there is room for accounting the series of effects of ethanol and wine and the nice convergence of epidemiological and basic biomedicine evidence."

**Alcohol, uric acid levels, and MS; Beverage-specific effects:** Forum member Skovenborg raised another question regarding the etiology of MS: "Several studies indicate that patients with multiple sclerosis have low serum levels of the endogenous antioxidant uric acid (UA), although it has not been established whether UA is primarily deficient or secondarily reduced due to its peroxynitrite scavenging activity. Sotgiu et al measured serum urate levels in 124 MS patients and 124 age- and sex-matched controls with other neurological diseases (Sotgiu S, Pugliatti M, Sanna A, Sotgiu A, Fois ML, Arru G, Rosati G. Serum uric acid and multiple sclerosis. *Neurol Sci* 2002;23:183-188). Those investigators also compared UA levels when MS patients were stratified according to disease activity (by means of clinical examination and MRI), duration, disability, and course. MS patients had significantly lower serum urate levels than controls ( $p=0.001$ ). However, UA levels did not significantly correlate with disease activity, duration, disability or course. The results favour the view that reduced UA in MS is a primary, constitutive loss of protection against oxidative agents."

Forum member Zhang also has studied alcohol intake and uric acid levels. He stated: "In terms of the effects of the consumption of different alcoholic beverages on levels of serum uric acid, the findings seem to be conflicting, at least findings from studies in the USA. Some investigators reported that moderate wine drinking was not associated with high levels of UA. For example, Choi et al (Choi HK, et al. Beer, liquor, and wine consumption and serum uric acid level: the Third National Health and Nutrition Examination Survey. *Arthritis Rheum* 2004;51:1023-1029) described the associations of different alcoholic beverages with UA. They concluded that both beer and liquor (spirits) intake were associated with increases in UA, while moderate intake of wine was not.

"Also, results from the Coronary Artery Risk Development in Young Adults (CARDIA) cohort showed that an association between higher UA concentrations and greater beer intake was consistent and pronounced among women, but also present in men. An association between greater spirits intake and higher UA concentrations was only seen for men at the year 20 evaluation. Wine intake was not associated with UA in either sex (Gaffo et al. Serum urate and its relationship with alcoholic beverage intake in men and women: findings from the Coronary Artery Risk Development in Young Adults (CARDIA) cohort. *Ann Rheum Dis* 2010;69:1965-1970). I personally believe that consumption of any type of alcoholic beverage would increase levels of UA and be associated with an increased risk of gout attacks. However, to assess whether an effect of alcohol on the risk of MS was mediated by UA, one would have to perform a mediation analysis to assess the direct and indirect effects of alcohol. It seems beyond the scope of the current manuscript to verify whether the effect of alcohol on the risk of MS is partly mediated by UA, especially to speculate which type of alcoholic beverage has stronger effect on UA or on MS."

A new member of the Forum, Professor Mladen Boban, has studied the association of uric acid and the antioxidant effects of wine and alcohol. A review by Boban and Modun (Boban M, Modun D. Uric acid and antioxidant effects of wine. *Croat Med J* 2010;51:16-22; doi: 10.3325/cmj.2010.51.16) concludes: "Acute plasma urate increase after wine consumption is not likely to cause detrimental effects to human health associated with chronic hyperuricemia. Quite the opposite if wine is consumed with meals; the

timed elevation of plasma uric acid may significantly contribute to the wine's protective effects against postprandial oxidative stress."

In response to the present paper, Reviewer Boban stated: "I have several concerns about this paper. In their efforts to explain possible mechanisms by which alcohol affects risk of MS, surprisingly the authors did not mention a possible role of uric acid (UA). There are numerous observations and experimental data indicating a protective role of UA in different neurodegenerative diseases, including MS. On the other side it is well established that alcohol intake may result in elevated plasma UA levels. Indeed, intake of a moderate amount of wine (in contrast to spirits) is associated with moderate and transient elevation in plasma UA. That phenomenon accounts for approximately 60% of the increase in plasma antioxidant capacity that is observed after wine intake. The increase in plasma UA following wine intake roughly overlaps with the rise of postprandial oxidative stress markers. I personally believe that this phenomenon is largely included in beneficial effects of wine when taken with a meal. I do not know if this argument can be related to the pathophysiology of MS. In my opinion it deserves to be mentioned as one possible mechanism. Moreover, the idea of an association of wine and UA is in line with the results of this study that indicate that wine might have greater effects than other alcoholic beverages; this possible difference was not commented on by the authors. Although extensive questionnaires were used to collect information from the participants in the study, there are no data on drinking pattern, which could also have an impact on the results of the paper. Other than this, I find the article well written and discussed (especially the bias issue)."

### Forum Summary

Previous research has shown that alcohol consumption may be associated with a reduced risk of rheumatoid arthritis, lupus erythematosus, and other autoimmune diseases. There have also been reports that alcohol may lower the risk of multiple sclerosis (MS). The authors of the present paper have used data from two large Swedish case-control studies of MS to evaluate the relation of alcohol consumption to MS. Key results showed that in both of the case-control analyses, there was a dose-response inverse relation between alcohol consumption and the risk of developing MS. In comparison with subjects

reporting no alcohol intake in the 5- or 10-year period during which the diagnosis of MS was first made, subjects in the highest alcohol consumption group (> 112 g/week, about 9 drinks per week for women; >168 g/week, about 14 drinks per week for men) had 30% to 50% lower risk of developing MS. A variety of potential confounders were included in the analysis, including smoking, education, and SES.

Forum members who reviewed this paper all thought that it reflected a well-done analysis. The main concerns were that, as are most studies of uncommon diseases, these were case-control comparisons (which may be associated with recall bias, reverse causation, and other potential confounding variables), and that the investigators could not determine if the "non-drinkers," their referent group, were lifetime abstainers or former drinkers. Also, while earlier research has shown that the polyphenols in wine may provide protection beyond that of alcohol in combating inflammation, there were no data on beverage-specific results.

In general, however, Forum members welcomed this contribution to our knowledge on the subject, and thought that the authors did a good job in discussing the strengths and weaknesses of their study. There was a brief discussion of potential mechanisms by which alcoholic beverages could lower the risk of MS, but no discussion of the potential added effects related to polyphenolic substances. Forum members also thought that serum uric acid (which may increase with alcohol consumption) could play a role in an autoimmune disease, but this was not discussed by the authors.

Based on previous research and the results of this paper, it is probable that moderate alcohol intake, especially of wine, may lower the risk of developing MS, a neurological disease for which no cure is currently available. While MS is too uncommon a condition to use these findings to recommend alcohol consumption for the prevention of the disease, it would be useful if future research could help determine if, for subjects who already have MS, moderate drinking may affect the progression of their disease.

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

Mladen Boban, MD, PhD, Professor and Head of the Department of Pharmacology, University of Split School of Medicine, Croatia



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

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

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

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

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

Ulrich Keil, MD, PhD, Institute of Epidemiology and Social Medicine, University of Münster, Münster, Germany

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

Creina Stockley, PhD, MBA, Clinical Pharmacology, Health and Regulatory Information Manager, AWRI, Glen Osmond, South Australia, Australia

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Pierre-Louis Teissedre, PhD, University Victor Segalen Bordeaux 2, Bordeaux, France

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

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

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

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

Yuqing Zhang, MD, DSc, Epidemiology, Boston University School of Medicine, Boston, MA, USA

## Alcohol drinking patterns and biomarkers of coronary risk in the Spanish population

A cross-sectional study estimated the association between patterns of alcohol consumption and biomarkers of coronary heart disease (CHD) risk. 10,793 individuals representative of the Spanish population aged  $\geq 18$  years were assessed.

The threshold between moderate and heavy drinking was 40 g of alcohol/day in men and 24 g/day in women. Binge drinking was defined as intake of  $\geq 80$  g of alcohol in men and  $\geq 60$  g in women at any drinking occasion in the preceding 30 days. Analyses were performed with generalised linear models with adjustment for the main confounders, and results were expressed as the percentage change in the geometric mean (PCGM).

Compared to non-drinkers, moderate and heavy drinkers had progressively higher serum HDL-cholesterol, with a PCGM ranging from 4.8% (95% CI: 3.7-6.0%) in moderate drinkers without binge drinking to 9.6% (5.1-14.2%) in heavy drinkers with

binge drinking. Fibrinogen decreased progressively with alcohol intake, from -2.2% (-3.1 to -1.3%) in moderate drinkers without binge drinking to -5.8% (-9.4 to -2.0%) in heavy drinkers with binge drinking. Leptin, glycated hemoglobin and the HOMA-index also decreased with increasing alcohol intake, and particularly with binge drinking.

Moderate alcohol intake is associated with improved HDL-cholesterol, fibrinogen and markers of glucose metabolism, which is consistent with the reduced CHD risk of moderate drinkers in many studies. Heavy and binge drinking were also associated with favourable levels of CHD biomarkers; since these drinking patterns produce substantial health harms, our results should not be used to promote alcohol consumption.

**Source:** Alcohol drinking patterns and biomarkers of coronary risk in the Spanish population. Galán I, Valencia-Martín JL, Guallar-Castillón P, Rodríguez-Artalejo F. *Nutr Metab Cardiovasc Dis.* 2014 Jan 10.

## Prospective study of maternal alcohol intake and risk of childhood asthma

In animals, alcohol exposure during pregnancy and lactation influences lung and immune development, plausibly increasing risk of asthma and lower respiratory tract infections (LRTI). In the Norwegian Mother and Child Cohort Study, researchers examined maternal alcohol intake during pregnancy and lactation in relation to risk of asthma.

The study assessed current asthma at 36 months (49,138 children), recurrent LRTIs by 36 months (39,791 children), and current asthma at 7 years (13,253 children). Mothers reported frequency and amount of alcohol intake each trimester and the first 3 months following delivery. A total of 31.8% of mothers consumed alcohol during first trimester, 9.7% during second trimester, and 15.6% during third trimester.

Infrequent and low-dose prenatal alcohol exposure showed a modest statistically significant inverse association (i.e. protective) with current asthma at 36 months. No association was seen with the highest alcohol intakes during the first trimester when alcohol consumption was most common. RRs of maternal

alcohol intake during pregnancy with recurrent LRTIs were ~1, with sporadic differences in risk for some metrics of intake, but without any consistent pattern. For current asthma at 7 years, similar inverse associations were seen as with current asthma at 36 months but were not statistically significant. Among children breastfed throughout the first 3 months of life, maternal alcohol intake during this time was not significantly associated with any of the 3 outcomes.

The researchers conclude that the low levels of alcohol exposure during pregnancy or lactation observed in this cohort were not associated with increased risk of asthma or recurrent LRTIs. They suggest that the slight inverse associations of infrequent or low-dose prenatal alcohol exposure with asthma may not be causal.

**Source:** Prospective Study of Maternal Alcohol Intake During Pregnancy or Lactation and Risk of Childhood Asthma: The Norwegian Mother and Child Cohort Study. Magnus MC, Deroo LA, Håberg SE, Magnus P, Nafstad P, Nystad W, London SJ. *Alcohol Clin Exp Res*, 2014, Jan 24.

## Mediterranean alcohol-drinking pattern and mortality

Moderate alcohol intake has been related to lower mortality. However, according the authors of a recent Mediterranean cohort study, alcohol use includes other dimensions beyond the amount of alcohol consumed and these aspects have not been sufficiently studied as a comprehensive entity. The research aimed to test the relationship between an overall alcohol-drinking pattern and all-cause mortality.

18 394 Spanish participants were followed up to 12 years. A validated 136-item FFQ was used to assess baseline alcohol intake. The researchers assessed seven aspects of alcohol consumption to capture the conformity to a traditional Mediterranean alcohol-drinking pattern (MADP). It positively scored moderate alcohol intake, alcohol intake spread out over the week, low spirit consumption, wine preference, red wine consumption, wine consumed during meals and avoidance of binge drinking.

During the follow-up, 206 deaths were identified. For each 2-point increment in a 0-9 score of adherence to the MADP, the researchers observed a 25% relative

risk reduction in mortality (95 % CI 11, 38 %). Within each category of alcohol intake, a higher adherence to the MADP was associated with lower mortality. Abstainers (excluded from the calculations of the MADP) exhibited higher mortality (hazard ratio 1.82, 95 % CI 1.14, 2.90) than participants highly adherent to the MADP.

Better adherence to an overall healthy alcohol-drinking pattern was associated with reduced mortality when compared with abstention or departure from this pattern. This reduction goes beyond the inverse association usually observed for moderate alcohol drinking. The authors emphasise that even moderate drinkers can benefit from the advice to follow a traditional MADP.

**Source:** Mediterranean alcohol-drinking pattern and mortality in the SUN (Seguimiento Universidad de Navarra) Project: a prospective cohort study. Gea A, Bes-Rastrollo M, Toledo E, Garcia-Lopez M, Beunza JJ, Estruch R, Martinez-Gonzalez MA. *Br J Nutr*. 2014 Jan 30:1-10.

## Risk factors of miscarriage - Study estimates a quarter could be prevented

Over a quarter of miscarriages may be preventable, estimate researchers in a new study published in BJOG.

A large nationwide study used data from 91,427 pregnancies included in the Danish National Birth Cohort, between 1996 and 2002, in order to identify the modifiable risk factors for miscarriage and to estimate the preventable proportion of miscarriages which could be attributed to these factors.

Miscarriage in Denmark is defined as a fetal death and/or expulsion before 22 completed weeks of gestation. Of the 91,427 pregnancies examined in this study, 3,177 resulted in miscarriage. Information on lifestyle was collected by computer-assisted telephone interviews.

The study examined nine potentially modifiable risk factors for miscarriage using the Cox regression model to provide the estimations. The risk factors include; amount of exercise, alcohol consumption, smoking, coffee consumption, work schedule (i.e. night shifts, rotating shifts), lifting of more than 20 kilograms daily, maternal age at conception, pre-pregnancy weight status and previously diagnosed genital diseases.

The results show that the potentially modifiable risk factors associated with increased miscarriage risk include; age of 30 years or more at conception, underweight or obese pre-pregnancy, alcohol consumption during pregnancy, lifting of more than 20 kilograms daily and night work during the antenatal period.

The study estimates that 25.2% of the miscarriages might be prevented by reduction of all the associated risk factors to low levels, and modification of risk factors acting before and during pregnancy could lead to prevention of 14.7% and 12.5% of the miscarriages respectively.

Furthermore, the paper concludes that maternal age at conception and alcohol consumption during pregnancy were the most important risk factors. The researchers estimate that 11.4% of miscarriages may be prevented if maternal age at conception is between 25 and 29 years, and 9% of miscarriages could be prevented if no alcohol was consumed during pregnancy.

Sandra Feodor Nilsson, PhD student from the Department of Public Health at the University of Copenhagen and co-author of the study said: "Miscarriage is the most common adverse pregnancy outcome affecting at least one in seven pregnancies and is considered irreversible. Therefore, prevention may be the only way of reducing the number of miscarriages that occur.

"Our results indicate that the risk of miscarriage is increased by multiple potentially modifiable risk factors and a considerable proportion of miscarriages may be preventable. We know that the modifiable aspects of the risk factors may be questioned as they often depend on other factors that are not necessarily easy to change.

"However, we think that information about increased chances of having a successful pregnancy at a relatively young age is an important perspective. If our findings are supported by future prospective cohort studies they may support a prevention strategy towards miscarriage."

John Thorp, BJOG Editor-in-chief, added:

"This is an interesting study as it uses a large data pool and adds an important perspective by suggesting that some miscarriages are preventable.

"However, the study may underestimate the miscarriage rate as interviews were conducted with participants at 16 weeks. Given that miscarriages can occur up until 22 weeks by Danish definition, the rate of 3.5% suggested by this study may actually be higher."

Source: Risk factors for miscarriage from a prevention perspective: a nationwide follow-up study. S Feodor Nilsson, PK Andersen, K Strandberg-Larsen, A-M Nybo Andersen. BJOG, article first published online: 19 Feb 2014.



## Drinkaware annual conference '2014, A catalyst for change?'

Drinkaware organised a very interesting conference in February looking to understand how people can be nudged into better behaviours, what the motivations for drinking to drunkenness are and providing compelling arguments for parents to delay the acceptability of drinking among teenagers.

### The adolescent brain and alcohol

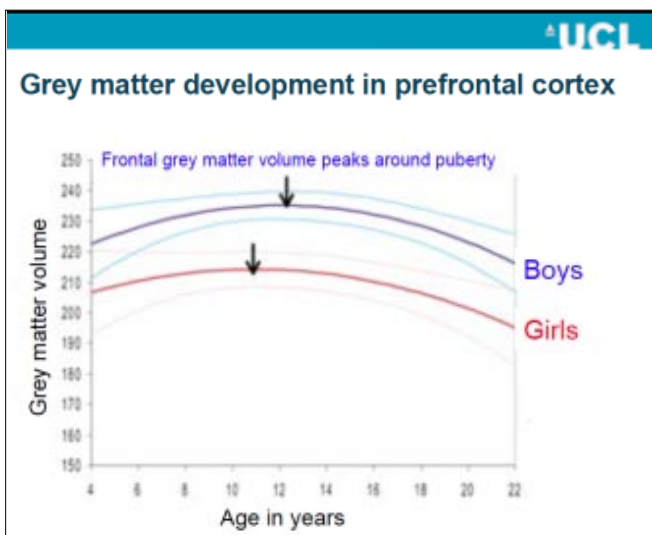
Sarah-Jayne Blakmore, Professor in Cognitive Neuroscience at UCL presented good evidence of the physical and medical reasons why parents should avoid giving their teenagers access to alcohol. The brain loses grey matter as it matures, from age 4 until age 21, with a peak of grey matter at puberty, before it declines rapidly in volume - this is called synaptic pruning in adolescence when some synapses are strengthened and some become obsolete. The pre frontal cortex (PFC) is the last area to develop - this helps explain teenage risk taking as the PFC is responsible for self control, planning, inhibitions, self awareness, social attraction and problem solving for example. there is strengthening evidence that adolescent alcohol use leads to a smaller brain volume and less grey matter.

with an autistic son who started going for a fifteen minute walk before going home and automatically reaching for a drink. In time his son chose to accompany him and it enabled them to bond, avoid perpetual TV and tensions at home. Changes should not be too ambitious (such as I'll go to the gym twice a week) which relies on will power and can be stress inducing in itself. We all know what we should do, but often fail to do it (eat healthily, exercise regularly etc). The conscious brain 'knows' what we should do but the unconscious brain drives automatic and repetitive behaviour as the human brain is a 'habit machine'.



Hence if we wish to change behaviour, we have to change what people do rather than what they know and disrupt regular habits and routines, what are known as habit chains.

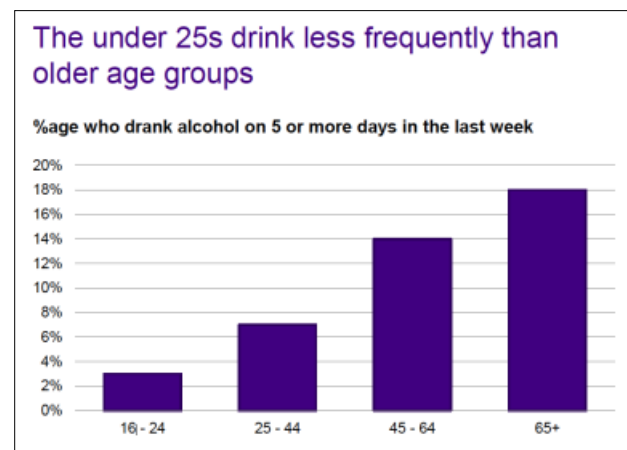
Fiona Seymour and Simon Christmas reported on motivators for drunken nights out and looked at the contrasting patterns of drinking among different age groups. For example, under 24s drink as much as 44 year-olds, but those over 40 drink little and often whilst those under 35 are more likely to drink heavily on one night of the week and not at all in between and their motivation for drinking is to get drunk.



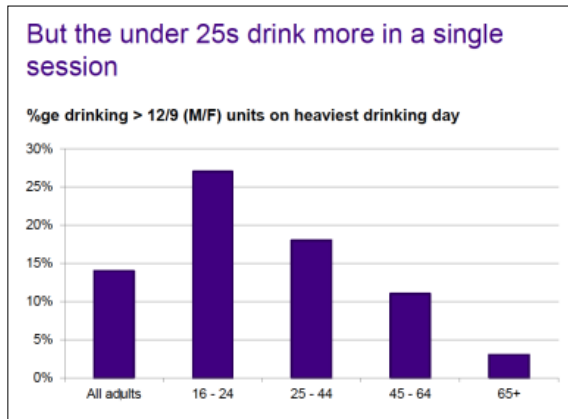
[drinkaware.co.uk/media/226320/blakemore\\_drinkaware\\_2014\\_final.pdf](http://drinkaware.co.uk/media/226320/blakemore_drinkaware_2014_final.pdf)

### Do Something Different: Creating healthy lifestyles, one Do at a time

Professor Karen Pine Co-founder of Do Something Different spoke of her work in using texts to motivate those at risk of depression or harmful behaviours with suggestions to disrupt their repetitive negative behaviours. An example was used of a stressed father

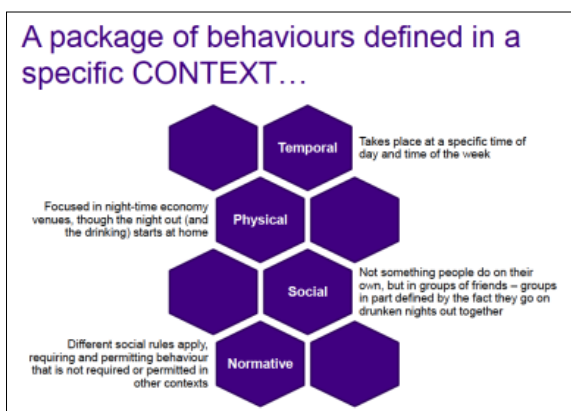


42% of those who go out pre drink with friends before they go out - but this is lead by women - 48% pre load with friends versus 35% of men and looking at research, Christmas suggests that up to 22 units will be drunk at the end of a night out on the town.



As a result, not surprisingly, 38% of those who drink at least once a week were unable to remember what happened the night before. This rises to 62% of those who get drunk every time they go out.

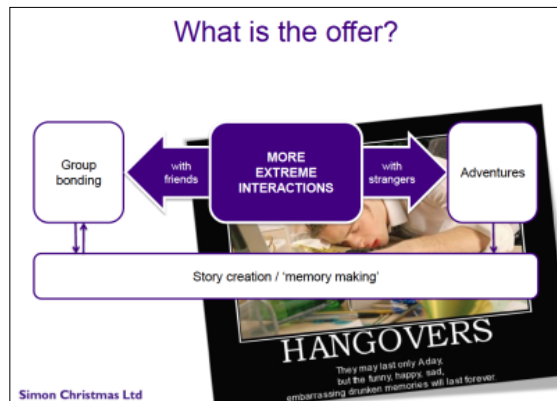
22% of those who drink at least once a week have injured themselves. This rises to 43% of those who get drunk every time they go out and 45% of those who pre-loaded. 19% of those who drink at least once a week have got into a fight or argument, rising to 42% of those who get drunk every time they go out and 23% of those who pre-loaded.



Drunken nights out are seen as bonding processes and use rituals (drinking games... everyone chats about it afterwards on twitter and face book), and are governed by norms. - the norms are :

Required drunkenness

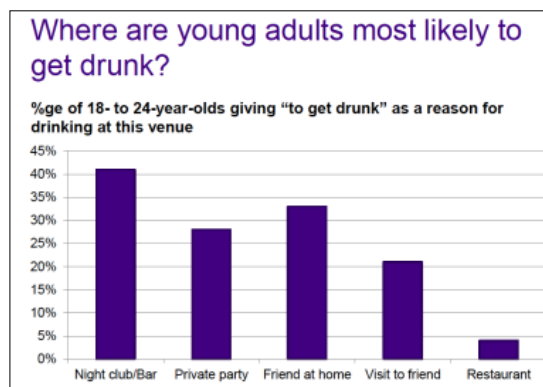
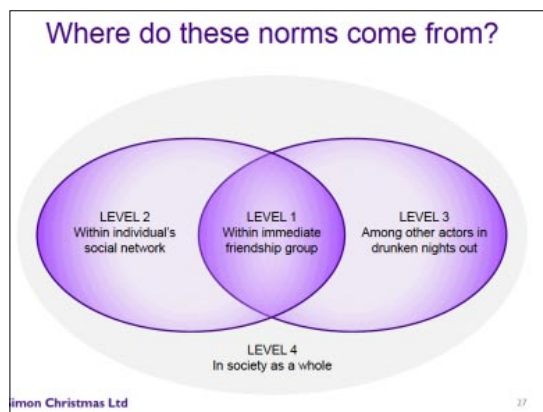
- Clothing and display rules
- Friendship group rules
- Social permissions + individual deregulation
- Forbidden behaviours.



We must not forget that the young people also enjoy these nights out where extreme behaviour is permitted... but certain rules apply; you look after your mates and you try and walk away from trouble. Christmas suggests that you need to change the acceptability of the consequences of drunkenness (sexual advances, violence and accidents) but few solutions were offered as to how to change the required drunkenness and what could replace the social bonding mechanism and controlled loss of control sought by those engaging in such behaviours.

**Results of 2 pilots**

Could a campaign featuring lower alcohol choices nudge people into healthier choices at point of purchase?



An interesting pilot took place in several ASDA stores to ascertain whether posters and signage featuring lower alcohol choices could nudge consumers into choosing lower alcohol products. The pilot did not show any effect and in fact revealed resistance to nannying advice and interference by consumers.

Piloting of know your units packs in pharmacies across Berkshire

A partnership gave consumers free packs containing a unit measure, calories and unit wheel and information leaflets via pharmacies. The kit contained a questionnaire that asked if recipients had changed their behaviour as a result of using the kit. The trial

results were not measured formally and relied on those who returned forms voluntarily, but suggested that recipients found the kits useful, surprising and if they were drinking too much, it encouraged them to think about their glass size and the number of units in their drinks, suggesting extension of the programme would be useful, perhaps via Doctors surgeries.

[drinkaware.co.uk/media/226128/karen\\_pine\\_behaviour\\_change\\_presentation.pdf](http://drinkaware.co.uk/media/226128/karen_pine_behaviour_change_presentation.pdf)

For other presentations and factsheets, visit [drinkaware.co.uk/about-us/events/drinkaware-annual-conference-2014](http://drinkaware.co.uk/about-us/events/drinkaware-annual-conference-2014)

## Drinking and you site for Canada relaunched

The Canadian area of the Drinking and You website has been relaunched, giving consumers country specific information on moderate alcohol consumption based on Canada's low risk drinking guidelines. Drinking and You Canada also gives advice on diet and lifestyle, top tips for responsible drinking and suggestions for cutting down.

There is advice for drivers and specific information for parents, plus an alcohol and health section with links to relevant resources in Canada.

[drinkingandyou.com](http://drinkingandyou.com)



## Do individual and situational factors explain the link between predrinking and heavier alcohol consumption?

Predrinking (drinking in private settings before going to licensed premises) has been shown to be positively associated with amount of alcohol consumed. The present study assesses whether this association is explained by general drinking patterns or situational factors, including drinking duration, beverage type and drinking companions.

In a sample of 183 young adults from French-speaking Switzerland, data on alcohol consumption, whereabouts and drinking companions were collected using questionnaires sent to participants' cell phones at five time points from 5 p.m. to midnight every Thursday, Friday and Saturday over five consecutive weeks.

Over the study period, predrinkers drank more frequently than did non-predrinkers and, among males, predrinkers drank more heavily. Predrinking was related to increased drinking duration and thus total consumption in the evenings. Among women,

the consumption of straight spirits (i.e. not mixed with soft drinks) while predrinking was associated with higher total evening alcohol consumption. Among men, drinking with exclusively male friends or female friends while predrinking was associated with higher consumption.

The finding was that heavier drinking on predrinking evenings mainly results from longer drinking duration, with individual and situational factors playing a smaller role. Prevention efforts on reducing the time that young adults spend drinking and harm reduction measures such as restriction of access to on-premise establishments once intoxicated are recommended.

Source: **Do Individual and Situational Factors Explain the Link Between Predrinking and Heavier Alcohol Consumption? An Event-Level Study of Types of Beverage Consumed and Social Context.** Labhart F, Wells S, Graham K, Kuntsche E. Alcohol. 2014 Jan 30.



## Determinants of sustained binge drinking in young adults

Research has identified the predictors of sustained binge drinking behaviours in young adulthood. Binge drinking occurs frequently among young adults, however previously, little was known about which drinkers are most likely to continue to binge later into adulthood.

609 Study participants were taken from the Nicotine Dependence in Teens (NDIT) cohort. They completed self-report questionnaires in 20 survey cycles (SCs) during secondary school between 1999 and 2005, and in 2 postsecondary school SCs in 2007 to 2008; and 2011 to 2012 (average age = 24 years). Participants reporting past-year binge drinking in both SCs 21 and 22 were categorised as sustainers (n = 517).

Researchers used multivariable logistic regression, investigating 25 potential predictors of sustained binge drinking, binge-drinking frequency, and change in frequency over time among sustainers.

Compared with stoppers, sustainers (85% of participants) were more likely to be younger, male, and to have no college/university education. Sustainers began drinking alcohol and binge drinking earlier, drank at least monthly during more

secondary school grades, binged more frequently at age 20, and scored higher on impulsivity and novelty seeking in adolescence. Among sustainers, frequent binge drinkers were more likely to be male, to be nonstudents, to score higher on novelty seeking, and to have reported more depressive symptoms in adolescence. Sustainers who decelerated their binge frequency between SCs 21 and 22 were more likely to be female, to have achieved a higher level of education, and to report more depressive symptoms in SC 21.

The authors conclude that the determinants of sustained binge drinking are similar to predictors of binge drinking reported in the literature. Early identification of, and intervention with, youth who are impulsive, inclined toward novelty seeking, and who report higher levels of early sub clinical depressive symptoms might forestall their involvement in risky alcohol use.

Source: *Determinants of Sustained Binge Drinking in Young Adults*. Robert J. Wellman, Gisèle A. Contreras, Erika N. Dugas, Erin K. O'Loughlin, Jennifer L. O'Loughlin. *Alc Clin Exp*. Article first published online: 11 Feb 2014.

## The impact of stressful life events on excessive alcohol consumption in the french population: Findings from the GAZEL cohort study

Major life changes may play a causative role in health through lifestyle factors, such as alcohol. A study examined the impact of stressful life events on heavy alcohol consumption among French adults.

The study used trajectories of excessive alcohol consumption in 20,625 employees of the French national gas and electricity company for up to 5 years before and 5 years after an event, with annual measurements from 1992.

For women, excessive alcohol use increased before important purchase (p=0.021), children leaving home (p<0.001), and death of loved ones (p=0.03), and decreased before widowhood (p=0.015); in the year straddling the event, increased consumption was observed for important purchase (p=0.018) and retirement (p=0.002); at the time of the event, consumption decreased for marriage (p=0.002), divorce, widowhood, and death of loved one (all p<0.001), and increased for retirement (p=0.035).

For men, heavy alcohol consumption increased in the years up to and surrounding the death of loved ones,

retirement, and important purchase (all p<0.001), and decreased after (all p<0.001, except death of loved one: p=0.006); at the time of the event, consumption decreased for all events except for children leaving home and retirement, where researchers observed an increase (all p<0.001). For women and men, heavy alcohol consumption decreased prior to marriage and divorce and increased after (all p<0.001, except for women and marriage: p=0.01).

The authors state that stressful life events promote healthy and unhealthy alcohol consumption. Certain events impact alcohol intake temporarily while others have longer-term implications. The argue that future research should disentangle women's and men's distinct perceptions of events over time.

Source: *The Impact of Stressful Life Events on Excessive Alcohol Consumption in the French Population: Findings from the GAZEL Cohort Study*. Tamers SL, Okechukwu C, Bohl AA, Guéguen A, Goldberg M, Zins M. *Alcohol Clin Exp Res*. 2014 Jan 24.

## Businesses encouraged to stock 125ml measures for wine in Scotland

Bars and pubs across Scotland are being encouraged to increase the availability of 125ml wine measures, as part of a new campaign launched 21 January by the Scottish Government Alcohol Industry Partnership (SGAIP) – a collaboration between government and the drinks industry.

The SGAIP is a partnership between the Scottish Government and the alcohol industry that works to deliver joint initiatives which promote responsible drinking and reduce alcohol related harm.

At the campaign launch Public Health Minister Michael Matheson called on businesses across Scotland to promote the responsible consumption of alcohol by making available smaller 125ml measures of wine to customers. *“Tackling Scotland’s difficult relationship with alcohol is one of the government’s key priorities. All too often we see only medium and large size measures of wine available behind the bar and this can mean people end up drinking more than they realise... Clearly it is important that people have the ability to choose a smaller measure if they*

*wish and by offering the 125ml measure, businesses are giving their customers the opportunity to drink responsibly,”* he said.

Paul Waterson, Chief Executive, Scottish Licensed Trade Association (SLTA), said: *“Our members fully support this initiative. It fits perfectly with the SLTA’s commitment to promote responsible retailing and help reduce alcohol harm. Our customers have told us that they welcome increased choice and that the offer of small, medium or large glasses of wine in our premises will make them think more about the amount of alcohol they are consuming.”*

Businesses are being encouraged to support the voluntary 125ml campaign by: making available a 125ml measure for wine, pricing the 125ml option on menus where possible, displaying materials promoting the 125ml measure for wine and ensuring staff know the additional 125ml wine measure is now available to customers. Artwork and materials for businesses are available from the campaign website [125mlwine.org](http://125mlwine.org).

## Half of Britons unaware of diet & cancer link

Research carried out for the World Cancer Research Fund UK shows that half of Britons are unaware of the link between diet & cancer.

Commissioned to coincide with World Cancer Day, the survey found that: 49% do not know that diet affects people’s risk of getting cancer; and a high proportion of people do not know about the links between cancer and body weight (59%), processed meat (62%) and physical activity (66%).

The YouGov poll commissioned by World Cancer Research Fund for World Cancer Day on 4 Feb found that 49% do not know that diet affects people’s risk of getting cancer.

Other results show that a high proportion of people do not know about the links between cancer and body weight (59%), processed meat (62%) and physical activity (66%).

34% incorrectly believe that the chances of getting cancer are mainly due to family history of the disease even though only 5-10% of cancers are linked to inherited genes.

Amanda McLean, World Cancer Research Fund’s General Manager, said: *“On World Cancer Day 2014 it’s very alarming to see that such a large number of people don’t know that there’s a lot they can do to significantly reduce their risk of getting cancer. We would like all sectors of society – including the government, manufacturers, retailers and charities – work together to raise cancer prevention awareness.*

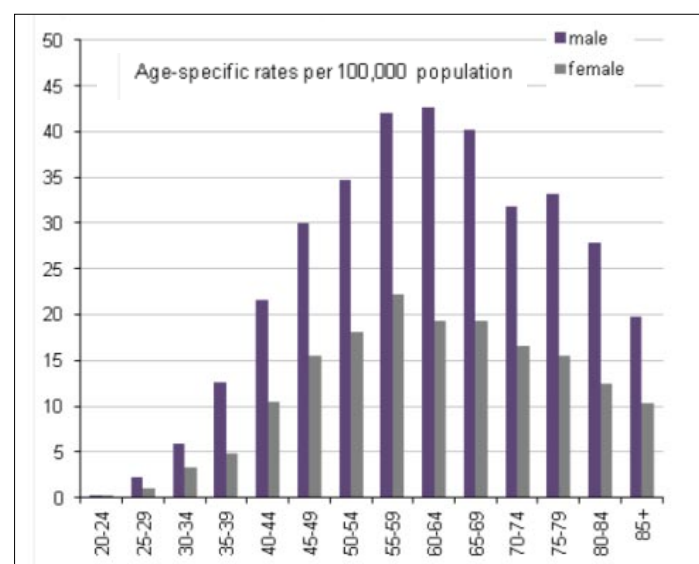
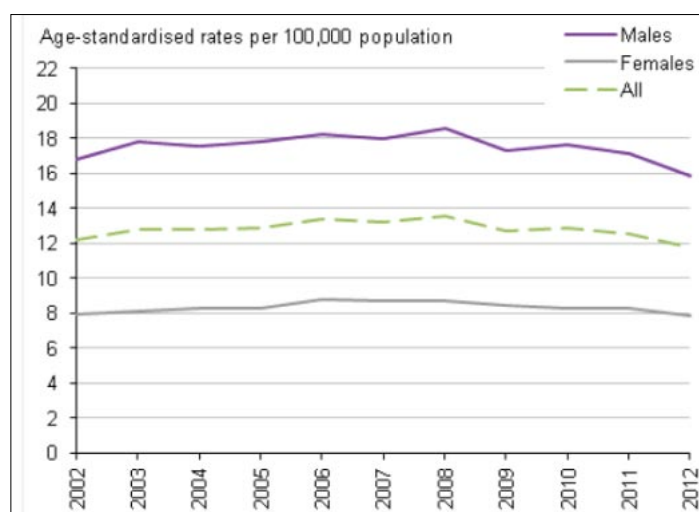
*“In the UK, about a third of the most common cancers could be prevented through being a healthy weight, eating a healthy diet and being regularly physically active. These results show that many people still seem to mistakenly accept their chances of getting cancer as a throw of the dice. But by making lifestyle changes today, we can help prevent cancer tomorrow.”*



## Alcohol-related deaths in the United Kingdom

New figures released on February 19, show that alcohol-related Deaths Registered in the United Kingdom in 2012 have fallen slightly.

- In 2012 there were 8,367 alcohol-related deaths in the UK, 381 fewer than in 2011 (8,748).
- Males accounted for approximately 65% of all alcohol-related deaths in the UK in 2012.
- Death rates were highest among men aged 60 to 64 years (42.6 deaths per 100,000 population) and women aged 55 to 59 years (22.2 deaths per 100,000).
- In Scotland male and female death rates in 2012 were significantly lower than in 2002. The rate of deaths dropped by 37% among Scottish men between 2002 and 2012. In contrast, it rose by around 2% in England and 15% in Wales, while Northern Ireland experienced an 8% fall. The death rate for women in Scotland also fell by 34% over the same period.
- In England and Wales, 63% of all alcohol-related deaths in 2012 were caused by alcoholic liver disease, with 16% of these deaths occurring among those aged 55 to 59 years.
- In England, alcohol-related death rates were highest among regions in the North and lowest among those in the South throughout the period 2002–2012.



[ons.gov.uk/ons/dcp171778\\_353201.pdf](http://ons.gov.uk/ons/dcp171778_353201.pdf)

## Drinkaware changes board after following review findings

Drinkaware has overhauled its trustee board, and taken the decision to limit the number of trustees employed in the alcohol industry to two, in response to an independent audit in 2013, chaired by Sir Hugh Taylor, chairman of Guy's and St Thomas' NHS Foundation Trust, which found that Drinkaware, was too close to the drinks industry. The review also recommended that the charity place a greater focus on ensuring its work is rigorously research and evidenced-based, with open reporting of outcomes; more collaborative partnership with others in the sector trying to reduce alcohol harm; and a review of its governance to address perceptions of a lack of independence.

Drinkaware will reduce the number of its board members from 13 to between nine and 11. The

charity's trustees and the number of board members from the drinks industry will also decrease from five to two. Drinkaware has this month appointed a new chair and three new trustees. Sir Leigh Lewis, former permanent secretary at the Department for Work and Pensions, is now chair, replacing Derek Lewis, who is retiring. Three new trustees have also been appointed, replacing those retiring at the end of their terms. They are: Penny Newman, former chief executive of Platform 51; Vicki Nobles, a former director at Diageo GB and; Timothy Walker, former executive director of the Financial Reporting Council.

Drinkaware has also begun to forge new partnerships with the public health community, including with the Royal College of General Practitioners.



## Youth Alcohol Summit

On February 21, Children and young people attending the Youth Alcohol Summit called on policy makers to see them as part of the solution to the alcohol problems the country is facing, not part of the problem.

Thought to be the first national event of its kind, the summit is part of the It's the Drink Talking project which aims to inspire and support young people to get their voices heard by decision makers. It showcased positive examples of young people campaigning around alcohol issues and influencing decision makers as well as helping to develop a national network of youth campaigners.

Tom Smith, Policy Programme Manager at Alcohol Concern said: "Young people are often spoken about in alcohol policy discussions but rarely asked for their views. It's time for this to change... We're looking

forward to hearing from young people who are taking positive action to help solve the problems caused by alcohol misuse in their areas and about the inspiring campaign work they are doing to have their voices heard by policy makers".

Young people aged 11-25, some of whom have had experience of alcohol treatment services, attended the summit. They discussed how they are tackling the alcohol issues negatively affecting their local communities and peers.

The workshops included an introduction to basic campaign strategies; a session from the Youth Alcohol Advertising Council about how they are successfully challenging alcohol advertising; and a video from a London based student group looking at extreme alcohol-related initiation rituals among some university societies.

## Review of guidance on schools based interventions on alcohol

NICE announced in January that they will be reviewing their guidance on school interventions on alcohol.

NICE stated: Since the publication of PH7 there have been large changes in both the public health landscape and education system – for example the introduction of Academies and free schools, and a reduction in local authority governance of schools. This has led to a new context for implementation of any guidance targeting schools. Consequently some of the barriers and facilitators for implementation of the alcohol and schools guidance will also have changed. Additionally, the content and emphasis in alcohol messages should consider the Chief Medical Officer's guidance (published since the original NICE guidance), which advises parents and children that an alcohol-free childhood is the healthiest and best option (Chief Medical Officer 2009).

In addition, the increasing use of social media has created an environment where the social norms around young people's alcohol use may be skewed and which alcohol marketing can utilize to influence young people.

The decision followed a short consultation with registered stakeholders. Those who argued for the need to review the guidance included: the Alcohol Health Alliance, the Alcohol Education Trust, Alcohol Research UK, the Cochrane Drugs and Alcohol Group, the Darlington Drug and Alcohol Action Team, the Department of Health, Hope UK, Mentor, the National Foundation for Educational Research, Public Health England, Royal College of Nursing, the Royal College of Paediatrics and Child Health, and Newcastle School of Social Sciences.

## New traffic laws considered in Ireland

Roadside impairment tests, novice driver licences and higher penalty points for speeding are all included in the new road traffic laws that were enacted in the Seanad on February 18.

Minister for Transport, Leo Varadkar, outlined expected measures, which include roadside impairment testing, where Gardaí can carry out cognitive tests to establish if a driver is under the

influence of an intoxicant. The result of the test can be used if a prosecution proceeds.

When it comes to taking a blood specimen in hospital from a driver incapacitated following a road traffic collision, the new laws specify: The permission of the treating doctor will be required before the specimen can be taken and the results of the analysis will be revealed only when the driver can, subsequently, give permission.

## UK Schools to publish what they teach in PSHE

The Department for Education issued new guidance to schools earlier this month, saying that the Personal, Social, Health and Economic (PSHE) syllabus, which also covers bullying and financial education, should be published by schools.

It applies to England's primary and secondary schools, including academies, free schools and local authority-run schools.

The guidance stated that **"All schools must publish their school curriculum by subject and academic year, including their provision of personal, social, health and economic education."**

Lord Nash, a junior education minister, said the move would **"address changes in technology and legislation since 2000, in particular equipping teachers to help protect children and young children from inappropriate online content and from online bullying, harassment and exploitation"**.

## This bewitching poison': alcohol and the Royal College of Physicians



An exhibition exploring 300 years of drinking history through the work of artists, doctors and satirists runs 13 January – 27 June 2014 at the Royal College of Physicians, Regent's Park, NW1 4LE

From the 'gin craze' in the 1700s to minimum unit pricing debates today, the exhibition tells stories of drinking: consumption and regulation, excess and temperance, celebration and destitution, disease and cure.

The exhibition reveals how doctors, campaigners, artists and satirists charted the pleasures and pitfalls of wine, beer and spirits and the ways in which the government and the Royal College of Physicians (RCP) responded – with far-reaching implications today.

## Local alcohol action areas announced in the UK

The UK Home Office launched a new project February 13, to tackle the harmful effects of excessive drinking.

Twenty areas across England and Wales are being set up as Local Alcohol Action Areas (LAAAs) to combat alcohol related crime and disorder and the damage caused to people's health. In these areas, local agencies, including licensing authorities, health bodies and the police will come together with businesses and other organisations to address problems being caused by alcohol in their area.

Work in the local alcohol action areas will be focused on the key aims of reducing alcohol-related crime and disorder, and reducing the negative health impacts caused by alcohol. Underpinning both of these will be the goal of promoting diverse and vibrant night-time economies. Each area has identified one or more of these aims. Areas include Blackpool, Croydon, Doncaster, Gloucester City, Greater Manchester, Hastings, Liverpool, Middlesbrough, Newham, Nottinghamshire county, Swansea and Weston super Mare. Work in the LAAAs will also be focused on promoting diverse night time economies.

Crime Prevention Minister Norman Baker said: **"We have already given local areas the power to restrict the sale of alcohol in the early hours and ensure those who profit from a late night licence help pay towards the costs of policing."**

**The Local Alcohol Action Areas project I am launching today is another measure designed to tackle the problems caused by excessive alcohol use. In addition I am pressing the industry itself to take more responsibility for the problems that inappropriate use of their products cause"**.

Each action area will receive support and expertise from the Home Office, the Department of Health, the Welsh Government, Public Health England and Public Health Wales. The LAAAs areas will be put in touch with mentor areas that have successfully tackled the same issues faced by alcohol action areas.

## Calorie warning on Sainsbury's labels

UK Supermarket Sainsbury's is to put calorie-labelling on 20 of its own brand wines following customer research that found 85% of Britons don't know the calorie content of a glass of wine.

Sainsbury's has said that the move will help consumers make 'responsible' health choices.

The labels will tell shoppers the number of calories in one 125ml glass of wine after a Sainsbury's survey found that 85% of people do not know the calorie count in a glass of wine and that 66% would like to know.

Sainsbury's responsible drinking steering group chairwoman said: "We hope that by clearly displaying this information on the bottle, we'll be able to help our customers to make responsible choices more easily."

The move has been welcomed by the public health minister, Jane Ellison, who said: "The use of calorie labelling on alcoholic drinks is a key way the industry can help support responsible drinking.

"Clear labelling has an important part to play in helping customers make healthier choices."

## Test case for FAS

A new legal test case is being brought before the Court of Appeal by a council in north west England. The test case claims a six-year-old girl who suffered brain damage due to alcohol exposure in the womb is the victim of a crime. It believes her mother 'poisoned' her by continuing to drink while pregnant - despite being warned of the risks.

If successful, it could mean that women across the country may be convicted of a criminal act if they damage their unborn child by drinking during pregnancy, and local councils and adoptive parents could be awarded compensation - on behalf of affected children - to help pay for their medical costs. Lawyers in the case are representing 80 children across the UK who suffered from foetal alcohol spectrum disorder after their mothers drank alcohol while pregnant.

## App to combat underage sales

Greater Manchester Police (GMP) is rolling out a virtual ID app to help retailers and pubs combat the sale of alcohol to underage customers.

The 'IDApp4U' app is being developed by two Manchester entrepreneurs and will be rolled out in a three-month pilot in Bolton from April, with GMP set to introduce it to other areas if successful.

The app works as a virtual ID card that holds information about the user including name, photo, address and date of birth. The data is verified by a third party the same way as a traditional ID card.

PC Natalie Dolan from GMP said "The trial sends out a strong message to the trade and retailers that we are working hard to combat underage sales and that anyone allowing them on their premises will be dealt with."

IDApp4U said it would also roll out free QR readers to businesses in the area that route retailers directly to the site should they require additional verification.

If successful, the company said it would ask the Home Office to consider the virtual ID as an "alternative to carrying around pieces of plastic".

## Parents urged to stand against online drinking games

The Alcohol Education Trust and Drinkaware are urging parents to "take a tough line" to help teenagers resist the online pressure to participate in potentially fatal drinking games, following the deaths of five young people who died after drinking in a NekNominate challenge. The online craze encourages a participant to share a video of themselves downing a drink, and then nominating someone else to do the same.

However, a counter-response to the deaths caused by NekNomination has been launched online. A Facebook page that opposes drink culture: SmartNomination has been created. This movement promotes an alternative to getting totally drunk - in the form of doing something intelligent and useful. This involves nominating three friends, who then have 48 hours to film a good deed by helping someone in need. It's already attracted more than 10,000 followers in one week.



## GPs' standard drink glass will boost wider public education initiatives on alcohol in Ireland

GPs will be able to show patients what a standard drinks measure is under a new alcohol initiative being launched by the Irish College of General Practitioners (ICGP).

The standard drinks (SD) measure, which the College is distributing to GPs around the country, is a glass which has the accurate measure of one unit of wine or spirits marked on it.

SD is a simple way of expressing the quantity of pure alcohol in a drink. One SD contains 10g of pure alcohol, which is the estimated amount of alcohol the average adult can process in an hour.

The plastic glass is for use in patient consultations as a visual aid to help GPs, practice nurses to explain recommended alcohol consumption levels to patients.

The new standard drinks measure is part of a range of alcohol awareness initiatives being launched by the College to help GPs identify and tackle alcohol addiction.

Dr Margaret O'Riordan, Medical Director of the Irish College of General Practitioners, said the



College is aiming to encourage patients to talk about how much they drink and to bring the conversation about alcohol from a subjective to a more accurate one in the consultation through an easy-to-interpret tool which shows recommended consumption levels.

## “With a sober mind!” alcohol awareness campaign launched in the Republic of Moldova

A campaign in Moldova was launched on 12 February 2014, urging the public to live “With a sober mind!”. The nationwide campaign aims to increase understanding of the problems caused by alcohol use. Communications will focus particularly on informing pregnant women of the dangers of consuming alcohol and reminding drivers never to combine alcohol and driving.

The Minister of Health, Dr Andrei Usatii, launched the campaign during a press conference in Chisinau. Alcohol consumption and alcohol-related deaths in the Republic of Moldova are among the highest in the WHO European Region. The Government has made reducing alcohol use a priority objective, and adopted the national programme on alcohol control for 2012–2020.

Already significant progress has been made in raising the minimum age for purchasing alcohol; reducing sales hours; increasing the minimum price of strong alcohol products; increasing excise taxes for some alcoholic beverages; and reducing the legal level of blood alcohol content for drivers to 0.3 g/L.

Nevertheless, the population’s awareness of the harmful effects of alcohol is still relatively low. A baseline survey of knowledge, attitudes and practices conducted in May–June 2012, found that 69% of alcohol consumers were not worried or are only somewhat worried that alcohol will damage their health in the future, and 81% do not intend to reduce their alcohol consumption.

The launch event for the campaign included a flash mob organised by the Association of Medical Students and Residents in the biggest commercial centre of Chisinau municipality. Representatives of the Association also distributed T-shirts, caps with the alcohol campaign logo, brochures to visitors.

Over the course of the campaign, tailored messages will be spread through television and radio broadcasts, outdoor advertisements, brochures, flyers and posters, flash mobs and community events. Those contributing to the campaign include the police, medical students and residents, public health and primary health care centres and nongovernmental organisations.

## SpiritsEUROPE trains Hungarian marketing professionals about responsibility on digital and social media

Bulgaria, Czech Republic, Romania, Finland, Latvia, Greece, Spain, Ireland, Germany, Estonia and now Hungary are the countries visited as part of the spiritsEUROPE commitment to the European Alcohol & Heath Forum to continuously train marketing professionals in agencies and companies. The training workshops are organised at national level, in partnership with the self-regulatory authorities, for the local stakeholders in production, distribution and advertising to rehearse knowledge and skills on advertising standards in general - and digital media in particular. In Hungary, 28 professionals joined the interactive session.

Digital and social media platforms allow for better safeguards and refined targeting to ensure commercial communication is intended for adults only. By selecting 'wine and spirits' when creating a Facebook page, for example, the content/shares/likes of the page are only visible to Facebook users above legal purchase age in their countries.

SpiritEurope state that "As spirits producers, we take our responsibilities regarding the marketing of our products very seriously and operate to the highest standards. Constant changes in the nature of advertising and the prevalence of social media require the evolution of our codes of best practice, and subsequent training of professionals about responsible content and placement of marketing communication".

[marketresponsibly.eu](http://marketresponsibly.eu)



## Joint Action on Reducing Alcohol Related Harm (RARHA) commences

RARHA is a 3 year action funded by the European Union under the second EU Health Programme. It aims to support Member States to make progress on priorities identified in the EU Alcohol Strategy and therefore strengthen their capacity to address and reduce the harm associated with alcohol.

Member States will use a common survey methodology to obtain comparable data for monitoring progress in reducing alcohol related harm at national and EU level and for benchmarking national developments against wider trends.

Communication on alcohol related harm will be broadened, giving policy makers guidance on the

scientific basis and policy implications of low risk drinking guidelines.

A Tool-Kit of good practice approaches in information dissemination will be developed, taking into account effectiveness, transferability, relevance, costs and usefulness.

The joint action RARHA will be coordinated by Portugal, with the participation of 32 associated partners from 27 Member States plus Iceland, Norway and Switzerland, and 28 collaborating partners, such as the EMCDDA, WHO, Pompidou Group and OECD, among others

## The OECD chart illicit trade

The OECD Task Force on Charting Illicit Trade was set up in April last year. Its aim is to map the economic activities of criminal networks, by gathering data on volumes and flow of illegal trades and agreeing on common methodologies. The second step will be to identify the conditions and policies that encourage or inhibit different sectors of illegal trade, whether

production, transit or consumption. Lastly, the Task Force will develop tools to help public and private sector decision-makers to better target prevention to curb illicit trade.

Illicit alcohol production and counterfeit spirit drinks poses a serious health threat by providing consumers with inferior or even toxic products.

### Schu-Ju.de: an effective online training tool for German staff in bars and shops

A number of initiatives exist across Europe for those serving or selling alcoholic beverages to help ensure they do not serve underage people. Among them is the Schu-Ju.de online training tool launched in 2007 in Germany. 135,700 people have been "Schu-ju.de" certified since its launch.

The training is sanctioned by an online test and the certificate for those who pass is increasingly recognized and asked for by employers in the sector. The training tool helps trainees and employees in the on- and off-trade to learn why and how to refuse service to underage people. Brochures and an "age control" reminder display for bars and shops are distributed to complement the online training.

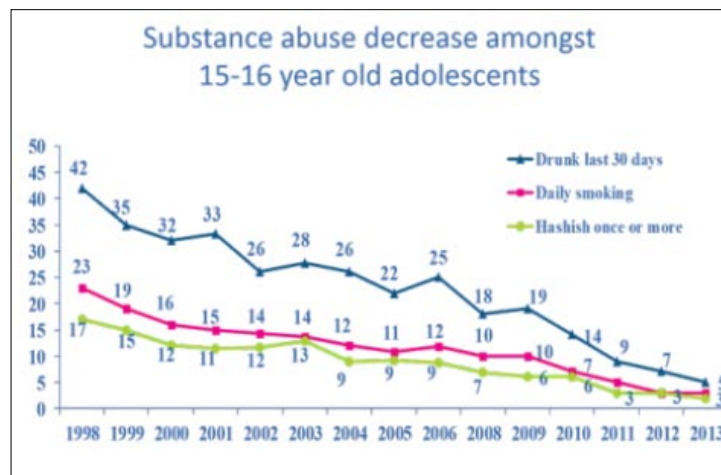
The programme has been evaluated twice since the launch and the last evaluation in November/December 2013 shows very positive results. Overall, those who have been through "Schu-Ju"-training challenged the age of their customers significantly more often than those who have not been through training (Schu-Ju participants express doubts up to 5.4 times on average a week compared to 2.1 times for the control group). But more important, they ask significantly more often for a proof of age: 7.7 times a week compared to 3.4 times in the control group. The initiative is supported by co-operation partners from all relevant industries: bars, shops, patrol stations, restaurants etc.

[Schu-ju.de](http://Schu-ju.de)



### Cities for Youth conference, Iceland

Substance use amongst Icelandic adolescents became the lowest in Europe in 2013 from measuring decreasing from a previously very high level. In 1998, 42% of 15 to 16 year old Icelanders had become drunk during the past 30 days whereas, in 2013, only 5% of students report the same. Daily smoking and the use of cannabis has also decreased dramatically.



A conference regarding the methods for the prevention of substance abuse, titled Cities for Youth, will be taking place on 19th – 20th March 2014, at the Hilton Reykjavik Nordica in Reykjavik, Iceland. The conference is set to display the 'Icelandic Model', a method of substance prevention used in Reykjavik for the past 15 years.

The 'Icelandic Model' is a theoretically-grounded, evidence-based approach to community adolescent substance use prevention that has grown out of a collaboration between policy makers, behavioural scientists, field-based practitioners, and community residents in Iceland. The intervention focuses on reducing known risk factors for substance use, while strengthening a broad range of parental, school, and community protective factors.

The conference is set to hold practical "hands on" information directly from those who have contributed to and lead the prevention work in Reykjavik, as well as other various keynote lectures from health experts.

[citiesforyouth.is/](http://citiesforyouth.is/)



## The European workplace and alcohol

The European Workplace and Alcohol project (EWA), was financed from the EU Public Health Programme 2009-2011 and involved partners from 13 European countries.

The EWA project launched a toolkit and policy recommendations in Dec 2013. The toolkit provides guidance for developing and implementing alcohol preventive interventions within workplace settings, and builds on evidence and good practice lessons derived from the EWA project.

The toolkit has a specific focus on how employers and those working with workplaces can:

- improve workplace productivity and reduce absenteeism and presenteeism;
- reduce workplace accidents and make workplaces safer;
- raise awareness amongst employees about how, in relation to alcohol, they can live healthier lives and be more productive at work;
- support employees to change their alcohol-related behaviour to live more healthily during and outside working hours;
- help the adoption of a workplace culture that, with respect to alcohol, is supportive of healthier living and improved workplace performance.

The toolkit is aimed at a wide range of stakeholders including employers, occupational and workplace health professionals, trade union representatives, public health service providers, human resource managers and public health policy makers and commissioners. It highlights both how to establish effective alcohol preventive interventions that can benefit employees and employers and provides insight into the rationale for promoting and commissioning such interventions. It also flags up the key components for effective alcohol interventions in workplace settings.

[eurocare.org/eu\\_projects/ewa](http://eurocare.org/eu_projects/ewa)



## Alcohol is a fickle friend of sleep

Many drinkers believe that alcohol facilitates sleep, but the research shows clearly that, although alcohol is a sedative, excessive alcohol consumption disrupts the sleep cycle, it aggravates certain sleep disorders, and its impact can even be felt the next day.

The new Educ'alcool report 'Alcohol and Sleep', the latest publication in the "Alcohol and Health" series, is designed to explain the effects of alcohol on sleep, and separate myth from reality when it comes to a negative consequence of excessive drinking. The report examines the relationship between drinking and sleep, explaining the different sleep stages and why alcohol is such a fickle friend of sleep. It also exposes the link between alcohol and certain sleep disorders.

[educalcool.qc.ca/](http://educalcool.qc.ca/)



## Alcohol consumption in Thailand

According to the latest alcohol consumption data compiled by the WHO-affiliated Center for Alcohol Studies (CAS), based at Chulalongkorn University, Thailand ranks first amongst countries in the Association of Southeast Asian Nations (ASEAN), closely followed by Laos, then the Philippines, Cambodia and Vietnam.

The average Thai, according to the CAS figures, consumes 7.1 litres of pure alcohol a year.

The report, Current Situation and Effect of Alcohol Consumption in Thailand 2013 shows that 31.5% of Thais aged 15 years and over, or about 17 million people, consume alcohol regularly. Men consume alcohol more than women, and 77% of regular drinkers are adults – the other 23% are under age.

## Chinese wine consumption grows

China has become the largest red wine market in the world with a consumption of 155 million nine-litre cases in 2013.

According to an IWSR survey commissioned by Vinexpo ahead of its Hong Kong fair at the end of May, Chinese red wine consumption has leapt by 136% since 2008, pushing France into second place with nearly 150m cases, an 18% decline on its red wine consumption levels in 2007. In third place with 141m cases lies Italy, representing a 5.8% decline over the same period.

The survey report, which incorporates Hong Kong into its Chinese figures, highlighted a number of reasons behind this market's appetite for red wine in

particular. These include its perceived health benefits, especially in comparison to rice-based spirits, as well as the positive associations of red in Chinese culture as a whole, where the colour is associated with wealth, power and good luck.

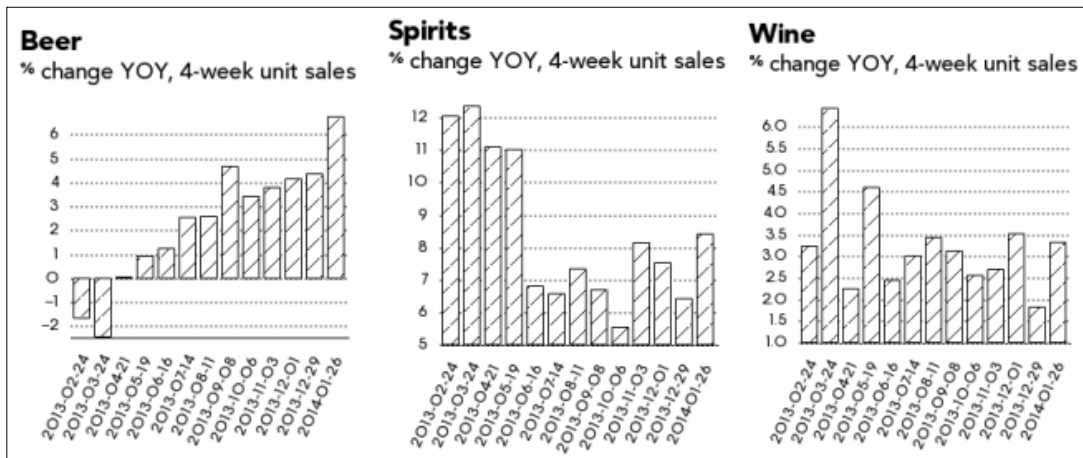
While China's buoyant economy, large population and growing appetite for red wine has made it a major export target for many wineries, over 80% of wine consumed in the country is produced domestically.

Despite China's position as the fifth largest producer of wine in the world, imported wines are expanding their market share. Between 2007 and 2013 wine imports multiplied seven times to represent 18.8% of all wine consumed in China today.

## America's Alcohol sales on the rise

According to data from IRI, a Chicago-based market research firm, Americans are staying home and drinking more; spending on alcohol grew during every quarter over the last four years.

IRI research found that in the four-week period ending January 26, unit sales of beer from retailers (not restaurants and bars) rose 6.75% from a year earlier. Craft beer also increased market share. Spirits sales



rose 8.4% in terms of volume in January, with whiskeys, particularly bourbon being popular.

Wine sales rose 3.3% last month, and at-home wine consumption rose by about 5% last year.

## Superbowl ad features NFL star convicted of DUI

One of the most dominant players in US pro football history, and a convicted drunken driver, appeared in a Bud Light public service



ad to urge fans not to drink and drive on Super Bowl Sunday (Feb 2).

Bruce Smith, the all-time National Football League

sack leader who played a combined 19 seasons with the Buffalo Bills and Washington Redskins before retiring in 2003, concedes in the ad: "I disappointed myself and those close to me." He urges viewers: "Please, learn from my story and make sure a safe ride home is also part of your game plan."

The PSA, which Anheuser-Busch posted on its Facebook page and YouTube channel, will not be broadcast, but it is expected to be widely shared on social media, if only because it is the brewer's first message featuring a celebrity convicted of drunken driving.

**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](http://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](http://www.drinkingandyou.com) and publications, based on national government guidelines enabling consumers to make informed choices regarding drinking
- To inform and educate those working in the beverage alcohol industry regarding the responsible production, marketing, sale and promotion of alcohol
- To distribute AIM Digest Online without charge to policy makers, legislators and researchers involved in alcohol issues
- To direct enquiries towards full, peer reviewed or referenced sources of information and statistics where possible
- To work with organisations, charities, companies and associations to create programmes, materials and policies built around the responsible consumption of alcohol.

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