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Belgium

From 2010 it will be illegal to sell beer, wine and alcopops to under-16s in Belgium. It will also be illegal to sell spirits to under-18s. The new laws will be enforced from the first quarter of 2010. The Government hopes this law will help protect the health of consumers as past research shows that 79% of Belgian shop owners sell beer and alcopops to under-16s.

Iraq

The Iraqi Government has banned alcohol in Baghdad’s heavily fortified green zone, home to foreign embassies. Sales of drink are now banned and Iraqi military patrols are confiscating alcohol wherever they find it. Restaurants in the zone have been told that they will lose their government licenses if they continue to serve alcoholic drinks. The International Zone Liquor Store has been given a few days to sell its stock before closing. Foreign embassy grounds are sovereign territory, and so are exempt from the ban.

Ukraine

The Ukraine parliament is to consider a governmental draft law on restriction of beer advertising. The law would prohibit beer commercials on TV from 6am to 11pm on radio, transport and outdoor carriers. Advertisements of beer would be forbidden in printed periodicals, except for specialised ones from 2010. Brewers will be able to sponsor TV programmes with an audience of predominantly over 18 years. The draft law also limits sales of beer near educational facilities, in parks and on beaches.

Latvia

The alcohol curfew in Latvia is to be changed to 11pm. Saeima’s Economic Committee has already made amendments to the laws surrounding the sale of alcohol. According to the committee, alcoholic drinks will soon be available in food shops until 11pm. The members of the committee hope that the changes will allow Latvians to buy certified, good quality products at night and so avoid buying alcohol on the black market. Another amendment to the law plans to make the sale of alcohol in cafés in Latvia legal for seven months during summer, rather than five, as is currently the case.

Alcohol consumption by pregnant women continues to be controversial (O’Brien 2007, Nathanson et al. 2007). Alcohol readily crosses from the maternal blood stream via the placental barrier into the foetus’s blood stream where it circulates until it is broken down or metabolised by the foetus’s, albeit undeveloped, liver. Alcohol also enters breast milk by passive diffusion within 30 to 60 minutes of ingestion reflecting the maternal blood alcohol concentration (Giglia and Binns 2006).

There has been a plethora of information and literature lately on the effects of maternal alcohol consumption on the developing embryo, foetus and child. Alcohol can affect or influence neurological development as well as overall gestational growth and viability. The most severe adverse effect is foetal alcohol syndrome (FAS), which was independently described by Lemoine et al. in 1968 and by Jones et al. in 1973. The evidence linking chronic or intermittent heavy maternal alcohol consumption with harm to, and adverse effects on, the foetus is convincing, but it is less convincing and less certain for risk of harm for low to moderate maternal alcohol consumption (O’Leary 2004; Abel 2009). The majority of the literature still does not support the ‘no threshold theory’, that any amount of alcohol will have a harmful effect on the foetus, but a threshold has not been determined as yet.

Hence, exposure of the foetus to alcohol is now considered to be a preventable harm and, therefore, an issue for public health concern and policy. This consideration is behind the changing Australian and international government guidelines for alcohol consumption during pregnancy and while breast feeding. Governments are beginning to advise that all women of child-bearing age should be aware, before they consider pregnancy, of the potential risks of harm to the developing embryo, foetus and child, so that they can make informed decisions about their alcohol consumption during pregnancy and while breast feeding. Indeed, 12 countries have a guideline for alcohol consumption during pregnancy. Ten of these 12 are unanimous in stating that pregnant women or those planning pregnancy should abstain from alcohol. Abstinence is also recommended during breast feeding.

The new National Health and Medical Research Council’s Australian Guidelines to reduce health risks from drinking alcohol (2009) state that: “Maternal alcohol consumption can harm the developing foetus or breast feeding baby. For women who are pregnant or planning a pregnancy, not drinking is the safest option. For women who are breast feeding, not drinking is the safest option.”

This is a revised version of the 2001 Guidelines which stated that: “women who are pregnant or might soon become pregnant may consider not drinking at all; most importantly, should never become intoxicated.” The 2001 Guidelines also provided guidance to women who chose to continue drinking alcohol during pregnancy and when breast feeding. Indeed, they stated that: “if they choose to drink, over a week, they should have less than 7 standard drinks, AND, on any one day, no more than 2 standard drinks spread over at least two hours.”

The guidelines advised that the risk is highest in the earlier stages of pregnancy, including the time from conception to the first missed period. The guidelines also advised that alcohol may adversely affect lactation, infant behaviour such as feeding, and the development of movement involving both mental and muscular activity (psychomotor) in the breast fed baby. As Australian and international guidelines recommend breast feeding children for the first six months, advice was provided for women who choose to drink in this period.

The UK guidelines of 2007 also recommend abstinence during pregnancy and advise against intoxication, but importantly also recommend that women who do choose to consume alcohol before and during pregnancy, should consume no more than 8-16g of alcohol once or twice a week. This is a revised version of the 1995 UK Sensible Drinking guidelines which recommended that pregnant women or those planning pregnancy should reduce their alcohol consumption to no more than 8–16 grams of alcohol per week. This recommendation was based on a review and report by the Department of Health’s Expert Committee on Toxicology (1995) that concluded that consumption of 16g of alcohol per day and above was associated with reduced birth-weight, but there was no convincing evidence that 8-
16g of alcohol per week had any adverse effects on the developing foetus. A subsequent analysis of collected data on approximately 20,000 exposed foetuses, determined there was no evidence that moderate consumption, as distinct from light consumption, increased the risk of foetal abnormalities; where moderate consumption was defined as greater than two standard drinks of alcohol per week but less than two standard drinks per day in the first trimester (Polygenis et al. 1998).

The most severe adverse effect from chronic or intermittent heavy alcohol consumption by pregnant women is FAS. It is characterised by three diagnostic criteria: reduced growth, craniofacial and neurological abnormalities, and certain cardiac, central nervous system, limb and urogenital malformations. Primarily under consideration has been the amount and frequency of alcohol consumed by the mother that causes FAS. A review of the literature, both recent and past, reveals that:

- FAS is only observed in babies born to women who excessively consume alcohol habitually and continually during pregnancy, approximately 50 to 60 g alcohol per day (Elliott et al. 2008), irrespective of ethnicity. In particular, binge-like drinking patterns, in which the foetus is exposed to high blood alcohol concentrations over relatively short periods of time, are particularly harmful, even if the overall amount of alcohol consumed is less than that of more continuous drinking patterns (Maier and West 2001).

- The diagnosis of FAS (and that of foetal alcohol spectrum disorder) is confounded by other factors common to these women, such as the nutritional status of the mother, her ingestion of drugs including caffeine and nicotine as well as illicit drugs, her age, and her educational, ethnic, genetic, marital, number of pregnancies (parity) and socio-economic status (Aase 1981, Sokol et al. 1986, Michaelis and Michaelis 1994, Abel and Hannigan 1995, Jacobson et al. 1996, Mattson et al. 2002, Guerrini et al. 2007, Elliott et al. 2008).

- FAS has not been observed to occur in babies born to women who consume low amounts of alcohol during pregnancy, approximately 10 g alcohol per day (Henderson et al. 2007).

- The critical period of exposure to alcohol is the first trimester.

- The incidence of FAS is extremely small. In Australia, the incidence of FAS is approximately 0.014-0.02/1,000 live births and the incidence of low birth weight is 4/1,000 live births. These statistics have remained relatively stable over the past decade, which reflects the size of the readily identifiable ‘at risk’ groups. In the USA, the incidence of FAS is 0.5-2.0/1,000 live births (CDC 2009), which has also remained relatively stable over the last two decades (CDC 2009). These data suggest that the incidence of FAS is substantially lower in Australia than in the USA as well as in Finland, France, Italy and Sweden (Sampson et al. 1997), which may reflect different alcohol consumption patterns, diet and lifestyle, which could increase/decrease confounding factors.

- The ‘at risk’ group is relatively small such that alcohol consumption levels before pregnancy are a strong predictor of alcohol use during pregnancy (Floyd et al. 1999, May et al. 2004). In Australia, only 1.0-4.3% of the 48-58% of women who consume alcohol while pregnant, consume heavily and continually, that is, consume five or more standard drinks on a typical occasion (Colvin et al. 2007, Giglia and Binns 2007). The proportion of women consuming one to two drinks on a typical occasion does not appear to change significantly during pregnancy, but the number of occasions decline. The majority of the women consuming alcohol while pregnant and breast feeding consume infrequently and only up to two standard drinks per week (Giglia and Binns 2007, Wallace et al. 2007). In the USA, the percentages of any alcohol use and binge drinking among pregnant and non-pregnant women of childbearing age has not changed over the past two decades (CDC 2009). The average annual percentage of any alcohol use among US pregnant women was 12.2%, of binge drinking among pregnant women was 1.9%, of any alcohol use among non-pregnant women was 53.7%, and of binge drinking among non-pregnant women was 12.1%.

- The incidence of FAS is higher, however, in children born to indigenous groups. For example, the incidence of FAS in indigenous Australians is approximately 2.76/1,000 live births (Bower et al. 2000, Harris and Bucens 2003, Elliott and Bower 2004, Elliot et al. 2006). This is consistent with data from other countries for indigenous groups (May et
al. 1983, Burd and Moffatt 1994, Stratton et al. 1996, Sampson et al. 1997, Chambers et al. 2005). These indigenous ‘at risk’ groups are minority groups, for example, indigenous Australians comprise 2.2% of the total population of their country, African Americans 12.8%, Native Americans and Alaskans 1%, Canadian Aborigines 3.3%, indigenous New Zealanders 15.7% and Native Taiwanese 2%. The higher rates of FAS in these minority groups reflect the greater presence of risk factors, such as low socio-economic status, poor nutrition, illicit drug use, the binge pattern of drinking and the greater amounts of alcohol being consumed by those who drink.

- The incidence of FAS is also higher in children born into lower-socio-economic status groups. The higher incidences of FAS observed in South Africa, South America, Italy and other countries (Abel 1995, O’Connor and Whaley 2003, Chambers et al. 2005, May et al. 2006, 2007) come from the poorest groups in those countries. This may reflect poor nutrition and/or general health and, therefore, reduced resiliency to the effects of alcohol, or a combination of these and other factors.

Therefore, it has been clearly demonstrated in the literature that there are readily identifiable ‘at risk’ groups in the population, that behave significantly differently to the ‘not at risk’ groups, whose harmful amount and pattern of alcohol consumption is consistent and continued during pregnancy.

The relationship between alcohol consumption and other pregnancy outcomes apart from FAS also appears controversial and unclear. These outcomes are often referred to as foetal alcohol spectrum disorder (FASD). They used to be referred to in the literature as foetal alcohol effects, although there was considerable concern then that the term was being indiscriminately applied to children with a range of abnormalities and/or problems, both behavioural and growth, where it is purported that the mother has consumed alcohol during pregnancy (Little and Wendt 1991, Aase 1994, Aase et al. 1995, Abel and Hannigan 1995). Experimental studies have since documented the vulnerability of the developing central nervous system to alcohol (Guerri 1998, 2002). FASD is not in itself a clinical diagnosis but describes a full range or spectrum of disabilities that may result from exposure of the foetus to alcohol in pregnancy such as growth deficiencies, birth defects and neuro-developmental problems (Abel 1998, Sokol et al. 2003).

From the existing evidence, it is difficult to determine whether there is any adverse effect on pregnancy outcomes associated with low to moderate maternal alcohol consumption. For every paper that claims that any alcohol negatively influences a birth outcome, another paper refutes it. For example, Kesmodel et al. (2001) observed an increased risk of pre-term delivery with consumption of five or more alcoholic drinks per week at 16 weeks gestation and with consumption of more than one to two drinks per week at 30 weeks gestation but Albertsen et al. (2004) did not with four drinks per week over the gestation period. An increased risk of pre-term birth was also not observed by Parazzini et al. 2003, however, until more than three drinks on average per day were consumed.

Similarly, concerning low birth weight, while Covington et al. (2002) observed that more than 14 alcoholic drinks/week decreased birth weight and length, and lower weight at age seven years, O’Callaghan et al. (2003) did not observe this. Furthermore, Mariscal et al. (2005) observed that alcohol consumption of less than 6 g/day, actually decreased the risk for low birth weight but the risk was increased when more than 12 g/day of alcohol was consumed. The risk was decreased again when the 12 g/day was confined to weekends for non-cigarette smoking women. This also shows the confounding aspect of cigarette smoking and the importance of influence of patterns of alcohol consumption.

Concerning spontaneous abortion: Kesmodel et al. (2002) observed an increased risk of spontaneous abortion when five or more alcoholic drinks/week were consumed in the first trimester. This was corroborated by Henriksen et al. (2004), but at 10 or more alcoholic drinks/week. Neither result was observed, however, by Maconochie et al. (2007).

Concerning, how the brain affects emotion, behaviour, and learning (neurobehaviour) as well as perception, learning and reasoning (cognition), O’Callaghan et al. (2007) did not observe any adverse attention, learning or cognition outcomes when less than one alcoholic drink/day was consumed during pregnancy, but drinking more than this in late pregnancy and indeed binge drinking, was associated with an increased risk of overall learning difficulties. D’Onofrio et al. (2007) observed, however,
that multiple drug use during pregnancy was a better indicator of behavioural and learning difficulties in children.

In conclusion, the tragedy of a child with FAS cannot be underestimated. While there is convincing evidence linking chronic or intermittent heavy alcohol consumption with harms, including adverse pregnancy outcomes and FASD, there remains uncertainty about the potential for harm to the foetus from low to moderate maternal alcohol consumption. A recent review by Hendersen et al. (2007) on the effects of low to moderate pre-natal alcohol consumption (up to 83g /week or eight standard drinks) on foetal and early childhood development concluded that there was no convincing evidence of adverse effects. However, methodological weaknesses in the reviewed research precluded the paper from concluding that alcohol consumption at any level is safe during pregnancy (Henderson et al. 2007). The UK National Institute of Clinical Excellence, however, still states that pregnant women can safely consume up to one and a half standard drinks per day after the first trimester. What can be stated with certainty is that the risk is higher with heavy maternal alcohol consumption, including binge drinking, it appears to be low with low to moderate maternal alcohol consumption, and it is currently impossible to determine how maternal and foetal factors will alter risk in the individual.

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Alcohol consumption and cardiovascular risk: mechanisms of action and epidemiologic perspectives

Authors of a review published in Future Cardiology state that ‘An inverse association between moderate alcohol intake and cardiovascular risk, in particular coronary disease and ischemic stroke, has been demonstrated in many epidemiologic studies. In addition, several not primarily vascular diseases are also known to occur less frequently in moderate drinkers than in nondrinkers, whereas excess drinking is unquestionably harmful. As a consequence, clarification as to exact dosage limits and mechanisms regarding the benefit of moderate alcohol intake versus its harmful effects at higher doses is often sought.

Alcohol affects several biochemical factors that have potential cardio-protective benefits, including lipids, platelet aggregation (blood clotting), fibrinogen, tissue-plasminogen activator, plasminogen-activator inhibitor and omega-3 fatty acids. Wine possibly acts through mechanisms that might provide additional cardiovascular benefits. Mechanisms supporting the protective effect of moderate alcohol intake against cardiovascular disease, and epidemiologic evidence concerning the relationship between alcohol dosing and vascular and all-cause mortality are discussed in this review’.

The review conclusions include

• The rates of vascular and total mortality are lower for people who drink low-to-moderate amounts of alcoholic beverages than for individuals who do not drink at all.

• The cardioprotective nature of alcohol has been attributed to both its antithrombotic properties and its ability to increase high density lipoprotein (HDL = “good” cholesterol) levels.

• Moreover, wine (or other antioxidant rich alcoholic beverages) due to its polyphenols content, might offer additional advantages and greater cardiovascular benefits than ethanol alone.

• Available epidemiologic data, based at the moment on observational studies, confirm the hazards of excess drinking, but also indicate the existence of a potential window of alcohol intake that may confer a net beneficial effect of drinking, at least in terms of survival, both in men and in women.

• Methodological limitations of an observational study design, the role of uncontrolled confounding factors, and the optimal choice of the reference group are important issues to be carefully considered in future studies on alcohol and health.

• Besides insisting on the control of risk factors, abstainers should be informed that in the absence of contraindications and in the context of healthy eating and lifestyle, low-to-moderate, non-bingeing consumption of alcoholic beverages may contribute to better health.

• Individuals who are already regular light-to-moderate consumers of alcoholic beverages should be encouraged to continue.

• The hazards of excess drinking should always be highlighted, and heavy drinkers should be pushed to cut their consumption to a low-to-moderate level.

Alcohol consumption, hypertension, and total mortality among women

Summary: The authors state that moderate alcohol consumption is associated with a reduced risk of total mortality among Caucasian women, irrespective of hypertension (high blood pressure). Whether moderate alcohol consumption is associated with a reduced risk of total mortality among African-American or hypertensive women is unclear. They conducted a prospective study among 10,576 black and 105,610 white postmenopausal women from the Women's Health Initiative (WHI), without a history of cancer or cardiovascular disease, who completed the baseline examinations in 1994–1998.

During the mean 8 years of follow up, 5,608 women died. Moderate drinking (1 to <7 drinks/week) was associated with a lower risk of total mortality among Caucasians (hazard ratio (HR) = 0.81, 95% confidence interval (CI) = 0.72–0.91) and hypertensives (HR = 0.76, 95% CI = 0.65–0.87) as compared with lifetime abstinence from alcohol. Among African-American moderate drinkers the risk of total mortality was HR = 0.94, 95% CI = 0.67–1.3. Current drinking (<1 drink/month or greater) was associated with a lower risk of mortality among Caucasians, including hypertensives and non-hypertensives, and hypertensive African Americans (HR = 0.74, 95% CI = 0.54–0.99) but not among non-hypertensive African Americans (HR = 1.31, 95% CI = 0.79–2.16). The stratified comparisons among African Americans were affected by the low prevalence of moderate drinking (14.6%) and the low mortality rate (37.5/10,000) among the non-hypertensive lifetime abstainers.

The authors conclude that moderate drinking is associated with a lower risk of total mortality among Caucasian women. Current drinking is associated with a lower risk of total mortality among Caucasians, regardless of hypertensive status, and hypertensive but not non-hypertensive African-American women. The latter observation was affected by the low mortality rate among the African-American non-hypertensive lifetime abstainers.

Professor R Curtis Ellison comments: There have been conflicting data as to the degree that the inverse association between moderate drinking and both coronary disease and total mortality seen among whites occurs among African-Americans. In an analysis based on the NHANES Epidemiologic Follow-Up Study (NHEFS) Sempos et al found no evidence of lower mortality among African-Americans who consumed alcohol, but the number of subjects consuming more than occasional alcohol was very small. Klatsky et al, using data from the Kaiser Permanente Study, found similar J-shaped curves for the association between alcohol and heart failure for whites, Asians, and African-Americans.

The current paper by Freiberg et al, from the large Women’s Health Initiative, shows that all white women and African-American women who were hypertensive had the expected J-shaped curve, but the non-hypertensive African-American women did not show lower mortality to be associated with moderate alcohol consumption. As the authors state, “Whether this result truly reflects a lack of ‘benefit’ of moderate alcohol consumption among African Americans with regard to total mortality or is the function of the smaller sample size combined with the low prevalence of alcohol consumption in this population is not clear.” Despite the large number of African-Americans in this study, the number of deaths in non-hypertensives was rather small, and the number of moderate drinkers was low.

Based on all currently available data, we believe that it is still not clear whether or not African-Americans respond differently to alcohol in terms of mortality than do whites. And if they do, it is not certain whether it relates to differences in their drinking pattern or to biologic differences.


References
Alcohol and folate intake and breast cancer risk

Summary: The authors of this study state that alcohol intake increases breast cancer risk. Epidemiological studies suggest folate may modify this relationship. They examined the relationship among breast cancer, alcohol and folate in the Women's Health Initiative-Observational Study (WHI-OS). A total of 88,530 postmenopausal women 50–79 years completed baseline questionnaires between October 1993 and December 1998, which addressed alcohol and folate intake and breast cancer risk factors. Cox proportional hazards analysis examined the relationship between self-reported baseline alcohol and folate intake and incident breast cancer.

Results showed that 1,783 breast cancer cases occurred over 5 years. Alcohol was associated with increased risk of breast cancer (RR = 1.005, 95%CI 1.001–1.009). Risk increased with consumption of alcohol (up to 5 g/d, adjusted HR = 1.10, 95%CI 0.96–1.32; >5–15 g/d HR = 1.14, 95%CI 0.99–1.31; and >15 g/d HR = 1.13 95%CI 0.96–1.32). The authors found no significant interaction between alcohol and folate in their adjusted model. They conclude that this study provides no evidence for folate reducing alcohol's effect on breast cancer risk in postmenopausal women. They add that their results may be due to misclassification of folate intake or the relatively short follow-up period.

Professor R Curtis Ellison comments: This well-done analysis of an observational study is based on the very large number of women in the WHI; its findings provide no support for the theory that adequate folate intake negates any increase in breast cancer risk among women consuming alcohol. The assessment of folate intake was based on food-frequency questionnaires, similar to the ones in the Nurses’Health Study and other epidemiologic studies that have shown protection from folate intake. Folate intake was based both on foods and supplements, separately and then combined. Most of the potentially confounding variables previously shown to be associated with increased cancer risk (positive family history, use of hormones, earlier menarche, etc.) showed the expected relation with risk of breast cancer. The increase in risk of breast cancer with alcohol on a continuous scale was similar to what has been shown in other studies (the equivalent of about 6% increase for each typical drink per day, assuming 12 grams of alcohol per drink).

The authors point out that the recruitment of women into this study occurred after there had been an increase in the folate intake of the US population from the fortification of cereals and grains, and this could have resulted in fewer women with inadequate folate intake. Further, their follow-up time (5.5 years) may not have been adequate for any protective effect of folate to be seen. While this study showed no reduction in risk of breast cancer, a new clinical trial among patients with coronary disease (Mager A, et al. Impact of homocysteine-lowering vitamin therapy on long-term outcome of patients with coronary artery disease. Am J Cardiol 2009;104:745-749) showed that 400 ug/day of folic acid markedly lowered mortality among subjects with elevated levels of homocysteine. Hence, perhaps we should not give up on folate yet.

Alcohol Abstainers may be at higher risk of depression

Research led by Jens Christoffer Skogen of the University of Bergen in Norway found that abstainers are at significantly higher risk for depression and anxiety disorders, compared with those who consume moderate amounts of alcohol regularly.

The study utilised data from the Nord-Trøndelag Health Study (HUNT Study) based in Norway. This provided information on the drinking habits and mental health of over 38,000 individuals. The study authors found that those individuals who reported drinking no alcohol over a two-week period were more likely than moderate drinkers to report symptoms of depression. People in the top fifth percentile of drinkers had the highest odds for anxiety. But it was abstainers who were at the highest risk for depression.

Abstainers in the study sample were more likely to have illnesses such as osteoarthritis and fibromyalgia, and people with chronic illnesses are more prone to depression. Also, “some people assume it’s healthier not to drink,” says Skogen - which may be particularly true of those who have chronic illnesses. Finally, some abstainers were formerly heavy drinkers - alcoholics who had to stopped drinking. It makes sense that they would have more psychological distress than others, but only 14% of the abstainers in the Norway study fitted these categories.

The authors conclude that in societies where some use of alcohol is the norm, abstinence may be associated with being socially marginalised or particular personality traits that may also be associated with mental illness.


White wines may damage to teeth more than reds

Brita Willershausen and colleagues from the Department of Operative Dentistry and Department of Geoscience, Johannes Gutenberg University, found that white wines such as Chardonnay and Pinot Grigio wear away enamel more quickly than red wines such as Merlot and claret.

Researchers say prolonged contact with white wine erodes the protective layer - making teeth more sensitive to cold, hot and sweet food. While it is obvious to drinkers that red wines can leave unsightly stains on teeth, the damage caused by white wines is less well known.

The research examined the effects of eight red and white wines from Germany, France, Italy and Spain on the enamel of teeth removed from men and women aged 40 to 65.

The teeth were soaked in wines for up to 24 hours and then carefully analysed under the microscope. Teeth soaked in whites had more damage than those left overnight in red wines.

‘Within the limits of this study, it can be predicted that frequent consumption of white wines might lead to severe dental erosion,’ said co-author Dr Brita Willershausen. Brushing teeth after consuming wine makes the condition worse – drinking wine with food is preferable.

Medical net cost of low alcohol consumption - a cause to reconsider improved health as the link between alcohol and income

Research by J Jarl et al. states that previous studies have found a positive effect of low/moderate alcohol consumption on income potential. This has often been explained by referring to epidemiological research showing that alcohol has protective effects on certain diseases, i.e., the health link is normally justified using selected epidemiological information. Few papers have tested this link between alcohol and health explicitly, including all diseases where alcohol has been shown to have either a protective or a detrimental effect.

Based on the full epidemiological information, the authors studied the effect of low alcohol consumption on health in order to determine if it is reasonable to explain the positive effect of low consumption on how much you can earn in your lifetime using the epidemiological literature. The authors applied a non-econometrical cost-of-illness approach to calculate the medical care cost and episodes attributable to low alcohol consumption.

Their analyses suggest that low alcohol consumption carries a net cost for medical care and there is a net benefit only for the oldest age group (80+). Low alcohol consumption also causes more episodes in medical care than what is saved, although inpatient care for women and older men shows savings. The authors conclude that using health as an explanation in the alcohol-wage literature appears invalid when applying the full epidemiological information instead of selected information.

Professor R. Curtis Ellison comments: This paper makes a number of assumptions that do not reflect current epidemiologic data on the association of alcohol consumption with health outcomes; many of their estimates of the effects of “moderate” drinking are outdated (e.g., they calculate markedly increased risk of upper-aero-digestive cancers for subjects in the lowest intake of alcohol group, which is not supported by recent research; they estimate a 50% increase in cardiac arrhythmias for the light-drinking group, whereas such arrhythmias relate only to heavier drinking, or especially to binge drinking episodes; they estimate 30% increase in cirrhosis of the liver from light drinking, whereas data indicate that the disease occurs only with heavier drinking).

There are other problems with their sources of information. The estimates of the numbers of Swedes consuming a given amount of alcohol is based on self-reported responses to telephone interviews where the amount of alcohol purchased is recorded, which may not relate to the intake of individuals. Also, they have no idea of the pattern of drinking of subjects, whether regular moderate or binge, with or without food etc. Even the definition of up to 40 g of alcohol per day for men (about 3 1/2 drinks/day by US standards) for their lowest drinking category is higher than most drinking guidelines.

Of equal concern are statements that most epidemiologic studies assess only the beneficial effects of alcohol on diseases such as coronary heart disease, whereas most studies give data indicating the net results of alcohol consumption (both beneficial and adverse effects), and most present the net effects on total mortality.

When explaining potential reasons their results indicate poorer rather than better health and income among moderate drinkers they suggest factors such as family background and genetic endowment, human capital accumulation, educational attainment, social networking, etc., but ignore the probable key reasons for their results: inadequate assessment of alcohol intake, especially lack of data on the pattern of drinking, and inaccurate data on the net effects on various health conditions from moderate drinking. Indeed, with up-to-date information for the latter, their calculations may well have shown financial and health benefits from moderate alcohol intake.

Couples should avoid drinking alcohol during fertility treatment, study finds

Couples who shared slightly more than one bottle of wine a week reduced their chance of a baby through IVF treatment by 26%, according to a new study. This has lead experts to suggest that even women not suffering from fertility problems should consider reducing how much they drank if they are trying to become pregnant.

Dr Brooke Rossi, who led the study at Havard medical school in Boston, stated that that the chances of IVF success began to dip when patients drank the equivalent of six units a week, the same as two large glasses of wine or three pints of beer.

The most significant falls were among women who drank white wine and men who drank beer.

Drinking between two and three large glasses of white wine a week cut a woman’s chance of having a baby after an IVF cycle by up to 24%.

Partners of men who drank beer every day saw their chances of having a baby fall by 30%, while their chance of an embryo successfully implanting in the womb fell by 38%.

If both drank at least six units of any type of alcohol a week, the equivalent of sharing slightly more than one bottle of wine weekly, then their chance of IVF being successful fell by 26%.

The study asked 2,574 couples who underwent more than 5,300 cycles of IVF to estimate how much alcohol they drank and how often. Doctors do not know why alcohol cuts IVF success rates.

Previous studies have suggested that drinking could cause women to produce fewer eggs and also mean that fewer embryos implant in the womb.

Source: The findings were presented at the American Society for Reproductive Medicine (ASRM) annual conference in Atlanta

For more information, visit http://www.asrm.org/

Alcohol and mobility in the elderly

A study by Cinzia Maraldi and colleagues at the University of Ferra in Italy investigated the prospective relationship between alcohol consumption and incident mobility limitation using data from 3061 adults aged 70 to 79 without mobility disability at baseline who were part of The Health Aging and Body Composition study, conducted in Memphis, Tennessee, and Pittsburgh, Pennsylvania.

The study examined the incidence of mobility limitation, defined as self-report at two consecutive semiannual interviews of any difficulty walking one-quarter of a mile or climbing stairs, and incidence of mobility disability, defined as severe difficulty or inability to perform these tasks at two consecutive reports. Alcohol intake, lifestyle-related variables, diseases, and health status indicators were assessed at baseline.

Results indicate that during a follow-up time of 6.5 years, participants consuming moderate levels of alcohol had the lowest incidence of mobility limitation (total: 6.4 per 100 person-years; men: 6.4 per 100 person-years; women: 7.3 per 100 person-years) and mobility disability (total: 2.7 per 100 person-years; men: 2.5 per 100 person-years; women: 2.9 per 100 person-years). Adjusting for demographic characteristics, moderate alcohol intake was associated with lower risk of mobility limitation (hazard ratio (HR)=0.70, 95% confidence interval (CI)=0.55–0.89) and mobility disability (HR=0.66, 95% CI=0.45–0.95) than never or occasional consumption. Additional adjustment for lifestyle-related variables substantially reduced the strength of the associations (HR=0.85, 95% CI=0.66–1.08 and HR=0.81, 95% CI=0.56–1.18, respectively). Adjustment for diseases and health status indicators did not affect the strength of the associations, suggesting that lifestyle is most important in confounding this relationship.

The authors conclude that lifestyle-related characteristics mainly accounted for the association between moderate alcohol intake and lower risk of functional decline over time.

Source: Journal of the American Geriatrics Society Volume 57 Issue 10, Pages 1767 – 1775 Published Online: 8 Sep 2009
Changes in antioxidant endogenous enzymes (activity and gene expression levels) after repeated red wine intake

Summary: The authors state that antioxidant properties of wine have been largely related to the reactive oxygen species (ROS) scavenging ability of phenolic compounds. Polyphenolic compounds are hardly absorbed and are quickly transformed into metabolites. Their antioxidant activities just as radical scavenging properties are therefore limited, but it is worth looking to other mechanisms. This study intended to test whether wine consumption affects antioxidant enzyme activity and gene expression. For this purpose, eight subjects drank 300 mL of red wine every day for a week and ate a low phenolic diet (LPD + W) specifically designed to avoid interferences from other polyphenols in the diet. The control period was a week with this diet, and volunteers refrained from drinking wine (LPD). Blood samples were taken at 0, 1, and 7 days. Superoxide dismutase (SOD), catalase (CAT), glutathione peroxidase (GPx), and glutathione reductase (GR) activities were determined in erythrocytes (SOD), plasma (CAT and GR), and blood (GPx). Gene expression was determined in macrophages.

Results indicated that oxidative stress caused by LPD reduced SOD, CAT, and GR activities. After wine consumption, these activities significantly increased (P < 0.05), and this overcame the effect of oxidative stress on enzyme activity. The modulation of CAT activity may be independent of changes in their gene expression, which significantly increased after LPD. However, SOD gene expression increased only during the LPD + W week. Enzyme activities are not all regulated in the same way. The results show that subacute moderate wine ingestion modulated antioxidant enzyme expression and activity, which is important for the prevention of ROS-associated diseases.

Professor R. Curtis Ellison comments: In this well-done small clinical trial, anti-oxidant levels in eight human volunteers were evaluated after a week of no alcohol and a week of 10 ounces (300 ml) of red wine each day. To test the effects of only the polyphenols (antioxidants) present in the wine administered, the subjects were placed on a low-polyphenol diet that excluded virgin olive oil, tea, almost all fruits, and many vegetables. The main results were that the wine consumption increased the activity of key antioxidants in the body, especially superoxide dismutase (SOD) and glutathione reductase (GR); these changes were associated with expected changes in gene expressions.

The investigators did not measure the extent to which wine adds to the anti-oxidant activity that would be associated with the intake of other foods containing polyphenols, such as fruits, vegetables, and chocolate. We agree that these findings support a potential role for moderate wine consumption in increasing anti-oxidant activity in the human body, which should result in lower risk for many diseases.


Daily consumption of alcoholic beverages may lower risk of benign prostate enlargement

Benign enlargement of the prostate (BEP) is highly prevalent among the male population. An estimated 50% of men have an histological evidence of BEP by the age of 50 and 75% by the age of 80. In 40-50% of these patients, BEP becomes clinically significant.

To evaluate the association between the consumption of alcoholic beverages and benign prostatic enlargement as well as male lower urinary tract symptoms, a meta-analysis of published studies pertaining to this topic was undertaken.

A total of 19 studies (120,091 men) were included. The results indicate that a daily alcohol intake of 36 grams or greater was associated with a 35% decreased likelihood of benign prostatic enlargement compared to abstainers. The lower urinary tract symptoms were not reduced. Further studies are needed to determine the mechanisms involved.

Source: Parsons JK, Im R. Alcohol consumption is associated with a decreased risk of benign prostatic hyperplasia. J Urol. 2009

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Source: Parsons JK, Im R. Alcohol consumption is associated with a decreased risk of benign prostatic hyperplasia. J Urol. 2009
AIM – Alcohol in Moderation was founded in 1991 as an independent organisation whose role is to communicate ‘The Sensible Drinking Message’ and to act as a conduit for information from the industry, its associations and relevant medical and scientific researchers, legislation, policy and campaigns.

AIM Mission Statement

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

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Obesity set to overtake excessive alcohol consumption as prime cause of liver cirrhosis in UK

The Department of Health announced in October that it will be recruiting a new National Clinical Director to lead the development of a National Strategy for Liver Disease, as it is one of the few rising causes of death in the UK. Although the number of deaths from liver disease is very low when compared with the leading causes of death in the UK, the number of deaths are rising, unlike stroke, many cancers and coronary heart disease.

Liver disease is the fifth most common cause of death in England. The growth in liver disease is largely fuelled by lifestyle factors such as excessive drinking, sedentary lifestyles, poor diet and obesity. This was followed by one of the country’s most senior doctors warning that obesity will overtake alcohol as the main cause of liver cirrhosis in the “not too distant future”.

Professor Christopher Hawkey’s comments were made as a poll showed that more than five out of six people are unaware the disease is linked to excess weight. The British Society of Gastroenterology poll of 1,959 people found that while the majority understood that obesity could cause diabetes, high blood pressure and infertility, few understood its link to certain cancers or liver problems. “Obesity is the biggest health problem we face this century,” said Hawkey, President of the British Society of Gastroenterology. “It is almost certainly going to reverse the rise in life expectancy – so we start living shorter lives than before. It will increase the risks of a number of cancers; hip and knee surgery requirement is going to be vast; and it is now projected to overtake alcohol as the biggest cause of liver cirrhosis within two decades.”

Obesity has already become the main cause of less serious forms of liver disease (non-alcoholic fatty liver - a precursor to cirrhosis), but cirrhosis is the end stage – an irreversible scarring that causes the organ to deteriorate.

New figures from the organisation show a spike in the number of people under the age of 65 dying of liver disease, while deaths linked to other problems – such as diabetes, cancers and stroke – have fallen for that age group. The average age of death from liver disease is 59 compared with between 82 and 84 for heart and lung disease and strokes. In the past 10 years there has been a five-fold increase in cirrhosis for those aged between 35 and 55.

Hawkey said the poll also showed that people don’t realise other complications are related to obesity. “People don’t know there is an epidemic of cancer of the oesophagus, for example, which is very hard to treat.” The poll, he said, highlights a number of worrying trends. For example, it found that half of those questioned considered themselves overweight, and of these one in five women and more than one in six men admitted to binge-eating. Experts say bingeing is a disorder where sufferers can consume 10,000 calories in one go. “It is comforteating–just like comfort drinking,” said Hawkey, adding that bingeing could lead to many health risks beyond excess weight. The NHS defines binge-eating as a disorder where the sufferer feels “compelled to overeat”.

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The diagram shows movements in mortality from 1971 to 2007, focusing on deaths per million of population due to liver, diabetes, cancer, respiratory, road, heart, and stroke causes. The percentage change is also indicated.
‘One stop shop’ leading to responsible drinking initiatives worldwide

Over the last year, AIM, with www.drinkingandyou.com has worked to include every consumer facing responsible drinking website that exists around the globe onto a map of the world. This has been in response to hundreds of site visitors each month coming from different areas of the world that www.drinkingandyou.com did not cover, as each nations guidelines are different. Now, by highlighting the relevant area of the world, site visitors are taken into country specific government guidelines, where they exist, to social aspect organisation consumer outreaches or other recognised sites. AIM still maintains seven consumer sites of its own, which lead to nation specific resources for the UK, US, France, Spain, Sweden, Canada and Germany by topic, such as drink drive campaigns, parent and teacher resources - again making it a ‘one stop shop’ for consumer material and resources.

The map also highlights the number of countries around the world that do not have resources or outreaches concerning drinking for consumers.

AIM recommends the WHO responsible drinking guidelines when this is the case.

To complement the consumer ‘one stop shop’, AIM has also catalogued responsible drinking initiatives, policies and programmes from all over the world by subject into a social and policy database via www.alcoholinmoderation.com. Sections such as server training take researchers, policy makers or programme creators straight into pdf’s of existing programmes all over the world, enabling them to draw on ideas, share resources or avoid duplication. This complements AIM’s Medical database, established for over a decade now, which catalogues summaries of key research, written in lay terms and relevant to moderate drinking listed by subjects such as alcohol and the heart, diabetes and the liver.

Please do link to these sites. A copy of our logo is available on the alcohol in moderation website. Please also send Alison Rees via alison.rees@aim-digest.com details of any programmes or websites to add to our resources.

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AIM SOCIAL AND POLICY FEATURES

Welcome to Drinking and You Portal for advice about sensible alcohol consumption, national government guidelines and your health

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Click on the interactive map to find responsible drinking sites in Europe and the rest of the world

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Argentina

www.vivamosresponsablemente.com

close window
UK research into children, parenting, young people and attitudes to alcohol by Alison Rees

In October a number of reports examining children and young people’s alcohol use have been released including a two-part report by Richard Velleman, Professor of Mental Health Research at the University of Bath and Consultant Clinical Psychologist within the Avon and Wiltshire Mental Health Partnership NHS Trust. The report ‘Influences on how children and young people learn about and behave towards alcohol’ was produced on behalf of the Joseph Rowntree Foundation (JRF).

Part 1 of the report ‘How young people acquire their knowledge, attitudes, expectations and intentions about alcohol’ states that ‘By the time they start to drink alcohol, children already know a great deal, and have well developed attitudes, expectations and intentions about alcohol’.

The report finds that ‘Children and young people are going to learn about alcohol, and that they do so from an extremely young age. We also know that they learn about alcohol from multiple influences and that this learning will follow a developmental trajectory. They will learn a great deal from the media and other representations, but basic attitudes and intentions will initially be most influenced by parents – and, of course, a host of other important family influences, such as grandparents, siblings, etc’.

As they grow up, children’s knowledge and expectancies will not necessarily be so predominantly influenced by parents and that the media or from other adults may become more influential. The primary influence may change, away from parental influence and towards society as a whole, and then towards peer influence; but even so, ‘parental and family factors hold huge sway over how much influence these other factors have on the development of knowledge, attitudes and behaviour towards alcohol, and at which stages they begin to predominate’.

The study concludes that key family processes and structures shown to influence development include:

• responsive parenting;
• consistent child management practices involving clear and consistent rules that are enforced and high levels of parental supervision/monitoring;
• parental modelling of appropriate alcohol use;
• clear and open communication of expectations about alcohol use and potential disapproval when expectations are unmet;
• higher family cohesion, levels of family bonding and family cooperation;
• satisfactory child–parent relationships and children wanting to emulate parents;
• family support;
• sibling behaviour: older siblings’ desire to use and actual use are predictors of younger siblings’ later use.

Part 2 of the report ‘Alcohol Prevention programmes’ examines the prevention approaches which have been developed, based on the major socialising influences on children and young people as they learn about alcohol and begin to drink (reviewed in a part 1);

The report establishes the effectiveness of current interventions; explores implications for future interventions; concludes that young people’s norms about drinking need to be changed;

lays out a range of suggestions for how interventions might be changed, and for how a universal prevention programme might be developed and delivered.

The report finds that the most effective interventions are ones based on the family, giving support to theories that place the family’s influence is central. One major systematic review of psychosocial and education-based alcohol misuse primary prevention programmes among young people found that family-based programmes (and especially the Strengthening Families Program [SFP]) were the only primary alcohol prevention programmes to show longer-term results in the alcohol field. Another showed that family-based prevention approaches have effect sizes two to nine times greater than approaches that are solely child focused (eg schools-based, peer-based or individual-based). There is, however, some evidence that a combination of family- and child focused approaches might work well (and indeed the SFP works in this way).

These family-based interventions generally have worked on a number of aspects of family:

• skills training on parent supportiveness of children;
• parent–child communication;
• parental involvement;
• parental monitoring and supervision;
• practice in developing, discussing and enforcing family policies on substance misuse.

Although many family interventions are relatively complex, aiming to improve a wide range of family,
parent–child and parenting behaviours, one recent study suggested that the single most important thing that parents needed to do was to regularly and frequently (five times per week or more) eat dinner with their children. This study suggested that this relatively simple intervention worked to effectively protect children not only from substance misuse, but also from poor school and academic performance, shown to be an independent factor related to many poor outcomes, including early substance misuse. Obviously, ‘family dinners’ work here as a proxy for a range of other variables: what is likely to occur when families eat together every or almost every night is that all the other important variables such as family communication and family joint activity also improve. It may be that persuading families to eat together could work as an important proxy for these other vital family factors, and one that is far easier to encourage in the general population than retraining communication, rules, contingencies and so on.

The review concludes that it is of primary importance to educate parents about the effects of their own behaviour in influencing young people’s use of alcohol or drugs. Programmes that work with parents need to equip parents with three sorts of skills: parenting skills, giving parents the skills to develop family cohesion, clear communication channels, high-quality supervision and the ability to resolve conflicts; substance-related skills, providing parents with accurate information and highlighting the need to model the attitudes and behaviours they wish to impart; and confidence skills, to enable parents to communicate with their children about drugs.

There is some, although less strong, evidence suggesting that interventions based around altering peer influence can work, by improving young people’s skill to resist peer pressure, or by improving their skills in dealing with general life issues, or by recruiting and engaging with peers to train them to become educators and attitude formation leaders.

Table 1: Risk, protective and resilience factors for children

<table>
<thead>
<tr>
<th>General risk factors</th>
<th>Protective factors (continued)</th>
</tr>
</thead>
<tbody>
<tr>
<td>high levels of family disharmony;</td>
<td>a good support network beyond the home;</td>
</tr>
<tr>
<td>the presence of domestic violence;</td>
<td>low levels of separation from the primary carer in the first year of life;</td>
</tr>
<tr>
<td>physical, sexual or emotional abuse;</td>
<td>positive family environments;</td>
</tr>
<tr>
<td>inconsistent, ambivalent or neglectful parenting;</td>
<td>characteristics and positive care style of parent’s balance between the dimensions of ‘care’ and ‘control’.</td>
</tr>
<tr>
<td>lack of an appropriate balance between ‘care’ and ‘control’ in upbringing;</td>
<td>where ‘care’ includes parental support, warmth, nurturance, attachment, acceptance, communication and love, and ‘control’ includes parental discipline, punishment, supervision, and monitoring;</td>
</tr>
<tr>
<td>lack of parental nurturing;</td>
<td>this balance means being responsive, expecting a lot from their children, but also being authoritative as opposed to permissive, authoritarian or indifferent;</td>
</tr>
<tr>
<td>chaotic home environment;</td>
<td>utilisation of rules and consequences, including having clear alcohol-specific rules, and experiencing strong parental supervision or monitoring of behaviour related to those rules;</td>
</tr>
<tr>
<td>the existence of a stable adult figure (such as a non-using parent, another family member or a teacher);</td>
<td>parents having high expectations of them, and clear and open communication of both expectations (in this case about alcohol use or non-use, but also generally for expectations and potential disruptive expectations are not met;</td>
</tr>
<tr>
<td>parental loss following separation or divorce;</td>
<td>parental self-efficacy;</td>
</tr>
<tr>
<td>sibling (or adult) willingness to drink and actual drinking;</td>
<td>spending significant time together as a family;</td>
</tr>
<tr>
<td>material deprivation and neglect;</td>
<td>parental modelling of the behaviour expected of or wished for from their children;</td>
</tr>
<tr>
<td>the family not seeking help;</td>
<td>having family responsibilities;</td>
</tr>
<tr>
<td>parental who moderate drugs/alcohol or suffer from mental health problems.</td>
<td>family coping strategies and rituals (culture, religious, family);</td>
</tr>
</tbody>
</table>

Substance-specific factors for children of substance misusers:

- both parents being substance misusers;
- substance misusers taking place in the home;
- greater severity of the problem;
- Parents’ drug (as opposed to alcohol) problem specific exposure to and awareness of criminal activity (eg drug dealing);
- presence of the child (although not necessarily in the same room) when drugs are taken;
- witnessing someone inject drugs and using drug paraphernalia (eg yoking around the home).

Risk factors related to the individual:

- early age of first alcohol drinking use (not age);
- concurrent use of any substance;
- truancy;
- having been suspended from school;
- damaged poor academic performance;
- low future academic expectations;
- low commitment to school;
- having been in trouble with the police;
- poor coping skills;
- a lack of religious belief;
- friendship with deviant peers;
- favouring peer over family priorities;
- and conduct or emotional behaviour problems, at home or at school.

Protective factors:

- the presence of a stable adult figure (usually a non-substance misuser);
- a close positive bond with at least one adult in a caring role (including parents, other siblings and grandparents);
- affection from members of extended families;
parents to create a strong family life, family bonds, family values, family concern, family rules and family supervision, and a balance between family care and family control.

Parents may need help with this, implying a need for a universal prevention programme, which needs to be started when children are young, not when families are starting to consider how to prevent teenage drinking.

Another way in which cultural norms about age of onset and regularity of excessive drinking need to be altered is via improving the enforcement of restrictions on alcohol purchasing for young people. The report is available from www.jrf.org.uk/publications/young-people-alcohol-excessive-prevention

A report published by AERC ‘Young people, alcohol and the news: preliminary findings’ by James Nicholls of the School of Humanities and Cultural Industries, Bath Spa University explores how news reporting frames stories about alcohol and whether this reflects the experiences of young drinkers.

The research sought to identify how stories about alcohol were contextualised, which sources were quoted and what images accompanied alcohol-related news stories. In conjunction with a survey of 231 UK university students and focus groups were carried out to assess attitudes to both drinking and the coverage of alcohol in the news. The study didn’t attempt to prove a causal relationship between news reporting and attitudes among young drinkers, it did however reveal marked patterns in the way alcohol is represented in the news, as well as the degree of scepticism young people have towards news reporting of these issues. It also revealed the extent to which young people ‘report’ on their own drinking through the use of social networking sites such as Facebook.

Key findings of the research were:

1. News reporting of alcohol-related stories focuses predominantly on negative outcomes of drinking, but also on stories involving drunken celebrities.
2. Long-term health impacts have become a key frame for news reporting of alcohol. Health professionals, especially liver specialists, have become established as sources for journalists reporting on alcohol issues. Meanwhile, addiction and alcoholism play a relatively minor role in the framing of news stories.
3. Cheap alcohol and supermarket sales are more commonly blamed for heavy drinking in recent news coverage than 24-hour licensing, suggesting a shift of emphasis from the period around the introduction of the 2003 Licensing Act. This view is also reflected in survey responses.
4. Alcohol advertising features regularly in newspapers, with many adverts promoting cheap supermarket discounts, revealing a tension between the perspective of news reports on the issue of pricing and the prominence of such adverts.
5. Opinion columns and editorials tend to reject policies which target pricing, while television news depicts pricing policies as unpopular with the public at large.
6. Non-problematic, social drinking features in news reporting but is heavily outweighed by negative stories. There is evidence of a gender divide in the visual representation of drunkenness, especially in newspapers.
7. Survey and focus group respondents felt that news reporting exaggerates negative outcomes and displays widespread gender bias.
8. Focus group participants interpreted social marketing campaigns unpredictably, sometimes finding them amusing.
9. There is a widespread assumption, in both news reporting and survey responses, that drunkenness is a kind of national trait – operating outside of legislative or other cultural influences. This may contribute to a significant normative standard of behaviour.
10. Behaviours presented in the news media and sensible drinking campaigns as harmful are often experienced as simply embarrassing.
11. Social networking sites have become an important element of drinking culture among many young people. In particular, the uploading and ‘tagging’ of photographs taken during drinking sessions is commonplace.

The authors conclude that further research is needed into the way alcohol issues are constructed in public discourse, and especially news reporting. The precise nature of the relationship between news representations and public perceptions remains uncertain. Research in this area needs to take account of the unpredictable nature of audience reception, and to continue to consider media representations in their broader cultural contexts.

The report is available from www.aerc.org.uk/documents/pdfs/insights/AERC_AlcoholInsight_0067.pdf
Alcohol Consumption, Mortality and Morbidity - key findings

Surprising findings are reported in a paper written by Professor Martin Plant for Alcohol Concern.

Although total alcohol consumption and especially consumption amongst younger age groups has stabilised and has fallen consistently (since 2004) their paper states ‘90,800 people could die avoidable deaths from alcohol-related causes by 2019 if we continue to drink at the average rate of the past 15 years’. The research maps the whole population’s level of drinking with the number of deaths from alcohol-related causes.

Their statistics are based on a trebling of deaths from 3,054 in 1984 to 8,999 in 2008, although methods for recording alcohol related deaths have changed considerably in that time.

Professor Martin Plant, lead author of the work said: “The UK has been experiencing an epidemic of alcohol-related health and social problems that is remarkable by international standards… It is strongly recommended that reducing mortality should be the top priority for alcohol control policy”.

Alcohol Concern Chief Executive Don Shenker said: “This is an unacceptably high death toll and the worst part is that all of these deaths are avoidable. Whilst there has been a small red The Wine Institute hosted several successful Responsible Hospitality Workshops for its member wineries in 2009, to ensure staff are confident in refusing under age sales and know how to deal with irresponsible consumers for example. The course deliverer is a past staff member of the California Alcoholic Beverage Control (ABC) with an in depth understanding of the laws and regulations

INEBRIA 2009 SIPS Presentations

The SIPS (Screening and Intervention Programme for Sensible Drinking) team presented some updates on the IBA research at the 6th Annual Conference of INEBRIA which took place at the BALTIC Centre for Contemporary Art, Gateshead, UK on 7th-9th October, 2009.

The presentations are now available at www.alcohollearningcentre.org.uk/News/NewsItem/?cid=5466

A new study suggests parents ‘supplying alcohol’ is protective

Parents could help keep their older teenagers away from public drink-fuelled violence and later regretted sex by giving them a weekly alcohol allowance, and supervising consumption at home a study has suggested.

Researchers led by Professor Mark Bellis, Liverpool John Moores University questioned nearly 10,000 15 to 16-year-olds in the north-west of England. The survey results indicate that teenagers who obtain their own supplies of cheap alcohol were much more likely to be involved in violence and other forms of bad behaviour than those who were given alcohol by their parents. As well as those reporting violence and sexual encounters they regretted, 35.8% of the teenagers had drunk in public places like parks and shopping centres and 45.3% had suffered forgetfulness after drinking.

Bellis and his team found that the way teenagers acquire alcohol makes a big difference to the harm caused. Less than 20% of teens who drank once a week and were supplied with alcohol by their parents had been involved in violence when drunk. The proportion getting into fights rose to 36% for those drinking as often, after obtaining alcohol by other means. A strong link was found between the purchase of cheap drinks and alcohol-related violence, “regretted” sex, and drinking in public places. Large bottles of cheap cider were particularly associated with drinking in public, while relatively expensive alcopop-style drinks were less of a significant problem, said researchers.

The authors warn that parents who try to impose an alcohol ban might only shift the problem away from the family into the street. The study concludes that “Those parents who choose to allow children aged 15 to 16 years to drink may limit harm by restricting consumption to lower frequencies - for example, to no more than once a week - and under no circumstances permitting binge drinking.” and suggests that carefully introducing alcohol to children may help them “prepare themselves for life in an adult environment dominated by this drug”.

The authors also state that parental efforts should be matched by ongoing legislative and enforcement activity to reduce independent purchase of alcohol by children.

The report is available at www.biomedcentral.com/imedia/1482831542362673_article.pdf?random=787824
Portman Group issues guidelines on digital marketing in the UK

Guidance entitled ‘The Responsible Marketing of Alcoholic Drinks in Digital Media’ has been issued by the Portman Group. The guidelines will advise companies on how to stay inside the Portman Group’s and general UK advertising codes, and according to Portman chief executive David Poley, will be reviewed regularly so that they remain up-to-date with technological development. The guidelines include advice on how to assess the appropriateness of social media and websites, and notes on the importance of nanny tags and age-verification pages.

A Digital Marketing Working Group, which includes industry marketers from Bacardi-Martini, Beverage Brands, Molson Coors (UK) and Diageo, has been involved in compiling this advice.

David Poley Portman Group Chief Executive commented “This is a fast moving area with every invention presenting new opportunities and fresh dilemmas for marketers. We expect this advice to be applied to all existing and emerging digital marketing. The Digital Marketing Working Group will regularly review the advice to keep it relevant and socially responsible.”

For more information visit www.portmangroup.org.uk

UK Big Drink debate - setting alcohol priorities in the South East

Professionals across the South East are being encouraged to share their thoughts and concerns about alcohol as part of The Big Drink Debate this November.

The Big Drink Debate is aiming to develop a coordinated approach to tackling alcohol related issues across health, community safety, industry, retail and education sector professional networks and services in the region. Two discussion events are being held in Oxford (19 November) and Maidstone (24 November) and will provide an opportunity for the public and stakeholders to come together. A panel of representatives from the NHS, police and the alcohol industry will feed into an audience debate, looking at how much alcohol people consume and how they perceive alcohol related health and social issues.

The Big Drink Debate is being led by NHS South Central, NHS South East Coast and the Government Office for the South East, with close involvement from police, the drinks industry, retailers, local charities and universities amongst others.

For more information visit www.bigdrinkdebateSE.org.uk

Foster’s introduces a new glass with unit information

Elaine Cuthill, Brand Manager stated “S&N UK led the way in promoting responsible drinking messages and alcohol unit information on its packaged beer and cider range which made drinkers more aware of their alcohol consumption and encouraged sensible drinking. Five years on, consumers have a better understanding of the alcohol unit labelling system and we are extending this initiative to consumers of our draught products. We will begin with Foster’s and progressively introduce alcohol unit information on branded glassware for our other beer and cider brands during 2010.”

S&N UK plans to deliver more than 1.8 million Foster’s pint glasses into trade by next March with the overall objective of having 4 million new glasses in pubs and clubs by the end of 2010.
AIM SOCIAL AND POLICY NEWS

UK consumer trends

Recent Mintel research echoes many other studies studies published since 2004 showing that the number of alcoholic drinks UK drinkers are consuming is decreasing. However the report suggests that the amount of pure alcohol consumed by British drinkers may have increased by 10% since 2000, due to an increase in alcoholic strength in wines and high strength lagers.

Jonny Forsyth, senior drinks analyst at Mintel commented: “In the 1970s a bottle of wine may have been around 11% in abv and now the same bottle is more likely to be around 13%. Equally, we have seen stronger lager become much more popular over the past couple of decades, with the growth of the 5% ‘premium’ lager sector.

It may be that the majority of consumers are not aware of abv and don’t even notice. So despite a greater societal concern with being healthy leading to a decline in drinking penetration, by stealth we may be drinking more pure alcohol.

Britain’s deeply ingrained drinking culture will be slow to change but the key challenge for the government is to help drinkers consume fewer units for each drink they have. The success of recent reduced alcohol beer and lager lines is also significant for drinks manufacturers, suggesting that there is a growing consumer appeal for drinking more sensibly across all types of drinks.”

Encouraging shift in social norms

The research also shows that the appeal of binge drinking amongst younger people is on the decrease.

In the past five years, the number drinking at least 2 or 3 three times a week has decreased by 13% amongst 18-24 year old men and 26% amongst 18-24 year old women. In addition, there is evidence that binge drinking is becoming less socially acceptable amongst this group.

The research shows 18-24 year olds are 22% less likely to agree with the statement “The point of drinking is to get drunk” compared to a 13% drop amongst the whole adult population over the past five years.

The research also shows that younger people do drink more units in an average session, however, when it comes to volume of weekly drinking the reverse is true, with volume sales of alcohol among 18-24s paling in comparison to 45-64 year olds.

Motivation for drinking is for social and pleasurable reasons

Meanwhile it seems attitudes towards alcohol in general remain positive, despite negative connotations to binge drinking. Nearly 60% of consumers claim to be more aware of campaigns encouraging them to drink responsibly, and 49% say they were are more aware of binge drinking then they used to be. Furthermore, 42% of consumers claim binge drinking is part of Britain’s culture, while 24% believed there was nothing wrong with drinking to excess.

Source: Mintel Oxygen Reports

Beer sales decline slows

The decline in total UK beer sales has slowed significantly, according to the latest UK Quarterly Beer Barometer published in October by the British Beer & Pub Association (BBPA).

Sales in supermarkets and shops rose by 4.4% in the third quarter. While there was a continued decline in the on-trade, with sales down by 4.7% on the same quarter last year, this is the second lowest rate of decline since the first quarter of 2007.

The new figures show that total beer sales were down by 0.8% on the third quarter 2008 – a much lower decline that the 4.8% fall in the three months ending in June 2008. It is also the slowest rate of decline since the first quarter of 2008.

The 4.7% fall in pubs equates to 4.3 million fewer pints were drunk each week during July, August and September compared with the same period in 2008 – a loss in volume that leaves many pubs under continued pressure, with 52 closures per week.

For more information, visit www.beerandpub.com/
DCSF reports outcomes of binge drinking ‘crackdown’ in youth crime hostpots

The UK Department for Children, Schools and Families (DCSF) has reported ‘more than 3500 young people were successfully targeted by the summer crackdown on teenage binge drinking this year and 15,000 were signposted to positive activities’, ie things to do rather than drinking.

Youth crime priority areas shared grant funding of £1.4 million to address young people’s binge drinking between July and September this year. The figures report:

- Nearly 2,000 young people were referred to support services - including 324 to alcohol treatment services
- 1,829 parents were informed about their child’s alcohol related anti-social behaviour and involved in follow-up action to address their behaviour
- Over 38,000 young people were identified by street based teams with 18,660 signposted to positive activities in their areas
- 2,467 test purchase operations were carried out - 349 licensed premises failed a test purchase operation

The funding was part of the £100m Youth Crime Action Plan. For more details visit http://publications.dcsf.gov.uk

Police operation tackles underage drinking

Operation Animism launched in Mansfield and Ashfield in October is funded by the Home Office and is designed to tackle antisocial behaviour, underage drinking and buying by proxy. Chief Inspector Paul Winter said: “Operation Animism was introduced because people in our area are unhappy about young people drinking alcohol on the streets and getting involved in antisocial behaviour and disorder, destroying people’s quality of life”.

Under Operation Animism, dedicated officers carry out weekend patrols, responding to reports of antisocial behaviour and providing an improved response to callers, freeing up other officers to respond to other high priority calls.

Teams are looking for long-term solutions and using a number of methods including confiscating alcohol, enforcing no-drinking zones, confronting licensed premises that sell alcohol to under-18s and working with partners such as the Special Constabulary, local authorities and youth workers.

Nottinghamshire Police received 9,143 calls relating to antisocial behaviour in Mansfield and Ashfield between April and August 2008. During the same period in 2009, 8,935 calls were received.

GINA launches Alcohol and ageing report

Alcohol Focus Scotland’s Gender Issues Network on Alcohol (GINA) project has published a report ‘Alcohol & Ageing: The Views of Older Women and Carers’.

The research by Dr Moira Plant, Professor of Alcohol Studies, University of the West of England

Jennifer Curran and Rachel Brooks, Alcohol Focus Scotland looks at the impact of the changing relationship for older women around alcohol consumption and contains recommendations which promote positive choices for living healthily and more independently for as long as possible.

The full report is available from www.ginascotland.org.uk
AIM SOCIAL AND POLICY NEWS

Students urged to ‘think before you drink’

Students at the University of Hertfordshire are being urged to “think before you drink”, with hi-tech safety messages being beamed to their mobile phones during Fresher’s Week.

The university, Hertfordshire Constabulary, Hertfordshire County Council and Hertfordshire Primary Care Trusts have teamed up to send Bluetooth text messages encouraging undergraduates to enjoy a safer night out.

The messages have been sent to students at the newly opened Students’ Union, in Hatfield. The text messages highlight personal safety and health reasons for not drinking to excess.

Wine labels may include calorie information in Europe

The French wine industry has voiced fierce criticism over a European proposal aimed at stating calorie content on wine labels. The proposal is part of a raft of measures targeting foodstuffs, which include ingredient labelling. Although the European Commission has suggested a five-year period of assessment and exemption for calorie labelling on alcoholic drinks, some countries have called for immediate and compulsory application of the measure.

Wine industries in several European countries are opposed to calorie labelling. Many feel that the specific characteristics linked to each growing region and even wine making methods used by individual growers result in huge calorie variations from wine one to another, therefore distorting consumer information. A study commissioned by the European Commission itself in 2005 on the impact of labelling measures revealed that consumers attached no importance to calorie statements on wines. Some producer countries expressed their hostility to the measure in Brussels at the end of September. However, eleven countries have come down in support of immediate calorie labelling on alcoholic drinks while producer countries like Spain, Portugal, Greece, Germany and Romania have sided with the European Commission and support a five-year exemption period for wines and spirits followed by an assessment. CNAOC, the national wine producers’ association, has asked the government to align the official French position with those of other producer countries backing an exemption period.

Launch of the programme “À toi de choisir” by Vin et Société in France

Inspired by an initiatives from the Educ’alcool, Vin et Société have launched a prevention and youth awareness programme on the dangers of excessive consumption of alcohol called “À toi de choisir”.

Consisting of two websites, the programme aims to give information about the risks of heavy alcohol consumption, setting up a dialogue between parents, teachers and children and countering the spread of binge drinking. The site provides awareness and interactive fun for teenagers, teaching tools and practices for parents and teachers that can be introduced in schools and colleges.

The launch of the “À toi de Choisir” programme took place on 12th November and brought together a leading scientist on toxicology and pedopsychiatry as well as the French representative of the motherhood organisation “Avec les mères”.

The wine industry is promoting a model of society where self-control and education are the best guarantee of responsible behaviour and wise decisions. Therefore, it is actively engaged in concrete actions and effective citizen, “insists Marie-Christine Tarby, president of Vin & Company.
AIM SOCIAL AND POLICY NEWS

GRSP Poland honored for campaign against drinking and driving

The Global Road Safety Partnership in Poland has won third prize in the 8th Annual European Road Safety Awards for a campaign against drinking and driving in the city of Olsztyn that was developed in close collaboration with several local, national and international partners.

At a ceremony at the Eiffel Tower in Paris on October 15, the project team was recognised for a well-structured and innovative pilot project that involved the cooperation of many partners including the National Road Safety Council, local government, police, businesses, NGOs, universities and others.

The two-year project kicked off in 2007 and resulted one year later in a decline of drinking and driving within the city of 22%, according to before-and-after, road-side breathalyser surveys conducted in cooperation with local law enforcement.

The European Road Safety Award will help bring even greater awareness to the campaign’s success, says GRSP Poland Chair Ewa Labno Falecka, president of GRSP Poland. “This recognition is like a trampoline that will help this project jump to the next level and convince more partners to carry on even larger projects for the next three years,” she said.

On Nov. 12, GRSP Poland and its partners expect to launch a larger campaign based on the lessons learned during the Olsztyn experience. The new project will involve a greater area in the Warmian-Masurian Voivodeship, of which Olsztyn is the capital and a key trade center. A panel of jurists considered roughly 75 applications from 16 countries for a total of 6 prizes.

For information about the European Road Safety Awards, the Norauto Foundation and other winners, please visit http://sites.norauto.fr/fondation/gb/european-road-safety-prize.asp

Portugal ANEBE commitment to EU alcohol and Health Forum

ANEBE, Portugal’s Social aspects Organisation has, as part of the EU Alcohol and Health Forum commitments, undertaken to extend their 100% Cool campaign to the whole country over the next three years. Having already carried out evaluations and recorded an important improvement in young people awareness regarding the concept “don’t drink and drive”.

The 100% Cool campaign aims at establishing the concept of the ‘designated driver’ and to make the concept socially known, accepted and valued. This has to be an ongoing effort that will include the following specific actions:

1. Night Brigades, across the country on Friday and Saturday nights (in order to promote designated driver concept and to test and evaluate how young people are behaving)
2. TV, Cinema and Radio spots
3. Continued investment in 2 websites: one aimed at raising awareness of alcoholic beverages (including the risks of drinking and driving) in general and another specifically for the 100% Cool driver
4. Two evaluations per year (one for the beba com cabeça website to assess the knowledge of alcohol units and the influence of alcohol on driving in Portugal, and one to measure the adherence to the 100% Cool driver concept)
5. Promotional materials for both the beba com cabeça and 100% Cool such as, Outdoors, flyers, leaflets, postcards, coasters, etc.

ANEBEs websites are available at www.100porcentocool.pt and www.bebacomcabeca.pt
Catalonia bans happy hour

The Catalan government has outlawed “happy hour” and other special promotional offers of alcohol. The crackdown is part of a public health law that was passed unanimously in October by the Catalan regional parliament. The national Health Minister, Trinidad Jimenez, announced she would also consider introducing a similar ban nationwide.

The aim of the prohibition is to curb youth alcohol consumption. “We must protect citizens and we want to impede... the uncontrolled consumption of alcohol,” the director of Catalonia’s public health, Antoni Plasencia, said.

Offending practices are strictly defined. They include promotional offers, prizes, lotteries, promotional parties and deals such as ‘all you can drink’, ‘two drinks for the price of one’. Any establishment defying the ban could be fined between €3,000 and €10,000 (£2,750 and £9,200).

The new law is also supported by many bars, restaurants, discos and other nightclubs in the region. They say the cheap promotions lower the standards of their trade. “The spirit of the happy hour is not what we want for our sector,” said Gloria Cabrera, from the Catalan Federation of Nightclubs. “It is bad for our business to give away drinks. We want to offer quality and attract quality clients. We believe in responsible consumption.”

Lower drink drive level in all Ireland?

Eire Transport Minister Noel Dempsey has indicated that lower drink-driving limits are likely to be introduced in Ireland prior to a similar move in Northern Ireland.

Dempsey stated that he had intended introducing an automatic ban for drink drivers, but instead said those caught over the limit would receive three penalty points and a €200 fine for a first offence, disqualification will apply to novice and professional drivers.

The Road Traffic Bill will result in a lowering of the drink-driving limit from 80mg of alcohol per 100ml of blood to 50mg. A lower limit of 20mg would apply to professional and learner drivers.

Mr Dempsey said the lower limits could be introduced before new laws in the North. “We’ve made the decision in relation to the levels, it has yet to be formally made in Northern Ireland,” he said. “We have talked about co-coordinating the move to the same levels and not the timing. We may not be able to coincide but we’ll be as close as possible.”
Wine Information Council Scientific Conference: October 2009, Brussels

The Wine Information Council, hosted a conference ‘Cultural differences and the role of education: How do they affect drinking behaviours in Europe? And what does it mean for EU alcohol policy?’ on the 23rd October in Brussels. The conference brought together leading social scientists from across Europe to offer their insights into the historical, cultural and psychological reasons why drinking patterns continue to differ so widely across European regions, genders and generations.

“What drives people to drink is very complex, it runs from age and gender to education and socio-cultural environments; family and the parental model play a fundamental role,” said Dr Marie Choquet, epidemiologist at the French Institute for Health and Medical Research (INSERM).

The conference concluded that analysing sociological and cultural differences is fundamental to inform policy-makers. Different traditions, family, religions and social structure lead to varying patterns of drinking – hence there is no single European drinking pattern, according to the experts.

European adolescents are a good example according to Marie Choquet: Greek teenage girls drink three times less than their Danish counterparts. Young Spanish people consume less alcohol, but more regularly than British youngsters, who drink in greater quantities, but less often (source: ESPAD).

Overall consumption trends also vary – rising in some countries and falling in others, depending on the EU Member State. Their impacts need to be understood in their context, so that appropriate measures to curb alcoholic beverages misuse, such as consumer education programmes, can be developed and implemented. To be effective, solutions must be adjusted to local needs and cultural specificities, the experts agreed.

“It is only by understanding fully the drivers and dynamics of consumption in different cultures that we can develop appropriate alcohol education programmes tailored to individual drinking constituencies”, said Prof. Adrian Furnham, Professor of Psychology at University College, London, and moderator of the conference. “Pan-European policies are insufficiently sensitive to have a significant effect in different drinking cultures. Furthermore, the literature suggests that the regulatory approach is simplistic, and sometimes counter-productive, punishing moderate drinkers and leaving problem drinkers unhelped.”

Presentations and videos from the conference are available from http://www.wineinformationcouncil.eu
US National Collegiate Alcohol Awareness Week ‘iChoose’ programme

In October, US college and university students joined with their peers on more than 1,000 campuses across the US to promote National Collegiate Alcohol Awareness Week (NCAAW), October 18-24. During NCAAW, students participated in a variety of events, to reinforce personal responsibility and respect for current state laws and school policies regarding the consumption of alcohol beverages.

Drew Hunter, President and CEO of The BACCHUS Network said “We need to do a better job of showing college students - particularly new students - that most of their peers are not abusing alcohol and most are making healthy and safe decisions.”

Andrea Zelinko, Director of Alcohol Abuse and Impaired Driving Prevention Initiatives added “Students want to fit in and follow campus norms. If we incorrectly lead them to believe that everyone is getting drunk on a regular basis, then that’s what they will do. We have a responsibility to educate students about drinking, to help them develop the skills to adopt lower-risk drinking behaviours, including the choice to not drink. We need to inform students that the majority of their peers are engaging in healthy choices and responsible behaviour when it comes to alcohol. Then, we can begin changing attitudes and behaviour.”

The 2009 NCAAW Campaign “iChoose” theme developed by The BACCHUS Network contains a message of student empowerment to make safe choices, to take care of friends, to keep safe by not drinking to excess, to secure a safe and sober ride home, to avoid driving after drinking, and to never ride with a driver who has been drinking. The iChoose campaign messages support personal responsibility and provide practical safety tips by reminding students that the decision to stay safe is ultimately up to them.

“This is a great message for students because it focuses on providing them with education, and skill development. It empowers them to make their own informed choices,” Hunter said.

NCAAW activities vary from campus to campus, but typically include informative presentations and social events that promote responsibility and healthy, safe decisions about alcohol.

For additional information, visit at the Inter-Association Task Force Web Site at www.iatf.org. For campaign educational materials for NCAAW visit www.bacchusnetwork.org

Survey finds support for ignition interlock devices to prevent DWI

Two-thirds of Americans would support the installation of devices that prevent cars from starting if drivers are impaired -- assuming such technology is reliable -- according to a survey from the Insurance Institute for Highway Safety (IIHS).

The survey also found that 40% of respondents said they would like such devices installed in their own cars if that option was available. Some drunk-driving prevention experts would like to see the so-called ignition-interlock devices installed on all vehicles. About 180,000 of the devices are currently installed in the U.S.

“The results are clear-cut and a bit surprising,” said IIHS researcher Anne McCartt. “We didn’t expect to find support across the board for the idea of detecting alcohol in everybody, but this survey tells us people are ready to crack down on all impaired drivers, not just those who’ve had DWI convictions.”

The IIHS found that 84% of about 1,000 people surveyed supported the devices for convicted drunk drivers. Among non-drinkers, 74% said the devices should be installed in all cars, compared to 66% of weekly drinkers and 50% of respondents who said they drink alcohol four or more times weekly.
Canadian Centre for Responsible Drinking launch event - Alcohol & Health Symposium

Health researchers, medical experts, government and public policy professionals gathered in Ottawa to discuss the effects of alcohol consumption on human health. Participants were introduced to the Centre's new website and heard from accomplished speakers who provided an interesting and informative talk on the advance of research into the impact, abuse and consumption of alcohol in Canada.

The keynote address was given by the President of the American Beverage Medical Research Foundation (ABRMF) Dr. Mack Mitchell Jr., followed by the opening discussion on the issue of FASD and its impact from childhood to adulthood.

Dr. Louise Nadeau, Chair of CFFAR gave a presentation titled "When the Little Guys Grow up: FASD Among Adults." Dr. Gideon Koren, Director of Motherisk provided an analysis of the cost of FASD.

The second panel focused on alcohol's impact on adolescents and young adults with a presentation from Dr. Sherry Stewart, of Dalhousie University who discussed the personality traits in young adults can lead to potential alcohol abuse. These traits include anxiety sensitivity, hopelessness, sensation seeking, and impulsivity. Intervention can be an effective method to reduce the risk of problem drinking.

The final panel, exploring alcohol's impact on the health of adults and seniors, included an analysis by Dr. Louis Gliksman of the Centre for Addiction and Mental Health of alcohol related violence, and the relationship between cultural, social, physical, and environmental factors between alcohol and aggression.

Visit the Centre's website at www.responsibledrinking.ca

Argentina provincial laws approved to curb anti-social behaviour

New legislation approved on 4 November 2009 means that nightclubs and discotheques in Buenos Aires province must close by 05:30, let customers in the establishments by 02:00 and are prohibited from selling so called energiser drinks. The laws, introduced to curb young people's behaviour, also include restrictions on the selling of alcoholic drinks, such as a ban on alcohol sales from 04:30. Other measures include tighter controls on when alcohol can be delivered to residential households, i.e. companies which deliver pizza or other food products cannot deliver any alcoholic drinks between 21:00-10:00. However, opening hours for nightclubs and discotheques will be extended to 06:30 during festivals and the summer season.

The Chamber of Representatives in Puerto Rico is on the verge of passing a draft bill that seeks to reduce the level of blood alcohol content allowed for drivers aged between 18 and 20 years old.

The measure includes the reduction of blood alcohol content from 0.8% to 0.2% and is aimed at reducing accidents amongst young motorists. It is estimated that alcohol excess caused 2,022 of the 5,097 deaths reported in car accidents in the last decade in the island, according to figures from the Traffic Safety Commission (CST).

28% of the total alcohol related road deaths were people aged between 16 and 25 years. Young people aged between 16 and 21 years accounted for 14% of the total deaths.

WI Responsible Hospitality Training

The Wine Institute hosted several successful Responsible Hospitality Workshops for its member wineries in 2009, to ensure staff are confident in refusing under age sales and know how to deal with irresponsible consumers, for example. The course deliverer is a past staff member of the California Alcoholic Beverage Control (ABC) with an in depth understanding of the laws and regulations that apply to Californian wineries.

The Wine Institute member relations director has been working with a contract training group to develop the server training concept into an on-line training programme that would have wider reach. With the passage of AB 2004/AB 1470 (Picnic Bill) there is an even greater need for this kind of education for the wine industry. For further information contact: cwirth@wineinstitute.org
AIM SOCIAL AND POLICY NEWS

New campaign against binge drinking in Australia

In Australia, the Rudd Government is stepping up its efforts to tackle binge drinking.

Phase two of the Government’s National Binge Drinking Campaign, ‘Don’t Turn a Night Out Into a Nightmare’ – began on 2nd November and targets young people.

As well as advertising across mainstream media, the campaign will feature at Schoolies Week celebrations, music festivals, on the Australian Idol Grand Final and social networking media.

Phase two of the National Binge Drinking Campaign aims to connect with young people in settings that are relevant to them.

The Government is providing $20 million over two years for the campaign - part of the $535 million announced by the Prime Minister in March 2008 for a National Binge Drinking Strategy. The primary target audiences are teenagers aged 15-17 years and young adults aged 18-25 years. The secondary target audience is parents of 13-17 year olds.

The message to young people is - Drinking to intoxication puts you at risk of serious harm. The message to parents is that they can positively influence their children’s attitudes and behaviour about drinking.

The statistics used in the campaign to highlight the consequences of excessive drinking include -

* On average, 1 in 4 hospitalisations of 15-25 year olds happen because of alcohol.
* 70 Australians aged under 25 will be hospitalised due to alcohol-caused assault in an average week.
* 4 Australians aged under 25 die due to alcohol related injuries in an average week.
* 50% of Australians aged 15-17 who get drunk will do something they regret.

Along with the National Binge Drinking Campaign, the National Binge Drinking Strategy comprises two other measures - $14.4 million for community level initiatives to confront the culture of binge drinking, particularly in sporting organisations; and $19.1 million for an Early Intervention Programme designed to intervene earlier to assist young people and ensure that they assume personal responsibility for their binge drinking.

To view the campaign or for more information, visit www.australia.gov.au/drinkingnightmare

Advertising campaign targets parents in South Africa

The Industry Association for Responsible Alcohol Use has announced the launch of a new advertising campaign, backed up by a R9 million launch budget, aimed at educating parents on the impact of their drinking behaviour on their children.

“It is important to resist the temptation to try and find simple solutions to the complex problems of alcohol misuse and abuse. The ARA firmly believes that no single action is likely to reduce the problems, but rather a mix of self-regulation, enforcement of existing laws governing sale and consumption, awareness creation and targeted interventions combined with individuals taking personal responsibility for their drinking choices is the most appropriate approach,” said Adrian Botha, spokesperson for the ARA.

“Our research has indicated that whilst teenagers don’t like to admit it, they really do care what their parents think and are strongly influenced by their parent’s behaviour. As a result of the outcome of this research, many of our recent initiatives have focused on teenagers and parents, including the production of a Teenagers & Alcohol booklet as a practical guide aimed at encouraging parents to communicate with their children from an early age about the potential harms associated with underage drinking.”

Botha added that international research also shows the impact that parents have on whether or not the children drink before reaching the legal age and their drinking patterns after reaching the legal age, should they choose to drink. “The message to parents is, if you drink, do so responsibly and set an example. Be a role model for your children.”

The launch of new ARA advertising campaign in November 2009 has a direct link to this message.

“Previously many campaigns focused on the behaviour of the teenager, but this time round the attention is on the parent and how their behaviour influences their children,” commented Botha.

For more information visit www.ara.co.za
WHO - millions of premature deaths can be prevented by tackling global health risks

Global life expectancy could be increased by nearly five years by addressing five factors affecting health – childhood underweight, unsafe sex, alcohol use, lack of safe water, sanitation and hygiene, and high blood pressure, according to a report published by WHO in October.

Global Health Risks describes 24 factors affecting health. These are mixture of environmental, behavioural and physiological factors, such as air pollution, tobacco use and poor nutrition.

The report also draws attention to the combined effect of multiple risk factors. Many deaths and diseases are caused by more than one risk factor and may be prevented by reducing any of the risk factors responsible for them.” More than a third of the global child deaths can be attributed to a few nutritional risk factors such as childhood underweight, inadequate breastfeeding and zinc deficiency,” says Colin Mathers, Coordinator for Mortality and Burden of Disease at WHO.

Eight risk factors alone account for over 75% of cases of coronary heart disease, the leading cause of death worldwide. These are high blood glucose, tobacco use, high blood pressure, high body mass index, high cholesterol, low fruit and vegetable intake, high alcohol consumption and physical inactivity. Most of these deaths occur in developing countries.

“Understanding the relative importance of health risk factors helps governments to figure out which health policies they want to pursue,” says Mathers.

Other findings:
• nine environmental and behavioural risks, together with seven infectious causes, are responsible for 45% of cancer deaths worldwide;
• worldwide, overweight and obesity causes more deaths than underweight;
• unhealthy and unsafe environments cause one in four child deaths worldwide;
• 71% of lung cancer deaths are caused by tobacco smoking;
• in low-income countries, easily remedied nutritional deficiencies prevent one in 38 newborns from reaching the age of five;
• 10 leading preventable risks decrease life expectancy by nearly seven years globally and by more than 10 years for the region of Africa.

The report uses extensive data from WHO and other scientific studies. It estimates the effects of 24 risks to health on deaths, diseases and injuries by region, age, sex and country income for the year 2004. These are the most recent data available due to the time required for collection and analysis.

For more in information, visit www.who.int/healthinfo/global_burden_disease/global_health_risks/en/index.html

Alcohol free beer popularity in Japan

Sales of the alcohol free have rocketed in Japan. Since Kirin Free was launched in April, an annual sales target of 630,000 cases of the new beer was set. That estimate was quickly raised to 2.5 million cases, but on Tuesday the brewer again hiked the figure to 3.5 million cases.

“We have been really pleasantly surprised by the demand from Japanese consumers, but we do think the new drink meets people's needs nowadays,” Kumi Nakano, a spokeswoman for Kirin . The company has even been obliged to run full-page adverts in daily newspapers apologising to consumers for shortages of the drink due to its unexpected popularity. “There are many reasons why people are choosing to drink Kirin Free,” Nakano said. “Many people do not much like the effects of alcohol but still like the taste of beer, so this is perfect for them, while other people feel obliged to drink after work with their colleagues and do not want to drink alcohol.”

Another reason the company has identified for the trend towards no-alcohol beer is a police crackdown in recent years on drunk-driving.

Since the success of Kirin Free other big brewers have launched competitors: Asahi Breweries (Point Zero, September 1), Suntory Holdings' (Fine Zero, Sept. 29) and Sapporo Breweries (Super Clear Sept 30).
Book Review: Alcohol and Young Adults By Adrian Furnham

Following on from his publication in 2002 ‘Binge Drinking, causes and consequences,’ Adrian Furnham, Professor in Psychology (d hominem) and occupational psychology at University College London has written an assessment of motivations, influences, policy issues, salient debate and possible solutions to the misuse of alcohol among young people in Britain.


The report examines the factors that influence young people, particularly in developed western countries, to use and abuse alcohol. It puts drinking in cultural, historical and sociological context as they shape a nation's drinking patterns and Furnham adopts a psychological approach in his assessment as to what turns a young person into a non-drinker, a modest, moderate, heavy, secretive or abusive drinker long term. The report reviews alternative methods for encouraging respectful use of alcohol.

Furnham states ‘that the psychological effects of alcohol are well known. Alcohol makes the drinker more self-assured and self-accepting and more at ease. It has been called a paradoxical stimulant because, although it is pharmacologically a depressant, it seems to act as a social stimulant, making drinkers less inhibited and more sociable. Alcohol has symbolic and ritualistic uses. It is often used to give an enhanced sense of group cohesiveness, especially among the young.’

Key findings
- Young people are well aware of all aspects of alcohol. They are the web generation and are highly sophisticated in the way in which they can access information. They are also ‘savvy’, with a disposable income much greater than their parents had. They are aware of different alcohol brands and the effects of alcohol.
- Whilst not all (20% of 18 – 24 years olds) have established healthy consumption habits and while it is not unusual for young people to drink to excess at parties and other celebrations as part of rebelliousness and ‘limit-testing’, most outgrow the excess of student years as their responsibilities grow (marriage, jobs, children). However, some fail to develop healthy drinking habits and become problem or dependent drinkers, this too is explored.

Schulenberg and Maggs (2002) “For most students, heavy drinking and associated problems tend to peak during college amid the abundance of explicit and subtle expectations and opportunities to drink and then to subside as they move into adulthood roles. This normative shift is quite remarkable: For other students, heavy drinking becomes troublesome and tragic”

- Young adults learn drinking in groups, as it is nearly always a social activity. Social norms govern when, why and how young people enjoy or abuse alcohol.
- Personality factors and parental values determine what groups young adults are attracted to and stay in touch with.

Studies of cultures that seem to have few problems with young people abusing alcohol show how the socialisation process occurs.
- Alcohol consumption is normative. Parents model it. It is a part of the diet. Children, adolescents and young adults get integrated into the norms of their society. Young people (first), their friends and parents are primarily responsible for sensible drinking.
- Mothers’ expectations played an important role in their children’s use of alcohol. Family income, parental education and the child’s self-esteem were important, but there was interesting evidence of self-fulfilling prophecies. Thus, if mothers believed their children would drink, they indeed would.

Parents are key:

Parents’ values, beliefs and behaviours are quite simply the most powerful predictors of a young person's knowledge of, and interaction with the commercial world. Parents are powerful models of drinking behaviour. Through example, instruction, control of the media and monetary allowances, they can ensure that their children become responsible young adults not prone to alcohol abuse’ (Furnham 00).

In other words, people tend to drink in a beneficial manner when their lives are grounded in positive satisfactions, skills, and strong relationships with and responsibility towards others.

A copy of Alcohol and Young Adults is available from the alcoholinmoderation.com website Click here to download a copy.
ORGANISATIONS

EUROPE

UK
Alcohol Concern
First Floor 8 Shelton Street, London WC2 9JR
www.alcoholconcern.org.uk

Alcohol Education And Research Council
Abell House, John Islip Street, London SW1P 4LH
www.aerc.org.uk

BII - British Institute of Innkeeping
www.bii.org
The Medical Council on Alcohol
3 St. Andrews Place, London, NW1 4LB
www.m-c-a.org.uk

The Portman Group
7-10 Chandos Street, Cavendish Square, London W1G 9DQ
www.portman-group.org.uk

The Drinkaware Trust
7-10 Chandos Street, Cavendish Square, London W1G 9DQ
www.drinkaware.co.uk

Alcohol Focus Scotland
2nd Floor 166 Buchanan Street, Glasgow G1 2NH
www.alcohol-focus-scotland.co.uk

BBPA British Beer and Pub Association
Market Towers, 1, Nine Elms Lane, London, SW8 3NQ
www.beerandpub.com

Wine & Spirit Education Trust
International Wine & Spirit Centre
39-45 Bermondsey Street
London SE1 3XF
www.wset.co.uk

The Wine and Spirit Trade Association
International Wine & Spirit Centre
39-45 Bermondsey Street
London SE1 3XF
www.wsta.co.uk

Brewers of Europe
Rue Caroly 23-25, B-1060 Bruxelles
email: info@brewersofEurope.org
www.brewersofEurope.org

Deutscher Wein Akademie
GMHH Gutenbergplatz 3-5, 55116 Mainz
www.deutscherweinakademie.de

The European Federation Of Wine & Spirit Importers And Distributors (EFWSID)
Five Kings House
1 Queen Street Place
London EC4R 1XX
email: EFWSID@wsa.org.uk

EFRO - The European Forum for Responsible Drinking
Rue Belliard, 12, bte 5, B -1040 Bruxelles
www.efrd.org
www.responsibledrinking.eu
www.marketreponsibly.eu

Enterprise et Prevention
15, Rue Monsigny, 75002 Paris, France
www.soifdevivre.com

FIVIN
Plaza Penedés, 3, 30872 Vilafranca del Penedès, Barcelona, Spain
www.fivin.org/

FIVS
International Federation of Wines & Spirits
18, rue d'Aguessouse, F-75008 - PARIS France
www.fivs.org

Forum of Taste and Education
Livornostraat 13 b 5 rue de Livourne - Brusel
1050 Bruxelles, Belgium
email: fbv.bfwg@skynet.be

FORUM PSR
(Zodpovední výrobcov lihovín)
Sněmovní 9
118 00 Prague 1, Czech Republic
www.forum-psr.cz

Oldways Preservation & Exchange Trust
266 Beacon Street Boston, MA
www.oldwayspt.org

WineAmerica
The National Association of American Wineries
1212 New York Avenue, NW, Suite 425
Washington, DC 20005
www.wineafrica.org

SOUTH AMERICA
Proyecto Ciencia Vino Y Salud
Facultad de ciencias Biológicas,
Casilla 114 D. Santiago, Chile
email: vinosalud@genes.bio.puc.cl

Centro de Informaciones sobre Saude e Alcool (CISA)
Rua do Rocio 423-1208 - 04552-000 - Sao Paulo SP, Brazil
www.cisa.org.br

MEXICO
FISAC
(Fundacion de Investigaciones Sociales A.C.)
Francisco Sosa 230, Coyoacan CP 04000 Mexico DF
www.alcoholinformate.org.mx

The Wine Institute
425 Market Street, Suite 1000, San Francisco, CA 94105, USA
www.wineinstitute.org/

CANADA
Centre for responsible drinking
www.responsibledrinking.ca

Fundacion Alcohol Y Sociedad
C/ Argemiso nº 2, 2º izq. 28004 Madrid
www.alcoholysociedad.org

GODA
Gode Alkoholdinger, Kanonbaadsvej 8, DK-1437
Kopenhagen K, Denmark
www.goda.dk

HAFRAC
Rětkův u.S. H-1118 Budapest
www.alkoholtfelelosen-2340.hu

IREB
19, avenue Trudaine, 75009 Paris
www.ireb.com

MEAS
Memon House
1/3 Fitzwilliam Street Lower
Dublin 2, Ireland
www.meas.ie

OPGA
Observatorio Permanente sui Giovani e l’Alcool Viale di Val Fiorita 90, 00144 Rome, Italy
www.alcol.net

OIV
18 rue d’Aguessouse, 75008 Paris, France
www.oiv.int

STIVA
Benoordenhoutseweg 22-23, NL-2596 BA,
The Hague, The Netherlands
www.stiva.nl

Scandanavian Medical Alcohol Board
Vandværksvej 11 DK - 5690 Tommerup
www.smaboard.com

THE REST OF THE WORLD

US
American Council On Science And Health
1995 Broadway, 2nd Floor, New York, NY 10023-5860
www.acsh.org

Beer Institute
122 C Street, NW #750,
Washington DC 20001

California Association Of Winegrape Growers
601 University Avenue, Suite 135
Sacramento, CA 95825
www.cawg.org

Distilled Spirits Council Of The US
1250 Eye Street, NW, Suite 400,
Washington DC 20005
www.dscus.org

Family Winemakers of California
520 Capitol Mall, #260
Sacramento, California 95814
www.wineAmerica.org

ICAP
International Center for Alcohol Policies
1519 New Hampshire Avenue, NW
Washington DC 20036
www.icap.org

The Century Council
1310 G Street, NW, Suite 600,
Washington, DC 20005-3000
www.centurycouncil.org

Lodi-Woodbridge Winegrape Commission
2545 West Turner Road Lodi, CA 95242 USA
www.lodiwine.com

Edëc’ Alcool
606, Cathcart, Suite 700, Montréal, Québec, H3B 1K9
www.educalcool.qc.ca

Traffic Injury Research Foundation.
Suite 200, 171 Nepean Street, Ottawa, Ontario, Canada, K2P 0B4
www.trafficinjuryresearch.com

AUSTRALIA
The Australian Wine Research Institute
PO Box 197, Glen Osmond 5064, South Australia,
Tel: 61 8 8333 6600 Fax: 61 8 3033 6601
www.awri.com.au

DrinkWise Australia
Level 1, 34 Queen Street, Melbourne, VIC 3000
www.drinkwise.com.au

NEW ZEALAND
ALAC
Level 13, ABN Amro House
36 Custhouse Quay, PO Box 5023
Wellington 6145
www.alcohol.org.nz/

AFRICA
Industry Association for Responsible Alcohol Use (ARA)
PO Box 112, Bergvliet 7864, South Africa
www.arac.co.za

Taiwan Beverage Alcohol Forum (TBAF)
11F, 285, Zhonexiao East Road, Section 4,
Taipei 10692, Taiwan ROC
www.tbafo.org.tw