## 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>2</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Medical News</strong></td>
<td></td>
</tr>
<tr>
<td>Importance of drinking pattern on the effects of wine on health</td>
<td>3</td>
</tr>
<tr>
<td>Associations between hypo-HDL cholesterolemia and cardiometabolic risk factors in middle-aged men and women</td>
<td>6</td>
</tr>
<tr>
<td>Alcohol-attributable cancer in New Zealand</td>
<td>7</td>
</tr>
<tr>
<td>Positive blood alcohol level in severe traumatic brain injury is associated with better long-term functional outcome</td>
<td>10</td>
</tr>
<tr>
<td>Researchers pinpoint neurons that tell the brain when to stop drinking</td>
<td>11</td>
</tr>
<tr>
<td>Association of alcohol consumption with coronary artery disease severity</td>
<td>12</td>
</tr>
<tr>
<td>Effects of beer, non-alcoholic beer and water consumption before exercise on fluid and electrolyte homeostasis in athletes</td>
<td>13</td>
</tr>
<tr>
<td>Alcohol intake, drinking patterns, and prostate cancer risk and mortality - light to moderate drinkers have best prognosis</td>
<td>14</td>
</tr>
<tr>
<td>A meta-analysis of alcohol consumption and thyroid cancer risk</td>
<td>15</td>
</tr>
<tr>
<td>Alcohol use and breast cancer survival</td>
<td>16</td>
</tr>
<tr>
<td>Alcohol and dietary folate intake and promoter cpg island methylation in clear cell renal cell cancer</td>
<td>17</td>
</tr>
<tr>
<td>Examining the association of alcohol consumption pattern with risk of hypertension in Korean adults</td>
<td>18</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Social and Policy News</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Do consumers want more nutritional and health information on wine labels?</td>
<td></td>
</tr>
<tr>
<td>Reducing children’s susceptibility to alcohol use: effects of a home-based parenting programme</td>
<td>16</td>
</tr>
<tr>
<td>The enduring impact of parents’ monitoring, warmth, expectancies, and alcohol use on their children’s future binge drinking and arrests</td>
<td>17</td>
</tr>
<tr>
<td>The effectiveness of brief alcohol interventions delivered by community pharmacists</td>
<td>18</td>
</tr>
<tr>
<td>Does wine glass size influence sales for on-site consumption?</td>
<td></td>
</tr>
<tr>
<td>Inhibitory performance predicting drinking behaviours among young adults</td>
<td>19</td>
</tr>
<tr>
<td>Drunkenness and heavy drinking among 11 year olds in the UK</td>
<td></td>
</tr>
<tr>
<td>Unravelling the alcohol harm paradox: a population-based study of social gradients across very heavy drinking thresholds</td>
<td>19</td>
</tr>
<tr>
<td>UK Retailers encouraged to join Community Alcohol Partnerships scheme</td>
<td></td>
</tr>
<tr>
<td>Youthful Abandon – Why are young people drinking less?</td>
<td>20</td>
</tr>
<tr>
<td>Westminster Social Policy Forum Keynote Seminar</td>
<td></td>
</tr>
<tr>
<td>New report showcases best practice for building safe &amp; vibrant night time economies</td>
<td>21</td>
</tr>
<tr>
<td>Drink-driving enforcement to be stepped up in Ireland despite decrease in drink drive court orders</td>
<td></td>
</tr>
<tr>
<td>House of commons briefing on alcohol</td>
<td></td>
</tr>
<tr>
<td>Portman Group publishes annual marketing regulation report &amp; new regulation video</td>
<td></td>
</tr>
<tr>
<td>Alcohol Statistics England, 2016 report</td>
<td>22</td>
</tr>
<tr>
<td>IREB appoint new president and vice president</td>
<td>23</td>
</tr>
<tr>
<td>Ministry of Health in Portugal publishes ‘Wheel of Health’</td>
<td></td>
</tr>
<tr>
<td>Launch of the Responsibility Alliance in Greece</td>
<td>24</td>
</tr>
<tr>
<td>Pregnancy icon now included on Conoscere I’alcol campaign in Italy majority of labels in the Netherlands</td>
<td></td>
</tr>
<tr>
<td>European survey of road users’ safety attitudes</td>
<td>25</td>
</tr>
<tr>
<td>Nutrition 2016 conference, Germany - aspects of moderate wine consumption</td>
<td>26</td>
</tr>
<tr>
<td>Virginia ABC awards grants for alcohol education and prevention programmes</td>
<td></td>
</tr>
<tr>
<td>US Supreme Court requires warrants for drunken-driving blood tests</td>
<td></td>
</tr>
<tr>
<td>Report recognises industry contribution to reduce alcohol-related harm</td>
<td></td>
</tr>
<tr>
<td>Beer Institute announces guidelines to give consumers access to product information</td>
<td>27</td>
</tr>
<tr>
<td>Alcohol consumption among secondary school pupils in the Netherlands</td>
<td></td>
</tr>
<tr>
<td>CDC report on fatal crashes in the US</td>
<td>28</td>
</tr>
<tr>
<td>Anheuser Busch to grow nonalcoholic beer production</td>
<td></td>
</tr>
<tr>
<td>Diageo to launch alcohol free spirit</td>
<td></td>
</tr>
<tr>
<td>Trends in alcohol use and health-related harms in NSW</td>
<td>29</td>
</tr>
<tr>
<td>Maryland - supply of alcohol to underage youth</td>
<td></td>
</tr>
</tbody>
</table>
AIM Digest
Frampton House
Frampton, Dorchester
Dorset DT2 9NH
T: +44 (0)1300 320 869
E: info@aim-digest.com

Websites:
www.alcoholinmoderation.com
www.drinkingandyou.com
www.alcoholforum4profs.org

AIM Subscription Levels:
Individual: GBP 900-
USD 1,250-
Euro 1000-
Silver: GBP 1,500-
USD 2,500-
Euro 2,000-
Gold: GBP £3,000-
USD 5,000-
Euro 4,000-
Platinum: available on request.
Please contact Sherry.Webster@aim-digest.com for information about AIM's subscription levels.
Please make cheques/drafts in British pounds sterling, dollars or Euros payable to AIM Digest at the above address

Helena Conibear – Executive Director
T: +44 (0)1300 320 869
E: helena.conibear@aim-digest.com

Alison Rees – Editor
E: alison.rees@aim-digest.com

Sherry Webster – Finance and Subscriptions
E: sherry.webster@aim-digest.com

The publisher takes reasonable care to ensure the accuracy of quotations and other information contained herein, but is not responsible for any errors or omissions. Opinions and recommendations quoted herein are usually excerpted, digested or condensed, may be edited for continuity, and are only part of the opinions and recommendations expressed in the original sources, which should be consulted for details.
© AIM Digest 2001. All rights reserved. Material may be reproduced with attribution to AIM.

NEWS FROM AROUND THE WORLD

Russia
In Russia, the Ministry of Economic Development is proposing to abolish current restrictions on distance selling. The draft legislation would legalise the online sale of beverage alcohol, tobacco products, medications, and other products. A ministry spokesperson commented that if the trade of certain goods is permitted, it should be permitted “in all possible ways.”

Czech Republic
In the Czech Republic, Jindřich Vobořil, the government’s National Anti-Drug Coordinator has called for a stricter model for inspecting supermarkets to prevent underage purchase of alcohol, and has suggested that access to aisles selling alcohol and tobacco should be restricted to adult citizens only.

Dubai
Dubai is set to relax strict laws on alcohol sales during the holy month of Ramadan. Previously, sales were prohibited before sundown, when Muslims would break their daily fast. But, in future alcohol sales will not be restricted.

Dubai’s Department of Tourism and Commerce Marketing saying that “ensuring a superlative visitor experience consistently is at the center of our destination proposition and remains in line with Dubai’s significance as a world-class tourism destination.”

Lithuania
Lithuania’s Health Ministry has submitted a set of amendments for consideration that prohibit alcohol advertisements on websites and applications for smartphones and tablets.

The amendments, which have been registered by the ministry and are yet to be endorsed by the government or parliament, push for the hidden advertisement of alcoholic beverages to be abolished. They also call for stricter punishments for selling alcohol to minors, advising an increase in fines from the current 289 - 868 euros to 1,448 - 2,896 euros.

Sri Lanka
Addressing the Presidential Task Force on Drug Prevention for a Narcotics Free Sri Lanka, the President of Sri Lanka, Maithripala Sirisena, has announced that the government is determined to eradicate alcohol beverages, tobacco, and narcotics from the country by 2020.
Importance of drinking pattern on the effects of wine on health


Authors’ Abstract

Conclusions of epidemiological studies examining the effects of alcoholic beverages on human health may be unclear and limited if they do not take into account drinking pattern parameters such as beverage type, regular moderate versus binge drinking and drinking with or without meals. This review considers different aspects of drinking patterns and effects on human health with special attention to wine. We particularly discuss the potential underlying mechanisms for epidemiological evidence that the beneficial effects of wine are more evident if consumed with food.

In this context, we address the effects of food on blood alcohol concentration and acetaldehyde production in the gastrointestinal tract, the role of wine components and uric acid in counteracting the detrimental effects of postprandial oxidative stress, as well as wine’s antimicrobial properties and its potential to act as a digestive aid. In addition to its biological correlates, drinking patterns with regard to different socio-cultural circumstances in different populations are also considered. In order to avoid confusion and misconceptions in the general population because of the hormetic associations of wine with human health, it is important that all medical and scientific information concerning the effect of wine consumption on human health are evidence-based and communicated in a competent, credible and unbiased manner.

In conclusion, we propose several practical recommendations concerning wine consumption and consumer information to minimise the risks of alcohol-related harm and to encourage individual responsibility and a healthy lifestyle.

Forum Comments

Note on Potential Conflict of Interest: While several of the authors of this paper are members of our Forum, they have had no input into the review of the article.

While this brief review article does not report new data, it presents a very well-thought-out appraisal of how the pattern of alcohol (especially wine) consumption may affect its risks and benefits regarding health. The pattern includes the type of beverage, consumption with meals, regular moderate versus binge drinking, cultural effects, etc. It is recognised that some of the authors of this publication work primarily with wine; however, the article covers key behaviours that affect the relation of all types of alcohol consumption to health. Members of the Forum consider that these aspects of alcohol consumption are especially important when one is considering individual or population-based guidelines regarding drinking.

There are considerable data showing that heavy drinking and binge drinking are associated with a large number of adverse health effects, both for the individual and for society. However, it is now clear from observational epidemiological studies, animal experiments, and limited human clinical trials that moderate amounts of wine and other types of alcohol may have beneficial health effects, especially in lowering the risk of cardiovascular disease and total mortality. The type of beverage that one drinks, and especially how it is consumed, help determine whether alcohol consumption has net positive or negative health effects.

The health effects of phenolic substances, in addition to alcohol, that are present in wine: The authors of this review propose that the non-alcoholic components of wine, especially phenols, decrease oxidation and increase the beneficial effects of alcohol in protecting against disease. Numerous studies by Renaud and colleagues have demonstrated the beneficial effects of wine on coagulation and on cardiovascular disease (e.g., Renaud & de Lorgeril 1992; Renaud & Gueguen 1998; Renaud et al 1999). Indeed, many epidemiologic studies have shown that regular wine drinkers tend to have better health outcomes than consumers of other beverages. Some of these benefits may come from socio-economic and behavioural factors (especially the pattern of drinking), but experimental data also indicate that some of these benefits relate to the non-alcoholic components of wine.

In addition to the immediate protective effects of the polyphenols in wine, the unabsorbed phenolic compounds that remain in the gastrointestinal system following wine consumption may also contribute anti-oxidant effects. There they can scavenge free radicals locally, preventing lipid peroxidation as well as the absorption of cytotoxic lipid peroxidation products. Wine also favorably affects urate levels; thus, the antioxidant activity is apparently influenced by two separate mechanisms: wine-derived phenolic compounds and plasma urate.
A further important biological property of wine is its potent antimicrobial activity that tends to decrease adverse effects of food-borne and oral pathogens. In addition to the improvement of microbial food safety, wine consumed with a meal may also be protective against alimentary infections. On the other hand, high blood alcohol concentration (BAC) levels tend to force the liver to metabolise alcohol through a different system, which generates oxidative free radicals that have adverse health effects, and can damage liver tissue in the long-term.

Lanzmann-Petithory noted: “Wine is a fermented grape juice naturally enriched in polyphenols. A glass of wine can bring about half of the average polyphenol intake of people in western countries. That may explain why the specific effects of wine, compared to other alcoholic beverages, may actually be less important when the diet is already full of polyphenols; when the diet is poor, wine can be a major source of polyphenols, with perceptible beneficial effects.”

Consuming wine with meals: The consumption of wine or other alcoholic beverage with meals lowers the BAC levels that result from the ingestion of a given amount of alcohol. The net effect of food plus wine is a lowering of oxidants and an increase in anti-oxidants in the blood; these effects are particularly important in correcting for the oxidative stress that accompanies the post-prandial period. Further, consuming food with wine may also act as a mechanical ‘wash-out’ of alcohol from the oral mucosa, thereby decreasing the risk of ethanol-associated carcinogenesis in the oral cavity and upper gastrointestinal tract.

Forum member Lanzmann-Petithory: “Yes, to drink alcohol with food slows gastric emptying that lowers BAC. But wine does not need the Mediterranean diet to be effective as the authors conclude themselves. It should be noted, however, that protective effects of wine against oxidative damage are influenced by the type of food and may be less pronounced in individuals consuming a well-balanced diet.” She added: “The authors do not discuss the ‘French Paradox,’ which suggests that the habit of drinking moderate amounts of wine with meals could be one of the explanations for the lower rates of cardiovascular disease in France despite similar or worse risk factors than in the USA. Renaud proposed the hypothesis of a hemostatic mechanism, rather than an interaction with the atherosclerosis process, as a key factor for this paradox (Renaud & de Lorgeril). A ‘French Paradox’ is still observable today in recent WHO data, with France having the second lowest mortality rates in the world from cardiovascular disease after Japan; this occurs despite higher cholesterol levels, greater rates of smoking, and higher saturated fat consumption (3.4g/day versus 25.9g/day) among the French than in the United States. It is noteworthy that in comparisons by country, the French remain first for wine drinkers but 20th in the ranking of alcohol drinkers.”

Varying drinking patterns in different cultures: Cultures vary dramatically in how people consume alcohol. In some cultures the typical pattern is the regular consumption (often on a daily basis) of moderate amounts of alcohol, while in others the typical pattern is for episodic heavy drinking, especially on weekends. While the average weekly consumption may be the same for both cultures, the drinking pattern of the former tends to be associated with beneficial health effects, while the latter pattern tends to have mainly adverse effects (Ruidivets et al). These differences emphasise why evaluating only the total amount of alcohol consumed, and not how it is consumed, is inadequate when evaluating its effects on health and disease.

Reviewer Lanzmann-Petithory noted: “Wine is an alcoholic beverage that in many cultures is generally consumed with meals. More recently, wine has become a ‘snack’ in the USA, consumed alone before dinner, as described in a French-US comparison study (Mathe et al). Two ways of drinking 7 to 14 drinks/week were imported into the United States: the French/Latin way of a glass or two of wine at mealtimes, and the Scandinavian/Northern-European way of 7 to 14 servings of spirits at one time (Lanzmann-Petithory).”

Implications of current study: Forum member Skovenborg commented: “Boban et al present a fair review of the many aspects of the issue of beverage choice and drinking patterns. In a review of observational epidemiological data it is difficult to separate specific effects of e.g., wine polyphenols, from the influence of many confounding factors. For example, in Denmark wine drinkers seem to have a healthier eating pattern than beer drinkers do (Johansen et al). It has also been difficult to translate positive results of wine intake from laboratory studies..."
AIM MEDICAL NEWS

...to hard endpoints in large population studies. Even so, it is difficult to argue against the sympathetic advice from the authors: a regular and moderate intake of wine with your meal.”

Skovenborg continued: “It is important that all medical and scientific information concerning the effect of wine consumption on human health is evidence-based and communicated in a competent, credible and unbiased manner. In doing so, the authors may have taken the ‘precautionary principle’ too far regarding breastfeeding. According to a recent review on alcohol and breastfeeding, special recommendations aimed at lactating women are not warranted; instead, lactating women should simply follow standard recommendations on alcohol consumption (Haastrup et al).”

Forum member Ursini commented: “This paper does not present new data, but an educated review of evidence gleaned, over many years, after the news broke about the “French Paradox”; it is more than welcome. Paradoxes are generated when there is an epistemological bias and one of the two truths generating the conflict is not true, sometimes both. We know now that alcohol in moderation is protective and that wine does it better. This is everything but a paradox. It’s never too late to support and communicate this concept.”

References from Forum review


Forum Summary

A review article appearing in Food & Function, a publication of the Royal Society of Chemistry in the United Kingdom, presents a summary of evidence-based scientific data relating the moderate consumption of wine and other alcoholic beverages to health. Forum members considered the paper to be a well-thought-out appraisal of the effects that the pattern of consumption (e.g., the type of beverage, regular versus binge drinking, consumption with meals, etc.) affects its risks and benefits. (It is recognised that some of the authors of this publication work primarily with wine, but the review article covers key behaviours that affect the relation of the consumption of all types of alcohol to health.)

The authors describe how the polyphenols and other non-alcoholic components of wine provide anti-oxidants and decrease post-prandial oxidative stress. These phenols can also scavenge free radicals in the mouth and throughout the gastrointestinal tract, preventing lipid peroxidation as well as the absorption of cytotoxic lipid peroxidation products. Wine also favorably affects urate levels; thus, the antioxidant activity is apparently influenced by two separate mechanisms: wine-derived phenolic compounds and plasma urate. A further important biological property of wine is its potent antimicrobial activity that tends to decrease adverse effects of food-borne and oral pathogens.

The article summarises the key differences in health effects when alcohol (especially wine) is consumed moderately, with food, and on a regular basis rather than in binges. These differences emphasise why evaluating only the total amount of alcohol consumed, and not how it is consumed, is inadequate when evaluating its effects on health and disease. Further, the authors emphasise how all medical and
scientific information concerning the effects of wine and alcohol consumption on human health should be evidence-based and communicated in a competent, credible and unbiased manner.

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

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

Elizabeth Barrett-Connor, MD, Distinguished Professor, Division of Epidemiology, Department of Family Medicine and Public Health and Department of Medicine, University of California, San Diego, La Jolla, CA USA

R. Curtis Ellison, MD, Professor of Medicine & Public Health, Boston University School of Medicine, Boston, MA, USA

Diewertje Sluik, DrPH, Division of Human Nutrition, Wageningen University, NL

Erik Skovenvborg, MD, specialized in family medicine, member of the Scandinavian Medical Alcohol Board, Aarhus, Denmark

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

Fulvio Ursini, MD, Dept. of Biological Chemistry, University of Padova, Padova, Italy

Dominique Lanzmann-Petithory, MD, PhD, Nutrition Geriatrics, Hôpital Emile Roux, APHP Paris, Limeil-Brévannes, France

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

Arne Sviaas, MD, PhD, general practice and lipidology, Oslo University Hospital, Oslo, Norway

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

Association between hypo-HDL cholesterolemia and cardiometabolic risk factors in middle-aged men and women

Hypo-HDL cholesterolemia is a potent cardiovascular risk factor, and HDL cholesterol level is influenced by lifestyles including alcohol drinking, smoking and regular exercise. A study sought to clarify the relationships between hypo-HDL cholesterolemia and cardiovascular risk factors and to determine whether or not these relationships depend on the above-mentioned lifestyles.

The subjects were 3,456 men and 2,510 women (35-60 years of age) showing low HDL cholesterol levels (<40mg/dl for men and <50mg/dl for women) and their age-matched control subjects showing normal HDL cholesterol levels. Each cardiometabolic risk factor was compared between the groups with and without hypo-HDL cholesterolemia. Data for hypo-HDL cholesterolemic subjects not having habits of alcohol drinking, smoking and regular exercise (men, n=333; women, n=1410) and their age-matched control subjects were also analysed.

Both in men and in women of overall subjects and subjects without histories of alcohol drinking, smoking and regular exercise, odds ratios of subjects with hypo-HDL cholesterolemia vs. subjects with normo-HDL cholesterolemia for high body mass index, high waist-to-height ratio, high triglycerides, high lipid accumulation product and multiple risk factors (three or more out of obesity, hypertension, dyslipidaemia and diabetes) were significantly higher than the reference level of 1.00. These associations in overall subjects were found when the above habits were adjusted.

Hypo-HDL cholesterolemic men and women have adverse cardiovascular profiles, such as obesity, hypertriglyceridemia and multiple risk factors, independently of age, alcohol drinking, smoking and regular exercise.

Alcohol-attributable cancer in New Zealand


Authors’ Abstract

Introduction and Aims. Cancer deaths made up 30% of all alcohol-attributable deaths in New Zealanders aged 15–79 years in 2007, more than all other chronic diseases combined. We aimed to estimate alcohol-attributable cancer mortality and years of life lost by cancer site and identify differences between Māori and non-Māori New Zealanders.

Design and Methods. We applied the World Health Organization’s comparative risk assessment methodology at the level of Māori and non-Māori subpopulations. Proportions of specific alcohol-related cancers attributable to alcohol were calculated by combining alcohol consumption estimates from representative surveys with relative risks from recent meta-analyses. These proportions were applied to both 2007 and 2012 mortality data.

Results. Alcohol consumption was responsible for 4.2% of all cancer deaths under 80 years of age in 2007. An average of 10.4 years of life was lost per person; 12.7 years for Māori and 10.1 years for non-Māori. Half of the deaths were attributable to average consumption of <4 standard drinks per day. Breast cancer comprised 61% of alcohol-attributable cancer deaths in women, and more than one-third of breast cancer deaths were attributable to average consumption of <2 standard drinks per day. Mortality data from 2012 produced very similar findings.

Discussion and Conclusions. Alcohol is an important and modifiable cause of cancer. Risk of cancer increases with higher alcohol consumption, but there is no safe level of drinking. Reduction in population alcohol consumption would reduce cancer deaths. Additional strategies to reduce ethnic disparities in risk and outcome are needed in New Zealand.

Forum Comments:

While alcohol consumption of all levels is associated with risk for only a relatively small percentage of total cancer deaths (4.2% in this study), there appear to be an increasing number of articles on the dangers of alcohol in terms of cancer. The present study compares population-based surveys of alcohol intake to population statistics for deaths from a number of types of cancer in New Zealand, and attempts to judge whether there are differences in estimates of risk for Māori and non-Māori subjects.

Forum members had a number of concerns with this paper. Data on exposure to alcohol (or other risk factors) for individual subjects were not available for those who did, or did not, die of cancer. The method used was to base estimates of the proportion of the risk of each type of cancer, shown in other studies to be attributable to alcohol consumption, to the New Zealand population. Obviously, the attributable proportion related to any exposure will depend on what estimates are chosen. As stated by Forum member McCormick: “The quality of any such analysis will depend on the veracity of the ‘facts’ underpinning it and the assumptions used. The drinking patterns of Māori and non-Māori in New Zealand have been shown to be very different (Bramley et al), and the application of the same ‘attributable’ estimates to both groups may not be justified.”

Other Forum members noted that the study does not account for the type of alcohol consumed, the role of diet or social and economic factors, data that would be necessary to interpret the disparity in cancer deaths among different ethnic groups in New Zealand. As added by reviewer Thelle, “The investigators apply relative risk estimates from meta-analyses, and that is fair enough, but the study is essentially an ecological study and not a population-based study on single individuals. No confounders are taken into account.”

Forum member Barrett-Connor summarised the many difficulties in interpreting this study: “Conclusions are based on very small population isolates, with perhaps atypical drinking habits, or unknown diet & lifestyle. Thus I cannot interpret the methods of the New Zealand study — it is too small a sample of people whose culture, lifestyle, and diet are not well described, and it is impossible to interpret the results. Questions remain, such as ‘Do the participants work outside all day performing heavy physical labor?’ ‘What types of alcohol did they drink?’ ‘How else do the Māori and non-Māori subjects differ?’ I cannot comment on statistics either, as there is not enough information about other behaviours/lifestyle.”

It was noted that the paper does not refer to a recent article by Rehm et al that admits that previous estimates of population-attributable risk between alcohol and adverse cardiovascular outcomes have been markedly over-estimated in the past. We are not aware of updates of alcohol-attributable estimates
regarding cancer. In all the tables and figures in the present paper, no data are presented for the number of non-drinkers who developed the various cancers.

As pointed out by Forum member Thelle: “The main issue in the data set is of course the low numbers without any suggestion of the random errors around these figures. The investigators should have shown us the population at risk for exposed and unexposed, and the corresponding incidence rates in order to estimate the relative risk. With these low numbers it is likely that there is large variation affecting the confidence intervals.”

In this study the type of beverage or the pattern of drinking (regular, in binges, etc.) are not known for the subjects who developed (or did not develop) cancer. As reviewer Stockley noted: “The authors suggest in their discussion that ‘recent evidence supports little impact of drinking pattern on the cancer risk for light to moderate drinkers’ (referring to an article by Cao et al). However, Cao et al state in their conclusions: ‘Light to moderate drinking is associated with minimally increased risk of overall cancer. For men who have never smoked, risk of alcohol related cancers is not appreciably increased for light and moderate drinking (up to two drinks per day). However, for women who have never smoked, risk of alcohol related cancers (mainly breast cancer) increases even within the range of up to one alcoholic drink a day.”

Stockley continues: “Allen et al conclude that: ‘Low to moderate alcohol consumption in women increases the risk of certain cancers. For every additional drink regularly consumed per day, the increase in incidence up to age 75 years per 1000 for women in developed countries is estimated to be about 11 for breast cancer, 1 for cancers of the oral cavity and pharynx, 1 for cancer of the rectum, and 0.7 each for cancers of the esophagus, larynx and liver, giving a total excess of about 15 cancers per 1000 women up to age 75.”

Reviewer Keil had a number of observations: “The authors do not provide us with the population at risk for exposed and unexposed, and therefore the calculations presented are somehow ‘in the air’. I calculated 5,786 cancer deaths in New Zealand for 2007 of which 243 are attributable to alcohol (4.2%). It would have been much better had the authors provided this figure from the official mortality statistics of New Zealand. Again, one can calculate 507 breast cancer deaths in New Zealand women, 71 of these 507 attributable to alcohol of all intake levels. The alcohol-attributable factor of 14 % is much too high according to my knowledge of the literature; this figure is more around 5-6 %. But again, it is difficult to follow the calculations. The absolute number of breast cancers in New Zealand women occurring in the alcohol intake group < 20 grams of alcohol per day turns out to be 26, according to the authors’ calculations. Any individual case of breast cancer and cancer death is one too many, but I do not consider this absolute number of 26 a major public health hazard for New Zealand, especially in light of the 5,786 total cancer deaths in 2007.”

Forum member Skovenborg also had a number of concerns about the paper: “According to ‘Food, Nutrition, Physical Activity, and the Prevention of Cancer: a Global Perspective, 2007,’ cirrhosis is an essential precursor of liver cancer caused by alcohol. Nevertheless data presented in this paper attributes 11 deaths of liver cancer in men with a consumption of >0 – <40 g/day and 2 deaths of liver cancer in women with a consumption of >0 – <20 g/day, although development of liver cirrhosis is unlikely at these modest consumption levels. The authors of this paper did not control for smoking as a confounder. In the ‘Million Women Study’ (Allen et al), increasing alcohol intake was not associated with an increased risk of cancers of the upper aero-digestive tract in never smokers or past smokers, but was strongly associated with an increased risk among current smokers.” Skovenborg also noted that the authors state that recent evidence supports little impact of drinking pattern on the cancer risk for light to moderate drinkers. He adds: “In The Danish Nurse Cohort Study, however, weekend consumption and binge drinking seemed to be related to an additional increased risk of breast cancer.”

Reviewer Ellison was especially concerned about the lack of information on the effects of alcohol on other conditions: “A key weakness of this paper is that it makes no mention of the effects of alcohol on total mortality. As has been repeatedly stated, before disease-specific data can be used for advising the public about alcohol intake, it is important to present the full picture, which almost always shows lower total mortality risk for moderate drinkers. Further, it is troubling that all drinkers up to 40 grams/day for men (3 ½ to 4 typical drinks) and up to 20 grams/
day for women (about 1½ to 2 drinks) are included in the lowest alcohol category, and no reference is made to men or women with consumption at levels recommended as ‘safe’ in many countries, including the USA (up to 2 drinks/day for men and up to 1 drink/day for women). Thus a true dose-response curve cannot be estimated.” Forum member Thelle agreed: “The authors have not collected the data themselves but relied upon the New Zealand health surveys; these surveys are very detailed with regard to alcohol consumption, and should enable the authors to use a more graded scale. The category 0.01-39.9 covers around 60% of the population and there must be a large variation within that group.”

The very long Discussion is primarily a treatise on how the public must be told of the dangers of cancer from any alcohol consumption; it focuses on health policy recommendations and very little on the limitations of the data and the study. The authors end up making very broad recommendations based on very small numbers of subjects. One reviewer referred to it as more of a “polemic” than science.

Forum Summary

Previous scientific research has shown that heavy alcohol consumption is a major risk factor for upper aero-digestive cancers, and even light drinking increases slightly the risk of breast cancer in women. The present study is based on a very small number of cases of cancer in New Zealand, tabulated separately for Māori and non-Māori subjects, and applies estimates of alcohol effects from other population-based studies. Besides having so few cases, the investigators had no individual data (on the pattern of alcohol consumption, type of beverage, smoking or other lifestyle habits, socio-economic status, etc.) on subjects who did, or did not, develop these cancers. It is not even known whether or not the specific subjects who developed these cancers consumed alcohol.

It has repeatedly been emphasised that disease-specific death rates must be interpreted in light of the effects of the exposure (in this case, alcohol consumption) on other causes of death as well, especially on total mortality risk. The large majority of studies have shown that moderate drinking clearly reduces the risk of most cardiovascular diseases, diabetes, and other of the diseases of ageing, as well as the risk of total mortality. However, the estimated effects of alcohol on total mortality are not included in this paper.

The very long Discussion in this paper is primarily a treatise on how the public must be told of the dangers of cancer from any alcohol consumption; it focuses on health policy recommendations and very little on the limitations of the data and the study. The authors end up making very broad recommendations based on very small numbers of subjects. Limitations to this study suggest that it adds little to our current understanding of the relation of alcohol consumption to the risk of cancer and other diseases.

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

Ulrich Keil, MD, PhD, Professor Emeritus, Institute of Epidemiology & Social Medicine, University of Muenster, Germany

Erik Skovensborg, MD, specialised in family medicine, member of the Scandinavian Medical Alcohol Board, Aarhus, Denmark

References from Forum review


Positive blood alcohol level in severe traumatic brain injury is associated with better long-term functional outcome

A study investigated the association between positive blood alcohol level (BAL) and functional outcome in patients suffering severe traumatic brain. The brain trauma registry of an academic trauma centre was queried for patients admitted between January 2007 and December 2011. All patients (≥ 18 years) with a neurosurgical intensive care length of stay beyond 2 days were included. Patient demographics, clinical characteristics, injury profile, laboratory test and outcomes were abstracted for analysis. Primary outcome was unfavourable functional outcome defined as Glasgow Outcome Score (GOS) ≤ 3. Multivariable regression models were used for analysis.

Of the 352 patients, 39% were BAL (+) at admission. Patients with (+) BAL were significantly younger with less co-morbidities. The cohorts exhibited no significant difference in the severity of the intracranial injury and the use of intra-cranial monitoring or surgical interventions. Further, the groups presented no difference in in-hospital mortality (p = 0.1) or 1-year mortality (p = 0.5). There was a worse long-term functional outcome in (-) BAL patients compared to their BAL (+) counterparts after adjustment for confounders (GOS ≤ 3: AOR = 2.0, 95% CI = 1.1-3.5, p = 0.02).

Positive BAL on admission is associated with a better long-term functional outcome in patients suffering severe traumatic brain injury.

Researchers pinpoint neurons that tell the brain when to stop drinking

According to new research in the journal Biological Psychiatry, it may be possible to influence alcohol drinking behaviour by activating particular neurons. The investigators say that their findings provide an insight into another mechanism underlying the complicated disease of alcoholism.

The group's prior research showed that alcohol consumption alters the physical structure and function of neurons, called medium spiny neurons, in the dorsomedial striatum and the activation of one type of neuron, called D1, determines whether one drink leads to two. The latest research has identified the neurons that tell drinkers to stop.

These neurons can be thought of like a tree, with many branches, and many small protrusions, or spines, coming off of them. Each neuron has one of two types of dopamine receptors--D1 or D2--and so can be thought of as either D1 or D2 neurons. D1 neurons are informally called part of a “go” pathway in the brain, while D2 neurons are in the “no-go” pathway. In other words, when D2 neurons are activated, they discourage action—telling you to wait, to stop, to do nothing.

Jun Wang, MD, PhD, the corresponding author on the paper and assistant professor in the Department of Neuroscience and Experimental Therapeutics at the Texas A&M College of Medicine said, “When they are activated, they (D2 neurons) inhibit drinking behaviour, and therefore activating them is important for preventing problem drinking behaviour.”

Research has found that even in individuals without alcoholism, D2 neurons tend to become deactivated when we drink too much. This deactivation means there is nothing telling us to stop drinking, so we drink more, in a self-perpetuating cycle. The researchers found that in animal models, repeated cycles of excessive alcohol intake, followed by abstaining from alcohol, actually changed the strength of these neuronal connections, making D2 signals less powerful—which results in essentially training the individual to seek alcohol.

“Think of the binge drinking behaviour of so many young adults,” Wang said. “Essentially they are probably doing the same thing that we’ve shown leads to inhibition of these so-called ‘good’ neurons and contributes to greater alcohol consumption.”

“Our current and previous research are essentially two sides of the same coin,” Wang said. “D1 and D2 medium spiny neurons have essentially opposing roles in alcohol consumption.” By manipulating the activity of these neurons, the researchers were actually able to change the alcohol-drinking behaviour of the animal models who had been “trained” to seek alcohol. By activating D2 neurons, they were able to decrease alcohol consumption, and the more the D2 neurons were activated, the greater the effect is likely to be.

The researchers hope that in the future, drugs, electrical stimulation or some other method of activating the D2 neurons might be used to treat alcohol addiction. Although Wang cautioned that “we are still a long way from testing this in humans”.

Association of alcohol consumption with coronary artery disease severity

A study published in the journal Clinical Nutrition evaluated the association between alcohol consumption and coronary artery disease severity. The cross-sectional study of patients undergoing coronary angiography assessed the age, cardiovascular risk factors (smoking, systemic arterial hypertension, dyslipidemia and diabetes) and alcohol drinking habits of participants. Alcohol consumption was divided in three categories: nondrinker, moderate alcohol consumption (less than 15g ethanol/day for women or 30 g ethanol/day for men) and heavy alcohol consumption. Coronary artery disease severity was assessed through the Friesinger Score (FS) in the coronary angiography, by interventional cardiologists blinded to alcohol consumption.

The final sample included 363 adults; of those, 228 were men (62.81%) with a mean age of 60.5 ± 10.9 y. Unadjusted analyses identified that the main covariates associated with the Friesinger score were sex, age, hypertension, diabetes, dyslipidemia and alcohol consumption. Lower Friesinger scores were also observed in moderate alcohol consumption when comparing to those who do not drink (RR 0.86; 95% CI 0.79-0.95).

The study concludes that, among patients with suspected coronary artery disease undergoing coronary angiography, moderate alcohol consumption is associated to a lower coronary artery disease severity than heavy drinking.


Effects of beer, non-alcoholic beer and water consumption before exercise on fluid and electrolyte homeostasis in athletes

Fluid and electrolyte status have a significant impact on physical performance and health. Pre-exercise recommendations cite the possibility of consuming beverages with high amounts of sodium. In this sense, non-alcoholic beer can be considered an effective pre-exercise hydration beverage.

A double-blind, randomised study aimed to compare the effect of beer, non-alcoholic beer and water consumption before exercise on fluid and electrolyte homeostasis.

Seven male soccer players performed 45 min of treadmill running at 65% of the maximal heart rate, 45 min after ingesting 0.7 L of water (W), beer (AB) or non-alcoholic beer (NAB). Body mass, plasma Na+ and K+ concentrations and urine specific gravity (USG) were assessed before fluid consumption and after exercise.

After exercise, body mass decreased (p < 0.05) in W (-1.1%), AB (-1.0%) and NAB (-1.0%). In the last minutes of exercise, plasma Na+ was reduced (p < 0.05) in W (-3.9%) and AB (-3.7%), plasma K+ was increased (p < 0.05) in AB (8.5%), and USG was reduced in W (-0.9%) and NAB (-1.0%).

The authors state that “Collectively, these results suggest that non-alcoholic beer before exercise could help maintain electrolyte homeostasis during exercise. Alcoholic beer intake reduced plasma Na+ and increased plasma K+ during exercise, which may negatively affect health and physical performance, and finally, the consumption of water before exercise could induce decreases of Na+ in plasma during exercise”.

Alcohol intake, drinking patterns, and prostate cancer risk and mortality - light to moderate drinkers have best prognosis

A study aimed to prospectively investigate the association between midlife alcohol intake and drinking patterns with future prostate cancer risk and mortality in a population-based cohort of Finnish twins.

Data were drawn from the Older Finnish Twin Cohort and included 11,372 twins followed from 1981 to 2012. Alcohol consumption was assessed by questionnaires administered at two time points over follow-up. Over the study period, 601 incident cases of prostate cancer and 110 deaths from prostate cancer occurred. Cox regression was used to evaluate associations between weekly alcohol intake and binge drinking patterns with prostate cancer risk and prostate cancer-specific mortality. Within-pair co-twin analyses were performed to control for potential confounding by shared genetic and early environmental factors.

Compared to light drinkers (≤3 drinks/week; non-abstainers), heavy drinkers (>14 drinks/week) were at a 1.46-fold higher risk (HR 1.46; 95 % CI 1.12, 1.91) of prostate cancer, adjusting for important confounders.


A meta-analysis of alcohol consumption and thyroid cancer risk

A meta-analysis of available epidemiological data was conducted to assess whether alcohol consumption affects the risk of thyroid cancer.

Eligible studies were identified by searching PubMed and EMBase databases. A total of 24 studies, included 9,990 cases with thyroid cancer, were included in the meta-analysis. Light alcohol intake was defined as ≤ one drink/day and moderate as >one drink/day. The summary risk estimates were calculated by the random effects model. A dose-response analysis was also conducted for modeling the dose-risk relation.

Compared with nondrinkers, the pooled relative risks (RRs) and corresponding 95% confidential intervals (CIs) of thyroid cancer were 0.80 (95% CI 0.71-0.90) for any drinkers, 0.81 (95% CI 0.70-0.93) for light and 0.71 (95% CI 0.63-0.79) for moderate drinkers. The dose-response analysis suggested that there is no evidence of a dose-risk relationship between alcohol intake and thyroid cancer risk (P = 0.112).

This meta-analysis confirmed an inverse association (protective) between alcohol consumption and thyroid cancer risk. Further studies are needed to better understand the potential mechanisms underlying this association.

Alcohol use and breast cancer survival

The consumption of alcohol before or after breast cancer diagnosis does not increase the risk of overall or cause-specific mortality, recent research has found.

The study included 7,835 women from the Women's Health Initiative observational study and randomised trial diagnosed with breast cancer. Cox proportional hazards regression was used to estimate adjusted HRs and 95% confidence intervals (CI) for overall and breast cancer-specific (BCS) mortality associated with drinking alcohol before or after a breast cancer diagnosis. The researchers also assessed whether changes in drinking habits after diagnosis are related to mortality.

Women who were consuming alcohol prior to their breast cancer diagnosis had a not statistically significant 24% (95% CI, 0.56-1.04) reduced risk of BCS mortality and a 26% (95% CI, 0.61-0.89) reduced risk of all-cause mortality. Some variation was observed by oestrogen receptor (ER) status as alcohol consumption was associated with a 49% (95% CI, 0.31-0.83) reduced risk of BCS mortality among ER- patients with no change in risk observed among ER+ patients (HR = 0.97; 95% CI, 0.31-1.54), though the difference between these risks was not statistically significant (P for interaction = 0.39). Post diagnosis alcohol consumption, and change in consumption patterns after diagnosis, did not appear to be associated with all-cause or BCS mortality.

Coupled with existing evidence, alcohol consumption is unlikely to have a substantial impact on mortality among breast cancer patients, the authors conclude.

Source: Alcohol use and breast cancer survival among participants in the Women’s Health Initiative. Lowry SJ, Kaplan K, Chlebowski R, Li CI. Cancer Epidemiol Biomarkers Prev; 1-6. DOI: 10.1158/1055-9965.EPI-16-0151.

Alcohol and dietary folate intake and promoter CpG island methylation in clear-cell renal cell cancer

A study investigated whether alcohol and dietary folate intakes were associated with promoter methylation in clear-cell renal cell carcinoma (ccRCC).

The Netherlands Cohort Study with a case-cohort design included 120,852 subjects aged 55-69 yr in 1986. Diet was measured with a food-frequency questionnaire. After 20.3 yr of follow-up, paraffin-embedded tumor blocks were collected. Methylation-specific polymerase chain reaction (MSP) was used to analyse promoter methylation of 11 genes. ccRCC cases were classified into low (0-19% of the genes), intermediate (20-39%), and high (40%+) methylation. Multivariable Cox regression analyses were conducted, stratified according to methylation, including 3,980 subcohort members and 297 ccRCC cases.

Increasing alcohol intake was associated with decreased ccRCC risk, but this was not statistically significant; multivariable adjusted hazard ratio (HR) for ≥30 g alcohol/day versus 0 g/day was 0.78 [95% confidence interval (CI): 0.48-1.24], and P-value for trend was 0.46. In strata according to methylation index, no significant heterogeneity was observed. Dietary folate intake was not associated with ccRCC risk. There was no significant heterogeneity between strata according to methylation index. There was no effect modification of alcohol and dietary folate intake on ccRCC risk, nor in strata according to methylation index.

The findings do not support the hypothesis that alcohol and dietary folate intakes are involved in clear-cell renal cell carcinoma.

Examining the association of alcohol consumption pattern with risk of hypertension in Korean adults

The association between alcohol-drinking pattern and hypertension was examined in a cross-sectional study of 15,052 Korean adults (7054 men and 7998 women) who were included in the 2010–2012 Korean National Health and Nutrition Examination Survey (KNHANES).

The study categorised alcohol-drinking patterns into three groups based on the Alcohol Use Disorders Identification Test (AUDIT) score: low-risk (score: 0–7), intermediate-risk (score: 8–14), and high-risk (score: ≥15). Hypertension was defined as systolic blood pressure ≥140 mm Hg, diastolic blood pressure ≥90 mm Hg, or current use of anti-hypertensive medications. In the study population, 25.2% of men and 4.6% of women were high-risk drinkers. Hypertension prevalence was 30.8% in men and 20.6% in women. Of the total population, 13.8% of men and 13.6% of women were using anti-hypertensive drugs. Age-adjusted hypertension prevalence was 30.8, 40.9, and 45.3% in men, and 24.6, 27.0, and 32.3% in women in the low-, intermediate-, and high-risk drinking group, respectively.

Compared to the low-risk drinking group, the prevalence ratio (95% confidence interval [CI]) for hypertension was 1.664 (1.433–1.933) and 2.070 (1.772–2.418) for men and 1.012 (0.774–1.323) and 1.650 (1.080–2.522) for women in the intermediate- and high-risk drinking group, respectively, after adjusting for age and other confounding factors.

In conclusion, the study suggests high-risk drinking appears to be associated with a higher risk of hypertension in Korean men and women.


Do consumers want more nutritional and health information on wine labels?

Consumer interest in, and preferences for, nutritional and health information on wine labeling were investigated in four core wine-producing and wine-consuming countries: Italy, France, Spain, and the United States of America.

A conjoint analysis was performed in order to ascertain consumer preferences for different formats of additional information on wine labels, and a segmentation of the sample was performed to determine the existence of homogeneous groups of consumers in relation to the degrees of usefulness attached to the nutritional and health information on wine labels.

The results highlight the interest expressed by European and United States consumers for introducing nutrition and health information on wine labels. However, the results of conjoint analysis show some significant differences among stated preferences of the information delivery modes in different countries. In addition, the segmentation analysis revealed significant differences between consumer groups with respect to their interest in receiving additional information on wine labels, linked not only to the geographic origin of the consumers, or to socio-demographic variables, but are also related to wine consumption habits, attitudes towards nutritional information, and the degree of involvement with wine.

The authors state that this heterogeneity of consumer preferences indicates a need for a careful consideration of wine labelling regulations and merits further investigation in order to identify labelling guidelines in terms of the message content and presentation method to be used.

Reducing children's susceptibility to alcohol use: effects of a home-based parenting programme

A 4-year efficacy trial tested whether a home-based, self-administered parenting programme could have a long-term effect on children's cognitive susceptibility to alcohol use.

Using a two-group randomised controlled design, 1,076 children (540 treatment; 536 control; mean age of 9.2 years at baseline) completed telephone interviews prior to randomisation and follow-up interviews at 12, 24, 36, and 48 months post-baseline. Mothers of children randomised to treatment received a 5-month-long parenting programme during year 1, followed by two 1-month-long boosters in years 2 and 3.

Exposure to the programme was significantly inversely associated with susceptibility to alcohol use 48 months post-baseline (b = -0.03, p = .04), with no variation in programme effects by parental alcohol use or mother's race/ethnicity or education, suggesting broad public health relevance of the parenting programme. The programme exposure positively influenced parental communication to counter pro-drinking influences in the family and media domains and parental rule setting 36 months post-baseline; these variables, in turn, predicted reduced susceptibility to alcohol use 48 months post-baseline.

The programme had a significant indirect effect on susceptibility through parental rule setting. Together, the findings indicate that internalisation of protective alcohol-related expectancies and intentions is possible among children whose mothers provide early exposure to alcohol-specific socialisation. Additional research is needed to link alcohol-specific socialisation during childhood with adolescent drinking outcomes.


The enduring impact of parents' monitoring, warmth, expectancies, and alcohol use on their children's future binge drinking and arrests

Binge drinking is associated with many health and financial costs and is linked to risks of legal consequences. As alcohol use is typically initiated during adolescence, a study assessed the relationship between parental behaviours and strategies in forecasting adolescents' likelihood of binge drinking and later arrest.

Restricted data from waves I–IV of the National Longitudinal Study of Adolescent Health were used to assess hypotheses. A weighted path analytic model (N=9,421) provided a multifaceted picture of variables linked to later antisocial behaviour. Low parental monitoring, low parental warmth, parent alcohol use, and parent expectancies regarding their children's alcohol use were associated with higher incidence of adolescent binge drinking. In turn, low monitoring, low warmth, parent alcohol use, parent expectancies, and underage consumption were associated with binge drinking in early adulthood.

Binge drinking during both adolescence and young adulthood were predictive of respondents' likelihood of arrest 8–14 years later.

The authors state that their findings demonstrate the substantial, enduring effects of parental behaviours on child alcohol-related actions and have implications for parent-targeted interventions designed to reduce excessive alcohol consumption. They suggest campaigns focus on parenting strategies that involve setting effective and strict alcohol-related rules and guidelines, while maintaining a warm and supportive family environment.

The effectiveness of brief alcohol interventions delivered by community pharmacists

The World Health Organization recommends the widespread implementation of brief interventions for hazardous and harmful drinkers across health care settings. In the UK, this could potentially include community pharmacies, which in recent years have developed to include services designed to promote and protect public health, including medication reviews, sexual health screening, and help to quit smoking.

A study tested the theory that brief alcohol interventions delivered by community pharmacists will be effective at reducing hazardous or harmful drinking among pharmacy customers.

All pharmacies within the London Borough of Hammersmith and Fulham were given the opportunity to take part, and out of a total 2,361 pharmacy customers who were approached, 561 said they would be interested in taking part of whom 407 met the eligibility criteria. Participants were randomly allocated to the brief intervention (205 people) or leaflet-only control groups (202 people). 20% did not take part in the follow-up assessment at three months.

The brief intervention group did not have better outcomes than the alcohol leaflet group. For two of the secondary outcomes (dependence and health status), the control group did better, and for the other two (consumption and non-dependence problems) there were no differences. The total AUDIT score did not differ significantly between the two groups, and did not change significantly between the start of the study and the follow-up at three months in either the intervention or control group. The drop out rate is not thought to have affected the findings.

The authors conclude that brief interventions delivered by community pharmacists appeared to have no effect on hazardous or harmful drinking. They cite the limited training offered the pharmacists as a possible explanation. The authors suggest that it would be inadvisable to extend services for tackling problem drinking to community pharmacies with little or no additional training. However, the successful engagement with pharmacies and implementation of the intervention does suggest that this setting could be conducive to the delivery of brief interventions.


Does wine glass size influence sales for on-site consumption?

Wine glass size can influence both perceptions of portion size and the amount poured, but its impact upon purchasing and consumption is unknown. A study published in BMC Public Health examined the impact of wine glass size on wine sales for on-site consumption, keeping portion size constant.

The research centred on one establishment (with separate bar and restaurant areas) in Cambridge, England. The wine glass size (Standard; Larger; Smaller) was changed over eight fortnightly periods. The bar and restaurant differ in wine sales by the glass vs. by the bottle (93 % vs. 63 % by the glass respectively).

Daily wine volume purchased was 9.4% (95 % CI: 1.9, 17.5) higher when sold in larger compared to standard-sized glasses. This effect seemed principally driven by sales in the bar area (bar: 14.4 % [3.3, 26.7]; restaurant: 8.2 % [-2.5, 20.1]). Findings were inconclusive as to whether sales were different with smaller vs. standard-sized glasses.

The authors conclude that the size of glasses in which wine is sold, keeping the portion size constant, can affect consumption, with larger glasses increasing consumption. They suggest that these hypothesised mechanisms for these differential effects need to be tested in a replication study. If replicated, policy implications could include considering glass size amongst alcohol licensing requirements.

Inhibitory performance predicting drinking behaviours among young adults

A new psychology study conducted at Florida Atlantic University aimed to establish whether there are specific characteristics associated with high-level binge drinking habits in college students. The study examined the specific subcomponents of inhibition behaviour as it relates to binge drinking to help predict who may be at high risk, and to better develop targeted education, intervention, and support programmes.

“There are many aspects of inhibition behaviour, which is essentially the ability to stop yourself from a particular behaviour,” said Andres L. Paz, lead author of the study and a psychology student in FAU’s Charles E. Schmidt College of Science. “Looking specifically at risk factors, I wanted to see if there was one particular aspect of inhibition that could better predict propensity in young adults to binge drink.”

Forty-nine collegiate adults (41 females) participated in the study. Over the course of one month, Paz investigated three specific subcomponents of inhibition behaviour: the ability to stop or prevent a response to stimuli (stop signal task); the ability to cancel an already initiated response to stimuli (withholding inhibition (Go-no-Go)); and the ability to override distracting stimuli in order to carry out a desired response (Simon task).

To test these subcomponent behaviours of inhibition, study participants were assigned three tasks involving motor responses to different stimuli; each representing one of the three subcomponents. Prior to completing these tasks, participants, who ranged in age from 18 to 25, filled out a detailed questionnaire on their demographic information, alcohol use, and binge drinking history. Every two weeks, they completed an online alcohol consumption log, and at the end of the study, they returned to the lab to perform the three motor response tasks again.

Regression analysis revealed that interference inhibition (Simon task) and/or withholding inhibition (Go-no-Go) contributed to the prediction of total intoxication days and total hangover days. The results suggest that the inability to withhold a response from stimuli plays a key role in putting a person at greater risk of binge drinking behaviours.

These findings suggest that specific subcomponents of response inhibition, and not others, are more suitable for predicting alcohol consumption habits.


Drunkenness and heavy drinking among 11 year olds in the UK

According to the authors of a recent UK study, although heavy drinking among young people is linked to negative consequences, there is a lack of research examining factors that influence heavy and binge drinking in early adolescence as prior work has focused on older teenagers.

The objective of this paper was to identify individual and family factors associated with drunkenness and episodes of heavy drinking in early adolescence. The research team analysed data on 11,046 11-year-olds from the UK Millennium Cohort Study. Multivariate logistic regression was used to estimate odds ratios for associations.

1.2% of participants reported having been drunk, and 0.6% reported having had 5 or more drinks in a single episode. Participants who reported drunkenness were more likely to be boys (1.6% vs 0.7%, p<0.01), to have socioemotional difficulties (2.6% vs 1.0%, p<0.001), to report antisocial behaviours (none=0.6%, 1=2.0%, 2 or more=7.0%, p<0.001), report truancy (6.0% vs 1.0%, p<0.001), and smoke cigarettes (12.0% vs 0.8%, p<0.001).

Parental drinking did not appear to be associated with the odds of drunkenness. Associated with higher odds of drunkenness were: having friends who drank (OR=5.17); having positive expectancies towards alcohol (OR 2+=2.02); ever having smoked cigarettes (OR=5.32); the mother-child relationship not being close (OR=2.17). Associated with a reduced odds of drunkenness was having a heightened perception of harm from drinking 1-2 drinks daily (OR - some risk=0.48, great risk=0.40).

The authors state that their findings support policies aimed at multiple levels, starting in the preadolescent years, which incorporate individual, family, and peer factors.

There is consistent evidence that individuals in higher socioeconomic status groups are more likely to report exceeding recommended drinking limits, but those in lower socioeconomic status groups experience more alcohol-related harm. An open access article published in BMC Public Health explores whether the socioeconomic distribution of more extreme levels of drinking could help explain the paradox.

The study included 51,498 adults from a representative sample of the adult population of England for a cross-sectional analysis of associations between socioeconomic status and self-reported drinking. Heavy weekly drinking was measured at four thresholds, ranging from 112 g+/168 g+ (alcohol for women/men, or 14/21 UK standard units) to 680 g+/880 g+ (or 85/110 UK standard units) per week. Heavy episodic drinking was also measured at four thresholds, from 48g+/64 g+ (or 6/8 UK standard units) to 192g+/256 g+ (or 24/32 UK standard units) in one day. Socioeconomic status indicators were based on household income, education, occupation and neighbourhood deprivation.

Lower socioeconomic status was associated with lower likelihoods of exceeding recommended limits for weekly and episodic drinking, and higher likelihoods of exceeding more extreme thresholds. For example, participants in routine or manual occupations had 0.65 (95 % CI 0.57–0.74) times the odds of exceeding the recommended weekly limit compared to those in ‘higher managerial’ occupations, and 2.15 (95 % CI 1.06–4.36) times the odds of exceeding the highest threshold. Similarly, participants in the lowest income quintile had 0.60 (95 % CI 0.52–0.69) times the odds of exceeding the recommended weekly limit when compared to the highest quintile, and 2.30 (95 % CI 1.28–4.13) times the odds of exceeding the highest threshold.

The authors conclude that low socioeconomic status groups are more likely to drink at extreme levels, which may partially explain the alcohol harm paradox. Policies that address alcohol-related health inequalities need to consider extreme drinking levels in some sub-groups that may be associated with multiple markers of deprivation. This will require a more disaggregated understanding of drinking practices, they argue.


UK Retailers encouraged to join Community Alcohol Partnerships scheme

The Association of Convenience Stores (ACS) is encouraging retailers to join a Community Alcohol Partnerships (CAPs) scheme which would enable retailers to work with their local community to promote responsible beverage alcohol retailing. Community Alcohol Partnerships bring local retailers and licensees, trading standards, police, health services, education providers, and other local stakeholders together to tackle problems like underage drinking, proxy purchasing, and associated antisocial behaviour.

ACS Chief Executive James Lowman said “CAPs make a material difference to local shops and the places they trade...by bringing the police and council together with retailers,” adding that CAPs effect change by “cutting youth drinking and reducing antisocial behaviour that can blight many towns and neighbourhoods.”

CAP National Director Kate Winstanley stated that “convenience stores are an important part of CAPs because they are right in the communities that can be affected by underage drinking and antisocial behaviour.”
Youthful Abandon – Why are young people drinking less?

The Institute of Alcohol Studies (IAS) has released a report attributing a significant decline in underage drinking over the last 10 years to better parenting and parents being less likely to drink in front of their children, more likely to disapprove of them drinking, and more likely to know where they are.

Underage drinking in the UK has been declining; 38% of 11-15 year olds in England had tried alcohol in 2014, down from 61% in 2003. According to the report, the decline has occurred at all levels of consumption, across boys and girls, and all sociodemographic groups.

The authors examine seven influences that might explain falling underage drinking:
1. Better legal enforcement of minimum purchase
2. Rise of new technology such as online gaming and social networks, diverting children from drinking with alternative means of socialisation
3. Changing social norms with drinking seen as less acceptable than before
4. Happier and more conscientious children are less likely to drink than those in previous cohorts
5. Better parenting means that parents are less likely to drink in front of their children, less likely to approve of their children drinking, more likely to know their children’s whereabouts and activities, and on some metrics have warmer and closer relationships with their children
6. Demographic shifts mean that there are more ethnic minority children than before, and these groups are less likely to drink
7. Lower affordability and economic confidence due to tax increases, the recession and rising tuition fees may have discouraged drinking.

The authors conclude that of these theories, declining affordability and better parenting seem most likely to have substantially reduced underage drinking. By contrast, stricter ID policies and immigration have only made a modest contribution to the fall.

Aveek Bhattacharya, the report’s author, said: “This report challenges a number of stereotypes and urban myths around underage drinking, including the supposed irresponsibility of modern parents and children, effects of immigration and increased use of social media”.


Westminster Social Policy Forum Keynote Seminar
Reducing alcohol-related harm - marketing, partnerships and next steps for policy

Morning, Thursday, 27th October 2016, Venue: Central London

With Henry Ashworth, Chief Executive, Portman Group; Malcolm Phillips, Regulatory Policy Manager, Advertising Standards Authority and a senior speaker confirmed from Public Health England

Chaired by: Lord Billimoria, Chairman, Cobra Beer Partnership and Fiona Bruce MP, Chair, All-Party Parliamentary Group on Alcohol Harm

This event is CPD certified

www.westminsterforumprojects.co.uk/forums/event.php?eid=1203
New report showcases best practice for building safe & vibrant night time economies

A new report in the UK from the Local Government Information Unit (LGiU), produced in partnership with the Portman Group, was launched in July. The report makes five key recommendations for local authorities looking to build safe and vibrant night time economies, and showcases a range of best practice examples of successful partnership working to tackle alcohol-related harms.

The report was launched at the Local Government All Party Parliamentary Group’s summer reception in the House of Commons with a keynote address from the Secretary of State for Communities and Local Government, Greg Clark MP.


House of commons briefing on alcohol

In June, a new briefing paper entitled ‘Statistics on Alcohol’, was added to the House of Commons Library, which provides research, analysis and information services for MPs and their staff.

The paper compiled by Rachael Harker, provides a statistical summary of alcohol among consumption adults in Great Britain and children in England. Data on alcohol related hospital admissions in England and Scotland and alcohol related deaths in England are also included.

researchbriefings.parliament.uk/ResearchBriefing/Summary/CBP-7626#fullreport

Drink-driving enforcement to be stepped up in Ireland despite decrease in drink drive court orders

In Ireland figures released 16 July by the Courts Service show there were 7,218 orders made in relation to drink driving, a 15% decrease on the previous year, and a 36% decrease on 2013.

Despite this, drink-driving enforcement and an education initiative are to be stepped up following a rise in road deaths in the last 12 months. It follows a 15% rise in road deaths this year compared to 2015 with 86 people have been killed on the roads since January. 30% of people arrested for drink-driving were aged between 21 and 29.

The garda and Road Safety Authority campaign will run until the end of August. July and August are traditionally high risk months for drink-driving. A Garda National Traffic Bureau spokesperson has said motorists can expect to see a lot more checkpoints, breath testing and arrests for drink-driving over the coming months.

Portman Group publishes annual marketing regulation report & new regulation video

The Portman Group has published its Annual Marketing Regulation Report for 2015, alongside a new video animation to explain the rules and remit of the Portman Group Codes.

The Portman Group Codes of Practice cover the naming, packaging and promotion of alcoholic products and the sponsorship of events by alcohol brands.

This year’s report highlights the range of work undertaken by the Portman Group to help alcohol companies market their products.

www.portmangroup.org.uk/codes/alcohol-marketing/annual

www.youtube.com/watch?v=0KNZdHK3Ad4
The report ‘Statistics on Alcohol, England, 2016’ was published on June 30. The report aims to present a broad picture of health issues relating to alcohol use and misuse in England and covers topics such as drinking habits and behaviours among adults (aged 16 and over) and school children (aged 11 to 15); drinking-related ill health and mortality; affordability of alcohol; alcohol-related admissions to hospital; and alcohol-related costs.

The report presents a range of information on alcohol use and misuse drawn together from a variety of sources and contains data and information previously published by the Health and Social Care Information Centre (HSCIC), Department of Health, the Office for National Statistics and Her Majesty’s Revenue and Customs. It also includes new information from the Prescribing team at the HSCIC and new analyses of data on deaths and affordability of alcohol, both from ONS.

Hospital admissions
In 2014/15 for the broad measure, which uses ‘alcohol attributable fractions’ – ie estimates of the contribution that alcohol makes to admissions, there were 1.1 million estimated admissions where an alcohol-related disease, injury or condition was the primary reason for admission or a secondary diagnosis. This is 3% more than 2013/14. Men accounted for nearly two-thirds of the admissions. There was wide regional variation with Salford having the highest rate at 3,570 per 100,000 population. Wokingham had the lowest rate at 1,270.

For the narrow measure, which is a better indicator of changes over time because it is less affected by recording of secondary diagnoses, there were 333 thousand estimated admissions where an alcohol-related disease, injury or condition was the primary diagnosis or there was an alcohol-related external cause. This is similar to 2013/14 and 32% higher than 2004/05. Again, regional differences ranged from the highest rate in Blackpool (1,220 per 100,000 population) to Wokingham with the lowest rate at 380.

Deaths
In 2014, there were 6,831 deaths which were related to the consumption of alcohol. This is 1% of all deaths and represents an increase of 4% on 2013 and an increase of 13% on 2004.
Drinking prevalence

- 28.9 million people in Great Britain report drinking alcohol in the previous week. This equates to 58% of the population.
- In 2014, 38% of secondary school pupils had ever drunk alcohol, the lowest proportion since the survey began when it was 62% in 1988.

Purchases and expenditure on alcohol

In 2014, eating out intakes of alcohol were 24% lower than in 2010 and up until 2014 showed a significant downward trend. Alcohol intake from eating out purchases declined 54% between 2001-02 and 2014. UK household expenditure on alcohol was £17.2 billion in 2015. However, alcohol expenditure as a proportion of total household expenditure has fallen to 1.5% over the same period, from 4.1% in 1985.

IREB appoint new president and vice president

Professor Philip Gorwood, addiction specialist psychiatrist and Véronique Nahum-Grappe, anthropologist, have become president and Vice President respectively of the Scientific Committee of the Foundation for Research on Alcoholism. They succeed Marie Choquet, epidemiologist, who will pursue new missions within the Scientific Committee and Michel Hamon, neuro-pharmacologist who wished to invest in a new field.

The Scientific Committee is composed of ten high level professionals from the fields of biomedical and social sciences. The committee controls all the scientific activities of the Foundation, including a research programme focused on alcohol.

Ministry of Health in Portugal publishes ‘Wheel of Health’

Portuguese Health Authorities have published an updated version of the Mediterranean Diet Wheel, associating wine in moderation with the Mediterranean eating pattern.

This new food guide is intended to promote and enhance the Mediterranean diet among the Portuguese population, stressing not only the food component, but also the elements inherent in their lifestyle.

In the case of wine, the recommendations advise moderate consumption with meals, and no consumption for children, adolescents, pregnant women and breastfeeding mothers.

Moreover, the researchers call for preference for local provenance of the food, the incorporation of herbs as a vehicle for added flavour instead of excessive sale, the use of healthy food and traditional healthy cooking techniques such as soups and stews; making food part of everyday life by sharing with family and friends; and combating sedentary lifestyles by increasing the time devoted to leisure activities.

www.hscic.gov.uk/catalogue/PUB20999

Launch of the Responsibility Alliance in Greece

The Responsibility Alliance, for the responsible sale of alcohol, was launched on 28 June 2016 in Athens. It is a voluntary initiative created by the Hellenic Association of Drinks Distributors (ENEAP), the Greek Federation of Spirits Producers (SEAOP), companies and trade associations in the retail sector. On-trade (hotels, bars, restaurants) and other organisations in the field of prevention and public health have also joined the Alliance.

The Responsibility Alliance aims to deliver training sessions, public information and awareness raising campaigns, prevention and education programmes to reduce underage drinking; strengthen and expand marketing codes of practice; provide consumer information and responsible product innovation; and reduce drink driving.

The first step of the campaign will be to raise knowledge and awareness of consumers on low-risk drinking guidelines, reminding consumers that each standard serving of an alcoholic beverage in a bar (wine, beer or spirits) contains approximately the same amount of alcohol.

Pregnancy icon now included on majority of labels in the Netherlands

In 2013, a voluntary effort by the alcohol industry in the Netherlands was introduced to include the pregnancy icon as much as possible on the labels of alcohol beverage containers. This was achieved through industry associations (Royal Dutch Association of Vintners, Dutch Brewers and SpiritsNL) and STIVA. A three-year plan was set with the target for 90% of beer, 70% of wine and 60% of spirits packages to carry the pregnancy icon by 2016.

STIVA reports that it is satisfied with the outcome of the final measurement carried out in July 2016. The application rate of the pregnancy icon on labels and packaging of alcoholic beverages at the first measurement in 2013 was 0.5% for beer, 46% for wine and 31% for spirits. In the 2016 survey the rate was 99.6% for beer, 81% for wine and 71% for spirits. When these percentages are averaged based on the quantities sold, 89% have a pregnancy icon compared to 21% in 2013.

In 2007, 2010 and 2015, TNO conducted nationwide surveys from which among other things they asked how many women consumed alcohol when pregnant and when breast feeding. This poll shows that the percentage of pregnant women who drink alcohol has decreased. From 22.4% in 2007 to 19.2% in 2010 and 8.9% in 2015.

Conoscere l’alcol campaign in Italy

Conoscere l’alcol the Italian social awareness campaign launched its fourth edition on June 10 in over 200 Italian supermarkets including Auchan and Simply. The campaign will run for 2 months and provides leaflets on moderate and responsible drinking in the aisles dedicated to alcohol sales. The initiative is part of the ‘Gaining Health: making healthier choices easier’ strategy by the Ministry of Health.

Twenty-three “prevention days” are also planned, run by specially trained personnel. These days will aim to raise awareness on the issue of alcohol misuse.

Through a multimedia quiz, consumers will be encouraged to adopt moderate and responsible consumption habits and avoid dangerous behaviours.

The campaign is sponsored by Diageo, Pernod Ricard and Ruffino and with the support of Unione Italiana Vini.
European survey of road users’ safety attitudes

The ESRA project (European Survey of Road users’ safety Attitudes) is a joint initiative of research organisations and road safety institutes in 17 European countries aiming at collecting comparable data on road users’ opinions, attitudes and behaviour with respect to road traffic risks. With results published on 20 June, the 2015 survey examines the acceptability of impaired driving in Europe and records attitudes towards drink driving, perceived likelihood of being checked for impaired driving and prevalence of driving under the influence of alcohol.

Key results from the report:

The survey found that while a large part of the driver population is aware of the inappropriateness of driving after having consumed an impairing substance, about 3.5% expressed the opinion that driving under the influence of an impairing substance is acceptable or rather acceptable. Almost 90% of the respondents think that consumption of alcohol or drugs seriously increases the risk of an accident. The proportion of people who agree that impaired driving increases the risk of an accident is higher among women and among the oldest age group.

In all countries, but to varying degrees, the respondents estimate that the ‘perceived social acceptability’ of drink-driving or drug-driving is higher than their ‘personal acceptability’. The level of acceptability for such behaviours is lower among women than men and among the oldest age group (55 years and older) than the youngest (18-34 years old).

Drink-driving in the last 12 months was reported by 31% of respondents. Belgium has the highest rates of self-reported driving after drinking and, alongside France and Switzerland, the highest levels of drinking and driving above legal limits. In comparison, Finland, Sweden and Poland had the lowest levels of self reported drinking and driving above legal levels. The percentages of respondents who had driven under the influence of an impairing substance was higher among men than women and are also higher among young adults than among the older age categories.

In the general driver population, the perceived likelihood of being checked for impaired driving is relatively low. Only 18% thought that on a typical journey, the probability of being tested for alcohol by the police is high or very high. Large differences were observed among the countries. The percentage of car drivers thinking that the chance of being checked for alcohol is high or very high is the most prevalent in Poland (44%), followed by France (29%), Slovenia (27%), Spain (24%) and Portugal (23%), Netherlands (10%), United Kingdom (9%), Ireland (9%) Germany (8%), Finland (4%), and Denmark (2%).
The report found that impaired driving is associated with several risk factors, among them: being a male, driving frequently, having the opinion that drink-driving is an acceptable behaviour, not acknowledging that drink-driving increases the risk of an accident, having the feeling that penalties concerning alcohol are too severe or having been checked by the police for alcohol at least once in the past 12 months.

The report makes recommendations at EU, National and regional levels.

esranet.eu/main-report-and-thematic-reports

**Nutrition 2016 conference, Germany - aspects of moderate wine consumption**

On 9 June, during the “Ernährung 2016” congress in Dresden, Germany the Deutsche Weinakademie informed the participants with a symposium about the “Medical aspects of moderate wine consumption”. 130 scientists followed the presentations of Prof. Nicolai Worm, Munich, and Prof. Kristian Rett, Frankfurt am Main. The focus was on the widespread diseases of diabetes and non-alcoholic fatty liver disease.


**Virginia ABC awards more than $74,000 in grants for alcohol education and prevention programmes**

Twelve universities and community organisations across Virginia were recently awarded a combined $74,000 in Virginia Department of Alcoholic Beverage Control (ABC) Education and Prevention grants to help reduce underage and high-risk drinking in their schools and neighborhoods. From social marketing and media campaigns, to law enforcement patrols to mentoring programmes, the award recipients proposed creative plans to help improve awareness, education and prevention of alcohol misuse in their communities.

www.abc.virginia.gov/

**US Supreme Court requires warrants for drunken-driving blood tests**

On June 20 in Washington the Supreme Court ruled police must obtain a warrant before requiring a suspected drunk driver to submit to a blood alcohol test. In a divided opinion, the court made a distinction between blood tests, which require the piercing of the skin, and breath tests, which it found are not particularly painful, intrusive or embarrassing.

The case arose after several states cracked down on drunk drivers by imposing criminal penalties, in addition to revoking licenses, for those who refuse to undergo testing when stopped by police. The question for the court was whether officers must obtain warrants to perform such tests.

While drivers in all 50 states can have their licenses revoked for refusing drunken driving tests, the high court’s ruling affects laws in 11 states that go farther in imposing criminal penalties for such refusals.

Other states that have criminalised a driver’s refusal to take alcohol blood or breath tests include North Dakota, Minnesota, Alaska, Florida, Indiana, Louisiana, Nebraska, Rhode Island, Tennessee, Vermont and Virginia.

**Report recognises industry contribution to reduce alcohol-related harm**

The annual report from the Producers’ Commitments was published 26 July – The collaboration of 12 industry leaders was initiated in 2012 aiming to reduce underage drinking, enforce legal ages of consumption, strengthen and expand marketing codes of practice, provide greater information to consumers, reduce drink driving and encourage retail partners to support its effort to limit harmful drinking.

The third annual report found that, collectively, the 12 signatories implemented more than 250 initiatives in 2015 aimed at educating underage consumers about the importance of responsible drinking – a 49% increase on the previous year. These programmes directly engaged nearly 30 million unique adult influencers such as parents, teachers, and community leaders on the importance of respecting legal age limits on buying alcohol. Over 192 million additional individuals were reached through education programmes, mass media and social media campaigns.

www.producerscommitments.org/progress-report/
Alcohol consumption among secondary school pupils in the Netherlands

The Trimbos Institute has published a new report indicating that the number of youths in the Netherlands between 12 and 16 years old who have ever consumed an alcohol beverage decreased from 66% in 2011 to 45% in 2015. The Ministry of Health, Welfare and Sport commissioned the institute’s quadrennial report, which was conducted among 2,090 students in grades seven and eight of primary school and 6,714 students in secondary schools. The research also found that approximately 25% of youth had obtained alcohol from their parents, compared to 16% four years previously.

Secretary of State for Health Martin van Rijn attributed the decline in consumption to an increase in awareness campaigns during this period, suggesting that the increase in the minimum drinking age in 2014 would also have had a further deterrent. He emphasised the importance of continuing to target parents with prevention messages.


Beer Institute announces guidelines to give consumers access to product information

In July, The Beer Institute announced a new initiative to encourage its member companies to display specific consumer information on products, packaging or websites. The Brewers’ Voluntary Disclosure Initiative encourages beer companies to voluntarily include a serving facts statement on their products, as well as disclose ingredients on either the label or secondary packaging via a list of ingredients, a reference to a website with the information or through a QR code. Beer Institute member companies, including Anheuser-Busch, MillerCoors, Heineken USA, Constellation Brands Beer Division, North American Breweries and Craft Brew Alliance, have agreed to follow these standards. These companies together produce more than 81% of the volume of beer sold in the US.

Jim McGreevy, Beer Institute President and CEO said “The Beer Institute, and its member companies, believe this is a step in the right direction to demonstrate a commitment to quality and transparency through these voluntary measures…. Providing meaningful information will ultimately empower the consumer when making decisions regarding the beer beverage of their choice.”

Consumers are increasingly interested in knowing more about the products they purchase. According to a recent survey conducted by the Harris Poll® on behalf of Nielsen, 72% of beer drinkers think it’s important to read nutritional labels when buying food and beverages.

What Information Will Be Provided

- To provide calorie, carbohydrate, protein, sugar, and alcohol (or ABV) information on all products in the form of a serving facts statement, as required by US Federal law.
- To disclose ingredients on products on either the label or secondary packaging, in a list of ingredients, a reference to a website with the information, or a QR code.

Consumers can expect to see this information in the marketplace immediately and many companies have committed to providing this information on all or most of their product labels, packaging, or websites by the end of 2020.

Trends in lifetime prevalence of alcohol use in secondary schools to study year, age and sex

Trends in lifetime prevalence of alcohol use in secondary schools to research years and sex
A CDC vital signs report, published 16 July compares the US record on fatal crashes to other high income countries.

Drunk driving contributed to more than 10,000 crash deaths in the US in 2013. According to the report, even when considering population size, miles travelled, and number of registered vehicles, the US consistently ranked poorly relative to other high-income countries for crash deaths.

The report identifies some of the policies and practices that influence rates of fatal crashes and that may account for the US performance relative to other countries including Blood Alcohol Concentration (BAC) level.

US, Canada and the United Kingdom define drunk driving as BAC levels at 0.08% or above; all other comparison countries
- Use lower BAC levels (0.02-0.05%).
- Use advanced engineering and technology, such as ignition interlocks for all people convicted of drunk driving and

Implement other proven measures, such as more use of publicised sobriety checkpoints and maintaining and enforcing the minimum legal drinking age.

The report highlights what actions Federal government and individual state governments, healthcare professionals and individuals can take to reduce vehicle crash deaths

www.cdc.gov/vitalsigns/motor-vehicle-safety/index.html

High income countries with the highest percentage of crash deaths involving alcohol

<table>
<thead>
<tr>
<th>Country</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Zealand</td>
<td>31%</td>
</tr>
<tr>
<td>Australia</td>
<td>30%</td>
</tr>
<tr>
<td>Slovenia</td>
<td>30%</td>
</tr>
<tr>
<td>France</td>
<td>29%</td>
</tr>
<tr>
<td>Belgium</td>
<td>25%</td>
</tr>
<tr>
<td>Finland</td>
<td>22%</td>
</tr>
<tr>
<td>Sweden</td>
<td>19%</td>
</tr>
<tr>
<td>Netherlands</td>
<td>19%</td>
</tr>
</tbody>
</table>

### Anheuser Busch to grow non-alcoholic beer production

Anheuser-Busch is aiming to increase sales of low and alcohol-free brews to drinkers wanting to live a healthier lifestyle. According to Reuters, the brewer is on the verge of buying its largest rival SABMiller and has forecast lower and zero strength beer will grow from a small base to make up 20% of its sales by the end of 2025.

AB InBev will be developing new low alcohol products of up to 3.5%, or "no-alcohol" products of 0.5% and lower. With the industry currently facing new challenges from the craft beer market, low alcohol beers are seen as a new sector to be explored.

0.0% Budweiser Prohibition Beer, was launched in Canada in May as a possible prelude to its sale in larger markets.

Concerns around health and wellness are reshaping what consumers eat and drink, some people are drinking less pop and broadening the types of beverages they might consider consuming during the day. Although each 355-millilitre can of Prohibition Brew contains 150 calories and two grams of sugar, Kyle Norrington, vice-president of marketing for A-B InBev at Labatt Breweries of Canada said “people looking for more/natural/ beverages might be drawn to a barley and hops over pop”.

### Diageo to launch alcohol free spirit

The Diageo-funded accelerator programme for innovative drinks brands, Distill Ventures, has invested in SEEDLIP, believed to be the world’s first distilled non-alcoholic spirits brand. The move reflects the growing popularity of the alcohol-free sector. The alcohol free spirit was created by entrepreneur Ben Branson who commented “With SEEDLIP we're effectively developing a new drinks category, appealing to consumers looking for a refined alternative to alcohol”.

Helen Michels, global innovation director of the futures team at Diageo said “We recognise the opportunity of non-alcoholic drinks and our portfolio already includes Guinness Zero in Indonesia, Guinness Malta in Africa and more recently Orijin Zero in Nigeria. We continue to explore and invest in this area”.

Shilen Patel, co-founder of Distill Ventures added that as the non-alcoholic trend grows, more bars and restaurants are looking to offer high quality non-alcoholic options as part of their range.
Trends in alcohol use and health-related harms in NSW

‘The Health of People of NSW: Report of the Chief Health Officer’ series has been produced regularly since 1996 and is a flagship publication of the NSW Ministry of Health. The 2016 edition describes patterns of alcohol use and alcohol-related health impacts in NSW. It also provides information on available education, prevention, and intervention programmes related to alcohol misuse.

The proportion of people who reported drinking at levels that put them at long-term risk of harm fell from 31.4% to 25.9% between 2006 and 2015—a reduction of 5.5%. Those who were more likely to drink at levels that put them at long-term risk included: men; Aboriginal people; people born in Australia or other English speaking countries, and people living outside of major cities. Aboriginal people are equally likely to abstain from drinking alcohol as non-Aboriginal people. However, among those Aboriginal people who do drink, a higher proportion drink at levels that place their long-term health at risk. Adults across all socioeconomic groups are equally likely to drink at levels that place their long-term health at risk. Harmful drinking is highest for people aged 16-24 years and lowest for people over 65 years. (About 1 in 8 adults aged 65 years and over drank at levels that put them at long-term risk, compared with more than 1 in 3 people aged 16–24 years).

Young people are initiating drinking later and drinking at less hazardous levels than they used to. In 2014, about two-thirds of high school students (65.1%) reported ever having an alcoholic drink. The proportion of high school students who drank alcohol in the last 12 months decreased substantially between 2005 (63.5%) and 2014 (43.7%). While the proportion of young people drinking daily is low, about two-thirds of high school students reported that they have ever had an alcoholic drink. Twice as many high school students had never had an alcoholic drink in 2014 compared with 2005. Alcohol-attributable hospitalisations for 15–24 year olds have decreased over the last 9 years.

Maryland - supply of alcohol to underage youth

The Maryland Court of Appeals has ruled that adults who provide alcohol beverages to underage youth can be held accountable in the event that youth go on to be harmed or cause harm to somebody else. The court has previously ruled that persons are responsible for their own conduct whether intoxicated or not, refusing to impose liability for offenses committed while intoxicated on to venues at which offenders had consumed alcohol prior to the offense, but the court recently ruled that a different standard must be applied to underage youth.

Adults are already prohibited from providing underage youth with alcohol under state law, and the court’s ruling will now pass back to two trial court cases on an alcohol-related road traffic crash death and an injury involving intoxicated underage youth who had been knowingly provided with alcohol by adults.

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
Professor Alan Crozier, Professor of Plant Biochemistry and Human Nutrition, University of Glasgow
Professor R. Curtis Ellison; Chief, Emeritus, Section of Preventive Medicine & Epidemiology; Professor of Medicine & Public Health, Boston University School of Medicine.
Harvey Finkel MD, Clinical Professor of Medicine (oncology and haematology), Boston University School of Medicine.
Giovanni de Gaetano MD, PhD, Department of Epidemiology and Prevention, IRCCS Istituto Neurologico Mediterraneo NEUROMED, Pozzilli, Italy
Tedd Goldfinger FACC, FCCP, Cardiologist, Desert Heart Foundation, Tucson, University of Arizona
Professor Dwight B. Heath, Anthropologist, Brown University, US
Professor OFW James, Emeritus Professor of Hepatology, Newcastle University, UK
Professor Adrian Furnham, Professor in Psychology and occupational psychology, University College London
Arthur Klatsky MD, Senior Consultant in Cardiology, Kaiser Permanente Medical Research Center
Lynn Grekowski MD, Obstetrics and Gynaecology, Faculty member Stanford University
Ellen Mack MD, Oncologist
Professor JM Orgogozo, Professor of brain science, Institut de Cerveau, University of Bordeaux
Stanton Peele PhD, US Social Policy Consultant
Arne Svilaas MD, PhD, Chief Consultant, Lipid Clinic, Oslo University Hospital, Oslo, Norway.
Dr Erik Skovenborg, Scandinavian Medical Alcohol Board
Creina S Stockley PhD MBA, Health and Regulation, The Australian Wine Research Institute
Dr Thomas Stuttaford, Medical Correspondent to The Times and Author
David Vauzour PhD, Senior Research Associate, Department of Nutrition, Norwich Medical School, University of East Anglia, Norwich, UK