

### Contents

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

<b>News from around the world</b> .....	2	Building safe, active communities in the UK .....	19
Alcohol and human health: Sorting out the facts... by Creina Stockley .....	3	Alcohol Education Trust Alcohol and You Leaflet in Scotland	
<b>Medical News</b>		Committee backs Minimum Pricing Bill in Scotland	
Moderate drinking associated with lower risk of stroke in women .....	5	Newquay – Safe Coastal message being taken to school children across Cornwall .....	20
The association of alcohol consumption with osteoporosis .....	7	Drinkaware campaigns ‘green shoots’ of behaviour change .....	21
Heart healthy choices in your 20s pay off in middle age .....	9	UK Alcohol industry to shed a billion units to cut hospital admissions and 1,000 deaths	
Towns with very low mortality due to ischemic heart disease in Spain .....	10	Drinkaware Ireland P-A-C-I-N-G campaign	
Lifestyle change and high-density lipoprotein change		UK Alcohol Strategy published .....	22
Alcohol dosing and the heart: updating clinical evidence .....	11	Calls to bring early evening drinking back to pubs	
Obesity and alcohol – an overview		Italian government initiative encourages moderate wine consumption by young men .....	23
Further reviews by the International Scientific Forum for Alcohol Research		FAD release a video social network for young people think about other alternatives to alcohol	
Alcohol consumption and esophageal and gastric cardia adeno carcinoma risk .....	12	Belgian Police completes winter BOB campaign	
Heart attack survivors may benefit from moderate alcohol consumption		Europe’s Brewers pledge increased action to combat alcohol misuse .....	24
<b>Social and Policy News</b>		Germany’s National Strategy for Drug and Addiction Policy released	
The effect of distressing imagery on attention to and persuasiveness of an anti-alcohol message: a gaze-tracking approach		French government campaign to discourage binge drinking	
UK continues to drink less and binge less .....	13	Calls for renewed EU Strategy targeting alcohol harm .....	25
Deaths from liver disease: Implications for end of life care in England		CEPS Road Map 2015 Implementation Report 2011	
Reducing the harm from adolescent alcohol consumption: results from SHAHRP in N. Ireland .....	17	Free Safe Rides Home From Diageo and NYC Department of Transportation .....	26
SIPS alcohol screening and brief interventions findings		TxDOT urges young adults to take a PASS - Appoint a sober driver during Spring Break	
Evidence that parental provision may reduce later heavy episodic drinking		Legislative to allow Sunday trading in the US	
UK drinking guidelines to be reviewed		West Virginia to get new liquor law	
How many 12-13 year olds are drinking in England, who with and why? Key preliminary findings from the Alcohol Education Trust baseline survey .....	18	Canadian Brewers lead discussion about alcohol on campus .....	27
		South Africa Liquor traders to lead fight against abuse of alcohol	
		TEAMUp2Win! campaign in the US	

**AIM Digest**  
**Frampton House**  
**Frampton, Dorchester**  
**Dorset DT2 9NH**

T: +44 (0)1300 320 869

E: [info@aim-digest.com](mailto:info@aim-digest.com)

**Websites:**

[www.alcoholinmoderation.com](http://www.alcoholinmoderation.com)

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

[www.talkaboutalcohol.com](http://www.talkaboutalcohol.com)

[www.alcoholeducationtrust.org](http://www.alcoholeducationtrust.org)

**AIM Subscription Levels:**

**Individual:** GBP £ 900-

USD \$1,250-

Euro 900-

**Silver:** GBP 1,500-

USD \$3,000-

Euro 2,300-

**Gold:** GBP £3,000-

USD \$5,000-

Euro 4,500-

**Platinum:** available on request.

Please contact [Sherry.Webster@aim-digest.com](mailto:Sherry.Webster@aim-digest.com) for information about AIM's subscription levels.

Please make cheques/drafts in British pounds sterling, dollars or Euros payable to AIM Digest at the above address

Helena Conibear – **Executive Director**

T: +44 (0)1300 320 869

E: [helena.conibear@aim-digest.com](mailto:helena.conibear@aim-digest.com)

Alison Rees - **Editor**

E: [alison.rees@aim-digest.com](mailto:alison.rees@aim-digest.com)

Sherry Webster – **Finance and Subscriptions**

E: [sherry.webster@aim-digest.com](mailto:sherry.webster@aim-digest.com)

Jane Hutchings – **Alcohol Education Outreach**

E: [jane.hutchings@aim-digest.com](mailto:jane.hutchings@aim-digest.com)

[www.alcoholeducationtrust.org](http://www.alcoholeducationtrust.org)

[www.talkaboutalcohol.com](http://www.talkaboutalcohol.com)

The publisher takes reasonable care to ensure the accuracy of quotations and other information contained herein, but is not responsible for any errors or omissions. Opinions and recommendations quoted herein are usually excerpted, digested or condensed, may be edited for continuity, and are only part of the opinions and recommendations expressed in the original sources, which should be consulted for details.

© AIM Digest 2001. All rights reserved. Material may be reproduced with attribution to AIM.

## Russia

Russia's alcohol drink-driving law is to be reviewed in the European Court of Human Rights. Strasbourg has received a number of complaints since 2010, when Russia adopted its zero-tolerance stance.

In Russia, legislative amendments that would permit drivers to have a blood alcohol concentration (BAC) level of 0.2 mg/ml to 0.3 mg/ml are under consideration. Deputy Vyacheslav Lysakov said that the introduction of a zero BAC limit had been a mistake, since it doesn't allow for the 'background level' of 0.1 mg/ml to 0.2 mg/ml that drivers can have without having consumed any alcohol.

## Brazil

Brazil is to host the 2014 World Cup, but the country has seen delays in approving a so-called World Cup bill, which would overturn a ban on the sale of alcohol in Brazilian stadiums. Alcohol sales have been banned from football stadiums in Brazil since 2003 in an effort to reduce alcohol-related sports violence.

FIFA has said it will defend the commercial rights of its sponsors, including Anheuser-Busch InBev, which will sponsor the 2018 and 2022 tournaments.

## Chile

Spirits producers in Chile have noticed a 30% drop in their sales following the implementation of the new zero-tolerance drink driving law on 16 March 2012. Spirits distribution firm El Cielo has reported a 20-30% reduction in sales to restaurants, hotels and pubs since the law came into effect.

## Germany

German brewers have announced that they support the Government's decision to extend the ban on selling food and drinks below cost. The ban was extended by five years, which means that it will end in December 2017. Without the regulation dominating, traders could sell beer at any price convenient to them, which could have triggered price wars.

A German university town is applying drink driving laws to cyclists. Under the new rules in Munster, anyone caught cycling inebriated faces a ban from bike riding and those who are caught violating the ban could be fined at least US\$656, Martin Schulze-Werner, head of the town public order office, said.

Banned cyclists who hope to get back on the road will be subjected to a psychological examination, similar to drivers banned for drunk driving.

## Estonia

Estonia's North Prefecture has handed out 10,000 single-use alcohol breathalysers to drivers in a framework of roadside sobriety checks in Tallinn. The campaign aims to raise the awareness of drivers of residual effects of alcohol in their circulation that can persist for hours after consuming drinks. The sample breathalyzers would help them to check their alcohol intoxication level.

Last year, the police stopped over 8,555 intoxicated drivers across Estonia, with criminal proceedings initiated in 3,523 cases.

## Alcohol and human health: Sorting out the facts...

by Creina Stockley MSc MBA, AIM Council and International Scientific Forum on Alcohol Research member

Wine is an alcoholic beverage. The latest review of the most important lifestyle and environmental factors responsible for 42.7 % of all cancer in the UK in 2010 are tobacco smoking (19.4%), followed by a deficient consumption of fruits and vegetables (6.15%), occupational exposure (4.9%) and alcohol consumption (4.6%) for men, and being overweight or obese (6.9%) and contracting an infection (3.7%) for women (Parkin et al. 2011). The alcohol-related cancers are of the oral cavity, pharynx, larynx, oesophagus (collectively known as the aero-digestive tract), liver, colon and rectum as well as breast in women. It has been suggested that the risk of developing a cancer of the aero-digestive tract is less when alcohol is consumed with food (Dal Maso et al. 2002).

Another relatively recent review of alcohol and cancer also stated that drinking, especially heavy drinking, increases cancer risk (Boffetta and Hashibe 2006), but it concluded that **“Total avoidance of alcohol, although optimum for cancer control, cannot be recommended in terms of a broad perspective of public health, in particular in countries with high incidence of cardiovascular disease.”**

The current National Health and Medical Research Council's (2009) guidelines recommend a maximum of two standard 10g alcoholic drinks per day for both men and women to minimise risks to human health. This can be considered to be moderate consumption.

The immoderate consumption of alcoholic beverages can definitely cause adverse health effects such as selected (but not all) cancers, as well as alcohol-induced cardiovascular disease, alcohol-induced liver disease and pancreatitis, where there is possibly a threshold effect. The moderate consumption of alcoholic beverages, including wine, however, can cause beneficial health effects such as a reduced risk of developing and dying from selected cardiovascular diseases, diabetes and cognitive function disorders. Overall, there is a j-shaped relationship for alcohol consumption and death from all causes. Reductions in risk for cardiovascular diseases, diabetes and cognitive function disorders are underpinned by a range of clearly-defined and credible biological mechanisms for the alcohol component common to all alcoholic beverages as well as for the phenolic component specific to wine.

Indeed, sound scientific data over more than three decades suggest that moderate alcohol consumers are at considerably lower risk of cardiovascular diseases; and newer studies also indicate that they are at lower risk of other diseases of ageing. Cardiovascular diseases include atherosclerosis (hardening and rigidity of the coronary artery wall), high blood pressure, heart attacks, heart failure and ischaemic strokes from blockages of brain blood vessels. For example, analysis of 84 observational studies of cardiovascular disease comparing alcohol consumers with abstainers showed that the relative risks for alcohol consumers compared to abstainers were: 0.75 for overall cardiovascular disease mortality, 0.71 for coronary artery disease and 0.75 for death from coronary artery disease, 0.98 for strokes, and 1.06 for death from strokes (Ronksley et al. 2011). If the relative risk was 1.0, the risk would be the same for alcohol consumers and abstainers. This analysis also showed that alcohol consumption at 2.5–14.9 g/day or approximately 0.2-1.5 standard drinks was consistently associated with a 14–25% reduction in the risk of all health outcomes assessed compared with abstaining from alcohol. Consistent with a j-shaped relationship, risk increased with increased consumption, but differed for the different cardiovascular disease outcomes. The cardioprotective association with alcohol was consistently observed in diverse patient populations and in both men and women, and was apparent when controlling for known confounders such as tobacco smoking, diet and exercise.

In addition to reducing the risk of cardiovascular disease, moderate alcohol consumption reduces the risk of dying from all or any causes (all-cause mortality). A recent study of 16,958 US individuals followed for 18 years by the US Centers for Disease Control and Prevention (CDC) examined the relationship between four low-risk behaviors and mortality. **“Moderate consumption of alcohol”** was considered as one of **“four healthy lifestyle behaviours that exert a powerful and beneficial effect on mortality”** (Ford et al. 2011). Moderate or low-risk alcohol consumption was defined as less than or equal to 2 drinks/day but more than 0 for men and less than or equal to 1 drink/day but more than 0 for women. The other low-risk behaviours were non smoking, eating a healthy diet, and physical activity.

These CDC study authors stated that: “The number of low-risk behaviours was inversely related to the risk for mortality. Compared with participants who had no low-risk behaviours, which included abstinence from alcohol as well as excessive alcohol consumption, those who had all four experienced significantly reduced all-cause mortality, mortality from malignant neoplasms [cancers], major cardiovascular disease, and other causes”; that is, the men and women were 63% less likely to die, 66% less likely to die from a malignant neoplasms, 65% less likely to die from major cardiovascular disease and 57% less likely to die from other causes. Considering the potential dangers of excessive drinking, these CDC study authors also conducted sensitivity analyses omitting moderate alcohol use; the mortality risk for those who also consumed alcohol was significantly lower than for those having only the three other behaviours. Chiuve et al. (2006) also included light-to-moderate alcohol consumption (5 to 30 g/day) as one of five low-risk behaviours associated with a reduced risk of coronary heart disease irrespective of concurrent medication for hypertension or hypercholesterolemia. These behaviours were based on the Healthy Eating Index (HEI), created by the US Department of Agriculture to assess how well the US population met dietary recommendations based on the Food Guide Pyramid and the Dietary Guidelines for Americans. The HEI defined moderate alcohol consumption of 1.5-2.5 drinks/day as ideal servings for men and 0.5-1.5 drinks/day as ideal for women on the basis of the lower risk of cardiovascular disease associated with moderate alcohol consumption (McCullough et al. 2002).

An Australian study of 7,989 individuals aged 65-83 years followed for five years showed consistent results with this CDC study (Spencer et al. 2005). The eight selected low-risk behaviours included having no more than two alcoholic (total 20 g alcohol) drinks/day. Individuals with five or more of the selected low-risk behaviours had a lower risk of death from any cause within five years compared with those having less than five. More importantly the study showed that while most individuals already have some healthy habits, almost all could make changes to their diet and lifestyle to improve their health. The study did not suggest abstinence from alcohol, and avoidance of heavier alcohol consumption is also inferred.

Sun et al. (2011) also recently showed that in addition to lower mortality, women who consumed moderate amounts of alcohol surviving to age 70 years and older generally had less disability and disease, and more signs of ‘successful ageing.’ For ‘regular’ moderate alcohol consumers (on 5-7 days/week), there was an approximately 50% greater chance of such successful ageing compared with non-drinkers.

Therefore the moderate consumption of alcoholic beverages, but not immoderate or heavier consumption, may be a legitimate adjunct to a healthy diet and lifestyle for certain consumers.

#### References

- Boffetta, P., Hashibe, M. (2006) Alcohol and cancer. *Review. Lancet Oncol.*, 7: 149–156.
- Chiuve, S.E., McCullough, M.L., Sacks, F.M., Rimm, E.B. (2006) Healthy lifestyle factors in the primary prevention of coronary heart disease among men. Benefits among users and nonusers of lipid-lowering and antihypertensive medications. *Circulation* 114: 160-167
- Dal Maso, L., La Vecchia, C., Polesel, J., Talamini, R., Levi, F., Conti, E., Zambon, P., Negri, E.,
- Ford, E.S., Zhao, G., Tsai, K., Li, C. (2011) Low-risk lifestyle behaviors and all-cause mortality: Findings from the National Health and Nutrition Examination Survey III Mortality Study. *Am. J. Pub. Health*, 10.2105/AJPH.2011.300167.
- McCullough, M., Feskanich, D., Stampfer, M.J., Giovannucci, E.L., Rimm, E.B., Hu, F.B.,
- Parkin, D.M., Boyd, L., Walker, L.C. (2011) The fraction of cancer attributable to lifestyle and environmental factors in the UK in 2010. *Br. J. Cancer*, 105:S77-S81.
- Ronksley, P.E., Brien, S.E., Turner, B.J., Mukamal, K.J., Ghali, W.A. (2011) Association of alcohol consumption with selected cardiovascular disease outcomes: a systematic review and meta-analysis. *Br. Med. J.*, 34(3): 363-370.
- Spencer, C.A., Jamrozik, K., Norman, P.E., Lawrence-Brown, M. (2005) A simple lifestyle score predicts survival in healthy elderly men. *Prev. Med.* 40(6): 712-717.
- Sun, Q., Townsend, M.K., Okereke, O.I., Rimm, E.B., Hu, F.B., Stampfer, M.J., Grodstein, F. (2011) Alcohol consumption at midlife and successful ageing in women: A prospective cohort analysis in the Nurses’ Health Study. *PLoS. Med.* 8(9): e1001090. doi:10.1371/journal.pmed.1001090.

This article was originally published in *Wine & Viticulture Journal* 27 (1): 68- 69, 2012.

## Moderate drinking associated with lower risk of stroke in women

Jimenez M, Chiuve SE, Glynn RJ, Stampfer MJ, Camargo Jr CA, Willett WC, Manson JE, Rexrode KM. Alcohol consumption and risk of stroke in women. *Stroke* 2012, pre-publication.

### Authors' Abstract

**Background and Purpose**—Light-to-moderate alcohol consumption has been consistently associated with lower risk of heart disease, but data for stroke are less certain. A lower risk of stroke with light-to-moderate alcohol intake has been suggested, but the dose response among women remains uncertain and the data in this subgroup have been sparse.

**Methods**—A total of 83,578 female participants of the Nurses' Health Study who were free of diagnosed cardiovascular disease and cancer at baseline were followed-up from 1980 to 2006. Data on self-reported alcohol consumption were assessed at baseline and updated approximately every 4 years, whereas stroke and potential confounder data were updated at baseline and biennially. Strokes were classified according to the National Survey of Stroke criteria.

**Results**—The authors observed 2,171 incident strokes over 1,695,324 person-years. In multivariable adjusted analyses, compared to abstainers, the relative risks of stroke were 0.83 (95% CI, 0.75–0.92) for < 5 g/d, 0.79 (95% CI, 0.70–0.90) for 5 to 14.9 g/d, 0.87 (0.72–1.05) for 15 to 29.9 g/d, and 1.06 (95% CI, 0.86–1.30) for 30 to 45 g/d. Results were similar for ischemic and hemorrhagic stroke.

**Conclusions**—Light-to-moderate alcohol consumption was associated with a lower risk of total stroke. In this population of women with modest alcohol consumption, an elevated risk of total stroke related to alcohol was not observed.

### Forum Comments

While most previous observational studies have suggested that light-to-moderate drinking is associated with a slightly lower risk of ischemic stroke (the most common type of stroke in western countries), data are not as clear for hemorrhagic stroke. The current paper is based on the very large Nurses' Health Study with repeated assessments of alcohol intake. Of the total of 2,171 incident strokes occurring among the cohort, 1,206 were confirmed as ischemic strokes and 363 as hemorrhagic strokes.

For total stroke, the main findings reported by the authors were that there was a lower risk of stroke for drinkers of > 0 – 4.9 g/day and 5.0 – 14.9 g/day of alcohol. The estimated risk of stroke in the highest category of reported alcohol intake (30-45 grams of alcohol) per day was 1.06, but there were very few heavy drinkers in the cohort.

The authors also state in the text that former drinkers did not exhibit an elevated risk of stroke compared with lifetime abstainers, and that analyses by alcohol type provided similar results as results from total alcohol intake, but results are not shown for either comparison. In this study, the results between alcohol and stroke were similar for ischemic and hemorrhagic types of stroke.

In sensitivity analyses, the only significant differences by sub-categories were for the presence of atrial fibrillation: there was no demonstrable effect on stroke for subjects with atrial fibrillation, but the number of subjects with atrial fibrillation was very small. For the 365 strokes occurring among subjects without atrial fibrillation, risk was significantly lower for all categories of alcohol intake in comparison with non-drinkers.

### Specific comments on the present study

Forum reviewers were unanimous in stating that this paper was based on a very well-done analysis with excellent ascertainment of alcohol exposure. The estimates of alcohol intake were based on the most recent measurement, although the investigators also evaluated the association of stroke with an index of cumulative alcohol consumption throughout follow up, and state that the results were similar. The measurement of all potentially confounding variables was done appropriately.

The frequency of use of hormones, multivitamins, physical activity, high cholesterol, and family history of myocardial infarction were very similar across categories of alcohol intake, suggesting that the women who consumed varying amounts of alcohol were generally similar in these characteristics to non-drinkers. The findings of lower BMI, increased smoking, greater HDL-cholesterol, and lower risk of diabetes with increasing alcohol consumption were expected, and further suggest that the assessments of alcohol were reasonably accurate.

As one Forum reviewer noted: "The Nurses' Health Study is a strong study: a large sample size with 26 years of follow-up including admirable updated information on alcohol intake and confounders. However, few participants were in the higher alcohol intake categories: 7% consuming 15.0 – 29.9 g/day and 4% consuming 30-45 g/day, with wide confidence limits as the obvious consequence. These analyses

may be underpowered to estimate the inflection point of greater risk of stroke at higher levels of alcohol consumption.

“The similar results for ischemic and hemorrhagic stroke are surprising and not easily explained in the context of the acute and delayed antithrombotic effects of alcohol in humans.”<sup>1</sup> On the other hand, in the large Kaiser Permanente study, Klatsky et al,<sup>2</sup> reported that an increase in risk of hemorrhagic stroke was seen only among much heavier consumers of alcohol (those averaging 6 or more drinks/day). In the present study, there were not enough heavy drinkers to adequately test whether there is a significant increase in stroke risk with heavier drinking. “No data are presented on the pattern of drinking”. As one Forum reviewer noted, “Their first category of alcohol drinkers reported an average of < 5 gm of alcohol per day. This is the equivalent of about one third of a typical glass of an alcoholic beverage; does this mean a very small amount every day, 1 glass every 3 days, or 2 glasses on a weekend day?” From the data available in this study, it is not possible to judge whether or not ‘binge drinking’ affects risk of stroke.

Another Forum reviewer commented: “The results are in harmony with previous studies from this big population. While they did not show an increase in risk from alcohol for hemorrhagic stroke, the authors state that the documentation according to type of stroke was not always available. Further, only 11% of the participants had an alcohol consumption >15 g/day.” Said another reviewer: “This paper appears to have no major methodologic flaw. The similarity of results between ischemic and hemorrhagic stroke is of interest, in view of some previous data suggesting a linear tendency to increased hemorrhagic stroke with increasing amounts of alcohol.”

#### References from Forum Review

1. Lacoste L, Hung J, Lam JYT. Acute and delayed antithrombotic effects of alcohol in humans. *Am J Cardiol* 2001;87: 82-85
2. Klatsky AL, Armstrong MA, Friedman GD, Sidney S. Alcohol drinking and risk of hemorrhagic stroke. *Neuroepidemiology* 2002;21:115-122.

#### Forum Summary

A well-done analysis from the Nurses’ Health Study shows that the risk of total stroke is lower among light-to-moderate consumers of alcohol than among subjects reporting no alcohol intake. In comparison with non-drinkers, the estimated risk is 17-21% lower

for women averaging up to 15 grams of alcohol per day (a little over one drink/day by US definitions of 14g or 2 UK units of 8g). For consumers of larger amounts of alcohol (30g or more), the risk of stroke appears to be slightly increased, but not statistically significantly so.

Data on the pattern of drinking (regularly, binge, etc.) were not reported. Among these predominantly light drinkers, there were no differences between effects on the risk of the most common type of stroke, ischemic stroke (due to atherosclerotic obstruction of a artery or an embolic clot) or the less-common hemorrhagic stroke from bleeding into the brain).

The results, with full adjustment for other factors that may affect risk, suggest a ‘J-shaped’ curve for total stroke, with reductions in risk for light-to-moderate drinking and possibly an increase with greater amounts. In this study, the point at which the risk of drinkers exceeds that of non-drinkers was about 38g of alcohol per day (the equivalent of about 3 typical ‘drinks’), with a 95% confidence interval of 28 to 57 g/day.

The study supports many previous reports from observational epidemiologic studies that have shown a slight reduction in risk of the ischemic type of stroke from moderate alcohol intake. Some, but not all previous studies, show an increase in hemorrhagic stroke for any amount of alcohol, but that was not seen in this study, possibly because there were few heavy drinkers in this group of nurses.

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

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

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

Tedd Goldfinger, DO, FACC, Desert Cardiology of Tucson Heart Center, Dept. of Cardiology, University of Arizona School of Medicine, Tucson, Arizona, USA

Gordon Troup, MSc, DSc, School of Physics, Monash University, Victoria, Australia

Giovanni de Gaetano, MD, PhD, Research Laboratories, Catholic University, Campobasso, Italy

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

Arne Svilaas, MD, PhD, general practice and lipidology, Oslo University Hospital, Oslo, Norway

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

## The association of alcohol consumption with osteoporosis

Maurel DB, Boisseau N, Benhamou CL, Jaffre C. Alcohol and bone: review of dose effects and mechanisms. *Osteoporos Int* (2012) 23:1–16; DOI 10.1007/s00198-011-1787-7

### Authors' Abstract

Alcohol is widely consumed across the world. It is consumed in both social and cultural settings. Until recently, two types of alcohol consumption were recognised: heavy chronic alcohol consumption or light consumption. Today, there is a new pattern of consumption among teenagers and young adults namely: binge drinking.

Heavy alcohol consumption is detrimental to many organs and tissues, including bones, and is known to induce secondary osteoporosis. Some studies, however, have reported benefits from light alcohol consumption on bone parameters. To date, little is known regarding the effects of binge drinking on bone health. Here, we review the effects of three different means of alcohol consumption: light, heavy, and binge drinking. We also review the detailed literature on the different mechanisms by which alcohol intake may decrease bone mass and strength.

The effects of alcohol on bone are thought to be both direct and indirect. The decrease in bone mass and strength following alcohol consumption is mainly due to a bone remodeling imbalance, with a predominant decrease in bone formation. Recent studies, however, have reported new mechanisms by which alcohol may act on bone remodeling, including osteocyte apoptosis, oxidative stress, and Wnt signalling pathway modulation. The roles of reduced total fat mass, increased lipid content in bone marrow, and a hypoleptinemia are also discussed.

The authors conclude that "Further investigation is necessary as alcohol may change osteocyte function but the effects of alcohol on osteocyte markers and differentiation genes such as *Sost* are almost unknown, as the impact of alcohol consumption on osteoblast and osteoclast apoptosis. As a public health message, the dose that should serve as a limit for bone health is one glass per day for women and two for men. More than two glasses per day may induce the negative effects of alcohol on bone tissue."

### Forum Comments

Osteoporosis and fractures are key problems of the elderly, and the association of alcohol with osteoporosis is an extremely important topic. Unfortunately, in the opinion of the Forum, the paper is confusing, and especially does not answer key questions on the association between moderate drinking and osteoporosis. Forum members believed that a formal meta-analysis or other summary of existing data would have been more helpful.

The authors state that light-moderate drinking may have a desirable effect, but seem to always add a counter argument involving greater alcohol consumption. For example, they state: "While light and moderate alcohol consumption are not associated with increased fracture risks (<27 drinks/week for men and <13 drinks/week for women), a consumption of more than four glasses per day in men and more than two glasses per day for women constitutes a major risk factor for fractures." As one Forum reviewer stated: "It is difficult to trace the pathways the authors followed from their data to conclusions. They seem to ignore individual variation, yet without statistical armamentarium to do so." Said another reviewer: "The paper lacks clarity and no straight line of thinking; it is an anecdotal representation of facts chosen without a systematic search method."

The authors' definition of levels of alcohol consumption is based only on cut-points of 10 and 30 g/day, with no reference to the pattern of drinking. The paper continually mixes the effects of light drinking with those of abuse. Based on a single study (Ganry et al,<sup>1</sup> a large study conducted in France), it makes statements such as "One glass of alcohol has no effect or beneficial effects on bone, regardless of the type of alcohol consumed." (This is stated even though the Ganry paper concluded: "The detrimental effect of alcohol consumption may occur only above three glasses of wine per day."<sup>1</sup>)

The authors of the present paper state that "This data suggests that moderate alcohol consumptions (1–3 glasses per day) may be associated with an increase of bone mineral density in elderly women while it is not the case for men or premenopausal women (>2 glasses). Moreover, it seems that the different type of alcoholic beverages do not have the same effects on bone metabolism. This may be due to the various constituents present in wine and beer such as silicon or polyphenols." The paper does not, however, explore beverage differences very well in the body of the paper. Most of the paper deals with mechanisms by which heavy chronic alcohol consumption adversely affects bone metabolism.

### Mechanisms of alcohol's effect on bone metabolism:

This paper contributes to our understanding of the mechanisms by which the consumption of beer, wine, and spirits may affect osteoporosis (through

bone density, bone microarchitecture, bone remodeling, etc.) As a reviewer stated: "I think this is a good overview on the effects of alcohol on bone metabolism. It may be useful in calling attention to osteopenia, which is becoming a major health problem with our aging population."

**Public health policy:** Unfortunately, the paper provides little overall assessment that would be useful for setting public health policy. The paper suggests that the only aspect of alcohol consumption that relates to health is the number of glasses or bottles of wine consumed per day, with no mention of the frequency of drinking, with or without food, etc. The authors' conclusion states: "As a public health message, the dose that should serve as a limit for bone health is one glass per day for women and two for men. More than two glasses per day may induce the negative effects of alcohol on bone tissue." As stated by a Forum reviewer: "The final statement of the authors referring to public health is unjustified by the data they present. I still agree with the WHO Technical Report Series 916, Geneva 2003, which states that a decrease of the risk of osteoporotic fractures is associated with moderate drinking, at a 'possible' evidence level."

Reference from this paper:

1. Ganry O, Baudoin C, Fardellone P. Effect of alcohol intake on bone mineral density in elderly women: the EPIDOS Study. *Epidemiologie de l'Osteoporose*. Am J Epidemiol 2000;151:773-780.

### Previous Forum comments on alcohol and osteoporosis

Forum reviewers were concerned that the paper tended to disregard a considerable amount of the empirical epidemiologic literature on the subject. In 2011, the Forum prepared a summary of the existing data on this subject in response to the proposed US Dietary Guidelines (See Recent Reviews, Critique 011, on the Forum web-site. In our comments to the Dietary Guidelines committee we stated: "A number of recent prospective studies have confirmed that moderate alcohol consumption is positively associated with bone mineral density (BMD). While studies in the young indicate an increase in the risk of falls above a certain level of intake, most studies in the elderly actually show a lower risk of falls and fractures among moderate drinkers in comparison with non-drinkers (e.g., Felson et al 1995, Macdonald et al 2004, Mukamal et al 2007, Berg et al 2008, Tucker et al 2009)".

We continued in our comments: "The special properties of beer might deserve a mention (Sripanyakorn et al 2004). The effect on BMD by silicon is about twice the effect seen with other dietary elements such as calcium. Beer appears to be a major contributor to Si intake. Diets that are high in Si may contribute to beneficial effects on bone which, for moderate beer intake, may be in addition to, or separate from, the effect of ethanol." The study by Tucker et al from Framingham concluded that "Moderate consumption of alcohol (especially of beer and wine) may be beneficial to bone in men and postmenopausal women."

References from Forum Critique 011 ([www.bu.edu/alcohol-forum](http://www.bu.edu/alcohol-forum)):

Felson DT, Zhang Y, Hannan MT, Kannel WB, Kiel DP. Alcohol intake and bone mineral density in elderly men and women. The Framingham Study. *Am J Epidemiol* 1995;142:485-492.

Macdonald HM, New SA, Golden MH, Campbell MK, Reid DM. Nutritional associations with bone loss during the menopausal transition: evidence of a beneficial effect of calcium, alcohol, and fruit and vegetable nutrients and of a detrimental effect of fatty acids. *Am J Clin Nutr* 2004;79:155-165.

Mukamal KJ, Robbins JA, Cauley JA, Kern LM, Siscovick DS. Alcohol consumption, bone density, and hip fracture among older adults: the Cardiovascular Health Study. *Osteoporos Int* 2007;18:593-602.

Berg KM, et al. Association between alcohol consumption and both osteoporotic fracture and bone density. *Am J Med* 2008;121:406-418.

Tucker KL, Jugdaohsingh R, Powell JJ, Qiao N, Hannan MT, Sripanyakorn S, Cupples LA, Kiel DP. Effects of beer, wine, and liquor intakes on bone mineral density in older men and women. *Am J Clin Nutr* 2009;89:1188-1196.

Sripanyakorn S, Jugdaohsingh R, Elliott H, Walker C, Mehta P, Shoukru S, Thompson RP, Powell JJ. The silicon content of beer and its bioavailability in healthy volunteers. *Brit J Nutrition* 2004;91:403-409.

### Forum Summary

Osteoporosis is a key underlying factor in fractures among the elderly, which are increasingly a major health problem. A review paper from France on the association between alcohol consumption and bone metabolism states that heavy alcohol intake may adversely affect bone mineral density and increase the risk of osteoporosis. It states that lighter drinking may actually improve bone density, but presents very limited data to support this statement. Forum members were disappointed that the paper did not carry out a meta-analysis or other synthesis of the data; further,

data from a number of key epidemiologic studies on the subject were not discussed in the paper.

The paper provides important information on the mechanisms by which alcohol may affect bone metabolism. The authors describe effects of alcoholic beverages on bone density, bone microarchitecture, bone remodeling, and other mechanisms, which help explain how alcohol and polyphenols and other constituents of beer and wine may relate to the risk of fractures in the elderly.

Unfortunately, despite what the authors conclude, the paper does not provide a summation of the scientific data upon which public health policy can be based. Overall, current scientific data suggest that bone mineral density and the risk of fractures are favorably affected by light-to-moderate drinking, but adversely affected by heavy drinking and alcoholism.

## Heart healthy choices in your 20s pay off in middle age

Maintaining a healthy lifestyle from young adulthood into your 40s is strongly associated with low cardiovascular disease risk in middle age, according to a new Northwestern Medicine study.

Published February 28 in the journal *Circulation*, it is the first study to show the association of a healthy lifestyle maintained throughout young adulthood and middle age with low cardiovascular disease risk in middle age.

Researchers used data collected over 20 years from the Coronary Artery Risk Development in (Young) Adults (CARDIA) study. It began in 1985 and 1986 with several thousand 18 to 30 year-olds, following the same group of participants since.

The researchers analysed data such as blood pressure, cholesterol, blood sugar, BMI, alcohol intake, tobacco use, diet and exercise from more than 3,000 of the CARDIA participants to define a low cardiovascular disease risk profile and healthy lifestyle factors.

In the first year of the study, when the participants' average age was 24 years old, nearly 44% had a low cardiovascular disease risk profile. Twenty years later, overall, only 24.5% fell into the category of a low cardiovascular disease risk profile.

The majority of people who maintained five healthy lifestyle factors from young adulthood (including a lean body mass index (BMI), no excess alcohol intake, no smoking, a healthy diet and regular physical activity) were able to remain in this low-risk

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

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

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

Arne Svilaas, MD, PhD, general practice and lipidology, Oslo University Hospital, Oslo, Norway

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

Francesco Orlandi, MD, Dept. of Gastroenterology, Università degli Studi di Ancona, Italy

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

category in their middle-aged years. 60% of those who maintained all five healthy lifestyles reached middle age with the low cardiovascular risk profile, compared with fewer than 5% who followed none of the healthy lifestyles.

If the next generation of young people adopt and maintain healthy lifestyles, they will gain more than heart health, Liu stressed. "Many studies suggest that people who have low cardiovascular risk in middle age will have a better quality of life, will live longer and will have lower Medicare costs in their older age," he said. "There are a lot of benefits to maintaining a low-risk profile."

"The problem is few adults can maintain ideal cardiovascular health factors as they age," said Kiang Liu, first author of the study. "Many middle-aged adults develop unhealthy diets, gain weight and aren't as physically active. Such lifestyles, of course, lead to high blood pressure and cholesterol, diabetes and elevated cardiovascular risk."

"In this study, even people with a family history of heart problems were able to have a low cardiovascular disease risk profile if they started living a healthy lifestyle when they were young," Liu said. "This supports the notion that lifestyle may play a more prominent role than genetics."

Source: Healthy Lifestyle Through Young Adulthood and the Presence of Low Cardiovascular Disease Risk Profile in Middle Age: The Coronary Artery Risk Development in (Young) Adults (CARDIA) Study. K. Liu, M. L. Daviglius, C. M. Loria, L. A. Colangelo, B. Spring, A. C. Moller, D. M. Lloyd-Jones. *Circulation*. 2012; 125 (8): 996

## Towns with very low mortality due to ischemic heart disease in Spain

Authors of a study published in the March edition of BMC Public Health state that the cause of coronary disease infra (unusually low) mortality in Spain is unknown. Their study identified Spanish towns with very low ischemic heart disease mortality, described their health and social characteristics, and analysed the relationship with a series of contextual factors.

The researchers obtained the number of deaths registered for each of 8,122 Spanish towns in the periods 1989-1998 and 1999-2003. Infra mortality was defined as any town that displayed a Relative Risk below the 10th percentile. All the remaining towns, except for those with high mortality classified as 'tourist towns', were selected as controls. The association among socioeconomic, health, dietary, lifestyle and vascular risk factors was analysed using sequential mixed logistic regression models, with province as the random-effects variable.

32 towns were identified in which ischemic heart disease mortality was half the national rate and four times lower than the European Union rate, situated

in lightly populated provinces spread across the northern half of Spain, and revealed a surprising pattern of geographic aggregation for 23 of the 32 towns. Variables related with infra mortality were: a less aged population (OR 0.93, 95% CI 0.89-0.99); a contextual dietary pattern marked by a high fish content (OR 2.13, 95% CI 1.38-3.28) and wine consumption (OR 1.50, 95% CI 1.08-2.07); and a low prevalence of obesity (OR 0.47, 95% CI 0.22-1.01); and, in the case of towns of over 1000 inhabitants, a higher physician-population ratio (OR 3.80, 95% CI 1.17-12.3).

Results indicate that dietary and health care factors have an influence on infra mortality. The geographical aggregation suggests that other factors with a spatial pattern, e.g. genetic or environmental might also be implicated. The authors state that results should be confirmed by further studies.

Source: Towns with extremely low mortality due to ischemic heart disease in Spain Medrano MJ; Boix R; Palmera A; Ramis R; Galan I; Lopez Abente G. BMC Public Health. Published early online 9 March 2012

## Lifestyle change and high-density lipoprotein change

A recent study demonstrated that consuming 2 or more drinks per day is associated with an increase in HDL cholesterol over a 3 year period. HDL cholesterol, or 'good' cholesterol, appears to scour the walls of blood vessels, cleaning out excess cholesterol. It then carries that excess cholesterol - which otherwise might have been used to make the plaques that cause coronary artery disease - back to the liver for processing.

The research was based on 1,420 men with  $\geq 2$  HDL-C measurements from the US Department of Veterans Affairs Normative Aging Study (NAS). Changes in HDL-C (in milligrams/deciliter) over a 3-year period were calculated for each pair of examinations. For each interval of HDL-C change, lifestyle exposures were categorised: participants maintained a stable BMI  $> 25$  kg/m<sup>2</sup> (reference) or  $\leq 25$  kg/m<sup>2</sup> since the previous exam, or increased or decreased BMI; participants were actively smoking at both exams (reference), nonsmokers at both exams, quit, or initiated smoking between exams; and participants

maintained alcohol intake of  $< 2$  (reference) or  $\geq 2$  drinks daily since the previous exam, or increased or decreased alcohol intake. Longitudinal analysis was used to examine the relationship between the lifestyle change categories and 3-year change in HDL-C for each interval, adjusting for comorbidities, lipids, and cholesterol medication.

Participants were followed for approximately 14.3 years. Increases in HDL-C were associated with maintaining alcohol intake of  $\geq 2$  drinks daily (mean HDL-C increase, 0.86), increasing alcohol intake from  $< 2$  to  $\geq 2$  drinks daily (mean, 2.53), and with maintaining a BMI of  $\leq 25$  kg/m<sup>2</sup> (mean, 0.71).

The authors conclude that increases in alcohol consumption, maintaining moderate alcohol intake, and maintaining BMI  $\leq 25$  kg/m<sup>2</sup> were associated with significant 3-year increases in HDL-C.

Source: Lifestyle Change and High-Density Lipoprotein Change: The US Department of Veterans Affairs Normative Aging Study. Rahilly-Tierney C, Vokonas P, Gaziano JM, Spiro A 3rd. Clin Cardiol. 2012 Mar 8. doi: 10.1002/clc.21978.

## Alcohol dosing and the heart: updating clinical evidence

A paper from Federico II University, Naples, states that the consequences of heavy or irregular alcohol drinking have long been known. Matteo Nicola Di Minno and colleagues reviewed recent information that suggests an association between light/moderate alcohol consumption and protection from vascular and all-cause mortality, ischemic stroke, peripheral arterial disease, congestive heart failure, and recurrence of ischemic events.

The researchers conclude that

1. The overall balance for young premenopausal women, but not for older women, would be unfavorable for drinking as the risk of cancer would not outweigh potential benefits of alcohol on heart disease.
2. Within the frame of a balanced pattern of dietary energy intake, patients with cardiovascular

disease who drink alcohol should not exceed one or two standard drinks per day for women or up to two or three drinks per day for men.

3. The low rates of coronary heart disease among the Mediterranean people may be related to their pattern of drinking wine every day during meals. Regular drinking is associated with better outcomes than occasional (binge)/weekly drinking.
4. Wine (ethanol with antioxidants) exhibits significantly higher anti-inflammatory effects than gin (ethanol without polyphenols), and thus in general wine should be preferred to liquor or beer.

Source: Di Minno MN; Franchini M; Russolillo A; Lupoli R; Iervolino S; Di Minno G, "Alcohol dosing and the heart: updating clinical evidence", *Seminars in Thrombosis and Hemostasis*, Vol 37, No 8, 2011, pp874-883

## Obesity and alcohol – an overview

The NHS National Obesity Observatory have published a paper 'Obesity and Alcohol – an overview' which aims to summarise current understanding of the key issues related to obesity and alcohol in the following areas: Alcohol consumption and energy intake; Patterns and levels of drinking; Alcohol, obesity and liver cirrhosis; Alcohol dependency and obesity; Obesity, alcohol and gender.

Key points include

- There is no clear causal relationship between alcohol consumption and obesity. However, there are associations between alcohol and obesity and these are heavily influenced by lifestyle, genetic and social factors
- Many people are not aware of the calories contained in alcoholic drinks
- The effects of alcohol on body weight may be

more pronounced in overweight and obese people

- Alcohol consumption can lead to an increase in food intake
- Heavy, but less frequent drinkers seem to be at higher risk of obesity than moderate, frequent drinkers
- The relationships between obesity and alcohol consumption differ between men and women
- Excess body weight and alcohol consumption appear to act together to increase the risk of liver cirrhosis
- There is emerging evidence of a link between familial risk of alcohol dependency and obesity in women.

[www.noo.org.uk/NOO\\_pub/briefing\\_papers](http://www.noo.org.uk/NOO_pub/briefing_papers)

## Further reviews by the International Scientific Forum for Alcohol Research

Two papers which were summarised in the February edition of the AIM Digest have now been reviewed by the International Scientific Forum for Alcohol Research (ISFAR) and full analyses are available as follows:

Does moderate wine consumption improve lung function? Siedlinski M, Boer JMA, Smit HA, Postma DS, Boezen HM. Dietary factors and lung function in the general population: wine and resveratrol intake. *Eur Respir J* 2012; 39: 385–391

[www.bu.edu/alcohol-forum/critique-074-does-moderate-wine-consumption-improve-lung-function-8-march-2012](http://www.bu.edu/alcohol-forum/critique-074-does-moderate-wine-consumption-improve-lung-function-8-march-2012)

Obesity may modify the association between alcohol consumption and the risk of colorectal cancer. Zhao J, Zhu Y, Wang PP, et al. Interaction between alcohol drinking and obesity in relation to colorectal cancer risk: a case-control study in Newfoundland and Labrador, Canada. *BMC Public Health* 2012, 12:94 doi:10.1186/1471-2458-12-94

[www.bu.edu/alcohol-forum/critique-072-obesity-may-modify-the-association-between-alcohol-consumption-and-the-risk-of-colorectal-cancer-23-february-2012](http://www.bu.edu/alcohol-forum/critique-072-obesity-may-modify-the-association-between-alcohol-consumption-and-the-risk-of-colorectal-cancer-23-february-2012)

## Alcohol consumption and esophageal and gastric cardia adeno carcinoma risk

Authors of a study investigating association between alcohol drinking and esophageal and gastric cardia adenocarcinoma risk conducted a meta-analysis of available data.

20 case-control and 4 cohort studies were identified as suitable for inclusion, including a total of 5500 cases. The study results indicate that the relative risk (RR) for drinkers versus nondrinkers was 0.96 [95% (CI) 0.85-1.09] overall, 0.87 (95% CI 0.74-1.01) for esophageal adenocarcinoma and 0.89 (95% CI 0.76-1.03) for gastric cardia adenocarcinoma. Compared with nondrinkers, the pooled RRs were 0.86 for light (< / = 1 drink per day), 0.90 for moderate (1 to < 4

drinks per day), and 1.16 for heavy (> / = 4 drinks per day) alcohol drinking. The dose-risk model found a minimum at 25 g/day, and the curve was < 1 up to 70 g/day.

The authors conclude that this meta-analysis provides definite evidence of an absence of association between alcohol drinking and esophageal and gastric cardia adenocarcinoma risk, even at higher doses of consumption.

Source: A meta-analysis on alcohol drinking and esophageal and gastric cardia adenocarcinoma risk Tramacere I; Pelucchi C; Bagnardi V; Rota M; Scotti L; Islami F; Corrao G; Boffetta P; La Vecchia C; Negri E . Annals of Oncology Vol 23, No 2, 2012, pp287-297

## Heart attack survivors may benefit from moderate alcohol consumption

Long term consumption of two alcoholic drinks a day gave heart attack survivors a 42% lower risk of dying from heart disease than non-drinkers, researchers found and their risk of death from any cause was reduced by 14%. But the benefits were seen only with 'moderate' drinking. Higher consumption wiped out the survival gains and increased the chances of dying so that they matched those of non-drinkers. These findings are broadly in line with evidence that controlled drinking levels can protect the heart and arteries.

Researchers in the US monitored the progress of 1,818 men for up to 20 years after they had survived a first heart attack between 1986 and 2006. The men were among participants in the US Health Professionals Follow-Up Study. Every four years they were asked questions about their diet and alcohol intake.

Those who consumed between 10 and 29.9 grams of alcohol a day - the equivalent of two 125 millilitre glasses of wine, two bottles or cans of beer, or a shot of spirits - were classified as 'moderate' drinkers.

Study leader Dr Jennifer Pai, from Brigham and Women's Hospital and Harvard Medical School in Boston, said: "Our findings clearly demonstrate that long-term moderate alcohol consumption among men who survived a heart attack was associated with a reduced risk of total and cardiovascular mortality.

"We also found that among men who consumed moderate amounts of alcohol prior to a heart attack, those who continued to consume alcohol 'in moderation' afterwards also had better long-term prognosis."

The findings are published in the online edition of European Heart Journal.

## The effect of distressing imagery on attention to and persuasiveness of an anti-alcohol message: a gaze-tracking approach

A study tested the hypothesis that distressing imagery may inhibit health communications by inducing audiences to reduce distress by avoiding attention to persuasive messages. The study used eye-tracking methods to compare gaze time allocated to a persuasive textual message, accompanied by either distressing high-resolution colour images or less distressing two-colour images with degraded outline and detail.

Participants in the distressing images condition showed lower intentions to reduce drinking in the following 3 months, which may have been mediated

by lower gaze time to textual elements of the message. The effect was stronger in participants who both scored lower on dispositional mental disengagement and were more vulnerable to alcohol-related problems.

The authors conclude that distressing imagery may inhibit persuasion by reducing audience attention to message components. Implications for message design are discussed.

Source: The effect of distressing imagery on attention to and persuasiveness of an anti-alcohol message: a gaze-tracking approach Brown SL; Richardson M Health Education and Behavior, Vol 39, No 1, 2012, pp8-17

## UK continues to drink less and binge less

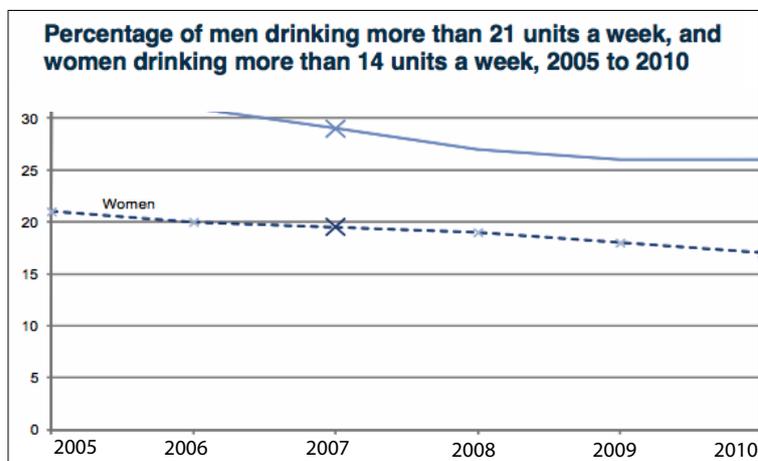
6th year of consistent trends from the ONS Smoking and Drinking Among Adults 2009 Report and General Lifestyle Survey and alcohol related deaths stabilise by Helena Conibear

### Average consumption continues to fall

Between 2005 and 2010 average weekly alcohol consumption decreased from 14.3 units to 11.5 units per adult. Among men average alcohol consumption decreased from 19.9 units to 15.9 units a week and for women from 9.4 units to 7.6 units a week. In the UK a unit is 8g or 1cl of alcohol. Overall, 60% of adults reported that they had consumed alcohol in the 7 days prior to interview. Men were more likely than women to have had an alcoholic drink in the week before interview: 67% of men and 53% of women had had a drink on at least one day during the previous week.

### Those exceeding weekly guidelines falling

Since 2005 the General Household Survey and General Lifestyle survey have shown a decline in the proportion of men drinking more than 21 units of alcohol a week – falling from 31% in 2005 to 26% in 2010. The proportion of women drinking more than 14 units of alcohol a week fell from 21% to 17% over the same period.



These changes were driven by falls in the younger age groups. Among men, the percentage drinking more than 21 units of alcohol a week decreased in the 16 to 24 age group (from 32% to 21%) and in the 25 to 44 age group (from 34% to 27%). Falls were also present among women; the percentage drinking more than 14 units of alcohol a week fell in the 25 to 44 age group from 25% to 19%.

### Heavy drinking declining

When using the average weekly consumption measure, heavy drinking is defined as consuming more than 50 units a week for men and consuming more than 35 units a week for women. There have

been falls in the proportions of both men and women who drink heavily since 2005. The estimates for men fell from 9% to 6% and for women fell from 5% to 3% from 2005 to 2010.

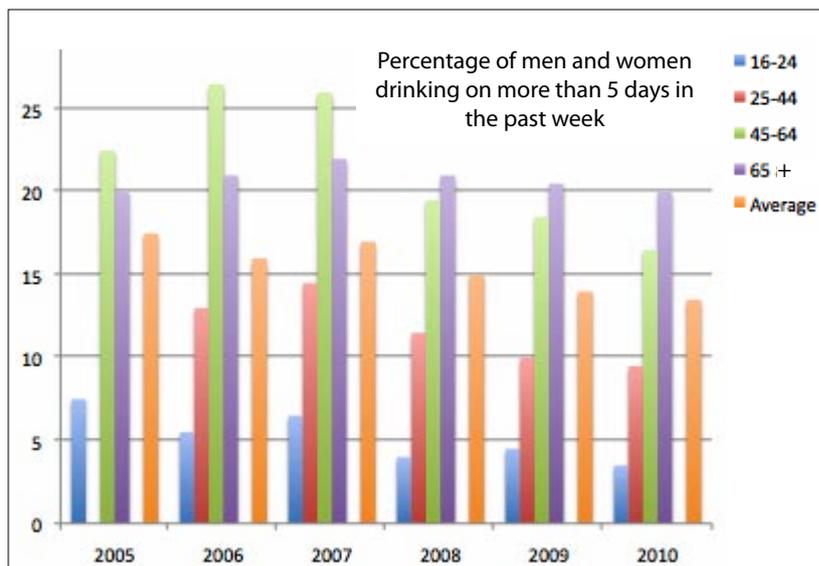
Heavy drinking (exceeding 12/9 units on an occasion) was most prevalent in the 16 to 24 and 25 to 44 age groups. In the 16 to 24 age group, it has fallen to 16% of young men and 12% of young women and in the 25 to 44 age group, to 15% of men and 11% of women. In the 45 to 64 and 65 and over groups the estimates were 8% of men and 5% of women and 2% of men and 1% of women respectively.

### Frequency of drinking falling

The proportion of men who reported drinking alcohol in the seven days before interview fell from 72% in 2005 to 67% in 2010. Similarly, the proportion of women who reported drinking alcohol in the seven days before interview fell from 57% to 53% over the same period. In addition, the proportion of men drinking alcohol on at least five days in the week before interview fell from 22% in 2005 to 17% in 2010. The proportion of women reporting drinking alcohol on at least five days in the week before interview fell from 13% to 10% over the same period, although it should be noted that it is quantity of alcohol consumed per drinking occasion that is important from a health perspective, as a consumption pattern of little and often as per the daily drinking guidelines of 2-3 units for women and 3-4 units is compatible with a healthy lifestyle for healthy adults. Men tended to drink more often than women: 16% of men consumed alcohol on 5 or more days a week compared with 10% of women. In addition, 12% of men had an alcoholic drink almost every day compared with 6% of women.

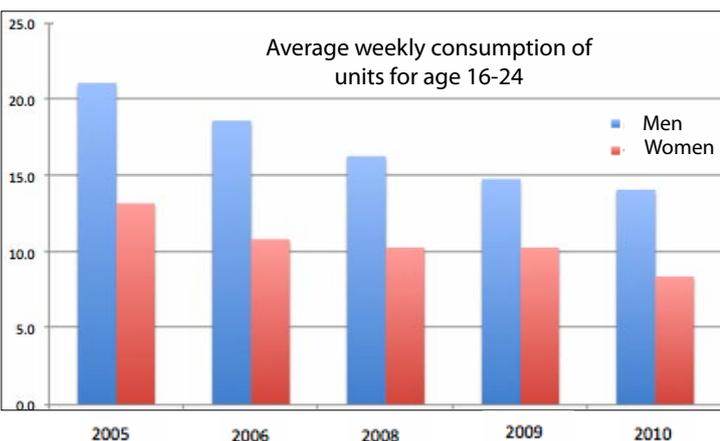
Hence the importance of the downward trend in the proportions of men exceeding four units (dropping from 41% in 2005 to 36% in 2010) and women exceeding three units (a fall from 34% in 2005 to 28% in 2010) on their heaviest drinking day in the week before interview.

The proportion of men drinking more than double the daily guidelines (8 units or 4 pints of average strength beer) on their heaviest drinking day fell from 23% in 2005 to 19% in 2010. The corresponding estimates for women drinking heavily (more than 6 units – or approximately two 175ml glasses of wine at 13%) were 15% in 2005 and 13% in 2010.



**Young adults are showing the most improvement**

The most pronounced changes have occurred in the 16 to 24 age group. Among men in this age group, the proportion drinking more than 4 units on their heaviest drinking day fell from 46% in 2005 to 34% in 2010 and the proportion drinking more than 8 units decreased from 32% to 24% over the same period. There have also been marked falls for women in this age group with the proportion drinking more than 3 units on their heaviest drinking day falling from 41% in 2005 to 31% in 2010 and the proportion drinking more than 6 units falling from 27% to 17%. 17% of both 16-24 year old men and women say they never drink alcohol.



**Alcohol free days**

Overall, 87% of adults averaged at least 3 alcohol free days a week and 18% of women never drink alcohol (versus 12% of men). Adults tend to drink more often as they get older. For example, over a fifth (22%) of men aged 65 and over, consumed alcohol almost every day compared with just 3% of men in the 16 to 24 age group. Similarly for women, 12% of the 65 and over age group drank alcohol almost every day

compared with 1% of the 16 to 24 age group. Patterns of drinking vary with the older age groups drinking little and often and the younger less often but more per occasion.

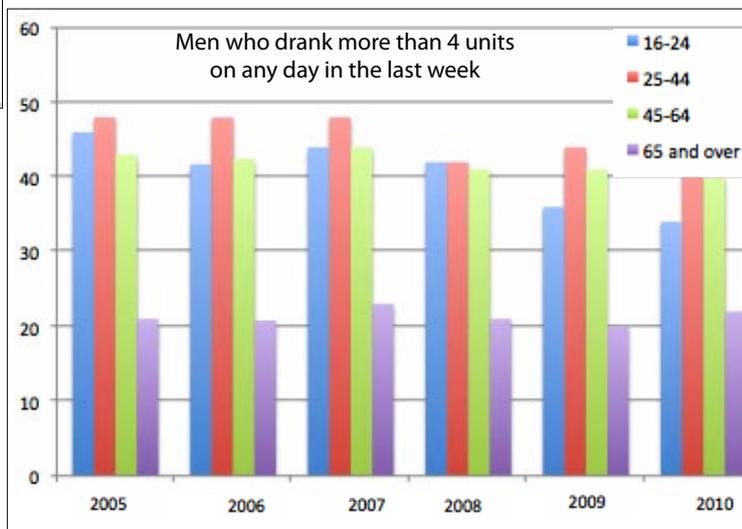
**Weekly alcohol consumption and smoking**

When comparing current smokers with non-smokers, the average weekly consumption was 22.8 units among smokers and 7.8 units among non-smokers in the 16 to 24 age group. It was 16.9 units for smokers and 10.6 units for non-smokers in the 25 to 44 age group and 16.4 units for smokers and 12.3 units for non-smokers in the 45 to 64 group.

These differences between smokers and non-smokers were driven by people who have never smoked, with ex-smokers drinking nearly as much as current smokers. Overall smokers tended to drink nearly twice as much as those who had never smoked (16.6 units a week for smokers, 8.7 units a week for never-smoked).

**Little and often – a good pattern of drinking develops as you age**

It was noted earlier that older people tend to drink more frequently than younger people. However, among both men and women, those aged 65 and over were significantly less likely than respondents in other age groups to have exceeded 4/3 units of alcohol on at least one day. For example, 22% of men over 65 exceeded four units on at least one day during the previous week. The estimates for the younger three age groups were 34%, 41% and 40% (16 to 24, 25 to 44 and 45 to 64 respectively). Among women, 11% of those aged 65 and over exceeded three units on at least one day and 31%, 35% and 32% of the younger three age groups (16 to 24, 25 to 44 and 45 to 64 respectively) did so. Similar patterns



were evident for heavy drinking (exceeding 8/6 units): 24% of men aged 16 to 24, 25% of men aged 25 to 44, 20% of men aged 45 to 64, but only 7% of those aged 65 and over, had drunk heavily on at least one day during the previous week. Among women the estimates for the corresponding age groups were 17%, 19%, 11% and 2%.

### Drinking last week, economic activity and earnings from employment

Variations in alcohol consumption by economic status reflect differences in both the income and age profiles of the groups. Among men aged 16 to 64, those in employment were most likely to have drunk alcohol during the previous week – 73% had done so compared with 49% of the unemployed and 52% of those who were economically inactive. Working men were more likely than unemployed and economically inactive men to have drunk more than 4 units of alcohol on one day – 43%, compared with 32% and 28% respectively. Working men were also more likely than unemployed and economically inactive men to have drunk heavily (more than 8 units) on one day – 25% compared with 16 and 14%.

Among women aged 16 to 64, 62% of those who were working, 45% of those who were unemployed, and 44% of those who were economically inactive had drunk alcohol in the previous week. Working women were more likely than the unemployed or economically inactive to have drunk more than 3 units of alcohol on one day - 37%, compared with 27% and 24% respectively. Working women were also more likely than the economically inactive to have drunk heavily (more than 6 units) on one day - 18%, compared with 10%.

### Drinking during pregnancy

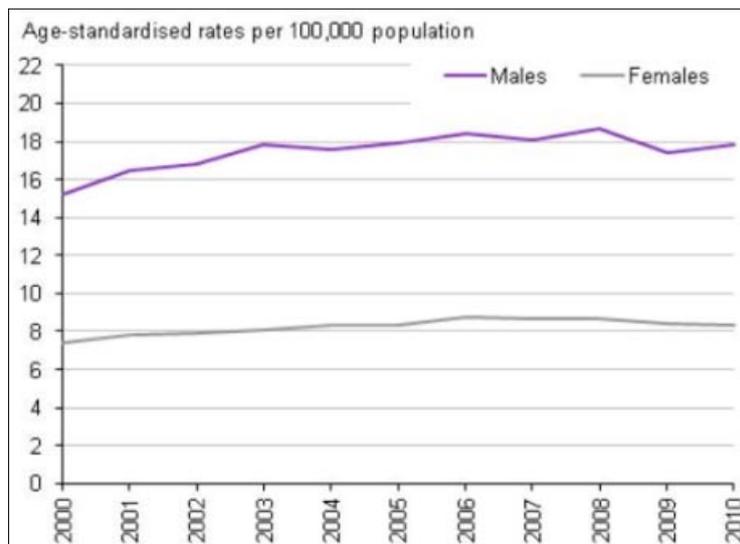
Current advice from the National Institute for Health and Clinical Excellence is that women should avoid drinking alcohol in the first 3 months of pregnancy if possible because it may be associated with an increased risk of miscarriage. If women choose to drink alcohol during pregnancy they are advised to drink no more than 1 to 2 units once or twice a week. The vast majority of women heed this advice: 2% of pregnant women drank alcohol on more than 2 days in the week before interview and 4% of pregnant women consumed more than 2 units on their heaviest drinking day in that week.

**Table 2.25 Whether drank in the last week and number of drinking days by pregnancy**

Women aged 16 to 49			
		Pregnant	Not pregnant or unsure
		Percentages	
Drinking days last week	0	88	42
	1	7	22
	2	3	15
	More than 2	2	21
	% who drank last week	12	58

The number of alcohol-related deaths in the UK increased slightly between 2009 and 2010, rising marginally from 8,664 (12.8 per 100,000) to 8,790 (12.9 per 100,000) and following a fall in deaths in the year before. Between 2006 and 2010, the trend has been more variable, showing a decrease in the number of deaths in 2007 and 2009 but increases in 2008 and 2010.

The increase in the number of deaths in men, rose marginally from 5,690 (17.4 per 100,000) in 2009 to 5,865 (17.8 per 100,000) in 2010. The number of deaths for females fell marginally between 2009 and 2010 from 2,974 (8.4 per 100,000) in 2009 to 2,925 (8.3 per 100,000) in 2010.



### References

ONS Smoking and drinking among adults, 2009 Report  
ONS General Lifestyle Survey

[www.ons.gov.uk](http://www.ons.gov.uk)

# Deaths from liver disease: Implications for end of life care in England

by Helena Conibear

The NHS report 'Deaths from liver disease: Implications for end of life care in England' presents the latest data on place of death for those with liver disease and shows how this varies with sex, age, region and socio-economic deprivation. The report is aimed at commissioners and providers of end of life care, clinicians caring for patients with liver disease, and others concerned with providing quality end of life care for this patient group, including patients themselves and their carers.

Some key findings:

- Liver disease causes approximately 2% of all deaths
- The number of people who die from liver disease in England is rising (from 9,231 in 2001 to 11,575 in 2009)
- More men than women die from liver disease (60% are men, 40% women)
- Alcoholic liver disease accounts for 37% of liver disease deaths. Deaths from alcoholic liver disease fell for the first time in 2009, from 4,400 in 2008 to 4,154 in 2009.

The report highlights that 60% of deaths from liver disease occurred amongst men and 40% amongst women. The most common type of which is alcohol-

related liver disease, which accounts for 37% of liver disease deaths. However, the prevalence of deaths from alcohol-related liver disease varies greatly between males (41% of liver disease deaths) and females (30% of liver disease deaths).

Alcohol-related liver disease is also more common in the most deprived areas (44% of liver disease deaths) than the least deprived areas (28% of liver disease deaths).

Commissioners will be more concerned with the total number of deaths from liver disease; the average number per year 2001-09 varies from the highest:

- North West (1,899 per year, of which 809 were from alcohol-related liver disease)
- South East (1,503 per year, of which 504 were from alcohol-related liver disease)
- London (1,424 per year, of which 425 were from alcohol-related liver disease)

To the lowest:

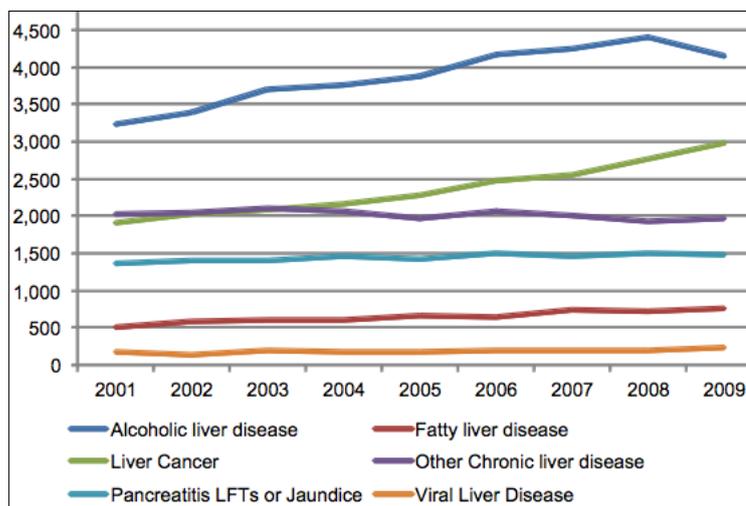
- North East (682 per year, of which 273 were from alcohol-related liver disease)
- East Midlands (855 per year, of which 315 were from alcohol-related liver disease)
- East of England (916 per year, of which 291 were from alcohol-related liver disease)

Professor Martin Lombard, National Clinical Director for Liver Disease, urged people to consider the challenging and complex needs of those dying with this preventable disease.

"This report makes for stark reading about the needs of people dying with liver disease. Over 70% end up dying in hospital and this report is timely in helping us understand the challenges in managing end of life care for this group of people. The key drivers for increasing numbers of deaths from liver disease are all preventable, such as alcohol, obesity, hepatitis C and hepatitis B.

B. We must focus our efforts and tackle this problem sooner rather than later," he said.

To download the report visit: [www.endoflifecare-intelligence.org.uk/resources/publications/deaths\\_from\\_liver\\_disease.aspx](http://www.endoflifecare-intelligence.org.uk/resources/publications/deaths_from_liver_disease.aspx)



	2001	2002	2003	2004	2005	2006	2007	2008	2009
<b>Alcoholic liver disease</b>	3,236	3,392	3,697	3,759	3,874	4,160	4,249	4,400	4,154
<b>Fatty liver disease</b>	505	596	602	601	672	652	740	714	754
<b>Liver Cancer</b>	1,911	2,024	2,078	2,171	2,289	2,480	2,545	2,772	2,972
<b>Other Chronic liver disease</b>	2,031	2,051	2,102	2,058	1,960	2,069	1,998	1,931	1,965
<b>Pancreatitis LFTs or Jaundice</b>	1,370	1,405	1,404	1,455	1,418	1,496	1,465	1,509	1,491
<b>Viral Liver Disease</b>	178	148	193	180	182	191	206	203	239
<b>Total</b>	<b>9,231</b>	<b>9,616</b>	<b>10,076</b>	<b>10,224</b>	<b>10,395</b>	<b>11,048</b>	<b>11,203</b>	<b>11,529</b>	<b>11,575</b>

## Reducing the harm from adolescent alcohol consumption: results from SHAHRP in N. Ireland

A study published in the Journal of Substance Abuse aimed to trial an adapted version of the School Health and Alcohol Harm Reduction Project (SHAHRP) in Northern Ireland, an intervention that aims to enhance alcohol-related knowledge, create more healthy alcohol-related attitudes and reduce alcohol-related harms in 14-16 year olds.

Intervention and control groups assessed students at baseline and 12, 24 and 32 months after baseline. Students were from post-primary schools (high schools) in the Eastern Health Board Area in Northern Ireland. 2349 participants were recruited at baseline (mean age 13.84) with an attrition rate of 12.8% at 32-month follow-up. The intervention was an adapted, culturally competent version of SHAHRP, a curriculum programme delivered in two consecutive academic years, with an explicit harm reduction goal. Knowledge, attitudes, alcohol consumption, context of use, harm associated with own alcohol use and the alcohol use of other people were assessed at all time points.

The study found significant intervention effects on all measures (intervention vs. controls) with differential effects observed for teacher-delivered and outside facilitator-delivered SHAHRP. The authors conclude state that the study provides evidence of the cultural applicability of a harm reduction intervention (SHAHRP) for risky drinking in adolescents in a UK context.

Source: McKay MT; McBride NT; Sumnall HR; Cole JC, "Reducing the harm from adolescent alcohol consumption: results from an adapted version of SHAHRP in Northern Ireland", Journal of Substance Use, Published early online 8 February 2012

## SIPS alcohol screening and brief interventions findings

Results have been released from the SIPS trial, the largest UK alcohol screening and brief intervention study. SIPS covered 9 Emergency Departments, 29 GP surgeries and 20 Probation Offices across London, the South East and the North East of England. During the 13-month data collection period 10,530 patients were screened with 2,481 recruited into the study. The trial tested three key 'brief intervention' approaches.

A conference event took place on the 5th of March 2012 to launch the findings, with presentations available at [www.sips.iop.kcl.ac.uk/conference.php](http://www.sips.iop.kcl.ac.uk/conference.php)

## Evidence that parental provision may reduce later heavy episodic drinking

A study from the University of Queensland examined the extent to which a retrospective measure of parental provision of the first alcoholic beverage was related to current heavy episodic drinking and current responsible drinking practices.

The study sample consisted of 608 14- to 17-year olds from the 2007 Australian National Drug Strategy Household Survey. The researchers collected information on the source of first alcoholic beverage (friends/parents/others), source of current alcohol, age of onset of alcohol use, current responsible drinking practices, and proportion of current friends who drink.

Binary logistic and multiple regression procedures revealed that parental provision of an adolescent's first alcoholic beverage predicted lower current heavy episodic drinking, and responsible drinking mediated this association. The results suggested that for adolescents who become alcohol users, parental provision of the first drink may reduce subsequent alcohol-related risks compared to introduction to alcohol by friends and other sources.

Source: How Important Is the Context of an Adolescent's First Alcoholic Drink? Evidence that Parental Provision May Reduce Later Heavy Episodic Drinking. Adrian Kelly et al. Eur Addict Res 2012;18:140-148

## UK drinking guidelines to be reviewed

UK Department of Health officials will lead the first review of drinking advice in 15 years. The last review in 1995 set low risk guidelines at 2-3 units for women and 3-4 units for men (a unit is 8g of pure alcohol).

Although a recent review by the House of Commons Science and Technology Committee concluded that the present guidelines are in line with other International Guidelines, this review will look at the evidence base for alcohol free days and whether there should be enhanced guidelines for older populations and special guidance about occasions where people drink heavily (binge drinking).

The review will be led by the Chief Medical Officer for England, Dame Sally Davies who is also Chief Scientific Advisor to The Department for Health.

## How many 12-13 year olds are drinking in England, who with and why?

Key preliminary findings from the Alcohol Education Trust baseline survey



TALKABOUTALCOHOL.COM

The Alcohol Education Trust lesson plans, worksheets, information leaflets, conversation starter film clips for pupils aged 11- 16 and their parents are currently being evaluated among 4,400 Year 8 pupils across 33 schools in England. (View via resources on [www.alcoholeducationtrust.org](http://www.alcoholeducationtrust.org) and website [www.talkaboutalcohol.com](http://www.talkaboutalcohol.com))

16 schools (intervention schools) are teaching lessons from The Alcohol Education Trust Teacher Workbook and use the websites and leaflets, while the remaining 17 schools (comparison/control) will not at this stage. The AET have now had the preliminary results of the first questionnaire, which is administered in class before any alcohol education takes place.

A high proportion of the children (aged 12 and 13) enjoyed school and felt their life was going well (86% and 87%). They were on time and didn't skip lessons (85% and 83%) and 85% and 87% enjoyed good health with a similar proportion feeling they had someone to talk to if they were worried. However 7% said they were unhappy or depressed and 1% played truant or skipped lessons, with 4% considering they weren't well behaved.

Of the 4,400 12 and 13 year olds surveyed, 41% of intervention pupils, 43% comparison pupils had had a whole alcoholic drink - some by age 10.

### Age of first whole alcoholic drink

	age 10	age 11	age 12	age 13
Intervention	18%	28%	28%	3%
Comparison	20%	26%	28%	3%

Most had experienced drinking at home, when parents were there (56% intervention, 66% comparison) and usually at a special event e.g. wedding/party (25% and 19%). Most only drink on special occasions (70% and 72%) and with their parents or carers (74% and 78%). It appears their parents don't mind as long as they don't drink much (74% and 77%). 2% were drinking in an unsupervised environment (park or outside), 3% when parents were out and 5% at friends houses. Very few had felt pressured into drinking (3% and 2%) and 4% had been tempted by alcohol in shops.

Most have never got drunk or binged (68% and 71%); 12% and 11% have once; but worryingly 11% and 12% have done so more than once. The pupils motivations for drinking were: special occasion (89% intervention, 92% comparison), they liked the taste (53% and 52%), it made them feel grown up (22%), it is fun (21% and 16%), sociable and relaxing (20% and 25%) or risky and exciting (16% and 11%). 4% claimed they often had a hangover and 1% had passed out from drinking. 1% had also tried other drugs 'often' and 3% 'at least once'. 1% had been in trouble with the police 'often' and a further 2% 'at least once'.

For the majority of pupils who had never tried alcohol (59% and 57%), their reasons were that they know it is dangerous for their health (76% intervention, 64% comparison). That it is against the law to buy alcohol when under 18 (59% and 60%) and they are aware of negative aspects (56% and 53%).

All the cohort had good awareness of the health effects of excessive drinking and the law regarding underage drinking, but had a poor understanding of the physical or social effects of alcohol, why guidelines differ for men and women and over estimated the number of underage teenagers who do drink in the UK.

The next follow up of these students will be in July 2012. For further information or to get involved with the Trust's work visit [www.alcoholeducationtrust.org](http://www.alcoholeducationtrust.org) or email [jane.hutchings@aim-digest.com](mailto:jane.hutchings@aim-digest.com)

## Building safe, active communities in the UK

Baroness Newlove was appointed the Government's Champion for Active, Safer Communities in October 2010. Since then she has worked with communities across the UK to find out what grassroots activists want and need. Her third report, published in February is a manual for communities that brings together new ideas that have been proven to work. It includes case studies from different areas and highlights resources which can provide support to communities that want to do more.

The report also sets out progress on Baroness Newlove's three priorities - tackling problem drinking, turning the civil service into a 'civic' service, and finding a web 'hub' for community activists to use.

The report highlights key issues that need to be addressed in the forthcoming alcohol strategy. In particular it highlights the need to reduce alcohol-related harms in young people including: setting good parental examples, encouraging young people to take responsibility for their own behaviour, mentoring, and giving young people and residents a say in how drinking problems in their locality can be tackled. It builds on the 'grass roots' approach, in

which action is taken as a result of active collaboration between local residents, the Police, Local Authority, Health and local businesses.

The report cites good practice examples, such as the Newquay Safe Partnership, which saw joined up action to reduce the number of fake IDs and proxy buying. It led to a 30% reduction in reported anti social behaviour incidents. The report also calls for further action on the part of the drinks industry, and evidences the decision by Heineken to stop producing cheap ciders as an example of corporate social responsibility.

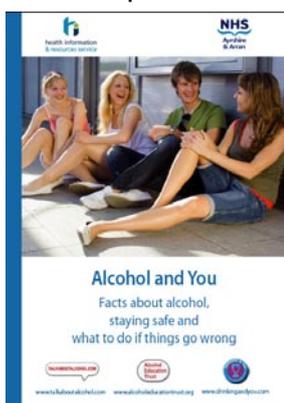
The report outlines a £1 million new Alcohol Fund to help local agencies, businesses and local people to come together and tackle problem drinking in partnership. The £1m Department of Communities and Local Government (DCLG) fund will be available to Local Authorities to spend over a 2 year period. It will be spread between 10 communities, each receiving £50K. Commitment to collaborative working by local agencies and residents will be integral to receiving the funding.

[www.communities.gov.uk/publications/communities/buildingsafecommunities](http://www.communities.gov.uk/publications/communities/buildingsafecommunities)

## Alcohol Education Trust Alcohol and You Leaflet in Scotland

The NHS in Arran and Ayrshire have adapted The Alcohol Education Trust booklet 'Alcohol and You', designed for older teenagers, for their region. The Arran and Ayrshire leaflet contains local statistics and laws specific to young people in Scotland as well as places to go for help and information in Scotland.

This is one of many local partnerships, with AET lesson plans being adapted for use in prisons and for secondary schools in New Zealand. Please contact [jane.hutchings@aim-digest.com](mailto:jane.hutchings@aim-digest.com) if you would like to work with The Alcohol Education Trust. Please look at [www.alcoholeducationtrust.org](http://www.alcoholeducationtrust.org) and [www.talkaboutalcohol.com](http://www.talkaboutalcohol.com)



## Committee backs Minimum Pricing Bill in Scotland

On 7 March the Stage 1 report on the Alcohol (Minimum Pricing) (Scotland) Bill by the Health and Sport Committee was published.

Supporters argue that the introduction of the bill will lead to a reduction in harmful drinkers' consumption and the beneficial impact on public health, crime, public services, productivity and the economy were all cited by.

Committee Convener Duncan McNeil MSP said "The committee recognised that this Bill represents one element in a range of measures to reduce Scotland's alcohol consumption and we look forward to the Cabinet Secretary for Health, Wellbeing and Cities Strategy announcing the level at which the minimum price is to be set by the start of Stage 3 of the Bill."

## Newquay – Safe Coastal message being taken to school children across Cornwall

Since October 2011, a vital ‘stay safe by the coast message’ has been taken to young people in every secondary school across Cornwall. Geoff Brown, Cornwall Councillor for the Newquay Central division, and his wife Chris visited all the secondary schools in the Cornwall giving a presentation to students which includes advice on staying safe at the seaside and an important message about alcohol awareness. Geoff and Chris, who served in the Newquay Coastguard cliff rescue team for 25 years introduced their initiative following the tragic deaths of two young men from cliff falls in Newquay in 2009. Geoff Brown said **“There are some basic rules that people can follow when they are relaxing by or in the sea to help them keep safe. We hope our talks will benefit as many young people and their families as possible. If we can prevent even one more dreadful accident in the future our efforts will be worthwhile”**.

Sponsored by St Austell Brewery, their initiative has been developed into a comprehensive teaching pack of six lessons targeted at 14 to 18 year olds covering alcohol awareness, beach and sea safety along with a ‘visiting the seaside’ leaflet. The teaching pack also includes a DVD film produced by students from Treviglas Community College film unit, which the students produced to help get across to other young people how to stay safe in coastal locations like Cornwall.

Duchy Health funded the cost of travelling and Cornwall Council has provided a vehicle to enable them to travel around Cornwall visiting all the secondary schools. The Coast Safe initiative is being viewed very positively by schools in Cornwall and the tour has the support of the Newquay Safe partnership.

The scheme’s success in promoting alcohol awareness has been recognised by the Home Office and has attracted interest from as far a field as Western Australia and Bulgaria and the training pack, leaflet and film will also be made available online for schools across the UK.

The Teaching pack with notes for teachers and work sheets for students and the Visiting the seaside leaflet with information about beach safety are available from [www.cornwall.gov.uk/default.aspx?page=27875](http://www.cornwall.gov.uk/default.aspx?page=27875)



## Drinkaware campaigns ‘green shoots’ of behaviour change

A survey of 1,000 18-24 year olds conducted by research agency Millward Brown suggests that all three of Drinkaware’s 2011 campaigns are influencing drinking behaviour across its target audiences. The agency assessed the impact that the charity’s campaigns have had over the last year.

Drinkaware chief executive Chris Sorek commented **“We can say that we have started to see some of the ‘green shoots’ of behaviour change. When you add in industry support, we have also been able to reach more consumers, more often than in previous years.”**

Eight out of 10 regular drinkers (680,000) claim to have adopted at least one of the tips put forward as part

the ‘Why let good times go bad?’ campaign to reduce the desirability and acceptability of drunkenness among young adults.

Most impressively, ‘Excuses’, the campaign aimed at 30-45 year old ‘increasing risk’ drinkers, drove a 31% increase in sign-ups to MyDrinkaware.co.uk, the charity’s online drinks tracking tool. Alcohol consumption of active users of MyDrinkaware fell from an average of 5 units per day to 3.9 units.

Sorek added: **“Industry’s participation in Drinkaware campaigns over the past year has helped us dramatically increase our reach and now we’re starting to see positive behaviour change”**.

## UK Alcohol industry to shed a billion units to cut hospital admissions and 1,000 deaths

A billion units of alcohol will be shed by the alcohol industry through an ambitious plan to help customers drink within guidelines, Health Secretary Andrew Lansley announced on 23 March. (A unit or drink is classified as 8g of pure alcohol).

The initiative, which is part of the Responsibility Deal, is being spearheaded by 34 leading companies behind brands like Echo Falls, First Cape and Heineken and will see a greater choice of lower strength alcohol products and smaller measures by 2015.

Market intelligence suggests consumers are increasingly looking for lower strength wines. In the past year, demand for lower and non-alcoholic beer has soared by 40% across all retailers.

Key commitments include new and lighter products, innovating through existing brands and removing products from sale. They include:

- Sainsbury's have pledged to double the sales of lighter alcohol wine and reduce the average alcohol content of own brand wine and beer by 2020
- 25 million units will be gradually removed from Accolade Wines including Echo Falls Rosé and Echo Falls White Zinfandel
- Brand Phoenix – have committed to taking 50 million units of alcohol out of their wines – by reducing 0.8% ABV on all FirstCape full strength red wines
- Molson Coors, the UK's largest brewer, has committed to remove 50 million units by December 2015
- 100 million units will be removed by Heineken;
- own brand super-strength lager will be removed from sale by wholesaler Makro

- Tesco, the leading retailer for low alcohol drinks, will reduce the alcohol content of its own-label beer and cider and expand its range of lower alcohol wines and beers, already the biggest selling range in the UK.

Health Secretary Andrew Lansley said: "The Responsibility Deal shows what can be achieved for individuals and families when we work together with industry. We know it is an ambitious challenge to work in this way but our successes so far clearly demonstrate it works. We will work hard to engage even more businesses and get bigger results.

"Cutting alcohol by a billion units will help more people drink sensibly and within the guidelines. This pledge forms a key part of the shared responsibility we will encourage as part of the alcohol strategy."

Companies have committed to a wide range of innovative and creative ways of helping their customers to drink within the guidelines. This includes improving consumer choice by lowering the strength of existing brands, introducing new lower strength products, nudging people towards smaller sizes and other marketing and promotional activity to encourage their customers to switch to lower unit drinks rather than similar drinks with a higher unit content.

Estimate suggest that in a decade, removing one billion units from sales would result in almost 1,000 fewer alcohol related deaths per year; thousands of fewer hospital admissions and alcohol related crimes, as well as substantial savings to health services and crime costs each year.

## Drinkaware Ireland P-A-C-I-N-G campaign

Drinkaware Ireland's 'Rethinking Drinking' campaign continues with TV advertisements that aim to empower alcohol consumers to find their own pace of drinking.

The 'Rethinking our Drinking' P-A-C-I-N-G Campaign is informed by extensive research and consultation into how young adults behaviour around excessive drinking, their attitudes towards drinking, and the frequency and volumes of alcohol consumption in Ireland. It builds on the positive response to the

successful first stint of the drinkaware.ie 'Rethinking Our Drinking' campaign.

For more information on the research behind the campaign, and the 'how and why' of pacing, visit [drinkaware.ie/index.php?sid=11&pid=522](http://drinkaware.ie/index.php?sid=11&pid=522)



## UK Alcohol Strategy published

The Government's Alcohol Strategy for England and Wales was published on 23 March. It sets out the government's commitment to address the harms of alcohol and encourage responsible behaviour by:

- The introduction of a minimum unit price for alcohol and a consultation on the introduction of a ban on multi-buy promotions in the off-trade
- Ensuring that local areas are able to tackle local problems, reduce alcohol-fuelled violent crime on our streets, and tackle health inequalities

The report details an extensive range of tools and powers for local agencies to challenge those people that continue to behave in an unacceptable way and to take action against problem premises. This includes

- stronger powers to control the density of licensed premises and make health a licensing objective for this purpose.
- powers to restrict alcohol sales if late opening is causing problems
- extended powers to make Early Morning Restriction Orders
- the introduction of a new late night levy for businesses that trade into the late night contribute towards the cost of policing

- piloting sobriety schemes for those people whose offending is linked to excessive alcohol consumption.
- support for hospitals to tackle unacceptable drunken behaviour at A&E.

### Secure industry's support in changing individual drinking behaviour

Building on the Responsibility Deal, the report calls for greater industry responsibility and action to prevent alcohol misuse, including giving consumers a wider choice of lower strength products in both the on-trade and off-trade, taking one billion units out of the market by 2015.

### Support individuals to make informed choices about healthier and responsible drinking

Ensuring that everyone understands the risks around excessive alcohol consumption to help them make the right choices for themselves and their families, including a review of the alcohol guidelines for adults. It provides details on the support system that should be available for those that need particular help in changing their behaviour, including an alcohol check within the NHS Health Check for adults.

[www.homeoffice.gov.uk/publications/alcohol-drugs/alcohol/alcohol-strategy?view=Standard&pubID=1015661](http://www.homeoffice.gov.uk/publications/alcohol-drugs/alcohol/alcohol-strategy?view=Standard&pubID=1015661)

## Calls to bring early evening drinking back to pubs

Research by Plymouth University's Institute for Health and Community found links between so-called "pre-loading" at home before a night out and violent crime. The report suggests that the UK Government needs to 'entice' drinkers back into pubs to combat drinkers consuming cheap alcohol at home.

According to the report, if the Government wants to stem street violence it should bring drinkers back into pubs for the early part of the evening where staff can keep a eye on them.

Over a six-month period more than 600 people who had been arrested were surveyed to get to the root of their drinking habits. Two-thirds aged between 17 and 30 had consumed alcohol at home before going out – the majority said they were already drunk by the time they reached a pub or club. 83% said they had bought beer, wine and spirits from a supermarket – 40% were later arrested for violence-related offences.

Dr Barton of Plymouth business school, said: "Somewhat paradoxically, it would appear that previous government policy around alcohol, such as

the restrictions on discounted drinks promotions and happy hours, and extended licensing hours, could be at the root of some of these problems... There is clear demand for cheap early evening drinks, and it is possible that reducing the availability of these in licensed premises has contributed to the rise in 'pre-loading... Extended late opening prolongs what we term 'the drinking event' and increases the likelihood of excessive drinking and flashpoints."

Dr Barton commented that current government policy was still locked into viewing drinking as operating around a 'pub-club' model, and failed to take account of evidence suggesting up to 50% of people drink at home before leaving.

He said: "Although it may seem counter intuitive, it may be that in order to better control violence in the night time economy, government policy needs to entice people back into the pubs and bars, especially for the crucial early evening period, where they can at least be monitored by staff, and where their drinking patterns will have natural breaks when they move from place-to-place."

## Italian government initiative encourages moderate wine consumption by young men

The Italian ministerial project created to spread the conscious consumption of wine as a product of history and a tradition of Italy, has since 2003 reached 25,000 young men aged 18-30 at 16 Italian universities. This year the campaign is exhibiting at Vinitaly March 25 to 28. For the duration of the fair, the Enoteca stand will show short films. These are the winning videos from a competition 'Reason Wine: ideas for drinking with gusto!' launched successfully last year.

The project promotes moderate consumption of wine as part of a conscious healthy lifestyle. The Enoteca Italian Ministry of Agriculture, Food and Forestry "Wine and Youth" campaign is linked to the European project "Wineinmoderation.Art de vivre", whose purpose is to convey a positive message about conscious consumption of wine, behind which are concealed history, tradition, culture, places, foods and products of the territories.

"With this project we promote not only the knowledge of wine as a culture and way of life but also as a source of wealth - says the chairman of Enoteca Italian, Claudio Galletti - and this is crucial at a time when just these styles remain at risk, as evidenced by the document released by the Ministry of Health about a rising phenomena of excess consumption of alcohol among the young generations. Therefore we need adequate information to educate, particularly young people, about healthy and responsible levels of consumption". The programme provides the tools to be able to recognise "what is good, healthy and quality."

The project for 2012 also offers a distance learning course, a game 'Girodivino', a questionnaire, and a blog.

[www.vinoegiovani.it](http://www.vinoegiovani.it)



## FAD release a video social network for young people think about other alternatives to alcohol

The Foundation Against Drug Addiction (FAD) has launched a short animated film to make young people aged 14-25 to think about how they enjoy their leisure time and to think other alternatives to alcohol on social networking 'Why do not we do something different this weekend?'

According to research by FAD, young people hold very high expectations about their weekends, however, those expectations are almost never met. Therefore the film suggests that partying and drinking heavily every weekend is just not fun and encourages young people to look to other ways of enjoying themselves.

The film will be distributed by social networking Youtube, Facebook, Myspace or Twitter.

<http://www.fad.es/Home>



## Belgian Police completes winter BOB campaign

The six-week enforcement campaign ran by the Belgian traffic Police saw 263,085 drivers checked for driving under the influence of alcohol. 8,745 (3.3%) of them had BAC levels higher than the 0.5 permitted, while 5,854 (2.2%) of drivers had a BAC level of 0.8 or more.

The Belgian Police also work together with the NGO 'Drive Up Safety' They aim to motivate safe traffic behaviour through positive reinforcement. Every driver who drove through the check and was found to be sober received a bag of goodies including a lottery ticket.

The Belgian BOB campaign is also supporting the Europe-wide TISPOL operation, which runs in 28 countries. For more information, please check [www.tispol.org](http://www.tispol.org)

## Europe's Brewers pledge increased action to combat alcohol misuse

Europe's 3,500 brewers launched a Pledge at the European Parliament on 28 February to increase consumer information, enforce responsible advertising and conduct new awareness campaigns reaching out to young adults, drivers, and pregnant women.

The European Beer Pledge, launched at an event hosted by the EP Beer Club and Parliament Magazine, is a package of voluntary initiatives that Europe's brewers are taking, which empowers EU citizens and leverages the importance of new technologies such as social media to support the European Union and its Member States in their Strategy to reduce alcohol-related harm.

The European Commission's Despina Spanou, Chair of the EU Forum on Alcohol and Health welcomed the Pledge and Europe's brewers' ongoing commitment to the EU strategy and the Forum. She said that of the 212 commitments to the Forum, over one third has been made by Europe's brewers. Highlighting the role

of voluntary approaches, Spanou added *"Sometimes through voluntary approaches you can achieve a lot and faster than if you went the legislative route. Also because you have the capacity with multi-stakeholder approaches to adapt to national specificities"*.

The Pledge's implementation will be supported by beer companies and associations. Already the brewers associations of Belgium, Bulgaria, Czech Republic, Cyprus, Denmark, Germany, Italy, Malta, Poland, Portugal, Slovakia, Spain, Sweden, the Netherlands and the UK have submitted their planned activities to support the Pledge's implementation, through concrete, local activities in 2012.

To highlight that the Pledge is about action, The Brewers of Europe submitted a commitment to the Forum entitled 'Self-regulating beer advertising across social media'. The commitment, which the Commission will make publicly available shortly, will help to ensure responsible beer advertising on social media.

## Germany's National Strategy for Drug and Addiction Policy released

The National Strategy for Drug and Addiction Policy has passed the Federal Cabinet on February 15th. The Federal Strategy, developed by the Drug Commissioner Mechthild Dyckmans and the Federal Ministry of Health, describes the basic principles and challenges of Germany's drug and addiction policy for the next years. The main objectives of the strategy are to reduce the consumption of licit and illicit drugs as well as the prevention of drug- and addiction-related problems.

In the field of alcohol prevention the National Strategy focuses on children of addicted parents and alcohol-consuming adolescents as well as adults in different settings (such as traffic, workplace or in case of pregnancy). In the field of alcohol promotion, it refers to the voluntary commitment of the alcohol industry. Furthermore, the strategy includes the alcohol strategy of the European Union and is oriented on the Global Strategy to Reduce the Harmful Use of Alcohol of the World Health Organization.

[www.drogenbeauftragte.de/fileadmin/dateien-dba/Presse/Downloads/12-02-08\\_Nationale\\_Strategie\\_final\\_Druckvorlage.pdf](http://www.drogenbeauftragte.de/fileadmin/dateien-dba/Presse/Downloads/12-02-08_Nationale_Strategie_final_Druckvorlage.pdf)

## French government campaign to discourage binge drinking

A rise in the number of young people getting drunk in France has prompted the government to commission a series of adverts to tackle the problem.

'Le binge drinking', as the phenomenon is known in France, has prompted some schools to copy a US programme that aims to encourage children to resist the temptation of alcohol.

The government has also commissioned a series of advertisements to be played on national TV. Youth minister Jeannette Bougrab challenged a cinema school to come up with a series of advertisements, which will be shown in April.

In one spot, a group of young people are shown drinking while one attempts a rousing speech. He seems to lose his way and eventually falls away while the other teenagers are shown lying slumped around him. 'To be a rebel you have to be able to stand up,' says the endline.

Binge drinking became a major issue with the rise of 'apéro géants'. Translated as 'giant aperitifs', these gatherings attracted thousands of mostly young people to indulge in outdoor drinking, with many ended in fights.

## Calls for renewed EU Strategy targeting alcohol harm

The EU is reviewing its 2006 Strategy to support Member States in reducing alcohol-related harm. The European Spirits Organisation – CEPS has launched a report 'The European Spirits Organisation evaluation of the EU Strategy to support Member States in reducing alcohol-related harm 2006-2012 & Contribution for its renewal' that looks back at what was achieved, assesses trends in alcohol-related harm, and makes detailed proposals for the future:

- The report believes the 2006 Strategy has fostered positive change, both in terms of policy and actions.
- Although five years is a short period to demonstrate behavioural change, indicators suggest the policies are on the right track.
- CEPS believes the EU Strategy should be renewed in the same format, and with the same objectives: address alcohol-related harm at Member State level, be action oriented, foster a participative multi-stakeholder approach and support effective advertising self-regulation.

In October 2006, the Commission adopted a Communication on a 'Strategy to support Member States in reducing alcohol-related harm', endorsed by the European Parliament and the Council, indicating that a broad consensus had been achieved on the approach to tackle alcohol-related harm in the EU.

In the document, CEPS provides its view as a stakeholder supporting the implementation of the 2006 EU strategy, and as founding member and key contributor of the European Alcohol and Health Forum through the implementation of the 2005-2010 CEPS Charter and CEPS ROAD MAP 2015. The 2011 CEPS ROADMAP implementation report shows the impressive breadth of actions undertaken across Europe.

*"The European Spirits sector at large embraced its role as a key stakeholder in supporting the delivery of the 2006 EU strategy objectives. We have provided unprecedented support to targeted interventions and are strongly committed to responsible business practices".*

## CEPS Road Map 2015 Implementation Report 2011

CEPS have published a progress report following the first years implementation of their 2015 roadmap. Highlights include:

- Approval of CEPS Guidelines for the development of responsible marketing communications The first CEPS Guidelines for the development of responsible marketing communications have been adopted at the end of 2011. They are building on existing standards applicable to the marketing communication of spirits drinks: the recently revised ICC Code of Advertising and Marketing Communication Practice, the latest national advertising self-regulatory codes, or the new EFRD Common Standards which have specific focus digital marketing communications. The CEPS guidelines provide a unique reference criterion across Europe for the development of future self-regulatory codes for responsible commercial communication of spirits drinks.
- Launch of an online training website and training seminars on responsible marketing communications, with specific focus on digital media
- A training seminar has been developed and rolled out in three EU countries in 2011: Romania, Bulgaria

and the Czech Republic. They are a complement to the online training facility [marketresponsibly.eu](http://marketresponsibly.eu). Both tools are aimed at advertising agencies working with spirits clients, and spirits company marketers. The half day interactive training is designed to raise awareness and understanding of the standards applicable to spirits marketing communications, with a particular emphasis on how to apply the rules on digital and social media.

- Amendments at national level of self-regulatory standards and SRO remits to adequately cover digital media Spirits marketing communications in Europe are governed by national self-regulation standards covering responsible content and placement. These are, in most countries, enforced by the national independent SRO and are applicable to all media platforms. Work is on-going at international, EU and national level to ensure that the responsible content and placement standards in place are adequately transposed to the social media platforms and all other forms of digital media constantly emerging.

[www.europeanspirits.org/](http://www.europeanspirits.org/)

## Free Safe Rides Home From Diageo and NYC Department of Transportation

Guinness, Baileys and Bushmills joined New York City's Department of Transportation (DOT) to announce a month-long 'Safe Rides Home' campaign throughout the bracket-busting playoff season, on St. Patrick's Day and for other festivities throughout the month of March.

Thousands of free taxi, livery car and public transit rides will be given away to legal drinking-age adult consumers. Free pre-paid debit cards valued at \$18 and single-ride MetroCards will be distributed at select points across the city. The debit cards are redeemable exclusively in the city's 13,000-plus taxicabs, participating livery car services, MTA, PATH, NJ Transit or other transit-related ticketing machines. One-way fare Metro Cards, valued each at \$2.25, for use on the New York City subway system will also be distributed.

Diageo and the DOT launched its first Safe Rides Home program in December 2010 where 78 percent of all debit card transactions from the giveaway took place during a prime celebratory window – between 10pm and 5am – validating Diageo and DOT's efforts to encourage responsible decision-making among consumers.

The 'Safe Rides Home' campaign is part of DOT's social-marketing campaign, 'You the Man', which is designed to curb drunk driving in the city encouraging New Yorkers to plan for a designated driver before a fun night out. Adult consumers can download the 'You the Man' app, which is available for iPhone and Android users, that assists adult consumers in finding a safe ride home.

## Legislative to allow Sunday trading in the US

Legislation to reform Connecticut's liquor laws, including ending the ban on Sunday alcohol sales, cleared a major legislative hurdle as it passed the General Law Committee. Connecticut is one of only two states in the entire nation (Indiana) that still had a restrictive ban on Sunday sales of beer, wine and spirits.

24 out of 27 localities voted on March 6th to pass Sunday alcohol sales referenda for an 89% success rate. This round of elections represented the second time Georgians have had the opportunity to cast their votes for Sunday sales, following a November 2011 election that saw 105 out of 127 communities vote in favor of Sunday alcohol sales.

## West Virginia to get new liquor law

The West Virginia State Legislature has passed a new liquor sampling bill, House Bill 3174, that allows consumers to sample liquor at distilled spirits outlets. Consumers will be able to sample up to one ounce of spirits during a pre-planned tasting event. Once signed will take effect from 8 June 2012..

States across the country including Kentucky, Maryland, Ohio, Pennsylvania and Virginia are updating their liquor laws to reflect modern convenience and demand. West Virginia will become the ninth state since 2009 to allow spirits tastings at liquor stores for a total of 36 states.

## TxDOT urges young adults to take a PASS - Appoint a sober driver during Spring Break

The Texas Department of Transportation is urging young adults celebrating spring break to designate a P.A.S.S., otherwise known as a Person Appointed to Stay Sober. TxDOT is urging people to think ahead going into Spring Break. Whether that's going out to bars and parties or just getting together with friends.

Weekends remain one of the most dangerous times to be on the road in Texas, especially for young adults. 52% of those killed in car crashes are between the ages of 18 and 34, and the majority of those crashes occur on the weekend.

From February 27, TxDOT's interactive campaign will reach out to young adults encouraging them to select a Weekend P.A.S.S. in advance of going out, not just rely on the friend that is the least drunk. At each stop of the campaign, TxDOT will feature a photo booth truck where students/visitors can take pictures with different props and backdrops, posing as different weekend characters: 'the partier', 'the sober driver' and 'the drunk driver' in jail. Participants will also view a short video that demonstrates the consequences of drinking and driving.

## Canadian Brewers lead discussion about alcohol on campus

Continuing its commitment to responsible consumption, the Brewers Association of Canada recently undertook consultations on a number of College and University campuses across Canada, in order to identify successful initiatives aimed at reducing misuse of alcohol on campus and areas where improvement can still be made.

The sessions, organized by the Centre for Responsible Drinking and moderated by Billi Jo Cox, former Executive Director of Bacchus Canada, gave students, university management, student associations, student services professionals and others the opportunity to tell the Brewers Association of Canada what were some of the problems that campuses face with regards to over consumption of alcohol.

While participants commended the brewing industry on this initiative, and indicated that the situation on campuses had improved tremendously over the last few years, concerns were raised about how students consume alcohol.

The topics touched on ranged from drunk driving to unplanned sexual relations, from vandalism to missed classes, and from overconsumption to mixing alcohol with energy drinks. Management and student associations also touched on the marketing practices of alcohol companies on campus, as the Brewers Association has recently introduced a Code of Conduct for its on-campus marketing activities.

Following the consultation, the Brewers Association will study the findings identified and continue to work with student services representatives to improve the overall campus experience.

## South Africa Liquor traders to lead fight against abuse of alcohol

As part of an initiative by SAB breweries, taverners and bottle store owners will participate a campaign promoting responsible liquor trading and alcohol consumption in the province.

SA Breweries is training about 1000 businessmen in the liquor industry to lead in community awareness programmes. Most of these traders come from Port Alfred, Grahamstown, Port Elizabeth and Alexandria where alcohol abuse has led to increased levels of crime, violence and HIV infection especially among the youth. One of the NGOs in Port Elizabeth, Ubuntu Education Fund, has identified taverns and shebeens as places to help spread the message of safe sex and responsible drinking. "Most of the crimes like rape, robbery, car hijacking and murder are connected to alcohol abuse," Ubuntu director Banks Gwaxula said SAB would train 10 000 taverners especially from townships and informal settlements this year. Company executive director for corporate affairs Vincent Maphai said these traders would act as the 'powerful force' in the fight against the harm alcohol abuse caused. About 100m rand would be spent in the mass education of these traders.

Maphai said irresponsible traders faced serious consequences for their behaviour including the potential loss of their liquor licenses or being driven out of business.

## TEAMUp2Win! campaign in the US

TEAMUp2Win! is the newest initiative from TEAM Coalition (Techniques for Effective Alcohol Management) that works to prevent drunk driving and responsible fan behavior by encouraging everyone to make the following promise:

- Never drive drunk
- Always have a designated driver
- Never provide alcohol to anyone under 21 years of age
- Always buckle up - every trip, every time

Everyone who makes the Responsibility Has Its Rewards pledge has a chance to win one of two Grand Prize Trips to either New Orleans, LA for the 2012 NCAA Men's Final Four or to Denver, CO for the 2012 NCAA Women's Final Four.

[www.teamup2win.org](http://www.teamup2win.org)



**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**

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

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

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

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

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

**Tedd Goldfinger FACC, FCCP**, Cardiologist, Desert Heart Foundation, Tucson, University of Arizona

**Professor Dwight B Heath**, Anthropologist, Brown University, US

**Professor OFW James**, Head of Medicine, University of Newcastle

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

**Arthur Klatsky MD**, Senior Consultant in Cardiology, Kaiser Permanente Medical Research Center

**Lynn Gretkowski MD**, Obstetrics and Gynaecology, Faculty member Stanford University

**Dr Philip Norrie PhD**, GP

**Ellen Mack MD**, oncologist

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

**Stanton Peele PhD**, US Social Policy Consultant

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

**Dr Erik Skovenborg**, Scandinavian Medical Alcohol Board

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

**Dr Thomas Stuttford**, Medical Correspondent to The Times and Author

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