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## Poland

A bill currently under discussion by the Polish Senate would ban the promotion of alcohol products on websites and social portals aimed at minors. The bill includes more stringent regulations in media advertising, with beer adverts being banned before 11 pm on Polish television. In addition, the bill includes plans to ban selling alcohol in stadiums, on beaches and at petrol stations. The proposals have met with strong reaction from both the beer industry members and the Ministry of Interior and Administration.

## Norway

The EU Commission will not grant Norway a continued exemption from the implementation of the Audiovisual Media Services Directive. This means that the Norwegian government will have to accept TV advertising for alcoholic beverages in Norway when a broadcast is from another country.

## Australia

Victoria will join NSW, Tasmania and Queensland by making it illegal for adults to give children alcohol in their homes without parental permission. Adults who supply other people's children with alcohol could be fined more than \$7,000 under the legislation to be introduced into the Victorian parliament this year

## France

For the start of the 2011 academic year on 24 February 2011, French Higher Education Minister Valérie Pécresse unveiled a series of measures to prevent student events from getting out of hand due to excessive consumption of alcohol. Under the new measures, event organisers will be required to notify local authorities of their plans and there will be restrictions on "happy hours" and open bars at student events. Universities will be encouraged to offer specialised courses to raise awareness of addiction. A guide will be sent to event organisers and heads of establishments before summer 2011.

## Argentina

A growing number of restaurants in the Buenos Aires area are installing alcoholic breath testers to help combat drink-driving rates in the city. 64 locations in the capital itself are equipped to measure alcohol levels, with another 39 installed in the province. The machines have been provided by the National Road Safety Agency (ANSV). Their use is not obligatory for patrons, but is there to indicate whether or not they should get behind the wheel.

## Russian

In Russia, the Duma has passed a law that explicitly acknowledges that beer contains alcohol and bans the sale of beer between 11pm and 8am. As a result of the bill, beer will no longer be sold from street kiosks and smaller shops.

## The metabolism of alcohol and its effect on estimating blood alcohol concentration

This article has been collated in response to a series of dialogues between members of AIM Social Scientific and Medical Council and The International Scientific Forum on Alcohol Research. Gordon Troup of Monash University, invited his mathematician colleague, Mike Deakin to look at the maths and statistics in the literature regarding the rate of metabolism of alcohol and blood alcohol concentration, much of which dates mainly from the 1950's and indeed back to the 19th century.

### The mechanisms of how alcohol is broken down

We know that alcohol (ethanol), a small water soluble molecule, can be absorbed unchanged along the whole length of the digestive tract and that absorption takes place rapidly from the stomach (about 20%), and most rapidly from the small gut (about 80%).

We know too, that the rate of absorption after drinking is affected by several factors, such as the concentration and volume of liquid taken with the alcohol, whether drinking with or without food, the rate of gastric emptying and individual variations, such as ethnicity, height, weight and sex.

After absorption into the blood-stream, alcohol is distributed quickly throughout the total body water. Approximately 90% is broken down into carbon dioxide and water at a steady rate, the remainder is excreted unchanged in the urine, expired air and sweat.

The main site of metabolism of ethanol is the liver, although some other tissues, for example kidney, muscle, lung, intestine and possibly even the brain, may break down smaller quantities. It is thought that the rate-limiting step in the breakdown of alcohol is its conversion to acetaldehyde (toxic), a reaction catalysed by the zinc-containing enzyme, alcohol dehydrogenase (ADH).

The acetaldehyde formed in the first oxidative step in the metabolism of ethanol, is then

converted to acetate (harmless) – and then into CO<sub>2</sub>, H<sub>2</sub>O and energy (this is known as the Krebs cycle) and excreted via the normal routes!

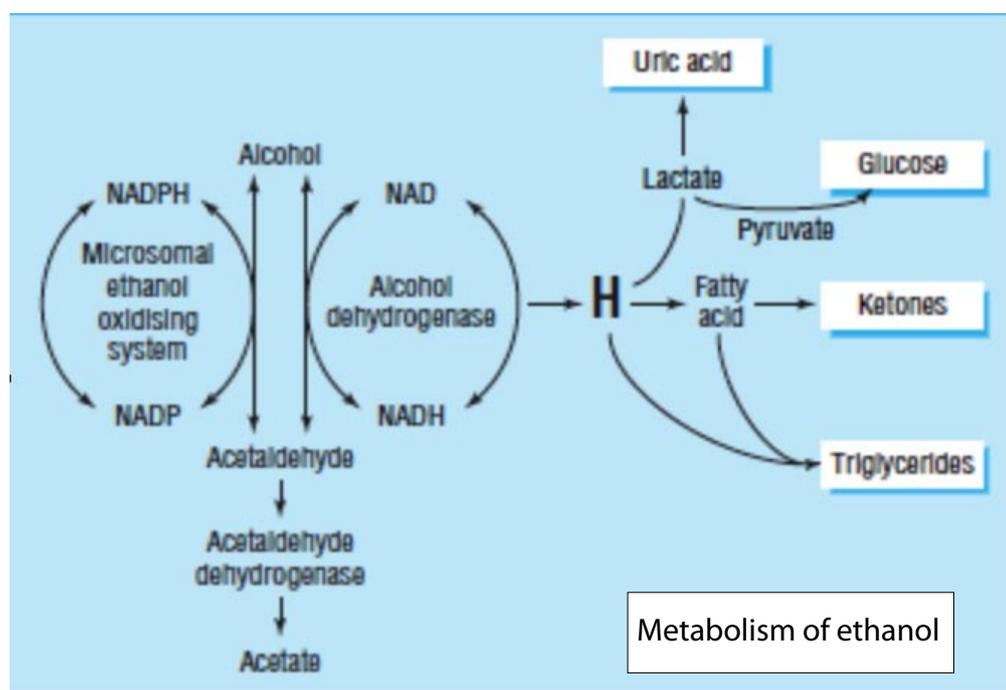
### Myths and realities – can you speed up the rate of metabolising alcohol?

An interesting study in 1972 by G PAWAN (Metabolism of alcohol (ethanol) in man Proc. Nutr. Sac. (1972), 31, 83) investigated claims that taking vitamins and sugars can increase the rate of 'sobering up' in man and laboratory animals. He analysed the effects of caffeine and strong black coffee, dietary factors, physical exercise, environmental temperature changes, thyroid hormones, oxygen therapy and various drugs on the rate of metabolising alcohol in humans.

**Physical exercise** - Despite the increased pulmonary ventilation, sweat loss and general rise in metabolic rate, physical exercise did not significantly affect the rate of alcohol metabolism.

**Vitamin supplements** - It was concluded that in these normal, well-nourished individuals, vitamin supplementation did not affect the rate of alcohol metabolism.

**Caffeine and strong black coffee** - Caffeine (50mg) and two cups of strong, unsweetened black coffee were given one hour after the dose of alcohol; no effect on the rate of alcohol metabolism was seen.



Significantly, Pawan found that both a long term high fat diet and a starvation diet slowed the bodies ability to break down alcohol by 20%. This was believed to be due to a depletion of enzymes (being inhibited by free fatty acids) and an enhancement of the reduced redox state of liver cells. However, eating a balanced meal before, during or even after drinking does help the metabolism of alcohol. Food, and particularly carbohydrate, retards absorption and blood concentrations may not reach a quarter of those achieved on an empty stomach.

An interesting study by Dr Wayne Jones et al explored food-induced increase in the rate of disposal of ethanol. Ten healthy subjects ate a meal 5 hours after drinking when the post-absorptive phase of ethanol metabolism was well established. The mean rate of disappearance of alcohol from the blood was increased by between 36 and 50%. The results demonstrate that eating a meal boosts the rate of disappearance of ethanol from the blood, and the increase was seen after 3 different doses of alcohol. (Jones AW, Jönsson KÅ. Food-induced lowering of blood-ethanol profiles and increased rate of elimination immediately after a meal. *Journal of Forensic Sciences* 1994;39:1084-93).

No sugars, with the exception of fructose, affected the rate of metabolism of alcohol.

### Women

Responsible drinking guidelines are lower for women for good biological reasons. Very little alcohol enters fat because of fat's poor solubility. Blood and tissue concentrations are therefore higher in women, who have more subcutaneous fat and a smaller blood volume, than men, even when the amount of alcohol consumed is adjusted for body weight. Women also may have lower levels of the enzymes alcohol dehydrogenases (ADH) in the stomach than men, so that less alcohol is metabolised before absorption.

### Populations lacking gene to metabolise alcohol

As explained, alcohol metabolism, is catalysed by an enzyme, acetaldehyde dehydrogenase (ADH). This enzyme converts acetaldehyde to acetate, which is a normal metabolite in humans and hence is non toxic.

Certain individuals, common in the Japanese and some other Asians, have a defective aldehyde dehydrogenase gene, ALDH2, which doesn't metabolise acetaldehyde as rapidly as normal. Thus,

a person who drinks too much builds up acetaldehyde in their system and feels bad or is sick. This manifests in Asians with the defected ALDH gene as a facial flush as they drink. These responses make drinking any alcohol unpleasant, as well as toxic.

### Comments of Mike Deakin School of Mathematics Monash University, Victoria 3800 Australia

One would think it a relatively simple matter to discover the rates of alcohol clearance from the human body, and in a sense this is the case. However, if one looks for reputable sources backed up by well-conducted experiments, then the search suddenly becomes more difficult!

However, the book *Drink, Drugs and Driving* by H. J. Walls and A. R. Brownlie, 2nd Ed. (London & Edinburgh: Sweet & Maxwell, 1985) is accessible and authoritative. The first author is a former director of the Metropolitan Police Forensic Science Laboratory (UK) and the second a solicitor of the Edinburgh Supreme Court.

Sensibly, these authors do not try elaborate mathematical modeling or fancy curve-fits. Rather they supply 2 straight-lines that summarise the data excellently well. The rule is this:

*For a BAC of 0.15 or greater, the elimination rate is 0.02 per hour, for lower BACs, 0.015 per hour.*

Although this source is authoritative and commands respect, it is not primary, but rather draws on two other sources,

The rule just given is based on data from a German study: Gerchow & Steigleder's *Blutalkohol* (1961); it is partially supported by an English study ("Effect of small doses on a skill resembling driving", Medical Research Council Memorandum No. 38, HMSO, London, 1959). (This source considers only lower levels of BAC, but agrees with the figure of 0.015. It should, of course, be borne in mind that the figures given are averages only.

The two editions of Walls and Brownlie's book differ in some places, and the first edition includes references not cited in the second. Regrettably, most of these are likewise difficult of access.

### Blood Alcohol Content Metabolised at 0.01 per Hour?

### Comments by Gordon Troup School of Physics, Monash University, Victoria 3800 Australia

The difficulties in finding satisfactory articles were great, and there were difficulties even in the articles.

An article by in 'Nature' by Jacobsen [1] in 1952 refers to work by Mellanby (1919) and Widmark (1922-35). To quote from Jacobsen: "Both studies found in man an average of 15 mgm. percent alcohol disappears from the blood per hour, the range being 10-20 mgm. per cent."

So we now know when respectable work started! Again, to be brief as to respectable work and its interpretation, the best reference in English is by Walls and Brownlie (1985) [2]. We give a reference in German, by Ebbel and Schleyer (1956).

Since the respectable works agree on the .015 rate of recovery, to work on a .01 rate seems a good margin of safety for people to judge by. Remember, This is for MEN. If necessary, experts could re-examine the old references with regard to methods and conclusions in the light of modern techniques and analytical developments. In the meantime, it is suggested that we continue with the .01 rate.

#### Lynn Gretkowski MD comments

'Regardless of citations this "clearance number" is merely now only a number that is generalisable. The individual pharmacodynamics of alcohol elimination take into account liver weight, gender, ethnicity, type and density of alcohol dehydrogenase receptors, rate at which alcohol is consumed, associated consumption of food and activities among many other factors. The reason no new calculations exist from the mid-nineteenth century onward is likely largely a reflection of that. It seems as though this is about as specific as it can be to be clinically useful.'

#### Dr Erik Skovenborg finds that

'Very little has been added to the Widmark formula during the years. One aspect, however, investigated by a pupil of Widmark has found inter individual variations in the ethanol metabolism: (Jones AW. Interindividual variations in the disposition and metabolism of ethanol in healthy men. Alcohol 1984;1:385-91).'

#### Dr David Van Velden cited:

'The ABC of alcohol was published in the BMJ Volume 330, 8 January 2005 (bmj.com). The 4th edition of the ABC of Alcohol, became available in February 2005. According to this article alcohol is removed from the blood at a rate of about 3.3 mmol/hour (15 mg/100ml/hour).'

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## A review of interventional studies in humans showing effects of alcohol on risk factors for cardiovascular disease

A summary paper (Reference: Brien SE, Ronksley PE, Turner BJ, Mukamal KJ, Ghali WA. 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; doi:10.1136/bmj.d636) on the effects of alcohol consumption on biologic mechanisms associated with coronary heart disease provides an excellent review of a large number of intervention studies in humans. Appropriate analyses were done and the results are presented in a very clear fashion, although there was little discussion of the separate, independent effects of alcohol and polyphenols on risk factors.

The trials the authors reviewed have demonstrated that the moderate intake of alcoholic beverages leads to increases in HDL-cholesterol (good cholesterol), apolipoprotein A1, and adiponectin and decreases in

fibrinogen, all factors associated with a lower risk of heart disease. 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.

The reviewers independently selected studies that examined adults without known cardiovascular disease and that compared fasting levels of specific biological markers associated with coronary heart disease after alcohol use with those after a period of no alcohol use (controls). A total of 4,690 articles were screened for eligibility, the full texts of 124 studies reviewed, and 63 relevant articles selected. Of 63 eligible studies, 44 on 13 biomarkers were meta-analysed in fixed or random effects models.

Quality was assessed by sensitivity analysis of studies grouped by design. Analyses were stratified by type of beverage (wine, beer, spirits).

The authors concluded that favourable changes in several cardiovascular biomarkers (higher levels of high density lipoprotein cholesterol and adiponectin and lower levels of fibrinogen) provide indirect pathophysiological support for a protective effect of moderate alcohol use on coronary heart disease.

### Forum Comments

There have been thousands of basic science studies showing that administering alcohol or wine to laboratory animals results in beneficial effects on the risk of atherosclerosis and heart disease. The present excellent paper summarises what are now a large number of human trials testing whether wine and/or alcohol have the same effects on reducing risk factors for CVD. There have not yet been randomised clinical trials to evaluate the effects of alcohol administration on cardiovascular outcomes such as myocardial infarction, cardiac death, or other cardiovascular diseases (CVD) in humans. It is unlikely that such studies will be done because of the long time of follow up required, the huge cost, and the difficulties in getting a very large number of people randomly assigned to agree to consume a specified amount of alcohol, or agree to avoid all alcohol, for many years. For these lifestyle habits, we must use our best judgment based on carefully done observational studies, research into potential mechanisms of effect, and studies of intermediate outcomes that are in pathways and processes in the development of the disease.

The second paper (Reference: Ronksley PE, Brien SE, Turner BJ, Mukamal KJ, Ghali WA. Association of alcohol consumption with selected cardiovascular disease outcomes: a systematic review and meta-analysis. *BMJ* 2011;342:d671; doi:10.1136/bmj.d671 ) looked at cohort studies on the association between alcohol consumption and overall mortality from cardiovascular disease, incidence of and mortality from coronary heart disease, and incidence of and mortality from stroke. 4,235 studies were reviewed for eligibility, quality and data extraction, 84 were included in the final analysis.

Dose-response analysis revealed that the lowest risk of coronary heart disease mortality occurred with 1–2

drinks a day, but for stroke mortality it occurred with =1 drink per day. Secondary analysis of mortality from all causes showed lower risk for drinkers compared with non-drinkers (relative risk 0.87 (0.83 to 0.92).

The authors concluded that light to moderate alcohol consumption is associated with a reduced risk of multiple cardiovascular outcomes.

**Summary of Forum review:** In an excellent summary, the authors of this paper have synthesised results from longitudinal cohort studies comparing alcohol drinkers with non-drinkers for the outcomes of overall mortality and mortality from cardiovascular disease (CVD), incident coronary heart disease (CHD), mortality from CHD, incident stroke, and mortality from stroke. They conclude that light to moderate alcohol consumption is associated with a reduced risk of multiple cardiovascular outcomes. Further, they suggest that current scientific data satisfy Hill criteria indicating causality, that alcohol intake is the cause of the lower risk of cardiovascular disease among moderate drinkers.

ISFAR members thought that this was a very well done, comprehensive summary of a large number of studies on alcohol and cardiovascular disease. ISFAR welcomed the discussion in the paper as to causality and regarding future directions in research, with more emphasis into how physicians and individual patients might respond to encouragement to consume alcohol for its potentially beneficial effects on cardiovascular disease. Most believe that there is no substitute for balanced judgment by a knowledgeable, objective health professional when discussing alcohol intake, and this requires a synthesis of common sense and the best available scientific facts as they apply to the individual.

Members also emphasised that: It is unlikely that there will ever be adequate clinical trials to judge the effects of alcohol consumption on major cardiovascular outcomes such as myocardial infarction or cardiac death in humans. Hence, for these lifestyle habits, we must use our best judgment based on carefully done observational studies, research into potential mechanisms of effect, and studies of intermediate outcomes that are in the pathways and processes in the development of disease.

The results of this 2011 meta-analysis are in line with what we know from the previous meta-analyses

and the many individual studies: risk reductions for alcohol drinkers relative to non-drinkers of 25% for cardiovascular disease mortality, 29% for incident coronary heart disease, 25% for CHD mortality and 13 % for all cause mortality. The lowest risk of CHD mortality occurred with 1-2 drinks (15-30 grams of alcohol) per day is also in line with previous knowledge.

**Messages to the public:** Forum member Erik Skovenborg stated: "The public health messages should (and in many countries do) acknowledge the reduced risk of incidence and mortality of coronary heart disease associated with moderate drinking. However, we should not expect official recommendations of light drinking on a par with exercise, vegetables, and not smoking. The caveats would be too many, and official recommendations should be based on prospective, randomised studies. The role of alcohol drinking is best discussed in a scenario of a patient taking medical advice from his personal physician."

Professor Arthur Klatsky also had pertinent comments on this topic: "In the final section of the paper the authors are struggling with the matter of advice. They are trying to come up with a new angle. We should keep in mind that many practitioners have been interacting with their patients about the benefits of light-moderate drinking for years. An overwhelming majority of persons (at least in our Northern California area) have heard of the benefits of light drinking, with many believing that this is specific for red wine. Some do not believe it as, no doubt, do some practitioners. The emotional baggage many have about alcohol will not go away. For these reasons, my enthusiasm is limited for the authors' suggested approach of 'evaluating the receptivity of both physicians and patients' to recommendations to drink moderately.... having practiced cardiology for 50 years, it is clear to me that all advice — even upon matters with good evidence — needs individualisation. With respect to light-moderate drinking, I'll quote the final sentences of my JACC Editorial from 2010: *'The risks of moderate drinking differ by sex, age, personal history, and family history. As is often the case in medical practice, advice about lifestyle must be based on something less than certainty. There is no substitute for balanced judgment by a knowledgeable, objective health professional. What is required is a synthesis of common sense and the best available scientific facts.'*"

**References:** 1. Brien SE, Ronksley PE, Turner BJ, Mukamal KJ, Ghali WA. 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; doi:10.1136/bmj.d636. 2. Ronksley PE, Brien SE, Turner BJ, Mukamal KJ, Ghali WA. Association of alcohol consumption with selected cardiovascular disease outcomes: a systematic review and meta-analysis. *BMJ* 2011;342:d671; doi:10.1136/bmj.d671

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

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For the detailed critique of these papers by the International Scientific Forum on Alcohol Research, go to [www.alcoholforum4profs.org](http://www.alcoholforum4profs.org) and click on Recent Reports.

## Alcohol consumption after age 75 associated with lower risk of developing dementia

This study by Weyerer et al published in *Age and Ageing* investigates prospectively the relationship between current alcohol consumption (quantity and type of alcohol) and incident overall dementia and Alzheimer dementia.

3202 German individuals (75+) attending general practitioners, who were free of dementia were studied at baseline, were followed up 1.5 years and 3 years later by means of structured clinical interviews including detailed assessment of current alcohol consumption and DSM-IV dementia diagnoses. Associations between alcohol consumption (in grams of ethanol), type of alcohol (wine, beer, mixed alcohol beverages) and incident dementia were examined using Cox proportional hazard models, controlling for several confounders.

There was good ascertainment of the development of dementia, even among subjects who died during follow up. Of 3,202 subjects free of dementia at baseline, 217 subjects met criteria for dementia during follow up. Subjects consuming alcohol had approximately 30% less overall dementia and 40% less Alzheimer dementia than did non-drinking subjects. No significant differences were seen according to the type of alcoholic beverage consumed. Overall, these results are similar to several previous studies in the very elderly and suggest that moderate drinking is associated with less dementia, even among individuals aged 75 years and older.

The authors conclusions suggests that light-to-moderate alcohol consumption is inversely related to incident dementia, also among individuals aged 75 years and older.

### Forum Comments

**Background:** In the last 31 years (1980 – 2011) the association between moderate alcohol intake and cognitive function has been investigated in 71 studies comprising 153,856 men and women from various populations with various drinking patterns. Most studies showed an association between light to moderate alcohol consumption and better cognitive function and reduced risk of dementia, including vascular dementia and Alzheimer dementia.

**Comments on the present study:** This new study from Germany is well done and has some interesting features:

- a large sample size of 3,202 men and women with a mean age of 80.2 years.
- participants recruited from general practice (probably reducing selection bias)
- a thorough baseline examination and almost complete follow up
- a large number of non-drinkers and moderate drinkers
- substantial incidence rates of dementia during the follow-up period of 3 years
- ascertainment of dementia even among subjects who died during follow up.

As stated by Forum member Erik Skovenborg, "The association found between alcohol consumption and incident overall dementia [adjusted hazard ratio (HR) 0.71, 95% CI 0.53-0.96], respectively, incident Alzheimer dementia (adjusted HR 0.58, 95% CI 0.38-0.89) are in accordance with most other studies, including the large Rotterdam Study<sup>1</sup> and The Cardiovascular Health Study.<sup>2</sup> Since a randomised, controlled study of alcohol consumption and risk of dementia has not been done (and would not be feasible), the jury is still out concerning the importance of confounding. Persons who continue drinking alcohol throughout old age are the remainder population, as mentioned by the authors of this study, exhibiting a survivor phenomenon. Happy people with many friends have the most opportunities for social drinking, and in this study alcohol consumption was significantly associated with factors that are protective for the development of dementia: better education, not living alone, and absence of depression. However, even after controlling for these and several other factors, the risk for incident dementia was still significantly lower among light-to-moderate alcohol consumers. Even so it may still be a part of the explanation that old German men and women, who drank alcohol sensibly in old age, also have a healthier lifestyle in terms of physical, dietary, and mental perspectives."

Forum member Roger Corder adds: "From all I have read on this subject, I fully agree that it is very difficult to separate alcohol consumption from other healthy lifestyle factors in populations where moderate

drinking is commonplace. In this respect, the study doesn't correct for a healthy diet, which is also likely very important, as a poor diet is associated with increased risk of dementia due to deficiencies such as low omega-3 fat intake, inadequate vitamin B12, etc. However, it is also known that improved vascular function in alcohol drinkers could account for some element of reduced dementia risk."

Forum member David Vazour comments: "Mechanistically speaking, I don't think that the antioxidant capacity of wine phenolics would be the only explanation for these findings. First of all, following absorption these compounds are readily bio-transformed, therefore decreasing their antioxidant potential. There is also the question of whether or not they are able to cross the blood brain barrier and act in situ. Knowing the concentration of antioxidant enzymes and molecules within brain tissue, it is almost impossible to provide protection through only an antioxidant mechanism. Anti-inflammatory and vascular? Maybe. Further, wines vary in their phenolic composition (due to type of grape, climate, soil variations, etc.). It would be interesting to re-analyse the results based on phenolic composition."

Other Forum reviewers thought this was a well-performed study, with a result supporting previous ones, but there were limitations to the study. It included ex-drinkers with never drinkers in the referent group; there was a rather short period of follow up; among subjects reporting "mixed" types of beverage intake (that had the greatest estimated effect), numbers of subjects according to the percentage of their total alcohol intake from wine (e.g., <30%, = 30%) were not given; there was no evidence of a dose-response curve, probably due to small numbers; the small numbers also probably made it impossible to assess for differences in effect for Alzheimer dementia and for other dementias. A Forum member added: "My only complaint is that it is a bit surprising to still see in 2011 analyses of all stroke considered as one group. The authors do discuss the disparate relations of alcohol drinking to ischemic and hemorrhagic stroke, a fact that makes it imperative to consider them separately."

A German Forum member, Ulrich Keil, stated: "The Swiss physician and philosopher Paracelsus (1493-1541) wrote: "Alle Dinge sind Gift, und nichts ist ohne Gift. Allein die Dosis macht, dass ein Ding kein Gift

ist." (An approximate English translation is "All things are poison, and nothing is without poison. However it is the dose that makes a thing not a poison.") The subjects in this study were in general very moderate drinkers.

An American reviewer, Harvey Finkel, added: "The badge of age is not a warning label of fragility. While, I believe, one should not start to drink just because one has attained seniority, neither must one stop! Elderly folks handle alcohol with more responsibility than do the young, and they may derive greater health benefits from moderate drinking. Age is not a reason for abstinence."

Reference: Weyerer S, Schaufele M, Wiese B, Maier W, Tebarth F, van den Bussche H, Pentzek M, Bickel H, Lippa M, Riedel-Heller SG, for the German AgeCoDe Study Group (German Study on Ageing, Cognition and Dementia in Primary Care Patients). Current alcohol consumption and its relationship to incident dementia: results from a 3-year follow-up study among primary care attenders aged 75 years and older. *Age and Ageing* 2011; 0: 1-7; doi: 10.1093/ageing/afr007.

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1. Ruitenberg A, van Swieten JC, Witteman JC, et al. Alcohol consumption and risk of dementia: the Rotterdam Study. *Lancet* 2002;359:281-286.
2. Mukamal KJ, Kuller LH, Fitzpatrick AL, et al. Prospective study of alcohol consumption and risk of dementia in older adults. *JAMA* 2003;289:1405-1413.

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For the detailed critique of these papers by the International Scientific Forum on Alcohol Research, go to <http://www.bu.edu/alcohol-forum/reviews/critique-036-alcohol-consumption-after-age-75-associated-with-lower-risk-of-developing-dementia-7-march-2011/>

## Chronic pancreatitis and alcohol

Authors of a study state that alcohol is presumed to be implicated in the development of chronic pancreatitis (CP) in 60%–90% of patients, although percentages in the US are unknown. This study investigated the epidemiology of alcohol-related CP at tertiary US referral centers. The relative rate of alcohol-related CP was found to be lower than expected. According to the study findings, patients with no identifiable cause for their disease as well as those with non-alcohol-related causes represent an unexpectedly large subgroup, particularly amongst women.

The study encompasses data from patients with CP and controls enrolled in the North American Pancreatitis Study, which was designed to further the understanding of the role of gene-environment interactions in patients with recurrent acute pancreatitis and CP. Among the groups, 44.5% of patients had CP due to alcohol consumption, 26.9% had non-alcohol related CP, and 28.6% had CP of unknown cause.

Doctors observed that the current etiologic profile

of CP patients evaluated at US referral centers is quite different from historical data. Although alcohol remains the most common cause, a larger fraction of patients was considered to have non-alcoholic etiologies, and in more than a quarter of patients, no identifiable cause of disease (i.e., idiopathic CP) was apparent. Among the risk factors assessed, smoking was independently associated with idiopathic CP.

*“One of the more remarkable observations is that in more than 50% of patients, alcohol was not considered as the causative factor of chronic pancreatitis,”* said Gregory A. Coté, MD, MS, of Indiana University School of Medicine and lead author of this study. *“Future analyses will likely identify previously unrecognised genetic factors and/or interaction between genes and environmental factors as potential explanations of disease development. In the meantime, the era of dismissing all cases of chronic pancreatitis as alcohol-induced has undoubtedly come to a close.”*

Source: Alcohol and Smoking as Risk Factors in an Epidemiology Study of Patients With Chronic Pancreatitis. *Clinical Gastroenterology and Hepatology* Volume 9, Issue 3, Pages 266-273, March 2011

## Heavy spirits drinking might raise risk of death from pancreatic cancer

Spirits drinking with consumption of 42g alcohol or more a per day is associated with increased pancreatic cancer mortality risk independent of smoking, according to the results of a study reported in the March 14 issue of the *Archives of Internal Medicine*.

In 1982, participants reported on their own alcohol intake using a 4-page questionnaire. Among 1,030,467 participants, there were 6,847 deaths from pancreatic cancer during follow-up through December 31, 2006. Cox proportional hazards regression analysis allowed calculation of multivariable-adjusted relative risks (RRs) and 95% confidence intervals (CIs), after adjustment for age; sex; race/ethnicity; education; marital status; body mass index; family history of pancreatic cancer; and personal history of gallstones, diabetes mellitus, or smoking.

Compared with non-drinkers, current drinkers of <1, 1, 2, 3, and 4 or more drinks per day had RRs for

pancreatic cancer mortality of 1.06, 0.99, 1.06, 1.25, and 1.17 respectively. Drinking 3 or more drinks (14g) per day was associated with deaths from pancreatic cancer in never-smokers (RR, 1.36) and in ever-smokers (RR, 1.16).

Although this association was observed for spirit consumption (RR, 1.32; 95% CI, 1.10 - 1.57), there was no apparent association with beer drinking (RR, 1.08; 95% CI, 0.90 - 1.30) or wine drinking (RR, 1.09; 95% CI, 0.79 - 1.49).

For women only, the estimated risk for pancreatic cancer mortality was statistically significant for consumption of 4 or more drinks per day.

Source: Association of Alcohol Intake With Pancreatic Cancer Mortality in Never Smokers Susan M. Gapstur, PhD, MPH; Eric J. Jacobs, PhD, MS; Anusila Deka, MPH; Marjorie L. McCullough, ScD, RD; Alpa V. Patel, PhD, MPH; Michael J. Thun, MD, MS. *Arch Intern Med*. 2011;171(5):444-451. doi:10.1001/archinternmed.2010.536

## Differences in role of heavy drinking depending on type of gullet cancer

Research published online in the journal *Gut*, finds that heavy drinking appears not associated with one of the two most common types of gullet (oesophageal) cancer, adenocarcinoma. Squamous cell variety is strongly linked to heavy alcohol consumption, however.

Gullet cancer is the sixth leading cause of cancer death worldwide and occurs as one of two main types: squamous cell carcinoma or adenocarcinoma. Rates of gullet adenocarcinoma have risen dramatically in many Western countries over the past three decades, but those of squamous cell carcinoma have been falling.

The authors pooled data from 11 international studies, involving 15,000 participants and 4,600 cases in the Barrett's Esophagus and Esophageal Adenocarcinoma Consortium (BEACON) on both types of gullet cancer, plus another arising at the junction of the lower gullet and the stomach (oesophagogastric junction or OGJA for short).

Heavy drinkers - seven or more alcoholic drinks a day - were more than 9.5 times as likely to develop oesophageal squamous cell carcinoma as non-drinkers. However, the authors did not find evidence

linking this level of alcohol consumption, or consuming any specific beverage type, to heightened risk of either oesophageal adenocarcinoma or OGJA.

Light drinkers - half to one unit of alcohol daily - had a lower risk of these gullet cancers than non-drinkers, although low alcohol consumption could simply reflect other aspects of a healthy lifestyle, or chance, say the authors.

*"Our results for [oesophageal adenocarcinoma] and OGJA stand in remarkable contrast to results for [oesophageal squamous cell carcinoma] in this and previously published studies,"* comment the authors.

The findings suggest that the risk factors for gullet cancer vary according to the type of disease, they say, adding that other research suggests that weight, smoking, and infection with *Helicobacter pylori* also confer different levels of risk for the two most common forms of this cancer.

Source: Alcohol intake and risk of oesophageal adenocarcinoma: a pooled analysis from the BEACON Consortium Neal D Freedman et al. *Gut* published online 14 March 2011 doi:10.1136/gut.2010.233866

## Genes found to relate to level of alcohol consumption among Asians

In a study of 1,721 Korean male drinkers aged 40–69 years in an urban population-based cohort, and another sample of 1,113 male drinkers from an independent rural cohort, information on average daily alcohol consumption was collected and DNA samples were collected for genotyping. In a genome-wide association (GWA) study, 12 single-nucleotide polymorphisms (SNPs) on chromosome 12q24 had genome-wide significant associations with alcohol consumption. These polymorphisms were closely related to genes that determine levels of ALDH, low levels of which relate to flushing after even small amounts of alcohol. Such enzymes are much more common among Asians than among westerners. Further, associations were tested only with the weekly amount of alcohol consumed, not the pattern of drinking; hence, these findings are not direct measures of alcoholism.

The editorial by Freedman et al states *"epidemiologic literature suggests that those who begin drinking at an early age may be at greater risk for a maladaptive and more genetically pronounced form of alcohol consumption, and other environmental milieus affect the risk of alcoholism."* It will be important to investigate the interplay of genes and environmental factors when seeking the determinants of alcohol abuse. Despite the findings of this study, our understanding of factors associated with alcoholism remains very limited.

Reference: Baik I, Cho NH, Kim SH, Han B-G, Shin C. Genome-wide association studies identify genetic loci related to alcohol consumption in Korean men. *Am J Clin Nutr* 2011;93:809–816.

Accompanying Editorial: Agrawal A, Freedman ND, Bierut LJ. Genome-wide association studies of alcohol intake—a promising cocktail? *Am J Clin Nutr* 2011;93:681–683.

## Alcohol policy rooted in partnership can deliver long-term change

By Jeremy Beadles, Chief Executive of the Wine & Spirit Trade Association, UK

The pioneering Public Health Responsibility Deal represents a welcome shift away from the well-worn path to ever greater regulation of the alcohol industry. Under the Deal, launched in March, The British Government, businesses and non-government organisations (NGOs) have come together to tackle obesity, alcohol misuse, lack of exercise and health at work through a series of voluntary commitments.

In just six months, a significant amount of progress has been achieved. More than 170 organisations have signed up to the Deal as a whole, with 90 businesses supporting the seven collective alcohol pledges. These pledges include an agreement to achieve clear unit labelling on over 80% of alcohol products on shelves by 2013; unit awareness campaigns in both the on and off-trades and a commitment to further industry support for local initiatives tackling alcohol-related issues.

As co-chairman of the Deal's Alcohol Network - the group of government, industry and health representatives charged with taking forward the alcohol strand - I consider the pledges agreed so far a considerable achievement in such a short time, especially given the multiplicity of interests within the industry.

The work does not stop here. Over the months ahead, the on-going Responsibility Deal process offers us the chance to do much more. The Alcohol Network has prioritised three areas for the development of new pledges: retail practices, lower alcohol products and alcohol education.

These subjects raise challenging issues for consideration: what can retailers do to maximise opportunities in-store to help people make more informed choices about alcohol consumption? How can businesses overcome technical and regulatory hurdles to develop and promote lower alcohol alternatives, which can break through consumers' enduring scepticism about these products? What should businesses do to support education about responsible drinking for the under 18s without becoming directly involved? What does success look like when it comes to these kind of educational programmes? There is no doubt that navigating the way forward on these issues will be a challenge\_ but the industry must seize this opportunity.

Of course, the Deal is not without its critics. Firstly, the alcohol pledges have been attacked for not being ambitious enough to deliver real change, in large part due to the omission of price-based interventions. However a single-minded focus on price as the solution to tackling harmful drinking is not only wrong, it means that nothing the Deal could ever deliver would be judged to have gone far enough. The issue of pricing was explicitly excluded from the start to avoid commercial conflicts of interest and the legal implications of this.

Furthermore, the Deal only represents one element of government activity and should not be viewed in isolation, as the lone policy response to the complex issue of alcohol misuse. The Government is also pursuing wide-ranging reform of the licensing system, the ban on below-cost sales and a new alcohol strategy, to come later this year.

Secondly, there are some who do not wish to see the alcohol industry at the policy-making table at all. However, I strongly believe that a partnership approach is right both in principle and in practice. We all share the consequences of alcohol misuse as individuals and as a society: surely it is right that we collectively - government, business, the third sector and individuals - share responsibility for change.

A fundamental part of this is helping individuals to make better decisions about their consumption in the first place. Just as the problem of alcohol misuse is rooted in poor personal choices, then the solution must be focussed on encouraging better, more informed choices. The only way we can achieve a permanent, long-term shift to a widespread responsible drinking culture is to help people make the right decisions for themselves, rather than forcing them to change through the blunt instrument of legislation.

And industry is well-placed to help support people live healthier lives. Businesses can reach consumers in ways that government cannot. Regulation is costly and slow. For example, significant changes to legislative requirements on labelling would necessitate an EU-level approach, meaning at best a lengthy wait before UK consumers would see any benefit. Voluntary action can achieve better results without the need for damaging, less effective

## Alcohol Pledges

*“We will foster a culture of responsible drinking, which will help people to drink within guidelines”*

**A1. Alcohol labelling** – We will ensure that over 80% of products on shelf (by December 2013) will have labels with clear unit content, NHS guidelines and a warning about drinking when pregnant. The Drinkaware Trust is a charity established to change consumer attitudes and behaviour to reduce harm from alcohol. It is supported by voluntary donations from across the drinks industry. This pledge commits the industry to maintaining agreed levels of cash and in-kind funding of Drinkaware through to 2013.

**A2. Awareness of Alcohol Units in the On-trade** – We will provide simple and consistent information in the on-trade (e.g. pubs and clubs), to raise awareness of the unit content of alcoholic drinks, and we will also explore together with health bodies how messages around drinking guidelines and the associated health harms might be communicated.

**A3. Awareness of Alcohol Units, Calories & Other Information in the Off-trade** – We will provide simple and consistent information as appropriate in the off-trade (supermarkets and off-licences) as well as other marketing channels (e.g. in-store magazines), to raise awareness of the units, calorie content of alcoholic drinks, NHS drinking guidelines, and the health harms associated with exceeding guidelines.

**A4. Tackling Under-Age Alcohol Sales** – We commit to ensuring effective action is taken in all premises to reduce and prevent under-age sales of alcohol (primarily through rigorous application of Challenge 21 and Challenge 25).

**A5. Support for Drinkaware** – We commit to maintaining the levels of financial support and in-kind funding for Drinkaware and the “Why Let Good Times Go Bad?” campaign as set out in the Memoranda of Understanding between Industry, Government and Drinkaware.

**A6. Advertising & Marketing Alcohol** – We commit to further action on advertising and marketing, namely the development of a new sponsorship code requiring the promotion of responsible drinking, not putting alcohol adverts on outdoor poster sites within 100m of schools, and adhering to the Drinkaware brand guidelines to ensure clear and consistent usage.

**A7. Community Actions to Tackle Alcohol Harms** – In local communities we will provide support for schemes appropriate for local areas that wish to use them to address issues around social and health harms, and will act together to improve joined up working between such schemes operating in local areas as:

- Best Bar None and Pubwatch, which set standards for on-trade premises
- Purple Flag which make awards to safe, consumer friendly areas
- Community Alcohol Partnerships, which currently support local partnership working to address issues such as under-age sales and alcohol related crime, are to be extended to work with health and education partners in local Government
- Business Improvement Districts, which can improve the local commercial environment

legislation. Let’s be clear: this is not a ‘soft’ option for the industry: the onus is on us to make good on our commitments. The Secretary of State has not ruled out reverting to legislation if the Deal fails to deliver.

The Responsibility Deal presents a valuable opportunity for the industry to build on the good work it has already delivered in recent years to encourage responsible drinking and tackle alcohol harm. Industry has demonstrated its commitment to the partnership - and I am confident it will continue to do so.

For more details on the responsibility deal and partners, visit <http://www.dh.gov.uk/en/PublicHealth/PublicHealthresponsibilitydeal/index.htm>

## Belfast to set minimum alcohol price

Northern Ireland power-sharing executive are considering the introduction of a minimum price for alcohol in a bid to tackle binge drinking and anti-social behaviour and cut the region’s health bill. Executive ministers, Michael McGimpsey and Alex Attwood have said the minimum price for a unit of alcohol should be between 40 and 70 pence.

## New Canadian Low Risk Guidelines agreed

Updated Recommended Guidelines for Low Risk Drinking have been developed by an independent expert working group with members drawn from Canadian addiction research agencies. The guidelines have undergone international peer review by invited

experts on alcohol epidemiology, and concerned individuals and organisation. Documented below are the scientific guidelines. Simpler, easier to understand guidelines will be made available for public use in the near future.

<b>Recommended Guidelines for Low-Risk Drinking</b>		
<p><i>Note: These guidelines are not intended to encourage people who choose to abstain for cultural, spiritual or other reasons to drink, nor are they intended to encourage people to commence drinking to achieve health benefits. People of low bodyweight or who are not accustomed to alcohol are advised to consume below these maximum limits.</i></p>		
<p><b>Guideline 1</b> Do not drink in these situations:</p>	<p>When operating any kind of vehicle, tools or machinery; using medications or other drugs that interact with alcohol; engaging in sports or other potentially dangerous physical activities; working; making important decisions; if pregnant or planning to be pregnant; before breastfeeding; while responsible for the care or supervision of others; if suffering from serious physical illness, mental illness or alcohol dependence.</p>	
<p><b>Guideline 2</b> If you drink, reduce <b>long-term</b> health risks by staying within these <b>average</b> levels</p>	<p><b>Women</b></p>	<p><b>Men</b></p>
	<p>0-2 standard drinks* per day No more than 10 standard drinks per week</p>	<p>0-3 standard drinks* per day No more than 15 standard drinks per week</p>
<p>Always have some non-drinking days per week to minimize tolerance and habit formation. Do not increase drinking to the upper limits as health benefits are greatest at up to one drink per day. Do not exceed daily limits specified in Guideline 3.</p>		
<p><b>Guideline 3</b> If you drink, reduce <b>short-term</b> health risks by choosing safe situations and restricting your alcohol intake:</p>	<p>Risk of injury increases with each additional drink in many situations. For both health and safety reasons, it is important not to drink more than:</p> <ul style="list-style-type: none"> <li>• Three standard drinks* in one day for a woman</li> <li>• Four standard drinks* in one day for a man</li> </ul> <p>Drinking at these upper levels should only happen <b>occasionally</b> and always be consistent with the <b>weekly</b> limits specified in Guideline 2. It is especially important on these occasions to drink with meals and not on an empty stomach; to have no more than two standard drinks in any three hour period; to alternate with caffeine-free, non-alcoholic drinks; and to avoid risky situations and activities. Individuals with reduced tolerance, whether due to low bodyweight, being under the age 25 or over 65 years old, are advised to never exceed Guideline 2 upper levels.</p>	
<p><b>Guideline 4</b> When pregnant or planning to be pregnant:</p>	<p><b>The safest option during pregnancy or when planning to become pregnant is to not drink alcohol at all.</b> Alcohol in the mother's blood stream can harm the developing fetus. While the risk from light consumption during pregnancy appears very low, there is no threshold of alcohol use in pregnancy that has been definitively proven to be safe.</p>	
<p><b>Guideline 5</b> Alcohol and young people:</p>	<p>Alcohol can harm healthy physical and mental development of children and adolescents. <b>Uptake of drinking by youth should be delayed at least until the late teens and be consistent with local legal drinking age laws.</b> Once a decision to start drinking is made, drinking should occur in a safe environment, under parental guidance and at low levels (i.e., one or two standard drinks* once or twice a week). From legal drinking age to 24 years, it is recommended women never exceed two drinks per day and men never exceed three drinks a day.</p>	

A "standard drink" is equal to a 341 ml (12 oz.) bottle of 5% strength beer, cider or cooler; a 143 ml (5 oz.) glass of 12% strength wine; or a 43 ml (1.5 oz.) shot of 40% strength spirits. NB a Canadian drink = 17.05 ml or 13.45g ethanol).

## Ignition interlocks cut repeat drink driving

Re-arrest rates for alcohol-impaired driving decrease by 67% after the ignition interlocks are installed compared to drivers with suspended licenses, according to research from the Community Guide branch of the Centers for Disease Control and Prevention (CDC).

Around 1.4 million people are arrested for driving under the influence in the United States each year and 1 million of those are convicted. Around 200,000 vehicles in the United States are fitted with interlock devices that are used to prevent drunken driving by people convicted of such offenses.

A systematic review of the literature to assess the effectiveness of ignition interlocks for reducing alcohol-impaired driving and alcohol-related crashes was conducted for the Guide to Community Preventive Services (Community Guide). The body of data included 15 scientific studies, 11 of which had been included in an earlier review in 2004.

The installation of ignition interlocks was associated consistently with large reductions in re-arrest rates

for alcohol-impaired driving. Following removal of interlocks, re-arrest rates reverted to levels similar to those for comparison groups. The limited available evidence from three studies that evaluated crash rates suggests that alcohol-related crashes decrease while interlocks are installed in vehicles.

The study results indicate that interlocks, while they are in use in offenders' vehicles, are effective in reducing re-arrest rates. However, the potential for interlock programmes to reduce alcohol-related crashes is currently limited by the small proportion of offenders who participate in the programmes and the lack of a persistent beneficial effect once the interlock is removed. Suggestions for facilitating more widespread and sustained use of ignition interlocks are provided.

Source: Effectiveness of ignition interlocks for preventing alcohol-impaired driving and alcohol-related crashes: a Community Guide Systematic Review. Elder RW; Voas R; Beirness D; Shults RA; Sleet DA; Nichols JL; Compton R. American Journal of Preventive Medicine Vol 40, No 3, 2011, pp362-376

## Alcohol Education Trust sets out lesson plans and resources in simple way to complement www.talkaboutalcohol.com

The Alcohol Education Trust, [www.alcoholeducationtrust.org](http://www.alcoholeducationtrust.org) has laid out its alcohol education resources for teachers by subject to complement the wealth of resources, games, quizzes and ideas to be found on [www.talkaboutalcohol.com](http://www.talkaboutalcohol.com). In this way, busy teachers can quickly download lesson plans, work sheets or 'conversation starter' film clips on their chosen subject - such as staying safe and risk taking, alcohol and its effects (social and health) or drink drive.

The new layout is currently at test stage, please do email [jane.hutchings@aim-digest.com](mailto:jane.hutchings@aim-digest.com) if you have any ideas or suggestions to improve, change or enrich the proposed layout.

The websites complement leaflets that teachers can order - one for older teenagers 'alcohol and you', facts about alcohol, staying safe and what to do if things go wrong, and a guide for parents 'talking to kids about alcohol', discussing their importance as role models, boundary setters and the fact that they are the key suppliers of alcohol to those under 18. There is also

a DVD of the key education resources available for teachers to order. The AET plans to add a teacher work book to complete the balance of materials available on the web, via DVD or in print.

The five trustees of the Education Trust are all experienced Teachers and include a Head Teacher who leads school improvement across 9 schools and a Special Educational Needs teacher. To learn more visit [www.alcoholeducationtrust.org](http://www.alcoholeducationtrust.org)



## Parental monitoring of opposite-gender child may decrease problem drinking in young

Young adults whose parents monitor their social interactions may be less likely to display impulsive behaviour traits and to have alcohol-related problems, a new study suggests. The level of monitoring is linked to parenting style, and the link is stronger with the parent of the opposite gender.

This study is one of the first to explore the link between parenting style and parental monitoring, as well as to explore the monitoring style of each parent individually, says Julie A. Patock-Peckham, Ph.D., Assistant Professor of Psychology & Neuroscience at Baylor University and one of the study authors.

*"While there's a plethora of research showing that low parental monitoring contributes to risky behaviour, very few researchers have examined the effects of parental monitoring separated out by mothers and fathers," she says. "It's normally measured just with the word 'parent.'"*

The study involved 581 college students from the Missouri University of Science and Technology and San Diego State University. Participating students completed a questionnaire that addressed the parenting styles of both their mothers and fathers, perceptions of mothers' and fathers' knowledge of their friendships and social plans, and questions about their own impulsiveness and alcohol-related problems.

Parents were classified as authoritarian (characterised by an emphasis on rules and obedience and a lack of discussion), authoritative (characterised by clear rules and instructions, but with an atmosphere of open discussion), or permissive (characterised by behaving more like a friend than a parent).

Authoritative parents were most likely to do a better job of monitoring (knowing about their child's social life and plans), whereas permissive parents were least likely to effectively monitor their children.

Surprisingly, authoritarian parents seemed to have neither an advantage nor a disadvantage in terms of monitoring.

*"We expected an atmosphere of rules to play into monitoring," says Patock-Peckham. "But our study shows that having strict house rules does not mean that emerging adults feel that parents really know about their social life or plans."*

When the researchers analysed the data on gender and monitoring style, a distinct pattern emerged: more parental monitoring by the opposite-gender parent can indirectly reduce alcohol-related problems by buffering impulsiveness.

*"It's well known that people who are more impulsive are more likely to struggle with control over their drinking and are more likely to experience alcohol-related problems than their less impulsive counterparts," says Patock-Peckham.*

The stronger association with the opposite-gender parent was surprising, says Patock-Peckham. *"People seem to think that women or girls will be ok if just their mothers are involved in their lives, and this is really showing that fathers have an impact," she says.*

The same is true for mothers having an influence over their sons. The reasons for these associations are not fully understood.

Patock-Peckham reflected *"It's completely speculative, as this is really a new finding, but I believe it has something to do with the socialisation process from one generation to the next," she says. "Perhaps it has something to do with learning how members of the opposite gender view and value certain behaviours."*

Source: Gender-specific mediational links between parenting styles, parental monitoring, impulsiveness, drinking control, and alcohol-related problems. Patock-Peckham, J. A., King, K. M., Morgan-Lopez, A. A., Ulloa, E. C., & Filson Moses, J. M. *Journal of Studies on Alcohol and Drugs*, 72(2), 247-258.

## Alcohol Concern Cymru in Welsh assembly drink laws call

Alcohol Concern Cymru is issuing a manifesto to political parties ahead of the assembly elections in May calling for a minimum price of 50p per unit of alcohol. This forms part of its proposals for a healthier future for Wales.

Alcohol Concern policy manager in Wales, Andrew Misell said: *"We believe alcohol can play an enjoyable and important part in our culture and society. However.. we believe that smarter policies are needed to ensure Wales has a healthier relationship with alcohol."*

## UK government drink drive measures

In the UK, A package of measures to tackle drink and drug driving been announced by Transport Secretary Philip Hammond. The measures are set out in the Government's response to the North Report on Drink and Drug Driving, which was published last year.

The prescribed alcohol limit for driving will not be changed from 80mg per 100ml blood. Instead, the focus will be on improving enforcement and education to tackle the drink and drug drivers who put lives at risk.

Philip Hammond said: "Drink and drug driving are serious offences and we are determined to ensure they are detected and punished effectively.

On drink driving the Government will:

- revoke the right for people whose evidential breath test result is less than 40% over the limit to opt for a blood test (the 'statutory option'). The breath testing equipment used in police stations is now very accurate and technically sophisticated so a blood sample is not needed to confirm the

breath test. The need to organise a blood sample can mean that drivers who were over the limit when breath tested have fallen below the limit by the time their blood sample is taken – removing the statutory option will eliminate this loophole.

- introduce a more robust drink drive rehabilitation scheme, so that drink drivers who are substantially in excess of the limit will have to take remedial training and a linked driving assessment before recovering their licence.
- approve portable evidential breath testing equipment for the police – this will speed up the testing process and free up police time.
- close a loophole used by high risk offenders to delay their medical examinations.
- streamline the procedure for testing drink drivers in hospital.

The full response to the North Report, which also includes the Department's response to the Transport Select Committee's report on the same subject is available from <http://www.dft.gov.uk/pgr/roadsafety/drivinglaws/>.

## Many women still smoking and drinking in pregnancy in Ireland

A recent study assessed the extent that Irish mothers-to-be comply with major public health recommendations regarding smoking, alcohol consumption and folic acid intake.

The study, reported in the European Journal of Clinical Nutrition found that only 24% of women were found to comply with all three of the major public health recommendations during pregnancy.

55% in the study did not comply with the recommendation to take a daily 400mg folic acid supplement three months before conception and during the first 12 weeks of pregnancy to guard against neural tube defects (NTDs) such as spina bifida as well as congenital malformations.

35% of mothers reported consuming alcohol and 21% smoked during pregnancy.

Wine and beer/stout were the most frequently consumed alcoholic drinks followed by alcopops and spirits and mothers under 25 years of age were more likely not to have taken folic acid at the recommended time and to have smoked during pregnancy.

Being of Irish nationality was a positive predictor

for both alcohol consumption and smoking during pregnancy.

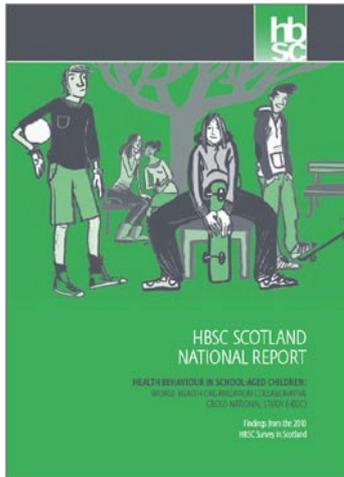
Smoking was more common in mothers from lower socio-economic groups, but there was no association between alcohol consumption and social class.

"The fact that 6% of mothers did not comply with any of these recommendations highlights the potential health disparities and increased likelihood for a compromised pregnancy outcome within our sample of mothers," explained Dr R Tarrant lead author for the study.

To decrease health inequalities, the authors suggest that lower socio-economic groups and younger women should be specifically targeted in smoking cessation and folic acid promotion campaigns.

Source: Maternal health behaviours during pregnancy in an Irish obstetric population and their associations with socio-demographic and infant characteristics. R C Tarrant, K M Younger, M Sheridan-Pereira and J M Kearney. European Journal of Clinical Nutrition advance online publication 2 March 2011

## Scottish youngsters drinking and smoking less and eating more healthily



The number of youngsters drinking alcohol in Scotland at least once a week has fallen by more than a third over the last decade, according to a new study led by Professor Candace Currie, Director of the Child and Adolescent Research Unit at Edinburgh University. The Health in School Aged Children (HBS) study is a World Health Organisation cross-national study.

A team at Edinburgh University questioned nearly 7,000 young Scots to produce the report looking at changes in young peoples' wellbeing through the years.

Their responses showed the rate of smoking among 15-year-olds has fallen 5% since 2002, from 16% to 11%. The number of young people drinking alcohol at least once a week dropped by more than a third, and experimental and regular cannabis use halved.

### Weekly drinking

At age 11, 3% of young people report drinking alcohol every week (4% of boys and 2% of girls). 10% of 13-year olds and 27% of 15-year olds are weekly drinkers. Among 13 and 15-year olds, there is no gender difference in weekly drinking.

In all six surveys since 1990, young people have been asked about their alcohol consumption frequency. The highest rates of weekly drinking were found in 1998 (45% of girls and 44% of boys). Reporting of weekly drinking in 2010 is similar to that in 1990, with a particularly large decline since 2006 among both boys and girls (29% of boys in 2010 compared with 39% in 2006 and 25% of girls in 2010 compared with 36% in 2006).

### Types of alcohol drinks

Young people were asked to report how frequently they drink each of seven listed alcoholic drinks. They were instructed to include those times when they only drink a small amount. Beer is the alcoholic drink most commonly consumed at least once a week by 15-year old boys, whereas, for 15-year old girls, spirits and alcopops are the preferred drinks. Boys are almost 5 times more likely to drink beer weekly than girls.

### Drunkenness

Overall, a fifth of young people (20%) have been drunk on at least two occasions. Prevalence of drunkenness is much higher among older adolescents; 43% of 15-year olds report having been drunk at least twice compared with 15% of 13-year olds and 2% of 11-year olds. At age 15, girls are more likely than boys to report drunkenness (47% of girls compared with 40% of boys).

Reporting of drunkenness among 15-year olds increased in the 1990s and then subsequently declined. Among boys, prevalence in 2010 (40%) is similar to that in 1990 (44%). Among girls, rates of drunkenness have declined slightly since the late 1990s, but have not changed since 2006 (48%), and remain higher in 2010 (47%) than in 1990 (36%).

### Other findings

Daily sweet consumption reduced by a third and consumption of crisps and chips halved.

Most young people (87%) said they were satisfied with their life. There was an increase in the number of children reporting that their family was financially well off, and a higher percentage felt they could talk to their fathers about their problems. TV viewing decreased but, despite this, less than a fifth (19% of boys and 11% of girls) of those interviewed met UK Government guidelines on weekly exercise.

The findings from the Health in School-aged Children (HBS) Scotland National Report was funded by NHS Health Scotland.

Professor Candace Currie, Director of the Child and Adolescent Research Unit at Edinburgh University, said: "These findings are extremely encouraging with improvements in several areas relating to children's wellbeing... This study has given us a unique

Figure 12.9:  
TYPES OF ALCOHOL DRUNK WEEKLY BY 15-YEAR OLDS

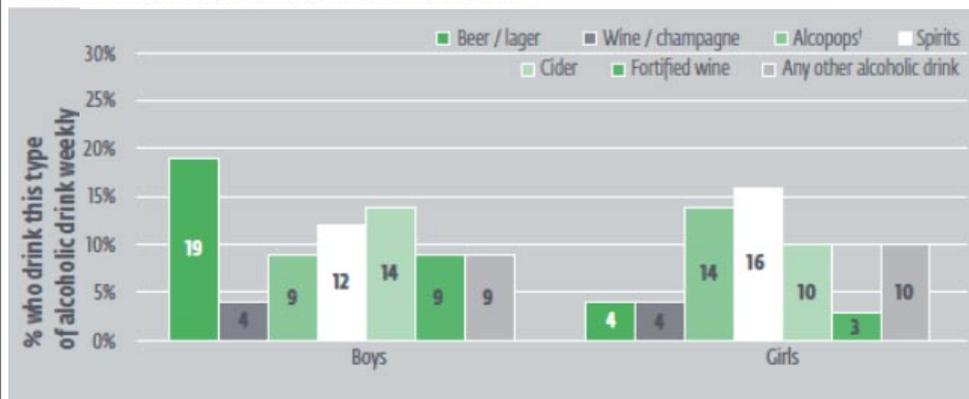
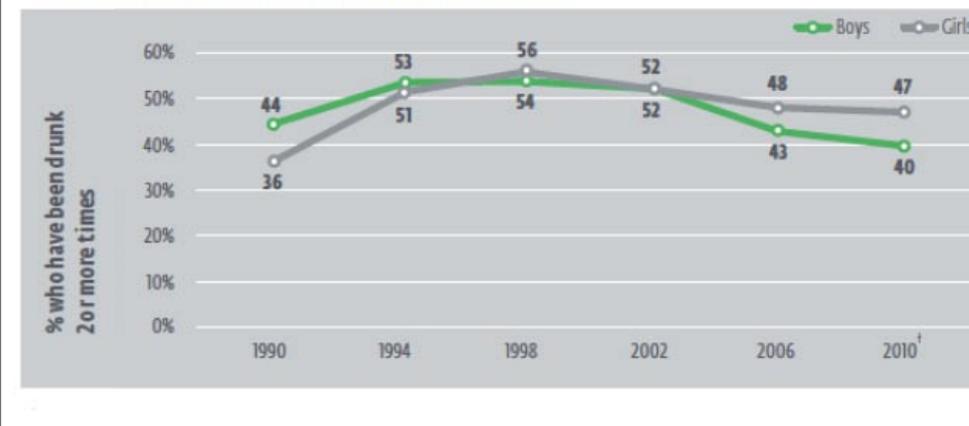


Figure 12.8:  
WEEKLY DRINKING: 15-YEAR OLDS 1990 – 2010



Figure 12.11:  
BEEN DRUNK 2 OR MORE TIMES: 15-YEAR OLDS 1990 – 2010



opportunity to track key areas of health among young people and compare Scotland's progress to other countries."

To read the full report, visit [www.education.ed.ac.uk/cahru/publications/reports.php](http://www.education.ed.ac.uk/cahru/publications/reports.php)

## Funding alcohol education in Scotland

In February Chris Sorek, Chief executive of Drinkaware, formally presented Scottish Sports Futures with a Drinkaware Big Impact Award to develop its Jump2it interactive board game and DVD.

Initially piloted in 20 of Glasgow's most deprived schools, Scottish Sports Futures, which delivers health education to 10-12 year olds in primary schools through sports programmes, now plans roll out Jump2it across the other 31 Scottish local authority areas.

Jump2it currently reaches more than 14,000 students in school, with an educational programme endorsed and supported by The Scottish Government.



## Monitoring and evaluating Scotland's alcohol strategy

NHS Health Scotland has been tasked by Scottish Government to lead the monitoring and evaluation of Scotland's alcohol strategy. A recent report sets the scene for this evaluation by describing the current strategy, its Theory of Change and the evaluation plan. It then describes the baseline trends for alcohol consumption, alcohol affordability and alcohol-related harms. The appendices are contained in the second document.

The report is available from [www.healthscotland.com/documents/5072.aspx](http://www.healthscotland.com/documents/5072.aspx)

## Diageo TAXI initiative

Diageo Canada have announced a partnership with CellWand Communications Inc, to promote responsible drinking by using its #TAXI(R) mobile phone service. #TAXI (Pound Taxi) is an easy to use mobile phone application that connects callers to the first available local taxicab company, encouraging consumers to make their last call of the night one that will get them home safely.

By dialing the pound sign followed by TAXI (#8-2-9-4) on any cell phone, callers can avoid busy signals and easily connect to the next available taxicab company in their area or their preferred cab company. The #TAXI programme is available to all consumers nationally. Diageo will promote the service through promotional materials at its retail partners across Canada, as well on in-bar and restaurant promotional materials to remind consumers there are options when out for the night.

## FTC to reassess alcohol advertising

The Federal Trade Commission plans to assess the effectiveness of the voluntary guidelines followed by most marketers of alcoholic beverages in the US. This assessment has taken place every four years since 1999. The guidelines are intended primarily to reduce the exposure of advertising to those under the legal drinking age. One area the commission is likely to explore is advertising in social media, which was negligible or non-existent the last time a study was conducted.

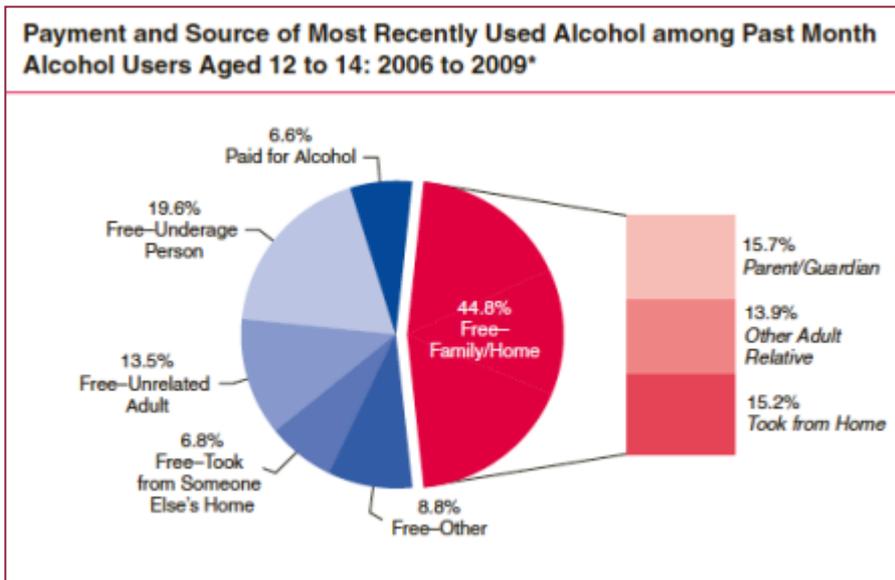
Current guidelines state that alcohol advertisements should run only in media outlets where 70% or more of their viewers or readers are 21 or older. The last time the commission looked at the self-regulation, in a report issued in June 2008, it concluded that about 97% of "total alcohol advertising impressions" came from adverts that met the 70% target.

## Young US alcohol users often get alcohol from family or home

A report on behavioural health statistics for young Americans from the National Survey on Drug Use and Health was published in February.

The report shows that 6% of 12 to 14 year olds drank alcohol in the past month (according to combined 2006 to 2009 data from the National Survey on Drug Use and Health). Almost all of these adolescents (93.4%) were given the alcohol and 44.8% obtained the alcohol from their family or at home.

The report is available from <http://oas.samhsa.gov/spotlight/Spotlight022YouthAlcohol.pdf>



## Beer Institute amends advertising & marketing code

The US Beer Institute's updated Advertising and Marketing Code is now available on the Beer Institute's website. The revised Code, which includes new digital media provisions and an internet privacy policy, is effective immediately. Copies of the newly amended Beer Institute Advertising and Marketing Code are available at [www.BeerInstitute.org](http://www.BeerInstitute.org)



## MADD and Archie Comics raise awareness about underage drinking

Mothers Against Drunk Driving (MADD) and Archie Comics® have formed a partnership to raise awareness about underage drinking in advance of MADD's first annual PowerTalk 21™ day on April 21 —the national day for parents to start talking with their kids about alcohol.

The Archie Comics Double Digest issue at the end of March includes a storyline about underage drinking prevention and calls on teens to resist alcohol on prom night and year-round, and calls on parents to

talk with their teens about alcohol early and often, instead of waiting until there's a problem.

The Archie characters will also be featured in MADD's national promotion of PowerTalk 21 leading up to April 21, which encourages parents to download MADD's free handbook 'Power of Parents, It's Your Influence'. The handbook is being offered by the American College of Emergency Physicians and Mothers Against Drunk Driving.

Dr. Sandra Schneider, American College of Emergency Physicians (ACEP) president stated "Parents are the first line of defence against underage drinking, but it can be daunting to know exactly what to say. This booklet helps guide parents through these conversations with their kids

For more information about MADD's Power of Parents programme and PowerTalk 21 day, go to [www.madd.org/powerstalk21](http://www.madd.org/powerstalk21).



## Bacardi sign Nadal to promote responsible drinking

Tennis star Rafael Nadal will be encouraging responsible drinking after signing a deal with Bacardi to become a company ambassador. Nadal will lead Bacardi's 'Champions Drink Responsibly' campaign which will run across advertisements, public relations, consumer initiatives and social media platforms, including YouTube and Facebook.

Nadal said: "I enjoy socialising with my friends and family and drinking responsibly is important no matter what your game is. That is why I'm teaming up with Bacardi Limited, as I want to take the lead in promoting social responsibility to fans and consumers around the world."



## Government launches drive against alcohol abuse in Tanzania

Tanzania has launched a nationwide campaign to tackle excessive drinking. The government's initiative against irresponsible drinking has the backing of local brewers and is supported by the international organisations including the United States Agency for International Development (Usaid).

The campaign, dubbed Chonde Chonde! Ulevi Noma! (Please, alcoholism is dangerous), is a six-month drive that will end in September this year. The campaign will mainly be conducted through radio programmes.

At the launch in Dar es Salaam, Health and Social Welfare Permanent Secretary Blandina Nyoni, said heavy drinking was a big problem in Tanzania, adding that concerted national efforts were required to deal with the problem.

## UK Drive My Car Home service

An award winning company in Leicestershire, UK aims to reduce the number of drink drivers on the road by offering a DriveMyCarHome service that takes the hassle out of using the traditional means of catching a cab home and then having the inconvenience the next day of having to pick up the car from wherever you left it.

Instead, a chauffeur arrives on foldable moped, which is placed into a protective bag and put into your car boot; the chauffeur drives you and your car home safely, once home the chauffeur unfolds the moped and drives away.

For further details, see [www.DriveMyCarHome.uk](http://www.DriveMyCarHome.uk)

## France: Drop in alcohol intake seen

Entreprise et Prevention published their first 'barometer report' based on five indicators to do with alcohol consumption in France (reported use, the number of household customers, quantities purchased, the average price of alcoholic beverages and the annual budget devoted to them).

Results show that the French consume occasionally rather than daily, and buy less quantity but more quality products. They are predominately weekly or monthly consumers. Daily consumption is particularly high for men over 60 years and is more common among women and youth in the rest of the population. 16% of French say they never drink alcoholic beverages. Health issues and road safety are very influential in attitudes towards alcohol. One third of respondents said they are more careful with

alcohol intake, for health reasons (73%), safety reasons (59%) and for fear of drink driving checks (49%).

The report highlight that increasingly, consumption is taking place at home. 58% of French consumers reported consuming alcoholic beverages only at home. 80% of drinking occasions take place at home or with friends. 20% of drinking occasions are at bars, restaurants or nightclubs.

Purchasing frequency of households has decreased, the number of households purchasing alcohol decreased slightly and the volume over a four year period has decreased significantly (6.2 liters / year). The consolidated data also shows an increase in the average price of products purchased and the average budget per household fell from 2007 to 2008 but rose since then to just over 300€ in 2010.

## Iphone app helps to control drinking habits and alcohol costs

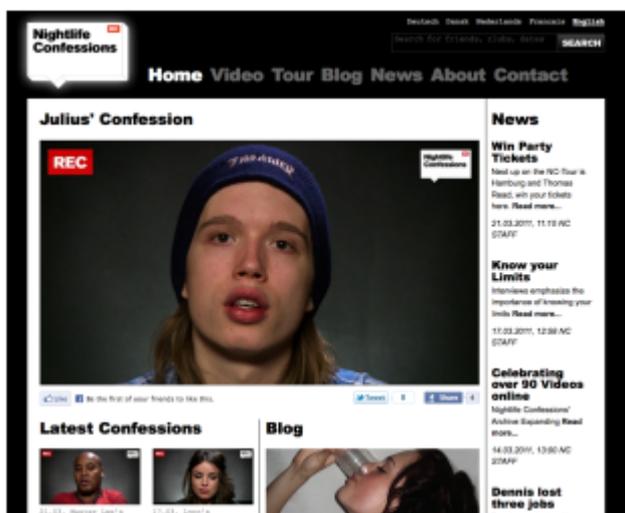
DrinkControl is an iPhone app designed for use internationally, that allows tracking of personal alcohol consumption and its associated costs. The app compares day-to-day personal drinking levels against moderate drinking guidelines.

With DrinkControl, you can quickly record the beverages consumed at the time of drinking or the day after if preferred. The app converts quantities, such as glasses, bottles or cans, into the units of alcohol and indicates when you approach or exceed daily, weekly or monthly moderate drinking guideline limits as defined by the World Health Organization or the health organisations of the

US, UK, Canada or Germany. In addition, DrinkControl includes an overview of average and total spent on alcohol which could serve as an extra motivation to limit consumption. DrinkControl is available from the App Store worldwide from March 2011.



## Diageo launches new interactive responsible drinking campaign



Diageo has launched a new responsible drinking campaign; Nightlife Confessions. The campaign started in Brussels with a Confession booth, where many people gathered to drink and party. People were interviewed about their drinking habits and were invited to post the interviews online. The campaign is making use of social media to spread the word and get other people involved in the discussions and will run in Germany, Denmark and Belgium.

For more information, visit <http://nightlife-confessions.com/en-GB/>

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

### **AIM Mission Statement**

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

### **AIM SOCIAL, SCIENTIFIC AND MEDICAL COUNCIL**

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

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

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

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