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Germany

The German Bicycle Club (ADFC) is calling on the government to lower the legal blood alcohol concentration (BAC) limit for cyclists from 1.6 mg/ml to 1.1 mg/ml. ADFC said that cyclists with a BAC of 1.6 mg/ml were a danger to other road users and suggested that more stringent penalties such as fines and cycling bans would also have a deterrent effect.

Namibia

In Namibia, the Self-regulating Alcohol Industry Forum (SAIF) has announced a partnership with police, government ministries, and trade associations to address illicit alcohol production and consumption. A SAIF spokesperson said that they will first work to identify counterfeit alcohol and issue public notices assisting consumers with their identification.

Thailand

In Thailand, a revision to current law has been proposed that would enable police to order car drivers to undertake breath-tests to check for alcohol consumption. Drivers who refuse to comply will face harsher punishments for drunk driving, instead of charges for failure to cooperate, according to a Spokesman from the Justice Ministry.

Under the same law amendment, the minimum fine that can be imposed on drunk drivers will also be raised with the minimum penalty being at least THB 10,000 (EUR 257.39 USD 315.21).

Russia

Russia's lower house of parliament, the Duma, has approved a law that prohibits advertising alcohol drinks in the Russian segment of the Internet and print media.

The law will come into force from Jan 1, 2013.

Vietnam

ICAP has launched a responsibility campaign "All Responsible" in collaboration with the University of Transport in Hanoi. The signing ceremony was attended by stakeholders from several Vietnamese Government youth and transportation ministries and represented a cooperative agreement between ICAP and the university to raise student awareness about the effects of drink driving and harmful drinking. The campaign is part of efforts to reduce alcohol-related road traffic crashes and encourage responsible drinking behaviours throughout Vietnam.

Israel

In an effort to discourage underage drinking in Israel, the Knesset Economics Committee has approved an amendment to the law on alcohol advertising that will effectively ban advertisements for spirits on buses. The amendment will also restrict advertising of alcohol in other media that mainly targets adult consumers. Under the new law, advertisements will be required to include health warnings. Manufacturers will also be prohibited from appointing role models such as fashion models and sports stars to market their products.

Heart disease deaths have halved in a decade in the UK

The greatest decline in heart attacks and deaths was in the middle-aged with the smallest decrease among younger and older people, a study published in the *BMJ* conducted at Oxford University and commissioned by The British Heart Foundation found.

There were 18,576 fewer deaths from heart attacks in 2010 compared with 2002, and 76,978 fewer deaths in total over those years. The study investigated all heart attacks in England between 2002 and 2010. In this period, a total of 840,175 people were admitted to hospital with a heart attack.

Researchers said there had been fewer heart attacks due to improvements in lifestyle such as increasing numbers giving up smoking, better diets and preventive drugs for raised cholesterol and high blood pressure. More lives of heart attack victims are now being saved thanks to new emergency procedures to reopen blocked arteries, faster ambulance response times, quicker diagnosis and drugs such as statins and aspirin. Sadly other lifestyle factors such as drinking pattern and consumption levels were not followed.

However, the researchers said the rapid decline in heart attacks deaths is slowing, especially in younger people and this is probably due to increasing obesity and diabetes in those groups.

“Clearly to date the benefits are substantially outstripping the adverse trends. There is an important question though, about how long that will continue. The very substantial decline looks to be levelling off in the very young.”

The National Service Framework for Coronary Heart Disease (CHD) that was introduced in 2000 revolutionised the treatment of heart attacks with faster diagnosis and access to clot-busting drugs and then procedures to reopen blocked arteries. Health Minister Simon Burns said: *“These improvements are welcome and demonstrate the progress made in tackling heart disease in recent years. But we know we can do better and some areas still lag behind... That is why this Government has begun work to develop a Cardiovascular Disease Outcomes Strategy. We will continue to work hard to reduce heart attack deaths all across the country.”*

Main report findings:

The researchers found that between 2000 and 2007, death rates from coronary heart disease fell from 229

to 147 deaths per 100,000—a decrease of 36% or 6.1% per year. In 2007, there were 74,174 CHD deaths, 56% of these were in men. However, CHD remains the leading cause of mortality and is a major contributor to social inequalities in premature mortality in England, as in the USA.

Important population-wide public health measures such as the ban on tobacco advertising (2003); and comprehensive smoke-free legislation introduced in 2007, and voluntary agreements to reduce salt and artificial trans-fats in processed food in 2006/7 may have contributed to the decline.

Researchers found that overall, about half of the decrease in death rates was attributable to improvements in uptake of medical and surgical treatments. In contrast, population-level risk factor changes accounted for approximately 12,990 fewer deaths. The model could not explain some 14% of the overall mortality fall (i.e., a shortfall of 5,300 deaths).

Mortality gains due to positive trends in smoking, fruit and vegetable consumption, and physical activity risk factors were negated by increases in BMI and diabetes (together contributing 3,460 additional deaths, equivalent to an 9% increase in mortality). Even over the relatively short period of this analysis, the social gradient in diabetes became more pronounced resulting in three times as many additional diabetes-related deaths in the most deprived quintile compared with the most affluent.

Conclusion

The biggest contribution came from a substantial fall in systolic blood pressure in the population not on hypertension medication more so in deprived (37%) than in affluent (25%) areas. Other risk factor contributions were relatively modest across all social groups: total cholesterol (6%), smoking (3%), and physical activity (2%).

Furthermore, these benefits were partly negated by mortality increases attributable to rises in body mass index and diabetes, particularly in more deprived quintiles. Treatments accounted for approximately 52% of the mortality decline, equitably distributed across all social groups. Lipid reduction (14%), chronic angina treatment (13%), and secondary prevention (11%) made the largest medical contributions.

Read the full papers here:

www.plosmedicine.org/article/info%3Adoi%2F10.1371%2Fjournal.pmed.1001237 - pmid.1001237-UK2

www.plosmedicine.org/article/info%3Adoi%2F10.1371%2Fjournal.pmed.1001237 - pmid.1001237-The1.

Adults Aged 25 and over	England	Most Affluent	IMDQ2	IMDQ3	IMDQ4	Most Deprived
Population (000s)						
2000	33,952	6,972	7,035	6,939	6,678	6,329
2007	35,281	7,328	7,363	7,233	6,906	6,451
Observed deaths						
2000	103,243	16,529	19,827	21,460	22,187	23,240
2007	74,174	12,312	14,444	15,347	15,676	16,395
Age-standardised rates (per 100,000)						
2000	229	177	199	222	257	306
2007	147	109	124	141	169	215
Annual percent fall	6.1	6.7	6.5	6.3	5.8	4.9
Expected deaths 2007 (had 2000 rates persisted)	112,244	19,665	22,669	23,696	23,260	22,953
DPP (Expected - observed deaths, 2007)	38,070	7,353	8,225	8,349	7,584	6,558
Percent expected deaths averted	33.9	37.4	36.3	35.2	32.6	28.6

Rates have been standardised to the European Union reference population aged 25 and over. Separate breakdowns for males and females are available in Text S1, Table E.

IMD, index of multiple deprivation.

Important study reaffirms message of little and often rather than occasional drinking or binge drinking as cardio protective for both men and women

This important study reaffirms message of little and often rather than occasional drinking or binge drinking as cardio protective for both men and women.

A new paper published in *Addiction* by Jurgen Rehm et al studies the cardio protective association of alcohol and heart disease. Rehm states *"Based on our meta-analysis, some form of a cardio protective association for IHD morbidity and mortality is hard to deny, given epidemiological evidence"*.

Implications

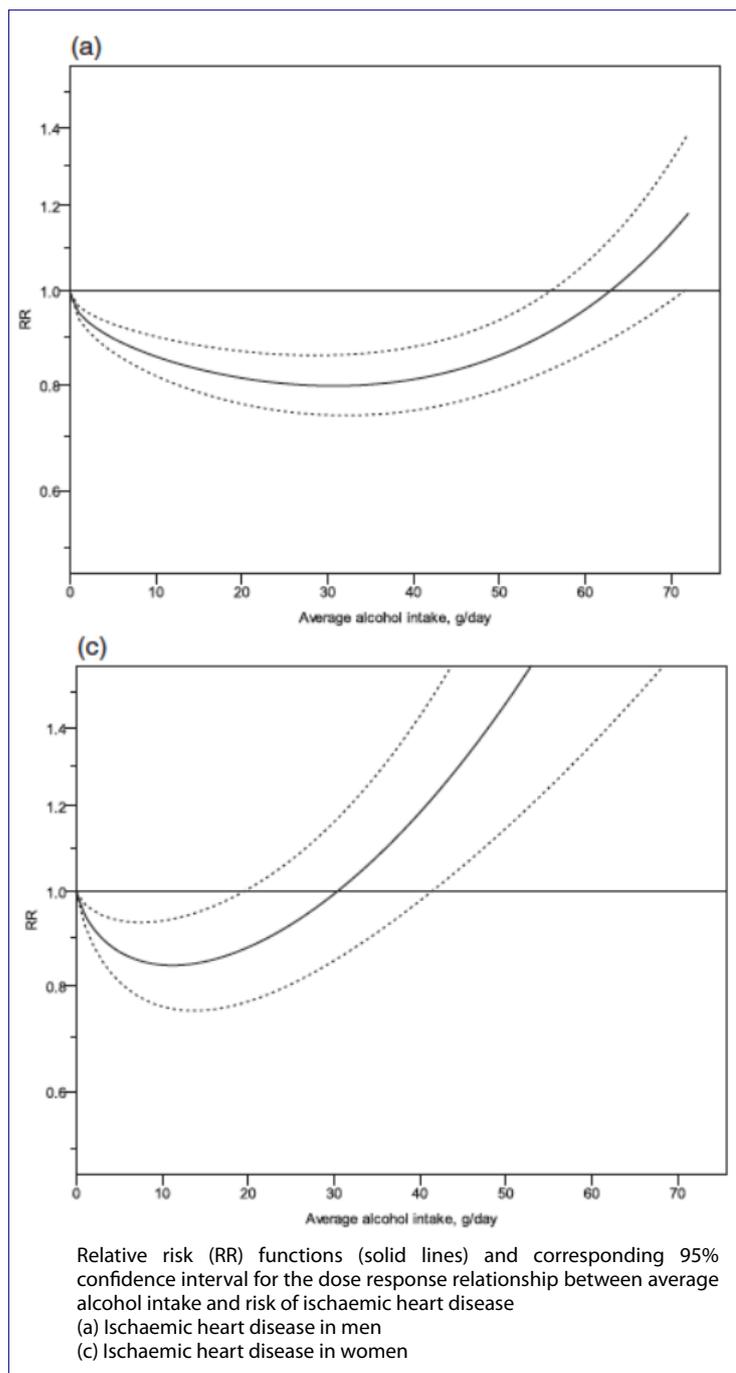
The pooling of studies found that the nadir (maximum cardio-protective association) for mortality and morbidity in men was located at average intake between 33 and 69 g/day, showing a significant effect in both the fractional polynomial and categorical analysis. The authors note that consumption at these levels are by no means safe from a clinical and public health perspective as they have been shown to be associated detrimentally with many other disease outcomes. Rehm et al say a protective effect at levels

of one or two drinks a day cannot be presumed for all population and that sex, pattern of drinking (binge drinking negates cardio protective effects but could not be analysed in this study). Protective effects for women were higher as women age, but more incidences of ischemic heart disease occur at this time.

'The findings from this study support current low-risk drinking guidelines, if these recognize lower drinking limits for women. If one takes into account only average volume, this study showed that most of the cardio protective effect can already be achieved with one to two drinks/day for men and one drink/day for women'. (A drink in Canada is 14g).

Higher average consumption should be discouraged because of the negative effects on many other disease outcomes. Furthermore, very low consumption levels, such as below one to two drinks per week, do not seem to confer substantial cardio protective effects.

However, at the same time, it seems that this does not apply to all drinkers and that other determinants



of the alcohol effect on heart disease that were not captured by average consumption as an exposure measurement, such as drinking patterns, might play an important role. Given the negative impact of heavy drinking occasions on heart disease and injuries, low risk drinking guidelines should also include limits of drinks per occasion.

Source: The cardio-protective association of average alcohol consumption and ischaemic heart disease: a systematic review and meta-analysis. Michael Roerecke^{1,2} & Jürgen Rehm^{1,2,3} (1 Centre for Addiction and Mental Health, Toronto, Canada, 2 Dalla Lana School of Public Health, University of Toronto, Canada and 3 Technische Universität Dresden, Germany).

Tim Stockwell wrote a commentary on Rehm's finding in the same publication, to which Dr Erik Skovenborg has written the following response.

A comment on the state of the science on moderate drinking and health

Welcome, Tim Stockwell, to the rough world of nutritional epidemiology. Diet is a key modifiable risk factor in the prevention and risk reduction of coronary heart disease. As Hippocrates (460–377 BC), the father of Western medicine, put it: 'If we could give every individual the right amount of nourishment and exercise, not too little and not too much, we would have found the safest way to health'. Nutritional epidemiology is a young discipline studying weak associations with the blunt instrument of measuring diet as an exposure. Diet and physical activity are arguably the most difficult exposures to assess in observational research and are plagued by considerable measurement error. (Michels KB. Nutritional epidemiology - past, present, future. *Int J Epidemiol* 2003;32:486-88). Tim Stockwell finds the state of the science on moderate drinking and health in a bad state with no high-quality evidence of significant health benefits from moderate drinking in a commentary to a meta-analysis by Roerecke and Rehm (Roerecke M, Rehm J. The cardioprotective association of average alcohol consumption and ischaemic heart disease: a systematic review and meta-analysis. *Addiction* 2012;107:1246–60). Some of his criticisms (*Addiction* 2012;107:1261-62) are addressed below:

"too much heterogeneity to be certain about any association"

A substantial part of the unexplained heterogeneity might have been caused by irregular heavy drinking occasions, which Roerecke & Rehm were unable to investigate in this meta-analysis, however, in a previous meta-analysis Roerecke & Rehm found an RR of 1.45 (95% CI: 1.24–1.70) for participants with binge drinking versus no binge drinking. (Roerecke M, Rehm J. Irregular heavy drinking occasions and risk of ischemic heart disease; a systematic review and meta-analysis. *Am J Epidemiol*. 2010;171:633–44). In studies reporting average alcohol intake without taking binge drinking into account the cardio-protective effect of regular, moderate alcohol consumption might have been underestimated.

"The best evidence they suggest for this comes from the literature on controlled laboratory studies"

The moderate intake of alcoholic beverages leads to increases in HDL-cholesterol, apolipoprotein A1, and adiponectin and decreases in fibrinogen, all factors

associated with a lower risk of ischemic heart disease. (Brien SE et al. *Effect of alcohol consumption on biological markers associated with risk of coronary heart disease: systematic review and meta-analysis of interventional studies*. *BMJ* 2011;342:d636). The findings described in this paper strengthen the case for a causal link between alcohol intake and a reduced risk of coronary heart disease, suggesting that the lower risk of heart disease observed among moderate drinkers is caused by the alcoholic beverage itself, and not by other associated lifestyle factors. Actually, one of the problems which may beset epidemiological studies, is the difficulty of accurately measuring the dietary intakes of participants. Biomarkers of diet promise to provide a more accurate measure of dietary intake and a more objective one in that they are not reliant on the subject's memory (Wild CP et al. *A critical evaluation of the application of biomarkers in epidemiological studies on diet and health*. *Br J Nutr* 2001;86 Suppl 1:S37-53).

“very few controlled for potential life-style confounding factors (e.g. not smoking) that might be correlated with both moderate drinking and health”

Tim Stockwell's statement makes you wonder whether he has actually read the paper, he comments. Of the 44 studies selected for the meta-analysis by Roerecke & Rehm, 30 studies were controlled for smoking. Moreover, 23 of these 30 studies were controlled for other confounding factors such as exercise, coffee, intake of fruit and vegetables, marital status and education.

“virtually none control for heavy episodic drinking”

Tim Stockwell uses ref. 4 for his statement of virtually no control for heavy episodic drinking. That makes you wonder whether he has read and understood the conclusions of ref. 4:

- Ref. 4 is from *Am J Epidemiol.* vol. 171:633-44; not volume 173:245-8 as quoted by Stockwell.

- After a strict selection procedure the authors of ref. 4 (Roerecke & Rehm) found – not virtually none – but 14 studies containing 4,718 ischemic heart disease events.

“Heavy irregular drinking occasions (>60 g of pure alcohol per occasion) were significantly associated with incidence of IHD morbidity and mortality compared with regular moderate drinking (pooled relative risk = 1.45; 95% CI: 1.24, 1.70).”

“It seems that any cardioprotective effect of moderate alcohol consumption is negated by irregular heavy drinking occasions. In turn, the cardioprotective effect of regular, moderate alcohol consumption discussed in the

many studies reporting average alcohol intake without taking into account irregular heavy drinking occasions might have been underestimated. The magnitude of the underestimation depends on the prevalence of irregular heavy drinking occasions in the respective population.”

In other words a complete control of all studies for heavy episodic drinking might have increased the protective effect of regular, moderate drinking in study populations. However, there are inconsistencies in the definition of “binge drinking.” The rapid consumption of more than 5 drinks on an empty stomach surely has different effects than the consumption of alcohol over several hours with food, such as during a prolonged dinner. A population-based analysis from Denmark found that subjects who were overall “light-to-moderate” drinkers but reported an episode of “binge drinking” (consumption >5 drinks on an occasion) did not show differences in risk of ischaemic heart disease or total mortality than did other moderate drinkers who did not report such an episode. (Skov-Ettrup LS et al. *Binge drinking, drinking frequency, and risk of ischaemic heart disease: A population-based cohort study*. *Scandinavian Journal of Public Health* 2011;39:880–7)

“many assessed drinking at baseline over a relatively short time-period”

Baseline assessment is common procedure in nutritional epidemiology and a source of information bias in many studies. “The most important problem in nutritional epidemiology has been inaccuracy of dietary assessment”. (Byers T. *The role of epidemiology in developing nutritional recommendations: past, present and future*. *Am J Clin. Nutr.* 1999;69:1304S-1308S) Alcohol intake is uniquely susceptible to misclassification and biased reporting. Information bias is certainly possible and even likely in observational studies of alcohol and health. However, any bias due to misclassification would tend toward the null value and thus weaken the negative association between moderate alcohol intake and ischemic heart disease. Information bias would, however, also cast doubt on the positive association between alcohol and cancer. (Shapiro S. *Point/Counterpoint: Meta-analysis of observational studies*. *Am J Epidemiol.* 1994;140:771-78.) Actually, if only a modest association exists, measurement error in dietary intake may conceal it. A true reduction in risk of coronary heart disease or increase in cancer risk of 10–30% might be impossible to detect. (Michels KB. *Nutritional epidemiology - past, present, future*. *Int J Epidemiol.* 2003;32:486-88).

“there is too much heterogeneity to be certain about any association, let alone causality”

Alcohol is one of the most investigated dietary risk factors for IHD. Using the Bradford Hill guidelines to derive a causation score based on 4 criteria (strength, consistence, temporality and coherence) the evidence for a causal link between moderate alcohol consumption and coronary heart disease was found to be moderate (3 criteria of 4 satisfied) on a par with the association for intake of fish, marine omega-3 fatty acids, folate, whole grains, dietary vitamins E and C, beta carotene, fruit and fiber. (Mente A et al. *A systematic review of the evidence supporting a causal link between dietary factors and coronary heart disease.* Arch Intern Med 2009;169:659-69.)

“The most plausible alternative explanation to there being a causal association between moderate drinking and reduced risk of some diseases is the failure to control for confounding lifestyle risk factors”

Individuals who try to eat a healthy diet are likely to lead a healthy lifestyle in general. It is probably not possible to measure all important markers of a healthy lifestyle sufficiently to eliminate confounding. The inability to distinguish the effect of diet from that of other lifestyle factors may pose a threat to the validity of diet—disease associations observed in epidemiologic studies. (Michels KB. *Nutritional epidemiology - past, present, future.* Int J Epidemiol 2003;32:486-88). The problems of confounding question the virtues of moderate alcohol consumption as well as the vices of alcohol abuse. Lifestyle confounding factors also question the virtues of fruit and vegetables and the vices of fat cream and white sugar. That said, solid evidence for the cardioprotective effect of moderate alcohol consumption has been found in large, homogeneous cohorts of e.g. British doctors and American Physicians. In addition the beneficial effects of alcohol consumption on biological markers associated with risk of coronary heart disease suggest that the lower risk of heart disease observed among moderate drinkers is caused by the alcoholic beverage itself, and not by other associated lifestyle factors. (Brien SE et al. *Effect of alcohol consumption on biological markers associated with risk of coronary heart disease: systematic review and meta-analysis of interventional studies.* BMJ 2011;342:d636)

“numerous studies reporting biologically implausible health benefits associated with moderate drinking”

Of the “numerous studies” Tim Stockwell just found 3 studies to quote: ref. 9, 10 and 11. Two of the 3 studies, ref. 9 and 11, concern offspring cognition following light alcohol consumption in pregnancy (ref. 9: Liang W et al.

Does light alcohol consumption during pregnancy improve offspring's cognitive development? Med Hypotheses 2012;78:69-70 plus ref. 11: Henderson J et al. *Systematic review of effects of low - moderate prenatal alcohol exposure on pregnancy outcome.* Br J Obstet Gynaecol 2007;114: 243-52). Maternal consumption of low to moderate quantities of alcohol during pregnancy is not associated with mean IQ of preschool children and executive functioning at the age of 5 years. This was the conclusion of a recent report from the NICE Institute and has been confirmed by 5 Danish studies published online ahead of print in BJOG 20 June 2012. Around this null effect some studies have found a negative effect and other studies have found a positive effect on cognition by light alcohol consumption during pregnancy. Some heterogeneity must be expected in the rough world of nutritional epidemiology – especially in a field of research where the endpoints are discrete differences in the cognitive function of small children.

Ref. nr. 10 (Rehm J et al. *Alcohol as a risk factor for liver cirrhosis - a systematic review and meta-analysis.* Drug Alcohol Rev 2010;29:437-45) found that light to moderate drinking up to two drinks among women and men was not associated with a significant increase in risk of liver cirrhosis morbidity. Nobody would expect moderate drinking to lower the risk of liver cirrhosis, which was a finding for men in the study, however, most of us would also find it surprising that 4 or more cups of coffee per day reduce the risk of alcoholic liver cirrhosis by 80%. (Klatsky AL. *Coffee, Cirrhosis, and Transaminase Enzymes.* Arch Intern Med 2006;166:1190-95) Results like these surface from time to time in the rough world of nutritional epidemiology, but it is malpractice of epidemiology to use such unexpected results to discredit evidence based on scores of large cohort studies.

“There are also numerous other claims of health benefits from moderate drinking which should be scrutinized more closely, ranging from preventing ailments from dementia to the common cold”

Indeed, inconsistent evidence from nutritional epidemiology should be scrutinized by all means.

(Nestel P. *Nutritional evidence lacks consistency.* Curr Opin Lipidol. 2007;18:1-2). For the past 30 or 40 years, dietary saturated fats have attained a poor reputation especially in relation to cardiovascular health. However, a recent meta-analysis of prospective epidemiologic studies showed that there is no significant evidence for concluding that dietary saturated fat is associated with an increased risk of CHD or CVD (Siri-Tarino PW et

al. Meta-analysis of prospective cohort studies evaluating the association of saturated fat with cardiovascular disease. *Am J Clin Nutr* 2010;91:535-46.) If you want to talk about much-maligned foods, butter is right up at the top of the list. Health authorities have been telling us for years that foods like butter, rich in saturated fat, are clogging our arteries and causing heart disease. However, a recent study from Australia found no consistent and significant association between total dairy intake and total or cause-specific mortality. And even more surprising, compared with those participants with the lowest intake of full-fat dairy, participants with the highest intake (median intake 339_g/day) had reduced risk of death due to CVD: HR: 0.31; 95% confidence interval 0.12–0.79. (Bonthuis M et al. Dairy consumption and patterns of mortality of Australian adults. *European Journal of Clinical Nutrition* 2010;64:569–77). The list of inconsistencies in need of scrutinising is long.

“we need more than the present handful of high-quality studies and, ideally, randomized controlled trials if these should ever be possible”

Traditional cohort studies are expensive and take many years to perform. Randomized controlled allocation of diet is likely to be successful only for severe dietary deficiencies that can be reversed in a short period of time, or for allocation of dietary supplements. Studying the effects of dietary composition on long-term health using randomization presents a serious challenge. Ethical principles do not permit randomizing individuals to a diet that, according to scientific evidence, may have harmful effects. Participants can be randomized only to maintaining their diet or to a diet with uncertain impact on the health outcome of interest. Adhering to an altered diet over an extended time period presents an unreasonable challenge for most people, and sufficient differences in diet between intervention and control group are extremely difficult to maintain. (Michels KB. Nutritional epidemiology - past, present, future. *Int J Epidemiol* 2003;32:486-88).

Mendelian randomization is a recently developed methodology that combines genetic and classical epidemiological analysis to infer causality for environmental exposures, based on the principle of Mendel's law of independent assortment. Mendelian randomization uses genetic variants as proxies for environmental exposures of interest. Associations derived from Mendelian randomization analysis are less likely to be affected by confounding and reverse causation. (Qi L. Mendelian randomization in nutritional epidemiology. *Nutr Rev* 2009;67:439-50). A polymorphism

in the gene for alcohol dehydrogenase type 3 (ADH3) alters the rate of alcohol metabolism. In a nested case-control study based on data from the prospective Physicians' Health Study moderate drinkers who are homozygous for the slow-oxidizing ADH3 allele had higher HDL levels and a substantially decreased risk of myocardial infarction. Since the predominant function of alcohol dehydrogenase type 3 is to metabolize alcohol, this finding is consistent with the hypothesis that a slower rate of clearance of alcohol enhances the beneficial effect of moderate alcohol consumption on the risk of cardiovascular disease. (Hines LM et al. Genetic variation in alcohol dehydrogenase and the beneficial effect of moderate alcohol consumption on myocardial infarction. *N Engl J Med* 2001;344:549-55).

“should we be just reporting significant and large heterogeneity in study results, or perhaps seek to conduct meta-analysis with increasingly strict quality criteria”

This latter approach was used in a much discussed meta-analysis by Fillmore et al. (Fillmore KM et al. Moderate alcohol use and reduced mortality risk: systematic error in prospective studies. *Addict Res Theory* 2006;14:101–32). The draconian criteria used by Fillmore et al would erode the mountain of evidence from nutritional epidemiology. The evidence for benefits of exercise would probably go down the drain together with wine and vegetables, and no smoking might be the only surviving life-style advice.

In the past decade, there has been a paradigm shift in nutritional epidemiology to examine associations between dietary patterns and health. Numerous epidemiological studies show that people following the Mediterranean style diet have lower risk of CHD (Bhupathiraju SN, Tucker KL. Coronary heart disease prevention: nutrients, foods, and dietary patterns. *Clin Chim Acta* 2011; 412:1493-514). Analysing data from the Greek EPIC Study Antonia Trichopoulou et al found higher adherence to a Mediterranean diet associated with a statistically significant reduction in total mortality: adjusted mortality ratio per two unit increase in score 0.86, 95% confidence interval 0.80 - 0.93. The contributions of the individual components of the Mediterranean diet to this association were moderate ethanol consumption 23.5%, low consumption of meat and meat products 16.6%, high vegetable consumption 16.2%, high fruit and nut consumption 11.2%, high monounsaturated to saturated lipid ratio 10.6%, and high legume consumption 9.7%. The contributions of high cereal consumption and low dairy consumption were minimal, whereas high fish and seafood consumption was associated with a non-

significant increase in mortality ratio. (Trichopoulou A et al. Anatomy of health effects of Mediterranean diet: Greek EPIC prospective cohort study. *BMJ*2009;338:b2337). Our ancient Greek colleague Hippocrates said it well: "Wine is a thing

marvellously suited to man, in health as in sickness, if it is administered appropriately, and in just measure in accordance with the individual constitution".

Alcohol and the heart – Scandinavian research

Two other studies have also emerged this month looking at diet and cardiovascular disease risk, The Fin study looks at the importance of a Mediterranean style diet, including Moderate alcohol consumption in Finland and The Swedish study looks at the increase in fat in the diet of Northern Swedes over the last decade.

The authors of The Finstudy, who assessed the importance of the Mediterranean diet, including moderate alcohol consumption concluded that:

'CVDs are the leading causes of deaths in Finland being responsible for 39% of all deaths among men. Numerous CVD risk factors have now been proven to be decreased with eating habits that are in-line with the current guideline recommendations. Many interventional and epidemiological studies have found that a number of dietary patterns and light to- moderate alcohol consumption is cardio-protective. Mediterranean diet, which contains alcoholic beverages (typically red wine) add an autonomous cardiovascular benefit to this diet. It has also been reported that light-to-moderate alcohol consumption results into decrease in CVD deaths as well as reduction in the risk of stroke.

Menotti and colleagues investigated the food intake habits and 25 year mortality from CHD risk in seven countries. Their findings revealed that intake of vegetables, fish and alcohol was inversely associated with CHD mortality. People on Mediterranean diet (MD) (high amount of vegetables, olive oil, moderate alcohol intake and fish) had lowest mortality from the seven countries included in the study. In elderly people, healthier dietary patterns like MD was associated with lower likelihood of having CVD risk factors. These findings propose that MD has an important effect in protecting CVDs. It is important that health care professionals are aware of the possible nutrient deficiency among middle-aged and older men based on their alcohol consumption levels. More attention should be paid to nutrient intake and safe levels of alcohol consumption for those who drink large amount of alcohol!

Source: Alcohol Consumption and Dietary Patterns: The FinDrink Study Timothy O. Fawehinmi¹, Jenni Iloma²

¹ Institute of Public Health and Clinical Nutrition, University of Eastern Finland, Kuopio, Finland, ² School of Pharmacy and Medical Sciences, Quality Use of Medicines and Pharmacy Research Centre, Sansom Institute, University of South Australia, Adelaide).

The study from Northern Sweden finds disturbing trends whereby BMI and fat intake has increased over the last decade.

Results

Reported intake of fat exhibited two significant trend breaks in both sexes: a decrease between 1986 and 1992 and an increase from 2002 (women) or 2004 (men). A reverse trend was noted for carbohydrates, whereas protein intake remained unchanged during the 25-year period. Significant trend breaks in intake of foods contributing to total fat intake were seen.

Reported intake of wine increased sharply for both sexes (more so for women) and export beer increased for men. BMI increased continuously for both sexes, whereas serum cholesterol levels decreased during 1986 - 2004, remained unchanged until 2007 and then began to rise. The increase in serum cholesterol coincided with the increase in fat intake, especially with intake of saturated fat and fats for spreading on bread and cooking.

Conclusions

Men and women in northern Sweden decreased their reported fat intake in the first 7 years (1986–1992) of an intervention program. After 2004 fat intake increased sharply for both genders, which coincided with introduction of a positive media support for low carbohydrate high- fat (LCHF) Atkins diet. The decrease and following increase in cholesterol levels occurred simultaneously with the time trends in food selection, whereas a constant increase in BMI remained unaltered. These changes in risk factors may have important effects on primary and secondary prevention of cardiovascular disease (CVD).

Source: Associations among 25-year trends in diet, cholesterol and BMI from 140,000 observations in men and women in Northern Sweden. *Nutrition Journal* 2012, 11:40 doi:10.1186/1475-2891-11-40.

Postmenopause moderate alcohol consumption may help prevent bone loss

Drinking a moderate amount of alcohol as part of a healthy lifestyle may benefit women's bone health, lowering their risk of developing osteoporosis.

Researchers at Oregon State University assessed the effects of alcohol withdrawal on bone turnover in postmenopausal women who drank one or two drinks per day several times a week. They found a significant increase in blood markers of bone turnover in women after they stopped drinking for just two weeks.

Bones are in a constant state of remodeling with old bone being removed and replaced. In people with osteoporosis, more bone is lost than reformed resulting in porous, weak bones. About 80% of all people with osteoporosis are women, and postmenopausal women face an even greater risk because estrogen, a hormone that helps keep bone remodeling in balance, decreases after menopause.

Past studies have shown that moderate drinkers have a higher bone density than non-drinkers or heavy drinkers, but these studies have provided no explanation for the differences in bone density. Alcohol appears to behave similarly to estrogen in that it reduces bone turnover, the researchers said.

In the current study, researchers in OSU's Skeletal Biology Laboratory studied 40 early postmenopausal women who regularly had one or two drinks a day, were not on any hormone replacement therapies, and had no history of osteoporosis-related fractures.

The researchers found evidence for increased bone turnover - a risk factor for osteoporotic fractures - during the two week period when the participants stopped drinking. Even more surprising: the researchers found that less than a day after the women resumed their normal drinking, their bone turnover rates returned to previous levels.

"Drinking moderately as part of a healthy lifestyle that includes a good diet and exercise may be beneficial for bone health, especially in postmenopausal women," said Urszula Iwaniec, associate professor in the College of Public Health and Human Sciences at OSU and one of the study's authors. *"After less than 24 hours to see such a measurable effect was really unexpected."*

This study is important because it suggests a cellular mechanism for the increased bone density often observed in postmenopausal women who are moderate drinkers, Turner said.

The researchers said many of the medications to help prevent bone loss are not only expensive, but can have unwanted side effects. While excessive drinking has a negative impact on health, drinking a glass of wine or beer regularly as part of a healthy lifestyle may be helpful for postmenopausal women.

Source: Moderation alcohol intake lowers biomarkers of bone turnover in postmenopausal women. J Marrone et al. The Journal of the North American Menopause Society, published ahead of print

Wine intolerance may result in allergy-like symptoms

A study, published in *Deutsches Arzteblatt International*, was conducted in order to assess the prevalence of wine intolerance among adults.

In 2010, the researchers, led by Peter Wigand, randomly selected 4,000 people aged 20 to 70 to fill out a survey about their alcohol intake and whether they suffered any allergy-like symptoms after consuming wine.

Of the 948 people who completed the survey, the team found that 8.9% of women reported wine intolerance versus 5.2% of men. In addition, they found that more people reported symptoms after drinking red wine than after consuming white wine.

Symptoms included flushed skin, itching, rhinorrhea, diarrhea, tachycardia, stomach or intestinal cramps.

Furthermore, those who self-reported wine intolerance also reported intolerance to beer and alcohol in general. Study participants were also asked about other food intolerances, as well as reactions to pollen, house dust, latex, and medications.

22% of respondents reported food intolerance, 31% intolerance to pollen, 18.7% intolerance to house dust, and 12% medication. Participants with wine intolerance were more likely to report other intolerances than those not allergic to wine.

Source: Prevalence of Wine Intolerance: Results of a Survey From Mainz, Germany" Wigand, P; Blettner, M; Saloga, J; Decker, H Deutsches Arzteblatt International, July 2012, doi: 10.3238/arztebl.2012.0437

Higher indices of quality of life are seen among regular moderate drinkers than among abstainers

Kaplan MS, Huguet N, Feeny D, McFarland BH, Caetano R, Bernier J, Giesbrecht N, Oliver L, Ross N. Alcohol Use Patterns and Trajectories of Health-Related Quality of Life in Middle-Aged and Older Adults: A 14-Year Population-Based Study. *J. Stud. Alcohol Drugs*, 2012;73, 581–591

Authors' Abstract

Objective: A 14-year multiwave panel design was used to examine relationships between longitudinal alcohol-consumption patterns, especially regular moderate use, and change in health-related quality of life among middle-aged and older adults.

Method: A nationally representative sample of 5,404 community-dwelling Canadians ages 50 and older at baseline (1994/1995) was obtained from the longitudinal National Population Health Survey. Alcohol-consumption patterns were developed based on the quantity and frequency of use in the 12 months before the interview. Health-related quality of life was assessed with the Health Utilities Index Mark 3 (HUI3). Latent growth curve modeling was used to estimate the change in HUI3 for each alcohol pattern after adjusting for covariates measured at baseline.

Results: Most participants showed stable alcohol-consumption patterns over 6 years. Persistent nonusers, persistent former users, those decreasing their consumption levels, and those with unstable patterns (i.e., U shaped and inverted U shaped) had lower HUI3 scores at baseline compared with regular moderate drinkers. A more rapid decline in HUI3 scores than that observed for regular moderate users was seen only in those with decreasing consumption ($p < .001$). In a subgroup identified as consistently healthy before follow-up, longitudinal drinking patterns were associated with initial HUI3 scores but not rates of change.

Conclusions: Regular moderate drinkers had higher initial levels of health-related quality of life than persistent nonusers, persistent former users, decreasing users, U-shaped users, and inverted U-shaped users. However, rates of decline over time were similar for all groups except those decreasing their consumption, who had a greater decline in their level of health-related quality of life than persistent moderate users.

Forum Comments

There are a number of important aspects of the present analysis. The aim of the authors was “to explore the relationship between longitudinal patterns of alcohol use (especially ‘regular moderate use’) and changes in health-related quality of life (HRQL) among middle-aged and older adults.” In a population-based cohort, the investigators used repeated assessments of alcohol among subjects to

take potential changes over time in drinking patterns into consideration.

Adjustments were made for most key potential confounders, including baseline age, gender, education, household income, marital status, smoking, potentially life-threatening illnesses, other chronic illness, and body mass index. The authors also assessed level of usual physical activity, and nonspecific psychological distress using the Likert scale.

Detailed information was available on alcohol consumption. Moderate drinkers were defined as those having 1–14 drinks per week with no more than 3 on any day for women and no more than on any day for men. The repeated assessments allowed for the investigators to classify subjects according to changes over time in their drinking patterns, so that ‘regular moderate drinkers’ could be identified. The investigators also did secondary analyses among subjects who did not report any adverse health conditions (heart disease, cancer, stroke, or diabetes) during the first four years of follow up; these subjects were referred to as ‘consistently healthy’.

Key results of paper: Key results of the study were that the majority of subjects remained in their respective alcohol categories for over 6 years (as seen in most studies). However, 31.4% of their subjects decreased their intake over the follow-up period. In the model using baseline consumption data, lifetime abstainers and former drinkers had lower quality of life (HUI3) scores at baseline (poorer quality of life) than did moderate drinkers. Lifetime abstainers, former drinkers, and infrequent drinkers experienced a greater decline in HUI3 compared with moderate drinkers.

In a separate model incorporating changes in drinking patterns that was limited to subjects consistently reporting good health, trajectories of the quality of life were similar for all groups. The regular moderate drinkers had higher HUI3 scores at the start of their follow up, but alcohol patterns only affected baseline HUI3 scores and not the rates of change. As stated by the authors, “The findings suggest that alcohol-consumption patterns are associated with HRQL, but the rate of decline in HRQL is similar for all drinking patterns except for persons who decreased their consumption.”

Specific comments on paper by Forum reviewers:

There were some concerns with the paper. For example, in the introduction the authors state: "Although alcohol consumption in moderation may have beneficial effects regarding cardiovascular disease, it is associated with elevated risks for several cancers including those of the oral cavity, pharynx, larynx, esophagus, and liver (quoting papers by Latino-Martel et al and Rehm et al)." In fact, scientific studies generally show an increase in these cancers only among heavier drinkers, and almost exclusively among those who are also heavy smokers.^{1,2} In addition, Rehm et al³ have previously shown from Canadian population data that so-called "moderate" drinkers who do not binge drink show a net favorable effect on mortality, whereas when one includes binge drinkers in that category, there is a net adverse effect.³

More importantly, we do not know the reasons why some people in this study (or in most studies) declined their level of drinking although they were described as 'consistently healthy'. The statement by the authors that quality of life was lower for people who decreased their intake cannot be interpreted as meaning necessarily that the decrease in alcohol was the reason that they had poorer quality of life. Forum reviewer Harvey Finkel comments: "As people age, even disregarding medical obstacles, social interactions generally decrease, which leads to both less stimulation to drink and less opportunity to drink." It is thus important that the reasons that someone stops drinking, or decreases his or her intake, are taken into account.

Problems with statistical approach used: There are problems in judging longitudinal effects of alcohol when alcohol strongly affects the baseline value (obtained in middle-age or later in this analysis). In the present study, the quality of life measures at baseline were highest among moderate drinkers. There are statistical problems if estimates of the effects of change in alcohol intake adjust for this baseline value. Peto stated that in prospective studies, the correlation between exposures (e.g., drinking pattern) and outcomes (e.g., quality of life), assessments of outcome during follow up are likely to be the same as the outcome at the end of follow up⁴. As an analogy he uses a race between 'slow' and 'fast' horses; it is likely that the fast horses will be ahead at the mid-point of the race, and will win the race.

Environmental effects on quality of life presumably begin early in life, and if one adjusts for the mid-life value (as done at "baseline" in the present study), you may throw away much of the expected effect.

Forum reviewer Erik Skovenborg states that the question of association or causation is very difficult when the outcome is health-related quality of life (HRQL). "This study offers a nice try, though, and it is particularly interesting that even among the group of subjects in 'consistently good health' throughout the study period, moderate drinkers reported better HRQL at baseline than did non-drinkers, infrequent drinkers and heavy drinkers."

Skovenborg comments further: "Another interesting result concerns heavy drinking: compared to consistent moderate use of alcohol, regular heavy use was not associated with a significant greater decline in HUI3 scores and the heavy users were actually doing pretty well in this study. One explanation could be an inadequate definition of heavy alcohol use, in that 50% of the heavy users averaged 14 drinks or fewer per week plus an occasional intake of more than 4 drinks. According to the Danish rules for sensible drinking (up to 21 drinks/week for men and 14 drinks/week for women and not more than 5 drinks per occasion) these participants would have been categorized as moderate drinkers. And a recent Danish study concluded that occasional binges embedded in a moderate drinking pattern are compatible with a good health.⁵

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Low/moderate drinking in early pregnancy and effects on children aged 5

Low and moderate weekly alcohol consumption in early pregnancy is not associated with adverse neuropsychological effects in children aged five, suggests a series of papers published in *BJOG: An International Journal of Obstetrics and Gynaecology*. However, high levels of alcohol per week were linked with a lower attention span among five year olds.

The mothers were recruited from the Danish National Birth Cohort at their first antenatal visit. Low average weekly alcohol consumption was defined as 1-4 drinks per week (a drink = 12g of pure alcohol), moderate as 5-8 drinks per week and high levels as 9 or more drinks per week. Binge drinking was defined as intake of 5 or more drinks on a single occasion. Participants who did not drink during pregnancy were included as the unexposed reference group.

1,628 women took part in the studies. The average maternal age was 30.9 years, 50.1% were first-time mothers, 12.1% were single and 31.4% reported smoking during pregnancy. The papers looked at the effects of alcohol on IQ, attention span, executive functions such as planning, organisation, and self-control in five year old children.

Overall, the papers found that low to moderate weekly drinking in early pregnancy had no significant effect on neurodevelopment of children aged five years, nor did binge drinking. Focusing on children's IQ and executive functions, no differences in test performance were observed between children whose mothers reported 1-4 or 5-8 drinks/week per week in pregnancy compared to children of abstaining mothers. However one finding showed that high levels of alcohol, intake of 9 or more drinks per week, was associated with lower attention span amongst five year olds.

Attention was measured using the Test of Everyday Attention for Children at Five (TEACH-5) which measures a child's selective attention and sustained

attention. There were no significant effects on test performance in children of mothers drinking up to eight drinks per week compared to children of abstaining mothers. However, there was a significant association between maternal consumption of 9 or more drinks per week and risk of low overall attention score.

Child outcome measures and maternal IQ were obtained during a 3-hour assessment at a university or health clinic site. Children's intelligence was assessed with the Wechsler Primary and Preschool Scales of Intelligence-Revised (WPPSI-R). It consists of five verbal subtests and five performance (non-verbal) subtests.

In conclusion the authors of the papers state that it remains the most conservative advice for women to abstain from alcohol during pregnancy, however, small amounts may not present serious concern.

Ulrik Schiøler Kesmodel, Consultant Gynaecologist and Associate Professor at Aarhus University and Aarhus University Hospital, and Erik Lykke Mortensen, Professor of Medical Psychology at the Institute of Public Health, Medical Psychology Unit, University of Copenhagen, Denmark and co-authors of the studies said: "High prenatal exposure to alcohol has consistently been associated with adverse effects on neurodevelopment. Areas such as intelligence, attention and executive functions have been found to be particularly vulnerable. However, less is known about the effects of low to moderate, weekly average consumption levels and binge drinking.

"Our findings show that low to moderate drinking is not associated with adverse effects on the children aged five. However, despite these findings, additional large scale studies should be undertaken to further investigate the possible effects."

Source: *International Journal of Obstetrics and Gynaecology*. Studies all published online June 2012.

Moderate drinking lowers risk of developing rheumatoid arthritis in women

Di Giuseppe D, Alfredsson L, Bottai M, Askling J, Wolk A. Long term alcohol intake and risk of rheumatoid arthritis in women: a population based cohort study. *BMJ* 2012;345:e4230 doi: 10.1136/bmj.e4230 (Published 10 July 2012)

Authors' Abstract

Objective To analyse the association between alcohol intake and incidence of rheumatoid arthritis in women.

Design Prospective cohort study with repeated measurements.

Setting The Swedish Mammography Cohort, a population based cohort from central Sweden.

Participants 34,141 women born between 1914 and 1948, followed up from 1 January 2003 to 31 December 2009.

Main outcome measures Newly diagnosed cases of rheumatoid arthritis identified by linkage with two Swedish national registers. Data on alcohol consumption were collected in 1987 and 1997.

Results During the follow-up period (226,032 person years), 197 incident cases of rheumatoid arthritis were identified. There was a statistically significant 37% decrease in risk of rheumatoid arthritis among women who drank >4 glasses of alcohol (1 glass = 15 g of ethanol) per week compared with women who drank <1 glass per week or who never drank alcohol (relative risk 0.63 (95% confidence interval 0.42 to 0.96), $P=0.04$). Drinking of all types of alcohol (beer, wine, and liquor) was non-significantly inversely associated with the risk of rheumatoid arthritis. Analysis of long term alcohol consumption showed that women who reported drinking >3 glasses of alcohol per week in both 1987 and 1997 had a 52% decreased risk of rheumatoid arthritis compared with those who never drank (relative risk 0.48 (0.24 to 0.98)).

Conclusion Moderate consumption of alcohol is associated with reduced risk of rheumatoid arthritis.

Forum Comments

Rheumatoid arthritis (RA) is an autoimmune disease characterized by chronic, destructive, debilitating arthritis that affects ~1% of the adult population.¹ A number of case-control studies have shown that moderate drinking is associated with lower occurrence and severity of RA.^{2,3} However, few prospective cohort studies have an adequate number of cases to test the association of alcohol consumption with the development of RA.

This prospective study is based on a large cohort of women in Sweden, of which 197 had a diagnosis of RA made during follow up. The study suggests that drinkers of all types of alcohol have a lower risk of developing RA than do never drinkers.

Mechanism of alcohol's effects: Forum members agree with the authors that down regulation of the immune response and a decrease in pro-inflammatory cytokines is the probable mechanism of alcohol's effect on the risk of RA. An especially important previous study, based on 174 incident RA cases in the Nurses' Health Study, included measurements obtained from stored blood collected 1–16 years prior to RA symptoms (preclinical RA).⁴ The results of that study showed that among subjects who subsequently developed RA, those who reported daily alcohol consumption had lower levels of several key markers of inflammation than did non-drinkers. Their findings support the conclusions of the present study of a lower risk of developing RA for moderate drinkers, in comparison with non-drinkers.

Alcohol and inflammation: As stated by a Forum reviewer: "This paper brings a further contribution to a basic concept recently emerging from biomedical literature. Apparently, ethanol produces an anti-inflammatory effect. It is known that ethanol produces electrophiles. These are unquestionably toxic at high doses, but at low doses activate the defense system.

"The excess of inflammation produces different pathologies such as autoimmunity, sepsis, cancer, and metabolic disorders.⁵ We know that inflammation operates through the formation of oxidants (electrophiles) and is controlled by reductants (nucleophiles). Activating the electrophile response element is the physiological mechanism that dampens inflammatory signals and increases antioxidant defense." He concludes: "I am convinced that the molecular mechanism of hormesis is the key factor for understanding why ethanol produces the series of protective effects we have been observing for many years. The leitmotif is the control of the excess of inflammation (i.e., reaction to injury)."

Alcohol content of a standard 'drink': States another Forum reviewer: "This is an excellent study with a suitable cohort of moderate drinking Swedish women, a convincing validation of the effects of long term intake of alcohol on the risk of RA. We note the rather high alcohol content of the defined 'drink', 15 grams of alcohol, in the present analysis. (The intake of 4 drinks would amount to almost 8 British 'drinks' of 8 grams of alcohol.) It is remarkable that the study was done in Sweden, a country with a long history

of prohibition and strict alcohol control, where even today alcohol may only be bought in special stores. The Swedish medical community has for many years nurtured strong bias against claims of health benefits of alcohol – a fact that in my opinion augments the credibility of the results of this study.”

Added another Forum reviewer: “At least 4 drinks of 15 grams each per week would correspond to the equivalent of almost 10 g of alcohol per day, that is the average amount of alcohol previously reported to be associated with the maximal beneficial effect of alcohol against all-cause mortality.⁶ In that meta-analysis the beneficial effect of alcohol disappeared in women at lower amounts than in men (18 vs 38 grams/day). Attention should therefore be made to the fact that the Swedish cohort was only composed of women.”

Need for further studies on this topic: It must be pointed out that the number of subjects with RA, even in this very large database, was quite small. Thus, it will be important that further large-scale studies report on the association between alcohol and the development of RA. Based on data currently available, however, there is considerable evidence that alcohol consumption may lower the risk and severity of RA, probably through an anti-inflammatory effect.

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Forum Summary

A follow-up study of more than 34,000 women in Sweden has shown that moderate drinkers, in comparison with abstainers, were at significantly lower risk of developing rheumatoid arthritis (RA), an often serious and disabling type of arthritis. RA is known to relate to inflammation, and it is postulated that this is blocked to some degree by the consumption of alcohol. In this study, women who consumed at least 4 drinks per week (with a drink being defined as containing 15 grams of alcohol) had 37% lower risk of developing RA than subjects reporting never drinking or consuming less than 1 drink/week.

This large study is important as few prospective studies are of adequate size to have sufficient cases of RA to evaluate factors related to its development. The study supports previous research showing a lower risk of developing RA, or milder severity of the disease, among moderate drinkers than among abstainers.

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

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Smoking, alcohol consumption, and risk of amyotrophic lateral sclerosis

Amyotrophic lateral sclerosis, or ALS, is a disease of the nerve cells in the brain and spinal cord that control voluntary muscle movement. Smoking has been posited as a possible risk factor for ALS, but large population-based studies of patients with incident disease are still needed. The authors performed a population-based case-control study in the Netherlands between 2006 and 2009, including 494 patients with incident ALS and 1,599 controls.

To prove the relevance of population-based incidence cohorts in case-control studies, the authors compared results with those from cohorts including patients with prevalent ALS and referral patients. Subjects were sent a questionnaire. Multivariate analyses showed an increased risk of ALS among current smokers (odds ratio = 1.38, 95% confidence interval (CI): 1.02, 1.88) in the incident patient group only.

Cox regression models showed that current smoking was also independently associated with shorter

survival (hazard ratio = 1.51, 95% CI: 1.07, 2.15), explaining the lack of association in the prevalent and referral patient groups.

Current alcohol consumption was associated with a reduced risk of ALS (incident patient group: odds ratio = 0.52, 95% CI: 0.40, 0.75).

These findings indicate that current smoking is associated with an increased risk of ALS, as well as a worse prognosis, and alcohol consumption is associated with a reduced risk of ALS, further corroborating the role of lifestyle factors in the pathogenesis of ALS.

The importance of population-based incident patient cohorts in identifying risk factors is highlighted by this study.

Source: Smoking, Alcohol Consumption, and the Risk of Amyotrophic Lateral Sclerosis: A Population-based Study. de Jong SW, Huisman MH, Sutedja NA, van der Kooij AJ, de Visser M, Schelhaas HJ, Fischer K, Veldink JH, van den Berg LH. *Am J Epidemiol.* 2012 Jul 11.

Health Committee report on UK Government's Alcohol Strategy

The Health Select Committee published its third report on 19 July, raising concern that the UK Government's Alcohol Strategy focuses too much on binge drinking and the social disorder resulting from alcohol misuse rather than reducing the long term harm caused by people drinking at damaging levels.

The committee emphasises that '*a clearer, evidence-based definition of the health effects of alcohol consumption is fundamental to successful policy development*', and suggests that the work of the Chief Medical Officer needs to be carried forward as a matter of urgency.

The committee favours the introduction of a minimum price for alcohol, but calls on the government to provide evidence of how different levels of minimum price would provide specific benefits. Because the introduction of a minimum unit price would provide a floor price for the sale of all alcohol, including discounted sales, a ban on multibuys is not considered necessary.

The report calls for an independent evaluation by Public Health England of the performance of the alcohol industry against the requirements of the Responsibility Deal.

The Committee believes there is scope for the relatively targeted and sophisticated rules for the advertising of alcoholic products on television to be

applied more widely - for example in cinemas. It argues that serious consideration should be given to reducing to 10% the proportion of a film's audience that can be under 18 and still allow alcohol to be advertised, or to prohibiting alcohol advertising in cinemas altogether except when a film has an 18 certificate.

The report recommends that Public Health England should commission a study of the public health effect which would be delivered in the UK by adopting the principles of Loi Evin.

<http://www.publications.parliament.uk/pa/cm201213/cmselect/cmhealth/132/13202.htm>

Responding to the Health Select Committee report on the Government's Alcohol Strategy, WSTA Chief Executive Miles Beale said: "We regret the Committee's readiness to support minimum unit pricing when by its own admission there is a lack of evidence about the specific effects of different price levels. Given that, it must make sense for the Government to apply a "sunset clause" to minimum pricing as the Committee suggests.

"It is premature to pre-judge the impact of voluntary commitments made as part of the Public Health Responsibility Deal when the evidence suggests the industry is making good progress towards fulfilling the voluntary labelling initiative and significantly reducing the quantity of alcohol units sold through the UK market... We welcome the Committee's recommendation that activity in this area should be subject to independent evaluation."

Boozy Britain – a critical discussion on binge drinking and young people

A fascinating array of thinkers and specialists were brought together by Clair Fox, Chair of The Moral Maize and Director of the Institute of Ideas in June.

An opening treatise was made by Kate Fox, a social anthropologist and co-director of the Social Issues Research Centre (SIRC) who is bestselling author of 'Watching the English: The Hidden Rules of English Behaviour'; 'Passport to the Pub' and 'Pubwatching with Desmond Morris'.

Other guests included Roger Howard, chief executive, UK Drug Policy Commission, Chris Heffer, deputy director, Alcohol and Drugs, Department of Health, Dr Alena Buyx, leader, Emmy-Noether Research Group's 'Bioethics and Political Philosophy'; UCL and Muenster University; adviser, Nuffield Council on Bioethics, Jonathan Birdwell, head, Citizens Programme, Demos, Dr Mike Fitzpatrick, GP and author, The Tyranny of Health: doctors and the regulation of lifestyle, Simon Wessely, head, department of psychological medicine, Institute of Psychiatry, King's College London and Honorary Consultant Advisor in Psychiatry to the British Army.

The matter for debate was Boozy Britain – a critical discussion on binge drinking and young people. The following statement was circulated before the debate:

The UK Coalition government has recently revealed its proposed alcohol strategy, launching war on binge-drinking. Policy seems particularly concerned with targeting young drinkers. The alarming figures and anecdotes around the impact of alcohol are well rehearsed; young Britons are allegedly drinking twice as many units a week than twenty years ago, with nearly 65,000 requiring hospital treatment each year, and with countless other supposed effects from promiscuity to anti-social behaviour.

Baroness Newlove, the Government's champion for Active Safer Communities, recently launched a £1m fund to tackle binge-drinking, with very much a focus on youth behaving badly in local communities fuelled by alcohol. Similarly, Cllr Flick Rea, chair of the Local Government Association's culture, tourism and sport board, says that 'anything we can do to avoid high streets being trashed by binge-drinking teens, booze-fuelled louts setting on passers-by, or children having

their stomachs pumped in hospital, can only be a good thing'. The likes of Alcohol Concern have urged England and Wales to follow Scotland's lead in introducing minimum pricing specifically to tackle young people binge-drinking, whilst various campaigns have stressed the responsibility of parents and harsher penalties for those caught selling or procuring alcohol for minors.

But social anthropologist Kate Fox has recently argued that the problem is more one of an 'ambivalent' drinking culture, where alcohol is treated as an illicit disinhibitor rather than 'integrated' into daily life. Campaigns that demonise alcohol and its effects, she argues, only worsens this tendency to recklessly abuse it rather than treat it responsibly.

Other research tends to indicate that prejudices around young people inform policy responses more than the facts. For example, unit-based binge-drinking has been falling steadily since around 2005, especially among young adults, and researchers observe that a threshold for a 'binge' can be set unreasonably low for the average, sensible drinker at 6 units for women (2 large glasses of wine) and 8 units for men (3 or 4 pints). How then to explain the caricatured town-centre-trashing loutish teen drunks? And what of solutions?

And other questions need to be tackled: Why do we assume it's inevitable that young people drinking will cause social problems? What are the cultural factors that lead some young people to behave badly while under the influence, while for others, drinking alcohol can be a sociable and fun activity? Are there different responses needed to tackle different aspects of irresponsible drinking? What is the relevant role for parenting, peer pressure, advertising, alcohol companies, availability, pricing? How do we maintain freedom, choice and encourage personal responsibility?

Fox concluded that unless we are told that alcohol does not make you violent, disorderly or offer you an excuse for your behaviours, then entrenched attitudes to drinking will not change in UK. Fox drew an analogy with coffee, similar to alcohol in that caffeine is a psychoactive drug that leads to irascible behaviour in excess, palpitations and is damaging to health saying she could easily introduce a culture of binge drinking of coffee by restricting its availability and making it a taboo.

Binge drinking needs to be broken down into a range of definitions – excessive drinking, extreme drinking

It became clear early on in the debate that definitions of 'binge drinking' vary widely from government measurements to public perceptions that binge drinking represents a range of behaviours by drinkers rather than an amount drunk. The consumer and media perception of binge drinking revolves around the antisocial consequences of drinking to drunkenness including vomiting, public nuisance and disorder, violence and criminal damage. Is binge drinking going out with the intention of getting drunk? - i.e. is it an attitude and behaviour rather than a quantity, or is it double the responsible drinking guidelines? – This is the statistical definition in the UK at consumption at levels of 6 units or more (2-3 glasses of wine) for women (12% of women drink at this level) or 8 units for men, or 3-4 pints (19% of men drink at this level), which may be harmful to health on a regular basis, but is unlikely to result in 'binge drinking behaviours'. For medical studies, binge drinking is broadly defined as five or more 'drinks' in quick succession.

Definitions of binge drinking also need to include the context as well the speed of drinking - i.e. if you pace yourself over the evening and drink with food - is this still binge drinking? A person could drink the same amount or more than someone having five drinks in quick succession for example, or should this have a different definition. An older couple drinking 10 units during a long dinner with friends? Is this part of the same debate or should we be calling this group by another name?

Public and media perceptions of binge drinking in particular focus on the behaviour of young people in public spaces. Media coverage is extensive and dramatic headlines abound: 'Drunken yob blitz to reclaim city streets'; 'Binge drink deaths soar'; 'Drunk and disorderly: Women in the UK are the worst binge drinkers in the world' are just a few examples. What's commonly becoming known as 'passive drinking' whereby the actions of a sizeable minority have anti-social consequences - ruining other peoples evening with their noise, violence, rudeness and mess.

International comparisons - important not to see the UK in isolation

Drinking is a social activity, and the way people behave when drunk is the result of a complex set of individual, environmental, and cultural influences, which vary widely across Europe.

Young men will drink at a younger age and more regularly in Italy for example, yet rarely get drunk - unlike youth in Denmark and the UK, for example, who follow more of a 'binge and purge' pattern of drinking for the effect and not consuming alcohol as a component part of going out and having a good time. Dr Paul Wallace, Medical advisor to Drinkaware cited how you never see public drunkenness in Italian cities, but Helena Conibear did draw attention to the growth of the giant street parties in Spain, the 'Botellon' and the 'Apero Geant' in France where huge groups of young people group together in public spaces and binge drinking, mess and nuisance form part of these events in contrast to the 'Mediterranean culture of sipping a glass of wine in a café or en famille that is associated with our perception of Mediterranean cultures. We have the dubious honour of having exported the term 'le binge drinking'.

So, the way people drink and how they behave when drunk cannot be reduced simply to how much alcohol people drink: or indeed how cheap alcohol is. Denmark and the UK have two of the three highest prices for alcohol due to tax in the EU 35 - yet Denmark tops the list of binge drinking in the EU, certainly among 15 and 16 year olds.

Is a binge drinker born or created?

Is binge drinking a learnt behaviour or part of a personality group? Talking of her work in schools for The Alcohol Education Trust, Helena Conibear shared how both teachers and parents could often identify those vulnerable within the class. These personality types divide between the intelligent risk takers pushing boundaries who see drinking as a rite of passage and the vulnerable follower wanting to be part of the 'in' crowd, particular special needs profiles and those with difficult home profiles. Parents often despair of a certain child's behaviour, while other siblings have not been a problem although their home environment and schooling have been the same.

Among this important sub group (13% of 11 – 15 year-olds drink weekly) it is important to recognise change in perception between ages 11 and 15. At age 11 only 1% drink and overwhelming majority see it as socially unacceptable to get drunk. This changes at age 13, what is known as 'the tipping point'.

Kate Fox criticised the stance of most alcohol education, which tells young people that drinking excessive amount of alcohol leads to violence, antisocial behaviour and 'you doing things you regret'. She argues that alcohol slows your reactions, you do lose your inhibitions etc, but it does not make you violent, disruptive or antisocial. Allowing people to blame alcohol for their behaviour absolves individuals from personal responsibility. It was noted that an important change in the law that formerly had allowed you being drunk to be a mitigating circumstance for you behaviour has been changed. Henry Ashworth of The Portman Group argued that unless individuals were held accountable for their actions with fines, court appearances and perhaps letting their employer know, then at present there were few incentives for antisocial individuals to moderate their behaviour. As binge drinking declines

across the UK, as it has over the last decade, then the behaviour of the persistent anti-social binge drinking minority needs to be more effectively targeted with punitive measures.

Fox highlighted the danger of changing young people's perceptions of alcohol - as an 'addictive drug', from a choice of beverage that can be enjoyed in a civilised way with friends as part of an evening to something you take 'a commodity' or 'substance' for its effect - not for its taste, or for social and relaxing purposes.

A lively and stimulating debate continued over dinner with a surprising amount of common ground among the diverse participants. It was concluded that much had been done and trends are in the right direction, especially among 11–24 year-olds, but that there is no simple solution to Britain's boozy culture.

Leading on from the debate, Helena Conibear assesses the size of the problem in the UK and what measures have been put in place over the last 20 years to help solve Britain's unhealthy patterns of drinking see pages 20-24.

Teens who learn to express their opinions are better able to resist peer pressure, study finds

A US study found that arguing gives teenagers confidence and negotiating skills and that those who regularly argue with their parents cope better with peer pressure and are less likely to abuse drugs or alcohol. They are also more skilled negotiators and can 'learn to be taken more seriously' after debating with their elders.

Scientists from the University of Virginia observed and made audio and video recordings of 150 13-year-olds arguing with their mothers. They then quizzed the teenagers three years later about their lives and experiences with drugs and alcohol. Teenagers who displayed confidence and used reason to back up their statements in the arguments were more likely to have refused both, the researchers found. University of Virginia psychology professor Joseph Allen, lead author of the study, said the connection between

resisting peer pressure and a teenager's ability to argue was 'surprising'.

He added: 'It turns out that what goes on in the family is actually a training ground for teens in terms of how to negotiate with other people.'

Joanna Chango, a clinical psychology graduate working on the study, said that although it seemed 'counterintuitive' to tell parents to let their teens argue with them, it was worth considering.

The study, published in the *Child Development* journal, did say that parents should have 'good reasons presented in a moderate way' during the row so they can set a good example, instead of slamming doors like the teenager might.

Source: *Child Development* Volume 83, Issue 1, pages 337–350, January/February 2012.

Winning the battle against binge drinking in the UK

by Helena Conibear

Tackling binge-drinking in the UK, taken here to be drinking to get drunk, is an enormous challenge and there are no simple solutions. Good progress has been made in reducing binge drinking, which has been in decline since 2005. Huge efforts have been made by public health specialists, alcohol charities, local authorities, police, retailers, pubs and bars, the alcohol industry, local Primary Care Trusts (PCTs) and education authorities to bring this about, together with tougher legislation targeting irresponsible premises, underage sales, buying by proxy and drinking in public.

The UK has the reputation of being the binge drinking capital of Europe, unfairly now, perhaps. However, although UK consumers do not drink more than EU contemporaries, we have fewer BUT heavier drinking sessions - the amount consumed when we do binge is higher than most other countries. Together with Scandinavia and Denmark we embrace what might be called a 'binge and purge' culture rather than regular and moderate consumption.

Drinking trends are also changing, with many young people 'pre-loading', i.e. drinking with friends at home before going out (approximately half of 18-34 year-olds).

Although binge drinking levels are falling, alcohol-related violence, criminality, and drunk and disorderly offences have risen over the last decade, particularly among women who, among the under 18s, are getting drunk more often and ending up in hospital more often than young males, although these levels too have fallen back over the last two or three years.

The final mix in the debate is public perception. 65% of the UK public agree with the statement 'the amount people drink in this country is out of control' although 71% agree it applies to only to a minority of drinkers. According to the 2008 Place Survey, 29% of those surveyed felt that drunk or rowdy behaviour was a problem in their area. One in four members of the public said they avoid parts of their neighbourhoods as a result.

So, how big is the problem in the UK?

Using the government definitions of binge drinking, 19% of men drink over 8 units (8g) in England and 12% of women drink over 6 units on at least one day in the week. Although drinking at this level regularly

may lead to health problems, it is unlikely to lead to the antisocial consequences linked to binge drinking. Heavy drinking (exceeding 12 units for men and 9 units for women on an occasion) involves 16% of men aged 16-24 and 12% of young women. For ages 25-44 the figures are 15% for men and 11% for women. Hence 81% of men and 88% of women don't binge by any definition, in fact 17% of both 16-24 year old men and women say they never drink alcohol at all.

Smokers are the heaviest drinkers among the young. Average weekly consumption is 22.8 units among smokers and 7.8 units among non-smoking 16-24 year-olds. Among all ages, weekly consumption is 16.6 units versus 8.7 units for non-smokers.

Declining figures, especially among young age groups:

There has been a pronounced change in women's drinking behaviour aged 16 to 24, with those drinking over 6 units falling rapidly from 24% in 2009 to 17% in 2010. Among young men (16-24) those drinking more than 21 units has fallen from 32% in 2005 to 21% in 2010. Even among very heavy drinkers, in England, in 2010, 6% of men reported drinking over 50 units a week on average and 3% of women reported drinking over 35 units in an average week - falling from 9% and 5% in 2005. Perhaps most promising is the fact that alcohol related hospital admissions for under 18s are at a 7 year low, falling from a high of 14,483 in 2006/7 to 12,332 in 2010/11. Shockingly there are more admissions for young women than men, who are also reporting being drunk more often, this may be partly due, as well as to their psychologically reduced ability to breakdown alcohol, to their more 'promiscuous' beverage choices of higher alcohol drinks, whereas young men drink predominantly beer.

In terms of drunkenness in comparison to our EU counterparts, England has fallen from having the fifth highest number of 15 year-olds who had been drunk at least twice in 2005/6 (50% of girls and 44% of boys) to 11th in the ranking to (42% girls and 38% boys). The table is led by Denmark, Lithuania and then Wales (50% girls and 47% boys).

The cost of binge drinking

The most widely cited figure is from the British Crime Survey, which estimated that there were 973,000 violent alcohol related incidents in 2008 - around

half of all violent crimes costing the nation £8 billion. So, the evidence suggests that the excessive consumption of alcohol is falling and the number of those who are binge-drinking is falling, yet those who are drinking to excess, are drinking more and the costs associated with their behaviour continue to escalate.

As binge-drinking is at the heart of most public and media concerns related to alcohol misuse, the government has made it a core commitment of its alcohol strategy to tackle the anti social consequences of public drunkenness and binge drinking.

Core aims are to: reduce the frequency and intensity of binge-drinking episodes and associated behaviours; reduce costs that stem from binge-drinking to the community and Health service and encourage a more responsible attitude toward alcohol consumption over the long-term.

Solutions?

Evidence is beginning to suggest that as the number of binge drinkers fall, the need for increasingly targeted interventions towards deprived communities, binge drinking hot spots and focused on individuals being more effectively held accountable for their behaviours could combine to reduce 'binge drinking' further. A combination of carrot and stick elements may have helped contribute to the decline in binge drinking to date.

Effective engagement – of different sectors of the community with different messages, approaches and methods

Many education programmes aim to reduce binge-drinking by emphasising the health risks. Research suggests however, that most young adults are aware of the health risks of excess alcohol – but do not worry about them in relation to binge-drinking. From a young age, it has been shown that 'fear' arousal and 'guilt' arousal messages lead to little behaviour change, but that campaigns that focus on positive behaviour change (a social norms and life skills based approach for up to age 14). For 15+ emphasising that most people go out to have a good time and not get drunk and non- preachy approaches focusing on being confident in your decisions, eating when drinking, pacing yourself, awareness of units, looking after mates, getting home safely or being a designated driver appear to make a difference and encourage more personal responsibility. Social

Other E solutions

Example – developing positive role models both in and outside of the family as has been done with racing drivers promoting designated driver schemes.

Emphasise – the changing social norms in the UK, where underage drinking is falling and for the first time 'a majority' of under 15 year olds are now choosing not to drink (55%) and drinking to excess is falling especially among 16 –24 year olds.

Experimentation – recognising that most teenagers will 'thrill seek' and want to drink and hence focus on tools for both parents and teenagers to avoid or deal with risky situations.

Encourage – open honest dialogue, setting of family rules and boundaries.

Empower – parents to be proactive in their children's attitude towards alcohol.

Esteem - building positive life skills to stand up to peer pressure and not jeopardise social standing.

Ensure – encouraging programmes to improve public space and safety.

Emulate – from the age of 5 children copy their parents behaviour and example. Tackling drinking issues at home.

Exercise – activities to prevent boredom - a common motivation for underage drinking.

Erosion – finding replacements for the erosion of traditional positive community influences outside of the family such as sports and youth clubs.

media and apps are offering new fields to influence behaviour change. An app from Drinkaware that easily adds up units has led to an encouraging drop in consumption among heavy drinkers for example. These kinds of campaigns are based on a more realistic and accurate understanding of why people behave in particular ways and offer realistic tools for individuals to moderate their behaviour.

Enforcement of existing laws relating to public disorder

Police have very successfully targeted the selling of alcohol to under-18s, in partnership with the Trade's Challenge 25 programme, Pub Watch, Best Bar None and under age prevention programme such as

Community Alcohol Partnerships. However, greater use could be made of drinking banning orders; penalty notices for disorder; and enforcing the laws that forbid knowingly serving people who are already drunk. In 1989, there were almost 100,000 cases of public drunkenness handled by the police, compared to 71,000 in 2010. In 2008, only 574 Penalty Notices were issued for buying alcohol for an under 18, and only 28 people were actually convicted. Similarly, just 66 Penalty Notices for Disorder were issued in England and Wales for the sale of alcohol to a drunken person in 2008, and only one person was found guilty in a Magistrates Court of this offence in 2006-07.

In 2010 irresponsible promotions were banned such as 'all you can drink', 'women drink free' and 'speed drinking competitions'. Although it is too early to assess the effectiveness of these bans, the evidence suggests that the growth in irresponsible promotions played a significant role in incentivising and normalising speed drinking, drinking games and binge drinking. Other on trade regulatory measures introduced in April and October 2010 including free tap water for every customer; and offering smaller measures should also help moderate the environment. It is too soon to evaluate if these measures yet.

Environmental changes

The regeneration of town-centres in the 1980s often saw streets with high concentrations of establishments that were tailored specifically for 'vertical' drinking (e.g. with promotional offers, few seats, a narrow demographic of young customers and loud music). This monoculture of age group and premise type may well have led to normalising of binge-drinking behaviour.

Joined up thinking and partnerships to tackle problem hotspots

Although nationally binge-drinking levels are falling, small-scale, localised research shows a steady growth in young people drinking with the express purpose of getting extremely drunk – what some academics call 'extreme' drinking.

The first 'joined up partnership to improve behaviour was Manchester City Safe, which brought trade and local partners together to improve public transport, street lighting, door staff, police and private security patrols. Many schemes have followed suit, such as Purple Flag which continue to improve the on premise and street space to encourage better

behaviour, clamp down on irresponsible premises and target anti social binge drinkers. Most drinkers go out to have a good time and socialise and not get drunk. They are equally threatened by anti social binge drinking behaviour.

On premise

The way that bar staff interact with customers and operate 'host responsibility' policies is another aspect of the drinking environment that can influence drinking behaviour as well as the lay-out or atmosphere of the premises.

Making sure that bar-staff are able to recognise those who are extremely drunk, and have the confidence to stop serving them, and conferring with other premises via schemes such as PubWatch to mutually ban troublemakers has had an effect.

On premise improvements such as better designed access to loos and the bar, more seating, better food offerings, staggered closing times, properly trained bar and door staff together with the more recent measures introducing free tap water, smaller measures and the banning of volume related promotions are combining to reduce binge drinking and associated problems.

The final environmental issue, is the lack of space and activities for teenagers that are under the age of 18. Under age drinkers cite the lack of other things to do and engaging spaces for them to safely 'belong' out of school time as a motivator for drinking, especially in deprived areas. Again huge investment has been ploughed into local clubs, skate parks and sports based activities for communities thanks to the National Lottery but more can still be done.

Expectations

Antisocial behaviour is not excused by binge drinking

The main component of attitudes that is important for binge drinking is called 'alcohol expectancy': what a person expects to happen when he or she gets drunk. This is built up from unconsciously learned behaviour from our parents and peers as children and young adults. Therefore the role alcohol plays in situations: whether drinking with a meal or to escape difficulties; or whether inappropriate behaviour is considered normal when drunk, or is heavily disapproved of affects the next generation. Hence the way that parents drink around their children and social norms and life skill based alcohol education via the PSHE

curriculum is crucial. We will never escape the need for a proportion of youngsters to push boundaries, thrill seek and see drinking as a rite of passage as part of their hedonistic, consumer culture but example and role models and indeed media portrayal of drinking can help make public drunkenness and using drink as an excuse for antisocial behaviours unacceptable.

Rite of passage

Joseph Rowntree Foundation research shows that drinking cultures have changed over the last five to ten years, even as binge drinking levels have fallen. Binge-drinking has become more extreme, with visible displays of drunkenness viewed as normal and as forming personal narratives and myths. Binge drinking is a rite of passage into full adulthood (between ages of 18-25 years old). And many young drinkers see it as a 'normative pathway' – it being something you do when you are young but give up when more mature (into your late twenties). The prevalence of local drinking cultures means binge-drinking behaviour is affected by a host of specific factors such as socio-economic class, ethnicity, and random local and transient social norms.

Expensive?

A recent report by DEMOS on Binge Drinking found that affordability of alcohol does correlate to levels of consumption, but only accounts for 22 % of the variation in demand: countries where excise tax on alcohol is very high also have very high levels of consumption, and the UK already has the third least affordable alcohol in Europe. More problematic is that there appears to be no correlation between affordability and alcohol-related harm. In other words, even if alcohol is made less affordable, the behaviours associated with binge-drinking would not necessarily change, because they are a complex mix of cultural and social forces. Demos suggest that price sometimes reduces the amount drunk in binge drinking sessions, and sometimes the way alcohol is consumed (e.g. encouraging more 'pre-loading'), but does not necessarily reduce the motivation to binge drink.

Unforeseen consequences

The 1980s and 1990s saw the growth of 'monocultures' of many premises of one type in town centres encouraging a 'vertical drinking culture' which reinforced perceived social norms that binge drinking was a majority pass time. Coupled with on trade drinks

promotions such as 'all you can drink for £10', shots and many irresponsible drink promotions which, in addition to other drinking trends such as high-strength lagers, higher strength wines, shots, and larger measures (doubles and large glasses of wine) all conspired to make binge drinking more likely in public. Over the last decade, as discussed above, huge changes have been made in improving the on trade environment (both voluntary and legally). However, the disparity in cost in alcohol now in the on trade versus off trade sales has led to the growth of drinking at home before going out, or preloading.

Preloading

The rising price of on-licence alcohol sales may have made preloading more attractive and emerging studies suggest it is an important component of binge-drinking behaviour. Lancashire Drug & Alcohol Action Team found 73% of respondents in the 21-24 age group stated that they do drink at home before a night out. A North West survey of young adults (aged 18-35) found that 25% of female and 15% of male alcohol consumption occurred at home before going out. Moreover, participants who drank before going out were more likely to have been involved in alcohol-related crime and disorder, being two and a half times more likely to have engaged in fighting during nights out within the previous 12 months.

Pre-loading may be done largely for economic reasons but there is research suggesting young people see it as an 'enjoyable activity' in terms of social bonding, a short period of 'controlled loss of control' and hedonism and one of the 'rituals' of binge-drinking. It is of particular concern, because those who do it are considerably more likely to end up being involved in an alcohol related incident.

Evaluation

Evaluating the effectiveness of schemes aimed at tackling binge drinking and its associations is of prime importance, not only to ensure they work, but for public confidence and to ensure buy in from businesses and local authorities who can see cost savings from less crime, disorder and accidents. A good example of measured evaluation is the work of the Community Alcohol Partnership (launched 2007) with the objective of reducing harm to society and victims (including young drinkers); deliver a cultural change and to challenging and changing public perceptions. There are 36 CAPS active in the UK.

St Neots CAP was led by Cambridgeshire County Council Trading Standards. Three main approaches were used providing greater Education about the law in relation to underage sales. Increase enforcement with more patrols of hotspot areas, confiscating alcohol from under 18s. Retailers working closes with trading standards on enforcement issues and Public perception was changed by working with local media to provided regular CAP news stories that built community confidence and helped alter public perception of underage drinking.

Overall the scheme saw a reduction in anti-social behaviour of 40% and the amount of alcohol related litter dropped by 90%. In the longer term, the scheme allowed for a better relationship between retailers and enforcers and for cleaner public spaces with incidents of group drinking reduce. Due to the structure of Community Alcohol Partnerships, this came at no extra costs to the police or local authority. Similarly in Kent, CAP pilot areas saw a decline in

offences of criminal damage of 6% greater than in non-pilot areas.

So what more can be done?

In short, as the binge drinking community becomes smaller, more targeted programmes should be aimed at problem areas and populations. The police should use the powers already at their disposal to ensure individuals are held accountable for their actions when drunk and disorderly. The focus should be on the provision of fun and imaginative mixed on trade environments with well trained staff working together with the wider community to ensure a safe and profitable environment. Finally, while not forgetting that young people will always need to thrill seek, seek hedonism and have a good time one hopes, this doesn't excuse violence, disorder, mess, noise and the cost imposed on society by a minority who should be held more personally accountable for their actions.

Alcohol on Emotion and Social Bonding

A new study led by University of Pittsburgh researchers reveals that moderate amounts of alcohol—consumed in a social setting—can enhance positive emotions and social bonding and relieve negative emotions among those drinking.

While it is usually taken for granted that people drink to reduce stress and enhance positive feelings, many studies have shown that alcohol consumption has an opposite effect.

According to the researchers, previous alcohol studies testing the impact of alcohol on emotions involved social drinkers consuming alcohol in isolation rather than in groups.

“Those studies may have failed to create realistic conditions for studying this highly social drug,” said Michael A. Sayette, lead author and professor of psychology in Pitt's Kenneth P. Dietrich School of Arts and Sciences. *“We felt that many of the most significant effects of alcohol would more likely be revealed in an experiment using a social setting.”*

Sayette and his colleagues assembled various small groups using 720 male and female participants, a larger sample than in previous alcohol studies. Researchers assessed individual and group interactions using the Facial Action Coding System (FACS) and the Group talk model for speech behaviour.

They concluded that alcohol stimulates social bonding, increases the amount of time people spend talking to one another, and reduces displays of negative emotions. According to Sayette, the paper introduces into the alcohol literature new measures of facial expression and speech behaviour that offer a sensitive and comprehensive assessment of social bonding.

Results showed that alcohol not only increased the frequency of “true” smiles, but also enhanced the coordination of these smiles. In other words, alcohol enhanced the likelihood of “golden moments,” with groups provided alcohol being more likely than those offered nonalcoholic beverages to have all three group members smile simultaneously. Participants in alcohol-drinking groups also likely reported greater social bonding than did the nonalcohol-drinking groups and were more likely to have all three members stay involved in the discussion.

The new research sets the stage for evaluation of potential associations between socioemotional responses to alcohol and individual differences in personality, family history of alcoholism, and genetic vulnerability.

Source: Alcohol on Emotion and Social Bonding Michael A. Sayette et al. The paper will be published in Psychological Science, a journal of the Association for Psychological Science.

Can promotion of lower alcohol products help reduce consumption?

A short report from the Centre for Public Health, Liverpool John Moores University, UK summarises the evidence as to whether the promotion of lower alcohol products can help reduce alcohol consumption. The report follows increased interest in the UK following initiatives to reduce the alcoholic content of many drinks as part of the Government's Responsibility Deal.

The report states that /Lower alcohol products have been commercially available for many years, and in recent years, producers have sought to extend their ranges due to increasing consumer demand for 'healthier' products. Lowering the alcohol content of drinks offers health benefits for drinkers and at a population level, policies that promote the production and consumption of lower alcohol products have the potential to contribute to reductions in alcohol-related harms.

The report raises the following concerns:

- The introduction of lower alcohol products may be primarily additive and increase the number

of situations in which alcohol is consumed (for example, low strength beers have been marketed as "the ideal lunchtime pint").

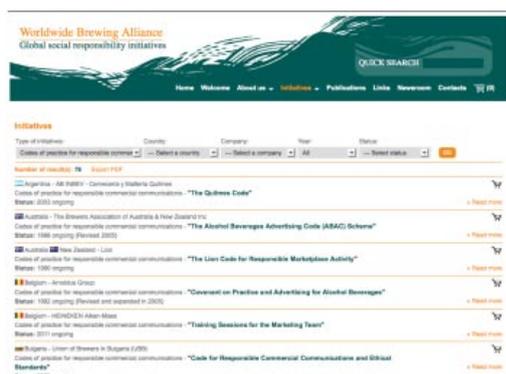
- Persuading consumers to switch to lower alcohol products is not straightforward, and evidence for a substitution effect following their introduction to the market is lacking.
- In the UK, legislation was introduced last year to provide a new duty on beer to encourage the production and consumption of Low strength beers. However, substitution is more likely to take place if the availability of high strength alcoholic beverages is restricted alongside increases in the availability of lower alcohol alternatives.
- There has been a steady decline in beer consumption in the UK with parallel increases in wine and cider consumption and encouraging production and consumption of lower alcohol products in a single product category is unlikely to maximize effects on population level harms.

<http://www.cph.org.uk/showPublication.aspx?pubid=792>

World Brewing Alliance catalogue of responsibility initiatives

A website has been launched by the Worldwide Brewing Alliance (WBA), cataloguing the initiatives contributed to by the global brewing industry to help reduce the harmful use of alcohol and to promoting responsible drinking of beer across the world. The 2012 digital version allows users to search by several criteria and create customised reports based on their queries.

The new website is available here: <http://gsri.worldwidebrewingalliance.org>



South Korea labels warn against violence

Hite-Jinro, South Korea's top liquor maker has said that it has started labelling bottles with warnings against drunken violence. It began labelling soju and beer bottles sold in Seoul with messages reading: "No more drunken violence! Let's improve wrong drinking culture!"

The firm is the nation's top maker of soju, a distilled liquor popular among Koreans, and the second-largest beer seller. The joint campaign with Seoul police aims to curb alcohol-induced violence and other rowdy behaviour, a spokesman said.

Average adult annual consumption of spirits in South Korea is 9.57 litres, the world's highest, according to 2005 data from the World Health Organisation published last year.

Street brawls, family violence and other crimes involving drinking are common. But courts often give lenient punishments to offenders who acted under the influence.

"We felt tremendously responsible for social problems caused by drinking... we will help with efforts to change our drinking culture to a more positive one," said a sales manager at Hite-Jinro.

Report highlights changing patterns in supply of alcohol to underage in UK

A University of Plymouth study commissioned by Serve Legal has highlighted improved checking of ID for young people purchasing alcohol in the UK. In 2007 the ID of teenage mystery shoppers attempting to buy alcohol from retailers or pubs was checked just over half of the time (55%). By 2010, ID was checked in 71% of cases.

However, the report also warns that while greater vigilance by retailers has helped reduce alcohol consumption among young people, it has also prompted a shift in the way underage drinkers are getting hold of alcohol. Online retailers are identified as a key potential source of alcohol for underage drinkers.

Researchers uncovered a number of websites that sold alcohol where there was either no discernible age-check policy or a simple disclaimer noting that the consumer needed to be over 18 to complete the purchase. Even major retailers, many of which

have age-related policies in place regarding on-line alcohol purchases, mainly relied on an ID check at the point of delivery.

The report also identifies 'proxy-purchasing' as a growing trend with 42% of underage drinkers claiming to have bought alcohol from friends, relatives or 'someone else'. Data contained in the report found that while just 4% of underage consumers would try to buy alcohol at the till in a large supermarket, 74% would attempt to obtain alcohol from parents and 86% from older siblings or friends.

Ed Heaver, Director of Serve Legal, said: "The battleground is changing in the fight against underage drinking – online retailers need to take heed of this warning and improve their age-checking procedures. Meanwhile parents and friends also need to understand the harm their proxy purchasing is doing."

<http://issuu.com/servelegal/docs/checked-out-2012>

UK Alcohol companies on track to deliver health labelling pledge and unit reduction

Alcohol producers in the UK are on track to deliver their pledge (given as part of the government's public health responsibility deal) to provide health information on 80% of alcohol labels on UK shelves by the end of December 2013.

Alcohol producers have volunteered to feature three elements of health-related advisory information on product labels by the end of December 2013. These elements are the unit content, the Chief Medical Officers' sensible drinking guidelines and a warning about alcohol and pregnancy.

The data compiled by the Portman Group shows that the current compliance is over 60% with 18 months still remaining. More companies are expected to confirm their pledges in the coming months. Over and above the three core elements, many companies are taking the opportunity to include a reference to the Drinkaware website and a 'please drink responsibly' message.

Further details on monitoring and compliance can be found on the labelling factsheet on the Department of Health's website

<http://responsibilitydeal.dh.gov.uk/2012/02/03/a1-factsheet/>

The Department of Health has also published delivery plans for its alcohol unit reduction pledge from early signatories to the initiative. So far, 31 alcohol producers and retailers have agreed to remove one billion units of alcohol sold annually from the United Kingdom market by December 2015 through lowering alcohol by volume (ABV) of existing beverages, introducing new products with a lower ABV, and encouraging smaller servings. Health Secretary Andrew Lansley said that the "pledge forms a key part of the shared responsibility we will encourage as part of the alcohol strategy."

<http://responsibilitydeal.dh.gov.uk/2012/03/23/a8pledgelaunc/>

Scheme to report suppliers of alcohol to underage



“Proxy Watch” is a scheme run by Portsmouth City Council, which allows members of the public to report incidents where they are asked by youths to buy alcohol and cigarettes. Improvements in retailers knowledge and checking procedures has meant that under 18s find it much harder to buy alcohol

and cigarettes over the counter. This has led to young people attempting to coerce adults to make purchases on their behalf.

ProxyWatch receives information from a wide variety of sources including members of the public, police, community wardens, shop managers and shop staff. The overall aim of ProxyWatch is to reduce the supply of alcohol to minors, the aim of which is to reduce anti social behaviour near and around retail areas.

The scheme has now been running successfully for 3 years and a recent poll of retailers showed that 78% of staff have offered ProxyWatch cards to their customers

64% have noticed a reduction in youths asking customers to obtain alcohol near their store

32% have noticed a small reduction in anti-social behaviour; 55% have noticed a large reduction; 13% have not noticed a change

35% of staff have used the ProxyWatch scheme

http://www.portsmouth.gov.uk/business/18872.html?goback=.gde_3953182_member_126404459Ref:44/2012

Alcohol to be banned on Scottish trains

Alcohol consumption is being banned from Scottish trains between 21:00 and 10:00, from 20 July. Drunk passengers could be prevented from travelling on trains under the crackdown. Alcohol is already prohibited on certain services during football, rugby and other special events. This wider ban is being implemented in response to a consultation on the future of train services, which showed concern from passengers about travelling with drunk passengers. Transport police have dealt with at least 260 drink-related incidents in the last six months, and an increasing number of trains have also been delayed, because of anti-social behaviour.

Justice Secretary Kenny MacAskill, added: “We want everyone to enjoy themselves on nights out, but consideration for others is also vitally important. A journey home on a train shouldn’t be a worrying or upsetting experience for any passenger.”

Drink and drug driving convictions fall by third in Scotland

The number of motorists convicted of driving under the influence of drink or drugs has fallen by a third in five years. Government statistics show there were 5348 people convicted in 2010 to 2011, compared with 8071 in 2006 to 2007.

The figures come as the Scottish Government plan to reduce the legal alcohol limit.

Nationalist MSP Stewart Maxwell, who obtained the figures, said: “People are taking on the message that it is completely unacceptable to drive while under the influence of alcohol or drugs... It is still concerning that a high number have still opted to get behind the wheel while under the influence, posing a danger to innocent road users”.

PASS Age verification cards

PASS (Proof of Age Standards Scheme) is a national scheme that accredits proof of age cards. Twenty one different organisations currently issue PASS cards – five national schemes and sixteen local authority schemes. All have to comply with stringent card issuing standards that are audited every two years by Trading Standards. Every PASS card carries a photograph of the holder with a distinctive hologram which gives retailers and law enforcer’s confidence that a card is

genuine. PASS cards provide an important tool for retailers to ensure that they do not sell age restricted products to people below the designated age for a given category of product. Age restricted products in the UK include alcohol, fireworks, lottery tickets, knives, petrol, spray paints and tobacco. See www.pass-scheme.org.uk to order training cards or to arrange a training session.

Limits on safe drinking reduced in the Republic of Ireland

The weekly recommended alcohol limits for men and women have been lowered by the Department of Health in Ireland. The new advice is that men should not consume more than 17 units of 10g spread over a week (approximately 170g of alcohol), down from 21 units while women should not consume more than 11 units during this time, down from 14.

The Minister for Health announced the change in June when he launched healthy eating guidelines for the general public and healthcare professionals which are designed to complement many of the actions his Government is taking on obesity.

Two booklets were launched 'Your Guide to Healthy Eating Using the Food Pyramid' from the Department and the complementary Food Safety Authority of Ireland (FSAI)'s resource for health professionals, 'Healthy Eating and Active Living for Adults, Teenagers

and Children over 5 years – A Food Guide for Health Professionals and Catering Services'.

The Department of Health has included alcohol in the top-shelf of the Food Pyramid, which has foodstuffs that contain approximately 100 calories and need to be restricted to only one serving per day.

Minister Reilly said the guidelines were user-friendly with each shelf of the Food Pyramid given a two-page spread of information and pictorial emphasis, and contained simple messages about everyday food choices.

"While parents should have a guide to children's appetites and the speed of their growth, these guidelines strongly recommend a concentration on the size of portion of food eaten," the Minister said.

Prof Alan Reilly, Chief Executive, FSAI, added that this was the first time there had been detailed healthy eating advice for health professionals tailored to meet the needs of different age and gender groups in Ireland.

http://www.dohc.ie/publications/pdf/YourGuide_HealthyEating_FoodPyramid.pdf

Understanding the Food Pyramid



New drink drive law in Italy

Italy may soon see the introduction of a new traffic offence aimed at giving more severe penalties to drivers under the effects of alcohol and drugs. "Omicidio stradale" (Road murder) is defined as a traffic offence where the driver is guilty of a murder while driving with a BAC limit over 1.5g/l or under the influence of drugs.

Penalties are likely to increase from a minimum of eight to a maximum of eighteen years of imprisonment. The offender caught in the act will be arrested and will have their driving licence revoked. More specifically, the driving licence will be withdrawn after the first

road murder committed by the driver caught while under the influence of drugs and alcohol. The Italian Minister of Transport, Corrado Passera, declared he would thoroughly analyse the proposal while the road safety community is calling on the Italian government to accelerate the approval of the bill.

The road murder crime is part of a project called 'David', launched in Florence, and aiming at saving 58 lives and decreasing the number of serious injuries by 2020.

Alcohol: Public Knowledge, Attitudes and Behaviours in Ireland

In May 2012, the Health Research Board, on behalf of the Department of Health, commissioned Ipsos MRBI to conduct a survey in order to measure public knowledge, attitudes and behaviour towards the purchasing and consumption of alcohol; the marketing and selling of alcohol; and current and possible responses to alcohol-related health and social harms. A questionnaire designed by the Health Research Board in collaboration with Ipsos MRBI was administered to 1,020 respondents at 100 sampling points throughout all counties in the Republic of Ireland. The sample was representative of the 3.4 million adults aged 18 years and over when compared with Census 2011 figures and was further weighted to match the Census for analysis.

Alcohol Consumption

17% of respondents have not had an alcoholic drink in the last year. 49% drink weekly or more often. Drinking at home is very popular among all age groups, at between 74 and 90% of all those who have ever drunk alcohol in the past. Almost four out of ten say that they have heard the term "standard drink". Less than one out of ten (9%) can correctly identify the number of standard drinks in four different alcoholic drinks of various measures. 9% can correctly identify the pre-2010 recommended weekly maximum number of standard drinks for men and for women.

There is strong support for more labelling on cans and bottles containing alcohol. 98% support including labelling on the alcohol strength, the number of

calories (82%), details of alcohol-related harms (95%) and on the ingredients (91%). There is near complete support (95% or over) for healthcare professional asking about alcohol consumption where it is linked to the patient's condition or treatment.

Impact of Alcohol on Society

86% agree that there are high rates of drunkenness on Irish streets at night and 85% that the current level of alcohol consumption in Ireland is too high. 71% do not agree that alcohol consumption is reducing in Ireland and 73% thinks that Irish society tolerates high levels of alcohol consumption. 75% do not agree it is safe to drive after one alcoholic drink and 90% do not agree that it is safe to drive after two alcoholic drinks. 94% support mandatory testing of the alcohol levels of drivers involved in traffic accidents and 84% support fitting an "alcohol lock" in the car of those convicted of drink driving on more than one occasion.

Participants recognised that common medical conditions are associated with consuming alcohol in excess of the recommended maximum, such as liver disease (92%), pancreatitis (84%) and high blood pressure (80%), are widely known.

Government Intervention

78% agree that the government has a responsibility to implement public health measures to address high alcohol consumption, with strongest agreement among those aged 25 years and older.

<http://www.hrb.ie/publications/hrb-publication/publications//581/>

Italy: Survey shows 59% of young people had their first drink with their parents

Italy has one of the earliest ages of initiation of drinking, especially among boys (10% of 11 year old boys drink once a week and 17% at age 13 source HSBC 2012), yet has one of the lowest underage drunkenness rates in Europe, with just 13% being drunk at age 16 once a month against an EU average of 17%, or 37% in Denmark and 32% in Spain (ESPAD 2012).

According to a survey carried out on underage drinking on a national sample of 2,000 eight grade students (aged 13-14), 59% of young Italians had their first alcoholic drink with their parents. In addition, just over 18% of them had it with their friends, of which 11.4% with same age friends and 6.9% with older ones; 14% of them with other relatives; while

10.5% of girls never had a alcoholic drink compared to 8.3% of boys.

A total of 29.5% of them had their first alcoholic drink aged six to ten, while 8.2% of them were aged under six, with those from the north-east starting to drink earlier: 35% of them were aged six to ten and 11.6% of them were aged under six. Some 37.9% of them had their first drink during a meal, whereas 19% of them during a special occasion and 10% of them at a party. For 8.7% of them the first drink is seen as a forbidden thing to experience, while 46.5% of them say they never had a particular feeling about it. Moreover 24% of them dislike the taste of alcohol, compared to 25% of them who like it.

Source: *Il Corriere della Sera*, 25 Jun 2012

IREB report - Alcohol: and its health effects

IREB have published their 15th Focus report which gives an update on the Knowledge of the multiple effects of alcohol. The report provides an update on research relating to Alcohol and The Brain, Alcohol and The Liver, Alcohol and Cancer and Alcohol Metabolism and Cardiovascular System.

For more information visit <http://www.ireb.com/node/2291>

France brings in breathalyser law

New motoring laws have come into force in France making it compulsory for drivers to carry breathalyser kits in their vehicles.

As of July 1, motorists and motorcyclists will face an on-the-spot fine unless they travel with two single-use devices as part of a government drive to reduce the number of drink-drive related deaths.

The new regulations, which excludes mopeds, will be fully enforced and include foreigner drivers from November 1 following a four-month grace period. Anyone failing to produce a breathalyser after that date will receive an 11 euro fine.

French police have warned they will be carrying out random checks on drivers crossing into France via ferries and through the Channel Tunnel to enforce the new rules.

The French government hopes to save around 500 lives a year by introducing the new laws, which will encourage drivers who suspect they may be over the limit to test themselves with the kits.

France: Most driving offences are down in first five months of 2012

According to the French crime monitoring authority ONDRP, the number of drink driving offences totalled 58,270 in the first five months of 2012, down 20% year-on-year. Over the same period, the number of drug-driving offences reached 12,030 (+9.4%), serious speeding offences - issued to drivers exceeding the speed limit by over 50km/h - numbered 5,905 (-17.2%) and, finally, the number of those stopped for driving without a licence amounted to 39,947 (-4.6%).

France: Umih sensitive to the risks of drunk driving

Umih 45 has teamed with the Loiret departmental council, the prefecture and the road prevention association to launch a campaign about the risks of drunk driving. Aimed at young people via a Facebook page, this campaign will notably be visible during the time when the number of road accidents involving young people increases: 6-7 July for the results of the 'Bac' test; 15-16 September for student parties and 21-22 December during the end-of-year holidays. The campaign's slogan is 'If you drive, don't drink'. Umih is the union that represents the hotel, restaurant, café and night club sector in France.

Legal drinking age in Holland set to rise to 18

It is now very likely the legal age for buying wine and beer in the Netherlands will rise from 16 to 18, possibly even ahead of the September general election.

Labour, the Socialist Party and GroenLinks all agreed to include the new age limit in their election manifestos during party conferences this weekend, and the three Christian parties had already made public their commitment to a higher age limit.

'There is now a clear majority in favour in parliament,' Labour MP Lea Bouwmeester told news agency ANP. 'We and the other parties are now working on draft legislation. We will be able to submit it to parliament before September 12.'

Responsibility for ensuring the ban is kept will be largely up to local authorities, Bouwmeester said. 'At the moment there are just 18 inspectors for the entire country and that is not enough,' she said. 'Now we can finally bring in an effective alcohol policy.'

In May, the country's regional health board chief said supermarkets should be banned from selling beer and other alcoholic drinks at a discount and the legal drinking age should be raised to 18.

Also in May, the senate passed legislation making it a criminal offence for the under-16s to be in possession of alcohol. While 16 and 17-year-olds are allowed to drink beer and wine, you must be 18 or older to buy spirits in the Netherlands.

Drink driving campaign in Italy

In May 2012 Diageo, in partnership with ACI (Italian Automobile Club), launched a national anti drink driving campaign called "Have Fun Responsibly" (Divertiti responsabilmente), under the patronage of the Ministry of International Cooperation and Social Inclusion – Department of Youth. The sixth edition of the campaign was presented in Rome at the end of May and aims at promoting responsible drinking and road safety among young people, especially focusing on designated drivers programmes. The campaign runs from May to August 2012 and will involve 12 Italian provinces in 9 different Italian regions.

During the tour, awareness raising campaigns are organised outside nightclubs and discos mostly attracting young people. Information



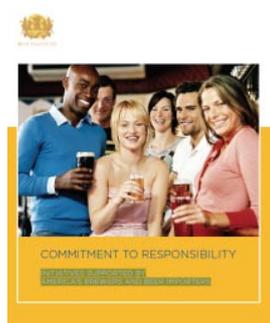
concerning the current traffic regulations in force, sanctions related to a drink driving offence and how to drink responsibly are also provided during the "Have fun responsibly" nights.

Beer institute commitment to responsibility

The Beer Institute have published a report of all responsibility Initiatives supported by their members, America's brewers and beer importers. The initiatives include advertising and

marketing codes, preventing underage drinking, promoting responsibility on college campuses and preventing drink driving and encouraging responsible consumption.

<http://www.beerstitute.org/BeerInstitute/files/cclibraryFiles/Filename/000000001267/Commitment%202012%20FINAL.pdf>



Simulation programme teaches teens about drunk and distracted driving in US

A new simulation programme is teaching young drivers about the risks of drunk and distracted driving. The programme is designed to demonstrate what can happen if they have an accident while they are driving under the influence or texting while driving.

One Simple Decision, made by Virtual Driver Interactive (VDI), combines simulated driving with video footage of interactions with law enforcement, judges and emergency medical personnel.

The Ohio Department of Transportation bought four VDI simulators, at a cost of \$42,000. It uses them at schools, football games and county fairs. Spokeswoman Melissa Ayers said "We recognised that there is an issue, especially among young drivers, with paying attention to the road," "We started using it last year. And have received really good feedback. The kids realise after they've used the simulator the they really can't do two things at once (while driving)."

A government report issued in December found an estimated 31 % of driving deaths were linked to alcohol in 2010, compared with 9% of deaths caused by distracted driving.

Operation Dry Water in the US

In the US, each state has laws prohibiting operation of a vessel while under the influence of alcohol or drugs. The Coast Guard also enforces a federal law prohibiting boating under the influence. Operating a recreational vessel with a blood alcohol content of .08 or higher is against federal law. The blood alcohol content is .04 or higher if you are aboard a commercial vessel.



Between June 22 - 24, a multi-agency initiative took to the water in an effort to limit accidents and fatalities as a result of boating under the influence and educate boaters across the nation on just how dangerous it is to mix boating and alcohol.

Operation Dry Water puts thousands of local, state and federal law enforcement officers on the water nationwide to keep a lookout for boaters who drink as well as providing boating safety education and awareness materials.

<http://www.operationdrywater.org/>

Age verification app available for twitter alcohol sales

Twitter and Buddy Media have launched a free tool designed to help alcohol brands market only to people of legal drinking age. Jim Beam, Jack Daniels and MillerCoors have been testing the feature over the last month, and other brands can now sign up to employ it.

When users attempt to follow a liquor, beer or wine brand on the social site, they will automatically receive a direct message on Twitter from the company, directing them to an age screening page. If they give an age that meets the requirement of their local drinking law, the consumers will be able to follow alcohol brands.

Andrea Javor, a digital exec for Jim Beam said that her company could now use Twitter as a marketing platform without worrying as much about attracting underage drinkers. Up until now, Javor said, her team has had to manually tweet to new followers to verify their age.

“So now that we have this, I think you will see a lot more activity from us across all of our brands,” she said. “I think you’ll see us doing more of the Promoted Tweets and Promoted Trends and other advertising on Twitter. We know that our [of-age] consumers are there. We know we need to be there.”

Marketing online has long been seen as a potential minefield for alcohol brands since attributing age to consumers on websites is difficult. The emergence of popular social media sites like Twitter and Facebook— with the Federal Trade Commission doing its best to monitor alcohol companies—has further complicated things.

“We have been overly cautious on Twitter,” Javor explained. “We’ve done probably what I consider to be a very minimal emphasis in terms of funding and focus because they didn’t have that age gate in place. We are really excited that we have this greater level of confidence that we are reaching [of-age] consumers.”

Anheuser-Busch launches new site to encourage adults to drink responsibly

30 years after the launch of Know When to Say When, Anheuser-Busch is unveiling its newest responsible drinking campaign, which relies on online and social media – both unheard of in 1982 – to engage adult drinkers and raise awareness.

The new site, NationofResponsibleDrinkers.com— asks adults to pledge their commitment to drink responsibly and then share it through Facebook to encourage friends to do the same. The pledge is three-fold:

- Respect the legal drinking age
- Enjoy responsibly and know when to say when
- Be or use a designated driver

Each pledge is then populated on an interactive map, showing those who have taken the pledge in their communities.

“With close to half a billion adults on Facebook, we see an enormous opportunity to expand our reach to newer generations of adult drinkers – most of whom came of age after Know When to Say When and our earlier responsible drinking campaigns,” said Kathy Casso, vice president of Corporate Social Responsibility for Anheuser-Busch. “We’re looking to the future of alcohol responsibility, and we see the potential in social media – with its ability to bring adults together and peer-to-peer persuasion – to help friends and family make smarter choices.”

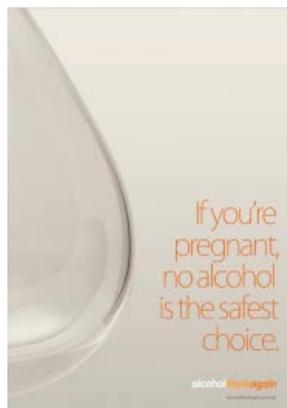


Canada drink drive legislation

In British Columbia, Canada, legislative amendments requiring all drivers to be provided with a second breath test if they fail their first test will go into effect. Elements of the original 2010 legislation were ruled unconstitutional by a judge as police officials could

issue penalties without an appropriate appeals process. Police officers will now have to inform motorists of their right to take a second test, and the lower of the two readings will apply.

Western Australia Government recommends alcohol free pregnancy



The No Alcohol During Pregnancy is the Safest Choice Campaign was launched on Sunday 17 June 2012. This is the first West Australian campaign to advise against alcohol use during pregnancy in the general population.

Research suggests that women are confused about whether small amounts of alcohol during pregnancy are safe. The campaign material is based on research conducted by Edith Cowan University with pregnant women and women of childbearing age in Perth, and has been shown to effectively increase women's intentions to abstain from alcohol during pregnancy.

According to research, only 2 out of 3 Australian women have heard of the effects of alcohol use during pregnancy on the fetus and women believe health professionals are the best source of information about alcohol use during pregnancy.

<http://www.alcoholthinkagain.com.au>

Australia: Health warning labels to be compulsory

Australia's health ministry will require all spirits, beers and wines to have health warning labels to prevent women from drinking alcohol when they are pregnant. The alcohol industry has been allowed to come out with their own labelling system within 18 months before the health warning label becomes mandatory. The government intends for the cigarette-style warning label to bring out stronger message that drinking any alcohol during pregnancy will harm unborn baby.

Bolivia: Senate approves law to restrict advertising of alcoholic beverages

Bolivia's Senate has approved a new Anti-alcohol Law that restricts the advertisement and publicity of alcoholic beverages on the television and radio between the hours of 06:00 and 21:00. The law aims to regulate excess consumption of alcoholic beverages and generate a culture of awareness among the population.

New Zealand new responsible drinking website

A new website created by the Alcohol Advisory Council of New Zealand provides information on how to drink moderately and address over consumption. There



are also tips for hosting parties and tips for social gathering in the workplace.

<http://www.easeuponthedrink.org.nz/>

Chile: Scheme of zero tolerance with alcohol to reach the regions

The scheme of zero tolerance to drink driving will be extended to the whole of Chile soon. The scheme was initially implemented in Santiago and Valparaiso. Over 541,000 drivers have been checked and 47,000 tested since 15 March 2012. 92% of all tests showed normal results. 3,469 were positive. 65% of these drivers were drunk. Biobio region will be the first to have these tests. Coquimbo and Atacama will follow on 12 July 2012.

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

AIM Mission Statement

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

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