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

<table>
<thead>
<tr>
<th>News from around the world</th>
<th>Medical News</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Medical News**

A statement on alcohol and cancer that ignores the net health effects of moderate drinking, such as increasing longevity of life

Does alcohol intake increase the risk of obesity?

The protective role of low concentration alcohol in high-fructose induced adverse cardiovascular events in mice

Effects of white wine consumption on weight in rats: Do polyphenols matter?

Sex differences in the association of alcohol with cognitive decline and brain pathology in a cohort of octogenarians

Alcohol-based jelly implant could kill cancer cells

Alcohol consumption and aortic calcification in healthy men aged 40-49 years

Cardiovascular and cutaneous responses to the combination of alcohol and soft drinks: The way to orthostatic intolerance?

Research indicates that moderate alcohol consumption by breastfeeding causes no harm to the baby

**Social and Policy News**

Cultural values can be a strong predictor of alcohol consumption

Factors predicting local effectiveness of impaired driving laws, British Columbia, Canada

Age of alcohol initiation and progression to binge drinking in adolescence

Do emotions related to alcohol consumption differ by alcohol type?

Influence of affordability of alcohol on educational disparities in alcohol-related mortality in Finland and Sweden

Parental attention can reduce risk of drug abuse in adolescence

Do alternative treatment services for intoxicated attenders reduce the burden on emergency services?

Minimum price for alcohol to be implemented in Scotland

Substance misuse treatment for young people: statistics 2016 to 2017

UK Liver Disease Burden report

CAMRA and Drinkaware announce London low alcohol beer competition

Supermarket self-service tills replace ID checks with facial recognition

Men aged 35-75 who drink alcohol due to social pressure

Coca-cola's designated driver scheme

HM Treasury publishes responses and next steps following Alcohol Structures Consultation

Irish authorities seize counterfeit alcohol worth €460k

Time capsules reveal history of UK's first 'sober' hospital

Evaluating the impact of PSHE on students’ health, wellbeing and academic attainment

Shops breathalyse alcohol buyers in Wales

Christmas campaign works with Kiss FM to stop friends from drink driving

Alcohol fraud reporting line opens in the UK

SpiritsEUROPE appoints a new Director General and welcomes a new President

RSA launch Christmas campaign in Ireland

Eurostat report spending on alcohol across Europe

Moderate alcohol consumption within a balanced lifestyle – conference at the European Parliament

‘Responsible Party’ has some impact on students’ drinking habits, report finds

Changing the Game: 30 Years of Drug and Alcohol Research

Database of studies and measures to help policymakers

US colleges plans to reduce alcohol misuse

European Commission may introduce a common zero BAC limit for all novice drivers

Pregnancy health warnings on alcoholic beverages in Australia and New Zealand

In Canada alcohol related traffic deaths drop, but marijuana-linked fatalities rise

New digital archive of alcohol, tobacco and other drug books and documents

The Wine & Spirit Education Trust joins the Wine in Moderation Programme

In Australia poorest far more likely to die of preventable illness

Report calls for national resilience strategy in the US

Public involvement in alcohol research

Éduc'alcool - Two new publications for young people

New South Wales bill to ban alcohol advertising is challenged

Diet, smoking and alcohol main causes of death in OECD countries
Japan

The US military has imposed an alcohol ban on all its troops in Japan after a US Marine was involved in a fatal accident on the southern island Okinawa. Police arrested the 21-year-old Marine on suspicion of negligent driving resulting in injury or death, and driving under the influence of alcohol. About 25,000 American troops are stationed on Okinawa and local residents have expressed concerns in the past about military crime and crowding on the island. Troops on the southern island have been restricted to base and their residences, until further notice.

Denmark

According to new figures from two hospitals in Copenhagen, drinks spiking is becoming a bigger problem every year. There have been 160 reports to the poison hotline at Bispebjerg and Frederiksberg hospitals so far in 2017, which is already 40 more than last year and more than double the 74 cases reported in 2013. It is also likely that the problem is probably far greater than reported.

Singapore

A research team from the National University of Singapore (NUS) has successfully turned tofu whey, a liquid that is generated from the production of tofu and is often discarded, into an alcoholic beverage, which they named Sachi. The innovative fermentation technique also enriches the drink with isoflavones, which are antioxidants that have many health benefits.

Thailand

In Thailand, tourists will risk a jail term plus a fine, in future, if they enter national parks with alcohol beverages. Department of National Parks, Wildlife and Plant Conservation’s Director-General Thanya Netithammakun commented that banners are being installed at national parks across Thailand to ensure all tourists comply with the rule and that those found drinking alcohol will also be immediately expelled from the parks.

US

Lawmakers in New Jersey have passed a bill that makes operating a drone under the influence of alcohol a disorderly persons offense, which carries a sentence of up to six months in prison, a $1,000 fine or both. The National Conference on State Legislatures says at least 38 states are considering drone legislation this year.

Australia

People caught drink or drug driving more than once in will be forced to do a rehabilitation course if they want to get their licence back, under new laws passed by South Australia’s Parliament. Previously, repeat offenders were forced to sit a drug dependency test, and those who failed were directed into rehab courses. The new laws move away from the dependency test, meaning all repeat offenders must do the course.
A statement on alcohol and cancer that ignores the net health effects of moderate drinking, such as increasing longevity of life


Authors’ Abstract

Alcohol drinking is an established risk factor for several malignancies, and it is a potentially modifiable risk factor for cancer. The Cancer Prevention Committee of the American Society of Clinical Oncology (ASCO) believes that a proactive stance by the Society to minimize excessive exposure to alcohol has important implications for cancer prevention. In addition, the role of alcohol drinking on outcomes in patients with cancer is in its formative stages, and ASCO can play a key role by generating a research agenda. Also, ASCO could provide needed leadership in the cancer community on this issue.

In the issuance of this statement, ASCO joins a growing number of international organizations by establishing a platform to support effective public health strategies in this area. The goals of this statement are to:

- Promote public education about the risks between alcohol abuse and certain types of cancer;
- Support policy efforts to reduce the risk of cancer through evidence-based strategies that prevent excessive use of alcohol; Provide education to oncology providers about the influence of excessive alcohol use and cancer risks and treatment complications, including clarification of conflicting evidence; and
- Identify areas of needed research regarding the relationship between alcohol use and cancer risk and outcomes.

Forum Comments

There are a number of problems with this publication. The authors show increases even from light drinking for several cancers (oral cavity and pharynx, squamous cell carcinoma of the esophagus, and breast cancer). Forum member Ellison stated: “I am not sure that the associations between light drinking and upper aero-digestive tract cancers have been clearly shown, although most studies suggest a slight increase for breast cancer even among light drinkers. However, the authors do not define the limits for the categories of light, moderate, or heavy drinking. And, obviously, they do not bring up the risk of under-reporting of alcohol when showing increased risk of certain cancers from light drinking, the importance of which has been illustrated well by Klatsky et al.”

Reviewer De Gaetano stressed that “A major problem in this publication is that the authors continually mix effects of light to moderate drinking with heavy drinking or alcohol abuse, not clearly delimiting differences in health effects. When they simply say ‘alcohol’ most often they refer to heavy consumption.”

The authors bring up the question of different effects according to the type of beverage consumed, but then give only one reference (from IARC) saying that the effects are the same for all beverages. They ignore a much larger group of studies showing differential effects, especially between wine and spirits consumption (as summarized in a meta-analysis by Costanzo et al, 2011).

Similarly, the authors of this paper mention the importance of the pattern of drinking, but do not provide a discussion of binge versus regular moderate intake, which are the most important differences in drinking patterns associated with adverse effects. Instead, they have a long discussion of “higher rates are seen in sexual and gender minority populations (ie, lesbian, gay, bisexual, transgender, and intersex)” and talk about “increased alcohol use and abuse among lesbian, gay, and bisexual youth.”

Marked selectivity in the references cited: Forum member Ellison stated: “In the text, the authors mention many of the potentially beneficial health effects of moderate drinking, but then find a paper to discredit the association; they are very selective in their references, rather than presenting data based on the majority of studies available on the topic.” Reviewer Stockley agreed: “It was frustrating that data dismissing an association between light to moderate alcohol consumption and cardio-protection is selectively cited rather than the voluminous data
supporting a j-shaped relationship between alcohol consumption, cardiovascular disease, diabetes and all-cause mortality.”

Other Forum members agreed that the authors of this paper were extremely selective in choosing the references to support their conclusions. While most of the increases in risk of specific cancers are based on reasonable studies, the authors fail to mention meta-analyses/large studies (e.g., Cao et al, and most recently that of Choi et al) other than the single one they quote that fails to support many of the associations described, especially between light drinking and certain cancers.

Multiple factors affecting the risk of cancer: Reviewer van Velden stated: “To view alcohol consumption reductionistically, without taking into consideration other lifestyle habits, we cannot come to realistic conclusions. Empirical science must take a systematic view on this issue to exclude other confounding variables that may influence the results. The etiology of cancer does not depend on diet (or alcohol) alone, but genetic factors interacting with environmental influences and increased longevity are major drivers for cancer. We must have a holistic view on cancer causation and cancer prevention. The question is not always why we get cancer, but why our resistance to cancer dropped.”

Reviewer Estruch pointed out the importance of analyzing the effects of alcohol intake within the umbrella of the dietary pattern of participants included in cohort studies. “In our experience the effects of alcohol intake (even in moderate doses) on cancer depend on the dietary pattern. Subjects who consume a traditional Mediterranean diet, even when consuming moderate amounts of alcohol (mainly wine), reduce the incidence of cancer and specially cancer mortality, whereas those who drink moderately but follow an unhealthy diet, increase the incidence of cancer.”

Forum member Estruch continued: “In addition, I would also add that consumption of healthy foods varies according to countries. Thus, participants in the UK EPIC-Oxford study (health conscious, large proportion vegetarian and vegan) had higher consumptions of vegetables, legumes, fruits, and vegetable oils than the general UK population, but their intake was substantially lower than that observed in the Spanish general population (Slimnai et al). In other words, perhaps we cannot analyze the effects of alcohol consumption on cancer incidence in different countries without taking into account a precise evaluation of the dietary pattern, food and nutrients consumed by the participants.”

Evaluating the risk of developing cancer from alcohol in contrast to the effects of alcohol among subjects being treated for cancer: The authors state: “Light alcohol use among cancer survivors has been perceived as potentially beneficial for treatment-related adverse effects, although there is little evidence to support this concept,” but they do not reference studies showing such effects. They also discuss the effects of alcohol on appetite, and quote one clinical trial lasting for 3-4 weeks that did not show a significant effect on appetite; that study reported: “Twenty-eight patients (48%) in the wine arm reported an improvement in appetite at some point during the treatment period, whereas 22 patients (37%) assigned to the nutritional supplement arm also reported improvement (p = 0.35).” Their conclusions, even if correct, should not be based on one small study.

Ignoring the “net health effects” of moderate drinking on total mortality: Forum members were especially concerned that the authors failed to mention the most important net health effect of alcohol: the effect on total mortality. In essentially all cohort studies, moderate drinkers live longer. The authors state in the text that “larger studies and meta-analyses have failed to show an all-cause mortality benefit for low-volume alcohol use compared with abstinence, or intermittent use, which suggests the lack of a true benefit to daily alcohol use,” quoting only articles by Stockwell et al and by Goulden. They carefully ignored the extensive reported evidence from most studies that shows the opposite (e.g., Klatsky & Udaltsova, and recently summarized by Xi et al and by de Gaetano & Costanzo).

De Gaetano also reflected on the disregard of the authors for discussing the net effects of alcohol on total mortality: “Our group has had many publications on this topic, all of which showing the benefit on cardiovascular risk (Costanzo et al, 2010; Costanzo et al, 2011) and total mortality (Di Castelnuovo et al) associated with light-moderate alcohol consumption. We have always mentioned that heavy and/or irregular alcohol consumption (binge drinking) is
harmful, and have always tried to provide balanced information of the dose-relationship between alcohol and outcomes. All of our studies support what has been described as a J-shaped curve for the association of alcohol with mortality (de Gaetano & Costanzo).”

Forum member Skovenborg commented: “Two years ago I wrote a book, ‘Wine and women – from useful knowledge to healthy enjoyment’. In the chapter discussing the association between alcohol consumption and cancer incidence and death I designed a figure based on the official Danish death statistics illustrating the risk of dying from cancer before the age of 75 years (24 women out of 200 women) and the risk of dying from an alcohol-related cancer before the age of 75 years (1 woman out of 200 women) to put the alcohol-cancer discussion into some perspective.” He and other Forum members consider that the failure by the authors to mention total mortality was a serious omission in this publication.

What was the purpose of this publication? While the data presented in the text of this paper relate to the effects of alcohol on the risk of developing cancer and the effects on patients being treated for cancer, the discussion is almost completely devoted to policy decisions to decrease drinking in the population (a topic unrelated to the data presented in the text). Stated Forum member Stockley: “I was confused why a medically-orientated manuscript would include discussions of public health policy, which is both complex and cultural.” The authors describe many ways of decreasing alcohol consumption in the population, but do not provide any data about whether or not the measures they propose may be successful.

Perhaps, most importantly, the authors do not discuss the potential weaknesses of the data on alcohol and disease that they quote (always a potential problem in observational studies), yet they end up thinking that they have the “correct final answer.” Then, they spend pages of discussion about policy: describing ways of decreasing alcohol consumption in the population, even though their paper does not provide any data upon which to base their assumptions. The paper ends up as a tirade against any alcohol consumption.

Forum member Finkel, an oncologist, felt very strongly about this publication: “Frankly, I feel some sense of embarrassment as a member of the American Society of Clinical Oncology, probably since its founding or nearly so. This paper looks to me like a piece of political parroting, a polemic, not an objective scientifically based document. It again chews the cuds of tired old arguments that have been long since and repeatedly corrected. Some things just won’t stay dead! It deliberately ignores evidence and literature it doesn’t like, while selecting from the canon of the prohibitionist zealots among us, whose tirelessness might be admired were they intellectually honest.

“The mountain of epidemiological evidence and the hill of laboratory research supporting the J-shaped curve and the reduction of deaths among light and moderate drinkers threatens to bury this paper with the shame it deserves. While we have long known that the risks of a few cancers are increased by excessive drinking, the rest of the relationships still require clarification. What is clear, despite efforts to not see, are the net benefits of sensible drinking. Propaganda won’t help anyone.”

References from Forum review


Xi B, Veeranki SP, Zhao M, Ma C, Yan Y, Mi J. Relationship of Alcohol Consumption to All-Cause, Cardiovascular, and Cancer-Related Mortality in U.S. Adults. J Am Coll Cardiol 2017;70:913–922

**Forum Summary**

The present publication is an attempt by the American Society of Clinical Oncology to describe the relation between alcohol consumption and cancer, including the effects on the risk of developing cancer and effects among subjects currently being treated for cancer. It came to the conclusion that there is a need for the public to be warned about the use of alcohol because of its effects on cancer, and describes numerous approaches for decreasing alcohol use in the population.

Forum members considered this paper to markedly distort the associations between alcohol consumption, especially light drinking, and health outcomes. The authors were particularly remiss in not describing the net health effects of light to moderate consumption: longer longevity of life. Their long discussion of policy implications, and ways of decreasing alcohol use in the population, were unrelated to the data they presented, and failed to describe how complex and culturally specific such recommendations are. The authors describe many ways of decreasing alcohol consumption in the population, but do not provide any data about whether or not the measures they propose are successful.

While all Forum members agree that heavy alcohol consumption increases the risk of several cancers (information that oncologists should be aware of), light drinking has generally been associated only with a slight increase in breast cancer, but not with other types of cancer (especially when underreporting of intake is considered). Further, factors such as dietary folate intake, patterns of drinking such as binge versus regular moderate drinking, and type of beverage generally consumed have been shown to modify this relation. Also, regular light or moderate drinking has been consistently shown to decrease the risk of cardiovascular disease (the leading cause of death), diabetes, dementia, and even total mortality, associations largely ignored in this paper.

Our Forum considers that this publication from the American Society of Clinical Oncology misses an opportunity to provide, for oncologists and for the public, up-to-date and balanced information of the true relations of alcohol consumption to the risk of cancer and other health outcomes. They have especially ignored the effects of moderate drinking on the risk of total mortality.

Comments on this critique by the International Scientific Forum on Alcohol Research have been provided by the following members:

Giovanni de Gaetano, MD, PhD, Department of Epidemiology and Prevention, IRCCS Istituto Neurologico Mediterraneo NEUROMED, Pozzilli, Italy

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

Ramon Estruch, MD, PhD, Hospital Clinic, IDIBAPS, Associate Professor of Medicine, University of Barcelona, Spain

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

Fulvio Mattivi, MSc, CAFE – Center Agriculture Food Environment, University of Trento, via E. Mach 1, San Michele all’Adige, Italy

Linda McEvoy, PhD, Department of Radiology, University of California at San Diego (UCSD), La Jolla, CA, USA
Two recently published papers find little association with alcohol consumption and bladder cancer.

In the first study, researchers reviewed the influence of nutrition and lifestyle on bladder cancer incidence and recurrence and summarised food items, diets and lifestyle practices that physicians may wish to prioritise for discussion with their patients.

The study results suggest an association between bladder cancer incidence and several food items including meat, milk products and oil. Micronutrient deficiency is associated with bladder cancer risk; however, it remains unclear if micronutrient supplementation can modify bladder cancer incidence. Total fluid intake, alcohol, coffee and tea seem to have no influence on bladder cancer incidence. There is weak evidence that stress, anxiety and lack of sleep may increase the risk of developing bladder cancer, whereas exercise may reduce the risk of dying from it.

The authors conclude that several dietary items and life styles are associated with bladder cancer incidence and recurrence. However, besides smoking cessation, there is no evidence that a certain diet or lifestyle can decrease bladder cancer incidence.


Authors of the second study state that the association between alcohol consumption and bladder cancer risk has been insufficiently investigated in East Asian populations, who frequently have the inactive enzyme for metabolising acetaldehyde. Given that acetaldehyde associated with alcohol consumption is assessed as a carcinogen, consideration of differences in acetaldehyde exposure would aid accuracy in assessing the bladder cancer risk associated with alcohol consumption. The researchers conducted a population-based cohort study in Japan of 45,649 men and 50,266 women, aged 40-69 years to examine this association, including information on the flushing response as a surrogate marker of the capacity of acetaldehyde metabolism. During follow up from 1990 through 2012, 354 men and 110 women were newly diagnosed with bladder cancer.

No significant association between alcohol consumption and bladder cancer risk was observed in the overall analysis. Among male flushers, HRs were 1.04 (95% CI 0.70-1.54), 1.67 (1.16-2.42), 1.02 (0.62-1.67) and 0.63 (0.33-1.20) for alcohol consumption of 1-150, 151-300, 301-450, > 450 g/week of pure ethanol compared with non- and occasional drinkers, respectively, indicating an inverted U-shaped association between alcohol consumption and bladder cancer risk. In contrast, no significant association was identified among male non-flushers.

The researchers say that the marginally significant interaction between alcohol consumption and the flushing response may support their hypothesis that acetaldehyde derived from alcohol consumption is associated with bladder cancer risk, but evidence for this association was not found in this study.

Does alcohol intake increase the risk of obesity?


Authors’ Abstract

Objective: The aim of this study was to prospectively investigate the potential effects of alcohol by subtype on reported long-term weight change.

Methods: This study examined changes in alcohol intake (total, wine, light beer, regular beer, and liquor) and simultaneous changes in reported body weight within 4-year periods from 1986 to 2010 from US men in the Health Professionals Follow-Up Study. The study adjusted for age, changes in lifestyle and dietary covariates, and cardiovascular risk factors.

Results: The study included observations of 44,603 four-year periods from 14,971 men. Total alcohol, total beer, regular beer, and liquor intakes, modeled as the increase in weight per increase in drinks per day, were each directly associated with moderate weight gain over the 4-year periods, in pounds: total alcohol: 0.23 (0.10 to 0.35); total beer: 0.29 (0.08 to 0.51); regular beer: 0.61 (0.22 to 1.00); and liquor: 0.28 (0.09 to 0.48). Results for wine and light beer were as follows: wine: 0.16 (-0.04 to 0.36) and light beer: – 0.38 (- 1.07 to 0.08). Results were strongest for men <55 years old.

Conclusions: Increased alcohol consumption was associated with minor reported weight gain at levels unlikely to be clinically meaningful. Beverage-specific differences were not substantial enough to make dietary recommendations for weight loss or maintenance by beverage type. The greatest risk of weight gain was among men who increased consumption to levels well above moderation.

Forum Comments

The public, and scientists, have long been concerned about the relation between alcohol consumption and weight gain. A frequent comment, especially among women, is “I would like to have a glass of wine, but I am worried about the calories.” Indeed, all alcoholic beverages contain calories, but it may be somewhat surprising that most epidemiologic studies do not find that light or moderate drinkers weigh more than their abstaining peers (Sayon-Orea et al), and some even show lower weight among moderate drinkers than among abstainers (Thomson et al; Dumesnil et al; MacInnis et al).

The potential lack of increased risk of obesity among consumers of alcohol has been a scientific question for many years: could it be a lower effect of alcohol calories in relation to those from other foods, a decrease in other calories among drinkers, changes in satiety from alcohol consumption, or other factors? The physiologic mechanisms for the association remain unclear.

The present study is important as it describes the effects on weight of changes in alcohol intake over repeated 4-year periods among almost 15,000 health professionals, followed over 24 years. Its strengths include being a cohort study with repeated assessments of alcohol intake and body weight; the multiple assessments served indirectly as adjustments for within-person variation and reporting error. Further, as the investigators state, “The relative demographic homogeneity of the population is a potential advantage as it helps reduce residual confounding by by unmeasured lifestyle characteristics associated with alcohol intake patterns.”

Without any consideration of alcohol consumption, the analyses indicate an average increase in weight of the subjects of 2 pounds for each 4-year period of observation. Overall, increasing alcohol intake was associated with a slightly greater average weight gain over the 4-year periods: 0.23 pounds for total alcohol intake; 0.61 pounds for regular beer; and 0.28 pounds for liquor. Wine intake and light beer intake were not significantly related to weight change.

As for total alcohol intake, in comparison with subjects who did not change their intake over time, those increasing their intake by 2 or more drinks/day gained an average of 0.62 pounds while those who decreased their alcohol intake by 1 to ≤ 2 drinks/day showed a decrease in weight of 0.55 pounds (but those who decreased their alcohol intake more did not change their weight). It should be noted that, in general, changes in alcohol intake related to weight changes in the expected direction (a slight increase for subjects increasing alcohol intake and a small decrease for most groups decreasing their alcohol intake), but all of the differences were very small.

The investigators conclude that any effects of drinking on weight are very minor, and probably of no clinical significance. While effects on weight gain
were slightly lower among consumers of wine and light beer than for those consuming regular beer or spirits, they were not large. The study does not present data on the mechanisms of such associations.

Specific comments from Forum members: Forum member Finkel noted: “The relationship between weight and drinking used to engage my interest, much to my puzzlement. I recall odd and mysterious results in a number of studies, including unexpected differences between the sexes and for wine versus other beverages. I haven’t seen much on this area lately, so am pleased to welcome this study, especially because it is from a group with a reliable track record. The results reported by this paper are not out of line with those of the previous with which I am familiar. Basically, the bottom line message is ‘no big deal.’ The question, though, remains whether alcohol or some element in wine alters caloric metabolism. Or is it just that drinking may variably alter food intake – or is this too simple?”

Finkel continued: “There still is misconception, even among physicians, that dry wine, for example, is ‘full of carbohydrates,’ and thus contraindicated even for mild diabetics, and that even moderate drinking leads to significant weight gain. This paper might help dispel that among those willing to listen.” Added reviewer Ellison: “Given that patients with diabetes who are moderate drinkers have a considerable reduction in their risk of cardiovascular disease (the leading cause of death among diabetics), it is important that they be given accurate information on alcohol effects.”

Reviewer van Velden commented: “In our own studies, we have found that moderate wine consumption had a beneficial effect on patients with the Metabolic Syndrome. The refined carbohydrates in the grape juice have been fermented to ethanol, and do not affect the blood glucose concentration and insulin secretion. Many patients have insulin resistance and cannot tolerate glucose or fructose in the diet. Our wine-drinking patients did not gain weight, but this may also be because they have a balanced, Mediterranean-type diet.

“It seems that there is a world-wide reaction against the old food guide pyramid, as proposed by the US dietary guidelines, with the emphasis on carbohydrates and low fat intake. Any diet that limits the intake of refined carbohydrate is beneficial. Our studies do not suggest that moderate wine intake leads to weight gain.”

Reviewer Goldfinger wrote: “In general wine reportedly has about 2 – 4 gm CHO/80 – 120 kcal per glass depending on size and color. There are clearly misconceptions with respect to CHO load from wine. Some people just don’t get that the sugars are gone after fermentation (minimal residual sugars are just that).

“As a practitioner, I can say that patients report weight loss when wine and other alcoholic beverages are excluded. My suspicion is that those who have weight shifts based on moderation of their alcohol consumption are consuming greater volumes. A sensitive and scientific review of this paper and this topic is warranted, linking this topic with salutary effects on metabolic syndrome seen previously.”

Forum member Thelle noted: “This is obviously an area which deserves further research. One of the most recent reviews on the issue (Traversy et al) concludes: “In general, recent prospective studies show that light-to-moderate alcohol intake is not associated with adiposity gain while heavy drinking is more consistently related to weight gain. Experimental evidence is also mixed and suggests that moderate intake of alcohol does not lead to weight gain over short follow-up periods. There are few experiments, but one comparing water and wine is by Golan et al, which concludes: ‘Moderate wine consumption, as part of a Mediterranean diet, in persons with controlled diabetes did not promote weight gain or abdominal adiposity.’”

Reviewer Ursini commented: “Let me put the question from the point of view of biochemistry and metabolism (textbook level): ethanol is practically fat. It produces AcCoA from which you get carbonic anhydride or triglycerides. Glucose and insulin make the difference. Thus it would be reasonable to expect that it is the CHO content in the diet together with ethanol that favours obesity. Ethanol just provides the carbon atoms that will become fat.”

Alcohol and body weight: an association affected by many factors: Forum member Skovenborg provided a good overview of how a number of factors may modify the association between alcohol consumption and body weight. “Contrary to the conventional perspective, recent research has shown that calories from different foods affect hunger, hormones,
and energy expenditure in ways that cannot be explained by consideration of caloric balance alone. For example, energy expenditure decreased by 325 kcal per day among volunteers in a crossover study who consumed a low-fat diet compared with when they consumed a calorie-matched low-carbohydrate diet (Ebbeling et al).

“Genetic factors must also be considered in studies of the effect of alcohol intake on body weight. A study of the response to long-term overfeeding in identical twins found a mean weight gain of 8.1 kg, but the range was 4.3 to 13.3 kg. The alterations in body weight were characterized by about three times more variance between the pairs of twins than within pairs. The man who gained the most weight (13.3 kg) had no evidence of energy dissipation by any mechanism whereas in the man who gained the least weight (4.3 kg) only about 40 percent of the extra calories were deposited as body tissues (Bouchard et al).

“A subject's BMI may also interact with alcohol consumption in the effects on body weight. In an experimental study of the effect of adding 630 calories of alcohol to the diet of 12 men, the addition of alcohol did not cause weight gain in lean individuals; however half of the obese individuals definitely gained weight when the diet was supplemented with alcohol (Crouse et al). In the present study, Downer et al examined the possible effect modification of baseline body weight by stratifying on BMI (but only for BMI >25 and BMI 25-27,5) and found no difference.

“The drinking patterns of subjects may also relate to the effects of alcohol intake on body weight. In a large Danish cross-sectional study of 25,325 men and 24,552 women aged 50-65 years, for a given level of total alcohol intake, obesity was inversely associated with drinking frequency, whereas the amount of alcohol intake was positively associated with obesity. These results indicate that frequent drinking of small amounts of alcohol is the optimal drinking pattern in this relation (Tolstrup et al). A French cross-sectional study of 7,855 men aged 50–59 years found the number of drinking episodes inversely correlated with body mass index and waist circumference. The odds ratio for obesity was 1.8 (CI 1.3–2.4) for occasional (1–2 days/week) and 1.6 (1.2–2.1) for more frequent (3–5 days/week, but not daily) drinkers compared with daily drinkers (Dumesnil et al). In the present study, Downer et al did not report the drinking patterns of the cohort; however, a good guess would be that most Health Professionals were not frequent drinkers. Apart from the missing information on drinking patterns the authors must be complimented on their heroic efforts to adjust for a multitude of confounders.”

Reviewer Waterhouse described the carefully controlled intervention trial done by Rumpler et al on the effects of alcohol consumption on weight. “Rumpler et al at USDA had a fairly definitive conclusion on energy utilization from alcohol consumption, based on a trial comparing the consumption of carbohydrate vs ethanol in a very controlled environment. Weight gain over 16 weeks was very slight and was negative in a low-fat diet, and if anything ethanol in the diet instead of carbohydrate reduced final weight. These scientists concluded: ‘Total energy expenditure for 7 weeks was the same when subjects consumed either ethanol or carbohydrate. These data clearly show that, on an energy basis, ethanol and carbohydrate are utilized in the diet with the same efficiency. These data are consistent with the efficiency of use of alcohol for maintenance of metabolizable energy [with that from alcohol] being the same as that for carbohydrate.”

References
Forum members considered this to be a very well-done analysis of repeatedly collected exposure and outcome data among health professionals over an extended period of time. Adjustments were made for known potential confounders associated with changes in weight and appropriate sensitivity analyses were done. While the paper indicates that calories from alcohol are metabolized similarly to those from other foods and do affect weight change, the changes associated with moderate alcohol intake appear to be very minor and would be expected to have very little effect on the development of obesity.

Contributions to this critique by the International Scientific Forum on Alcohol Research have been provided by the following members:

R. Curtis Ellison, MD, Professor of Medicine, Section of Preventive Medicine & Epidemiology, Boston University School of Medicine, Boston, MA, USA
Harvey Finkel, MD, Hematology/Oncology, Boston University Medical Center, Boston, MA, USA
Tedd Goldfinger, DO, FACC, Desert Cardiology of Tucson Heart Center, University of Arizona School of Medicine, Tucson, AZ, USA
Erik Skovenborg, MD, specialized in family medicine, member of the Scandinavian Medical Alcohol Board, Aarhus, Denmark
Dag S. Thelle, MD, PhD, Department of Biostatistics, Institute of Basic Medical Sciences, University of Oslo, Norway; Section for Epidemiology and Social Medicine, Sahlgrenska Academy, University of Gothenburg, Sweden
Fulvio Ursini, MD, Dept. of Biological Chemistry, University of Padova, Padova, Italy
David Van Velden, MD, Dept. of Pathology, Stellenbosch University, Stellenbosch, South Africa
Andrew L. Waterhouse, PhD, Department of Viticulture and Enology, University of California, Davis, USA

The public, and scientists, have long been concerned about the relation between alcohol consumption and weight gain, as all alcoholic beverages contain calories. However, most epidemiologic studies do not find that light or moderate drinkers weigh more than their abstaining peers, and some even show lower weight among moderate drinkers than among abstainers. The reasons for this apparent effect are unclear.

The present study is important as it describes the effects on weight of changes in alcohol intake over repeated 4-year periods among a large cohort of health professionals, followed for 24 years. They found very slight increases in weight (mostly less than one-half pound over a four-year period) for subjects consuming alcoholic beverages; these were statistically significant for regular beer and liquor, but not for wine or light-beer. Overall, the largest increases in weight (still, only an increase of 0.6 pounds) were seen for subjects increasing their alcohol by an average of 2 or more drinks/day. For subjects decreasing their alcohol intake over the periods, there was a slight decrease in weight, still only about one-half pound or less.

The investigators conclude that any effects of drinking on weight are very minor, and probably of no clinical significance. While effects on weight gain were slightly lower among consumers of wine and light beer than for those consuming regular beer or spirits, the differences were not large. The study does not present data on the mechanisms of such associations.
The protective role of low-concentration alcohol in high-fructose induced adverse cardiovascular events in mice

Cardiovascular disease remains a worldwide public health issue. As fructose consumption is dramatically increasing, it has been demonstrated that a fructose-rich intake would increase the risk of cardiovascular disease. In addition, emerging evidences suggest that low concentration alcohol intake may exert a protective effect on cardiovascular system.

A study investigated whether low-concentration alcohol consumption would prevent the adverse effects on cardiovascular events induced by high fructose in mice. From the results of hematoxylin-eosin staining, echocardiography, heart weight/body weight ratio and the expression of hypertrophic marker ANP, the researchers found that high-fructose resulted in myocardial hypertrophy and the low-concentration alcohol consumption would prevent the cardiomyocyte hypertrophy from happening. In addition, they observed low-concentration alcohol consumption could inhibit mitochondria swollen induced by high-fructose. The elevated levels of glucose, triglyceride, total cholesterol in high-fructose group were reduced by low concentration alcohol.

Low expression levels of SIRT1 and PPAR-γ induced by high-fructose were significantly elevated when fed with low-concentration alcohol. The histone lysine 9 acetylation (acH3K9) level was decreased in PPAR-γ promoter in high-fructose group but elevated when intake with low concentration alcohol. The binding levels of histone deacetylase SIRT1 were increased in the same region in high-fructose group, while the low concentration alcohol can prevent the increased binding levels.

Overall, the study indicates that low concentration alcohol consumption could inhibit high-fructose related myocardial hypertrophy, cardiac mitochondria damaged and disorders of glucose-lipid metabolism. Furthermore, these findings also provide new insights into histone acetylation-deacetylation mechanisms of low-concentration alcohol treatment that may contribute to the prevention of cardiovascular disease induced by high-fructose intake.


Effects of white wine consumption on weight in rats: Do polyphenols matter?

The effects of white wine and the role of wine polyphenols on weight gain in rats of different age were examined in the 4-week-voluntary-consumption trial.

The effect of a standard white wine, low in polyphenols, and macerated high polyphenolic content white wine were compared. One- and three-month-old Sprague-Dawley male rats (n = 78) were used. Each age group was subdivided into water-only-drinking controls (C), standard wine, and high polyphenolic content wine-drinking animals. Daily wine and total liquid consumption, food intake, and body weight were measured, and energy intake and feed efficiency index were calculated.

In both age categories, all wine-drinking animals consumed less food and gained less weight in comparison to the controls (181 ± 2, 179 ± 6, and 201 ± 5 in younger animals and 32 ± 5, 28 ± 6, and 47 ± 4 grams in older animals, resp.), regardless of wine type. Total energy intake was the lowest in high polyphenolic content wine-drinking animals. Wine-drinking animals gained less weight in comparison to controls, regardless of the wines’ polyphenol content.

The authors state that although the results of this study are indicative of the major role of nonphenolic constituents of the wines (probably ethanol), the modifying role of wine phenolics on weight gain cannot be excluded as the group consuming high polyphenolic content wine had lower total energy intake than other groups.

Sex differences in the association of alcohol with cognitive decline and brain pathology in a cohort of octogenarians

The beneficial effects of moderate alcohol in aging men and women may differ. The cognitive and functional decline and neuropathology were investigated in a cohort of aging men and women with diverse alcohol histories.

Non-demented autonomously living participants were tracked in longitudinal aging studies to examine self-report and objective tests of rates of decline in a cohort (n=486) of octogenarians. Neurofibrillary tangles (NFTs; Braak stage) and neuritic plaques (NPs) were staged at autopsy in a subset of participants (n=149) using current standard neuropathologic diagnostic criteria.

Moderate drinking men had an attenuated rate of decline compared to rare/never drinkers and women on the Mini Mental State Examinations and Clinical Dementia Rating. In contrast, moderate drinking women had a reduced rate of decline only in the Logical Memory Delayed Recall Test compared to rare/never drinkers and men. Moderate alcohol consumption was associated with a reduction in the incidence of advanced (stages 5-6) Braak NFT stage in men, with no effect in women.

In this cohort, men experienced a broader range of beneficial effects associated with alcohol. Alcohol’s effects may differ in men and women in important ways that suggest a narrower beneficial window, the authors conclude.


Alcohol-based jelly implant could kill cancer cells

A study has found that a jelly-like implant made from alcohol could destroy cancerous tumours when injected into the body. It is hoped that the implant, developed at Duke University in North Carolina, which has only been tested on mice so far, could lead to alcohol being used more widely to treat cancerous tumours. The implant achieved a 100% success rate when trialed in mice.

“While surgery is at the foundation of cancer treatment, its access is limited in low-income countries,” said the researchers, “Here, we describe development of a low-cost alternative therapy based on intratumoral ethanol injection suitable for resource-limited settings.”

While using alcohol to “drown” cancer calls has been known to be an effective way of killing cancer cells, a large amount of alcohol is needed to have the desired effect. Furthermore, by injecting the body with pure ethanol, also risks destroying the healthy tissue surrounding the tumour. Consequently, the method has only been used on tumours that are contained within a ‘capsule’, preventing alcohol from leaking into the rest of the body.

This new implant goes some way to overcoming that problem, with small amounts of alcohol released over a longer period of time with a reduced the risk to neighbouring healthy cells.

“Scientists have already harnessed ethanol as a treatment for some cancers,” said Dr Justine Alford of Cancer Research UK. “In this study, they tweaked the technique to stop it leaking out from the tumour. If trials show it is safe and effective, it could be an option in the future for some cancers where surgery isn’t possible.”

To make the implant, scientists mixed ethanol with ethyl cellulose, widely used as a thickening agent in the food industry and to coat medicines, to create a jelly-like substance. This was then implanted directly into the middle of the tumours. As the implant comes into contact with moisture, it slowly dissolves over a period of a week, releasing tiny amounts of pure ethanol, which destroys tumour cells by poisoning vital proteins they need to replicate.

The alcohol-based jelly implant was tested on mice, and saw 100% of tumours disappear after eight days. Seven mice injected with the implant saw their tumours disappear, while of the seven mice whose tumour’s were simply injected with alcohol, four saw their tumours disappear.

Alcohol consumption and aortic calcification in healthy men aged 40-49 years

Several studies have reported a significant inverse association of light to moderate alcohol consumption with coronary heart disease (CHD). However, studies assessing the relationship between alcohol consumption and atherosclerosis have reported inconsistent results.

Research was conducted to determine the relationship between alcohol consumption and aortic calcification. The researchers used data from the population-based ERA-JUMP Study, comprising of 1,006 healthy men aged 40-49 years, without clinical cardiovascular diseases, from four race/ethnicities: 301 Whites, 103 African American, 292 Japanese American, and 310 Japanese in Japan.

Aortic calcification was assessed by electron-beam computed tomography and quantified using the Agatston method. Alcohol consumption was categorised into four groups: 0 (non-drinkers), ≤1 (light drinkers), >1 to ≤3 (moderate drinkers) and >3 drinks per day (heavy drinkers) (1 drink = 12.5 g of ethanol). The study participants consisted of 25.6% non-drinkers, 35.3% light drinkers, 23.5% moderate drinkers, and 15.6% heavy drinkers.

Tobit conditional regression and ordinal logistic regression were used to investigate the association of alcohol consumption with aortic calcification after adjusting for cardiovascular risk factors and potential confounders.

Heavy drinkers had significantly higher aortic calcification score compared to non-drinkers, after adjusting for socio-demographic and confounding variables. [Tobit ratio (95% CI) = 2.3; odds ratio (95% CI) = 1.67]. This compared to [Tobit ratio = 1.25; odds ratio= 1.10] for light drinkers and [Tobit ratio = 0.86; odds ratio = 0.86] for moderate drinkers. There was no significant interaction between alcohol consumption and race/ethnicity on aortic calcification.

The findings suggest that heavy but not light or moderate alcohol consumption may be an independent risk factor for atherosclerosis.


Cardiovascular and cutaneous responses to the combination of alcohol and soft drinks: The way to orthostatic intolerance?

Acute ingestion of alcohol is often accompanied by cardiovascular dysregulation, malaise and even syncope (passing out). The full hemodynamic and cutaneous responses to the combination of alcohol and sugar (i.e., alcopops), a common combination in young people, and the mechanisms for the propensity to orthostatic intolerance are not well established.

A study therefore evaluated the cardiovascular and cutaneous responses to alcopops in young subjects.

Cardiovascular and cutaneous responses were assessed in 24 healthy young subjects (12 men, 12 women) sitting comfortably and during prolonged active standing with a 30-min baseline and 130 min following ingestion of 400 mL of either: water, water + 48 g sugar, water + vodka (1.28 mL/kg-1 of body weight, providing 0.4 g alcohol/kg-1), water + sugar + vodka, according to a randomized cross-over design.

Compared to alcohol alone, vodka + sugar induced a lower breath alcohol concentration, blood pressure and total peripheral resistance (p < 0.05), a higher cardiac output and heart rate (p < 0.05) both in sitting position and during active standing. In sitting position vodka + sugar consumption also led to a greater increase in skin blood flow and hand temperature (p < 0.05) and a decrease in baroreflex sensitivity (p < 0.05). Similar results were observed between men and women both in sitting position and during active standing.

Despite lower breath alcohol concentration, ingestion of alcopops induced acute vasodilation and hypotension in sitting position and an encroach of the hemodynamic reserve during active standing. Even if subjects did not feel any signs of syncope these results could be of clinical importance with higher doses of alcohol or if combined to other hypotensive challenges, the authors conclude.

Research indicates that moderate alcohol consumption by breastfeeding causes no harm to the baby

New research presented in Melbourne shows that moderate alcohol consumption by breastfeeding mums does not cause harm to their baby. The study conducted by the National Drug & Alcohol Research Centre (NDARC), UNSW and Deakin University found low levels of alcohol consumption had no impact on breastfeeding duration, infant feeding and sleeping behaviour at eight weeks.

Lead researcher Delyse Hutchinson presented the findings at the APSAD Scientific Alcohol and other Drugs Conference in Melbourne in November.

Researchers looked at data from the Triple B Pregnancy Cohort - a study of alcohol use during pregnancy and development outcomes in infants at 12 months of age. Substance use was assessed during pregnancy and at eight weeks and 12 months post-birth. The findings showed most women had consumed alcohol while breastfeeding. Alcohol use was reported by 60.7% at eight weeks and 69.6% at 12 months. These women were more likely to be born in Australia or another English-speaking country, be tertiary educated and have higher household incomes. Most drank at low levels, less than 14 standard drinks per week and less than three on a single occasion. Breastfeeding duration, infant feeding, sleeping and development were also assessed. There was also no negative association with infant developmental outcomes at eight weeks or 12 months.

“Whilst this study certainly does not in any way condone excessive alcohol consumption in new mums, it does suggest that those that have the occasional drink whilst using strategies to prevent alcohol reaching the infant, can do so without fear of causing harm,” said Delyse Hutchinson.

“The only significant association showed that infants whose mothers drank at eight weeks postpartum had more favourable results for personal-social development at 12 months compared with those whose mothers abstained,” the authors wrote.

The authors work was originally published in the journal Drug and Alcohol Review in March 2017.


Cultural values can be a strong predictor of alcohol consumption

A significant proportion of all deaths globally are attributed to alcohol consumption. Although a range of correlates of alcohol consumption have already been identified at the individual level, less is understood about correlates at the macro level, such as cultural values.

New research shows that countries with populations that value autonomy and harmony tend to have higher average levels of alcohol consumption than countries with more traditional values, such as hierarchy and being part of a collective.

Using alcohol consumption and cultural value orientation data for 74 countries, the researchers modelled whether a country’s average level of alcohol consumption could be associated with various societal values such as autonomy, hierarchy, harmony and collectivism.

The analyses revealed that Cultural Value Orientations were significantly associated with alcohol consumption. A profile emerged in which values of autonomy and harmony were shown to be positively associated with alcohol consumption, and hierarchy and embeddedness negatively associated with alcohol consumption. The effect was modified by gender. Changes in cultural Harmony, Mastery, Autonomy and Egalitarianism were associated with increases in alcohol consumption in males, but not females, while changes in cultural Embeddedness and Hierarchy were associated with decreases in consumption in females, but no change in males. The researchers also demonstrate that latitude, and by extension its covariates such as climatic demands, partially accounted for the effect of harmony and affective autonomy on alcohol consumption.

The research, published in open-access journal Frontiers in Psychology, highlights that cultural values, and their interaction with gender, should be an important consideration for international public health organisations aiming to tackle the problems associated with alcohol consumption.

Factors predicting local effectiveness of impaired driving laws, British Columbia, Canada

In 2010, British Columbia introduced laws allowing police to suspend licenses and impound vehicles of drinking drivers based on roadside breath alcohol analysis results. A study examined regional variation in the effectiveness of the new laws and identified local factors that may have modified the laws’ effectiveness.

The study identified the change in rate of single-vehicle nighttime crashes (SVNCs) in each of British Columbia’s 118 police patrols after the laws were introduced and explanatory factors for percent reduction in SVNCs were estimated.

The average rate of SVNCs across police patrols was 12% lower (95% CI [9.1%, 14.8%]) following the new laws, and all police patrols included in the model had estimated reductions in SVNCs. Reductions in SVNCs were positively associated with the number of alcohol-serving establishments per capita and with socioeconomic status and were negatively associated with baseline rates of traffic citations.

The laws were associated with improved road safety across the province but were least effective in more socioeconomically disadvantaged regions. Increased effectiveness in regions with more alcohol-serving establishments may have indicated a specific deterrent effect on drinking drivers who frequent these establishments. The laws were also more effective in regions with lower baseline traffic law enforcement (i.e., lower citation rates). The authors suggest that perhaps media reports about the immediate roadside penalties regime created unease in drinking drivers who previously knew that their risk of punishment for traffic law violations was low.

Source: Factors predicting local effectiveness of impaired driving laws, British Columbia, Canada Brubacher J; Chan H; Erdelyi S; Asbridge M; Schuurman N. Journal of Studies on Alcohol and Drugs, Vol 78, No 6, 2017, pp899-909.

Age of alcohol initiation and progression to binge drinking in adolescence

Using prospective data from the Australian Parental Supply of Alcohol Longitudinal Study cohort, a study examined age of alcohol initiation, and of first drunkenness, and associations with subsequent drinking in adolescence.

1,673 parent-child dyads completed annual surveys for 5 years (grades 7 to 11). For the adolescents who had initiated alcohol use by age 17, multinomial logistic regression models were used to examine associations between (i) age of initiation to alcohol use (consuming at least 1 full serve) and (ii) age of first drunkenness, and 2 outcomes: (i) binge drinking (consuming >4 standard drinks on a single occasion), and (ii) the total number of alcoholic drinks consumed in the past year, adjusted for a range of potential child, parent, family, and peer covariates.

50% of adolescents reported alcohol use and 36% reported binge drinking by the 5th survey (mean age 16.9 years), and the mean age of initiation to alcohol use for drinkers was 15.1 years. Age of initiation was significantly associated with binge drinking and total quantity of alcohol consumed in unadjusted and adjusted models. Age of first drunkenness was associated with total quantity of alcohol consumed in unadjusted models but not adjusted models and was not associated with subsequent bingeing.

Initiating alcohol use earlier in adolescence is associated with an increased risk of binge drinking and higher quantity of consumption in late secondary school, the authors state. This supports an argument for delaying alcohol initiation for as long as possible to reduce the risk for problematic use in later adolescence and the alcohol-related harms that may accompany this use, they suggest.

Source: Age of alcohol initiation and progression to binge drinking in adolescence: a prospective cohort study. Aiken A; Clare PJ; Wadolowski M; Hutchinson D; Najman JM; Slade T; Bruno R; McBride N; Kyprì K; Mattick RP. Alcoholism: Clinical and Experimental Research, published early online, 21 November 2017.
Do emotions related to alcohol consumption differ by alcohol type

A study examined the emotions associated with drinking different types of alcohol and explored whether these emotions differ by sociodemographics and alcohol dependency and whether the emotions associated with different drink types influence people's choice of drinks in different settings.

Data was gathered using an online anonymous questionnaire in 11 languages promoted through newspapers, magazines and social media from November 2015 to January 2016 as part of the Global Drug Survey, an International cross-sectional opportunistic survey. Individuals aged 18–34 years were included who reported consumption of beer, spirits, red and white wine in the previous 12 months and were resident in countries with more than 200 respondents. There were 29,836 participants in 21 countries.

The study found that positive and negative emotions were associated with consumption of different alcoholic beverages (energised, relaxed, sexy, confident, tired, aggressive, ill, restless and tearful) over the past 12 months in different settings. Alcoholic beverages vary in the types of emotions they elicit, with spirits more frequently eliciting emotional changes of all types. Overall 29.8% of respondents reported feeling aggressive when drinking spirits, compared with only 7.1% when drinking red wine. Women more frequently reported feeling all emotions when drinking alcohol, apart from feelings of aggression. Respondents’ level of alcohol dependency was strongly associated with feeling all emotions, with the likelihood of aggression being significantly higher in possible dependent versus low risk drinkers (adjusted OR 6.4; 95% CI 5.79 to 7.09; p<0.001). The odds of feeling the majority of positive and negative emotions also remained highest among dependent drinkers irrespective of setting.

The authors argue that understanding emotions associated with alcohol consumption is imperative to addressing alcohol misuse, providing insight into what emotions influence drink choice between different groups in the population. The differences identified between sociodemographic groups and influences on drink choice within different settings will aid future public health practice to further comprehend individuals’ drinking patterns and influence behaviour change.


Influence of affordability of alcohol on educational disparities in alcohol-related mortality in Finland and Sweden

A study estimated the effects of affordability of alcohol on alcohol related mortality according to gender and education in Finland and Sweden.

Time series modelling was applied to the quarter-annual aggregations of alcohol-related deaths and affordability of alcohol in Finland in 1988-2007 and in Sweden in 1991-2008. Alcohol-related mortality was defined using information on both underlying and contributory causes of death and the affordability of alcohol index was calculated using information on personal taxable income and prices of various types of alcohol.

Among Finnish men with secondary education, an increase of 1% in the affordability of total alcohol was associated with an increase of 0.028% (95% CI 0.004 to 0.053) in alcohol-related mortality. Similar associations were also found for affordability for various types of alcohol and for beer only in the lowest education group. Few other significant positive associations for other subpopulations in Finland or Sweden were found. Reverse associations were found among secondary-educated Swedish women.

Overall, the associations between affordability of alcohol and alcohol related mortality were relatively weak. Increased affordability of total alcoholic beverages was associated with higher rates of alcohol-related mortality only among Finnish men with secondary education.

Parental attention can reduce risk of drug abuse in adolescence

A research project conducted at the Federal University of São Paulo (UNIFESP), surveyed 6,381 children aged 11-15 in six Brazilian cities to investigate the impact that parenting styles may have in the progression of drug use. The research reinforces the protective function of rule-keeping. The study findings were published in the journal Drug and Alcohol Dependence.

Data collection took place at 62 public schools in Brazil. The subjects were seventh- and eighth-grade primary school students with an average age of 12.5. The researchers opted to work with schoolchildren in their early teens in order to find out whether parenting style already influences substance abuse at the start of adolescence. As prevalence of consumption is very low at this age, the questionnaire asked if they had used drugs at least once in the previous year.

Three latent classes were identified among the students: 81.54% of respondents were found to be abstainers/low users, 16.65% were alcohol users/binge drinkers and 1.80% were polydrug users.

A gradient of inverse association was found between parenting styles (authoritative, authoritarian, and indulgent, with the neglectful style as a reference point) and the classes “alcohol users/binge drinkers” (aOR = 0.36; aOR = 0.56; and aOR = 0.64 respectively) and “polydrug users” (aOR = 0.09; aOR = 0.23 and aOR = 0.24, respectively). Associations were also revealed between the latent classes and the adolescent’s age and socioeconomic status.

Parents who require children to follow rules and keep a constant eye on their activities, endeavoring to know where they are, who they are with and what they are doing, run less risk of facing problems when their children enter adolescence, such as abuse of alcohol and other drugs. The likelihood of such problems becomes smaller still when, in addition to using rules and keeping a close eye on their children, parents talk to them, explain what the rules are for, are present in their day-to-day lives, and are supportive when they experience difficulties.

“The key conclusion is that parenting style can be a protective factor or a risk factor for the consumption of alcohol and other drugs in adolescence. This means the drug abuse prevention programmes implemented by schools should not just raise the children’s awareness but also focus on training parenting skills,” said Zila Sanchez, a professor at the university’s Medical School (EPM-UNIFESP) and principal investigator for the project.


Do alternative treatment services for intoxicated attenders reduce the burden on emergency services?

Researchers funded by the National Institute for Health Research are assessing whether bespoke treatment services are an effective way of treating people with acute alcohol intoxication and if they can lessen the burden on A&E departments.

In the UK, it is estimated that 12-15% of patients attending emergency departments are there from acute alcohol intoxication. Attendances peak on Friday and Saturday evenings when up to 70% of all attendances can be alcohol-related. In addition to increasing the workload of emergency departments, and the waiting time for other patients, around 40% of intoxicated patients also arrive by ambulance, possibly diverting them away from other emergencies.

In the BMJ, the researchers outline a brief history of diversionary services, introduce the concept of Alcohol Intoxication Management Services (AIMS) and describe examples of AIMS in the UK. They then describe ‘Evaluating the Diversion of Alcohol-Related Attendances’, a natural experiment including six cities with AIMS compared with six cities without, that involves an ethnographic study, records patient experiences in both AIMS and EDs, assesses impact on key performance indicators in healthcare and evaluates the cost-effectiveness of AIMS.

The findings of the study are due in 2018 and are intended to provide evidence on whether alcohol intoxication management services should be rolled out as a standard means of managing drunk patients.

Minimum price for alcohol to be implemented in Scotland

On November 15 the UK Supreme Court confirmed that legislation to introduce Minimum Unit Pricing in Scotland is lawful.

Shona Robison, the Scottish National Party’s Health Minister, commented “This is a historic and far-reaching judgment and a landmark moment in our ambition to turn around Scotland’s troubled relationship with alcohol... This has been a long journey and in the five years since the Act was passed, alcohol related deaths in Scotland have increased. With alcohol available for sale at just 18 pence a unit, that death toll remains unacceptably high”.

Professor Petra Meier, Director of the Sheffield Alcohol Research Group at the University of Sheffield, who provided the key evidence on which the minimum unit pricing is based, said: “Our research has consistently shown that minimum unit pricing would reduce alcohol-related health problems in Scotland by targeting the cheap, high strength alcohol consumed by the heaviest and highest risk drinkers… It is estimated that once it has reached its full effect, the introduction of a 50p minimum unit price in Scotland would result in 120 fewer alcohol-related deaths and 2,000 fewer hospital admissions per year.”

Robison announced that Scotland’s minimum price for alcohol will start on May 1 next year. She faced questions from opposition parties as to whether a minimum price of 50p per unit, was still the correct level. Robison said that academic evidence still supported a 50p starting point, but confirmed that a consultation on the regulations will set the price.

The consultation is being held to gather views from people, businesses, public bodies and interested parties about the Scottish Government’s preferred price of 50 pence per unit of alcohol. In addition, Ministers will conduct a Regulatory Impact Assessment (BRIA) that is required by Parliament. The Scottish Government anticipates setting the minimum unit price at 50 pence per unit, subject to the outcome of the consultation and the refreshed BRIA.

The National Institute for Health Research has funded new research ready to evaluate the consequences of the minimum price implementation. Chief investigator Professor Alastair Leyland from the MRC/CSO Social and Public Health Sciences Unit at the University of Glasgow said: “Scotland will be the first country to introduce a minimum unit price (MUP) and so there has been little previous evaluation of its impacts. A number of possible consequences – favourable and adverse – have been identified. Once implemented, policy in Scotland will differ from that in England presenting the ideal opportunity to study the direct impact of introducing MUP.”

The study aims to determine the impacts (including whether these differ by age or deprivation) of alcohol MUP on selected acute health harms and unintended consequences that may occur. It will assess changes in alcohol-related attendances, and changes in the extent of hazardous and harmful drinking seen in emergency departments in Scotland compared to North England. This will help establish whether MUP achieves its stated aim of reducing health harms.

Surveys will also be undertaken in Scotland and Northern England to detect whether MUP results in a change of source of alcohol or substitution with other drugs, as well as how it changes drinking patterns, particularly for young adults.

The team aims to understand the experience of MUP and explore the potential mechanisms that may result in unanticipated benefits and harms and how these may differ between groups.

Professor Leyland continued: “The findings will be of interest to policy makers and the public in Scotland, the UK and internationally. It is expected that alcohol-related attendances at emergency departments will decrease. However, drinkers may avoid paying the increased price if they start buying alcohol not subject to MUP such as via the internet or across the border. There may be some adverse consequences if drinkers switch to illicit alcohol or other drugs.”

Substance misuse treatment for young people: statistics 2016 to 2017

A UK government report presents information collected through the National Drug Treatment Monitoring System (NDTMS) about young people under the age of 18 who received specialist substance misuse interventions in England during 2016-17. Specialist substance misuse services saw fewer young people in 2016-17 than in the previous year (16,436, a decrease of 4% compared to 2015-16) continuing a downward trend, year-on-year, since a peak of 24,053 in 2008-09. 66% of the young people accessing specialist substance misuse services were male and 50% of all persons were aged 16 or over. Females in treatment had a lower median age (15) than males (16), with 28% of females under the age of 15 compared to 22% of males. The most common drug that young people presented to treatment was cannabis. 88% of young people in specialist services said they have a problem with this. Alcohol is the next most commonly cited problematic substance with 49% seeking help for alcohol misuse during 2016-17. The number of young people in treatment for alcohol problems have been declining steadily in recent years and stands at 67% of the number reported in 2009-10. The most common routes into specialist substance misuse services were from education provision (29%), youth justice services (25%), and children’s social care (15%). The proportion of referrals from the youth justice system has declined in recent years while the proportion of referrals from education provision has increased.


UK Liver Disease Burden report

The fourth report of the Lancet Standing Commission on Liver Disease in the UK warns that the UK liver disease burden is continuing to rise, disproportionately affecting the poorest groups and lowering economic productivity. The authors argue that insufficient measures are being taken to control the main lifestyle risk factors driving this burden of largely preventable disease: obesity and viral hepatitis and excessive alcohol consumption. The report shows that death rates from liver disease are higher amongst middle-aged and lower income groups and the predicts that liver disease is set to overtake ischaemic heart disease as the leading cause of premature mortality in the next two years.

Commenting on the report, Professor Roger Williams, CBE, Chairman of the Commission, said “For too long the diagnosis and care of patients with liver disease has been hampered by the stigma associated with the illness but the reality now is that this is not a disease of the few but of wide sections of the population. Doctors, health care workers, the general public, Government – we cannot stand by and allow this disease burden to grow unchecked when we can take action now to improve the nation’s health”.

thelancet.com/journals/lancet/article/PIIS0140-6736(17)32866-0/abstract

CAMRA and Drinkaware announce London low alcohol beer competition

CAMRA North London will be hosting the first ever competition to find the best low alcohol beer brewed in London at the London Drinker Beer & Cider Festival in March in Camden.

The competition is open to any beer of 3% ABV or lower with the aim of showing that a beer doesn’t have to be strong to be tasty. Drinkaware, are sponsoring the competition.

Rommel Moseley, Drinkaware Director of Business Development and Partnerships said: “Drinkaware is delighted to be sponsoring this first-ever competition to find the Champion Low Alcohol Beer of London. Drinks that are low in alcohol don’t have to be low on taste and it’s good to see a growing number of brewers producing flavourful beers with lower ABVs, which can help customers to moderate their consumption of alcohol and minimise the harms associated with it.”

The Festival’s organiser, Christine Cryne, added: “We welcome entries from any brewery, big or small, in any format, draught, can or bottle, the more the merrier! And we have put together a fantastic list of experienced judges to find us the very best beer.”

The Festival will be held at the Camden Centre, Bidborough Street, WC1H 9AU and is open from the 14-16 March 2018.
Supermarkets are set to trial facial recognition software to replace age checks under a pilot run by a British identity app. The technology will be used to remove in-person age checks when customers are buying alcohol and other age restricted items at a self-service till.

The checkouts will confirm the user’s age by using a smartphone app called Yoti, which scans the shopper’s face to confirm their identity. Within the app a photo is taken and a person’s driving licence or passport is scanned, at which point the two are tied together. The app is then able to confirm its owner’s identity at any time by them taking a selfie.

Yoti was founded by Robin Tombs and Noel Hayden. The company is working with NCR, which makes self-service supermarket tills. Tombs said two of the big four supermarkets have received approval to pilot the technology early next year.

Using Yoti at a self service till would involve a QR code showing up on the checkout screen, which could be scanned by the app. The Yoti app would then scan the shopper’s face to confirm their identity, and would then connect to the till over the internet to verify the purchase.

Tombs said image recognition software had only recently got to the point where facial recognition is accurate enough to be relied upon. Mobile phone makers Samsung and Apple incorporated the technology into their handsets this year.

A report from Drinkaware presents specific data on men 35-75 who drink alcohol due to social pressures such as drinking to fit in, to not feel left out, and to be liked. The report presents some of the findings from research conducted by YouGov in March-April 2017, into UK adults’ behaviour and attitudes in relation to alcohol. The larger findings will be published in the Annual Drinkaware Monitor in late 2017.

31.2% of all drinkers report that they drink to fit in with another group, 28.2% to avoid feeling left out, and 18.3% to be liked. Men are significantly more likely also to drink to conform to others.

47.3% of men between 35-75 years old who drink do so for conformity reasons; compared to only 35.6% of women the same age. Of the 47.3% of men aged 35-75 who drink to conform, 49.1% drink at harmful levels (compared to 37.5% of all men in this age group).

coca-cola.com/designated-driver

Coca-cola’s designated driver scheme

For the 9th year in a row, Coca-cola is running its Designated Driver scheme in partnership with the Department for Transport’s THINK! Drink Drive campaign, which rewards people who volunteer to do the driving over the festive period with a free second soft drink.

The Designated Driver campaign will run over the Christmas party season and New Year’s Eve with a special ‘buy one, get one free’ offer of soft drinks at pubs, bars and restaurants all across the country, including many rural locations.

Drivers can claim the “BOGOF” offer on Coca-Cola Classic, Coca-Cola Zero Sugar, Diet Coke, Coca-Cola Life, Appletiser and Schweppes drinks. All they have to do is show their keys at the bar.
HM Treasury publishes responses and next steps following Alcohol Structures Consultation

In March 2017 the UK Government examined options to amend the structure of the alcohol duty system and consulted on:

- the introduction of a new band to target cheap, high strength ‘white’ ciders, below 7.5% abv
- the impacts of a new lower strength still wine band, to encourage the production and consumption of lower strength wines

In total the government received 109 responses to the consultation from public health groups, local authorities, alcohol producers, industry groups, consumer groups and individuals. Responses to the Alcohol Structures Consultation gave convincing evidence on the positive impacts of a new still cider and perry duty band, to target “white ciders”.

Given concerns expressed by the industry, the government will create a new still cider and perry band at 6.9% to 7.5%, but this will not be implemented until February 2019.

Responses to the Alcohol Structures Consultation gave limited evidence on the positive impacts of a new wine band. The government has therefore decided not to proceed with this measure at this time, but will continue to monitor the market and keep this under review.

As part of his Autumn Budget, Chancellor Philip Hammond announced that duty on beer, cider, wine and spirits will not rise in keeping with inflation. He cited tighter household budgets and declining pub sales as key reasons behind the decision. He also announced the duty rise on high-strength, low-cost drinks like white cider in 2019.

Irish authorities seize counterfeit alcohol worth €460k

Irish authorities in County Louth seized €460,000 worth of counterfeit spirits after finding a large-scale plant for processing denatured industrial alcohol.

Revenue officers conducted a farm raid in County Louth when they discovered 586 litres of finished vodka-type spirits that had already been bottled, sealed, labelled and boxed. In addition, they discovered 4,000 litres of raw alcohol which they estimate would produce around 12,000 litres of vodka-type spirits.

Together with the alcohol, officers removed all of the processing equipment including the production line apparatus, mixing tank, and containers, together with packaging, bottle caps and labels – all of which were counterfeit.

Authorities estimate that the retail value of the alcohol found at the plant is around €460,000 which represents a potential loss of around €300,000 to the Exchequer.

Revenue issued a public warning stating that businesses and consumers should only buy alcohol from reputable sources.

It added: “Vodka is the most commonly counterfeited alcohol and often contains high quantities of methanol, a poisonous chemical that can cause breathing difficulties, liver damage or blindness; and isopropyl alcohol, a chemical solvent commonly found in nail varnish remover”.

Time capsules reveal history of UK’s first ‘sober’ hospital

The demolition of the derelict National Temperance Hospital by HS2 workers in Euston has unearthed two time capsules that were buried there nearly 140 years ago to mark the opening of UK’s first “sober” hospital.

The time capsules were discovered underneath two memorial foundation stones dating back to 1879 and 1884 and contained many interesting documents including newspapers of the day, rules of the hospital, Temperance propaganda and official records. Archaeological conservators from MOLA Headland Infrastructure opened the capsules in their lab and extracted the contents for examination.

The capsules give unique insights into the Temperance movement that promoted abstinence from alcohol during the Victorian period. Within the glass jars, documents show that the National Temperance Hospital was ahead of its time in barring alcohol from non-essential medical procedures.
Evaluating the impact of PSHE on students’ health, wellbeing and academic attainment

Personal, social, health and economic (PSHE) education serves to develop the knowledge and skills that young people need to be safe and healthy, and to thrive in modern Britain. PSHE education is currently a 'non-statutory' school curriculum subject and Ofsted estimates that 40% of schools are not yet teaching it well enough. This includes alcohol education.

A new evidence review produced by expert economists from a number of Government departments, volunteering through Pro Bono Economics – examined national and international evidence. Its aim was to determine the degree to which PSHE’s impact on students’ health (both physical and mental) and behaviour might lead to greater academic attainment and improved life chances in adulthood.

The review, which covered more than 1,200 studies, reveals that PSHE programmes are effective in developing social and emotional skills, supporting emotional wellbeing, improving physical health, and tackling bullying. The evidence suggests that PSHE education also directly supports young people in succeeding academically, particularly if they are socio-economically disadvantaged. It does this by developing skills and attributes such as confidence and positive risk-taking, which enable young people to excel.

pshe-association.org.uk/system/files/Pro%20Bono%20Economics%20PSHE%20evidence%20review%20FINAL.PDF

Shops breathalyse alcohol buyers in Wales

For the first time in Britain, shopkeepers have been provided with breathalysers by police in a crackdown on street drinking. Shopkeepers in Cardiff were initially lent breathalysers for a trial by South Wales Police. They were then allowed to buy them from the force. South Wales Police confirmed that 40 alcoholic drinks were seized and 18 people were arrested in the first 2 weeks of the campaign.

The initiative was part of Operation Purple Ash, which aims to help vulnerable people on the street while taking action against troublemakers. Two Spar shops in Cardiff are testing shoppers to make it easier to refuse to serve drunk people.

Christmas campaign works with Kiss FM to stop friends from drink driving

In Britain, for this year’s drink drive campaign, the Department of transport THINK! team has teamed up with Kiss FM duo Rickie and Melvin, who will be urging young adults to encourage their friends not to get behind the wheel after drinking.

The radio presenters will also front videos for Kiss FM's social media channels, with its audience almost a third more likely than the average person to enjoy a night out in a pub.

A further radio advert, which will run in England and Wales, uses the message “mates don’t let mates drink and drive", playing on the fact friends will say anything to each other, except to stop them from drink driving.

THINK! has also teamed up with a number of partners including Arriva Buses, which is offering free bus journeys to either home or work the morning after a night out, and Budweiser, which is launching a new alcohol-free beer to coincide with the campaign.

LADbible will also be creating videos for its social media channel and Diageo will be marking the 5 millionth person to sign up to its drink drive pledge.

The Maritime and Coastguard Agency is promoting its cold water shock film, which delivers a hard-hitting message designed to make people think twice before entering the water. (Around 50 people die of alcohol-related drowning around the coast of the UK each year. Of these, a significant percentage are young men who end up in the water as they make their way home).

Network Rail, British Transport Police and Rail Safety Standards Board will also be launching an alcohol awareness campaign next week reminding the public to "keep a clear head” when they are around the railway. The organisations will also be targeting Christmas travellers at the busiest railway stations as well as in pubs and clubs located near railways stations and level crossings.

The Think! Campaign runs to January 1 2018.
Alcohol fraud reporting line opens in the UK

A new alcohol fraud reporting line has opened in the UK, operated by the Crimestoppers charity. The service is completely anonymous and can be used to report all kinds of alcohol fraud, including duty fraud, substitution and counterfeit alcohol. The service can also take reports about distribution fraud, where legitimate company details are abused to obtain supplies from innocent producers.

Incoming reports will be will assessed and then passed to the appropriate law enforcement agency, such as HMRC, trading standards or a local police force.

The WSTA will be publicising the alcohol fraud reporting line through a targeted campaign to encourage consumers to report counterfeit spirits.

alcoholfraudline.com.

SpiritsEUROPE appoints a new Director General and welcomes a new President

spiritsEUROPE will be led by a new team in 2018. Ulrich Adam will become Director General from 15 January 2018 alongside Christian Porta, its new President.

“It is a great honour for me to take the leadership of spiritsEUROPE representing an iconic sector with a well-deserved global reputation for quality and innovation. I salute the legacy of Paul Skehan and the team and look forward to addressing the opportunities and challenges facing the sector from Brexit, alcohol-related harm, consumer information and market access across the globe” said Ulrich Adam. “It is my ambition to work with our new President, staff, membership, stakeholders, and EU institutions on the commitments made by the large and small distillers and to promote policies that deliver economic growth and jobs in the European regions where our production is deeply and firmly rooted”.

On 22 November, spiritsEUROPE welcomed Christian Porta, the new President of the organization for the next two-years succeeding Joep Stassen from spiritsNL. Christian is a member of the Executive Committee of Pernod-Ricard, responsible for EMEA and Latin America.

RSA launch Christmas campaign in Ireland

Figures issued by the Road Safety Authority (RSA) at the launch of its annual Christmas campaign show 292 people were killed on the roads in the months of November and December since 2008.

The average number of fatalities each month for this nine year period was 16. Dublin, Cork and Galway had the highest number of Road Traffic Casualty fatalities in November and December and accounted for 32% of the total number of fatalities.

The most dangerous times of day were between 4pm-8pm (33%) and 12pm-4pm (23%), followed by 12am-6am (22%). RTC fatalities were most prevalent on Sundays (21%). The most dangerous time of day on Sundays was midnight-6am (24% of Sunday fatalities). 24% of collisions involved a driver/motorcyclist who had consumed alcohol, while 13% involved a pedestrian who had consumed alcohol. 46% of pedestrians killed had consumed alcohol.

In general, the ‘morning after’ is a high risk period for alcohol related collisions. From the Pre-Crash Study (full year analysis 2008-2012), it was found that 11% of the 222 fatal collisions in which a driver had consumed alcohol, occurred between the hours of 7am and 11am.

Moyagh Murdock, chief executive of the RSA, asked people to “gift a lift” this Christmas by paying for a taxi or collecting someone who has been out at a get-together.

The RSA has also teamed up with the Vintners’ Federation of Ireland to distribute 50,000 high-visibility jackets to almost 4,000 publicans to give out free of charge to customers to help them get home safely over the Christmas and New Year period. She said the initiative was sponsored by Coca Cola which will again offer free soft drinks, water or juice to designated drivers.
Eurostat report spending on alcohol across Europe

The EU’s statistics office, Eurostat have reported that in 2016, households across the 28-nation European Union spent close to EUR 130 billion, or 1.6% of their total consumption expenditure, on alcoholic beverages. This represents a total expenditure of almost €130 billion, equivalent to 0.9% of EU GDP or over €250 per EU inhabitant (excluding alcoholic beverages paid for in restaurants and hotels). According to the report, households’ annual expenditure on alcoholic beverages is roughly equivalent to their expenditure on medical products, appliances and equipment, and slightly higher than what they spent on social protection or education in 2016.

The report found that in Poland, households set aside the largest proportion of their total expenditure for alcohol. Households in the three Baltic states, Estonia, Latvia and Lithuania, devoted the largest share of their total consumption expenditure to alcoholic beverages, at 5.6 %, 4.8 % and 4.2 % respectively, followed by the Czech Republic and Poland (each 3.6 %), and Hungary and Finland (each 2.9 %).

At the opposite end of the scale, the lowest proportions of household spending on alcoholic beverages were recorded in Spain (0.8 %), Greece and Italy (each 0.9 %), ahead of Austria (1.3 %), Portugal (1.4 %) and Germany (1.5 %).

At the opposite end of the spectrum, the lowest proportions of household spending on alcoholic beverages were recorded in Spain (0.8 %), and Greece and Italy (each 0.9 %), Eurostat said.

Between 2006 and 2016, the share of alcoholic beverages in total household expenditure remained roughly stable in the vast majority of Member States. The highest increases over this 10-year period were recorded in Cyprus (from 1.6 % of total household expenditure in 2006 to 2.0 % in 2016) and the Czech Republic (from 3.2 % to 3.6 %). In contrast, the share of alcoholic beverages in total household expenditure fell significantly between 2006 and 2016 in Lithuania (from 5.2 % in 2006 to 4.2 % in 2016, -1.0 pp), Bulgaria, Latvia and Finland (all -0.5 pp).

www.alcoholinmoderation.com

AIM SOCIAL AND POLICY NEWS

Moderate alcohol consumption within a balanced lifestyle – conference at the European Parliament

The website Beer and Health report on a conference on moderate alcohol consumption within a balanced lifestyle that took place November 29 at the European Parliament in Brussels.

Presenters included Doctor Simona Costanzo (Italy), Professor Mladen Boban (Croatia) and Professor Ramon Estruch (Spain) and presentations underscored how moderate and responsible consumption of alcoholic beverages by healthy adults can be fully compatible with a balanced lifestyle and may incur several health benefits. Presentations also stressed, however, that harmful consumption of alcohol should be prevented and that education and prevention programmes to target alcohol misuse, with involvement of the alcohol industry, are therefore very important.

beerandhealth.eu/conference-at-the-european-parliament/
Database of studies and measures to help policymakers evaluate road safety policy

An EU-funded project known as SafetyCube has launched an online portal to enable policy-makers and stakeholders to select and implement the most appropriate strategies, measures and approaches to reduce casualties of all road user types in Europe. The website includes analysis of road safety risks and mitigation strategies and will soon feature a tool to help with cost benefit analysis of measures.

SafetyCube is a research project funded by the European Commission under Horizon 2020, the EU Framework Programme for Research and Innovation, in the domain of Road Safety. The project started on May 1st, 2015 and will run for a period of three years.

www.alcoholinmoderation.com
www.drinkingandyou.com

‘Responsible Party’ has some impact on students’ drinking habits, report finds

‘Responsible Party’, an awareness-raising campaign against the excessive use of alcohol, has helped students consume less alcohol and improve their habits by drinking water too, a study has found. The campaign is a Pernod Ricard commitment as a member of the European Commission’s Alcohol and Health Forum. It is the first EU-wide alcohol prevention programme implemented by the Erasmus Student Network, which supports and develops student exchanges on a local, national and international level and includes around 550 member associations covering around 1,000 campuses in 40 different countries.

A recently published evaluation report focused on the drinking habits of European students as well as the effects of the Responsible Party campaign. According to the results, students who had begun or planned an exchange stay drank on average larger amounts of alcohol compared to local students. Larger prevalence of harmful consumption (AUDIT) and binge drinking were also marked. The results showed that 67.5% of students are not binge drinkers, 14.5% had moderate binge drinking habits while 18% had intense consumption. More than 40% had an AUDIT score are in the severe ‘red zone’ and 2.8% indicated a possible dependence.

The second part of the survey mainly focused on the impact of the Responsible Party (RP) campaign on students at parties. 46% of the students said the prevention programme proved quite helpful and 42.8% partly agreed. There was a “slight decrease of alcohol consumption” during the RP events reported by students suggesting an “encouraging impact” of the campaign’s prevention messages. Overall, however, the campaign did not change students’ behaviour in the long term.

The European Commission said that awareness-raising campaigns about the harmful effects of alcohol are not among the most effective measures to reduce alcohol abuse. But in this case, it did recognise some positive features that go in the right direction. “The evaluation of the Responsible Party initiative concludes that some of its elements could be considered for other similar initiatives – for example, the fact that the campaign was unbranded and that its evaluation was carried out by an independent third party,” a spokesperson said, adding that the participation of a student organisation was not enough and recommended that public health organisations also get on board in designing similar initiatives in order to ensure that the campaign messages address the relevant public health objectives in the most effective way.

Changing the Game: 30 Years of Drug and Alcohol Research

Alcohol Research Centre (NDARC) at the University of New South Wales has released a report looking back at 30 years of drug and alcohol research in Australia

Changing the Game: 30 Years of Drug and Alcohol Research

www.alcoholinmoderation.com
www.drinkingandyou.com
AIM SOCIAL AND POLICY NEWS

US colleges plans to reduce alcohol misuse

A national association that governs more than 6,000 fraternity chapters in the US plans to implement new health and safety changes to reduce alcohol misuse. The North-American Interfraternity Conference (NIC) has developed a framework after the death of a pledge (new member) of a fraternity at the Louisiana state university. The framework consists of three resolutions:

The Medical Good Samaritan Policy - This encourages students to call 911 if they or someone they know needs medical attention.

Baseline Health and Safety Programming - Pledges would have to go through a series of classes or talks. They would hear more about the dangers of hazing, alcohol, drugs, and sexual abuse.

Enhanced Health and Safety policies - to reduce the frequency and volume of alcohol. E.g., Hard alcohol (above 15% ABV) could only be served at registered events by a licensed third-party vendor. Campuses would have to set a limit on the number of fraternity events that can have alcohol and during a social event involving alcohol, there would have to be a guest to member ratio of no more than 3:1.

The NIC will test these new procedures at some pilot campuses in the spring and then come fall 2018 more campuses will follow suit.

European Commission may introduce a common zero BAC limit for all novice drivers

Members of the European Parliament have adopted a resolution for the European Commission to evaluate the “added value” of a 0.0 mg/ml limit on novice drivers across all member states, as part of a series of measures intended to increase road safety. MEPs heard that approximately 25% of all EU road-traffic fatalities are alcohol-related, and the parliament expressed support for some member states’ existing zero-tolerance drink-driving policies.

The zero limit would also apply to professional drivers, and further, MEPs discussed the EU-wide introduction of alcohol interlock devices during a wider debate about the benefits of driver assistance systems and technology.

Pregnancy health warnings on alcoholic beverages in Australia and New Zealand

Findings from the second evaluation of the voluntary labelling initiative to place pregnancy health warnings on alcohol products was presented to the Australia and New Zealand Ministerial Forum on Food Regulation at its meeting on 24 November 2017. Industry uptake and implementation of the pregnancy health warnings on alcohol products have increased over time. However, there continue to be some product categories where adoption of the pregnancy health warning labels is low.

Forum Ministers asked the Food Regulation Standing Committee to expedite for earliest possible consideration development of a policy options consultations paper including: mandatory versus voluntary application; most appropriate pictogram; and most appropriate and most easy to understand message to discourage drinking during pregnancy.

In Canada alcohol related traffic deaths drop, but marijuana-linked fatalities rise

According to the Traffic Injury Research Foundation National Fatality Database, the number of traffic fatalities in Canada where drivers tested positive for alcohol declined from 35% in 2000 to 28% in 2014. The trend for fatal crashes where the driver tested positive for marijuana was in the opposite direction, increasing from 12% in 2000 to 19% in 2014.

In a press release TIRF stated that “Results vary greatly by age... Marijuana was the drug most commonly detected among 16-19 and 20-34 year-old fatally injured drivers (29.8% and 27.2% respectively). Fatally injured drivers in older age categories were more likely to test positive for other drug types.”

One of the researchers, Dr Heather Woods-Fry commented “While the percent is still higher for alcohol today, if current trends continue, marijuana might become more prevalent among fatally injured drivers.” She argued that with the legalisation of recreational marijuana slated for July 2018, Ottawa needs to be proactive in reducing the number of traffic fatalities where drivers test positive for cannabis.
New digital archive on alcohol, tobacco and drug

The SALIS Collection, salis.org, is a new digital archive of alcohol, tobacco and other drug books and documents being built by the Substance Abuse Librarians and Information Specialists in partnership with the Internet Archive.

In 2012 a SALIS editorial in Addiction entitled Collective Amnesia: Reversing the Global Epidemic of Addiction Library Closures alerted the field to the fact that many of the alcohol and drug specialist libraries were being closed or downsized. A key recommendation in the editorial was to create a digital archive to ensure that the literature of the addiction field was saved and made available more widely throughout the world. Acting on this, SALIS signed a contract with the Internet Archive in 2014 to create this digital archive.

There are more than 1,500 items in The SALIS Collection. The National Institute on Alcohol Abuse and Alcoholism awarded SALIS its library, thus alcohol titles are more prevalent. The aim is to include both academic and popular press, history, biography, self-help, etc.

All the materials in the archive may be downloaded, or e-borrowed for up to two weeks for FREE. Anyone anywhere in the world has access to the collection, and may borrow up to 5 items at a time. Once the two weeks borrowing period has ended, the item will simply disappear from one’s device. Recently, the Society for the Study of Addiction awarded SALIS funds to digitize 250 more books to add to the collection.

The Wine & Spirit Education Trust joins the Wine in Moderation Programme

The Wine & Spirit Education Trust (WSET) has joined the Wine in Moderation Programme as Partner with a strong focus on education and the inclusion of the responsible message.

Wine in Moderation and the Wine & Spirit Education Trust both play a key role in encouraging responsibility in the serving, selling, communication and consumption of wine. This partnership will provide tools and knowledge to help professionals to develop more competencies in areas like wine and health, responsible serving and communication.

“WSET is delighted to become an Associated Partner of the Wine in Moderation – Art de Vivre Programme. Social Responsibility is a key part of all our teaching programmes and we are committed to ensuring that our students are aware of the Wine in Moderation programme, its objectives, and particularly the guidance it gives to those who are serving alcohol” stated Ian Harris, Chief Executive of the Wine & Spirit Education Trust.

In Australia poorest far more likely to die of preventable illness

A report from the Australian Health Policy Collaboration at Victoria University has highlighted that some sectors of the population are at high risk of dying early from chronic diseases and other often-preventable conditions.

These most disadvantaged Australians (representing 4 in every 10 people) are almost three times more likely to die of diabetes, almost 40% more likely to die of cancer and more than twice are likely to die of respiratory or cardiovascular disease, compared to richer sections of the population. Over four years 81,400 people in the poorest 40% of the nation died as a result of chronic disease, cancer and suicide, in comparison to 50,500 in the most affluent 40%.

“Being socially and economically disadvantaged is not only bad for your health – it’s also much more likely to kill you,” Australian Health Policy Collaboration director Rosemary Calder said.

The research also found however that, unlike most health risk factors, drinking at risky levels is more prevalent in higher socio-economic communities.
Report calls for national resilience strategy in the US

According to a new report released by the Trust For America’s Health and Well Being Trust, deaths from drugs, alcohol and suicide in the US could account for 1.6 million fatalities over the coming decade (2016 to 2025).

The report, Pain in the Nation: The Drug, Alcohol and Suicide Epidemics and the Need for a National Resilience Strategy, is based on an analysis conducted by the Berkeley Research Group. From 2006 to 2015, there were 1 million deaths from these three causes, representing a 60% increase compared to the past decade.

- There were 127,500 deaths from drugs, alcohol and suicide in 2015 and according to the report’s projections, this could reach 192,000 per year by 2025 (39.7 deaths per 100,000 in 2015 compared to 55.9 per 100,000 in 2025).
- At a state level, in 2005, 21 states and Washington, D.C. had death rates from these three causes above 30 per 100,000, and only six states had death rates above 40 per 100,000.
- In 2015, 48 states and Washington, D.C. had rates above 30 per 100,000, 30 were above 40 per 100,000 and five states had rates above 60 per 100,000, including New Mexico which had the highest rate of 77.4 per 100,000.

The report estimates that by 2025, 26 states could reach 60 deaths per 100,000 – and two states (New Mexico and West Virginia) could reach rates of 100 deaths per 100,000.

The study found, however, that these numbers may be conservative, especially with the rapid rise of heroin, fentanyl and carfentanil use. If the nation continues along recent trajectories, death rates would actually double to 2 million by 2025.

“We're facing a generational crisis. And it calls for bigger and bolder action. Simply creating new programs to address one piece of the problem is insufficient—we need more robust and systematic change. The good news is: we know a lot about what works and can make a difference,” said Benjamin F. Miller, PsyD, Chief Policy Officer, Well Being Trust. “This report highlights the need for investments that take a whole-person approach to wellbeing— encompassing the physical, mental, emotional and spiritual aspects of wellbeing—to truly address the drivers of pain, ultimately saving lives.”

Pain in the Nation calls for the creation of a National Resilience Strategy that takes a comprehensive approach by focusing on prevention, early identification of issues and effective treatment. The report highlights more than 60 research-based policies, practices and programmes, including:

- Lower Excessive Alcohol Use through evidence-based policies, such as by increasing pricing, limiting hours and density of alcohol sales, enforcing underage drinking laws and holding sellers and hosts liable for serving minors.
- Prioritise Prevention, Reduce Risk Factors and Promote Resilience in Children, Families and Communities by limiting trauma and adverse experiences, which have the biggest long-term impact on later substance misuse, and promoting better mental health.
- Reboot Substance Misuse Prevention and Mental Health in Schools by scaling up evidence-based life- and coping-skills programmes and inclusive school environments and increasing the availability of mental health and other services.

Public involvement in alcohol research

A report by Alcohol Research UK on public involvement in alcohol research is now available.

The report sets out some of the key principles behind greater public involvement in the field. It also explores the key challenges and describes how researchers might better engage with the public in future.
Éduc’alcool - Two new publications for young people

Éduc’alcool has produced two new publications aimed at young people of school, college and university age.

‘Teens and Alcohol: Why It’s No’, is aimed at young people aged 15 to 17 as part of an awareness campaign for young people about the effects of early alcohol consumption. The publication aims to delay the age of first consumption. Without being moralistic, it encourages teenagers to learn to become responsible adults and explains why it is important that they wait until their body and brain are well developed before starting to drink. It encourages them to follow the new trend that young people increasingly now drink when older and, if they choose to drink, they do so with great moderation, for the right reasons and in the presence of their parents. The publication includes a warning about alcohol-energy drinks, information on alcohol and the law and the effects of excessive alcohol consumption.

Teens and Alcohol: Why It’s No’ will be made available in senior high schools, social networks and branches of the Société des alcools du Québec.

Éduc’alcool has also produced a publication on youth and sex. This is an adaptation for a public aged 17 to 24, of their publication for adults on the same subject. Following stories in the media about various campuses and the Minister of Higher Education’s forum on the subject, Éduc’alcool decided to make a significant contribution to educating young people about the importance of alcohol occupies in episodes of harassment and sexual violence.

The publication will be sent to relevant groups and Éduc’alcool will reach out to them for a possible collaboration for college and university year-end activities.

educalcool.qc.ca

New South Wales bill to ban alcohol advertising is challenged

Proposals to ban alcohol adverts in New South Wales (NSW) have been challenged by the Australian alcohol and sporting industries with claims that it will harm the sports industry and will not successfully discourage drinking among young people.

In September the NSW parliament announced it was considering whether to implement tough restrictions on alcohol advertising, which could extend to Sydney and Canberra. The proposals, contained within the 2015 Alcoholic Beverages Advertising Prohibition Bill, call for the complete ban of any alcohol advert that can be seen or heard from a public place with the aim of discouraging alcohol consumption, limiting exposure of young people and children to persuasion to drink alcoholic beverages and reducing alcohol-related crime, road accidents and prevent alcohol-related illness.

The bill also provides an option for local regions to decide if the purchase of alcohol or consumption in a public place should be an offence.

An inquiry into the bill began at the NSW Parliament, which was introduced by the leader of the Christian Democratic Party, Reverend the Hon Fred Nile MLC.

Health groups, including the College for Emergency Medicine and the NSW/ACT Alcohol Policy Alliance – a coalition of 48 organisations working to reduce alcohol-related harm – are in full support of the proposals. The proposals have however provoked opposition from the drinks industry and a number of sporting bodies, including Netball Australia, Cricket Australia and Tennis Australia. Sporting associations have opposed the plans, claiming that a ban on advertising would undermine the economics of professional sport in Australia.

“The proposed amendments mean that a significant amount of advertising revenue would be denied to broadcasters,” the Coalition of Major Professional and Participation Sports (COMPPS) said its submission to the inquiry. “This will have a corresponding negative impact on sports’ rights fees.”
Diet, smoking and alcohol main causes of death in OECD countries

The “Health at a Glance” report 2017 presents up-to-date cross-country comparisons of the health status of populations and health system performance in OECD and partner countries. The report finds that people in OECD countries are living longer, but the burden of mental illness and chronic disease is rising. In addition, while smoking rates continue to decline, there has been little success in tackling obesity and harmful alcohol use.

On average, recorded alcohol consumption has decreased in the OECD since 2000 from 9.5 litres of pure alcohol per capita each year to 9 litres. The extent of the decrease varies greatly by country, and consumption has increased in 13 OECD countries, as well as in China, India, Lithuania and South Africa. Low level increases in consumption (0.1 to 1 litre) were seen in Canada, Chile, Israel, Korea, Mexico, Norway, Slovenia, Sweden and the United States as well as in South Africa. The increase was stronger in Belgium, Iceland, Latvia and Poland, as well as China, India and Lithuania (1.1 to 5.3 litres per capita). In all other countries, alcohol consumption decreased between 2000 and 2015. The largest drops occurred in Denmark, Ireland, Italy and the Netherlands (more than 2 litres per capita).

Across the OECD, an average of 12% of women and 30% of men regularly binge-drink (at least once per month). Rates range from 8% in Hungary to 37% in Denmark, and display large gender gaps, with men exhibiting higher rates in virtually all countries. These gaps are lowest in Spain and Greece (8- 10 points), and are highest in Estonia, Finland and Latvia (over 25 points).

Many policies addressing harmful use of alcohol already exist: some target heavy drinkers only, while others are more broadly based. While all OECD countries apply taxes to alcoholic beverages, the level of taxes may greatly vary across countries. New forms of fiscal policies have been implemented. Regulations on advertising alcoholic products have been set up in many OECD countries, but the forms of media included in these regulations (e.g. printed newspapers, billboards, the internet) and the enforcement of the law vary a lot across countries. All OECD countries have legally set maximum levels of blood alcohol concentration for drivers, but the report finds that the enforcement of these regulations may be haphazard and varies widely across and within countries. Less stringent policies include health promotion messages, school-based and worksite interventions and interventions in primary health care settings.

Over 30% of 15-year-olds have been drunk at least twice in the Czech Republic, Denmark, Hungary, Slovenia and the United Kingdom, as well as Lithuania. In Iceland, Israel, Luxembourg, Switzerland as well as the Russian Federation, rates drop below 15%. Across the OECD, the average is 22.3%, with a small gap between boys (23.5%) and girls (21.2%). Gender disparities, with boys more prone to drink than girls, are especially high in Austria, Hungary, Israel, as well as Lithuania and the Russian Federation (over 5 points). Only in Canada, Sweden and the United Kingdom do girls report repeated drunkenness more often than boys.

oecd.org/health/health-at-a-glance-19991312.htm
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.

AIM Social, Scientific And Medical Council

Helena Conibear, Executive and Editorial Director, AIM-Alcohol in Moderation, UK
Professor Alan Crozier, Research Associate, Department of Nutrition, UC Davis, US
Professor R. Curtis Ellison, Chief, Emeritus, Section of Preventive Medicine & Epidemiology; Professor of Medicine, Boston University School of Medicine, US
Harvey Finkel MD, Clinical Professor of Medicine (oncology and haematology), Boston University School of Medicine, US
Professor Adrian Furnham, Professor in Psychology and occupational psychology, University College London, UK
Giovanni de Gaetano, MD, PhD, Head of the Department of Epidemiology and Prevention, IRCCS Istituto Neurologico Mediterraneo NEUROMED, Pozzilli, Italy
Tedd Goldfinger FACC, FCCP, President, Desert Heart Foundation, Tucson, University of Arizona, US
Professor Dwight B. Heath, Anthropologist, Professor Emeritus of Anthropology, Brown University, US
Professor OFW James, Emeritus Professor of Hepatology, Newcastle University, UK
Arthur Klatsky MD, adjunct investigator at the Kaiser Permanente Northern California Division of Research, US
Lynn Gretkowsk MD, Obstetrics and Gynaecology, Faculty member Stanford University, US
Ellen Mack MD, Oncologist

Professor JM Orgogozo, Professor of brain science, Institut de Cerveau, University of Bordeaux, France
Stanton Peele PhD, Social Policy Consultant, US
Prof Susan J van Rensburg MSc, PhD, Emeritus Associate Professor in the Division of Chemical Pathology, Tygerberg Hospital, University of Stellenbosch, South Africa
Arne Sviilaas MD, PhD, Chief Consultant, Lipid Clinic, Oslo University Hospital, Oslo, Norway.
Dr Erik Skovenborg, Scandinavian Medical Alcohol Board
Creina S Stockley MSc, MBA, PhD, Health and Regulation, The Australian Wine Research Institute, Australia
Professor Pierre-louis Teissedre, PhD, Faculty of Oenology–ISVV, University Victor Segalen Bordeaux, France
Dag Thelle MD, PhD, Senior Professor of Cardiovascular Epidemiology and Prevention, University of Gothenburg, Sweden; Senior Professor of Quantitative Medicine at the University of Oslo, Norway
David P van Velden MD, Dept of Pathology, Stellenbosch University, Stellenbosch, South Africa
David Vauzour PhD, Senior Research Associate, Department of Nutrition, Norwich Medical School, University of East Anglia, Norwich, UK