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South Korea

In South Korea the government is tightening regulations to prohibit drinking in public parks from 2013. There are also proposals in Seoul to ban drinking in hospitals, youth centres and school areas.

The Seoul Metropolitan Government in South Korea is implementing measures to limit alcohol advertising. From September 2012, advertisements for alcoholic beverages will be removed from bus stations, and also the exteriors of buses in Seoul. The government will also require large discount stores to be more discreet in displaying alcohol.

Lithuania

In order to reduce the number of drunk or otherwise intoxicated drivers in Lithuanian roads Lithuanian Member of Parliament Evaldas Jurkevicius proposes to amend the law relating to when intoxicated people are involved in a car accident. Jurkevicius proposes adding a provision in the law which would stipulate that when an accident occurs in which one of the participants is under the influence of alcohol, drugs or other intoxicating substances then this person is always considered as perpetrator of the accident.

Russia

Russia's upper house of parliament has backed a bill banning the advertising of alcohol on the internet. It had previously agreed to a ban on alcohol advertising in newspapers and magazines, which will become effective from 1 January 2013.

A draft of the bill was passed by the State Duma lower house of parliament passed a draft of the bill in July and has to be signed by President Vladimir Putin prior to coming in to force.

Chile

According to a report from Chile's road safety commission Conaset, the number of deaths caused by alcohol-related road accidents fell by 37% in the first half of 2012, in comparison with the same period a year earlier. A total of 72 deaths were reported between January and June 2012, compared to 115 in the first six months of 2011. The total number of alcohol-related road accidents fell 35% from 2,517 to 1,634 during the same period. Conaset has partially attributed the decrease to the new Zero Tolerance Law on drink driving, which has led to a dramatic shift in behaviour.

Brazil

According to Sao Paulo's Supermarkets Association (Apas), a new alcohol law passed in November 2011 has led to over 1,000 fines. Around 18% of fines originated in Supermarkets and Hypermarkets. Having alcoholic beverages mixed in with sodas and water in the same shelves led to 63% of the fines; 22% were due to lack of clear indications and 15% were because of sales to minors.

Apas has announced a new electronic system that signals the sale of alcoholic beverages. The customer is then required to show their ID. By the end of 2012, all supermarkets will have the system.

Combination of hormone treatments and alcohol consumption influences the risk of breast cancer in women

Horn-Ross PL, Canchola AJ, Bernstein L, Clarke CA, Lacey JV, Neuhausen SL, Reynolds P, Ursin G. Alcohol consumption and breast cancer risk among postmenopausal women following the cessation of hormone therapy use: the California Teachers Study. *Cancer Epidemiol Biomarkers Prev* 2012. [Epub ahead of print]

Authors' Abstract

Background: Alcohol consumption increases breast cancer risk, but its effect may be modified by hormone therapy (HT) use, such that exposure to both may be synergistic. Because many women stopped taking HT after mid-2002, it is important to quantify risks associated with alcohol consumption in the context of HT cessation, as these risks may be more relevant to cancer prevention efforts today.

Methods: Among 40,680 eligible postmenopausal California Teachers Study cohort participants, 660 were diagnosed with invasive breast cancer before 2010. Multivariate Cox proportional hazards regression models were used to estimate relative risks (RR) and 95% confidence intervals (CI).

Results: Increased breast cancer risk associated with alcohol consumption was observed among postmenopausal women who were current HT users (RR=1.60, 95% CI: 1.13-2.26 and RR=2.11, 95% CI: 1.41-3.15 for <20 and ≥20 g/d of alcohol), with risks being similar by HT preparation. Alcohol did not increase risk among women who had stopped using HT within 3 years or 3-4 years before completing the follow-up questionnaire or in the more distant past. Results were similar for ER+ and ER+PR+ tumors; while power was limited, no increase in risk was observed for ER- tumors.

Conclusions: Following the cessation of HT use, alcohol consumption is not significantly associated with breast cancer risk, although a non-significant increased risk was observed among women who never used HT. Our findings confirm that concurrent exposure to HT and alcohol has a substantial adverse impact on breast cancer risk. However, after HT cessation, this risk is reduced.

Forum Comments

Background: The majority of epidemiologic studies in recent years have supported the early findings of Willett and coworkers¹ and Longnecker² that breast cancer risk is greater among women who consume alcohol than among abstainers, although there have been some notable exceptions to such an association (such as results from the Framingham Study^{3,4}). An initial report from the Women's Health Initiative–Observational Study (WHI-OS)⁵ described a slight non-dose-dependent increase in risk of breast cancer for consumers of alcohol. In comparison with no alcohol, in that large study the adjusted relative risk for up to 5 g of alcohol per day (less than 1/2 of a

typical drink) was 1.10 (95% CI, 0.97-1.24); for 5 to 15 g/day, the relative risk was 1.14 (95% CI, 0.99-1.31); and for >15 g/day, it was 1.13 (95% CI, 0.96-1.32).

In meta-analyses, the estimated increase in risk of breast cancer for the average consumption of one drink per day is usually between 6% and 15%. Stronger associations appear to be more common in hospital-based case-control studies than in cohort studies or community-based case-control studies, in studies published before 1990 than in studies published later, in studies with shorter follow-up periods, and in studies conducted outside of the United States than in US studies.⁶

Some studies have shown that the risk of breast cancer among drinkers appears to be greater among women who also are taking hormone replacement therapy (HT), are binge drinking, or are low in folate intake.⁷⁻⁹ As summarized by Forum reviewer Stockley, "Accumulating data suggests that alcohol consumption is most strongly associated with the risk of breast cancers that are hormonally responsive, such as lobular (5-10% of all cancers) and hormone receptor positive tumors (estrogen receptor positive (ER+), such as ER+PR+ and ER+PR- subtypes) (66%).^{10,11} The suggestion of a further increased risk of breast cancer by post-menopausal woman who use estrogen replacement therapy and who are also light to moderate consumers of alcohol remains controversial."^{8,12}

Given that the use of HT has greatly diminished within the past decade, the present paper is of particular interest as it provides data on the risk of invasive cancer among women who have stopped taking HT.

Comments on the present paper: The key results of this paper suggest that the risk of breast cancer associated with alcohol is diminished for women who no longer take HT. As stated by the authors, "Alcohol consumption of <20 g/d at follow-up was not associated with breast cancer risk overall or when stratified by time since HT cessation, with the exception of an increase in risk among current HT users (RR=1.60, 95% CI: 1.13-2.26). Women who had stopped using HT before follow-up were not at increased risk even when consuming ≥20 g/d of alcohol."

Forum reviewer Gretkowski commented: "This study suggests what others have intimated before: the potential additive or synergistic effect of alcohol and its potential role as a phytoestrogen with the use of hormone replacement therapy in menopausal women. It supports a large part of the data with respect to higher rates of ER+ or PR+ or ER+/PR+, but no necessary association with triple negative cancers and DCIS. No information was provided on Her 2 neu cancers.

"The SEER data base is a highly reliable resource for oncology reporting. Methods of data collection for types of alcohol are well-delineated, types of estrogen replacement/HRT less so. Transdermal vs. oral use may alter this association and should be studied. It is interesting that the lower BMI cohort in the California teachers vs. the Women's Health Initiative (WHI), which was from a national group, suggested that these were the patients at the greatest risk for this synergistic or additive effect. Is this potentially related to receptor saturation by peripheral production of estrogen in adipose tissue? In any case, the present study continues to support the role for limited use of hormone replacement therapy in only truly symptomatic women at the lowest doses for the shortest period of time, knowing that the average patient is most likely to succumb to heart disease than to breast cancer."

Reviewer Waterhouse stated: "I am intrigued by the difference between never HT subjects and former HT subjects in this study. Never subjects seemed more at risk from alcohol use than former users. Could it be that former HT subjects had lower 'natural' hormone levels after menopause, thus the initiation of therapy with HT?" We have no data on why certain women, but not others, ended up receiving HT therapy (which could have related more to the health-care providers than to the women themselves).

Conflicting results among epidemiologic studies: Forum reviewer Finkel conveyed some of the confusion of other reviewers on this topic: "The role of alcohol in the genesis of breast cancer has continued to be confusing, even conflicted. There must be subsets of individuals not yet precisely dissected out that contribute to the differences among the results from epidemiologic studies. One could hope that studies such as the present one will help, although we are clearly not nearly ready to write down a standard theory. Researchers should be careful to refrain from

drawing conclusions, even while claiming not to, from insignificant differences."

Reviewer Van Velden agrees that "there is confusion about a possible interaction of alcohol and HT in affecting the risk of breast cancer." He adds: "An interesting paper is the report on patterns of alcohol (especially wine) consumption and breast cancer risk; a case-control study among a population in Southern France found that low and regular wine consumption does not increase breast cancer risk."¹³

Reviewer Waterhouse points out that the authors cite two studies that have previously evaluated cancer risk among drinkers according to previous or current hormone therapy, that of Lew et al¹⁴ Chen et al.¹⁵ As have so many other studies, these had divergent results.

Forum member Skovenborg described the results of the Million Women Study¹⁶ in which "alcohol consumption was associated with a 12% (9-14%) increase in relative risk of breast cancer per 10 g/day even with HT included in the equation as a confounder. On the other hand, a meta-analysis of the worldwide data from 50 studies¹⁷ did not show an interaction between the effects of hormone therapy and alcohol consumption with respect to breast cancer risk." Thus, there is conflict even among studies based on very large groups of subjects. Skovenborg adds: "Nielsen and Gronbaek⁸ found that women who used hormones also had a higher risk of breast cancer compared to non-hormone users; alcohol was not associated with breast cancer among women who did not use hormones (HR = 0.98 per drink/day, 95% CI: 0.82-1.78)."

The bottom line is that we have very poor predictors of breast cancer, with some increase in risk for women with a family history of such cancers and those who are obese. However, the percentage increase in risk associated with HT, alcohol consumption, and with other environmental factors is generally small (unlike the many-fold increase in the risk of lung cancer among smokers). This may explain why the results of individual studies may reach apparently conflicting conclusions. Even with large datasets, such as used in the present analyses, the interpretation of results that do not reach statistical significance as "negative" or "no effect" may further complicate comparisons among studies.

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Forum Summary

An analysis among more than 40,000 postmenopausal women who were in the California Teachers Study was carried out to determine if there were differences in risk of breast cancer among women consuming alcohol according to their previous or current use of hormone therapy (HT). In the cohort, 660 women were diagnosed with invasive breast cancer during follow up.

Results from multivariate Cox proportional hazards regression models showed an increase in risk of breast cancer among alcohol consumers of more than 20 grams of alcohol per day (about 1.5 to 2 typical drinks) who were current users of HT but not among those who were ex-users of HT. The authors conclude: "Following the cessation of HT use, alcohol consumption is not significantly associated with breast cancer risk, although a non-significant increased risk was observed among women who never used HT. Our findings confirm that concurrent exposure to HT and alcohol has a substantial adverse impact on breast cancer risk. However, after HT cessation, this risk is reduced."

Forum reviewers considered this to be a very well-done analysis on a large group of post-menopausal women with repeated assessments of alcohol consumption and HT use. However, results from even very large studies on the relation between alcohol, HT, and breast cancer risk have often been conflicting. Even with numerous studies on this topic, we still have very poor predictors of which women will develop breast cancer. There is some increase in risk for women with a family history of such cancers and those who are obese who also drink. However, the percentage increases in risk associated with HT, alcohol consumption, and other environmental factors are generally small (unlike the many-fold increase in the risk of lung cancer among smokers in comparison with never smokers). This may explain why the results of individual studies may reach apparently conflicting conclusions. While the present study suggests that women who consume alcohol may have a decrease in their risk of breast cancer if they stop taking hormone replacement therapy, our current understanding of factors affecting breast cancer risk remains quite inadequate.

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

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Cigarette smoking, alcohol consumption, and risk of systemic lupus erythematosus

Systemic lupus erythematosus is a systemic autoimmune disease (or autoimmune connective tissue disease) that can affect any part of the body. The disease causes the immune system to attack the body's cells and tissue, resulting in inflammation and tissue damage.

A research team from the Department of Preventive Medicine, Graduate School of Medical Sciences, Kyushu University Japan state that although cigarette smoking may be associated with increased risk of systemic lupus erythematosus (SLE), the role of alcohol consumption is unknown. Their study examined the association between SLE risk and smoking or drinking among 171 SLE cases and 492 healthy controls in female Japanese subjects. Unconditional logistic regression was used to compute OR and 95% CI, with adjustments for several covariates.

Compared with non smoking, current smoking was significantly associated with increased risk of SLE (OR 3.06, 95% CI 1.86-5.03). In contrast, light/moderate alcohol consumption had a protective effect on SLE risk (OR 0.38, 95% CI 0.19-0.76). The risks for non-beer drinkers and beer drinkers were similar.

The authors say that their results show that smoking was positively associated with increased SLE risk whereas light/moderate alcohol consumption was inversely associated with SLE risk, irrespective of the type of alcoholic beverage. The authors call for additional studies to confirm these findings.

Source: Cigarette smoking, alcohol consumption, and risk of systemic lupus erythematosus: a case-control study in a Japanese population *J Rheumatol.* 2012 Jul;39(7):1363-70. Epub 2012 May 15.

Modest alcohol consumption may reduce liver fat content

Modest alcohol consumption has been suggested to be protective against alanine aminotransferase activities and ultrasonography-defined fatty liver. Researchers explored the association between alcohol consumption and liver fat content as quantitatively determined by computed tomography (CT). 1231 Japanese males, aged over 40 years, voluntarily participated in a health check-up programme including CT screening in 2009-2010. Exclusion criteria included positivity for the hepatitis B or C virus, abstinent alcoholics and potential hepatotoxic drug intake.

Liver fat content, visceral adipose tissue (VAT) and subcutaneous adipose tissue were determined by CT. The association between alcohol consumption (g/week) and liver attenuation values (HU) was investigated by multivariate analysis with metabolic syndrome factors, liver enzyme activities and physical activities as covariates.

Results showed that VAT, triglyceride, glycated hemoglobin and alanine aminotransferase were significant and independent predictors for a decrease of liver attenuation. Alcohol consumption had a significant and independent association with an increase in liver attenuation (correlation coefficient=0.007, 95% CI=0.004-0.011, $p<0.001$) after adjusting for potential confounding variables. The authors conclude that alcohol consumption has an inverse association with CT-determined liver fat content independent of metabolic syndrome factors, liver enzyme activities and physical activities.

Source: Modest alcohol consumption has an inverse association with liver fat content. Gunji T, Sato H, Iijima K, Fujibayashi K, Okumura M, Sasabe N, Matsushashi N. *Hepatogastroenterology.* 2012 Apr 25;59(120). doi: 10.5754/hge12175.

Higher levels of alcohol intake may increase risk of age-related macular degeneration, with no effect from moderate drinking

Adams MKM, Chong EW, Williamson E, Aung KZ, Makeyeva GA, Giles GG, English DR, Hopper J, Guymer RH, Baird PN, Robman LD, Simpson JA. 20/20—Alcohol and age-related macular degeneration: The Melbourne Collaborative Cohort Study. *Am J Epidemiol* 2012;176:289-298.

Authors' Abstract

Little evidence exists regarding associations between age-related macular degeneration (AMD) and moderate alcohol consumption, patterns of consumption, or different types of alcoholic beverage. The authors examined associations between AMD prevalence and alcohol intake using 20,963 participants from the Melbourne Collaborative Cohort Study aged 40–69 years at baseline (1990–1994). Participants' alcohol consumption was determined from a structured interview at baseline. At follow-up from 2003 to 2007, digital macula photographs of both eyes were taken and evaluated for early and late AMD signs.

Drinking more than 20 g of alcohol per day was associated with an approximate 20% increase in the odds of early AMD (odds ratio = 1.21, 95% confidence interval: 1.06, 1.38; $P = 0.004$) when compared with those who reported no alcohol intake at baseline, having adjusted for sex, age, smoking, country of birth, education, physical activity, and energy from food. This positive association was apparent for wine, beer, and spirits. The estimates were similar for both sexes. The odds ratio for those drinking more than 20 g of alcohol per day for late AMD was 1.44 (95% confidence interval: 0.85, 2.45; $P = 0.17$). These results show a modest association between alcohol consumption and increased AMD risk.

Forum Comments

Background: Age-related macular degeneration (AMD) is the single most important cause of irreversible visual loss in elderly populations of the developed world. It is considered to be a complex disease affected by both genetics and environmental factors. Of the latter, smoking is the most established modifiable risk factor for developing AMD.

Previous research has suggested that alcohol might be a risk factor for AMD, although associations in most epidemiologic studies have not shown a significant correlation. In their summary of risk factors for AMD, Lambrou and Dessouki¹ state that “The Blue Mountain Eye Study,² the Framingham Eye Study,³ and the Physician Health Study⁴ showed no appreciable increased risk for AMD with alcohol consumption. The Beaver Dam Eye Study showed a slight correlation between consumption of beer and neovascular AMD, as well as beer drinking and the appearance of retinal

drusen.⁵ This same study showed no association with wine consumption. However, the First National Health Nutrition and Examination Survey showed that moderate consumption of wine could decrease the odds of developing AMD.⁶ Lower risk of AMD associated with alcohol consumption has also been noted by others.^{7,8}

A meta-analysis by Chong et al⁹ concluded that “heavy alcohol consumption (more than three standard drinks per day) is associated with an increased risk of early AMD.” These authors added: “Although this association seems to be independent of smoking, residual confounding effects from smoking cannot be excluded completely.”

The present analyses are based on the follow up of more than 20,000 participants recruited in 1990–1994 for the Melbourne Collaborative Cohort Study in Australia. At follow up between 2003 and 2007, digital macula photographs of both eyes were taken and evaluated for early and late AMD signs among about one-half of the original participants. There were 2,663 cases of early AMD and 121 cases of late AMD identified.

Specific comments on study: Stated one Forum reviewer: “The Melbourne Collaborative Cohort Study is a large and well done study. The results are credible and adjustments (including sex, age, smoking, country of birth, education, physical activity and energy from food) seem to be state-of-the-art.” There are some concerns about this study, however, especially in that while it is “population-based,” only about one-half of the original participants came for the follow-up eye examination. Subjects who died during follow up (which occurred more commonly among non-drinkers than among drinkers in this cohort) did not survive until the evaluations for AMD were carried out. “The loss to follow up is substantial (49%) and the differential loss to follow up according to smoking is worrying.” Further, there were no data on potential changes in alcohol intake during follow up; hence, all estimates were based on the reported alcohol intake at baseline

The main results suggest no effect of alcohol on AMD risk for never smokers, but an increase in risk for former smokers, especially those consuming 20 or more grams of alcohol per day. However, the study did not demonstrate a dose-response curve (increasing risk of AMD for increasing levels of alcohol intake).

When the effects of alcohol by frequency of intake were assessed (based on one week of diet records in the week prior to the baseline examination), there was an increase in risk of AMD seen only for subjects reporting ≥ 280 g/week. For subjects consuming less, there was no difference between those consuming alcohol on 1-3 days/week and 4-6 days/week.

Smoking and alcohol consumption: Stated another reviewer: "A few results seem surprising: Never smokers seem to have negligible increased risk at all levels of alcohol consumption, even >20 g/day. Also, former smokers are a very large group and have a very high risk. These results seem to suggest that the disease may be caused by some sort of interaction between smoking and drinking, a possibility the authors do not discuss." The authors do not point out in their discussion that never smokers show no increase in risk with alcohol. For unexplained reasons, spirits drinkers >20 g/day have the lowest risk, 0.72, but with very wide confidence intervals; this is not commented upon in the discussion.

In any case, the present study is generally consistent with earlier studies suggesting a slightly increased risk of AMD for heavier consumers of alcohol. In this study, while there was no increase in risk for light-to-moderate drinkers, there was no suggestion of reduced risk, as had been shown in some earlier studies. This study suggests that smoking may be a much more important environmental factor affecting AMD than alcohol, as there was no increase in risk for alcohol consumers who were never smokers.

Net effects of moderate alcohol consumption on health: Forum reviewer Goldfinger had an interesting comment on the net health effects of alcohol: "We appropriately report a greater longevity associated with moderate alcohol consumption, thereby exposing people to a greater likelihood of some age-related diseases as they enjoy longer life. Whereas preservation of vision is a key factor in quality of life in the aged, getting there (to older age) is more likely because of the cardioprotective effect of moderate drinking."

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Forum Summary

An analysis based on the follow up of more than 20,000 participants recruited in 1990-1994 for the Melbourne Collaborative Cohort Study in Australia related alcohol consumption at baseline to the subsequent development of age-related macular degeneration (AMD), a common cause of blindness in the elderly. At a follow-up examination between 2003 and 2007, digital macula photographs of both eyes were taken and evaluated for early and late AMD signs; there were 2,663 cases of early AMD and 121 cases of late AMD identified.

The authors report: "Drinking more than 20 g of alcohol per day was associated with an approximate 20% increase in the odds of early AMD (odds ratio = 1.21, 95% confidence interval: 1.06, 1.38; $P = 0.004$) when compared with those who reported no alcohol intake at baseline." (An average of 20 grams/day of alcohol is the equivalent of about 2 daily drinks by British standards or 1.5 drinks by US standards.) The analyses show that the increased risk was almost exclusively among smokers, with no significant effect among non-smokers who consumed any amount of alcohol.

Forum reviewers had some concern that approximately one-half of this "population-based" study did not have measurements for AMD; these included those who had died during the follow-up period (and deaths were more common among non-drinkers than among drinkers). Further, the authors focus only on the slight increase in risk of AMD seen for heavier drinkers, but do not emphasize that among never smokers there was no increase in risk

for consumers of any amount of alcohol. Their results suggest a possible interaction between smoking and alcohol consumption in the etiology of this disease.

The findings of no effect (either positive or negative) from drinking < 20 g/day of alcohol in this study does not support some earlier reports of reduced risk of AMD among moderate wine drinkers. In the present study, there were no detectable differences in effect between the consumption of wine or of beer. A key point of this study may be that never-smokers do not show increased risk of AMD with alcohol consumption.

The following members of the International Scientific Forum on Alcohol Research provided comments for this critique:

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Alcohol consumption and bone mineral density in elderly women

A study by researchers from the Institute of Public Health and Clinical Nutrition, University of Eastern Finland explored the association of alcohol intake with bone mineral density (BMD) in elderly women.

This cohort study included 300 elderly women (mean age 67.8 years) from the population-based Kuopio Osteoporosis Risk Factor and Prevention - Fracture Prevention Study (OSTPRE-FPS). Alcohol intake and potential confounders were assessed at baseline and after 3 years of follow-up using a lifestyle questionnaire. In addition, a food frequency questionnaire (FFQ) was distributed in the third year to measure dietary intake, including alcohol. Women underwent BMD measurements at the femoral neck and lumbar spine at baseline and after 3 years of follow-up.

Alcohol consumption estimated from the FFQ and lifestyle questionnaire was significantly associated

Drinkers in soft water areas at higher risk of alcohol related liver disease

New researched reported in the UK indicates that people who live in areas with soft water are more likely to develop alcoholic liver disease (ALD) than those elsewhere. Professor Roger Williams director of the Institute of Hepatology, has suggested that the Government medicate the water supply to combat the effects after his research revealed the danger.

A paper co-authored by Prof Williams found those living in soft-water areas may be more at risk because of lower levels of magnesium. The mineral can help to protect the liver from alcohol. It is the first time a link between water softness and the disease has been established.

The study examined hospital admissions in 28 English regions between 2003 and 2006. The six areas with soft water – Lancashire, Birmingham, Merseyside, Greater Manchester, the South West and County Durham – had rates of alcoholic liver disease 21 per cent above the national average. But the 13 areas with hard water – including South London, Essex, Shropshire and Staffordshire – had rates 13 per cent below the average.

The research may also explain why rates of the disease in Scotland are almost double those in England. Most water is soft in Scotland.

with higher BMD at both measurement sites after adjustment for potential confounders, including lifestyle and dietary factors ($P < 0.05$). Using the FFQ, women drinking >3 alcoholic drinks/week had significantly higher BMD than abstainers, 12.0% at the femoral neck and 9.2 % at the lumbar spine. Results based on the lifestyle questionnaire showed higher BMD values for all alcohol-consuming women at the femoral neck and for women drinking 1-3 alcoholic beverages/week at the lumbar spine, compared with non-users.

The results from OSTPRE-FPS suggest that low to moderate alcohol intake may exert protective effects on bone health in elderly women.

Source: Alcohol consumption and bone mineral density in elderly women. Sommer I, Erkkilä AT, Järvinen R, Mursu J, Sirola J, Jurvelin JS, Kröger H, Tuppurainen M. Public Health Nutr. 2012 Jul 17:1-9.

Alcohol consumption and cardiovascular disease incidence in men with and without hypertension: the Suita study

The relationship between alcohol consumption and the risk for cardiovascular disease (CVD) is U-shaped, whereas alcohol drinking is linearly associated with blood pressure, and the CVD risk also increases linearly according to blood pressure level. Accordingly, the study researchers investigated the net effect of alcohol consumption and hypertension on CVD and its subtypes in this study. A 13-year prospective study of 2033 Japanese men who were free from CVD was performed; ex-drinkers were excluded. The participants were divided into eight groups classified by the combination of the presence of hypertension (systolic/diastolic blood pressure $\geq 140/90$ mm_Hg) and alcohol consumption (never-, current- (light, moderate and heavy) drinkers). Multivariate-adjusted hazard ratios (HRs) for the incidence of CVD, coronary artery disease (CAD) and stroke due to the combination of hypertension and alcohol consumption were calculated and compared with non-hypertensive never-drinkers.

The HRs for CVD and its subtypes were higher in hypertensives than those in non-hypertensives; in hypertensives without medication for hypertension, the relationship between alcohol consumption and the risks for CVD and CAD was U-shaped, with the highest and most significant increase in never-drinkers. The risk for total stroke was the highest in heavy-drinkers, which was significant. In non-hypertensives, there was no evident increase or decrease in the HRs for CVD and its subtypes in drinkers. Accordingly, controlling blood pressure is important to prevent CVD. In hypertensives, heavy drinking should be avoided to prevent CVD, although light-to-moderate drinking could be protective for CAD. Furthermore, in non-hypertensives, drinkers may need to continuously monitor their blood pressure.

Source: Alcohol consumption and cardiovascular disease incidence in men with and without hypertension: the Suita study. Higashiyama A, Okamura T, Watanabe M, Kokubo Y, Wakabayashi I, Okayama A, Miyamoto Y. Hypertension Research advance online publication, 30 August 2012; doi:10.1038/hr.2012.133.

Moderate drinking may cut women's risk for rheumatoid arthritis

A Swedish study investigating the effect of alcohol on rheumatoid arthritis risk in women included more than 34,000 Swedish women born between 1914 and 1948. Researchers gathered information about their alcohol consumption, diet, smoking history, physical activity and education in 1987 and 1997. Participants were then followed for seven years. During this time, nearly 200 women were diagnosed with rheumatoid arthritis.

Women who reported drinking more than three glasses of alcohol per week in both 1987 and 1997 were 52% less likely to develop rheumatoid arthritis than their teetotal counterparts.

A difference in risk, although less marked, existed when light drinkers were included with nondrinkers. In that case, women who drank more than more four glasses of alcohol per week had a 37% lower risk for rheumatoid arthritis. These findings held regardless of what beverage the women consumed.

It is not understood exactly how alcohol may lower arthritis risk. The researchers speculate that it may turn down the body's immune system and decrease the production of proteins involved in the inflammatory process. Inflammation is a hallmark of rheumatoid arthritis.

"This study adds more fuel to the fire regarding the beneficial effects of modest amounts of alcohol," said Dr Martin Jan Bergman, a clinical associate professor of medicine at Drexel University College of Medicine in Philadelphia. "This is one of multiple studies that have shown that alcohol can have a beneficial effect on risk for [rheumatoid arthritis]." But he stressed that the key word is 'moderate'.

Source: Martin Jan Bergman, M.D., clinical associate professor, medicine, Drexel University College of Medicine, Philadelphia; David Pisetsky, M.D., chief, rheumatology, Duke University Medical Center, Durham, N.C.; July 10, 2012, BMJ, online

Two studies find moderate alcohol intake is associated with a lower risk of kidney cancer

Song DY, Song S, Song Y, Lee JE. Alcohol intake and renal cell cancer risk: a meta-analysis. *British Journal of Cancer* 2012;106:1881–1890.

Authors' Abstract

BACKGROUND: An inverse association between alcoholic beverage intake and risk of renal cell cancer has been suggested in recent studies.

METHODS: We examined the association between alcoholic beverages and renal cell cancer risk in a meta-analysis. We identified relevant studies by searching the database of PubMed, EMBASE, and MEDLINE published through August 2011. We combined the study-specific relative risks (RRs) using a random-effects model.

RESULTS: A total of 20 case-control studies, 3 cohort studies, and 1 pooled analysis of cohort studies were included in the meta-analysis. We observed that alcoholic beverage intake was associated with a lower risk of renal cell cancer in combined analysis of case-control and cohort studies; for total alcoholic beverage intake, combined RRs (95% confidence intervals) comparing top with bottom categories were 0.76 (0.68–0.85) in case-control studies, and 0.71 (0.63–0.78) in cohort studies (P for difference by study design=0.02). The inverse associations were observed for both men and women and for each specific type alcoholic beverage (beer, wine, and liquor). Also, we found that one drink per day of alcoholic beverage conferred the reduction in renal cell cancer risk, but further drinking above that level did not add benefit.

CONCLUSION: The findings from our meta-analysis support the hypothesis that alcoholic beverage intake is inversely associated with the risk of renal cell cancer, with moderate consumption conferring the protection and higher consumption conferring no additional benefits.

Forum Summary

A majority of previous epidemiologic studies have shown that moderate drinking is associated with a lower risk of kidney cancer, which may affect about 1% of the general population. In published prospective cohort studies, the risk for such cancer among moderate drinkers is usually about 25% less than the risk seen among non-drinkers.

This well-done meta-analysis supports these findings: for the more-reliable prospective cohort studies (rather than case-control studies) the current study finds a 29% lower risk for subjects in the highest category of alcohol consumption in comparison with subjects in the lowest alcohol category. The findings suggest similar effects among men and women, and

for all types of alcohol beverages. The effects are seen at a level of about one drink/day, with little further reduction in risk for greater alcohol consumption.

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

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Authors of a second study investigated whether there is a dose-response association between alcohol intake and renal cell carcinoma.

Twenty observational studies (4 cohort, 1 pooled and 15 case-control) reporting results on at least three levels of alcohol consumption were selected through a combined search with PubMed and EMBASE of articles published before November 2010. Overall relative risks (RRs) and 95% confidence intervals (CIs) were estimated using random-effects models.

The estimated RRs were 0.85 (95% CI: 0.80–0.92) for any alcohol drinking, 0.90 (95% CI: 0.83–0.97) for light drinking (0.01–12.49 g/day), 0.79 (95% CI: 0.71–0.88) for moderate drinking (12.5–49.9 g/day) and 0.89 (95% CI: 0.58–1.39) for heavy drinking (≥ 50 g/day), respectively.

The study authors state that the meta-analysis supports the hypothesis of a protective effect of moderate alcohol consumption on the risk of renal cell cancer.

Source: Alcohol drinking and risk of renal cell carcinoma: results of a meta-analysis. R. Bellocco, E. Pasquali, M. Rota, V. Bagnardi, I. Tramacere, L. Scotti, C. Pelucchi, P. Boffetta, G. Corrao and C. La Vecchia. *Ann Oncol.* 2012 Sep;23(9):2235–44. Epub 2012 Mar 7.

Healthy lifestyle reduces the risk of hypertension by two thirds

Healthy behaviours regarding moderate alcohol consumption, physical activity, vegetable intake and body weight reduce the risk of hypertension by two thirds, according to research presented at the European Society of Cardiology Congress in August. The findings were presented by Professor Pekka Jousilahti from National Institute for Health and Welfare.

The study examined whether five major cardiovascular disease related lifestyle factors – smoking, alcohol consumption, physical activity, obesity and consumption of vegetables – predict the future increase of blood pressure and development of clinical hypertension with a need for antihypertensive drug treatment.

This large prospective population-based cohort study included 9,637 Finnish men and 11,430 women who were 25 to 74 years of age and free of hypertension during the baseline measurements (1982-2002). Healthy lifestyle factors were defined as: (1) not smoking, (2) alcohol consumption less than 50g per week, (3) leisure time physical activity at least 3 times per week, (4) daily consumption of vegetables, and (5) normal weight (BMI<25kg/m²).

During a mean follow-up of 16 years, 709 men and 890 women developed hypertension.

Smoking was omitted from the final analysis. Professor Jousilahti said: "Even though smoking is a major risk factor for cardiovascular disease, it was not associated with the development of hypertension in our analyses, which is in accordance with previous studies."

The four remaining healthy lifestyle factors were included in the analysis. Hazard ratios for hypertension associated with adherence to 0 (the reference group), 1, 2, 3, and 4 healthy lifestyle factors were calculated after adjusting for age, year of entering the study, education, and smoking.

The hazard ratios for hypertension associated with adherence to 0, 1, 2, 3, and 4 healthy lifestyle factors were as follows:

No. of healthy lifestyle factors	Men	Women
	Multivariable adjustment HR (95% CI)*	Multivariable adjustment HR (95% CI)*
0	1.00	1.00
1	0.74 (0.65-0.84)	0.89 (0.64-1.22)
2	0.51 (0.45-0.58)	0.68 (0.49-0.93)
3	0.34 (0.28-0.41)	0.41 (0.30-0.57)
4	0.33 (0.24-0.46)	0.37 (0.25-0.55)
P for trend	<0.001	<0.001

* Adjusted for age, study year, education, and smoking.

"The risk of hypertension was only one third among those having all four healthy lifestyle factors compared to those having none," said Professor Jousilahti. "Even having one to three healthy lifestyle factors reduced the risk of hypertension remarkably. For example having two healthy lifestyle factors reduced the risk of hypertension by nearly 50% in men and by more than 30% in women."

"Our analysis suggests that adherence to healthy lifestyle factors may have more of an impact on risk of hypertension in men than women," he added. "This could be because of the stronger association of obesity and alcohol consumption with the risk of hypertension in men than in women."

He concluded: "Our study was focused on prevention of hypertension and therefore included subjects who did not have hypertension at baseline. But the results should apply to the treatment of patients with hypertension, who can reduce their blood pressure by modifying the four lifestyle factors alone, or by making these modifications while taking blood pressure lowering medication."

www.escardio.org/congresses/esc-2012/

Antioxidant rich berry wines analysed

Scientists from the University of Illinois have found that the berry-based wines contain high levels of beneficial bioactive components that were almost as effective as the anti-diabetes drug Acarbose.

The researchers said that the carbohydrate-degrading enzymes, alpha-amylase and alpha-glucosidase, were inhibited by a blueberry-blackberry wine blend.

The team also found high levels of antioxidants, polyphenols and anthocyanins in the wines, and are now hoping to create a dealcoholised fruit drink from the wine, which maintains the effectiveness of the beneficial components, and helps reduce blood sugar levels in diabetics

Red wine and the protective effects of polyphenolics

Presentations from the European Society of Cardiology Congress in August

Francesco Sofi from the University of Florence, Italy told attendees that there is a way to enjoy food and enjoy too the benefits of protection against CVD and even mortality risk. "You can eat well and live a long time," said Sofi, provided that what you eat is predominantly a Mediterranean diet.

A 2010 meta-analysis performed by Sofi and colleagues - which comprised a total study population of more than 2 million subjects - confirmed the significant and consistent protection provided by adherence to the Mediterranean diet against the major chronic degenerative diseases and death. This was seen as a 10% significant protection against overall mortality (RR 0.92) and cardiovascular incidence or mortality (RR 0.90) - even from a slight increase in adherence to a Mediterranean diet.

The diet, explained Sofi, refers to a dietary menu commonly available in the early 1960s in the Mediterranean regions (though perhaps less so today) and characterised by a high consumption of fruit, vegetables, legumes and complex carbohydrates, with a moderate consumption of fish, olive oil as the main source of fats, and a low-to-moderate amount of red wine during meals.

... but is red wine as protective as suggested?

While red wine is central to the Mediterranean diet, it remains a subject of ever increasing mystery to Eric Sijbrands of Erasmus University Medical Center in Rotterdam. Certainly, he says, epidemiological studies appear to confirm a cardioprotective effect, but the mechanism by which that protection is delivered seems increasingly unclear.

The favoured theory has been an effect of the polyphenol resveratrol, found in the skin of red grapes and lately invested with all kinds of life-giving properties. Small studies have suggested a beneficial effect of red wine on lipid metabolism, which, says Sijbrands, "still stands", and an effect on vascular function mediated through endothelial cell function (as an anti-oxidant effect). But Sijbrands is doubtful whether any of these effects can be justly attributed to a single polyphenol such as resveratrol. He thinks it is likely that the explanation for red wine's apparent cardiovascular benefits will be complex.

The reasoning behind the resveratrol theories largely dates back to explaining the "French paradox", raised by St Leger et al in the Lancet in 1979 by which

the French, with a high consumption of saturated fat, also had lower mortality rates from CHD than other countries with similar fat consumption. St Leger's principal finding was a strong and negative association between CHD mortality and alcohol consumption, particularly red wine.

Resveratrol has been studied and promoted as that constituent, but studies performed by Sijbrands' group in Rotterdam have failed to replicate results from any of them. For example, a study reported this year found that intake of red wine polyphenols in two dosages for four weeks did not decrease peripheral or central blood pressure in subjects with hypertension.

Yet the epidemiology, dating to back to St Leger in 1979, suggests that red wine, especially if taken in moderation and with food, does confer some benefit in some people. But, says Sijbrands, the emphasis on moderation is justly made, for whatever the benefit, it is likely to be only small, and far less than the adverse effects derived from excess.

Dietary (Poly)phenolics in Human Health: Structures, Bioavailability, and Evidence of Protective Effects Against Chronic Diseases. Antioxid Redox Signal, 17 Aug 2012.

In this paper, authors Daniele Del Rio, Ana Rodriguez-Mateos, Jeremy P.E. Spencer, Massimiliano Tognolini, Gina Borges, and Alan Crozier provide a comprehensive review which describes the different groups of compounds that have been reported to be involved in human nutrition, their fate in the body as they pass through the gastrointestinal tract and are absorbed into the circulatory system, the evidence of their impact on human chronic diseases, and the possible mechanisms of action through which (poly)phenol metabolites and catabolites may exert these protective actions.

They concluded that better performed in vivo intervention and in vitro mechanistic studies are needed to fully understand how these molecules interact with human physiological and pathological processes.

The paper states that although trans-Resveratrol is widely credited with being responsible for the protective effects of red wine in both the press and the scientific literature, this is almost certainly not true, as the level of the stilbenes in red wines is so low that > 60 liters would have to be consumed

on a daily basis by humans for intake to reach the amounts that are required to increase longevity and provide protective effects in model animal systems. Resveratrol is an extremely minor component in the human diet, and as such, its potential use is as a therapeutic agent at pharmacological doses.

Specifically for Red wine, the paper states that "it is well accepted that excessive alcohol consumption leads to increased BP in normotensive and hypertensive subjects, whereas low/moderate consumption reduces specific cardiovascular risk factors. Reports regarding the effects of red wine and red wine (poly)phenols on BP are in most case inconsistent. While there is extensive evidence to support the influence of wine intake on cardiovascular health, controversy remains whether red wine in particular exerts beneficial effects compared with other alcoholic beverages or simply alleviates the detrimental influence of alcohol on BP. In acute studies with healthy volunteers, no changes in BP were observed, but an increase in the heart rate was reported after red wine consumption whereas in CAD patients, a decrease in systolic and diastolic BP was noted together with an increase in heart rate, 1 h post wine (red and white). Other studies have reported no changes in hemodynamics or BP after medium-term daily intake of either red wine or its dealcoholised equivalent. However, in the majority of these studies, no proper control was used.

Several studies report the effect of red wine and/or its dealcoholised equivalent on endothelial function, although again, there is inconsistency in the findings. For example, some studies indicate that dealcoholised wine, but not red wine, induces an increase in Flow-mediated dilation (FMD); others suggest the opposite; and another suggests that both red wine and dealcoholised red wine are equally effective. Other studies have shown no effect, or even a decrease, in FMD after red wine or alcohol consumption. The reason for these inconsistencies may be the increase in the baseline brachial artery diameter due to alcohol reported in all the studies, which will affect FMD responses, as pointed out by Spaak et al. With regard to longer-term (2 weeks to 2 months) red wine consumption, the majority of studies suggest that there is no significant effect on FMD or arterial stiffness.

In addition to BP and endothelial function, several studies have also reported that regular medium-term intake of red wine (2–12 weeks) may increase HDL-C and lower LDL-C. As there were no controls used in

these studies with alcohol, it remains unclear as to whether the alcohol itself, rather than (poly)phenols, was responsible for the favorable effects of red wine. Indeed, HDL-C has been found to increase after a 28-day intake of either red wine or gin.

Acute studies have failed to show a positive effect on platelet function after red wine consumption. However, red wine, dealcoholised red wine, white wine, and alcohol all appear to have the same beneficial effects on platelet function after 4 weeks of intake which suggests that the positive effects of moderate consumption of wines on platelet function seem to be due to their alcohol content.

Resveratrol a stilbene found in grape seed, has been postulated to be partly responsible for the beneficial vascular effects of red wine. Indeed, 30, 90, or 290mg of transresveratrol has been shown to improve endothelial function in overweight subjects in a dose-dependent manner and animal studies support this, as resveratrol reportedly improves survival rates, endothelium-dependent smooth muscle relaxation, cardiac contractile, and mitochondrial function in a hypertensive model of heart failure. However, while the conjecture that resveratrol may underpin the vasoactive effects of wine seems logical, the majority of red wines actually contain very little of the stilbenes, and thus it is unlikely that it is responsible for the beneficial effects of red wine *in vivo*.

Wine, beer, alcohol and polyphenols on cardiovascular disease and cancer. Arranz S, Chiva-Blanch G, Valderas-Martínez P, Medina-Remón A, Lamuela-Raventós RM, Estruch R. *Nutrients*. 2012 Jul;4(7):759-81. Epub 2012 Jul 10.

www.ncbi.nlm.nih.gov/pmc/articles/PMC3407993/

A review from Barcelona University summarises the main protective effects on the cardiovascular system and cancer resulting from moderate wine and beer intake due mainly to their common components, alcohol and polyphenols.

The authors conclude that 'Sufficient evidence supports a significant inverse association between regular and moderate wine consumption and vascular risk, particularly red wine, and a similar relationship is reported for beer consumption, while lower protection is described for the consumption of any spirituous beverage.

Clinical and epidemiological studies indicate that it is mainly red wine which may protect against CVD, atherosclerosis, hypertension, certain types of cancer,

type 2 diabetes, neurological disorders and metabolic syndrome.

There is evidence that certain polyphenols, such as resveratrol, anthocyanins, flavonols and catechins in wine provide an abundance of health benefits. Furthermore, rather than polyphenols themselves, their metabolites might be the real key players in cardiovascular and cancer protection. In beer, xanthohumol and its metabolites isoxanthohumol and phytoestrogen 8-prenylnaringenin also provide healthy properties such as anticarcinogenic, anti-invasive, anti-angiogenic, anti-inflammatory and antioxidant effects. The complexity increases when considering that each subject may metabolize the beverage differently, making it impossible to establish one specific constituent as being critical from a health standpoint.

It must be emphasized that the benefits associated with red wine and beer are dependent upon regular and moderate consumption. Although general recommendations are one drink (150 mL of wine or 10 g of alcohol) daily for women and two drinks (300 mL of wine or 20 g of alcohol) daily for men, individual ideals may vary based on age, gender, genetics, body type and drug/supplement use. These different

recommended daily doses of alcohol between genders are explained by the fact that women are more sensitive to the effects of alcohol on the body. In addition, any healthy effects of wine and beer are greater in combination with a healthy diet. The health benefits associated with the Mediterranean diet, which combines moderate wine and beer consumption with a diet rich in fruits, vegetables and whole grains, suggests that polyphenols have synergistic effects with compounds found in other groups of foods.

Although alcohol consumption is a two-sided coin, moderate alcohol consumption especially of wine has demonstrated the provision of a protective role for the cardiovascular system and in some types of cancer. Most medical professionals as well as the American Heart Association agree that heavy drinkers or alcohol abstainers should not be encouraged to drink wine for health reasons. Wine consumption should not replace a healthy lifestyle. However, light-to-moderate wine drinkers, without medical complications, may be assured that their wine consumption is a healthy habit.

Nevertheless, more randomized clinical trials focused on elucidating the mechanisms of the action of alcohol and polyphenols are needed'.

Traffic-light blood test shows hidden alcohol harm

A newly developed traffic-light colour-coded blood test can reveal hidden liver damage caused by drinking above recommended alcohol limits. The UK doctors who devised the test say anyone who regularly drinks more than three or four bottles of wine a week, for example, is at significant risk.

Ultimately, GPs could offer the test to patients, especially since many people do not recognise unsafe drinking and often damage is only noticed at a late stage as the liver starts to fail.

The traffic-light test can give an early colour-coded warning - green means damage is unlikely, amber means there is a 50:50 chance it is there, and red means the liver is most probably damaged and potentially irreversibly. It combines a routine liver test doctors already use with two others that measure the level of scarring, also known as fibrosis.

The University of Southampton researchers tested more than 1,000 patients at their liver clinic and found that the traffic-light test was also good at predicting the prognosis of liver disease. Half of the liver patients had a red traffic light and (of a subset of these who

were followed up) about a quarter died over the next five years, whereas none of the patients with a green test died or developed complications.

Dr Nick Sheron, who devised the test and his team have also been investigating how the test can be used in primary care. Preliminary results in about 400 hazardous drinkers from 10 GP surgeries suggest many patients are willing to be tested and that learning the result can change behaviour.

A third of those given a green result cut down on their alcohol intake, while more than two-thirds of those given a red or amber result subsequently drank less. As well as people who drink more than the recommended amount, people who drink and are overweight or have type-two diabetes should consider getting tested, said Dr Sheron. This is because they are at increased risk of liver damage.

Source: Developing a 'traffic light' test with potential for rational early diagnosis of liver fibrosis and cirrhosis in the community. Nick Sheron et al. *British Journal of General Practice* 2012;62 (602): 616.

Alcohol is a social lubricant, study confirms

A new study lends scientific support to the notion of alcohol as a social icebreaker. Researchers found that drinking moderate amounts of alcohol in a group setting boosts people's emotions and enhances social bonding.

The study also found that moderate consumption of alcohol can minimise negative emotions -- or at least reduce displays such as being silent in a group or making faces with wrinkled noses or pursed lips.

In the study, published recently in the journal *Psychological Science*, researchers randomly assigned 720 men and women to groups of three people who didn't know one another. They said previous studies have focused on alcohol's effect on individuals.

In total, 20 groups were formed consisting of every combination of genders. Each group was assigned one of the following scenarios: drink an alcoholic beverage, drink a placebo beverage or drink a nonalcoholic control beverage.

While seated at a round table, the participants drank three of their assigned beverages over the course of 36 minutes. Group drinking sessions were videotaped so the researchers could analyse individual and

group interactions frame by frame for facial action and group speech behavior.

Alcohol fuelled social bonding and increased the amount of time people spent talking to one another. It also increased the frequency and enhanced the coordination of "true" smiles, the researchers said: All three members of the groups drinking alcohol were more likely to smile at the same time than the other groups. Imbibers also were more likely to have all three members stay engaged in the group discussion.

Study author Michael Sayette, a professor of psychology at the University of Pittsburgh, commented that alcohol affected how strongly participants agreed with survey statements such as, "I like this group" and "the members of this group are interested in what I have to say". [From these results], "we can begin to ask questions of great interest to alcohol researchers: Why does alcohol make us feel better in group settings? Is there evidence to suggest a particular participant may be vulnerable to developing a problem with alcohol?" Sayette said.

Source: Association for Psychological Science, news release, June 29, 2012; June 29, 2012, *Psychological Science*

Binge drinking to fit in at US colleges

College students who binge drink perceive that they have a better college experience than their peers who don't.

A paper presented at the American Sociological Association annual meeting in Denver in August reported that females, students of colour, homosexual students and poorer students who binge drink reported feeling more satisfied with their collegiate experience than their peers who didn't. The 1,595 students interviewed in the study attend an anonymous liberal arts college in the north-eastern US that is mostly male, white and heterosexual.

Within the more socially satisfied white, wealthy and straight male students, again, the binge drinkers reported having a more positive social collegiate experience than those who didn't binge drink.

Instead of drinking because they were part of a low-status social group, students used binge drinking as a tool to feel included in campus life. By imitating the behaviours of the higher-status groups – who binge drink at higher rates than the lower-status groups – they seemed to have received more social acceptance.

"What we have evidence of, is that the high social power groups are defining the norms on campus," co-author of the study, sociologist Carolyn Hsu commented, "They are defining what is and what is not popular, what is the right way to fit in on this campus or not."

www.asanet.org/am2012/am2012.cfm

A positive choice: Young people who drink little or no alcohol

A study by the Joseph Rowntree Foundation, 'What shapes the lives of young non-drinkers in the UK?' examined the lives of young people who drink little or no alcohol, and found that:

- getting drunk is not an automatic rite of passage for young people;
- young people who drink little or no alcohol tend to prefer activities where drinking alcohol rarely plays a role;
- the immediate effects of drinking alcohol (e.g. hangovers) concern young people more than longer-term health effects.

The report recommends that 'alcohol education and advice aimed at young people and their parents should present the option of not drinking as a valid choice. Choosing to drink little or no alcohol needs to be highlighted as commonplace and information on strategies used successfully by young people who do not drink or drink lightly needs to be available.

There should be more opportunities for young people to socialise without alcohol, or without it being the focus of the event. Further and higher education institutions can play a role in providing such opportunities and ensure that bars stock a wide array of soft drinks that are attractively priced and actively promoted.

Such steps would help support individuals who choose not to drink and foster a culture where heavy drinking is not seen as essential to a good night out. For such changes to be effective, they would need to be replicated widely and be part of broader efforts to shift social and cultural attitudes and perceptions'.

The full and summary reports are available at www.jrf.org.uk/sites/files/jrf/young-people-drinking-choices-full.pdf and www.jrf.org.uk/sites/files/jrf/young-people-drinking-choices-summary.pdf

Local variations in youth drinking cultures

The Joseph Rowntree Foundation has also produced a report which explores the lives of young people, aged 15-24, in two study areas located in regions of England where the harm caused by alcohol is markedly different. The aim of the research was to explore whether living in these places influenced young people's drinking.

Key points in the report are:

- Significant differences in alcohol-related harms have been observed between English regions. The north has a higher degree of reported indicators of harms than the south-east and the south-west.
- Despite these variations, young people's drinking behaviour in the two areas studied followed similar patterns with regard to their choice of drink, where they drank, and the days of the week and times at which they drank.
- The differences between young people's behaviour in the case study areas was subtle and related to how those places had developed over long periods of time.
- The primary motivation for drinking at all ages was sociability, having a good time and avoiding

trouble. On a 'good night out', laughter and fun were important. In the case of the north-eastern city, this was a significant part of local culture. Young people rarely drank on their own.

- Young people actively sought out 'clusters' of youth-orientated bars. A concentration of 'clusters' in the north east formed part of the impetus for young people to drink more than they originally intended.
- In the south east, young people below the legal age of drinking engaged in a wider range of leisure activities, sports and hobbies.
- In the north east, adult drinking was more visible both in the city centre and in streets and parks. There were more spaces where young people drank alongside adults.
- Despite a wish to limit the number of licensed premises in the north east, planning authorities had been unable to resist commercial pressures to allow clubs and bars to fill units that would otherwise be vacant.

www.jrf.org.uk/sites/files/jrf/young-people-alcohol-England-summary.pdf

Kings Fund report explores drinking, smoking, diet and exercise links and impacts

The Kings Fund has published research on the clustering of unhealthy lifestyle behaviours, which explores the inter-linked relationships of smoking, excessive drinking, poor diet and lack of exercise across the UK population.

Many adults engage in more than one unhealthy behaviour, which can result in a potential 14 year gap in life expectancy if all 4 unhealthy behaviours are followed. The research found that the overall percentage of individuals engaging in 3 or 4 unhealthy behaviours had fallen from 33% in 2003 to 25% in 2008.

However the fall in numbers seems to be amongst those people from higher socioeconomic and educational groups. People with no qualifications were 5 times more likely to engage in more than 3 unhealthy behaviours in 2008 compared to 3 times more likely in 2003. Yet although lifestyle

behaviours impact strongly on mortality risk, the impact on quality of life is not so evident. This may be interpreted as people not fully understanding the impact of adopting multiple unhealthy behaviours until it is too late.

The authors state that their findings suggest the gap in health inequalities is still widening, with implications for policy and strategy development. How do we best motivate and support people to climb down the "risk ladder"? Should future policies and strategies focus on multiple behaviours rather than single issues? Which single issues should be prioritised?

The Kings Fund recommends that the NHS follows through the Making Every Contact Count agenda, and that there appears to be a need for health trainers and for community champion roles to be further developed.

www.kingsfund.org.uk/document.rm?id=9670

Few at-home drinkers pay attention to ABV level of drinks, and most are aged under 24

The latest research from Mintel reveals that Brits are drinking less in the home with usage dropping, but just 29% of those drinking at home pay attention to the alcoholic strength (ABV level) of their drink and it is younger drinkers who are most likely to do so.

The research found that 38% of 18-24 in-home drinkers say that they pay attention to ABV levels compared with 27% of 25-64s. Not only is the overall level of drinking in home in decline, so is the frequency, with a clear shift over the 2006-11 period away from heavy usage. While in 2006, the amount of UK adults drinking in the home stood at 75% - in 2011, this dropped to 71%. Those classed as 'heavy users' (those drinking 2 or 3 times a week or more) have also dropped - from 46% in 2006 to 43% in 2010 and just 41% in 2011.

Conversely, it appears that the relatively affordable appeal of in-home drinking is having an effect on the social habits of younger drinkers. 38% of 18-24 yr old in-home drinkers agree that they and their friends are increasingly drinking in each other's homes instead of going out. This relates to the wider 'pre-loading' trend, in which over half (54%) of 18-24 in-home drinkers drink at home before going out to save money, compared with just 7% of over-45s. Reflecting

their higher overall usage of alcoholic drinks, men are also more likely than women to drink in home. Of the 74% of male drinkers who drink in-home, 46% drink two to three times a week or more.

Total volume sales in the in-home drinking market fell by 1.7% between 2010 and 2011 to 3.7 billion litres. The value of the in-home drinking market climbed by 3.4% to £13.8 billion between 2010-11, reflecting the rising price of alcohol, driven by duty hikes, VAT and higher production costs.

It appears that the economic climate continues to make an impact on budget conscious consumers when drinking at home. 31% of respondents said they only buy alcohol when it's on special offer - This rises to 37% of women, which is significant considering they are bigger shoppers. In addition, some 69% of in-home drinkers feel they are saving money if they drink in home rather than out and a further one in five (22%) drink at home before going out to save money. Despite this, 53% of in-home drinkers would pay more for a better quality drink.

www.mintel.com/press-centre/press-releases/900/just-29-of-at-home-drinkers-pay-attention-to-abv-level-of-drinks-reports-mintel-most-aged-under-24

British use alcohol to de-stress in evenings after work

62% Brits drink alcohol to relax and unwind in the evenings according to new research from Drinkaware.

44% of the 30-45 year olds surveyed by ICM drink to relax and unwind everyday or most days of the week, with 37% thinking about having a swift drink before they even get home. People are more likely to have an alcoholic drink if they had a stressful day (44%) or a bad day at work (29%). The research reveals that stocking up on drink is part of a set routine; 68% have alcohol at home and 71% buy it with their regular grocery shop.

34% of men aged 30-45 and 43% of women of the same age group who drink at home report drinking above the daily unit guidelines. Over a fifth (21%) of men and one in six (15%) women report drinking every day or most days of the week. The research also found:

- Adults blame work/the office (60%), money/financial worries (49%) and home/family life (36%) as causes of stress
- Drinkers usually have their first tipples with dinner (24%) or while watching TV afterwards (33%)

Drinkaware is encouraging adults to use its online healthy lifestyle tool, MyDrinkaware.co.uk, to track their intake and get support to change their habitual drinking.

Scotland Sub-study of test purchasing and other measures to enforce underage alcohol sales regulations

In Scotland, a number of measures are in place to help prevent illegal underage sales of alcohol, including test purchasing, Challenge 25, proof of age schemes and bottle marking schemes. A new report explores the barriers and facilitators to the implementation of these measures and to identify lessons for improvement. The report is based on an eight-month sub-study that was undertaken as part of the evaluation of the implementation of, and compliance with, the objectives of the Licensing (Scotland) Act 2005.

Based on interviews with representatives from the police, prosecution service and licensing boards in three case study police force areas, together with structured interviews with a sample of licence holders, the study report indicates that although there were

Cardiff binge drinkers to see themselves on video

Cardiff binge-drinkers who need medical treatment are to be filmed, and given the option to watch the video once they have sobered up. The initiative is part of a 12-week pilot project with those admitted with minor injuries taken to a triage centre easing pressure on the city's hospital. The £85,000 cost for the pilot will be met by the Welsh government. The local health board says up to 60% of ambulances and A&E beds are used for alcohol cases at weekends.

While it is hoped that the videos will shock drinkers into changing their ways, Conrad Eydmann, head of substance misuse strategy and development for Cardiff and Vale University Health Board, says nobody will be forced to watch them, and that they will not be stored or used for any other purpose.

The triage centre will be open Wednesday and Saturday nights, which have been identified by local nightclubs and Cardiff student unions as the busiest periods. It will be headed by an experienced A&E doctor, assisted by nurses, health-care professionals, and a permanently-assigned police officer to maintain order. The pilot will run from mid September until the end of January, taking in two of the worst spells for alcohol-related incidents – freshers' week and the Christmas festivities. Cardiff University have been asked to evaluate its success in the New Year, and following this, it is hoped that the project could be made permanent.

perceived barriers to all of the approaches aimed at enforcing underage alcohol sales regulations, test purchasing was seen as a very useful way to gauge and potentially improve licensed trade staff practice.

A majority of licence holders also reported that test purchasing was their preferred enforcement tool, as long as it was used in tandem with a robust proof of age documentation scheme. Although all of the mechanisms were perceived to have resulted in a reduction in direct sales of alcohol to underage young people, the consensus was that these measures used in isolation were not sufficient to reduce alcohol consumption in this age group.

[www.healthscotland.com/uploads/documents/19191-RE024FinalReportTestPurchasing\(Jul12\)0910FAM.pdf](http://www.healthscotland.com/uploads/documents/19191-RE024FinalReportTestPurchasing(Jul12)0910FAM.pdf)

People in Scotland are drinking less alcohol

According to an NHS report analysing retail sales, the amount of pure alcohol sold in Scotland fell by 4% between 2010 and 2011. However, alcohol sales remained 10% higher than in 1994 and 20% more alcohol is sold per adult in Scotland than in England and Wales.

The downward trend in retail sales was visible across all drinks categories, with the exception of cider.

The report said the most recent data suggested that per adult sales of pure alcohol in Scotland fell by 4% between 2010 and 2011, from 11.7 litres to 11.2 litres annually. The figure for England and Wales was 9.3 litres in 2011.

The Scottish alcohol intake represents an average of 21.6 units per adult per week. The report said that on-trade sales of alcohol in Scotland had fallen by 30% between 1994 and 2011, from five litres to 3.5 litres per person. However, off-trade sales in shops and supermarkets had increased by 48% over the same time period - from 5.2 litres in 1994 to 7.7 litres in 2011.

It is estimated that about two-thirds of all pure alcohol sold in Scotland in 2011 was sold through the off-trade.

Northern Ireland clamps down on drinks promotions

A new code for the responsible promotion of alcohol came into effect on 1 September in Northern Ireland.

The Joint Industry Code for the Responsible Promotion and Retail of Alcohol in Northern Ireland will cover both the on-trade and off-trade. Under the self-regulatory system, complaints can be submitted to an independent panel of experts. If upheld, the complaint will then be made public and communicated to the police and council.

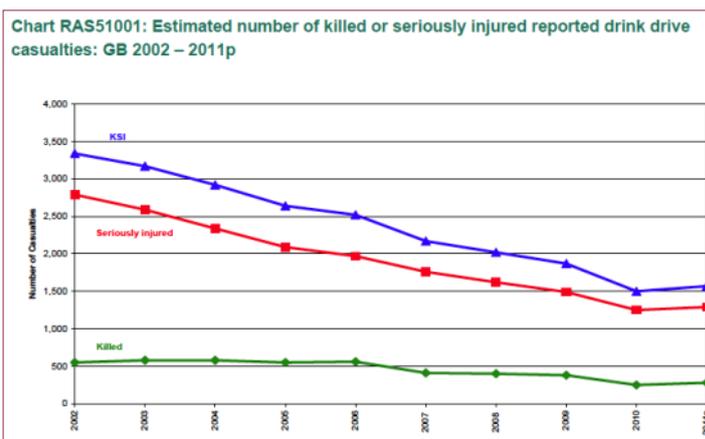
The code had a soft launch three months ago, giving licensees time to adapt to the system.

Colin Neill, chief executive of the representative body Pubs of Ulster, said: "We believe irresponsible drinks promotions have no place in our industry and will provide members with on-going support and advice to ensure they do not accidentally breach the code."

www.responsibleetailingcodeni.org/

UK Drink-drive fatal accidents rise to 260 in 2011

The Department for Transport reported an increase in the number of drink-drive accidents that resulted in deaths to 260 in 2011 compared to 220 in 2010 in the UK, this is the first rise after many years of declining accidents and deaths. Meanwhile, the number of drink drive accidents rose to 6,730 in total from 6,630, a 1.5% rise in the same period. Drink driving accounted for 15% of all road accident deaths in 2011.



Scotland to reduce drink drive limit to 50mg

Scotland is to diverge from the rest of the United Kingdom by introducing the tougher drink-drive laws in the country. At the beginning of September, Ministers announced their intention to reduce the limit to 50mg per 100ml blood from 80mg.

A total of 16 European countries – including Spain, Portugal, the Netherlands, France and Germany – have 50mg limits. A few, including Romania and Slovakia, have zero limits while others, like Slovenia and Italy, have small limits for ordinary drivers and zero limits for newly qualified motorists.

Scottish ministers have admitted privately that it suits the Scottish National Party (SNP) government's separatist agenda to ally Scotland more with Europe than with the rest of Britain.

A spokesman for Mr MacAskill said: "The current limit just leaves too much room for confusion and sadly we are still seeing hundreds of drivers each year ignore the warnings and putting lives at risk through drinking and driving; it is reckless and totally unacceptable".

Pernod/AA UK Drink drive campaign

Pernod Ricard UK and the Automobile Association (AA) are launching the fourth phase of their campaign to deter young adults from drink driving. The campaign will run throughout the summer holiday season until the end of September and is targeted at 18 to 24 year olds looking to enjoy the various sporting events this summer in pubs, bars and at friends' houses. The campaign runs through a variety of social media and digital platforms including Facebook, Spotify, and mobile applications, and is expected to reach 64% of 18 to 24 year olds.



Europe's drink drive crackdown

A series of controls to enforce drink driving and drug driving regulations across Europe saw police conduct more than 900,000 breath tests in a seven-day period, of which nearly 18,000 tested positive. Motorists were also checked for drugs in the operation, organised by the European Traffic Police Network (TISPOL), between 4 and 10 June. In total, 928,863 drivers were tested. There were 17,970 alcohol offences and 2,773 drug offences detected. During the operation, police officers also detected a total of 3,369 other crimes, including 277 drug detections, 47 cases of human trafficking and 27 firearms offences.

"Drug-driving and drink-driving remain significant contributory factors in road deaths," said TISPOL president Pasi Kemppainen. *"We have made progress in helping make more and more road users aware of the dangers of driving after taking drugs or alcohol, or both".*

Meanwhile, TISPOL's pan-European speed enforcement operation continues. The operation, which involves both static speed detection and roadside officer intervention, forms a key part of the organisation's strategy designed to reduce the number of people killed and seriously injured on Europe's roads.

Ireland sees reduction in drink driving

Following the introduction of the new lower drink-drive alcohol limit of 50mg of alcohol per 100ml of and a 20mg limit for learner and professional drivers in Ireland, the first set of six-monthly drink drive figures show a sharp decline. Arrests during the January to July period have fallen by 28% over the past three years, even though the frequency of checkpoints has steadily increased.

4,944 drivers tested positive and were arrested in the first six months of 2012. (A total of 7,685 people were arrested for drink driving in same period in 2009, falling to 6,476 in 2010, with a further decrease to 5,480 in 2011. The decline coincides with a corresponding increase in the number of garda checks. Official garda figures show that the number of mandatory roadside alcohol checks actually increased from 53,969 in the first six months of 2009, to 57,523 during the same period in 2010, and 71,122 in 2011 and 241,695 between January and June this year.

The trends imply that motorists are aware they have a stronger chance of being stopped by gardai than in years gone by, and that the message on drink driving is hitting the mark. A steep rise in garda checks followed the introduction of mandatory alcohol tests in 2006.

This enabled gardai to carry out random tests on motorists at the roadside. Prior to this they first had to form an opinion that the driver was intoxicated. These powers have also been directly linked by authorities to a significant drop in road deaths.

Gardai say the figures indicate *"increased compliance among the community"*.

Sweden alcolock demand increases

The Swedish Transport Agency (Transportstyrelsen) has, during the first eight months 2012, received a total 1,323 applications for alcolocks from people that have lost their driving license as a result of drink driving. This is substantially more than in previous years. About one third of people that have lost their driving license for drink driving for the year to date have applied for an alcolock, compared with about 11% in previous years.

Alcohol interlocks for drink-drivers in New Zealand

From 10 September, New Zealand courts will be able to require serious or repeat drink-drivers to have alcohol interlock devices fitted to their vehicles.

“Interlocks are the latest in a raft of new measures being introduced to reduce deaths and injuries caused by drink-drivers as part of the Government’s Safer Journeys strategy,” said Associate Transport Minister Simon Bridges. *“These new court-imposed sanctions were made possible under legislative changes introduced by the Government last year.”*

Repeat drink drive offenders and first time offenders convicted of driving with blood alcohol levels double the current adult limit could be given an alcohol interlock disqualification at the discretion of the courts.

Following a mandatory three month disqualification (during which no driving is allowed), offenders given an interlock disqualification will be able to apply for an alcohol interlock licence, which will restrict them to driving a vehicle with an interlock device fitted. Offenders will bear the cost of fitting and monitoring the interlocks. In addition, from 10 September the ‘zero alcohol’ licence sanction will also be available, which will require drivers to maintain a zero alcohol limit for a fixed period of three years.

The zero alcohol licences will be issued to drivers given a ‘zero alcohol’ disqualification by the courts, as well as to those who have served an alcohol interlock disqualification and have been approved to exit the interlock programme.

www.nzta.govt.nz/resources/factsheets/58/alcohol-interlocks.html

New US NHTSA study shows majority of drunk driving deaths linked to BAC level nearly twice the legal limit

The US Department of Transportation’s National Highway Traffic Safety Administration (NHTSA) joined with local law enforcement officers, Mothers Against Drunk Driving (MADD), the Governors Highway Safety Association (GHSA) and the National Center for DWI Courts to mark the official start of its annual anti-drunk driving campaign: ‘Drive Sober or Get Pulled Over’. The nationwide crackdown comes as new agency statistics show 70% of deaths in drunk driving crashes in 2010 involved drivers with blood alcohol levels that were nearly twice the .08 legal limit.

More than 10,000 police departments and law enforcement agencies across the country are supporting the campaign which began 17 August.

New NHTSA research indicates the 10,228 alcohol-impaired fatalities in 2010 accounted for nearly one out of three highway deaths on US roads. During

the same time period, more than two thirds of drunk driving deaths (7,145 or 70%) involved drivers with a blood alcohol concentration (BAC) of .15 or higher. Overall, the most frequently recorded BAC among drunk drivers involved in fatal crashes was .18 BAC.

As part of its overall programme to address drunk driving, NHTSA has also worked with the National Center for DWI Courts to help develop new ignition interlock guidelines, which were released in July. The new guidelines help familiarise courts that adjudicate ‘driving while intoxicated’ cases with ignition interlock systems and applicable state laws.

www-nrd.nhtsa.dot.gov/Pubs/811654.pdf



Controversial pill masking drink drive on market in UK

A legal pill which could help drink-drivers pass breath tests has gone on sale in the UK. Police and road safety campaigners reacted angrily after it emerged the controversial product – already banned in the US – is being sold online. The pill, called Alcopal costs £20 for a pack of 20, is said to neutralise alcohol in breath samples. Supplier Arthur Kibble claims a motorist on the limit can reduce their Blood Alcohol Concentration reading to almost zero.

Alcopal, manufactured in India, is said to lower the absorption of alcohol into the blood, so less is expelled from the lungs and breath tests do not give a true reading. The active ingredient simethicone is commonly used to treat digestive discomfort.

The pills have been withdrawn in the US but are legally on sale in the UK, where 280 people die on average each year as a result of drink-driving.

National Survey of American Attitudes on Substance Abuse XVII: Teens

According to the National Survey of American Attitudes on Substance Abuse XVII: Teens, the 17th annual back-to-school survey conducted by The National Center on Addiction and Substance Abuse at Columbia University 17% of American High school students use drugs, drink or smoke during the school day. QEV Analytics conducted The National Survey of American Attitudes on Substance Abuse XVII: Teens from April 18 to May 17, 2012. The firm interviewed at home by telephone a national random sample of 1,003 12- to 17-year olds (493 boys, 510 girls).

The CASAColumbia survey revealed that 44% of high schoolers know a student who sells drugs at their school. Asked what drugs students sell on school grounds, 91% said marijuana; 24% prescription drugs; 9% said cocaine; and 7% ecstasy and 52% of high school students say that there is a place on school grounds or near school where students go to get high during the school day. 36% say it is easy for students to use drugs, drink or smoke during the school day without getting caught.

Social Networking: Digital Peer Pressure

This year's survey took a closer look at teen social networking. 75% of 12- to 17-year olds say that seeing pictures of teens partying with alcohol or marijuana on Facebook, MySpace or another social networking site encourages other teens to want to party like that. 45% of teens (10.9 million) have seen pictures online of other teens getting drunk, passed out or using drugs. 47% of teens who have seen these pictures say that it seems like the teens in the pictures are having a good time.

Compared to teens who have not seen pictures on Facebook or another social networking site of kids getting drunk, passed out, or using drugs, teens who have seen such pictures are:

- Four times more likely to have used marijuana;
- More than three times more likely to have used alcohol; and
- Almost three times more likely to have used tobacco.

"This year's survey reveals a new kind of potent peer pressure—digital peer pressure. Digital peer pressure moves beyond a child's friends and the kids they hang out with. It invades the home and a child's bedroom via the Internet," said Califano. "So parents should be aware of what their children are viewing on social networking sites. If their teens are seeing pictures of other teens partying with marijuana and alcohol, getting drunk or passed out, or using drugs, they may think it looks like fun and want to try it."

Teens home alone overnight more likely to use substances

For the first time this year the survey asked 12- to 17-year olds if they are ever left alone without adult supervision overnight. Nearly one-third of teens (29%) say they have been left alone overnight.

Compared to teens who are never home alone overnight, those who are left home alone overnight are:

- Twice as likely to have used marijuana;
- Almost twice as likely to have used alcohol; and
- Almost three times as likely to have used tobacco.

Parental Disapproval and Teen Substance Use Attitudes

Parental expectations, particularly expressing strong disapproval of teen substance use, can be a decisive factor in a teen's decision to drink alcohol, use drugs or smoke tobacco. Compared to teens who say that their parents would be extremely upset to find out that their child smokes, drinks or uses marijuana, those who say their parents would not be extremely upset are:

- Eight and a half times as likely to say it's okay for teens their age to use marijuana;
- Ten times more likely to say it's okay for teens their age to get drunk; and
- Nine times more likely to say it's okay for teens their age to smoke cigarettes.

www.casacolumbia.org

Quebecers and alcohol in 2012: A report from Éduc'Alcool

Quebecers still have a healthy approach to alcohol. While, over the past 10 years, drinking habits have become more regular, problems related to overconsumption seem to be slightly decreasing, following the trend toward declining consumption. However, a certain tolerance toward occasional heavy drinking, combined with an unjustified fear of the effects of regular drinking on health and the development of alcohol dependency, are now appearing. A big change of perception is necessary.

A minority of Quebecers are still drinking abusively — even dangerously — the degree of knowledge is decreasing in some areas and 6% of drivers admit to having driven while over the legal blood-alcohol limit. This is no doubt due to the fact that they are at very little risk of being stopped at a police sobriety checkpoint: fully-two thirds of motorists surveyed said they had not encountered a single such checkpoint in the past year.

Quebecers are also eager for knowledge and their top-priority topics are: how to talk with their children about drinking, the latest scientific data on the beneficial or harmful effects of drinking, how much alcohol is safe to drink, and the relationship between alcohol and health. Éduc'alcool, which still enjoys impressive credibility, is committed to meeting these needs in the coming five years.

Such were the main findings of a major five-year study conducted by CROP on behalf of Éduc'alcool and released today.

A portrait of stability

Attitudes and opinions are so entrenched that many of the 2012 results are very similar to those obtained in 2002 and 2007, or within the margin of error, particularly with regard to the social acceptability of alcohol, the circumstances in which people drink, and even people's general opinions about drinking.

Beliefs change slowly

The most reassuring information revealed by the survey is that, overall, Quebecers have learned how to make alcohol a part of their daily lives. They have smoothly incorporated a certain model of drinking into their lifestyle and they are increasingly aware of various aspects of their drinking. In addition, they are very interested in learning more about drinking, specifically about low-risk drinking guidelines.

Furthermore, we are pleased to note that our position on drunk driving has been strongly vindicated.

Incorporating the value of moderation

Éduc'alcool is obviously delighted to see that its slogan, *La modération a bien meilleur goût/ Moderation is always in good taste*, is still very much top-of-mind, with a spectacular 85% awareness level among non-francophones. But the really good news in this survey is how moderation is becoming part of everyday life.

In fact, on average, Quebecers have just over three standard drinks a week, and they tend to have two and a half drinks per drinking occasion. Moreover, the vast majority of Quebecers drink in places and under circumstances that promote moderation. They tend to drink at home, with friends and in restaurants, to celebrate happy events or when enjoying a good meal. Drinking is associated with relaxation and it is more about socializing than dependency.

The latest alcohol sales statistics in Quebec show a decline in the average purchase of 0.1 litre of pure alcohol per person per year, but a drop of half a litre of pure alcohol per drinker. This is consistent with the fact that Quebecers no longer seem to have the same drinking-related problems observed five or six years ago. Most indicators are even trending downward in this regard, although they are within the margin of error.

Real problems still require real attention

There is no ignoring the results showing that 10% of regular drinkers felt that their drinking had a harmful effect on their health in the last year and 6-7% of drinkers admit to drinking heavily on a weekly basis.

Now that low-risk drinking guidelines have been established and widely publicized in Canada, Educ'Alcool will pay attention to the fact that 27% of women who drink and 37% of men have exceeded the recommended weekly limits (three drinks for women and four for men) at least once a month in the last year. 'It is more important than ever to get the message across that moderation is a rule to which there can be no exceptions. Getting drunk even once is once too often' comments Hubert Sacy of Educ'alool.

De-dramatizing regular drinking, reducing tolerance for occasional excess

The results of the 2012 survey, which included new questions about low-risk drinking guidelines, reveal that Quebecers have a sometimes contradictory relationship with alcohol, and that they hold a number of biases, most likely based on inherited beliefs. Hence, there is a certain degree of tolerance for heavy drinking when it is occasional, even for pregnant women, and some people willingly admit that they exceed the recommended limits now and then, often at least once a month.

On the other hand, people are very suspicious of regular drinking, even if it falls within the low-risk drinking guidelines. Seven out of ten Quebecers would consider a woman who has two drinks a day, five days a week, or a man who has three drinks a day, five or six days a week, to be an alcoholic. Even if someone has one drink a day, five or six days a week, almost half of all Quebecers would still call that alcoholism.

This means Éduc'alcool faces a considerable challenge in educating Quebecers about the relationship between drinking quantity and frequency. 'We have to de-dramatize regular drinking—provided it is within the low-risk guidelines—and warn people about heavy drinking, even if it's only occasional. We understand that we are dealing with deeply entrenched opinions and perceptions, but that is the lot of any educational organization' comments Sacy. 'Finally, Quebecers have told us very clearly where they want more information: how to talk about drinking with their children, the latest scientific data on the beneficial or harmful effects of drinking, and the relationship between alcohol and health'.

Consumers top three priorities are:

People want to drink, but they want to learn how to drink better, they want to know the amount of alcohol it is safe to drink if you are driving and what a standard drink is.

Éduc'Alcool will address those needs by providing practical information: how to be a responsible host, tools for measuring blood-alcohol content and materials for parents on talking about drinking.

High credibility means added responsibility. Éduc'alcool's credibility rating stands at an impressive 92%. Sacy responds 'That figure is both gratifying and encouraging. It recognizes our successes and reminds us of what remains to be accomplished. We are responsible for continuing to improve Quebecers' relationship with alcohol in that hope that all will truly come to believe that moderation is always in good taste'.

Conducted among more than 1,101 Quebecers, who were interviewed by telephone for more than 18 minutes on average, the survey – the fifth of its kind since 1991 – has allowed the relationship that Quebecers have with alcohol to be studied and compared over the past 20 years.

AIM 21st Anniversary Conference

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The Royal Society of Medicine,
1 Wimpole St, London W1 0AE

'Alcohol Education, what works for young people ?'
and
The development of lower alcohol beverages, with a spotlight on successful markets and innovations

[Click here](#) to download the conference programme

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Alcohol use and binge drinking among women of childbearing age — United States, 2006–2010

Almost 8% of pregnant women report alcohol use, according to a new study by the Centers for Disease Control and Prevention.

The study analysed data from almost 14,000 pregnant women and more than 330,000 non-pregnant women ages 18 to 44. About one in 13 pregnant women, or 7.6%, said they drank alcohol within the past month, compared with 51.5% of non-pregnant women.

The researchers found 1.4% of pregnant women reported binge drinking. Among pregnant women who said they engaged in binge drinking, those with a high school education or less reported binge drinking an average of 3.4 times a month, and having 6.4 drinks per occasion. In contrast, college graduates

reported binge drinking 2.5 times per month, with 5.4 drinks per occasion. Binge drinking was more common among unmarried women.

Alcohol use among pregnant women was highest among those ages 35 to 44.

The study authors note there is no safe level of alcohol use during pregnancy, which is the leading preventable cause of birth defects and developmental disabilities. Drinking during pregnancy can result in fetal alcohol syndrome and other fetal alcohol spectrum disorders, which can cause neurological problems and lifelong disabilities.

www.cdc.gov/mmwr/preview/mmwrhtml/mm6128a4.htm

Australia/NZWineHealth 2013 - International wine and health conference



Twenty years after the term the 'French Paradox' was coined, scientific studies continue to explore the complex relationship between the consumption of wine and health. This relationship has been the focus of a long standing series of scientific meetings starting in Udine (Italy) in

1996 followed by the New York Academy of Science Meeting in 2001 in Palo Alto, California (USA), Santiago (Chile) in 2002, Stellenbosch (South Africa) in 2005, Bordeaux (France) in 2007 and Friuli (Italy) in 2010. The next in this series of meetings, WineHealth 2013, is to be held in Sydney, Australia from the 18th to the 21st of July 2013 at the Sydney Exhibition and Convention Centre.

This Conference provides an opportunity to bring together world experts for a stimulating exchange

of scientific information and ideas on the impacts of wine consumption on human health.

The Conference also aims to provide deeper insight into the biological mechanisms involved in any beneficial effects of wine on health, and how specific molecules present in grapes and wine have biological activities that may be harnessed for health. Sociological outcomes of the use and abuse of wine, and hence public health priorities will also be presented for debate and discussion.

It is envisaged that these exchanges will contribute to the evidence base for public policy setting, provide direction for new research efforts into the health effects of wine, and offer opportunities for international collaborations. Delegates from research, the dietitian, nutrition and medical fraternities, public health and industry are particularly invited to attend.

For further information about WineHealth 2013, please visit the website: www.winehealth.com.au or contact Creina Stockley on creina.stockley@awri.com.au or Kate Beames on winehealth2013@awri.com.au

Education campaign to encourage alcohol and pregnancy discussion between patients and GPs

Practical information for parents on alcohol and pregnancy will be distributed nationally to GPs and other health professionals as part of an education campaign initiated by DrinkWise Australia and the Royal Australian and New Zealand College of Obstetricians and Gynaecologists.

DrinkWise Australia Chair, Hon. Trish Worth, said the campaign would include posters and brochures targeted to doctors and their patients. Further information will be available through the DrinkWise Australia website (www.drinkwise.org.au/free-resources/alcohol-pregnancy-resources/) including an educational video.

"In addition to educating women that it is safest not to drink while pregnant, we're also asking GPs to be pro-active in discussing this issue with their patients," Ms Worth said.

"Our key message is that the safest option for women is not to drink if they are pregnant, planning a pregnancy or breastfeeding, based on advice from the National Health and Medical Research Council.

"We don't yet know how much alcohol is safe to drink when women are pregnant. However, it is known that the risk of damage to your baby increases the

more you drink and that binge drinking is especially harmful. Therefore, drinking no alcohol is the safest choice for your baby."

Professor Alec Welsh, Head of the Maternal-Fetal Medicine Department at the Royal Hospital for Women, and a Fellow of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists, said there had been ongoing confusion in the community about how much women could safely drink during pregnancy.

"We think by far the best advice we can give is to encourage women and their partners to see a doctor when they are planning to fall pregnant," Professor Welsh said.

"Your doctor can discuss a range of lifestyle issues relating to pregnancy, and this includes providing the message about alcohol and the preference to cease the intake of alcohol when pregnant or breastfeeding."



A New Game Plan – Australia

The Australian Drug Foundation, which is committed to preventing alcohol and other drug problems is celebrating more than 50 years of service to the community with its publication A New Game Plan Sports. This publication is designed to help sports leaders, administrators and volunteers to implement a new game plan when it comes to alcohol – to truly realise their potential for success and minimise the harm that alcohol can cause.

It uses a selection of case studies as best practice evidence of the efficacy of the Australian Drug Foundation's programmes.

<http://goodsports.com.au/site/wp-content/uploads/A-New-Game-Plan-Sports-Resource.pdf>



Alcohol Facts for young people in Australia in 4 minutes

VicHealth with the support of the Department of Health and the Australian Drug Foundation have produced a video aimed at young people giving facts about alcohol and preventing harm. The four minutes video is available at www.teendrinkinglaw.vic.gov.au/



Risk factor trends in Australia: age patterns in key health risk factors over time

This report presents comparisons over time for different age groups for key health risk factors in Australia, including overweight and obesity, physical inactivity, poor diet, smoking and excessive alcohol consumption. The good news is that smoking rates have declined, particularly among younger people. However, overweight/obesity rates have increased for virtually all age groups, especially females aged 12 to 44.

This report presents comparisons over time for different age groups for key risk factors for health including overweight and obesity, physical inactivity, poor diet, smoking and excessive alcohol consumption. These are key risk factors for diseases such as cardiovascular disease, Type 2 diabetes and chronic kidney disease. Monitoring patterns in these risk factors is important to help guide and target preventive health interventions.

Good news

- Smoking rates declined between 1989-90 and 2007-08, particularly among younger people. Smoking is likely to continue to decline into the

future because the smoking behaviour of younger age groups is generally predictive of future smoking behaviour.

- From 1984 to 2008, the proportion of young people aged 12 to 17 who drank alcohol in the previous week decreased.

Concerns

- The proportion of people aged 18 or over who drank at 'risky/high-risk levels' increased between 1995 and 2007-08 in each age group, apart from men aged 75 or over.

www.aihw.gov.au/publication-detail/?id=10737422803

Table S1: Summary of changes over time in risk factors by broad age groups

	12-17	18-44	45-64	65+
Overweight	↑	↑	↑	↑
Physically inactive	↑	↑#	↑~	↑#
Insufficient vegetables	↑	↑	↑	↑#
Smoking	↓	↓	↓	↓
Excessive alcohol	↓	↑	↑	↑#

Beer-glass shape alters people's drinking speed

Researchers at the University of Bristol believe that the shape of beer glasses affects the speed people drink.

Their study, published in the journal PLoS ONE, suggests people drink more quickly out of curved glasses than straight ones.

A group of 159 men and women were filmed drinking either soft drinks or beer as part of the study. The glasses all contained around half a pint of liquid, but some of the glasses were straight while others were very curved.

There was no difference in the drinking time for soft drinks. People drinking from both straight and curved glasses finished after around seven minutes.

However, for the beer drinkers there was a large difference between the two groups. While it took around seven minutes for people drinking from a curved glass to finish their half pint, it took 11 minutes for those drinking from a straight glass.

The researchers thought that curvy glasses made it harder to pace drinking because judging how much was in the glass became more difficult owing to its curved shape.

The group of drinkers was shown a variety of pictures of partially-filled beer glasses and asked to say whether they were more or less than half full. Drinkers were more likely to get the answer wrong when assessing the amount of liquid in curved glasses.

The lead researcher Dr Angela Attwood suggested that people were not concerned about pacing themselves with soft drinks, which could explain why glass shape had no effect on them. However, the study looked only at the time taken to finish one drink in a laboratory setting. So it is not certain what happens on an evening out if multiple drinks are consumed. Attwood said that altering the glasses used in pubs could "nudge" people to drink more healthily by "giving control back".

The shape of a glass has already been shown to affect how much alcohol people pour. A study in 2005 showed people were more likely to pour extra alcohol into short, wide glasses than tall, narrow ones.

Source: Glass Shape Influences Consumption Rate for Alcoholic Beverages. Angela S. Attwood*, Nicholas E. Scott-Samuel, George Stothart, Marcus R. Munafò. PLoS ONE

Frequent binge drinking among women linked to unemployment but not for men

Many studies suggest that problem drinking is related to subsequent unemployment; however, the reverse association is unclear. An analysis of binge drinking as either a predictor or outcome of unemployment suggests that binge drinking among women seems to have a significant association with long-term unemployment, according to a new study from the Karolinska Institutet in Sweden.

Investigators analyzed data on 13,031 Swedish residents (45 % males), 20 to 59 years of age, and currently employed or on leave. The data were collected during two surveys, one in 2002 and another in 2007, and featured one question about the frequency of binge drinking. Binge drinking was defined as consuming an amount corresponding to at least 37 cl of spirits at a single occasion in 2002. In 2007, the question was changed to six or more drinks, corresponding to at least 24 cl of spirits.

“For women, binge drinking once a week or more as a predictor was associated with long-term unemployment,” said researchers. “For both men and women, initial associations between frequent binges

and any unemployment were explained by the characteristics of the binge drinkers - younger, lower educational qualifications - and in addition for men, more previous unemployment.”

When analysed as an outcome of unemployment, there were no associations between unemployment and later binge drinking for men. Conversely, there were initial associations between long-term unemployment and frequent binges for women, but this was explained by the characteristics of those who became unemployed, such as prior drinking habits.

“These gender differences reflect the fact that frequent binge drinking probably is a stronger marker for problem drinking for women, as it is less common, and not ‘normalized’ to the extent that it is for men,” said researchers. “Also, the measure itself may be biased as it refers to the same level of consumption for both men and women, even though women’s tolerance levels for alcohol tend to be lower.”

Source: Exploring the two-way linkages between binge drinking and unemployment. *Alcoholism: Clinical and Experimental Research*, 15 August 2012

Study examines the relationship between marriage and alcohol

New research examining relationships and the use of alcohol finds that while a long-term marriage appears to curb men’s drinking, it’s associated with a slightly higher level of alcohol use among women. The study, led by the University of Cincinnati (UC), was presented at the 107th Annual Meeting of the American Sociological Association in August.

Based on survey data and interviews, the authors found that married men reported consuming the lowest number of drinks, compared with single, divorced, and widowed men. That’s in part because of their wives’ lower levels of drinking, write the authors. Men also were more likely than women to turn to drinking after a divorce. Conversely, married women consumed more drinks than long-term divorced or recently widowed women, in part because they lived with men who had higher levels of alcohol use.

The research team led by Corinne Reczek, an assistant professor of sociology at the University of Cincinnati analyzed survey data from the Wisconsin Longitudinal Study to explore population trends in the relationship between marriage and alcohol. They also analysed

data from two in-depth interview studies, the Marital Quality Over the Life Course Project, conducted between 2003-2006, and the Relationships and Health Habits Over the Life Course Study, conducted between 2007-2010.

The researchers also found that:

- In each marital status category, men consumed a greater average number of drinks than women.
- Across every marital status category, a higher proportion of men than women also reported having at least one drinking-related problem.
- Recently divorced men reported consuming a significantly greater average number of drinks than men in long-term marriages.
- Reporting at least one drinking-related problem was significantly higher among long-term divorced and recently divorced women than long-term married women.

The researchers gauged alcohol consumption by total number of drinks consumed in a month.

www.asanet.org › AM2012

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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