

Contents

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

News From Around The World 2

Feature

Two UK papers explore the influence of the family and parenting on young people and alcohol 3

Medical Research

New coronary heart disease statistics in UK 8

Gene variant linked to alcoholism

Alcohol consumption affects risk of cataracts 9

Beer, Mediterranean diet and cardiovascular disease 10

American Heart Association scientific sessions, Chicago 13-17 November 2010 11

Light to moderate drinking linked to fewer heart problems in male bypass patients

Moderate alcohol consumption at midlife and successful survival in women at age 70 years and older

Alcohol consumption and risk of stroke in women 12

Social and Policy Research

Per capita alcohol consumption in Australia: will the real trend please step forward?

Australian child binge drinking study released 13

Drug and alcohol consumption linked to popularity in adolescents

Responsible drinking initiatives from the EU spirits sector 2005-2010 14

Social and Policy News

Portman Group issues briefing note on the impact and regulation of drinks marketing 16

Drinking Banning Orders extended in the UK

UK Alcohol reform

New advertising guidelines in Denmark

Social media impacting on young people's attitudes to drinking in Ireland 17

Scotland's proposals for minimum price on alcoholic drinks rejected

Hard hitting drink driving campaign film in France 18

TISPOL summer alcohol and drug controls in Europe

Italy adopts zero alcohol limit for novice and professional drivers

Belgian consumer website launched

Listening to the 'Voice of Students' to create more effective alcohol communications targeting over-consumption in US 19

Éduc'alcool creates a new logo for low-risk drinking in Canada

Parents of Australian school graduates advised to talk to their children about alcohol 20

The New Pocheville version launched in Canada

Asia-Pacific acts on WHO Global Strategy for reducing alcohol-related harm 21

Book review: Guilt free drinking by Robert Beardsmore

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Estonia

The Director of the Institute for Health Development in Estonia, Maris Jesse, has made a statement that Estonia has set itself the objective to lower its absolute alcohol consumption indicator to eight litres per person. Jesse stated **“Our objective would be to keep it below eight; then we would also see good improvement signs in the health of the people in Estonia,”** adding that the timeline for reaching this goal would depend on how many people would believe in it and would contribute to it.

Puerto Rico

On 15 October 2010, the consumer defence authority in Puerto Rico, DACO, supported legislation to limit alcohol advertising and promotion in places near schools or environments frequented by children. The proposed legislation involves the imposition of fines.

China

According to a draft regulation announced on 22 October 2010 by the State Council of China's Legislative Affairs Office, subway, train and bus passengers will not be allowed to drink alcohol throughout their journey.

Netherlands

Motorists found to have an a blood alcohol content of above 1.3 will have their cars fitted with an alcohol lock in the Netherlands, requiring the motorist to pass a breath test before the engine will start, from May 2011.

Israel

In Israel, a bill sponsored by Knesset members proposes that bottles of alcoholic beverages in Israel should display a warning labels. Under the proposals, alcohol advertising would also have to include extra information like a product's trademark and the producer's name as well as who sells and distributes it. On 30 November 2010, the Ministerial Committee on Legislation will vote whether or not to support the planned law. Under the bill, certain restrictions would also be introduced on advertising alcohol, such as preventing well-known personalities, actors and other artists from appearing in advertisements.

Georgia

The Government of Georgia has submitted amendments to the law on advertising alcoholic drinks. They permit advertising spirits in cities and other settlements, on transport facilities until 1 January 2015. Commercials for alcoholic drinks can be broadcast on TV after 8pm. The law applies to drinks containing 14% abv or more. The existing law on advertising allows the distribution and placement of spirits advertisements until 1 January 2011.

Two UK papers explore the influence of the family and parenting on young people and alcohol

The Joseph Rowntree Foundation has published two papers on alcohol and young people.

‘Alcohol consumption and family life’, examined how parents teach young children (aged 5 to 12) about alcohol. It explored parental attitudes towards alcohol, and family drinking practices, using a national survey and in-depth case studies.

Parental attitudes to alcohol, childhood and family life

The report notes that parents perceive that there has been a significant shift in public drinking cultures and the nature of young people’s drinking since their own childhoods. While the findings from the quantitative element of this research suggest the dominant parental attitude is that children in general should not be introduced to alcohol at home until their mid-teens and ought not to be allowed to drink in public spaces until they reach adulthood, the qualitative element of the research suggests that parents are introducing their own children to alcohol at home at an earlier age than this. This may

be because they draw on experiences from their own childhoods (either repeating what they perceive as positive parenting strategies, or intentionally parenting in a completely different way from how they were brought up). In particular, parents want their children to appreciate the pleasures and benefits of alcohol, as well as the risks of excess consumption (particularly when drinking in public spaces) so that as adults of the future they will drink in moderation. This attitude towards alcohol is perceived to be best learnt at home – as part of ‘growing up’ – rather than at school. In this sense, the report finds that attitudes

about intra-familial parenting in relation to alcohol do not appear to have changed as much as parents’ perceptions of extra-familial public drinking cultures.

Rules and guidance: Parental advice about the risks and benefits of alcohol consumption

Between the ages of 5 to 12 most parents did not have specific rules for their children about drinking because children at this age were not particularly interested in alcohol or indeed drink (just 3% of 11 year olds drink alcohol regularly in the UK). Most parents considered that there were other more pressing things that they needed to formulate guidance and rules about, although there was recognition that these were also readily transferable to alcohol. While some of the case study families adopted a traditional model of parenting establishing strict boundaries about general behaviours (e.g. bed time) others adopted a more flexible approach, inviting discussions and negotiating rules with their offspring. Differences were also evident in parenting styles between ex-

Table 1: Changes in drinking cultures since parents’ own childhoods

Table 2: Average age at which respondents think it is acceptable for children to engage in alcohol-related activities

| Acceptable for children to ... | Average age |
|---|-------------|
| Be given a taste of an alcoholic drink | 13 |
| Fetch, pour or serve alcoholic drinks for others at home | 14 |
| Have a watered down alcoholic drink with a family meal | 14 |
| Get away with having a sneaky sip of an alcoholic drink at a family event | 15 |
| Have an alcoholic drink at family events | 16 |
| Have an alcoholic drink with just their friends, in the family home under supervision | 16 |
| Drink unsupervised with their friends on Friday/Saturday nights | 18 |

Source: Family Life and Alcohol Consumption questionnaire survey

partners who were co-parenting children following the break-up of a relationship, and there was recognition by many parents that each child was unique and therefore might require an individualised strategy when it came to alcohol.

Despite these differences in approaches to parenting about alcohol all of those interviewed were keen to develop open and close relationships with their children. There was also recognition of the potential limits to parental authority, particularly when children become subject to the influence of peers in their teenage years. Most of the interviewees argued that the best they could do as parents was to equip their children with the right personal qualities and skills (e.g. self-confidence and self-respect) to make sensible choices about alcohol once beyond the family and home. In doing so, parents acknowledged that it is the children themselves who ultimately will have to make their own choices about the role of alcohol in their lives.

Unintentional transmission of attitudes towards, and practices of, alcohol consumption through parental modelling

The research demonstrated that in line with their positive attitudes towards alcohol, parents who drink alcohol model its consumption as a pleasurable and hospitable activity at home. Parents generally disagreed that it was acceptable to be drunk when responsible for children although in practice they did allow their offspring limited glimpses of drunkenness (e.g. at parties and family events). At the same time, they try to exercise more control over their children's exposure to alcohol in public spaces, thus constructing home-based drinking as a safe and enjoyable practice in contrast to public consumption. The one exception to this is holidays, where parents seem unaware of the significance of the fact that they model specific, but often very different, drinking practices from their normal domestic patterns of consumption. As part of intra-familial home and holiday consumption practices, many families initiate their children into tasting alcohol and/or drinking rituals, yet are careful to try to limit the practices that children are exposed to by other parents/their children through the indirect strategy of attempting to influence their school friends (directly, or indirectly via choice of school).

Children's perceptions of alcohol and its effects

The children's narratives bore a close resemblance to their parents' accounts of how alcohol is introduced in the context of family life. All the children aged 5 to 12 were aware that alcohol is only for grown-ups although they had a relatively limited grasp of the legal and cultural frameworks that shape its consumption. There was strong evidence of the direct and indirect transmission of parental attitudes towards and patterns of drinking in the children's narratives, as well as a clear link between alcohol and supermarkets/family shopping, reflecting the significance of contemporary home-based patterns of alcohol consumption. While the children had a reasonable awareness of the social harms associated with alcohol they had a relatively poor grasp of potential health-related harms. However, the children imagine that as adults of the future they will only drink in moderation, an ambition that mirrors the model of sensible drinking that their parents aspired to teach them.

Implications of the authors findings:

'The former Chief Medical Officer's (2009) recommendation that children under 15 should avoid alcohol completely appears to be unrealistic given that alcohol is an unremarkable and taken for granted part of many families' everyday lives. There is a danger that such advice 'problematizes' what appear to be sensible parental attitudes and approaches to alcohol.

The role of families in advising and guiding young children in relation to alcohol At ages 5 to 12

It is parents who are the most important influences on children's attitudes towards alcohol. Contemporary parenting strategies appear to be largely successful at conveying the social pleasures and risks of drinking alcohol at home, and the message that alcohol should be consumed in moderation. Indeed, young children even appear to learn positive messages about moderation from witnessing their parents/relatives drinking to excess.

The role of education and/or other support services in advising and guiding younger children in relation to alcohol

it is important to recognise that not all young people have the familial support described in this report. For example, some may be over-exposed to 'problem'

drinking, others 'over-protected' from knowledge about alcohol, or not informed about alcohol for cultural or religious reasons given that there is some evidence of the presence of alcohol even in communities that abstain... Alcohol education is therefore one way to address the gaps in what children are learning about alcohol and the differential levels of education and support children receive at home. Indeed, the Department for Education states that children aged 7 to 11 will learn about the health and social risks associated with alcohol and the basic skills for making good choices about their health and recognising risky situations at school as part of the National Curriculum.

The majority of children who participated in this study stated that they had not been taught about alcohol at school, which suggests that this education is either not taking place, or is not being delivered in an effective manner. The findings of this study imply that it would be beneficial for the Department for Education to review the way alcohol education is currently delivered as part of the National Curriculum (for 7- to 11-year-olds) within primary schools in order to improve its efficacy.

As part of this, schools should be encouraged to involve parents in order that the same key messages about alcohol can be reinforced at both home and school. To maximise impact, any alcohol education in schools should be run in parallel with campaigns targeted at parents.'

The second report '**Pre-teens learning about alcohol**' examines the influence that family can have on how children in their pre-teen years learn about alcohol, and identifies the need for and approaches to providing parental guidance on the subject.

The report authors of the report state that much of the research on drinking alcohol and pre-adolescence has examined the impact of problem drinking within the family. This study addresses a significant gap in the literature by focusing on family settings where family members are not problem drinkers. The study aim was to explore how children learn about alcohol and to identify differences by socio-economic status, age, family structure, geographical locality and parental drinking behaviour. More specifically, the research aimed to provide insights into children's socialisation to alcohol during key transition stages in ages 7 to 12 years.

A qualitative methodology was used, comprising a mix of focus groups and family case studies, and using in-depth interviews. The sample represented a range of family structures from contrasting socio-economic backgrounds in four different community contexts (urban affluent, urban deprived, rural affluent and rural deprived).

Children's understanding of drinking behaviours

The report demonstrates that children aged 7-12 develop a fairly nuanced understanding of alcohol and its effects (e.g. psychological, health, physical) and are also able to appraise different consumption styles. Their accounts of drinking behaviours revealed that they were able to identify different levels of intoxication in adults and many were able to differentiate between occasional and habitual drunkenness, indicating an understanding of addiction and problematic drinking.

Children expressed opinions about the extent to which drinking behaviour was 'good' or 'bad'. Initial responses were fairly simplistic, especially among younger children in the study group, so that they tended to view alcohol as 'bad'. Further discussion revealed more sophisticated knowledge, with some indication that girls were more likely than boys to identify with and relate to the social attributes of drinking.

Children's knowledge of alcohol products

Children in the study group appeared to have a relatively detailed knowledge of alcoholic drinks and brands, though they sometimes made mistakes when comparing the strength of different drinks. They were also readily able to recount the specific preferences of their parents, and there was some indication that these observations would impact on children's later drinking styles. The study data therefore suggests that children at this age can already anticipate modelling future drinking patterns on the drinking behaviour of adult family members, where marked gender differences in consumption styles could be identified.

Children's impact on drinking behaviours

Young children had an indirect modifying impact on parental drinking behaviours, because many parents felt they needed to act as a role model and adopt sensible drinking styles, particularly when in charge

of children. Although few in number, some children also had a more direct modifying impact on the alcohol consumption patterns of family members whom they actively challenged on the subject, especially fathers.

There were also indications that children were able to take advantage of their parents' (especially fathers') episodes of intoxication and might, for example, receive additional pocket money or be less closely supervised. These latter observations were more typical of families living in deprived communities where there was evidence of these behaviours being transmitted between generations.

Learning about alcohol

The family environment was seen to play a crucial role in children's learning about alcohol. Children exposed to normal, everyday consumption and many children were already aware of prevailing consumption styles in their home, in some cases including intoxication. Exposure to alcohol consumption and intoxicated behaviours through other routes (e.g. seeing people drunk on the street, at parties or at sleepovers) may be significant one-off events that serve as family discussion points, but it is the home environment where alcohol is understood by children in a normative manner and where children learn about its everyday use. In contrast, school-based education about alcohol was perceived differently from learning in the home: for example, it was less emotive and focussed upon conveying facts about alcohol and the effects of consumption, especially with regard to health. This indicates there is a danger that children are receiving mixed messages about alcohol and its acceptability, the authors warn.

While the home remains an important source of learning, dialogue between parents and children about alcohol consumption appeared fairly limited for the study age group; much of the learning was informal and based largely on observation. Relatively few parents sought to educate through proactive discussion and by providing information but they supported a supervised trial of alcohol, mainly on special occasions. This was seen as a means of socialising children to alcohol and removing mystique, and was sometimes undertaken in the hope that the unattractive taste would deter unsupervised experimentation.

Children often appeared to be relatively uninterested in trying alcohol, especially in the younger ages, and were indeed put off by taste.

Children's exposure to alcohol

Findings reveal that children in deprived and affluent areas are socialised to alcohol in markedly different ways. Children from affluent areas appear more likely to be exposed to alcohol consumption during meal times, they are also much less likely to witness drunkenness and are less involved in family celebrations where alcohol is consumed. Those from more affluent areas expected and received smaller amounts than those in deprived areas.

In this way, it is evident that certain types of alcohol consumption are more hidden in affluent communities, both within and outside the family. In contrast, consumption is more visible in deprived communities, where it is more integrated into home and family settings. These differences are likely to be perpetuated by the transmission of local cultural norms for alcohol consumption between generations.

Parents' expectations for children's future drinking

Regardless of socio-economic status, parents' expectations of their children's future alcohol behaviours were often characterised by a sense of helplessness in relation to the wider social forces that shape behaviours. Future experimentation with heavy alcohol use was perceived to be inevitable in the face of other influences and pressures.

While most parents considered their influence as role models to be significant, and the way in which they introduced their children to alcohol to be important, many expected their children to drink to excess at some stage. Parents' own recollections of growing up were frequently cited as evidence in support of parental limitations. One of the most pertinent findings to emerge from this research, therefore, was that while all parents wanted to teach their children to drink responsibly, they had a limited belief in their ability to do so reliably.

However, the report cites exceptional cases where parents set out to teach their children responsible consumption patterns, and expected their children to learn them. The effectiveness of the parenting styles in these case families, located in particularly deprived areas where heavy drinking was the norm,

was evident in the responsible alcohol behaviours displayed by older siblings. This suggests that there is a need to emphasise that parenting can make a difference, even when there are seemingly insurmountable barriers.

Alcohol compared with other issues

In comparison with other substances and behaviours, alcohol was almost a non-issue for parents with children in the study age range. Many parents of primary school children were more concerned about obesity, smoking and drug taking and these behaviours were consistently regarded as unequivocally damaging to health or highly addictive. Fear of these other risks did not always appear to be based on rational concerns, and seemed to be influenced by perceptions of what was covered in school (and possibly the wider media). Drugs were frequently singled out as the most serious threat to children's general wellbeing despite most parents saying they knew far less about drugs than they did about alcohol and with virtually none of the children having been knowingly exposed to illegal drugs. It is possible that these perceptions relate to the fact that alcohol consumption is a more normative behaviour than drug taking or smoking.

Many parents with young families had not considered issues surrounding alcohol to date, and said they would deal with them when they emerged and their children began to experiment with it independently. Overall, alcohol consumption was evaluated normatively. Parents took a firm stance on behaviours such as smoking or drug taking and a more nuanced or ambiguous position on alcohol.

The report lists the following implications for policy and practice:

'Targeting pre-teenage children

Children at this age appear to be receptive to parental advice and influence, and it is therefore a good time to provide information and guidance to encourage dialogue between parents and children about alcohol and to underline the importance of parents as role models. This would be particularly valuable given that parental influence diminishes as children reach their teenage years, the period when many begin to experiment with alcohol independently.

Advice and guidance for parents

The study findings indicate that initiatives designed to support parents must not only respond to the educational needs of their children; they must also be sensitive to adult drinking cultures and the wider social values surrounding alcohol use in order to engage parents in ways that are constructive and meaningful.

While heavy-handed approaches are likely to be dismissed by parents, parents in this study were unclear about the law and about recommended practice for deciding when, how and in what contexts it is permissible to introduce children to alcohol. Providing clarity on the law would offer a neutral platform from which to provide parenting guidance on introducing alcohol, and emphasise that parenting in this area can make a real difference. If parents are to respond appropriately, there is also a need to articulate clearly the rationale for current government advice that children should not be permitted to drink at all until the age of 15 years.

Findings also indicate that care needs to be taken to avoid stigmatising parents, particularly those living in socially disadvantaged circumstances who sometimes feel overwhelmed by information and advice. There may be value in providing alcohol advice through generic (as opposed to alcohol-specific) parenting initiatives, and through initiatives that focus on the broader family and community. Finally, findings suggest that young children are receiving mixed messages about alcohol in the home and at school, irrespective of social background, and that there is a need to encourage greater involvement of parents to help ensure consistency of message. This involvement is likely to depend on government taking a more proactive stance in guiding parents in order to harness the positive influence they can have on children's future drinking behaviour. To be effective, these actions need to form part of a wider multifaceted strategy designed to address the prevailing pro-drinking culture.'

Summary and full versions of the report are available from www.jrf.org.uk/publications/alcohol-consumption-family-life and www.jrf.org.uk/publications/pre-teens-alcohol-learning.

New coronary heart disease statistics in UK

Despite an impressive decline in death from heart disease in the UK over the last decade, diseases of the heart and circulatory system (CVD) are still the main cause of death - responsible for one in three of all deaths. In 2008 191,000 people died from CVD in the UK. About half of all deaths from CVD (46%) are from coronary heart disease (CHD) and about a quarter are from stroke.

In 2008, coronary heart disease caused just under 88,000 deaths: approximately one in five deaths in men and one in eight deaths in women and caused 50,000 premature deaths. This compares to around 35,000 deaths a year from lung cancer, 16,000 deaths from colo-rectal cancer and 12,000 deaths from breast cancer. The British Heart Foundation states in its

report *Coronary Heart Disease Statistics 2010*: 'While moderate consumption (one or two drinks a day) does not increase the risk of CVD, it is estimated that 2% of CHD and 5% of stroke in men is due to excessive drinking. The impact of alcohol consumption in women in developed countries was estimated to be positive - that is, if no alcohol were consumed, there would have been a 3% increase in CHD and a 16% increase in stroke.'

Source: Scarborough P, Bhatnagar P, Wickramasinghe K, Smolina K, Mitchell C, Rayner M (2010). *Coronary heart disease statistics 2010* edition. British Heart Foundation: London. The compendium was published by the British Heart Foundation in October 2010.

The report is available from www.heartstats.org/datapage.asp?id=9075

Gene variant linked to alcoholism

Researchers claim to have discovered a gene variant that may protect against alcoholism. The variant, in a gene called CYP2E1, is associated with a person's response to alcohol. For the 10%-20% of people that possess this variant, their first few drinks leave them feeling more inebriated than the rest of the population.

The CYP2E1 gene has long held the interest of researchers interested in alcoholism, because it encodes an enzyme that can metabolise alcohol. Most of the alcohol in the body gets metabolised by another enzyme, alcohol dehydrogenase, which works in the liver. CYP2E1 doesn't work in the liver, it works in the brain and it works differently than other enzymes, generating tiny molecules called free radicals, which can be reactive to sensitive structures like brain cells.

Previous studies had suggested that people who react strongly to alcohol were less likely to become alcoholics later in life, but the genetic basis of this finding was not clear - CYP2E1's role hints at a new mechanism of how people perceive alcohol, and further, how alcohol affects the brain.

The data was collected from 237 college student siblings that had one alcohol-dependent parent, but were not dependent themselves. First, the participants were given a mixture of grain alcohol and soda that was equivalent to about three drinks. Then they were asked at regular intervals to answer a number of questions describing how the alcohol made them feel: I feel drunk, I don't feel drunk; I feel sleepy, I don't feel sleepy.

The researchers then conducted genetic analyses to identify the gene region that appeared to influence how the students perceived alcohol. They found this to be the CYP2E1 gene.

"A specific version or allele of CYP2E1 makes people more sensitive to alcohol, and we are now exploring whether it is because it generates more of these free radicals," said senior study author Kirk Wilhelmsen, M.D., Ph.D., professor of genetics at University of North Carolina at Chapel Hill School of Medicine. "This finding is interesting because it hints at a totally new mechanism of how we perceive alcohol when we drink. The conventional model basically says that alcohol affects how neurotransmitters, the molecules that communicate between neurons, do their job. But our findings suggest it is even more complex than that."

In the future, drugs that induce CYP2E1 could be used to make people more sensitive to alcohol before they've taken their first drink, or even to help sober them up when they've had one too many. But Wilhelmsen thinks the most exciting aspect of his finding is that it could change the focus of how research into the underpinnings of alcoholism is conducted.

Source: Amy Webb, Penelope A. Lind, Jelger Kalmijn, Heidi S. Feiler, Tom L. Smith, Marc A. Schuckit and Kirk Wilhelmsen, *The Investigation into CYP2E1 in Relation to the Level of Response to Alcohol Through a Combination of Linkage and Association Analysis*, *Alcoholism: Clinical and Experimental Research*, Article first published online: 19 OCT 2010, DOI: 10.1111/j.1530-0277.2010.01317.x

Alcohol consumption affects risk of cataracts

Authors' Abstract

Purpose: To assess whether alcohol consumption is associated with the long-term incidence of cataract or cataract surgery.

Design: Population-based prospective cohort study.

Methods: A total of 3,654 persons aged 49+ years were examined at baseline and 2,564 were re-examined after 5 and/or 10 years. Lens photographs were taken at each visit and assessed using the Wisconsin Cataract Grading System by masked graders. An interviewer-administered questionnaire was used to collect information on alcohol consumption.

Results: No significant associations were observed between alcohol consumption and long-term risk of nuclear, cortical, and posterior subcapsular cataract. However, after adjusting for age, gender, smoking, diabetes, myopia, socioeconomic status, and steroid use, total alcohol consumption of over 2 standard drinks per day was associated with a significantly increased likelihood of cataract surgery, when compared to total daily alcohol consumption of 1 to 2 standard drinks (adjusted odds ratio [OR] 2.10, 95% confidence interval [CI] 1.16-3.81). Abstinence from alcohol was also associated with increased likelihood of cataract surgery when compared to a total alcohol consumption of 1 to 2 standard drinks per day (adjusted OR 2.36, 95% CI 1.25-4.46).

Conclusion: A U-shaped association of alcohol consumption with the long-term risk of cataract surgery was found in this older cohort: moderate consumption was associated with 50% lower cataract surgery incidence, compared either to abstinence or heavy alcohol consumption.

International Scientific Forum on Alcohol Research comments

This is an interesting paper that deals with a common medical condition that will continue to be of great importance with the ageing of the population.

Background: Few longitudinal studies have dealt with cataracts, with the Beaver Dam Eye Study (BDES)¹ the only one prior to the present one that has been population based. BDES found little relationship between alcohol and cataracts, although there was some evidence for a U-shaped curve with posterior subcapsular cataracts.

Among other cohort studies, the Nurses' Health Study² found little evidence of an effect of alcohol intake on the risk of surgery for cataracts. Their data

are compatible with a slight decrease in risk of total cataracts with light drinking (up to 14.9 g/day) and an increased risk for certain types of cataract with greater amounts of alcohol. An earlier report from the Physician's Health Study³ reported no significant effect of alcohol, although there was a trend towards increased risk of certain types of cataracts with greater alcohol intake.

Comments on the present study: The strengths include the analyses being based on a population-based cohort with excellent recruitment and good retention of subjects, and repeated eye examinations with excellent ascertainment of cataracts. The investigators had blinded assessments of lens photographs for the objective diagnosis of cataracts. Weaknesses that limit the information presented relate to the choice of the category with 1-2 drinks/day as the referent group, as there were very few subjects reporting consumption at this level. (For example, there were only 4 subjects with posterior subcapsular cataracts in the referent group consuming wine and 8 in the referent group for beer.) The paper does include in the text the associations between alcohol and cataract surgery using nondrinkers as the referent group, and state that "persons reporting moderate alcohol consumption (1-2 drinks/day) had a significantly reduced incidence of cataract surgery (OR 0.47, 95% CI 0.26-0.85)," but data are not presented for the lighter drinkers.

One would assume that data on the development of cataracts would be more objective and informative than on the occurrence of cataract surgery, as the latter may be related to many other socio-economic factors. (On the other hand, the associations generally changed very little when the age-gender-adjusted rates are compared with the fully adjusted models that included socio-economic status.)

It is unfortunate that the authors chose to not include in their paper the results of multivariable-adjusted analyses for many categories, since the "dose-response" pattern is often more informative than the statistical significance of any one cell. In other words, if odds ratios of cataracts are lower in both the non-drinkers and the heavier drinkers than among the moderate drinkers, it would suggest a "U-shaped" association. The conclusions of the authors are apparently based exclusively on statistical results and tend to not describe the pattern of effect for each beverage and total alcohol.

References from Forum Review

1. Koppes LL, Dekker JM, Hendriks HF, et al. Moderate alcohol consumption lowers the risk of type 2 diabetes: a meta-analysis of prospective observational studies. *Diabetes Care* 2005;28:719–725.
2. Carlsson S, Hammar N, Grill V. Alcohol consumption and type 2 diabetes. Meta-analysis of epidemiological studies indicates a U-shaped relationship. *Diabetologia* 2005;48:1051–1054.
3. Baliunas DO, Taylor BJ, Irving H, et al. Alcohol as a risk factor for type 2 diabetes: a systematic review and meta-analysis. *Diabetes Care* 2009;32:2123–2132.

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Source: Alcohol consumption affects risk of cataracts. Kanthan GL, Mitchell P, Burlutsky G, Wang JJ. Alcohol Consumption and the Long-Term Incidence of Cataract and Cataract Surgery: The Blue Mountains Eye Study. *Am J Ophthalmol* 2010;150:434–440.

Beer, Mediterranean diet and cardiovascular disease

A study by Ramon Estruch and colleagues from the Hospital of the University of Barcelona and the Instituto de Salud Carlos III, was presented at The College of Physicians of Palencia in November. The study, which involved 1,200 moderate drinkers of beer, found that people who regularly drank beer in moderation had a lower incidence of diabetes and hypertension, risk factors for cardiovascular disease.

“Moderate consumption is coded 1 or 2 beers for women and 2-3 for men, although the effects are opposed to health when consumption increases,” explained Ramon Estruch, Consultant Internal Medicine Hospital Clinic of Barcelona.

Professor Jesús Román Martínez, president of the Scientific Committee of the Spanish Society of Dietetics and Food Science (Sedco), added that this is to inform the health sector that regular and moderate use of beer is a healthy option, although very few studies exist on its benefits “In the Spanish environment if you drink moderately and eat healthily it is shown that beer is not fattening and body mass index of these consumers is lower. It is also necessary that the intake of the drink is made with food”.

The study also highlighted that the organoleptic characteristics of beer and low alcohol content this

drink may be included in the balanced diet of athletes in moderate amounts, to promote rapid and effective hydration and prevent muscle aches.

Another of the highlights of the study is that the folic acid content in beer is an essential vitamin for the nervous system and cell regeneration, which helps regulate homocysteine levels, a risk factor for cardiovascular disease. Even the moderate consumption of beer without alcohol may be included in the diet of people suffering from hypertension, since a daily bottle provides ten milligrams of calcium, potassium and little sodium.

Estrada stressed that moderate consumption of beer can have positive effects on the body, for healthy adults. In this sense, the study noted that beer is a drink made with one hundred percent natural products (water, barley and hops), has a low alcohol content and is one of the few beverages that contains vitamins and minerals naturally. For this reason the Spanish Society of Community Nutrition (SEDCA) included in the Healthy Food Pyramid optional and moderate consumption of beer among healthy adults, recalled the President of the Scientific Committee of the SEDCA, Jesus Roman.

American Heart Association scientific sessions, Chicago 13-17 November 2010

The following papers were presented as part of the American Heart Association annual Scientific Sessions this month:

Light to moderate drinking linked to fewer heart problems in male bypass patients

Light to moderate alcohol consumption among male coronary artery bypass patients was associated with 25 percent fewer subsequent cardiovascular procedures, heart attacks, strokes and death compared to non-drinkers, in a study presented at the American Heart's Association's Scientific Sessions 2010. However, bypass patients with left ventricular dysfunction who were moderate to heavy drinkers (more than six drinks daily) were twice as likely to have subsequent cardiovascular deaths compared to non-drinkers.

"The benefit of light amounts of alcohol consumption has been documented in healthy individuals, but our analysis showed a benefit from light alcohol intake in post-coronary bypass patients," said Umberto Benedetto, M.D., Ph.D. at the University of Rome La Sapienza in Italy. *"However, our analysis indicated that alcohol consumption is not advisable in patients with left ventricular dysfunction and heart failure. No adverse correlation was found between moderate alcohol consumption and any medication."*

Light to moderate alcohol consumption was defined as 5-30 grams of alcohol daily; moderate to heavy was defined as more than 60 grams daily.

Researchers used a standard questionnaire to compare alcohol consumption in 1,021 patients who underwent heart bypass and reviewed subsequent bypass procedures, heart attacks, strokes and cardiac deaths during the following 3.5 years.

Patients consuming about two drinks daily had fewer cardiovascular events when compared to abstainers. Moreover, moderate to heavy alcohol consumption (about four drinks daily) by patients with left ventricular problems was associated with significantly greater risk of dying.

Results of the study need to be confirmed over a longer follow-up period, with more patients and controls, Benedetto said.

Abstract 14440: Light to moderate drinking linked to fewer heart problems in male bypass patients Giovanni Melina, M.D., Ph.D.; Davide Sansone, M.D.; Roberta Di Bartolomeo, M.D.; Emiliano Angeloni, M.D.; Simone Refice, M.D.; Ivan Stigliano, M.D.; Antonino Roscitano, M.D.; Tommaso Hinna Danesi, M.D.; and Riccardo Sinatra, M.D. Health & Medicine Nov 2010

Moderate alcohol consumption at midlife and successful survival in women at age 70 years and older

Observational studies have consistently documented inverse associations between moderate alcohol consumption and risk of many major chronic diseases, as well as overall mortality. It is largely unknown whether moderate alcohol intake is also associated with overall health and well-being, or "successful aging", among older populations.

Alcohol consumption at mid-life was prospectively assessed using a validated food frequency questionnaire in 13,961 Nurses' Health Study participants who survived to age 70 or older. Consumption at mid-life was chosen to reduce any possibility of reverse causation, and because earlier-life exposures likely have a large impact on chronic health conditions in later life. "Successful survival" was defined as being free of 11 major chronic diseases and having no major cognitive impairment, physical impairment, or mental health limitations. Analyses were restricted to the large majority of participants whose alcohol consumption was no more than moderate (≤ 45 g/day) at midlife.

Of all eligible study participants, 1,499 (10.7%) achieved successful survival. After multivariate adjustment of potential confounders, including smoking, body mass index, and physical activity, moderate alcohol consumption was associated with increased odds of successful survival. The odds ratios (95% confidence interval) were 1.0 (referent) for non-drinkers, 1.11 for ≤ 5.0 g/day, 1.17 for 5.1-15.0 g/day, 1.26 for 15.1-30.0 g/day, and 1.24 for 30.1-45.0 g/day. Meanwhile, independent of total alcohol intake, participants who drank alcohol in a regular, rather than a "binging" pattern had higher odds of successful survival; for example, the odds ratios (95% confidence interval) were 1.28 and 1.22 for those drinking 3-6 days and 7 days per week, respectively,

in comparison with non-drinkers, whereas the odds ratio was 1.07 for those drinking just 1-2 days per week.

These data suggest that moderate consumption of alcohol at mid-life may be related to a modest increase in overall health status among women who survive to older ages.

Abstract 18681: Moderate Alcohol Consumption at Midlife and Successful Survival in Women at Age 70 Years and Older, Qi Sun; Meir J Stampfer; Mary K Townsend; Olivia I Okereke; Eric B Rimm; Frank B Hu; Francine Grodstein

Alcohol consumption and risk of stroke in women

Light to moderate alcohol consumption has been consistently associated with decreased risk of heart disease, but data for stroke are less certain. Some studies have suggested a decreased risk of stroke for light to moderate alcohol intake, with possibly increased risk at higher levels.

73,450 female participants in the Nurses' Health Study who were free of cardiovascular disease and cancer at baseline, were followed from 1984-2006. Data on self reported alcohol consumption were assessed at baseline, and updated in 1988, 1990, and every 4 years thereafter. Ascertainment of stroke, and information on potential confounders were collected at baseline and biennially. Strokes

were classified according to the National Survey of Stroke criteria. Time-varying Cox models were used to evaluate the multivariate adjusted association of alcohol consumption over time with incident total stroke and stroke types.

During 1,572,194 person-years of follow-up, 1,822 incident strokes occurred. In multivariate adjusted analyses, alcohol consumption was associated with a decreased risk of total stroke across all categories of intake, even for 0-4.9 gm/d. No increased risk was observed in the highest intake category (≥ 30 gm/d). The relationship was similar for ischemic stroke, but for hemorrhagic stroke significantly reduced risk was only observed for categories < 15 gm/d. No effect modification by hormone therapy, hypertension or aspirin intake was observed. However, we observed possible effect modification by age, with greater reductions in risk with light consumption in younger than older women (p-value interaction=0.04).

Light to moderate alcohol consumption is associated with a decreased risk of total stroke. In this population of women with relatively modest alcohol consumption, increased stroke risk related to alcohol was not observed.

Abstract 19870: Alcohol Consumption and Risk of Stroke in Women Monik Jimenez; Meir J Stampfer; Carlos A Camargo, Jr.; Walter C Willett; JoAnn E Manson; Kathryn M Rexrode

Per capita alcohol consumption in Australia: will the real trend please step forward?

A new Australian study claims that per capita alcohol consumption was previously underestimated due to increasing alcohol concentration in wine. They claim that Australia's total per capita alcohol consumption had actually increased rather than remaining stable over the last decade as the Australian Bureau of Statistics (ABS), which collects and collates the data, failed to adjust their calculations for increasing alcohol concentration until 2006/2007.

The paper has been penned by Associate Professor Tanya Chikritzhs of the National Drug Research Institute in conjunction with Professor Rob Moodie Of the Nossal Institute for Global Health at the University of Melbourne as well as CEO of the new government Preventative Health Taskforce which focuses on alcohol, obesity and tobacco reforms,

and Professor Wayne Hall of the Centre for Clinical Research at the University of Queensland.

Despite the author's claims, Australians still consumer alcohol at a lower level than they did in 1990. The difference in the old series and the new series of statistics by the ABS (and the researchers) is approximately 0.4 additional litres of pure alcohol. This is equivalent to a 5% change in overall litres of alcohol consumed or slightly less than 4 bottles of wine in a year.

Source: Per capita alcohol consumption in Australia: will the real trend please step forward? Tanya N Chikritzhs, Steve J Allsop, A Rob Moodie and Wayne D Hall. eMJA Rapid Online Publication - 1 November 2010.

The report is available from: www.mja.com.au/public/issues/193_10_151110/chi10741_fm.html

Australian child binge drinking study released

Children who are supplied with alcohol by people other than their parents are up to six times more likely to binge drink, a new study has found.

The Australian Drug Foundation released some of the findings of a Deakin University study that questioned nearly 4,000 children aged between 10 and 14 on underage drinking.

Researchers surveyed 3,668 students from 231 schools across Victoria, Queensland and Western Australia, aged 10-14 years, as part of the Healthy Neighbourhoods Project. The study investigated the factors that influence underage drinking and sources of alcohol supply.

Key findings include:

- Children who get alcohol from people other than parents are up-to six times more likely to binge drink.

- Children living in 'more disorganized' communities (e.g. higher levels of graffiti, crime, drug selling) are

- a) More likely to be given alcohol by people other than their parents
- b) More likely to binge drink.

- Adolescents reporting the presence of family conflict are more likely to obtain alcohol from a person other than a parent.

- The more friends a child has who drink alcohol, the more likely that child is to obtain alcohol from people other than a parent.

Deakin University's school of psychology is due to release a paper detailing the findings in coming months.

To see the press release, visit www.adf.org.au/

Drug and alcohol consumption linked to popularity in adolescents

Popular adolescents are more likely to consume larger amounts of alcohol and drugs than their less popular peers, according to study results announced in a press release from Montreal University.

"Our study highlights a correlation between popularity and consumption," Jean-Sébastien Fallu, PhD, lead researcher and professor at the Université de Montréal's School of Psychoeducation, said "The teenagers we studied were well-accepted, very sensitive to social codes and understood the compromises that it takes to be popular."

Fallu and colleagues surveyed more than 500 French-speaking students at three life stages: ages 10 to 11 years, 12 to 13 years and 14 to 15 years. Researchers recorded the popularity of the student and his or her friends, plus the amount of alcohol, marijuana and hard drugs consumed. Popularity was rated with peer preference scores derived from surveys in which students selected the classmates they liked most and least.

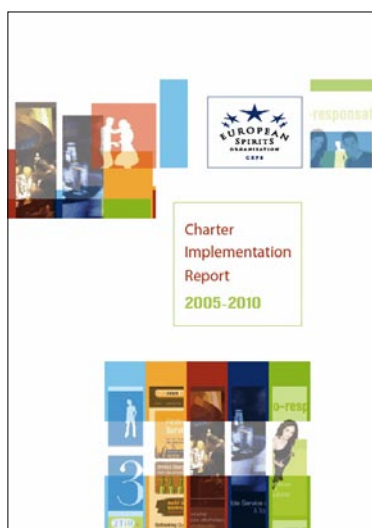
Consumption increased with age for all participants, regardless of their popularity level. However, the more popular students were more likely to consume greater amounts of alcohol and drugs. Between the ages of 10 and 15 years, consumption doubled for popular students with popular friends; this trend was not seen in popular students with friends who were not as popular.

"Teenagers don't consume to belong to the group or to increase their popularity level, they do it to remain well-liked," Fallu said. "It's more about keeping their status than increasing it."

According to the release, less popular children, although not as at great of a risk for alcohol or drug use, are at risk for other deviant behaviours, including violence.

www.nouvelles.umontreal.ca/recherche/sciences-sociales-psychologie/20100927-la-popularite-est-un-facteur-de-consommation-de-droque-a-ladolecence.html

Responsible drinking initiatives from the EU spirits sector 2005-2010



When it adopted the Charter on Responsible Alcohol Consumption in 2005, the European Spirits Organisation committed to report annually on the progress of implementation on the Charter. This report constitutes the fifth and last edition of this review.

Five years after the adoption of the CEPS Charter, implementation has continued in the 24 EU Member States where CEPS has a national member association. All of these markets now have some form of spirits industry backed responsibility initiative. Over the past twelve months further initiatives have been developed and decisions have been taken to reach the objectives set for 2010.

To help implementation of the Charter, the CEPS Secretariat in cooperation with the European Forum for Responsible Drinking (EFRD) has been active in providing support to national member associations and Social Aspects Organisations (SAOs) across Europe. This support has also taken the form of material assistance, such as template guides, platforms to exchange best practices and ongoing bilateral support on programmes. In addition, the EFRD kick-start funding has continued to help CEPS members and national SAOs to develop new initiatives. Large spirits producing companies have also invested in many activities, both individually and by supporting national associations and SAOs.

Major progress on commitments taken in 2005 in the 24 EU Member States where CEPS has a national member association are reported:

Raising consumer awareness on responsible drinking through the inclusion of a Responsible Drinking Message (RDM) on at least 75% of advertising by 2010

The most recent independent monitoring of RDMs in 19 EU countries was commissioned to Xtreme (UK database of advertisements) covering TV and print ads broadcast between October and December 2009, the busiest period for spirits advertising in the year. The results show an overall compliance rate of 72%. Estonia, Finland, Latvia, Poland and Sweden were excluded from reporting on this commitment because advertising is either heavily restricted or health warnings on advertising are required by law rendering the commitment largely irrelevant. For the remaining 19 countries, 12 countries reached the 75% target before the deadline. The remaining 7 countries (except Luxembourg), where RDMs were previously only agreed at individual company level, have now adopted an industry wide rule to introduce an RDM in advertising.

Promoting responsible marketing across Europe

As part of the 2005 commitments, CEPS members aimed to achieve:

- Self-regulation code on spirits advertising (either on their own or as part of the general advertising code).
- Self-regulation provisions covering naming, labeling and packaging of products to ensure that only responsible products are placed on the market.

At the end of the 5 year period, spirits advertising is covered by self-regulation rules in all but Luxembourg and Finland. New codes have been adopted since the last report in 2009 in Malta, Romania, Bulgaria and the Slovak Republic.

In 18 out of 22 countries, self-regulation rules are aligned with the EFRD Common standards including the provision on age of models (not below 25 years old) and the media threshold provisions for minors (the 70/30 rule), either by modifying existing codes or by adopting separate provisions to apply to spirits advertising only. Austria, Belgium, Estonia, and Portugal do not yet include the 70/30 rule in their code.

All the EU countries now have self-regulatory enforcement bodies in place. Most are Self-Regulatory Organisations (SRO) and EASA members, and have made significant progress to comply with the key Principles for Effective Self-Regulation. In Denmark, Malta and Latvia, different systems are in place to enforce codes and handle consumer complaints.

There are now 19 countries with self-regulation rules in place to cover naming, labelling and packaging. In Estonia, Finland and Sweden, the commitment is irrelevant because product development is covered by national legislation. In Portugal and Luxembourg, there are no self-regulation rules.

Although not part of the original commitments, In April 2008, EFRD launched an online training website available free of charge to provide training of marketing professionals (www.marketresponsibly.eu).

Encouraging responsible Drinking by rolling out targeted programmes to increase awareness on responsible consumption and as such help reduce misuse and related-harm

Germany, Spain, Czech Republic, UK, France, Sweden, Denmark, and Finland have invested in education programmes at schools and with parents. Server training initiatives are in place in many markets, either by trade associations or by individual companies in Austria, France, Germany, Greece, Hungary, Ireland, Latvia, Malta, Netherlands, Poland, Spain, UK and are under development in the Czech Republic and Portugal. There are also initiatives to raise awareness of the legal purchasing age in Malta and The Netherlands or to fight against intoxicated behaviour amongst young people, like the Smart Drinking campaign implemented in the UK with involvement of a large range of stakeholders. Five countries have developed pilot interventions to address underage drinking but with no or limited output indicators so far. Seven countries have not reported interventions under this commitment.

Finally, all countries except Finland (where education is provided through the retail monopoly) have initiatives in place with regards to education and by the end of the 2010, all but Finland will have developed a consumer information website. This means that the additions since the last report are Romania, Bulgaria, Estonia, Latvia, Belgium, Malta and Greece (Italy and Luxembourg are also planning

to launch their websites before the end of 2010). To support these initiatives CEPS and EFRD launched an EU portal website www.responsibledrinking.eu in November 2008, where consumers can access their national website.

In 2010, the number of responsibility programmes with EU spirits industry involvement is close to 350 in the EU. In April 2010, CEPS and EFRD launched an EU portal listing all these initiatives: www.drinksinitiatives.eu. To promote the website's use, 5 videos clips have been produced showing good practices. These can be seen on YouTube, as well as the CEPS and EFRD websites.

Next steps:

- There is scope for increasing the coverage, scale and visibility of the programmes already launched.
- Monitoring and evaluation are key to showing the effectiveness of any kind of initiative and should become an integral part of any future programmes development.
- Past experience has demonstrated that spirits producers can achieve more by working together with key stakeholders; consolidating and increasing partnerships at EU, national and local level will remain a priority going forward.

Details of this report will be presented at the CEPS Annual Conference 2010 – 'The Road to 2015 - The Cocktail for Responsible Growth' in Brussels on 16 November.

For more information, visit www.europeanspirits.org or www.efrd.org



Portman Group issues briefing note on the impact and regulation of drinks marketing

The Portman Group has developed a comprehensive briefing note which summarises the research on the relationship between alcohol marketing and alcohol consumption. This relationship has been studied extensively using various methodologies and they find little evidence to suggest that alcohol marketing either encourages non-drinkers, including children, to start drinking or existing drinkers to drink more. The briefing note also outlines the strict regulatory system that applies to alcohol marketing in the UK and explains how these controls are effective and proportionate.

David Poley, Chief Executive, The Portman Group said: "Alcohol marketing in the UK is strictly regulated to ensure it is responsible and aimed at adults. Advertising of alcohol on TV is not allowed if the proportion of under-18s in the audience rises to a certain level. One cannot eliminate under-18s from the audience altogether without imposing a total advertising ban. There is very little evidence to suggest that children's exposure to alcohol marketing is associated with either the onset of drinking or amount consumed. The current restrictions are effective and proportionate."

For more information, visit www.portmangroup.org.uk

Drinking Banning Orders extended in the UK

The power to impose Drinking Banning Orders (DBOs) on conviction has been rolled out to a further 25 local justice areas, the Home Office has announced. DBOs are designed to tackle persistent alcohol related anti-social behaviour, allowing magistrates to attach conditions such as banning people from drinking in public or visiting licensed premises. The orders can last from between two months and two years and breaching can result in a £2,500 fine.

The guidance is available from www.homeoffice.gov.uk/publications/alcohol/guidance-drinking-banning-order?view=Binary

UK Alcohol reform

Two government departments outline their proposals and timetables for possible alcohol reform.

The Home Office and HM Treasury have just released their business plans for 2011-2015.

The Home Office plan states that it will overhaul alcohol licensing to give more power to police and local authorities to meet the concerns of local communities. In order to achieve this it will implement a number of actions, including:

- * Developing proposals to change alcohol pricing to ensure that it tackles binge drinking, including options to ban below-cost sale of alcohol, working with other government departments. Pricing options must be enforceable, compatible with EU trade law and easily implemented by business. (End date, subject to parliamentary approval and timetables - April 2011).

- * Introducing legislation, if necessary, in the second session of Parliament to implement changes to alcohol pricing. (End date, subject to parliamentary approval and timetables May 2012).

HM Treasury's business plan includes a commitment to "Review alcohol taxation to tackle problem drinking" (End date, subject to parliamentary approval and timetables, March 2011).

For more information, visit <http://www.homeoffice.gov.uk/publications/about-us/corporate-publications/business-plan-2011-15/>

New advertising guidelines in Denmark

In line with international Guidelines, The Danish Alcohol Advertising Council has published new alcohol advertising guidelines that aim to protect young children from alcohol advertising. Under the new guidelines, models or actors younger than 25 years may not be used for marketing alcoholic beverages, and alcohol advertising may not take place in media where 30% or more of the users are under 18.

The Danish Consumer Council, which is part of the Alcohol Advertising Council, welcomes the new guidelines.

Social media impacting on young people's attitudes to drinking in Ireland

Speaking at the Launch of the 2010/2011 DARE2BDRINKAWARE.ie competition on 13th October, Fionnuala Sheehan, Chief Executive of drinkaware.ie warned that the increasing popularity of social media is impacting on young people's attitudes to drinking and, in some cases, glorifying drunken behaviour.

Now in its fourth year, DARE2BDRINKAWARE.ie is a film and multimedia competition sponsored by drinkaware.ie and organised by the Digital Hub Development Agency (DHDA). All entries must challenge the relationship between Irish culture and drinking; must be produced entirely by third-level students over the age of 18; and must be made specifically for DARE2BDRINKAWARE.ie.

This year, the competition has a new multimedia category, which means students can submit not only short films as entries but also multimedia projects such as websites, interactive CD-Roms, gaming projects or mobile phone apps.

Winning entries will be chosen for their creativity; artistic and technical quality; and for the insight they offer into students' attitudes to alcohol. The total prize fund is €5,000.

Commenting at the launch of the competition, John Hurley, Director of Learning with The Digital Hub, said "We are delighted to introduce a multimedia category this year because it gives students the

chance to use digital media tools in creative ways to challenge prevailing attitudes about drinking... Rather than glorifying drunkenness through mobile media tools and social networking sites, for example, they could look at how such sites and tools could be used to encourage responsible drinking".

The deadline for receipt of proposals was 11th November 2010. Teams that have submitted successful proposals will then have until 18th March 2011 to produce and submit their short films or multimedia projects and a screening and awards ceremony will take place in April 2011. Further information, visit www.DARE2BDRINKAWARE.ie.



Scotland's proposals for minimum price on alcoholic drinks rejected

On 10 November Scotland's MPs (MSPs) voted on a number of proposals to curb excessive drinking in Scotland.

Opposition parties in the Scottish parliament rejected measures to charge 45p a unit for alcoholic drinks and also voted down proposals to stop supermarkets giving loyalty points for alcohol, and offering discount vouchers or 'meal deals' including alcohol.

But MSPs did support extending a ban on 'irresponsible' drinks promotions by off-licences

and small shops, which prohibit them from offering discounted bulk-buying and cheap drinks promotions. The bill will also allow local councils to introduce a new, discretionary 'social responsibility' tax on shops in areas troubled by drunkenness and alcoholism.

Age laws will be toughened, with all retailers required to ask for proof of age for shoppers who look under 25. Licensing authorities will be required to publish a 'detrimental impact statement', to assess the effect of selling alcohol to under-21s will have in their area.

Hard hitting drink driving campaign film in France

In France the government has launched a new film "Unbearable", as part of its campaign to reduce drink driving amongst young people. The short spot, prepared only for the Internet, was criticised by some in the media as being too violent. The clip was made with the involvement of Patrick Pelloux, the President of the French Association of Doctors from the Emergency field.

Secretary General Pierre Gustin of the French Association Prévention Routière stated: "This is a legitimate campaign: we must raise consciousness and curb the drama experienced every-day by families due to drink driving".

The clip can be viewed at www.youtube.com/watch?v=zTiOA-leX8Q



Italy adopts zero alcohol limit for novice and professional drivers

New legislation adopted in Italy will introduced a new 0 BAC limit for novice and professional drivers. An alcohol limit of 0;00 g/l is now applied for novice drivers having passed the license less than three years before, drivers aged eighteen to twenty-one years old, professional drivers (including Lorry drivers), and taxi drivers. Employers will be allowed to dismiss professional drivers if their licences are suspended for driving because they have driven over the 0.00 g/l limit. For all the other categories of drivers existing penalties will increase if they are caught driving with a blood alcohol level higher than 0.5 g/l.

The penalty for exceeding the relevant BAC limit will vary between 155-624 Euros, plus penalty point withdrawal. The penalties in case of road accidents will be doubled. With a BAC between 0.5 and 0.8 sanctions are increased by one third, and the vehicle is detained for 180 instead of 90 days. The penalties in case of road accidents will still be doubled. The Italian legislator also introduced a test on alcohol and drug abuse as one of the conditions to obtain the license. The new law also prohibits the sale of alcohol in public places. Finally, the alcohol tests will have to be made available to customers in all restaurants, pubs, and discos.

Belgian consumer website launched

A new consumer information website for Belgium is now online. www.educalcohol.be was launched in mid-September 2010 and provides hints, tips and information on how to drink responsibly. A formal launch will take place in Belgium soon. The site 'EduAlcool' is an initiative of the Belgian Federation of Wines and Spirits - FBVS.



TISPOL summer alcohol and drug controls in Europe

A series of controls to enforce drink-driving regulations across Europe saw police conduct more than 420,000 breath tests in 21 countries between 7 and 13 June. The campaign was organised by the European Traffic Police Network (TISPOL). Motorists were checked for both the consumption of alcohol and drugs in the operation 7,699 alcohol and 561 drug offences were detected.

Listening to the 'Voice of Students' to create more effective alcohol communications targeting over-consumption in US

As part of The Century Council's activities during National Collegiate Alcohol Awareness Week (October 17th-23rd), results of a study were presented at the US Department of Education's National Meeting on Alcohol and Other Drug Abuse and Violence Prevention in Higher Education. The research examined binge drinking behaviours of college drinkers and how communications campaigns might be used to reduce over-consumption of alcohol by students.

Among the findings, the research claims to have identified different types of college drinkers for the first time; to have taken an in-depth look at the 'type and tone' of messages that would cause a reconsideration of behaviour; and examined media use as a channel for change.

Richard Band, Director of Strategy and Innovation at Egg Strategy, who conducted the research said that "By recognising and respecting the individual voices of the students, we begin to understand how best to target messaging to reduce dangerous overconsumption among college students."

The key insights brought to light by students are:

- The term binge drinking is not relevant to students nor do they "buy into" the commonly used five drink/four drink definition;
- Communications campaigns should highlight the feelings of over consumption, not the math. Students don't count standard drinks;
- Peer-based messaging works only if it's really about a student's peers, rather than an assortment of students from around campus;

- In general, scare tactics are not effective at connecting with students and are less likely to inspire behaviour change;
- Messages that influence the situational factors surrounding a night of drinking are more readily accepted than those that overtly seek reductions in consumption.

Susan Molinari, Chairman of The Century Council said "The research presented by the Ad Council demonstrates that students don't recognise binge drinking as a problem. What's more, students want to be spoken to with respect, understanding, caring, encouragement, and authenticity. Who can blame them? These findings provide a valuable opportunity to all of us to review and reinvigorate current binge drinking programmes at every level".

The study found that messages should be delivered when the students are not drinking through campus newspapers, online media, and take a further step of harnessing the collective "approval" of social networking to validate and endorse positive behaviour. It also identified other opportunities to deliver related messaging.

American Council on Education President Molly Corbett Broad said "Whether you are persuaded by either societal norms or enforcement philosophy when approaching this complex problem, a 'one size fits all' model will not be enough. I urge college presidents and student affairs professionals to review this important research to see how it might be used to improve alcohol awareness programmes on their own campus."

Éduc'alcool creates a new logo for low-risk drinking in Canada

Éduc'alcool is hoping to reduce episodes of occasional excessive drinking in Quebec, by launching a campaign to promote low-risk drinking. The campaign spells out exactly what moderation means: for women, two drinks a day (10 a week) and for men, three drinks a day (15 a week).

These figures already appear in Éduc'alcool campaigns and feature prominently in institutional advertising. Now they have their own logo - an easy-to-recognise visual representation of the recommended limits, i.e. '2 for women and 3 for men'.

A stand-alone version of the logo shows the male and female figures with numbers for heads and the word MODERATION below.

For more information, visit

<http://www.educalcool.qc.ca>



Parents of Australian school graduates advised to talk to their children about alcohol

'Schoolies Weeks 2010-11' will commence around the country from 19 November. It is the week-long holiday that many Australian high school graduates participate in after completing their final exams. Over time this 'rite of passage' from school to adulthood has come to be associated with a culture of excess alcohol consumption.

DrinkWise Australia offers the following suggestions to parents of graduates who are about to participate in this year's events:

- Talk with your child about the fact that alcohol particularly in high quantities – binge drinking – can cause lasting damage to their developing brain and their brains are developing into their early 20s.
- Emphasise to your 18 year-old that their end of school experience is something that they will want to remember positively and remind them that drinking alcohol in moderation will enhance the likelihood of this.
- Encourage your child to stick with friends who are reliable and will take care of each other's safety

- Research tells us that it is especially important to discuss this with sons because males are less likely to take on a duty of care for their male friends when they are drunk.
- Encourage your 18 year-old to pace themselves and hydrate with non-alcoholic beverages like water.
- Remind your 18 year-old of the importance of pouring or serving their own alcohol so that they know how much they have had to drink.
- Reinforce to them that purchasing alcohol for under 18s may be an offence in some parts of Australia with costly penalties.

Drinkwise Australia also suggest that for parents of younger children, Schoolies Week, provides a timely reminder to discuss alcohol with kids before it becomes an issue, to lead by example, and establish expectations early.

For more information, visit www.drinkwise.org.au/c/dw?a=da&did=1009866

The New Pocheville version launched in Canada

Éduc'alcool is proud to announce that the new and improved version of Pocheville is now online at www.pocheville.ca/. Pocheville (basically, Loserville) is a French-only interactive site designed to make young people more aware of the effects of alcohol abuse.

Pocheville was an instant hit the moment it was launched. Within a year, it became Quebec's seventh largest virtual city, with a 'population' of about 170,000. The programme has also had a major impact on young people's attitudes towards alcohol and drinking. This was demonstrated by a recent study comparing a control group to a group of teens who had visited Pocheville. Most importantly, there was a significant difference between the two groups in terms of their agreement with the following statements (the percentage differential appears in brackets):

- If you abuse alcohol, you risk changing your personality (19%).
- You shouldn't mix alcohol and energy drinks (15%).

- If you abuse alcohol, you could end up in the hospital (12%).
- Alcohol makes you gain weight (11%).
- Drinking makes you happy; abusive drinking makes you unhappy and sick (10%).



Asia-Pacific acts on WHO Global Strategy for reducing alcohol-related harm

In October, The International Center for Alcohol Policies (ICAP) held the 2nd Asia-Pacific Alcohol Forum in Singapore. The Forum aimed to offer an opportunity for key stakeholders across sectors to discuss and respond to the Global Strategy for Reducing Alcohol-Related Harm adopted by WHO earlier this year. The Forum included alcohol producers, non-governmental organizations, industry associations, and government representatives. Delegations from countries around the region outlined new initiatives designed in response to the WHO call to action.

Delegates debated and discussed key issues relating to the implementation of the WHO Global Strategy, including targeted action areas such as drink driving, marketing, underage drinking, reducing negative consequences of intoxication, and illicit and informally produced alcohol.

During the Forum, delegations from several participating countries unveiled plans to step up efforts to implement fair and effective alcohol policy tailored for the local environment:

- The Korea Alcohol Liquor Industry Association (KALIA) has pledged to invest USD \$5 million per year in the prevention of alcohol abuse.

- The delegation forum was able to present a unified and comprehensive approach to alcohol policy with open lines of communication between brewers, distillers, and government ministries. ICAP will soon sign a memorandum of understanding with the National Road Safety Committee for the Hanoi launch of an initiative to focus on drink driving.

- In China, the industry recently took steps to encourage self-regulation among alcohol producers and at the forum announced support for the advertising association in ensuring high standards of responsible marketing. They will also launch a study to explore the size and social impact of the non-commercial alcohol market.

- In order to complement the function of the Thai Alcohol Beverage Business Association (TABBA), the delegation from Thailand announced the imminent launch of Drinkwise Thailand, which will look at the social and health implications of the consumption of beverage alcohol.

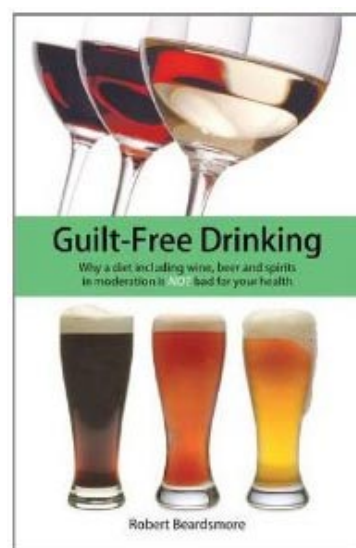
For more information, visit www.icap.org

Book review: Guilt free drinking by Robert Beardsmore

A lay discussion on the issue of whether you can enjoy a glass of your favourite tippie on a regular basis without worrying about your health has been published by Robert Beardsmore and Vinifera Ltd.

Having done a search on alcohol and its effects on the body, the author found more than 50,000 entries via Pubmed. He believes that this level of research, plus the reports from governments and organisations from around the world gives an idea of the scale of effort that has been dedicated to understanding the health consequences of alcohol consumption - which he outlines by key issue, such as coronary heart disease and cancer. His personal interpretations on alcohol and health are supported by medically qualified editing of his findings. The book also looks at the alcohol policy debate and political issues.

To obtain a copy of the book email admin@viniferabooks.co.uk or phone @ 01223 813384



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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