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Germany

The Berlin state court has ruled against German brewers in a suit brought by consumer advocacy groups. The court told the German Breweries Association that they cannot include claims about the beneficial health effects of their brews as part of their advertising, as this contravenes European-wide regulations covering nutrition and health aspects of foods and beverages. The German Breweries Association is planning an appeal.

Bulgaria

Bulgaria has introduced a ban on so-called 'alcohol tourism' by black-listing tour operators that encourage binge drinking on holiday. The ban is said to target British, German and Scandinavian companies who offer drinking tours as one of their advertised activities. Bulgarian Hotel Association member Vesselin Nalbantov said: 'There should be tougher penalties and a clear message that this won't be tolerated'.

Brazil

The Brazilian Government is considering legislation that would permit the sale of alcohol in stadiums during the World Cup football tournament in 2014. Alcohol consumption at sporting events has been banned since 2010, but sports minister Orlando Silva has confirmed that the officials are reviewing the policy at the request of the International Federation of Association Football (FIFA).

Colombia

The Colombian Congress is considering legislation that would ban alcohol advertising in stadiums, cinemas, theaters, and 'any other premises accessible to the public or dedicated to cultural activities or sports.' The controversial bill would end the current alcohol industry sponsorship of Colombia's national football team, Selección de fútbol de Colombia, as well as many other teams.

Uruguay

The Uruguayan Government is initiating a 180-day programme to reduce alcohol-related road accidents and to reduce harmful drinking.

The National Drug Council is coordinating with state agencies to introduce measures to reduce harmful drinking and to raise the age of first consumption. The Uruguayan government is planning to present legislation to parliament to impose a zero BAC limit for drivers. (The current limit for alcohol limit for driving is at 0.03). In addition, the legislation will reduce the amount of point of sales for alcoholic drinks and a special parliamentary commission will seek to control alcohol advertising during peak viewing times.

Venezuela

Venezuela's High Court has upheld a ban on alcohol advertisements on the country's streets with advertising limited to press and cinema only. Venezuela's advertising industry recorded revenues of VEF 12bn (EUR 1.94bn USD 2.79bn) in 2010. Outdoor advertising generated revenues of VEF 572mn last year.

Does moderate alcohol consumption increase body weight?

Sayon-Orea C, Martinez-Gonzalez MA, Bes-Rastrollo M. Alcohol consumption and body weight: a systematic review. *Nutrition Reviews* 2011;69:419-431.

Authors' Abstract

Based on the fact that energy content in 1 gram of alcohol is 29 kJ or 7.1 kcal, alcohol consumption can lead to weight gain. The present review was conducted to analyze the effects of alcohol consumption on body weight. A search of the Medline database for the period 1984 to March 2010 was conducted to identify cross-sectional, prospective cohort studies and intervention trials investigating the relationship between alcohol consumption and the risk of weight gain. Thirty-one publications were selected on the basis of relevance and quality of design and methods.

The findings from large cross-sectional studies as well as from well-powered, prospective, cohort studies with long periods of follow-up were contradictory. Findings from short-term experimental trials also did not show a clear trend. The overall results do not conclusively confirm a positive association between alcohol consumption and weight gain; however, positive findings between alcohol intake and weight gain have been reported, mainly from studies with data on higher levels of drinking.

It is, therefore, possible that heavy drinkers may experience such an effect more commonly than light drinkers. Moreover, light-to-moderate alcohol intake, especially wine intake, may be more likely to protect against weight gain, whereas consumption of spirits has been positively associated with weight gain. Further research should be directed towards assessing the specific roles of different types of alcoholic beverages. Studies should also take the effect of consumption patterns into account. In addition, a potential effect modifier that has not been evaluated before but might be important to consider is the subjects' previous tendency to gain weight.

Forum Comments

Background: As pointed out by the authors of this paper, obesity is becoming a rapidly increasing major health problem throughout the developed world. While it is common for individuals, especially women, to state that they avoid all alcohol consumption because they "do not want to gain weight," data are very limited on this subject. There are beginning to appear reports suggesting that moderate drinking, especially of wine, is not associated with increasing body weight, while heavy drinking probably is. Hence, this review article is very timely.

Many investigators, including Wannamethee et al¹ and Tolstrup and colleagues,² have found that the odds ratios for having a high BMI was lower among subjects drinking more frequently. These authors concluded that for a given level of total alcohol intake, obesity was inversely associated with drinking frequency, whereas the amount of alcohol intake was positively associated with obesity. These results suggest that the frequent consumption of small amounts of alcohol is the optimal drinking pattern associated with a lower risk of obesity.

It should be pointed out that the relation of alcohol intake to obesity is especially difficult to study in the population because, traditionally, most drinkers, especially heavy drinkers, have tended to also be smokers, and smoking is known to lower the risk of obesity. The majority of papers included in the present review took smoking into account. One well-done large study by Breslow and Smothers³ was limited to non-smokers and showed quite clearly that whereas drinking more per occasion was associated with increased weight, drinking small amounts of alcohol on a frequent basis was associated with lower body mass. In that study, the highest risk of a high BMI was among abstainers.³ Another large cross-sectional study limited to non-smokers, by Arif and Rohrer,⁴ also found little effect of moderate drinking on weight. The authors reached the following conclusions: the risk of obesity was lowest for (a) current drinkers; (b) drinkers reporting no binge drinking; (c) people averaging no more than 2 drinks/day; and (d) those who report an average of < 5 drinks/week.⁴

Comments on the present paper: The paper by Sayon-Orea et al is a review of the topic, but does not include a formal meta-analysis of the effects of alcohol on body weight or obesity. The review includes cross-sectional and prospective studies (and a few small intervention studies) among subjects who varied by age (adolescence to old age), culture (from Americans and Europeans to Asians), and principal type of beverage consumed and pattern of drinking. Potentially important information missing from many of the studies reviewed includes data on previous weight gain or loss by the individual before he/she was included in the study, details related to "binge drinking," and limited data on other dietary factors.

The authors recognize most of these limitations. While they state that many of the studies they reviewed appear to be contradictory in their results, they do reach two major conclusions. The first was “positive associations between alcohol and weight gain were mainly found in studies with data on higher levels of drinking; it is possible that an effect on weight gain or abdominal adiposity may only be experienced by heavy drinkers.” A second conclusion of the authors was that “the type of alcoholic beverage might play an important role in modifying the effect of alcohol consumption on weight gain,” with more favorable effects generally seen among consumers of wine.

Need for a formal meta-analysis from prospective studies: It would be assumed that, given that long-term intervention trials have not been done, the best source of information on the topic that is currently available is from prospective studies with long-term follow up. Indeed, the present paper contains data from 13 prospective studies, of which 10 are rated “good,” and 9 of these are based on data from adult subjects in Europe or the USA. These 9 studies contain more than 190,000 subjects, with all analyses adjusted for age and smoking (and most for other variables such as socio-economic level and baseline BMI). They also have reasonable follow-up periods between 3 and 12.9 years (all but one study with at least 5 years of follow up). It would appear that this is a quite homogenous group of studies that would be appropriate for a formal meta-analysis (with, for example, stratification of results by gender and by type of beverage). Such a meta-analysis might provide rather precise estimates of effect of alcohol drinking on obesity for adults in Western industrialized societies.

Are alcohol calories added to total calories or does alcohol replace other sources of calories? It may seem surprising that we still do not know the extent to which the intake of alcohol affects total calorie intake. In a paper from 1991, Colditz et al⁵ suggest that women substitute alcohol for sugar calories, while men add alcohol calories to their diet. Suter et al⁶ state that most studies show that, for moderate drinkers, alcohol calories are added to food calories. However, these authors add: “There is, however, one limitation to the latter epidemiologic finding. The extent to which alcohol energy represents a usable source of energy (i.e., for adenosine triphosphate [ATP]

production) and whether alcohol can be regarded as an energy source comparable to the other main energy substrates (i.e., fat and carbohydrates) are not known.”⁶

It should be mentioned that while beer, wine, and spirits all contain alcohol, the present study suggests that the effects on weight increase are greater for spirits than for other beverages. Thus, as one Forum reviewer comments: “Does this suggest that the polyphenols in wine are associated with some protection against weight gain, whereas the antioxidant action of whisky and brandy, for example, is due mainly to the transition metal ions they contain?” On the other hand, it is still possible that the spirits-drinking subjects in this study were just consuming more alcohol than were consumers of other beverages.

Other approaches for studying alcohol and body weight: There have been a variety of other approaches for judging the relation of alcohol to weight and changes in weight. An unusual contribution to this topic came from a study by Dixon et al⁷ on factors affecting weight loss after the surgical placement of a lap-band to induce weight loss. These investigators report that following the insertion of such a band, “Patients who consumed alcohol regularly had a better rate of weight loss ($R=0.23$, $p<0.005$) than did non-drinkers.”⁷

Alcohol, obesity, and metabolic factors: It has been shown repeatedly that alcohol is inversely associated not only with obesity, but also with other components of the so-called metabolic syndrome and with the risk of developing diabetes. Howard et al⁸ and Koppes et al⁹ have carried out meta-analyses of the association of alcohol consumption and the risk of developing diabetes: they show an approximately 30% decrease in risk for moderate drinkers.

The findings relating alcohol to metabolic syndrome show associations similar to those for diabetes. In the NHLBI Family Heart Study, Djoussé et al¹⁰ reported an inverse association between alcohol consumption and the presence of the metabolic syndrome. In NHANES III, Freiberg et al¹¹ found that moderate drinking was associated with lower risk of most components of the metabolic syndrome (all components except for hypertension). In a meta-analysis on alcohol intake and metabolic syndrome, based on data from seven previous studies with a

total of 22,000 subjects, Alkerwi and coworkers¹² found that the moderate intake of alcohol (defined as ≤ 40 g of alcohol per day for men and ≤ 20 g of alcohol per day for women) was associated with 16% lower risk of metabolic syndrome for men and 25% lower risk for women; no significant effects were seen for heavier drinking.¹²

In a study of metabolic factors among the severely obese, Dixon et al¹³ found that "Light-to-moderate alcohol consumption is associated with a lower prevalence of type 2 diabetes, reduced insulin resistance, and more favorable vascular risk profile in the severely obese. We would propose that light to moderate alcohol consumption should not be discouraged in the severely obese."¹³

Alcohol metabolism and potential effects on weight change in drinkers: The metabolism of alcohol differs from that of other foods, in that approximately 90% of the alcohol that is absorbed into the blood is metabolized by oxidation pathways. Oxidative metabolism occurs primarily in the liver, using three enzymes and pathways, each located in a different subcellular compartment of the liver. They are as follows: (1) the enzyme alcohol dehydrogenase (ADH) breaks down alcohol to acetaldehyde which is then metabolised by the enzyme acetaldehyde dehydrogenase (ALDH) to acetic acid, which is then further metabolised to be used in cellular reactions. (2) Alcohol is also metabolised to acetaldehyde by the enzyme microsomal mixed function oxidase enzyme pathway. This P450 2E1 enzyme pathway is a subset of the cytochrome P450 system that metabolises other drugs and foods. (3) Alcohol is also metabolized by a catalase enzyme, which is found throughout the body, including in the brain.

One Forum reviewer states: "I think that the most important difference between the metabolism of alcohol and other foods is (1) alcohol calories can not be stored in the body; and (2) almost all metabolism takes place in the liver, thus alcohol calories cannot be utilized by muscles for energy."

Alcohol's effects on thermogenesis: A Forum member points out that the authors of the present paper do not mention an interesting factor in the development of protection against obesity: Non Exercise Activity Thermogenesis (NEAT).¹⁴ Humans show considerable inter-individual variation in susceptibility to weight gain in response to overeating; the activation of

NEAT dissipates excess energy to preserve leanness and failure to activate NEAT may result in ready fat gain.¹⁵

An effect of alcohol on NEAT could be a possible explanation for the seemingly missing effect of alcohol calories on weight gain found in many studies. The theory that alcohol may affect NEAT differently from other foods finds support from studies by Raben et al.¹⁶ These investigators have shown that diet-induced thermogenesis was larger after an alcohol meal (by 27%; $P < 0.01$), whereas protein produced an intermediary response (17%; NS) compared with carbohydrate and fat (meal effect: $P < 0.01$). After the alcohol meal, fat oxidation and leptin concentrations were greatly suppressed. These authors conclude that "Intake of an alcohol-rich meal stimulates energy expenditure but suppresses fat oxidation and leptin more than do isoenergetically dense meals rich in protein, carbohydrate, or fat."¹⁶ Consideration of NEAT should be included in future studies of alcohol and obesity.

This review is available from www.bu.edu/alcohol-forum/critique-052-does-moderate-alcohol-consumption-increase-body-weight-16-august-2011/

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Inverse relationship between moderate alcohol intake and rectal cancer

Researchers from the Department of Epidemiology at Gillings School of Global Public Health and the University of North Carolina (USA) published an analysis of the North Carolina Colon Cancer Study. They evaluated whether the consumption of alcoholic beverages is associated with distal colorectal cancer and rectal cancer in particular. The results showed that light to moderate alcohol intake (especially wine) was inversely associated with distal colorectal cancer.

The North Carolina Colon Cancer Study is a population-based case-control study of distal colorectal cancer. It encompasses 33 counties in the central and eastern part of North Carolina and includes patients with adenocarcinoma of the rectum, rectosigmoid, and sigmoid colon. Controls were frequency-matched on age, race, and sex.

Demographic and dietary intake data were collected with use of a validated questionnaire. The study

included 1033 cases and 1011 controls. Results of the analysis indicate that the odds ratio for rectal cancer comparing any vs no alcohol intake was 0.73 (95% CI 0.60, 0.90), adjusted for age, sex, race, smoking status, obesity, education, red meat intake, use of nonsteroidal anti-inflammatory medications, and family history of colorectal cancer. The odds ratio for moderate alcohol (14 g/day) was 0.93 (95% CI 0.70, 1.23). Moderate beer and wine intakes were also inversely associated with distal colorectal cancer: odds ratios 0.76 (95% CI 0.60, 0.96) and 0.69 (95% CI 0.56, 0.86).

The authors conclude that in this study, moderate alcohol intake (especially wine) was inversely associated with distal colorectal cancer.

Source: Inverse relationship between moderate alcohol intake and rectal cancer: analysis of the North Carolina Colon Cancer Study. Crockett SD, Long MD, Dellon ES, Martin CF, Galanko JA, Sandler RS. *Dis Colon Rectum*. 2011 Jul;54(7):887-94.

Low-to-moderate alcohol intake and breast cancer in Chinese women

Despite extensive investigation of the association between alcohol consumption and breast cancer risk, the effect of low-to-moderate alcohol intake on breast cancer has been inconsistent.

A case control study was conducted in China in 2004-2005 to examine the association by menopausal status, oestrogen (ER) and progesterone receptor (PR) status of the tumour. There were 1009 incident cases with histologically confirmed breast cancer and 1009 age-matched controls were recruited. The study assessed alcohol consumption by face to face interview using a validated questionnaire and obtained tumour ER and PR status from pathology reports.

Low to moderate alcohol consumption was inversely associated with breast cancer risk. Compared with non-drinkers, the adjusted odds ratios (ORs) for alcohol <5g per day were 0.41 (95% confidence interval 0.27-0.62) and 0.62 (0.48-0.79) in postmenopausal and

premenopausal women, respectively. The inverse association was consistent for alcohol <15g per day across hormone receptor status groups with ORs of 0.36-0.56 in post menopausal women and 0.57-0.64 in premenopausal women. An exception was that alcohol greater than or equal to 15g per day appeared to increase the risk of breast cancers with discordant receptor status in postmenopausal women, that is ER+/PR- or ER-/PR+, 4.37(1.56-11.65).

The study found that low to moderate intake was not associated with increased risk of breast cancer in pre- or postmenopausal Chinese women. The authors suggest that future studies are required to understand differences in effect of alcohol in breast cancers by tumour hormone receptor status.

Source: *Low-to-moderate alcohol intake and breast cancer in Chinese women* M Zhang and C D J Holman *British Journal of Cancer*, 9 August 2011.

Low-risk lifestyle behaviours and all-cause mortality

US researchers examined the relationship between 4 low-risk behaviours-never smoked, healthy diet, adequate physical activity, and moderate alcohol consumption-and mortality in a representative sample of people in the United States. The authors used data from 16958 participants aged 17 years and older in the National Health and Nutrition Examination Survey III Mortality Study from 1988 to 2006.

The study found that the number of low-risk behaviours was inversely related to the risk for mortality. Compared with participants who had no low-risk behaviors, those who had all 4 experienced reduced all-cause mortality (adjusted hazard ratio [AHR]=0.37; 95% confidence interval [CI]=0.28, 0.49), mortality from malignant neoplasms (AHR=0.34; 95% CI=0.20, 0.56), major cardiovascular disease

(AHR=0.35; 95% CI=0.24, 0.50), and other causes (AHR=0.43; 95% CI=0.25, 0.74). The rate advancement periods, representing the equivalent risk from a certain number of years of chronological age, for participants who had all 4 high-risk behaviors compared with those who had none were 11.1 years for all-cause mortality, 14.4 years for malignant neoplasms, 9.9 years for major cardiovascular disease, and 10.6 years for other causes.

The authors conclude that incorporating low-risk lifestyle factors, including drinking in moderation, exert a powerful and beneficial effect on mortality.

Low-Risk Lifestyle Behaviors and All-Cause Mortality: Findings From the National Health and Nutrition Examination Survey III Mortality Study. Ford ES, Zhao G, Tsai J, Li C *Am J Public Health* 2011 Aug 18.

Drinking patterns and the development of functional limitations in older adults

Results of a survey published in the journal of Aging and Health suggest that consistent low-risk drinking is associated with lower risk of developing functional limitations among older adults.

Data were obtained from five waves of the Health and Retirement Study. Function was assessed by questions measuring four physical abilities and five instrumental activities of daily living. Five different drinking patterns were determined using data over two consecutive survey periods.

Over the follow-up periods, 38.6% of older adults developed functional limitations. Consistent low-risk drinkers had lower odds of developing functional limitations compared with consistent abstainers, and

the effect of consistent low-risk drinking was greater among those aged 50 to 64 years compared with those aged ≥ 65 years. Other drinking patterns were not associated with lower odds of incident functional limitation.

The authors conclude that consistent low-risk drinking was associated with lower odds of developing functional limitations, and this association was greater among older middle-aged adults aged 50 to 64 years.

Source: Drinking patterns and the development of functional limitations in older adults: longitudinal analyses of the Health and Retirement Survey. Lin JC; Guerrieri JG; Moore AA. *Journal of Aging and Health* Vol 23, No 5, 2011, pp806-821.

Red wine prevents the postprandial increase in plasma cholesterol oxidation products: a pilot study

Moderate wine consumption has been shown to lower cardiovascular risk. Results of a study published in *The British Journal of Nutrition* suggest that one of the mechanisms could involve the control of postprandial hyperlipaemia by reducing the absorption of lipid oxidised species from the meal.

The study investigated whether wine consumption with the meal is able to reduce the postprandial increase in plasma lipid hydroperoxides and cholesterol oxidation products, in human subjects. In two different study sessions, twelve healthy volunteers consumed the same test meal rich in oxidised and oxidisable lipids (a double cheeseburger), with 300 ml of water (control) or with 300 ml of red wine (wine). The postprandial plasma concentration of cholesterol oxidation products was measured by GC-MS. The control meal induced

a significant increase in the plasma concentration of lipid hydroperoxides and of two cholesterol oxidation products, 7-beta-hydroxycholesterol and 7-ketocholesterol. The postprandial increase in lipid hydroperoxides and cholesterol oxidation products was fully prevented by wine when consumed with the meal.

In conclusion, the present study provides evidence that consumption of wine with the meal could prevent the postprandial increase in plasma cholesterol oxidation products.

Source: Red wine prevents the postprandial increase in plasma cholesterol oxidation products: a pilot study, Natella F; Macone A; Ramberti A; Forte M; Mattivi F; Matarese RM; Scaccini C. *British Journal of Nutrition*, Vol 105, No 12, 2011, pp1718-172.

Alcohol intake and bone status in elderly Japanese men

A Japanese study investigated the relationship between alcohol consumption and bone status from a large-scale community-based study of elderly Japanese men. The baseline survey for the Fujiwara-kyo Osteoporosis Risk in Men Study was performed in 2174 male participants during the period from 2007 to 2008 in Nara Prefecture, Japan.

1665 fitted the inclusion criteria of age ≥ 65 years, having no diseases or drug therapy that could affect bone mineral density (BMD). Researchers analysed 1421 men with complete information about alcohol intake. They found that alcohol intake and BMD were positively correlated after adjustment for age, body mass index, natto intake, milk intake, smoking, physical activity, education, marital status, and hypertension. Adjusted total hip BMD of men with alcohol intake > 39 g/day was 0.90 g/cm² and that of abstainers was 0.85 g/cm². With regard to bone turnover markers, alcohol intake was inversely

associated with serum levels of osteocalcin and tartrate-resistant acid phosphatase isoenzyme 5b. A two-piece linear regression model revealed a positive relationship between alcohol intake and crude mean BMD for the total hip in those with alcohol intake of less than 55 g/day. In contrast, alcohol intake and BMD in those with an alcohol intake of 55 g/day or more was inversely correlated.

The study results showed that, in elderly Japanese men, alcohol intake of < 55 g/day was positively correlated to BMD but alcohol intake of ≥ 55 g/day was inversely correlated to BMD.

Source: Alcohol intake and bone status in elderly Japanese men: baseline data from the Fujiwara-kyo Osteoporosis Risk in Men (FORMEN) Study Kouda K; Iki M; Fujita Y; Tamaki J; Yura A; Kadowak i E; Sato Y; Moon JS; Morikawa M; Tomioka K; Okamoto N; Kurumatani N. *Bone* Vol 49, No 2, 2011, pp275-280.

Association between alcohol intake and metabolic syndrome in patients with hypertension

A study led by Ichiro Wakabayashi of the Hyogo College of Medicine in Japan sought to determine how alcohol consumption influences metabolic syndrome in patients with hypertension.

The study included 3938 male workers being treated with anti-hypertensive drugs. Participants were divided into four groups by average ethanol intake [non-, light (< 22 g/day), moderate (≥ 22 and < 44 g/day), and heavy (≥ 44 g/day) drinkers].

The relationships of alcohol intake with atherosclerotic risk factors and metabolic syndrome were investigated. Waist circumference and hemoglobin A1c were significantly smaller and lower, respectively, in light, moderate, and heavy drinkers than in nondrinkers. Systolic blood pressure and log-converted triglyceride were significantly higher in heavy drinkers than in nondrinkers. HDL cholesterol

was significantly higher in all of the drinker groups than in nondrinkers and tended to be higher as alcohol intake increased.

Prevalence of metabolic syndrome was significantly lower in light, moderate, and heavy drinkers than in nondrinkers. Age and smoking history-adjusted odds ratios (ORs) vs. nondrinkers for metabolic syndrome were significantly low in light drinkers (OR = 0.71, 95% confidence interval [CI]: 0.56-0.89), moderate drinkers (OR = 0.64, 95% CI: 0.54-0.75) and heavy drinkers (OR = 0.68, 95% CI: 0.57-0.82).

The results suggest that moderate alcohol drinking is associated with a lower risk of metabolic syndrome in patients with hypertension.

Source: Association between alcohol intake and metabolic syndrome in patients with hypertension Wakabayashi I. *Clinical and Experimental Hypertension* Jul 2011 Vol 33, No 5, 2011, pp299-303.

An extensive review of the effects of alcohol consumption on the risk of cognitive impairment and dementia

Neafsey EJ, Collins MA. Moderate alcohol consumption and cognitive risk. *Neuropsychiatric Disease and Treatment* 2011;7:465–484.

Authors' Abstract

We reviewed 143 papers that described the relationship between moderate drinking of alcohol and some aspect of cognition. Two types of papers were found: (1) those that provided ratios of risk between drinkers and nondrinkers (74 papers in total) and (2) those that, although they did not provide such ratios, allowed cognition in drinkers to be rated as "better," "no different," or "worse" than cognition in nondrinkers (69 papers in total).

The history of research on moderate drinking and cognition can be divided into two eras: 1977–1997 and 1998–present. Phase I (1977–1997) was the era of neuropsychological evaluation involving mostly young to middle-aged (18–50 years old) subjects. Although initial studies indicated moderate drinking impaired cognition, many later studies failed to confirm this, instead finding no difference in cognition between drinkers and nondrinkers.

Phase II (1998–present) was and is the era of mental status exam evaluation involving mostly older (≥ 55 years old) subjects. These studies overwhelmingly found that moderate drinking either reduced or had no effect on the risk of dementia or cognitive impairment. When all the ratios of risk from all the studies in phase II providing such ratios are entered into a comprehensive meta-analysis, the average ratio of risk for cognitive risk (dementia or cognitive impairment/decline) associated with moderate "social" (not alcoholic) drinking of alcohol is 0.77, with nondrinkers as the reference group. The benefit of moderate drinking applied to all forms of dementia (dementia unspecified, Alzheimer's disease, and vascular dementia) and to cognitive impairment (low test scores), but no significant benefit against cognitive decline (rate of decline in test scores) was found. Both light and moderate drinking provided a similar benefit, but heavy drinking was associated with nonsignificantly higher cognitive risk for dementia and cognitive impairment.

Although the meta-analysis also indicated that wine was better than beer or spirits, this was based on a relatively small number of studies because most studies did not distinguish among these different types of alcohol. Furthermore, a number of the studies that did make the distinction reported no difference among the effects of these different types of alcohol. Therefore, at present this question remains unanswered. Analysis also showed that the presence of the apolipoprotein E epsilon 4 allele eliminated the benefit of moderate drinking. However, this was based on a relatively small number of studies and several other studies have

found a beneficial effect of the epsilon e4 allele. Further studies are necessary to settle this question. The benefit of moderate alcohol for cognition was seen in both men and women, although the amount and pattern of drinking is very different between the two sexes. Lastly, the finding of unaffected or significantly reduced cognitive risk in light to moderate drinkers was seen in 14/19 countries for which country-specific ratio data were available, with three of the five remaining countries showing nonsignificant reductions as well.

ISFAR Forum summary

The authors of this paper have carried out an excellent review of the relation of alcohol consumption to the risk of cognitive impairment and dementia. They reviewed a total of 143 previous publications on the topic. There were 74 studies, based on a total of more than 250,000 subjects, that provided risk estimates for varying levels of alcohol consumption which allowed the investigators to include them in a comprehensive meta-analysis. These papers were published mainly after 1998, were predominantly among older subjects (92% were ≥ 55 years of age and 70% ≥ 65 years of age), and almost all employed mental status examinations to define cognitive impairment/dementia.

As stated by the authors, "These studies overwhelmingly found that moderate drinking either reduced or had no effect on the risk of dementia or cognitive impairment." Overall, in the new meta-analysis based on these studies, the average ratio of risk for cognitive risk associated with moderate drinking of alcohol was 0.77, with nondrinkers as the reference group. This estimate is close to the estimates of reduction in the risk of cognitive dysfunction (RR of 0.73 and 0.74) seen in other recent selective meta-analyses. The present study found that both light and moderate drinking provided a similar benefit, but heavy drinking was associated with non-significantly higher cognitive risk for dementia and cognitive impairment.

Forum reviewers of this paper were particularly pleased that the authors attempted to answer a number of specific questions on this topic that have been raised from previous research. Their results included finding no appreciable differences whether or not "sick quitters" were included in the reference

group, little effect from adjustments for other lifestyle factors, and no significant differences between alcohol's effects on dementia, Alzheimer's dementia, or vascular dementia (but, based on a small number of studies, no significant reduction in risk of cognitive decline over time). The investigators concluded that there were no differences between results in men and women. Their analyses also led to the conclusion that wine is associated with more beneficial effects on cognition than beer or spirits, but the authors caution that these results are based on a limited number of reports, and that many studies show no significant differences according to type of beverage.

Forum reviewers agreed with the conclusions of the authors that **"Overall, light to moderate drinking does not appear to impair cognition in younger subjects and actually seems to reduce the risk of dementia and cognitive decline in older subjects."**

For the full critique of this paper by members of the International Scientific Forum on Alcohol Research, visit www.bu.edu/alcohol-forum/critique-053-an-extensive-review-of-the-effects-of-alcohol-consumption-on-the-risk-of-cognitive-impairment-and-dementia-25-august-2011

Types of alcohol in relation to acute pancreatitis

Azodi OS, Orsini N, Andrén-Sandberg Å, Wolk A. Effect of type of alcoholic beverage in causing acute pancreatitis. *Brit J Surgery* 2011;DOI: 10.1002/bjs.7632.

Authors' Abstract

Background: The effect of different alcoholic beverages and drinking behaviour on the risk of acute pancreatitis has rarely been studied. The aim of this study was to investigate the effect of different types of alcoholic beverage in causing acute pancreatitis.

Methods: A follow-up study was conducted, using the Swedish Mammography Cohort and Cohort of Swedish Men, to study the association between consumption of spirits, wine and beer and the risk of acute pancreatitis. No patient with a history of chronic pancreatitis was included and those who developed pancreatic cancer during follow-up were excluded. Multivariable Cox proportional hazards models were used to estimate rate ratios.

Results: In total, 84,601 individuals, aged 46-84 years, were followed for a median of 10 years, of whom 513 developed acute pancreatitis. There was a dose-response association between the amount of spirits consumed on a single occasion and the risk of acute pancreatitis. After multivariable adjustments, there was a 52 per cent (risk ratio 1.52, 95 per cent confidence interval 1.12 to 2.06) increased risk of acute pancreatitis for every increment of five standard drinks of spirits consumed on a single occasion. The association weakened slightly when those with gallstone-related pancreatitis were excluded. There was no association between consumption of wine or beer, frequency of alcoholic beverage consumption including spirits, or average total monthly consumption of alcohol (ethanol) and the risk of acute pancreatitis.

Conclusion: The risk of acute pancreatitis was associated with the amount of spirits consumed on a single occasion but not with wine or beer consumption.

Forum Summary

A very well-done analysis from scientists in Sweden has related the type of alcoholic beverage, and the amount consumed per occasion, to the risk of acute pancreatitis. The study suggests that a greater number of drinks per occasion ("binge drinking") of spirits increases the risk of acute pancreatitis, but no such relation was seen for the consumption of beer or wine. Forum reviewers suggested that a faster rate of drinking, with a greater rise in BAC, for spirits drinkers may be an important factor in the observed higher risk of pancreatitis; the increased risk may not necessarily be due to lower levels of antioxidants or to the presence of other toxic substances in spirits.

In any case, the average total alcohol consumption did not affect the risk of pancreatitis; instead, it was the number of drinks consumed per occasion (of spirits, in this study) that was associated with an increase in risk. Residual confounding by the pattern of drinking, diet, or by other lifestyle factors could still be operating, and it will require replication of these results in other studies to support the conclusions of the authors.

For the full critique of this paper by members of the International Scientific Forum on Alcohol Research, visit www.bu.edu/alcohol-forum/critique-051-types-of-alcohol-in-relation-to-acute-pancreatitis-11-august-2011/

Effects of smoking and alcohol use on the risk of upper aero-digestive cancers

Szymańska K, Hung RJ, Wünsch-Filho V, Eluf-Neto J, Curado MP, Koifman S, Matos E, Menezes A, Fernandez L, Daudt AW, Boffetta P, Brennan P. Alcohol and tobacco, and the risk of cancers of the upper aerodigestive tract in Latin America: a case-control study. *Cancer Causes Control* (2011) 22:1037–1046. DOI 10.1007/s10552-011-9779-7

Authors' Abstract

Background Cancers of the upper aerodigestive tract (UADT; including oral cavity, pharynx, larynx and oesophagus) have high incidence rates all over the world, and they are especially frequent in some parts of Latin America. However, the data on the role of the major risk factors in these areas are still limited.

Methods We have evaluated the role of alcohol and tobacco consumption, based on 2,252 upper aerodigestive squamous-cell carcinoma cases and 1,707 controls from seven centres in Brazil, Argentina, and Cuba.

Results We show that alcohol drinkers have a risk of UADT cancers that is up to five times higher than that of never-drinkers. A very strong effect of aperitifs and spirits as compared to other alcohol types was observed, with the ORs reaching 12.76 (CI 5.37–30.32) for oesophagus. Tobacco smokers were up to six times more likely to develop aerodigestive cancers than never-smokers, with the ORs reaching 11.14 (7.72–16.08) among current smokers for hypopharynx and larynx cancer. There was a trend for a decrease in risk after quitting alcohol drinking or tobacco smoking for all sites. The interactive effect of alcohol and tobacco was more than multiplicative. In this study, 65% of all UADT cases were attributable to a combined effect of alcohol and tobacco use.

Conclusions In this largest study on UADT cancer in Latin America, we have shown for the first time that a prevailing majority of UADT cancer cases is due to a combined effect of alcohol and tobacco use and could be prevented by quitting the use of either of these two agents.

ISFAR Forum Comments

Background Upper aero-digestive tract cancers (UADT), especially those of the oral cavity, pharynx, and larynx, are often referred to as alcohol-related cancers as it has been shown repeatedly that heavy drinkers, in particular, are at increased risk. The combination of heavy alcohol use and cigarette smoking is the key factor in increasing the risk of these cancers. While this paper only supports much previous research, it is from a part of the world (South America) from which little information on the topic is available, it focuses on groups of people

where the occurrence of such cancers is high, and it is from a distinguished group of scientists from the International Agency for Research on Cancer (IRAC).

Comments on the paper: Of necessity, as these types of cancer are not common, most studies on them are based on case-control analyses rather than on prospective studies. In the present study, verification of the diagnosis was confirmed in all cases by pathologic reports. While the authors included cancer of the esophagus in their overall analyses, the findings for this cancer tended to differ from those for the other types of cancer. Forum reviewers were somewhat surprised at the authors' mixing cigar smoking with cigarette smoking as a risk factor. From the carcinogenesis point of view, the burning temperature of cigars is significantly lower than that of cigarettes, and most cigar smokers do not inhale the smoke.

There was an extremely high response rate (95% for cases, 86% for controls). Chosen as controls were inpatients or outpatients from the same hospitals as the cases. Controls had diagnoses that were stated as "not related to tobacco or alcohol" (although the group included people with injuries, poisoning, and diseases of the circulatory system, which could relate to alcohol use). For ex-drinkers and former smokers, the investigators collected data on the time since the subjects quit such habits. Data on both current habits and cumulative alcohol and tobacco consumption were available. Analytic methods were appropriate.

Since tobacco smoke is more carcinogenic than alcohol, especially for beverages without any antioxidant properties, it is not surprising that refraining from smoking would have a bigger effect on risk than refraining from alcoholic drinks. No information was provided regarding the intake of fruits and vegetables, nor on the sources of saturated fat. These and other dietary factors may also affect the risk of these cancers.

Interaction of drinking and smoking: Overall, this study confirms that there is a tendency for an increase in risk for these cancers for both alcohol consumption and for tobacco use. More striking, however, was the strong interaction between these two exposures: heavy smokers and heavy drinkers were by far at the highest risk. For never-smokers, there was little effect of alcohol on the risk of these cancers, and none of

the associations between alcohol and cancer among such subjects was statistically significant. As for the type of alcoholic beverage consumed, the risk for cancer was always highest among subjects stating that they consumed only aperitifs or spirits, with little apparent effect of the consumption of beer or wine.

For never-drinkers, the effects of increasing tobacco use remained significant for most categories, but the odds ratios for cancer risk were somewhat attenuated. However, the risk of hypo-pharyngeal/laryngeal cancer was markedly increased for smokers who had never consumed alcohol.

The large majority of subjects in both the case and control groups had used both alcohol and tobacco at some time in their lives. In comparison with never drinkers/never smokers, the odds ratios for oral/pharyngeal, hypo-pharyngeal/laryngeal, and esophageal cancers among subjects reporting both habits were 9.88, 13.17, and 6.07, respectively. The vast majority of cancers (about 85%) were attributed to the combination of alcohol and tobacco use.

Effects of quitting: An especially important finding in this study was that, among ex-drinkers and former smokers, the increased risks associated with alcohol and tobacco use decreased steadily as the time since quitting increased. There were particularly strong reductions in risk after only a few years for subjects who stopped smoking. As stated by the authors, most of these cancers “could be prevented by quitting the use of either of these two agents.” Overall, the

reductions from quitting were stronger for users of tobacco than for drinkers.

One Forum reviewer added: “In the near future it might be possible to identify genetic markers for specific cancers. This should add to the armamentarium of methods to prevent diseases by linking genetic susceptibility to environmental triggers. Smoking remains the main preventable cause of cancer in most countries of the world.” Being able to identify certain people who are at increased risk from genetic factors might help them to either not begin cigarette smoking, or help them to quit.

For the full critique of this paper by members of the International Scientific Forum on Alcohol Research, visit www.bu.edu/alcohol-forum/reviews/critique-049-effects-of-smoking-and-alcohol-use-on-the-risk-of-upper-aer0-digestive-cancers-1-august-2011/

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

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

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Heavy alcohol consumption can hinder the restorative function of sleep

Japanese researchers report that alcohol hinders the restorative functions of sleep. A study at the Akita University School of Medicine of the acute effects of alcohol on the relationship between sleep and heart rate variability (HRV) during sleep suggests that alcohol interferes with the restorative functions of sleep.

Researchers gave 10 healthy, male university students with a mean age of 21.6 years three different alcohol beverages at three week intervals: 0g (control), 0.5g (low dose), or 1.0g (high dose) of pure ethanol/kg of body weight. On the day of the experiment, a Holter electrocardiogram was attached to the subject for a 24-hour period; the subject was instructed to drink one of the three alcoholic beverages 100 minutes before going to bed; and polysomnography was then performed for eight hours.

The study suggests that drinking leads to insomnia rather than quality sleep. As alcohol consumption increased, the heart rate increased and the spectral power of HRV measured at each frequency range decreased. Also, the low-frequency/high-frequency ratio that is considered an index of the balance between the sympathetic and parasympathetic systems was increased. This suggests that alcohol, in a dosage-dependent manner, suppresses the high-frequency component of HRV that is an indicator of parasympathetic nerve activity during sleep.

Source: Alcohol Has a Dose-Related Effect on Parasympathetic Nerve Activity During Sleep. Yohei Sagawa et al. *Alcoholism: Clinical & Experimental Research*. Article first published online: 16 Aug 2011.

Multiple maternal risk factors for fetal alcohol disorders

May PA, Gossage JP. Maternal risk factors for fetal alcohol spectrum disorders. Not as simple as it might seem. *Alcohol Research & Health* 2011;34:15-26.

International Scientific Forum on Alcohol Research Summary

An extremely well researched and written review on the relation of maternal drinking during pregnancy to adverse fetal outcomes has been published by scientists from the University of New Mexico Center on Alcoholism, Substance Abuse, and Addictions. It covers many factors (host, agent exposure, and environment) that have been found to relate to the occurrence of fetal alcohol spectrum disorders (FASD). As stated by the authors, these factors are related to quantity, frequency, and timing of alcohol exposure; maternal age; number of pregnancies; number of times the mother has given birth; the mother's body size; nutrition; socioeconomic status; metabolism; religion; spirituality; depression; other drug use; and social relationships. The risk of fetal abnormalities is

clearly increased with frequent consumption of large amounts of alcohol, and is greater among women who are alcoholics; however, these other factors modify the risk associated with alcohol consumption during pregnancy. While current data do not show that light or occasional alcohol consumption during pregnancy increases the risk of FASD, Forum members do not believe that pregnant women should be encouraged to drink.

Forum members agree with the authors that "More research is needed to more clearly define what type of individual behavioral, physical, and genetic factors are most likely to lead to having children with FASD." Evaluating these multidimensional factors should help identify women at particular risk for having a child with FASD and lead to interventions to prevent such fetal abnormalities.

To see the full critique, visit www.bu.edu/alcohol-forum/reviews/critique-050-multiple-maternal-risk-factors-for-fetal-alcohol-disorders-7-august-2011/

Heavy episodic drinking in Europe: A cross section study in primary care in six european countries

A recent study examined the prevalence of heavy episodic drinking in general practice attenders who were non-hazardous drinkers, the associated risk factors and the outcome over 6 months. The study included consecutive attenders aged 18–75 from the UK, Spain, Slovenia, Estonia, the Netherlands and Portugal and followed up after 6 months.

Data were collected on alcohol use using the Alcohol Use Disorder Identification test (at recruitment and 6 months) and risk factors for heavy episodic alcohol use at recruitment.

Results demonstrated that the prevalence of heavy episodic drinking in non-hazardous drinkers was 4.5% across Europe [lowest in Portugal (1.5%); highest Netherlands (8.4%)]. It was less frequent in Spain, Slovenia, Estonia and Portugal compared with the UK and Netherlands. It was higher in men [odds ratio (OR) 4.4, 95% confidence interval (CI) 3.3, 5.9], people between 18 and 29 years of age, those employed (OR

1.8, 95% CI 1.3, 2.6) and those using recreational drugs (OR 2.1, 95% CI 1.4, 3.3). It was lower in people with existing DSMIV major depression (OR 0.54, 95% CI 0.31, 0.96). Heavy episodic drinkers were more likely to become hazardous drinkers at 6 months (male: OR 7.2, 95% CI 4.1, 12.7; female: OR 9.4, 95% CI 4.3, 20.6).

The authors conclude that women and men in the UK, men in the Netherlands and younger people in all countries are at the greatest risk of exhibiting heavy episodic drinking behaviours even in the absence of hazardous alcohol use. There is hence an urgent need for general practitioners to consider early detection and management of heavy episodic drinking behaviour in this population.

Source: Heavy Episodic Drinking in Europe: A Cross Section Study in Primary Care in Six European Countries Irwin Nazareth, Carl Walker, Antonia Ridolfi, Anu Aluoja, Juan Bellon, Mirijam Geerlings, Igor Svab, Miguel Xavier and Michael King *Alcohol and Alcoholism*, Vol. 46, No. 5, pp. 600-606.

The number of young secondary school children who consume alcohol continues to fall

The report 'Smoking, drinking and drug use among young people in England in 2010' contains results from an annual survey of secondary school pupils in England in years 7 to 11 (mostly aged 11 to 15). 7,296 pupils in 246 schools completed questionnaires in the autumn term of 2010.

The National Centre for Social Research (NatCen) and the National Foundation for Educational Research (NFER) carried out the survey on behalf of The NHS Information Centre for health and social care. The Home Office and The Department for Education also have an interest in the statistics.

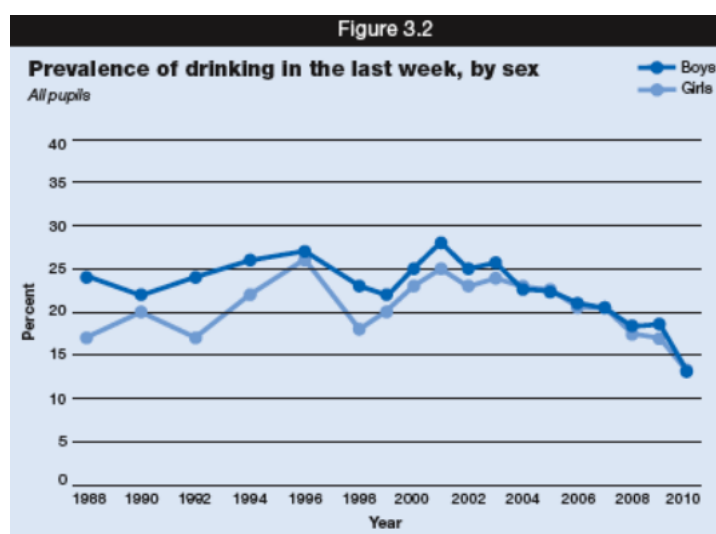
This is the most recent survey in a series that began in 1982. Each survey since 1998 has included a core set of questions on smoking, drinking and drug use and, since 2000 the remainder of the questions have focused in alternate years on smoking and drinking or on drug use. The emphasis of the 2010 survey is on smoking and drinking whilst still containing some information on drug use.

The survey report presents information on the percentage of pupils who have ever smoked, tried alcohol or taken drugs. It also explores the attitudes and beliefs of school children towards smoking and drinking and from where and from whom children obtain cigarettes and alcohol. Relationships between smoking, drinking and drug use are explored along with other factors such as age, gender, ethnicity and previous truancy or exclusion.

Keyfacts

- In 2010, 27% of pupils had smoked at least once, compared with 44% in 2001. In 2010, 5% of pupils smoked regularly. As in previous years, girls were more likely than boys to be regular smokers (6% and 4% respectively).
- 45% of pupils said that they had drunk alcohol at least once in 2010. This continues the downward trend since 2003, when 61% of pupils had drunk alcohol, and is markedly lower than the equivalent percentage in 2009, which was 51%. Future data will establish how these fit into the longer term trend.

- Pupils are most likely to think that people of their age drink to look cool in front of their friends (76%), to be more sociable with friends (65%), because their friends pressured them into it (62%) or because it gives them a rush or buzz (60%). However there was a clear contrast in responses between pupils who drink and those who do not drink. The most popular reasons for pupils who had drunk alcohol in the last week were for the rush or buzz or to be more sociable. However non-drinkers thought their peers drank alcohol to look cool in front of friends or because of pressure from their friends.
- In 2010, 18% of pupils reported ever having taken drugs and 12% of pupils had taken drugs in the last year. This is a decrease from 29% and 20% respectively in 2001. As in previous years, pupils were most likely to have taken cannabis (8.2%) than any other drug in the last year (13.4% in 2001).
- 55% of pupils thought it was acceptable for someone their age to try drinking to see what it was like, 35% thought it was acceptable to try smoking and fewer than 10% of pupils thought that it was acceptable to try specific drugs (e.g. cannabis, sniffing glue, and cocaine).



<http://www.ic.nhs.uk/statistics-and-data-collections/health-and-lifestyles-related-surveys/smoking-drinking-and-drug-use-among-young-people-in-england/smoking-drinking-and-drug-use-among-young-people-in-england-in-2010>

Australia as national survey shows fewer young people are drinking

According to the 2010 National Drug Strategy Household Survey released in July from the Australian Institute of Health and Welfare (AIHW), more teenagers (aged 12-17 years) abstained from alcohol (61.6%) than consumed alcohol in the previous 12 months (38.4%) and the proportion abstaining increased significantly from 2007 (54.5%).

The AIHW report also found a significant reduction in the proportion of parents that regularly buy alcohol for minors, down to 30.4% for 12-15 year olds (from 43.1% in 2007) and 23.3% for 16 – 17 years olds (34.3% in 2007).

DrinkWise launched its 'Kids and Alcohol Don't mix' campaign nationally in 2009, which highlighted the impact of alcohol on the developing teenage brain and encouraged parents to delay the introduction of alcohol to their children.

'It is pleasing to see fewer kids are drinking and fewer parents are buying alcohol for minors' said DrinkWise CEO, Cath Peachey. *'While there is still a long way to go in changing social norms, it is clear that the cultural change process has well and truly commenced.'*

The AIHW report also finds that the community values education. When asked how they would allocate \$100 to reduce the harm of alcohol misuse, the most popular response was education (39%), followed by law enforcement (31%) and treatment (29%).

Amongst adults however, the survey confirmed that risky alcohol use remain unchanged. Around one in five people still drink at levels that puts their health at risk over their lifetime—over two standard drinks a day on average—and this proportion remains unchanged since 2007. There was also little change in the proportion of people drinking at least once a month at levels that put them at risk of injury (more than four standard drinks per session). Patterns of risky drinking did vary by age and sex. Around 7% of recent drinkers, especially people aged less than 29, changed their drink preference in 2010, with a shift away from pre-mixed drinks, also known as 'alcopops'.

The report is available from www.aihw.gov.au

Results of the April 2011 tracking research undertaken by Quantum Market Research of the DrinkWise 'Kids and Alcohol Don't Mix' campaign (launched August 2009 through to March 2011) observed the following key metrics...

| Metric | Finding |
|------------------------------|--|
| Ad Awareness | 61% recall seeing the advertising (norm 43%).* * Norms based on Millward Brown International Advertising Norms. 67% amongst parents with kids 14-17 years. |
| Main Message take-out | 34% 'Delay giving your child a drink/ wait until they are 18.' 25% 'Alcohol affects the development of a child's brain.' 5% 'When you think they're ready, think again.' |
| Prompted attitudes | <i>Drinking alcohol effects the development of a teenagers brain – (70% strongly agree- up 6 points from benchmark)</i> <i>It's OK to give your child under 18 years of age an occasional glass of alcohol (52% disagree strongly – up 7 points from benchmark)</i> |
| Behavioural impact | Parents of 14-17 year olds indicate... I've talked to my children about how alcohol can impair the developing brain (51%) I've set firm family guidelines so that my children are clear about my expectations about when they can commence drinking (30%) I've considered how my own drinking might influence my child's decision to begin drinking (29%); and I've developed a strategy with my spouse/partner for dealing with our child's request to commence drinking when they raise the issue (19%). |

Éduc'alcool host alcohol and social issues conference at Vinexpo 2011

Report by Hubert Sacy Director General of Éduc'alcool

An expert panel, exceptional lectures, the search for convergence, without hiding disagreements, to promote moderate consumption and prevent problems associated with alcohol abuse—this is what has emerged at the conference organized by Éduc'alcool on June 20, as part of Vinexpo. This significant symposium of reflection and perspectives on the major issues called upon not only the actors in the field of public health, but also prevention organizations and wine producers.

Moderated by Cécile Bassot, Managing Director of Sopexa Group, the conference enabled the emergence of further points of view on burning issues that are crucial for consumers and the population at large.

Following a welcoming address by Robert Beynat, Commissioner General of Vinexpo, Professor Louise Nadeau, Chair of Éduc'alcool, evoked the main aspects of the World Health Organization's alcohol strategy and reaffirmed the international organization's expectations of producers, as well as the contribution they are called upon to provide in the fight against alcohol's harmful effects. She concluded by inviting participants to build bridges in carrying out this objective.

For Professor Joël de Leiris, of Grenoble's Université Joseph Fourier, who expressed a physiologist's scientific point of view, there are certainly risks associated with alcohol, but also protective effects linked to moderate consumption. With convincing supportive data, he indicated that numerous studies suggest the existence of a pro-carcinogenic effect of consuming alcoholic drinks that can appear following long periods (long-term effect) of excessive alcohol consumption (dose effect).

However, he also established that regular, moderate consumption of alcoholic drinks reduces all-cause mortality and cardiovascular mortality. The moderate consumption of wine is linked to a significant curtailment in the risk of post-infarction recurrence (secondary prevention).

For his part, Doctor Michel Craplet, of the Centre hospitalier de Saint-Cloud, the ANPAA and Eurocare, launched an appeal to remove the Manichaeism when it's a question of alcohol. He outlined the representation of alcohol through the ages and

civilizations, and brought out the Manichaeistic views of alcohol that no one can escape: alcoholic drinks and non-alcoholic drinks, good or bad practices, good or bad consumers, etc.

He revealed consequences for prevention in alcoholology: biological and psychological effects, immediate and delayed effects, before offering solutions and perspectives: accept the complexity and show the two sides of the alcohol totem. Is it possible to consume your passion with moderation? Yes, so long as you can talk about it, he concluded.

Jose Ramon Fernandez, Secretary General of the Comité vins de l'Union européenne, revealed the direction and achievements of the Wine in Moderation, Art de Vivre program, which is part of the European Union's Alcohol and Health Forum. He reviewed the numerous actions taken in this direction on both the European front and by the various member countries, to reaffirm the essential role the wine industry plays in the prevention of problems associated with alcohol abuse. He reasserted the involvement of the wine industry in promoting responsible, reasonable consumption before concluding with the main challenges to overcome in the future: the widening of fields of intervention, the establishment of better practices, the coordination of actions, the communication with consumers, and the setting up of partnerships with authorities in the health sector.

Starting with the situation that prevails in his country, Michel Graf, Director of Addiction Info Switzerland noted several restrictions he finds necessary to impose on the marketing of alcohol. He illustrated his topic with examples of largely uncontested measures, notably regarding road safety, but he also put forth elements that have created significant disagreement, most notably in the areas of restriction of freedoms contrary to the necessity of protecting the most vulnerable, and restrictions of access and the appeal of alcohol, which he advocates.

However, he also noted alcohol's "balance of costs": 6.5 billion Swiss Francs in social costs associated with abuse, and 8 million in revenue. He concluded by inviting further dialogue and envisaged joining together for a cause, but noted that it is, in the Swiss context, more difficult to put into action.

For his part, Hubert Sacy, Director General of Éduc'alcool, Quebec, shared a collaborative experience he had with the people involved in the alcohol domain in Canada and the public health sector, by way of governments, NGOs and producers, to determine a common message on low-risk alcohol drinking guidelines. Emphasizing that perfect is the enemy of good, he indicated the conditions that made it possible to reach a large consensus: avoid moralizing and political affairs; focus on science without any interference.

That's how recognized scientific experts came to establish the standards that everyone has committed to promote. Of course, he recognizes there have been

multiple pitfalls and obstacles. But ultimately, on the basis of the cornerstones agreed to put forth, it was possible to deliver the same message in the same way. He concluded his talk by presenting the Éduc'alcool campaign, which promotes these consumption levels.

It was on this optimistic, realistic note that following an exchange moderated by Cécile Bassot, Louise Nadeau was able to take from each one of the lectures converging elements holding the best perspectives for the future.

For the complete presentations of the conference, write to hsacy@educalcool.qc.ca.

Study on alcohol-related accidents confirms danger of travelling in a drink driver's car

A study on alcohol-related accidents led by Esko Keskinen, Emeritus Professor of Traffic Psychology at Turku University in Finland demonstrates the danger for those who travel in the drink driver's car.

The study investigated the special characteristics of fatal motor vehicle accidents that occurred while under the influence of alcohol. Material gathered by the road accident investigation teams in Finland between 1999–2008 was used as a basis for the study, which was commissioned by the Traffic Safety Committee of Insurance Companies.

In Finland, one in four fatal accidents is caused by a drink driver and in 92% of cases, those killed in alcohol-related accidents were the drink driver him/herself or a passenger in the car.

In head-on collisions, 84% of fatalities were in the vehicle of the drink driver and 16% in the collision partner's vehicle. There were very few pedestrian or cyclist fatalities in alcohol-related accidents.

According to Esko Keskinen, drink drivers who have a fatal road accident as a group have multiple problems, with heavy drinking being the key problem and drink driving following from there. Therefore, primary

attention should be focused on the treatment of the alcohol problem, he argues.

Other findings include:

- The non-use of seatbelts is common in the fatal accidents of drink drivers and their passengers. Speeding by the drink driver was a typical feature in these accidents, and this was particularly highlighted in single-vehicle accidents.
- Drivers and passengers who collided with a drink driver had an increased chance of survival if they were wearing a seatbelt and driving within the speed limits.
- 85% of the drink drivers who caused a fatal accident exceeded BAC of 0.12.
- The average drink drivers' age is rising: last year half of the drink drivers were over the age of 40.

The researchers have come to the conclusion that vehicles with higher impact safety would increase the survival rates of the drink driver and those travelling in the collision partner's vehicle. Other road safety promotion measures, such as alcohol ignition locks, would also have similar benefits.

The report is available from www.lvk.fi

Poor parenting increases likelihood of binge drinking at ages 16 and 34

In a UK study of over 15,000 children by the think tank Demos shows parenting style is one of the most important and statistically reliable influences on whether a child will drink responsibly in adolescence and adulthood.

Demos found that 'tough love' parenting, combining consistent warmth and discipline, was the most effective parenting style to prevent unhealthy relationships with alcohol right into the mid-thirties age range.

The report *Under the Influence* found that

- bad parenting at age 10 makes the child twice as likely to drink excessively at age 34
- bad parenting at age 16 makes the child over eight times more likely to drink excessively at that age
- bad parenting at age 16 makes the child over twice as likely to drink excessively at age 34

The report also found that high levels of parental warmth and attachment at an early age and strict discipline at the age of 16 are the best parenting styles to reduce the likelihood that a child will binge-drink in adolescence and adulthood. While 'tough love' was the best parenting style to ensure against children becoming binge drinkers, less effective parenting styles were 'authoritarian', 'laissez faire' and 'disengaged'. The report stresses that the lead role in how to deal with an entrenched binge culture needs to be taken by parents and government must support parents to do this. Without the active involvement of parents, policy to deal with binge-drinking will not have the reach or impact desired to combat the problem.

Recommendations for parents include:

- Discipline and supervision at age of initiation (15–16). Strict discipline and supervision are extremely important at this age for teaching children personal responsibility over the long term, as well as protecting them from alcohol use and misuse in the short term. This holds true for both general parenting and alcohol specific techniques. The evidence suggests that parents should not take a relaxed attitude to under-age consumption; should discuss alcohol with their children within the context of setting firm boundaries;

should avoid being drunk around their children; and should actively ensure that their children develop sensible and responsible expectations of alcohol consumption.

- Warmth during the early years (0–5) and up to the age of 10. Most parents will develop a warm and loving relationship in the early years of their children's lives. The report stresses the importance of such a relationship for developing a number of extremely important life skills, including responsible drinking in later life.

- Careful monitoring of alcohol access. Easy access to alcohol in the home is one of the key predictors of alcohol consumption and drunkenness among teenagers. Ensuring that alcohol in the home is monitored and teenagers do not have access to it is an important element of a 'tough love' approach.

Recommendations For Government include

- Enforcement of under-age drinking laws. Discipline at 16 is an important mitigating factor against excessive alcohol consumption, even if it is not parent led. By taking a strong line on enforcing the law of sales and proxy sales of alcohol to under-age drinkers, the government can help parents enforce alcohol boundaries by making it much harder for children to obtain alcohol. Such enforcement also helps strengthen the social norm that under-age drinking is not acceptable. Research shows that young people who buy their own alcohol are especially at risk of becoming problem drinkers.

- Local partnerships to target trouble areas. Enforcement schemes can be effective if they are part of a broad local partnership of police, the local authority and retailers. Community alcohol partnerships, business improvement districts and Pub Watch are all examples of multi-component responses, where police, local retailers, local authorities and others work together to solve specific local alcohol-related problems such as under-age drinking or anti-social behaviour. The forthcoming alcohol strategy must contain a commitment to help these schemes.

- Investment in alcohol-related school programmes that involve parents. Contrary to popular belief, evidence shows that teaching children specifically

about alcohol and its dangers in school is not particularly effective at moderating their drinking behaviour. However, if the parents are involved, and the intervention deals with general life skills such as sociability, autonomy, application and so on, school-based programmes can be effective. The forthcoming alcohol strategy should ensure resources for school-based activities are targeted on these types of programmes. Where spending on alcohol reduction strategies does not clearly display effectiveness, it might be better to scrap symptom-focused interventions and spend the money instead on evidence-based parenting programmes that are proven to work.

- Spreading the six-week summer holiday throughout the year and providing activities for at-risk children. For children without engaged parents or in deprived communities the long summer holiday can provide opportunities to engage in risky behaviour like binge drinking. Structured activities can not only avoid boredom that leads to risky behaviour but can also provide inter-generational mixing that is crucial for young people's positive development.

Under the Influence by Jamie Bartlett, Matt Grist and Bryanna Hahn is published on Monday 12 September, 2011. It will be available for download for free from www.demos.co.uk

Chinese culture encourages binge drinking in middle-aged men, study says

A nationwide study on binge drinking in China argues that efforts to tackle the problem must address the country's unique drinking culture.

The study published online in the journal *Addiction* found that of the almost 50,000 people surveyed across China, 55.6% of men and 15% of women were current drinkers, having had at least one drink in the previous twelve months. Among current drinkers, men averaged a daily intake of 47.8 grams of pure alcohol, with a median of 5.6 binges per year. Women had an average daily intake of 19.1g and a median of 2.4 binges per year. 26% of male drinkers and 8% of female drinkers were classed as 'frequent drinkers', drinking 5-7 days per week.

China society is unique among other heavy drinking countries in that drinking frequency, quantity, and binge drinking increase with age. The heaviest Chinese drinkers are middle-aged or beyond, while drinking levels in other countries tend to peak in people's late teens and early twenties.

There is a cultural basis for this difference: Chinese youths are expected to concentrate on education and avoid alcohol, while older people are encouraged to drink during social occasions to enhance friendships and build relationships with business partners. Entrenched drinking customs in China also

contribute to the problem, such as frequent dining out, drinking with business partners, toasting (urging one another to drink), and popular drinking games such as 'Wager' that encourage excessive drinking.

The authors state that China's drinking problem is not helped by the overwhelming popularity of spirits over wine. Spirits have much longer history in China than wine and are more accessible, especially in rural areas or undeveloped regions.

The lead author of this study, Yichong Li, states that if the China wants to curb its national drinking levels it must develop culturally specific interventions. There are currently no regulations for access to alcoholic beverages, so people of any age can buy alcohol.

The Chinese government already recognises that the nation's drinking levels are too high. China's newly amended Road Traffic Safety Law addresses the increasing problem of drunk driving-related deaths across China. The amended law says drunk drivers can face criminal punishment or be banned from driving for life.

Li Y., Jiang, Y., Zhang, M., Yin, P., Wu, F., and Zhao, W. Drinking behaviours among men and women in China: The 2007 China Chronic Disease and Risk Factor Surveillance. *Addiction*, 2011; 106 DOI: 10.1111/j.1360-0443.2011.03514.x

Parent–teen communication and pre-college alcohol involvement: A latent class analysis

Although parent-adolescent communication has been identified as important in delaying the onset and escalation of alcohol use, both the strength and direction of observed associations have varied in prior research with adolescents and college students. A study published in the journal *Addictive Behaviors*, categorises parents according to alcohol-related communication and relates these categories to other parenting factors and late adolescent alcohol involvement.

As part of a larger study, 1007 college-bound teens and their parents were assessed. Teens were asked to report on their drinking behavior, and parents were asked about the occurrence of several specific alcohol-related communications with their teen, as well as additional parenting characteristics. Profiles of parent alcohol-related communication were derived using latent class analysis. Once the best fitting solution was determined, covariates were entered predicting class membership and investigating how classes were associated with additional parenting characteristics and teen alcohol use.

A five-class solution provided the best fit to the data: Frequent, All Topics (28%); Moderate, All Topics (25%); Frequent, General Topics (25%); Frequent, Consequences and Limits (12%); and Infrequent, All Topics (10%). Covariate analyses demonstrated class differences with regard to parental modeling, monitoring, knowledge, and parent-teen relationship satisfaction, as well as for students' intentions to join fraternities/sororities and alcohol use.

Findings from the current study add to a small but growing literature supporting the continuing influence of parents in late adolescence and suggest that the frequency and specificity of parent-teen communication are potentially informative for refined parent-based preventive interventions.

Source: Parent–teen communication and pre-college alcohol involvement: A latent class analysis Abar CC, Fernandez AC, Wood MD *Addict Behav* 2011 Aug 5.

The Take Care project encouraging responsible alcohol consumption amongst young people in Europe

TAKE CARE ("Strategies towards responsible alcohol consumption for adolescents in Europe") project is ready for implementation following an intensive period of preparation and a pilot phase.

The project aims to encourage responsible alcohol use by young people and thus minimise the risk of alcohol dependency and related health impacts as well as deviant behaviour. It focuses on youths between 12 and 21 years who are found to have risky alcohol consumption. TAKE CARE also seeks to make adolescents aware of the respective national laws and to discourage alcohol consumption before the set minimum age.

Goals are met via a multi level approach involving youth, parents, key persons and retail employees. The young people are trained to reduce their risk of alcohol misuse. Street workers and prevention experts advise adolescents in public places especially where drinking is prevalent. Parents and related key persons give support to develop a clear and reflected

attitude towards alcohol consumption. Retailers and employees will be given information and training for the everyday selling situation.

The project is financially supported by the Health Programme of the European Commission. Partner institutions from ten European countries take part in the project and contribute to it with their own funds.

www.lwl.org/LWL/Jugend/lwl_ks/Praxis-Projekte/Take_Care_Start/



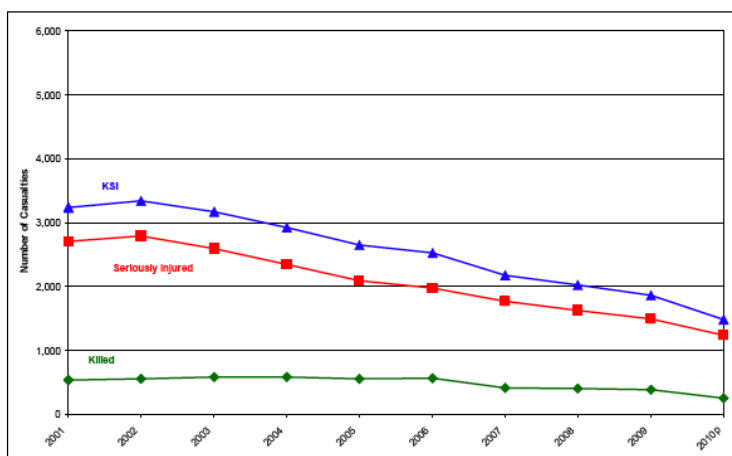
UK: New mobile app to be launched by Drinkaware

A Good Times mobile app has been launched to support Drinkaware’s annual responsible drinking campaign. The app offers advice, such as taxi information, and will act as a scrapbook of events that can be shared via Facebook. A GBP 3mn (EUR 3.43mn USD 4.93mn) advertising campaign is also being launched by Drinkaware with GBP 15mn of media support and in-kind advertising from the drinks industry. The campaign was launched on 22 August 2011. The GBP 100mn ‘Why let good times go bad?’ campaign is part of an effort to reduce the social acceptance of binge drinking and challenge attitudes to excessive drinking.



Department for Transport reports fall in drink-drive deaths

Provisional figures released by the Department for Transport revealed that there were 250 deaths from drink-drive accidents in 2010 in Great Britain, down from 380 the previous year. There was a 19% fall in slight injuries in drink-drive accidents to 8,220, while serious injuries in drink-drive incidents declined 18% to 1,230. The statistics indicate that the number of deaths from alcohol-related road traffic crashes is 83% lower than 30 years ago.



Portman Group confirms how the alcohol industry will deliver responsible drinking information on labels in the UK

The Portman Group has confirmed how the UK alcohol industry will deliver responsible drinking information on 80% of alcohol labels on UK shelves by 2013. Pledged as part of the Government’s Public Health Responsibility Deal, the industry will be showing clear unit labelling, with the recommended daily limits and a warning about drinking when pregnant. The companies are also encouraged to include a reference to the Drinkaware website and a message such as ‘please drink responsibly’.

The Portman Group has said it is contacting all companies who signed up to the labelling pledge, as well as those who previously made a commitment to include health information on labels, asking them to reaffirm their labelling commitment.

The Portman Group will publish details of the pledges, companies and brands involved on our website to ensure the process is as open and transparent as possible. An independent third party will conduct the final monitoring exercise. Compliance guidance,

including examples of best practice labels, and the monitoring process have been agreed with the Department of Health.

The labelling compliance criteria and monitoring process is available to download at www.portmangroup.org.uk



Understanding and managing alcohol related risk in the workplace

In France, Entrepise et Prevention is launching a new section, 'Alcohol and Work', on its website www.preventionalcool.com. This section offers executives and human resource managers advice and tools on how to implement an alcohol policy in their companies. The new interactive space offers video testimonials, quizzes and tests, practical tools and updated information on case law that will provide answers to all those who wish to speak on the issue of alcohol at work.



Green-Light on Road Safety Legislation from European Parliament

On the 6th July, the European Parliament approved the Cross Border Enforcement Directive, which will allow the exchange of data between the country in which an offence is committed and the one in which the car is registered. Drinking and Driving is listed as one of the main offences. The European Transport Safety Council have commented that the Directive plugs an important gap in the enforcement of traffic laws across the EU. It also shows a good level of commitment to the target of halving road deaths for the 2011-2020 decade. The UK and Ireland are still exempt from this legislation. The proposals are expected to get final approval from the EU Council of Ministers before becoming law but is unlikely to come into force before 2013.

Lyon aims to reduce Le Binge Drinking

Shops throughout the city of Lyon in France have been banned from selling alcohol between 10pm and 6am in an effort to limit public drunkenness. The ban does not apply to bars, restaurants or nightclubs.

In a separate move, the French national institute for health education (INPES) has launched a campaign called BoireTrop (OverDrink) to warn of the dangers of excessive drinking. INPES says alcohol is responsible for about 45,000 deaths in France every year.

The problem of binge drinking was highlighted last summer with the organisation of several apéro géant (giant aperitif) parties using social network sites such as Facebook. An apéro géant in Nantes last month attracted 6,000 youngsters. A drunken man was fished from the Loire by the emergency services and a teenager had to be rescued after climbing a crane.

Lyon officials said the measure was aimed at combatting the "massive and brutal" summer consumption of alcohol in public. It will be in force until 10 September. They hoped that the measures would "reduce the nuisances" caused by alcohol including "damage, violence, noise and the breaking of glass".

Shopkeepers who break the drink sales embargo could be fined €750 (£660).

TISPOL launches country driving guides

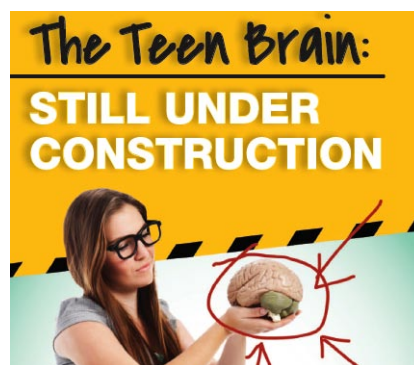
TISPOL has launched a series of European country driving guides. The guides, researched by TISPOL in partnership with the traffic police of all member countries, offer up-to-date detail on specific laws, drink-drive limits, speed enforcement, special rules for motorcyclists and notes on what equipment must be carried on journeys. <https://www.tispol.org>



The Teen Brain: Still Under Construction booklet

This brochure from the National Institute of Mental Health describes the significance of brain changes during the teen years, including evidence to suggest that the adolescent brain responds to alcohol differently than the adult brain. The booklet suggests that this difference may help explain the elevated risk of binge drinking in youth.

www.nimh.nih.gov



Two new initiatives to tackle high-risk drinking in college

Two initiatives are running in the US to address binge drinking at College

The Learning Collaborative on High-Risk Drinking has 32 participating institutions and is led by Dartmouth College President Jim Yong Kim. The group will use comprehensive evaluation and measurement techniques to identify and implement the most effective ways to confront college drinking and lessen its harmful effects.

The Learning Collaborative is designed to let participants implement changes quickly, and to determine which methods are most effective in their institutions. The collaborative will develop measures to track the progress of the effort, and schools will share data. Teams of students, faculty and administrators from each school are meeting three times over the course of a year. The first meeting took place in June.

Example of the University of Nebraska

The University of Nebraska-Lincoln (UNL) is using web-based programming and an initiative to engage parents of incoming students in order to reduce high risk drinking amongst students.

UNL will be testing a pilot project this year based on research by Dr Rob Turrisi at Pennsylvania State University. His research shows that although many parents think that once their children are in their late teens, they can no longer influence their behaviour; sustained parental efforts can help reduce high-risk drinking, and prevent harm in the transitional period between high school and college and into the first year of college.

The UNL pilot involves parents of half of the incoming freshman class. These parents will use

a web-based programme that will guide them in having conversations about the dangers of high-risk drinking with their children before they go to college. *"We give them tips on making the transition from communicating with an adolescent to communicating with a young adult,"* Major says. The university will then study students' drinking to see whether those whose parents were involved in the pilot drink less.

The second initiative is the NIAAA's Presidents Working Group, a group of college presidents who will advise the institute. The group was created to bring national attention to college drinking, and to make recommendations to college administrators. It is co-chaired by Dartmouth's Dr. Kim, and Dr. Robert Carothers, immediate past president of the University of Rhode Island. The group held its kickoff meeting in May.

This new initiative aims to focus on better communication with college presidents, and to understand what research is still needed on how to best implement programmes. Vivian B. Faden, PhD, Director of the Office of Science Policy and Communications, and Associate Director for Behavioral Research at NIAAA said *"In the last 10 years we've learned a good deal more about what is likely to be successful... We've made progress, but college drinking is still a big problem and we need to do more. Now we're focusing more on how to address barriers to implementation."*

Learning Collaborative on High-Risk Drinking
www.nchip.org/alcohol/

NIAAA President's working group
www.collegedrinkingprevention.gov/

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

AIM Mission Statement

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

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