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China
In Guizhou, China, traffic police officers have been streaming live video coverage of late-night drink driving prevention operations online as part of an effort to make law enforcement operations more transparent and to raise awareness of road safety regulations among young drivers and the general public.
The footage shows traffic police officers conducting road sobriety tests, making arrests and talking with motorists and has been watched by more than 23,000 viewers. Members of the public are able to interact with the police by asking them questions, which the police can reply to in real-time.

New Zealand
Auckland bars will be able to stay open until 4am in the Central Business District (CBD) but there will be a two-year freeze on new retail liquor outlets in areas of the city where alcohol is a big problem. These are among the decisions made by the Alcohol Regulatory and Licensing Authority after hearing appeals on Auckland Council’s proposed alcohol policy.
The authority has rejected appeals by the police and others to reduce the maximum trading hours for bars and clubs to sell alcohol from 4am in the CBD and 3am everywhere else. The authority also upheld a council proposal to place a two-year ban on new off-licences in areas of Auckland where alcohol is a major problem and a ban on the sale of alcohol from supermarkets, grocery stores and bottle stores after 9pm.

Finland
In Finland, Center Party Chairperson Antti Kaikkonen announced that a cross-party government working group on a controversial draft beverage alcohol policy reform bill has reached a partial consensus on its more contentious clauses.
In June, Members approved the amendments to the “Alcohol Act” that would permit grocery stores to sell beverages with an alcohol by volume (ABV) up to 5.5% rather than the current maximum ABV of 4.7%, and to sell ready-to-drink alcohol beverages (RTDs), whereas currently only state-operated alcohol retail monopoly Alko stores are permitted to stock these beverages.

Ireland
Legislation to end the 90-year prohibition on pubs opening on Good Friday in Ireland has passed all stages in the Seanad.
Independent Senator Billy Lawless confirmed that the exemption would apply to all licensed premises rather than just public houses, and while expressing concern over the prevalence of harmful drinking suggested that an attachment to older laws and traditions was “in fact leading to alcohol abuse in many cases.”
Importance of folate intake for reducing breast cancer risk from alcohol consumption, especially for women with a positive family history of breast cancer


Authors’ Abstract
To evaluate the association between alcohol consumption and breast cancer risk in younger women, and by family history of breast cancer and folate intake, we prospectively followed 93,835 U.S. women aged 27-44 years with alcohol consumption data in 1991 in the Nurses’ Health Study II. Alcohol and folate intake was measured by food frequency questionnaire repeated every 4 years. We documented 2,866 incident invasive breast cancer cases between 1991 and 2011.

Alcohol consumption was not associated with breast cancer risk overall (multivariate hazard ratio = 1.07, 95% confidence interval: 0.94, 1.22 for >/= 10 g/d intake vs. nondrinkers). When the association was stratified by family history and folate intake, a positive association between alcohol consumption and breast cancer was found among those with a family history and folate intake of < 400 microg/d (multivariate hazard ratio = 1.82; 95% confidence interval: 1.06, 3.12; P-trend = 0.08). Alcohol intake was not associated with breast cancer in other categories of family history and folate intake (P-interaction = 0.55).

In conclusion, in this population of younger women, higher alcohol consumption was associated with increased risk of breast cancer among those with both family history of breast cancer and lower folate intake.

Forum Comments
Studies of breast cancer in women are important, as breast cancer is a very common type of cancer and is especially feared by most women. Unlike lung cancer, which has a known strong relation with smoking, no single environmental factor is known to have such an effect for breast cancer.

The strongest factor associated with an increase in the risk of a woman developing breast cancer appears to be a positive family history of such a diagnosis in a sibling or mother. Among environmental factors, almost all studies have shown that alcohol consumption relates to increased risk; a slight increase is often seen even among women who report only light drinking, e.g., an average of one drink or less per day. The present study evaluates how a positive family history of breast cancer in a first-degree relative and folate intake may modify the association between alcohol intake and breast cancer; the analysis is based on data from a large number of young women, aged 27-44 years at baseline, over a follow-up period of 20 years.

The results of this study are especially important as the analyses are based on data from young women in the very large Nurses’ Health Study II, with well-collected and validated exposure and outcome data from more than 90,000 subjects over a long period of time. In this cohort, 2, 866 incident invasive cancers were detected. While the overall risk of breast cancer did not increase significantly with alcohol consumption, when women were classified as to whether or not there was a family history of breast cancer (present in 6 to 7% of women), a slight increase in risk of cancer was seen among those with family history, but not among the 93-94% of the women without such a history. Similarly, when subjects were divided into groups according to their folate intake (either < 440 ug/day versus ≥400 ug/day), the increase in breast cancer risk with increasing alcohol intake was seen only among those women with low levels of folate.

To summarise, for women without a family history of breast cancer, there was no significant increase in breast cancer risk from alcohol, although for those with low folate levels, there was a tendency (statistically insignificant higher RR for cancer risk) among women reporting an average of 5 or more grams of alcohol per day than for non-drinkers or consumers of less. With a positive family history of breast cancer plus low folate intake, however, the RRs for cancer were higher for all categories of alcohol consumption, but the only alcohol category with a statistically significant effect on risk was the group with both low folate and the highest level of alcohol intake (≥ 10 grams/day), where the RR=1.82 (CI 1.06, 3.12).

The new study has many strong features: it was a prospective study focused on younger women, had a large number of subjects in the cohort, used a validated dietary instrument for assessing alcohol and folate intake, had validation (in 98% of cases) of reported invasive breast cancer, and included
adjustments in the analysis for most of the other known factors that have been shown to relate to cancer risk. Unfortunately, the investigators did not present results on the pattern of drinking, so binge drinking and consuming alcohol without food (which could lead to higher levels of alcohol in the blood after drinking and could possibly affect cancer risk), were not included in the analyses. Also, risk estimates according to the specific beverage consumed were not reported.

Factors modifying the relation between alcohol consumption and breast cancer risk: A number of large epidemiologic studies have shown that the risk of breast cancer associated with reported light to moderate alcohol consumption is increased for women who binge drink (Chen et al), are users of hormone replacement therapy (Neilsen & Groenbaek), and/or have low levels of folate intake (e.g., Zhang et al 1999, Rohan et al, Sellers et al, Baglietto et al, Stolzenberg-Solomon et al). Further, Klatsky et al, in their very large Kaiser-Permanente studies, report that women who are found (from an extensive review of their entire medical records including greater alcohol consumption at some time) to be likely “under-reporters” of their alcohol intake show a higher risk of breast cancer than those without such evidence in their records. Specifically for breast cancer incidence, those authors report that for likely under-reporters of alcohol intake, HR for breast cancer was 1.48 (1.23–1.79) at <1 drink per day and 1.39 (1.12–1.74) at 1–2 drinks per day; the corresponding risks for subjects classified as unlikely under-reporters were HRs of 1.05 (0.89–1.24) and 1.06 (0.81–1.37), respectively, for these two levels of alcohol intake. Thus, accounting for under-reporting of alcohol intake, not included in the present study, may also modify the relation of alcohol to breast cancer.

Specific comments by Forum members: Forum member Finkel commented: “I applaud this paper, mainly for its important clarification of a major confusion, but also for its large number of subjects, the long period of observation, and its simple and direct approach. We have long been confused by the meaning of murky and conflicted results of studies trying to elucidate the relationship of alcohol to breast cancer. I have speculated that breast cancer might be best viewed as a group of several diseases, rather than as one.

“Here is the start of two facets of breast-cancer risk being dissected out clearly, and competently. Other facets need this kind of attention. For example, we need to know more about the details of the drinking habits of the subjects and the histopathology of the cancers. And once again, we present balanced perspective demands that the burdens of breast cancer must be weighed against the cardiovascular and other benefits of moderate drinking, eventually, through studies such as this, with an accurately targeted aim.”

Reviewer Van Velden commented: “This is a well done paper with valuable conclusions. It emphasises that alcohol consumption must not be seen in isolation, but part of a healthy lifestyle of moderation, weight management, Mediterranean-type diet high in folate and alkaline in nature, and an active lifestyle. Binge drinking can never be considered appropriate.”

Forum member Skovenborg noted: “I agree that the study is well done and of public interest regarding younger women’s fear of the alcohol-breast cancer association. I would like to mention that a similar result was found for postmenopausal women with a family history (Sellers et al). In a pooled analysis of cohort studies, however, the association between alcohol and breast cancer was not significantly modified by family history (Smith-Warner et al).”

Earlier research on potential mechanisms for a relation of folate to effects of alcohol: Forum member Stockley has provided some additional data on alcohol and folate. “It has been previously suggested that an adequate consumption of folate may reduce the increased risk of breast cancer associated with alcohol consumption (Zhang et al 1999, Rohan et al, Sellers et al, Baglietto et al, Stolzenberg-Solomon et al, Tjonneland et al). For example, while alcohol interferes with DNA synthesis and repair, folate is involved in DNA synthesis, repair and methylation. In animal models, folate supplementation reduces DNA strand breaks in the p53 gene (Kim et al); the PS3 protein regulates the cell cycle to prevent genome mutation, and hence functions to suppress tumours. It can activate DNA repair proteins when it recognizes damaged DNA, hold the cell cycle at the G1/S regulation point on DNA damage recognition to prevent uncontrolled cell division and can initiate apoptosis, the programmed cell death, if the DNA damage proves to be irreparable. Cancer occurs when the rate of proliferation of mutated cells greatly

In animal models, folate supplementation reduces DNA strand breaks in the p53 gene (Kim et al); the PS3 protein regulates the cell cycle to prevent genome mutation, and hence functions to suppress tumours. It can activate DNA repair proteins when it recognizes damaged DNA, hold the cell cycle at the G1/S regulation point on DNA damage recognition to prevent uncontrolled cell division and can initiate apoptosis, the programmed cell death, if the DNA damage proves to be irreparable. Cancer occurs when the rate of proliferation of mutated cells greatly
exceeds the rate of apoptosis. In breast cancer, the gene has been observed to be mutated in 15 to 50% of tumours (Olivier & Hainaut).

“The concurrent consumption of alcohol and folate (of at least 300 μg/day) has been observed to reduce the relative risk of alcohol-induced breast cancer to 1.05 for women consuming greater than 15 g alcohol/day (or one and a half standard drinks), but was only 0.55 for women consuming greater than 600 μg/day of folate. Indeed, the concurrent consumption of folate-containing vitamin supplements reduces the relative risk to 0.74 for women consuming greater than 15 g alcohol/day compared to those not using vitamins (Zhang et al 1999). The interaction between alcohol and folate has been observed to be primarily limited to estrogen receptor negative (ER-) breast cancer tumours (Zhu & Williams, Sellers et al, Zhang et al 2005), which is consistent with an interaction of alcohol and folate on breast tissue tumours being mainly through the primary metabolite of alcohol, acetaldehyde, which is directly carcinogenic as well as indirectly carcinogenic via folate depletion, independent of circulating estrogens and estrogen receptor-mediated events.”

Reviewer Stockley added: “The suggestion of a further increased risk of breast cancer by post-menopausal woman who use estrogen-replacement therapy (ERT) and who are also light to moderate consumers of alcohol remains controversial (Suzuki et al, Nielsen & Gronbaek), in particular as ERT decreases the risk of other diseases such as cardiovascular disease.”

Dealing with differing results of studies on folate and breast cancer risk: Reviewer Skovenborg wrote: “I agree with the review from Stockley on folate, alcohol and breast cancer risk. However, it is disturbing that one of the authors of the present study, Jung, is the leading author of a study from 2016 that found no effect modification of folate intake on breast cancer risk in women with alcohol consumption (Jung et al). In Denmark the Jung et al study is quoted all the time as proof that their data on folate was weak compared to the present study which was carefully designed to properly assess folate intake.

“In the Sellers et al study, the investigators observed a folate effect in FH- subjects, but not in the FH+ population. In other words, genetics in this case overwhelmed the folate effect. In the present study, it is not clear if they did the same comparisons, since the tables do not compare differential folate intake levels for specific alcohol intake in family history groupings. Instead they segregate the populations by folate intake and then look at alcohol intake levels. I don’t think the HR numbers can be compared between folate intake groupings. On the other hand, the current data seem to show that high folate intake can reduce the risk of alcohol consumption for those with a family history of breast cancer.”

Clinical implications of the findings of the present study: Forum members considered this to be a very well-done analysis, based on prospectively collected data according to a strict protocol. There were repeated assessments over time of alcohol consumption and folate intake. Members conclude that the results from the present study should greatly relieve anxiety about breast cancer for women without a positive family history of breast cancer who choose to consume light-to-moderate amounts of alcohol. For women with a first-degree relative with breast cancer, the data indicate that if they maintain a high level of folate intake, it may attenuate an increase in risk associated with alcohol intake.

References from Forum review


Chen WY, Rosner B, Hankinson SE, Colditz GA, Willett WC. Moderate alcohol consumption during adult life, drinking patterns, and breast cancer risk. JAMA 2011;306:1884-1890/

Forum Summary

The strongest factor associated with the risk of a woman developing breast cancer appears to be a positive family history of such a diagnosis in a sibling or mother. Among environmental factors, almost all studies have shown that alcohol consumption relates to increased risk; a slight increase is often seen even among women who report only light drinking, e.g., an average of less than one drink per day. The present study evaluates how a positive family history of breast cancer in a first-degree relative and folate intake may modify the association between alcohol intake and breast cancer; the analysis is based on data from a large number of young women, aged 27-44 years at baseline, over a follow-up period of 20 years.

Forum members considered that this was a very well-done analysis from the large Nurses’ Health Study II, which followed young women for two decades. Alcohol consumption in total drinks/week was based on repeated assessments (but the pattern of drinking, binge versus regular drinking, was not evaluated). Repeated dietary questionnaires were used to estimate folate input. More than 2,800 incident invasive breast cancers were detected, essentially all being validated by a review of medical records.

The main results of this study were that without a positive family history of breast cancer, there was no significant increase in cancer risk for any level of alcohol intake. With a positive family history, however, there was a tendency for higher risk with increasing alcohol intake; this increase was not statistically significant for those with high folate, but a significant positive association (HR=1.82, 95% CI 1.06, 3.12; P-trend = 0.08) with cancer was seen for subjects with the highest level of alcohol intake plus low levels of folate.

Members conclude that the results from the present study should greatly relieve anxiety about breast cancer for women without a positive family history of breast cancer who choose to consume light-to-moderate amounts of alcohol. For women with a first-degree relative with breast cancer, the data indicate that if they maintain a high level of folate intake, it may attenuate an increase in risk associated with alcohol intake.


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

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Concurrent use of alcohol interactive medications and alcohol in older adults

Older adults are susceptible to adverse effects from the concurrent use of medications and alcohol. A study aimed to systematically review the prevalence of concurrent use of alcohol and alcohol-interactive (AI) medicines in older adults and associated adverse outcomes.

A systematic search was performed to identify relevant observational studies and twenty cross-sectional, were included. Nine of the studies classified a wide range of medicines as AI using different medication compendia, thus resulting in heterogeneity across studies. Three studies investigated any medication use and eight focused on psychotropic medications. The most reliable estimate of concurrent use in older adults ranged between 21 and 35%. The most reliable estimate of concurrent use of psychotropic medications and alcohol ranged between 7.4 and 7.75%. None of the studies examined longitudinal associations with adverse outcomes. Three studies reported on falls with mixed findings, while one study reported on the association between moderate alcohol consumption and adverse drug reactions at hospital admission.

The authors conclude that although there appears to be a high propensity for alcohol-medication interactions in older adults, there is a lack of consensus regarding what constitutes an AI medication. They suggest that an explicit list of AI medications needs to be derived and validated prospectively to quantify the magnitude of risk posed by the concurrent use of alcohol for adverse outcomes in older adults. This will allow for risk stratification of older adults at the point of prescribing, and prioritise alcohol screening and brief alcohol interventions in high-risk groups.


Moderate alcoholic beer consumption: The effects on the lipid profile and insulin sensitivity of adult men

The purpose of a study published in the Journal of Food Science, was to compare the effects of consuming alcoholic beer (AB) and nonalcoholic beer (NAB) on the biochemical blood parameters.

Two beers were produced under known and controlled conditions from the same raw material, NAB (0.6%, v/v) and AB with 6% grain alcohol added. 15 healthy adult men (aged 20 to 57) underwent 3 treatments, each 30 days long.

In Treatment 1 (Baseline), they followed their usual diet without drinking any alcoholic beverage; in Treatment 2, they added the daily consumption of 330 mL NAB; and in Treatment 3, they added the daily consumption of 330 mL AB.

Use of AB for 30 days (16g alcohol/d) reduced the blood insulin and fasting glucose, reducing insulin resistance. The researchers e data suggest that the daily intake of 330 mL AB could statistically change the lipid profile and insulin sensitivity of adult men. The volunteers were healthy before and remained so after the intervention, with no change in their clinical status.

The marked effect of lifestyle on mortality


Authors' Abstract

Background: The impact of multiple healthy lifestyle factors on survival time is unclear.

Objective: The aim of this study was to examine differences in survival time associated with a healthy lifestyle vs a less healthy lifestyle.

Methods: This study consisted of 33,454 men (Cohort of Swedish Men) and 30,639 women (Swedish Mammography Cohort) aged 45 to 83 years and free of cancer and cardiovascular disease at baseline. The healthy lifestyle factors included: (1) nonsmoking; (2) physical activity at least 150 min/week; (3) alcohol consumption of 0–14 drinks/week; (4) and healthy diet defined as a modified Dietary Approaches to Stop Hypertension Diet score above the median. Cox proportional hazards regression models and Laplace regression were used to estimate respectively hazard ratios of all-cause mortality and differences in survival time.

Results: During follow-up from 1998 through 2014, 8630 deaths among men and 6730 deaths among women were ascertained through linkage to the Swedish Cause of Death Register. Each of the four healthy lifestyle factors was inversely associated with all-cause mortality and increased survival time. Compared with individuals with no or one healthy lifestyle factor, the multivariable hazard ratios of all-cause mortality for individuals with all four health behaviours were 0.47 (95% CI 0.44-0.51) in men and 0.39 (95% CI 0.35-0.44) in women. This corresponded to a difference in survival time of 4.1 (95% CI 3.6-4.6) years in men and 4.9 (95% CI 4.3-5.6) years in women.

Conclusion: Adopting healthy lifestyle behaviours may markedly increase lifespan.

Forum Comments

Previous similar studies have shown a large benefit on the risk of mortality related to adhering to varying numbers of “healthy lifestyle” behaviours; in this study, they were non-smoking, being physically active, not being a heavy drinker, and having a higher dietary score (the DASH-diet in this case). The study shows markedly beneficial effects of such lifestyle factors in terms of mortality risk and duration of life.

The authors summarize their findings as following: “The main finding of this study of middle-aged and older men and women is that adherence to four healthy lifestyle factors is significantly inversely associated with all-cause mortality and increased survival time. Adherence to all four desirable lifestyle behaviors, compared with none or one, was associated with more than a halving of all-cause mortality and a difference in survival time of 4.1 years in men and 4.9 years in women.”

Specific comments by Forum members:

Ellison: “This study was based on large samples of representative populations of men and women in Sweden; by recruiting older subjects, aged 45-83 at baseline, they were assured of an adequate number of deaths to judge effects on mortality during approximately 15 ½ years of follow up. The authors appropriately waited until 20% of their cohort had died (more than 15,000 deaths) before calculating survival, using Laplace regression. In their analyses, they adjusted for education, family history of MI before age 60 or cancer, use of aspirin, and sedentary leisure activities; in supplementary analyses, they also adjusted for diabetes, hypertension, dyslipidemia, and body mass index.”

Ellison added: “At the same time, there were some notable weaknesses: all current smokers were evaluated as a single group, so the level of smoking and previous smoking could not be evaluated. Further, the authors included both never drinkers and consumers of up to 14 drinks/week in one group, versus consumers of >14 drinks/week, so potential differences between non-drinking versus light/moderate consumption cannot be determined. Also, there was incomplete data on the pattern of drinking, and no data on the type of beverage consumed.”

Forum member Finkel stated: “My chief reservation about this study is that it adds nothing new, for these types of results have been published before. It is always good to have confirmatory data from other hands, and, as said, the numbers are impressive. I would hope for studies that further extended our understanding of some of the intricacies of drinking’s effects that still confound us.”

Reviewer Goldfinger noted: “There is an important message in that adopting healthy life habits can help one reach their greatest potential for a longer life, even if the individual may be challenged by genetic
or socioeconomic predisposition to earlier demise. Unfortunately, with respect to alcohol in this paper, one can only conclude that not being a heavy drinker leads to a longer life. If, however, the number of non-drinkers was not substantial in the population, one could extrapolate that mild to moderate drinking improved longevity.” He added: “I have to say that I am impressed that the authors included alcohol consumption as a lifestyle factor to look at, considering the continued bias against studies that define a benefit from any alcohol consumption.”

Forum member Skovenborg contributed additional data on these cohorts that were not included in the present paper: “Concerning the question about the drinking habits of the two cohorts, an answer may be found in a recent paper by Larsson et al (2017) based on studies of the same cohorts: Alcohol consumption was inversely associated with MI in both men and women (P trend <0.001); compared with light drinkers, the multivariable HRs were 0.70 (95% CI, 0.56–0.87) in men who consumed > 28 drinks/week and 0.32 (95% CI, 0.15–0.67) in women who consumed 15–21 drinks/week. Alcohol consumption was not inversely associated with HF risk. Of the Cohort of Swedish men (n=40.590), 1844 were never drinkers, 2357 were former drinkers, 29.996 were current drinkers (< 1 – 14 drinks/week), and 6.393 were current heavy drinkers (15 – >28 drinks/week). Of the Swedish Mammography Cohort (n=34.022), 4126 were never drinkers, 908 were former drinkers, 28.089 were current drinkers (<1 – 14 drinks/week), and 902 were current heavy drinkers (15 – >28 drinks/week). Accordingly 73.9% of the Swedish men and 82.5% of the Swedish women were moderate drinkers.”

Some previous studies relating lifestyle factors to mortality: Forum member Stockley summarized some other studies on this topic. “This paper builds very nicely on others undertaken over the past decade providing similar results. For example, a study of 16,958 US individuals followed for 18 years by the US Centers for Disease Control and Prevention (CDC) examined the relationship between four low-risk behaviours and mortality (Ford et al). These authors reported that ‘Moderate consumption of alcohol’ was considered as one of ‘four healthy lifestyle behaviours that exert a powerful and beneficial effect on mortality.’ Moderate or low-risk alcohol consumption was defined as less than or equal to 1 drink/day but more than 0 for men and less than or equal to 1 drink/day but more than 0 for women. The other low-risk behaviours were non-smoking, eating a healthy diet, and physical activity.

“The authors of this CDC study stated that: ‘The number of low-risk behaviours was inversely related to the risk for mortality. Compared with participants who had no low-risk behaviours, which included abstinence from alcohol as well as excessive alcohol consumption, those who had all four experienced significantly reduced all-cause mortality, mortality from malignant neoplasms [cancers], major cardiovascular disease, and other causes.’ In other words, the men and women were 63% less likely to die, 66% less likely to die from a malignant neoplasm, 65% less likely to die from major cardiovascular disease and 57% less likely to die from other causes. Considering the potential dangers of excessive drinking, these CDC study authors also conducted sensitivity analyses omitting moderate alcohol use; the mortality risk for those who also consumed alcohol was significantly lower than for those having only the three other behaviours.

“In another study, Chiuve et al also included light-to-moderate alcohol consumption (5 to 30 g/day) as one of five low-risk behaviours associated with a reduced risk of coronary heart disease irrespective of concurrent medication for hypertension or hypercholesterolemia. These behaviours were based on the Healthy Eating Index (HEI), created by the US Department of Agriculture to assess how well the US population met dietary recommendations based on the Food Guide Pyramid and the Dietary Guidelines for Americans. The HEI defined moderate alcohol consumption of 1.5 to 2.5 drinks/day as ideal servings for men and 0.5 to 1.5 drinks/day as ideal for women on the basis of the lower risk of cardiovascular disease associated with moderate alcohol consumption (McCullough et al).

“A similar, little publicised Australian study of 7989 individuals aged 65-83 years followed for five years showed consistent results (Spencer et al). The eight selected low-risk behaviours included having no more than two alcoholic (total 20 g alcohol) drinks/day. Individuals with five or more of the selected low-risk behaviours had a lower risk of death from any cause within five years compared with those having less than five. More importantly the study showed that while most individuals already have
some healthy habits, almost all could make changes to their diet and lifestyle to improve their health. The study did not suggest abstinence from alcohol, and avoidance of heavier alcohol consumption is also inferred.

“In addition, Lee et al showed that although light-to-moderate drinkers may have better risk factor profiles than non-drinkers, including higher socioeconomic status and fewer functional limitations (such as activities of daily living, instrumental activities of daily living and mobility), which explain some of the survival advantage associated with alcohol consumption, light-to-moderate drinkers still maintain their survival advantage even after adjustment for these factors. Further, Sun et al recently showed that in addition to lower mortality, women who were moderate alcohol consumers and who had survived to age 70 years and older generally had less disability and disease, and more signs of ‘successful ageing.’ For ‘regular’ light-to-moderate alcohol consumers (consuming some alcohol on 5-7 days/week), there was an approximately 50% greater chance of such successful ageing compared with non-drinkers.”

Overall, Forum members considered that the present study strongly supports the cumulative scientific data on the importance of following a healthy lifestyle. While not smoking is certainly a major factor, having a healthy diet, exercising, and consuming light to moderate amounts of alcohol all make additional contributions. Such data emphasize that regardless of whether people may have an unfavorable genetic profile or are socially disadvantaged, if they follow a healthy lifestyle their mortality risk will be markedly reduced and they are likely to have a significantly longer lifespan.

References from Forum critique


Inter J Cardiol 2017;231:207–210.


Forum Summary

The aim of the present study was to examine differences in the risk of mortality and in survival associated with a healthy lifestyle versus a less healthy lifestyle. The analyses were based on a total of more than 60,000 Swedish men and women who were followed in one of two studies; at baseline, the subjects were aged 45 to 83 years and were free of cancer and cardiovascular disease. The goal was to evaluate the effects of four “healthy” lifestyle factors: (1) non-smoking; (2) physical activity at least 150 min/week; (3) alcohol consumption of 0–14 drinks/week; and (4) a healthy diet, with the latter defined as a modified Dietary Approaches to Stop Hypertension (DASH) Diet score above the median. Cox proportional hazards regression models and Laplace regression were used to estimate respectively hazard ratios of all-cause mortality and differences in survival time.

The authors report: “Compared with individuals with no or one healthy lifestyle factor, the multivariable hazard ratios of all-cause mortality for individuals with all four health behaviours were 0.47 (95% confidence interval [CI] 0.44-0.51) in men and 0.39 (95% CI 0.35-0.44) in women. This corresponded to a difference in survival time of 4.1 (95% CI 3.6-4.6) years in men and 4.9 (95% CI 4.3-5.6) years in women.”

Forum members considered this to be a well-done study on a large cohort with complete follow-up data on mortality. Notable weaknesses included the fact that never drinkers and consumers of 0 to 14 drinks/week were considered in one group.
(thus, including lifetime abstainers, ex-drinkers, and current moderate drinkers); these subjects were compared with consumers of >14 drinks/week. Thus potential differences between abstinence versus light/moderate consumption could not be determined. Further, there were incomplete data on the pattern of drinking, and no data on the type of beverage consumed were reported. Nevertheless, the reduction in mortality for subjects following a healthy lifestyle was impressive: a reduction by half, or more, in the risk of mortality and a 4- to 5-year longer lifespan.

Based on a number of previous studies that evaluated similar lifestyle factors and mortality, the results of this study were not unexpected. Still, they strongly support the remarkable effects on mortality and survival of these lifestyle factors. While not smoking was clearly the factor with the strongest effect on reducing mortality, having a healthy diet, exercising, and consuming light to moderate amounts of alcohol all make additional contributions. This is an important message in that even individuals who may be challenged by genetic or socioeconomic predispositions to earlier demise, adopting certain lifestyle habits can help them reach their greatest potential for a longer and healthier lifespan.

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

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The relation of light-to-moderate alcohol consumption to glucose metabolism and insulin resistance in nondiabetic adults

A team of researchers examined the relation of alcohol consumption to glucose metabolism and insulin resistance (IR) as a function of depressive symptoms, adiposity, and sex.

Healthy adults (aged 18-65 years) provided fasting blood samples and information on lifestyle factors. Alcohol intake was categorised as never, infrequent (1-3 drinks/month), occasional (1-7 drinks/week), and regular (≥2 drinks/day) drinkers. The Beck Depression Inventory (BDI) was used to assess symptom severity. Primary outcomes were fasting insulin, glucose, and insulin resistance assessed by the homeostasis model assessment (HOMA).

Analysis showed that alcohol consumption was negatively associated with Insulin Resistance, insulin, and body mass index (BMI), but not with glucose or BDI. Adjusting for potential confounders including BMI, alcohol consumption was associated with Insulin Resistance and insulin as a function of BDI and sex.

For women with minimal depressive symptoms, light-to-moderate alcohol consumption was associated with lower insulin resistance and insulin. Alcohol consumption was not associated with metabolic markers in women with higher depressive symptoms and in men.

In analysis using BMI as a continuous moderator, alcohol consumption was only associated with insulin (p = 0.004). Post-hoc comparisons between BMI groups (<25 vs ≥25 kg/m2) revealed that light-to-moderate alcohol consumption was associated with lower insulin but only in subjects with BMI ≥ 25 kg/m2.

The benefits of light-to-moderate alcohol consumption on fasting insulin and IR are sex dimorphic and appear to be independently moderated by adiposity and depressive symptom severity, the research concludes.

The population health benefits of a healthy lifestyle: Life expectancy increased and onset of disability delayed

The behavioural profile of a population is a key determinant of population health. A study published in the journal Health Affairs found that people who refrain from engaging in risky health behaviours have a longer life and more years of life are spent in good health.

The study was conducted by Mikko Myrskylä, Director of the Max Planck Institute for Demographic Research, Germany; and Neil Mehta, Professor of Health Management and Policy at the University of Michigan, USA. They analysed data for more than 14,000 adults aged 50-89 from the Health and Retirement Study who had never smoked, who were not obese, and who consumed alcohol moderately.

Those adults who reported having no limitations in the activities of daily living (walking, dressing, bathing, getting out of bed, or eating) were classified as free of disability. The participants who had a body mass index of less than 30 were classified as not obese. Those who had smoked less than 100 cigarettes in their lifetime were considered never smokers. Men who had fewer than 14 drinks per week and women who had fewer than seven drinks per week were considered moderate drinkers.

The researchers analysed the ages at which the individuals with these healthy behaviours first became disabled, how many years they lived with disability, and their total life expectancy and these results with compared to those of the general population, and also to profiles of individuals with particularly risky behaviour.

The study found that never-smokers who were not obese lived 4-5 years longer than the general population, and that these extra years were free of disability. The results of the analysis further indicated that individuals who also consumed alcohol moderately lived seven more disability-free years than the general population.

These results provide a benchmark for evaluating the damaging effects that behavioural risks have on health at older ages and the importance of prioritising policies to implement behavioural-based interventions, the authors comment.


Alcohol Intake and cognitively healthy longevity in community-dwelling adults: The Rancho Bernardo Study

To better understand the association of alcohol intake with cognitively healthy longevity (CHL), researchers explored the association between amount and frequency of alcohol intake and CHL among 1,344 older community-dwelling adults.

Alcohol intake was assessed by questionnaire in 1984-1987. Cognitive function was assessed in approximate four-year intervals between 1988 and 2009. Multinomial logistic regression, adjusting for multiple lifestyle and health factors, was used to examine the association between alcohol consumption and CHL (living to age 85 without cognitive impairment), survival to age 85 with cognitive impairment (MMSE score >1.5 standard deviations below expectation for age, sex, and education), or death before age 85.

Most participants (88%) reported some current alcohol intake; 49% reported a moderate amount of alcohol intake, and 48% reported drinking near-daily.

Relative to non drinkers, moderate and heavy drinkers (up to 3 drinks/day for women and for men 65 years and older, up to 4 drinks/day for men under 65 years) had significantly higher adjusted odds of survival to age 85 without cognitive impairment (p's<0.05). Near-daily drinkers had 2-3 fold higher adjusted odds of CHL versus living to at least age 85 with cognitive impairment (odds ratio (OR)=2.06; 95% confidence interval (CI): 1.21, 3.49) or death before 85 (OR=3.24; 95% CI: 1.92, 5.46).

These results suggest that regular, moderate drinking may play a role in cognitively healthy longevity.

Improved memory for information learnt before alcohol use in social drinkers

Previous studies in the laboratory have found that alcohol can facilitate memory if given after learning information. A study from Exeter University investigated whether this effect existed when alcohol is consumed in a naturalistic setting.

88 social drinkers (31 men and 57 women, aged 18 to 53) were given a word-learning task and were then randomly allocated to one of two groups and were told either to drink as much as they liked – the mean amount of alcohol consumed was 82.59 grams over the evening - or not to drink at all. The study assessed both retrograde facilitation and alcohol induced memory impairment using two independent tasks. In the retrograde task, participants learnt information in their own homes, and then consumed alcohol ad libitum. Participants then undertook an anterograde memory task, of alcohol impairment when intoxicated.

Both memory tasks were completed again the following day. For the retrograde task, as predicted, both conditions exhibited similar performance on the memory task immediately following learning (before intoxication) yet performance was better when tested the morning after encoding in the alcohol condition only. Units of alcohol drunk were positively correlated with the amount of retrograde facilitation the following morning. The anterograde task did not reveal significant differences in memory performance post-drinking.

The researchers say that their findings demonstrate the retrograde facilitation effect in a naturalistic setting, and found it to be related to the self-administered grams of alcohol.

Professor Celia Morgan said: “Our research not only showed that those who drank alcohol did better when repeating the word-learning task, but that this effect was stronger among those who drank more.

“The causes of this effect are not fully understood, but the leading explanation is that alcohol blocks the learning of new information and therefore the brain has more resources available to lay down other recently learned information into long-term memory.

“The theory is that the hippocampus - the brain area really important in memory - switches to ‘consolidating’ memories, transferring from short into longer-term memory”

The researchers stressed this limited positive effect should be considered alongside the well-established negative effects of excessive alcohol on memory and mental and physical health.

ore.exeter.ac.uk/repository/handle/10871/27991

Creativity on tap? Effects of alcohol intoxication on creative cognition

Anecdotal reports link alcohol intoxication to creativity, while cognitive research highlights the crucial role of cognitive control for creative thought. A study, published in the journal Consciousness and Cognition, examined the effects of mild alcohol intoxication on creative cognition in a placebo-controlled design.

Participants completed executive and creative cognition tasks before and after consuming either alcoholic beer (BAC of 0.03) or non-alcoholic beer (placebo). Alcohol impaired executive control, but improved performance in the Remote Associates Test, and did not affect divergent thinking ability.

The findings indicate that certain aspects of creative cognition benefit from mild attenuations of cognitive control, and contribute to the growing evidence that higher cognitive control is not always associated with better cognitive performance.

Source: Creativity on tap? Effects of alcohol intoxication on creative cognition. Benedek M, Panzierer L, Jauk E, Neubauer AC. Consciousness and Cognition. Published online 10 July 2017 open access.
Alcohol consumption and risk of urothelial cell bladder cancer in the European Prospective Investigation into Cancer and Nutrition cohort

Findings on the association between alcohol consumption and bladder cancer are inconsistent. A study investigated that association in the European Prospective Investigation into Cancer and Nutrition cohort. 476,160 individuals mostly aged 35-70 years from ten countries were included and followed for 13.9 years on average.

There were 1,802 incident cases of urothelial cell carcinoma during follow up. Hazard ratios (HR) for developing urothelial cell carcinoma (UCC) were calculated using Cox proportional hazards models. Alcohol consumption at baseline and over the life course was analysed, as well as beverages type.

Baseline alcohol intake was associated with a statistically non-significant increased risk of UCC (HR 1.03; 95% confidence interval (CI) 1.00-1.06 for each additional 12 grams/day). HR in smokers was 1.04 (95% CI 1.01-1.07). Men reporting high baseline intakes of alcohol (>96 grams/day) had an increased risk of UCC (HR 1.57; 95% CI 1.03-2.40) compared to those reporting moderate intakes (<6 grams/day), but no dose-response relationship emerged. In men, an increased risk of aggressive forms of UCC was observed even at lower doses (>6 to 24 grams/day).

Average lifelong alcohol intake was not associated with the risk of UCC, however intakes of spirits >24 grams/day were associated with an increased risk of UCC in men (1.38; 95% CI 1.01-1.91) and smokers (1.39; 95% CI 1.01-1.92), compared to moderate intakes. No association was found between alcohol and UCC in women and never smokers.

In conclusion, some associations between alcohol and UCC in men and in smokers were observed, possibly due to residual confounding by tobacco smoking.


Patterns of alcohol consumption and risk of falls in older adults

Falls are a major health problem in older adults, but their relationship with alcohol consumption in this population remains unclear. A study examined the association between certain patterns of alcohol consumption, including the Mediterranean drinking pattern (MDP), and the risk of falls in older adults.

A prospective cohort with 2170 community-dwelling individuals aged ≥60 years was recruited in Spain in 2008-2010 and followed up through 2012. At baseline, participants reported alcohol consumption and, at the end of follow-up, their falls during the previous year. The MDP was defined as moderate alcohol consumption (threshold between moderate and heavy intake was 40 g/day for men and 24 g/day for women) with preference for wine and drinking only with meals.

Compared with never drinkers, the number of falls was lower in moderate drinkers (incidence rate ratio (95% confidence interval), 0.79 (0.63-0.99)) and drinkers with MDP (0.73 (0.56-0.96)). Also, moderate drinkers and those with MDP showed a lower risk of ≥2 falls 0.58 (0.38-0.88) and 0.56 (0.34-0.89), respectively of falls requiring medical care (0.67 (0.46-0.96) and 0.61 (0.39-0.96), respectively).

Both moderate drinking and the MDP were associated with a lower risk of falls and injurious falls in older adults. However, sound advice on alcohol consumption should balance risks and benefits, the study concludes.

Relationship between bone mineral density and alcohol intake in postmenopausal women

The association between alcohol intake and bone mineral density (BMD) in postmenopausal women was evaluated using data from the Korean National Health and Nutrition Examination Survey. BMD is a relevant factor for osteoporosis.

3,312 subjects (males and premenopausal women) were included in the study. The frequency and amount of alcohol intake were determined by self-reported questionnaires, and BMD was measured by dual-energy x-ray absorptiometry.

Mean femoral BMD for light drinkers was statistically significantly greater than that for heavy drinkers and non-drinkers. The researchers observed the characteristic trends for BMD by drinking frequency; the mean BMD gradually increased from non-drinkers to the participants who drank 2-3 times per week; these participants exhibited the highest BMD. Participants who drank alcohol greater than 4 times per week showed a lower BMD. In the risk factor analysis, the adjusted odds ratio for osteoporosis (at femoral neck) was 1.68 in non-drinkers and 1.70 in heavy drinkers compared with light drinkers.

Light alcohol intake (2-3 times per week and 1-2 or 5-6 glasses per occasion) in South Korean postmenopausal women was related to high femoral BMD. Non-drinkers and heavy drinkers had approximately a 1.7-times greater risk for osteoporosis than light to moderate drinkers.


Resveratrol – past and present research

In an article on The Conversation website, Emma Wightman, senior lecturer in biological (specifically nutrition) psychology at Northumbria University, Newcastle discusses research involving resveratrol, one of the most studied polyphenols.

Initial research found that resveratrol significantly increases lifespan in yeast, flies, worms and fish by essentially slowing their metabolism down. Findings suggest that resveratrol could slow the ageing process with its antioxidant and anti-inflammatory properties.

Resveratrol also acts like the female hormone oestrogen, and dietary phytoestrogen (plant-based oestrogen) has been shown to have a positive effect on mood and mental performance in women during the menopause, when oestrogen levels begin to decline. It may also help with osteoarthritis which is often experienced during the drop in oestrogen during the menopause. This research is still ongoing in humans in labs in Australia.

At the Brain Performance and Nutrition Research Centre at Northumbria University, Wightman and colleagues are investigating the ability of resveratrol to improve blood flow in the human brain and the hypothesis that this can boost mental performance, particularly among older people aged 50-70 years.

Theconversation.com/the-french-paradox-turned-out-to-be-an-illusion-but-it-led-to-some-interesting-research-78196

The 8th International Conference on Polyphenols and Health

October 3-6, 2017
Québec city, Canada

This conference will be the meeting place for all those involved in the science of polyphenols and their health effects, worldwide. The Organising Committee has put together a diversified and very strong programme for this event that should attract more than 700 scientists and industry participants.

http://icph2017-quebec.org/
Association of flavonoid-rich foods and flavonoids with risk of all-cause mortality

Flavonoids are bioactive compounds found in foods such as tea, red wine, fruits and vegetables. Higher intakes of specific flavonoids, and flavonoid-rich foods, have been linked to reduced mortality from specific vascular diseases and cancers. However, the importance of flavonoid-rich foods, and flavonoids, in preventing all-cause mortality remains uncertain.

A research team examined the association of intake of flavonoid-rich foods and flavonoids with subsequent mortality among 93,145 young and middle-aged women in the Nurses' Health Study II. During 1,838,946 person-years of follow-up, 1,808 participants died. When compared with non-consumers, frequent consumers of red wine, tea, peppers, blueberries and strawberries were at reduced risk of all-cause mortality (P<0·05), with the strongest associations observed for red wine and tea; multivariable-adjusted hazard ratios 0·60 (95 % CI 0·49, 0·74) and 0·73 (95 % CI 0·65, 0·83), respectively. Conversely, frequent grapefruit consumers were at increased risk of all-cause mortality, compared with their non-grapefruit consuming counterparts (P<0·05). When compared with those in the lowest consumption quintile, participants in the highest quintile of total-flavonoid intake were at reduced risk of all-cause mortality in the age-adjusted model; 0·81 (95 % CI 0·71, 0·93). However, this association was attenuated following multivariable adjustment; 0·92 (95 % CI 0·80, 1·06). Similar results were observed for consumption of flavan-3-ols, proanthocyanidins and anthocyanins. Flavonols, flavanones and flavones were not associated with all-cause mortality in any model.

Despite null associations at the compound level and select foods, higher consumption of red wine, tea, peppers, blueberries and strawberries, was associated with reduced risk of total and cause-specific mortality. These findings support the rationale for making food-based dietary recommendations.


Risk of chronic liver disease in post-menopausal women due to body mass index, alcohol and their interaction

A study investigated the risk of chronic liver disease (CLD) due to alcohol consumption and body mass index (BMI) and the effects of their interaction in a prospective cohort study of women recruited to the UKCTOCS trial.

95,126 post-menopausal women without documented CLD were stratified into 12 groups defined by combinations of BMI (normal, overweight, obese) and alcohol consumption (none, <1-15, 16-20 and ≥21 units/week), and followed for an average of 5.1 years. Hazard ratios (HR) were calculated for incident liver-related events (LRE).

First LREs were reported in 325 (0.34%) participants. Compared to women with normal BMI, the hazard ratio (HR) in the overweight group was 1.44 and in the obese group was 2.25 adjusted for alcohol and potential confounders. Compared to those abstinent from alcohol, HR = 0.70 (95% CI; 0.55-0.88) for <1-15 units/week, 0.93 (95% CI; 0.50-1.73) for 16-20 units/week and 1.82 (95% CI; 0.97-3.39) for ≥21 units/week adjusted for BMI and potential confounders.

Compared to women with normal BMI drinking no alcohol, HR for LRE in obese women consuming ≥21 units/week was 2.86 (95% CI; 0.67-12.42), 1.58 (95% CI; 0.96-2.61) for obese women drinking <1-15 units/week and 1.93 (95% CI; 0.66-5.62) in those with normal BMI consuming ≥21 units/week after adjustment for potential confounders. The researchers found no significant interaction between BMI and alcohol.

High BMI and both heavy alcohol consumption and abstinence are risk factors for CLD in post-menopausal women. However, BMI and alcohol do not demonstrate significant interaction in this group, the authors conclude.

Alcohol consumption and gastric cancer risk - A pooled analysis within the StoP Project Consortium

Recent studies have reported an association between heavy alcohol drinking and gastric cancer risk, but the issue is still open to discussion and quantification.

A team of researchers investigated the role of alcohol drinking on gastric cancer risk in the “Stomach cancer Pooling (StoP) Project”, a pooled analysis of case-control studies. A total of 9,669 cases and 25,336 controls from 20 studies from Europe, Asia and North America were included. Summary odds-ratios (ORs) and the corresponding 95% confidence intervals (CIs) were estimated.

Compared with abstainers, drinkers of up to 4 drinks/day of alcohol had no increase in gastric cancer risk, while the ORs were 1.26 (95% CI 1.08-1.48) for heavy (>4 to 6 drinks/day) and 1.48 (95% CI 1.29-1.70) for very heavy (>6 drinks/day) drinkers. The risk for drinkers of >4 drinks/day was higher in never smokers (OR 1.87, 95% CI 1.35-2.58) as compared to current smokers (OR 1.14, 95% CI 0.93-1.40).

Somewhat stronger associations emerged with heavy drinking in cardia (OR 1.61, 95% CI 1.11-2.34) than in non-cardia (OR 1.28, 95% CI 1.13-1.45) gastric cancers, and in intestinal-type (OR 1.54, 95% CI 1.20-1.97) than in diffuse-type (OR 1.29, 95% CI 1.05-1.58) cancers. The association was similar in strata of H. pylori infected (OR=1.52, 95% CI 1.16-2.00) and non-infected subjects (OR=1.69, 95% CI 0.95-3.01).

This collaborative pooled-analysis provides definite, more precise quantitative evidence than previously available of an association between very heavy alcohol drinking (over 4 drinks a day) and gastric cancer risk but no association with up to 4 drinks a day.


Total sleep time, alcohol consumption, and the duration and severity of alcohol hangover

An evening of alcohol consumption often occurs at the expense of sleep time. A study investigated the relationship between total sleep time and the duration and severity of the alcohol hangover.

A survey was conducted among Dutch University students to collect data on their latest alcohol hangover. Data on alcohol consumption, total sleep time, hangover severity, and duration were collected. Alcohol consumption and hangover severity and duration were compared for participants who (a) slept <5 hours, (b) slept between 5 and 7 hours, or (c) slept >7 hours. Data from 578 students (40.1% men and 59.9% women) were included in the statistical analyses.

Significant correlations were found between total sleep time and alcohol consumption, hangover severity and hangover duration. In contrast, total alcohol consumption did not correlate significantly with overall hangover severity or duration. Those who slept longer than 7 hours consumed significantly more alcohol and reported extended hangover duration. However, they also reported significantly less severe hangovers than students who slept <7 hours.

Reduced total sleep time is associated with more severe alcohol hangovers, the authors conclude.

Health and behavioural factors associated with binge drinking among students in 9 ASEAN countries

Heavy drinking among university students has been globally recognized as a major public health burden. In the Association of Southeast Asian Nations (ASEAN) region, studies on this issue have been scant, country-specific and in different time frames. This study aimed to identify social and behavioural factors associated with binge drinking among university students in nine ASEAN countries.

A cross-sectional study was conducted in 2015 among 8809 undergraduate university students from 13 universities in Cambodia, Indonesia, Laos, Malaysia, Myanmar, the Philippines, Singapore, Thailand and Vietnam using a self-administered questionnaire. Multivariate logistic regression analyses were conducted to explore the associated factors.

In the study population, 12.8% were infrequent (< once per month) and 6.4% frequent (≥ once per month) binge drinkers. After adjustment, among males, a higher prevalence of binge drinking remained significantly associated with being in older age groups, living with parents or guardians, lower level of non-organised religious activity, lack of knowledge on alcohol-heart disease relationship, weak beliefs in the importance of limiting alcohol use, poor subjective health status, lower level of life satisfaction, tobacco and illicit drug use, depressive symptoms and high level physical activity. Among females, a higher prevalence of binge drinking remained significantly associated with being in the older age groups, poorer family background, living in an upper-middle- or high-income country, lower level of non-organised religious activity, lack of knowledge on alcohol-heart disease relationship, lack of knowledge on alcohol-high blood pressure relationship, weak beliefs in the importance of limiting alcohol use, lower level of life satisfaction, use of other substances such as tobacco and illicit drug, depressive symptoms and high level of physical activity.

The authors suggest that the findings from this study indicate a need for devising or refining university health promotion programmes that integrate binge drinking, other substance use, co-occurring addictive behaviours and health beliefs in the respective countries.


Systematic review of universal school-based ‘resilience’ interventions targeting adolescent tobacco, alcohol or illicit substance use

Universal school-based interventions that address adolescent ‘resilience’ may represent a means of reducing adolescent substance use, however previous systematic reviews have not examined the effectiveness of such an intervention approach.

A systematic review was undertaken to 1) assess whether universal school-based ‘resilience’ interventions are effective in reducing the prevalence of tobacco, alcohol or illicit substance use by adolescents, and 2) describe such effectiveness per intervention characteristic subgroups.

Eligible studies were peer-reviewed reports (1994-2015) of randomised controlled trials including participants aged 5-18 years that reported adolescent tobacco, alcohol or illicit substance use, and implemented a universal school-based ‘resilience’ intervention (i.e. those addressing both individual (e.g. self-esteem) and environmental (e.g. school connectedness) protective factors of resilience).

Nineteen eligible studies were identified from 16,619 records (tobacco: n=15, alcohol: n=17, illicit: n=11). Overall intervention effects were evident for illicit substance use, but not tobacco and alcohol.

The authors say that such results support the implementation of universal school-based interventions that address ‘resilience’ protective factors to reduce adolescent illicit substance use, however suggest alternate approaches are required for tobacco and alcohol use.

Alcohol and healthy ageing: a challenge for alcohol policy

A qualitative study of older people's use of alcohol during retirement and identifies ways that an improved understanding of older people's drinking can inform policy approaches to alcohol and active and healthy ageing.

Participants were recruited from three geographical locations in the West of Scotland covering a broad spread of in terms of socio-economic position, age and gender. In total 40 participants were interviewed and the data analysed thematically.

Amongst those who used alcohol, it was most often framed in terms of pleasure, relaxation, socialising and as a way to mark the passage of time. Alcohol was often associated with social occasions and interactions both in private and in public spaces. There were also many examples of the use of imposed routines to limit alcohol use and of a decreasing volume of alcohol being consumed as participants aged. This suggests that older people are often active in constructing what they regard as 'healthier' routines around alcohol use. However, processes and circumstances associated with ageing can lead to risk of social isolation and/or increased alcohol consumption. Such processes include retirement from paid work and other ‘biographical disruptions’ such as caring for a partner, bereavement and/or loss of social networks.

These findings highlight processes that can result in changes in drinking habits and routines. Whilst these processes can be associated with a reduction or cessation of alcohol use as people age, they can also be associated with increased risk of harmful alcohol consumption. Fractured or disrupted routines, particularly those associated with bereavement or the burden of caring responsibilities, through increasing the risk of loneliness and isolation, can construct increased risk of harmful alcohol consumption.

These findings reframe the pathway of risk between ageing and alcohol-related harm by highlighting the vulnerability to harmful drinking practices brought by fracture or sudden change of routine. The findings point to a role for public health in supporting the reconstruction of routines that provide structure and meaning and can be used to actively manage the benefits and harms associated with drinking.


The role of friendship reciprocity in university freshmen's alcohol consumption

A study explored the similarity of friends in the frequency and quantity of alcohol consumption.

During their first semester, 57 psychology freshmen indicated weekly drinking frequency and quantity and nominated the three peers of this group they liked most. These nominations were then used to derive the weekly alcohol consumption of friends that either did or did not reciprocate a nomination.

Multilevel modeling of weekly variations showed that individuals’ drinking frequency was similar to peers who reciprocated a friendship \( (b = 0.15, p = .001) \), but not to non-reciprocating peers \( (b = -0.01, p = .720) \). In contrast, weekly variation in quantity of individual students’ drinking was similar to both reciprocating \( (b = 0.11, p = .018) \) and non-reciprocating peers’ drinking \( (b = 0.10, p = .014) \). Yet across all weeks, quantity tended only to be similar to non-reciprocating peers \( (b = 0.49, p = .020) \).

Freshmen might spend drinking time with peers who reciprocate a friendship, but are similar regarding the quantity of drinks consumed to all people they find interesting. Thus, alcohol consumption is used strategically for social purposes. This social purpose should also be acknowledged in alcohol-reduction interventions, the authors say.

Heavy episodic drinking, alcohol-impaired driving, alcohol-related mortality and overdose hospitalisations among US emerging adults


Data was drawn from national injury mortality data from coroner, census, and college enrolment statistics, the National Survey on Drug Use and Health, and the Nationwide Inpatient Sample.

From 1999 to 2005, percentages of emerging adults aged 18-24 reporting past-month heavy episodic drinking rose from 37.1% to 43.1% and then declined to 38.8% in 2014. Alcohol-impaired driving rose from 24% to 25.5% and then declined to 16.0%. Alcohol-related unintentional injury deaths increased from 4,807 in 1998 to 5,531 in 2005 and then declined to 4,105 in 2014, a reduction of 29% per 100,000 since 1998. Alcohol-related traffic deaths increased from 3,783 in 1998 to 4,114 in 2005 and then declined to 2,614 in 2014, down 43% per 100,000 since 1998. Alcohol-related overdose deaths increased from 207 in 1998 to 891 in 2014, a 254% increase per 100,000. Other types of non-traffic unintentional injury deaths declined. Alcohol-overdose hospitalisations rose 26% per 100,000 from 1998 to 2014, especially from increases in alcohol/other drug overdoses, up 61% (alcohol/opioid overdoses up 197%).

The authors conclude that among emerging adults, a trend toward increased alcohol-related unintentional injury deaths, heavy episodic drinking, and alcohol-impaired driving between 1998 and 2005 was reversed by 2014. Persistent high levels of heavy episodic drinking and related problems among emerging adults underscore a need to expand individually oriented interventions, college/community collaborative programmes, and evidence-supported policies to reduce their drinking and related problems.


Adolescent tobacco and alcohol use: the influence of body image

The association between body image and adolescent substance use is underexplored despite the established relationship between body image and risky behaviours.

A study used data from the Health Behavior in School-Aged Children 2001–2002 survey, a nationally representative survey of youths in the United States to derive measures including perceived size/weight, perceived attractiveness, ever tried smoking, currently a smoker, currently a drinker, and binge drinking in the previous 30 days.

The study found that size and attractiveness perceptions were related to substance use, although the association differed by gender. The significant findings and implications are discussed.

Body image is related to a myriad of health behaviours and outcomes. Given existing associations between substance use, particularly alcohol and tobacco use, and physical and sexual health outcomes, reducing substance use among youths is a public health priority.

The study provides further evidence that interventions and policies aimed at improving body image have the potential to improve overall health and well-being.

The dynamic association between alcohol use and consequences over the first two years of college

College students experience myriad negative consequences from alcohol misuse. The strength of the association between level of alcohol use and consequences may change across the initial years of college, as students develop tolerance or learn to avoid negative effects of drinking.

A study employed time varying effect models (TVEM) to examine whether the changing strength of associations between weekly quantity of alcohol use and the odds of an alcohol consequence that week would decrease in strength from the first week of freshman year to the end of sophomore year, and to identify any gender differences in the association between use and consequences over time.

812 college student drinkers completed 36 assessments of alcohol use and consequences across two years (every other week). TVEM models revealed that the proportion of those for whom alcohol use led to a consequence declined across time. Aside from the first few weeks of college, the association between alcohol use and odds of a consequence was consistently stronger for women than men. Among men, the odds of a consequence declined relatively steadily over time. Among women, the strength of this association was more dynamic.

This study provides initial insight into the complex relationship between drinking and consequences. The authors state that future research focusing on understanding factors that explain the decreasing association between use and consequences with time can contribute to college student alcohol education and interventions.


Drinking location and drinking culture and their association with alcohol use among girls and boys in Europe

A study published in the Journal of Studies on Alcohol and Drugs aimed to investigate the relationship between drinking location and adolescent alcohol use, to analyse the association of drinking culture indicators with alcohol use, and to explore interaction effects of drinking location and drinking culture indicators.

Analyses were based on the 2011 European School Survey Project on Alcohol and Other Drugs (ESPAD). The analytical sample consisted of 36,366 15- to 16-year-old students, 51.6% of whom were female, from 11 countries. Alcohol volume and perceived drunkenness were used as outcomes. Drinking location was used as predictor variable. Per capita consumption and restrictions on public drinking were used as country-level predictors.

Compared with drinking outdoors, the reported alcohol volume was lower when drinking at home and higher when drinking in multiple locations or at someone else’s home. Drunkenness was highest among boys drinking at someone else’s home and, compared with drinking outdoors, lower among girls drinking on premise. Per capita consumption was positively associated with alcohol volume. Among girls, the association between per capita consumption and both outcomes was stronger when drinking in multiple locations than when drinking outdoors. A ban on public drinking showed a negative effect on drinking volume and drunkenness among girls.

The role of different drinking locations in alcohol use as well as sex differences should be considered in prevention and intervention of adolescent heavy drinking, the authors say. Setting-specific prevention and intervention measures are of greater importance in medium- or high-consumption societies.

College students’ responses to emotional anti-alcohol abuse media messages: should we scare or amuse them?

This study examined college students’ responses to emotional anti-alcohol abuse media messages (i.e., fear vs. humour appeal) aimed at discouraging heavy/binge drinking. An experiment was conducted with 94 college students. As expected, college students generally expressed higher levels of interest in anti-alcohol abuse media messages when watching fear appeal than those watching humour appeal. However, college binge drinkers who watched the fear appeal reported lower levels of readiness to change their drinking behaviour than those who watched the humour appeal. This pattern was the opposite among college non-binge drinkers, in that college non-binge drinkers were more likely to say they would change their drinking behaviours when exposed to fear appeal than those who were exposed to humour appeal or those who did not watch any media messages.

The research concludes that conventional fear appeal to scare college binge drinkers seems ineffective and even counterproductive while humour appeal, if well designed, could offer alternative ways to communicate them.


Self-estimated breath alcohol concentration among bar patrons

Few studies have examined the context in which drinkers underestimate their breath alcohol concentration (BrAC) in natural drinking environments. A study examined factors associated with bar patrons’ self-estimated BrAC in high-risk college town settings.

Guided interview and BrAC data were collected from 510 participants recruited as they exited bars located close to large universities: 1 in Florida and 1 in Texas.

Participants with the highest measured BrACs underestimated their BrAC levels the most. Findings from multivariable linear regression analysis indicated that BrAC number of alcoholic drinks consumed, and perceived drunkenness had significant positive associations with BrAC self-estimates, where the regression coefficients were scaled by values approximately equal to each variable’s interquartile range. Among the 321 participants with BrAC levels ≥ 0.08 g/dl, 21.2% believed their BrAC was below the legal per se driving limit of 0.08 g/dl. Results from a logistic regression analysis indicated that higher levels of perceived drunkenness were associated with better self-recognition that one’s BrAC level exceeded the legal driving threshold (OR = 3.312, p < 0.001). Further, participants under 26 years of age had reduced odds of recognizing that their BrAC was greater than 0.079 g/dl (OR = 0.245, p < 0.05).

These findings highlight the inaccuracy of self-estimated BrAC when drinking, particularly among younger drinkers. Adjusting for BrAC, situational factors were strongly associated with self-estimated BrAC. Future research is needed to better understand how altering drinking environments may improve accuracy of BrAC self-estimates and deter driving after drinking.


The Health Lobby: an analysis

According to Christopher Snowdon, head of lifestyle economics at the Institute of Economic Affairs, Britain is veering towards a situation where guidelines will state that there is no safe level of alcohol consumption.

In an article by Martin Green in Drinks Retailing News published 17 July, Snowdon voices his concerns that alcohol could develop into the new tobacco and warns of the tactics being employed by those who wish to clamp down on the availability, affordability and advertising of alcohol.

drinksretailingnews.co.uk/news/fullstory.php/aid/16789/Analysis:_The_Health_Lobby.html
UK 2017 Drug Strategy

The UK government has released its 2017 Drug Strategy. While the focus of this Strategy is on drugs, the authors recognise the importance of joined-up action on alcohol and drugs, and many areas of the Strategy apply to both particularly the government’s resilience-based approach to preventing misuse and facilitating recovery. The Strategy sets out clear expectations for action from a wide range of partners, including those in education.

The report is built around 4 pillars – reducing demand, restricting supply, building recovery and global action.

Reducing demand includes the prevention “of the onset of drug use... This includes placing a greater emphasis on building resilience and confidence among our young people to prevent the range of risks they face (e.g. drug and alcohol misuse, crime, exploitation, unhealthy relationships)”.

The report states that schools have a key role to play in helping children and young people to develop the confidence and resilience. “High quality Personal, Social, Health and Economic (PSHE) education is at the heart of supporting young people to leave school prepared for life in modern Britain. This means investing in a range of evidence-based programmes, which have a positive impact on young people and adults, giving them confidence, resilience and risk management skills to resist risky behaviours and recover from set-backs”.

The report acknowledges that the least effective programmes in preventing substance misuse are those that focus solely on scare tactics, knowledge-only approaches, mass media campaigns or the use of ex-users and the police as drug educators in schools, where their input is not part of a wider evidence based prevention programme.

The strategy states that commissioners, schools, educators and prevention practitioners will be supported to take an evidence based approach to preventing substance misuse and to support this, the government will

- continue to update our New Psychoactive Substances Resource Pack for educators;
- continue to develop and promote the ‘Rise Above’ digital hub, that uses interactive and engaging content to delay and prevent young people from engaging in exploratory behaviours (smoking, drinking alcohol, substance misuse and risky sexual practices). By tackling multiple behaviours, it aims to build and improve the all-round resilience of young people so they are able to avoid risky behaviours;
- monitor existing programmes, both here and overseas, to share the evidence and to identify future initiatives to help prevent substance misuse and crime, for example the two year trial of the Good Behaviour Game initiative, being run by Mentor UK
- promote the European Drug Prevention Quality Standards (EDPQS) principles to help partners develop and assess the quality of drug prevention initiatives.

The report argues that colleges, universities and other education providers and settings also have a key role to play as they work with millions of young people and young adults at a critical transition period in their lives.

Parents, families and friends also play an integral role in preventing substance misuse and supporting those with a dependency towards recovery. The strategy will ensure these resources are available to all those concerned, enabling them to access the advice and support they need.

gov.uk/government/policies/drug-misuse-and-dependency

UK Minimum pricing appeal hearing in the Supreme Court

Supreme Court judges have retired to consider the latest appeal against minimum pricing of alcohol in Scotland.

MSPs approved plans for a minimum price per unit of alcohol in 2012, but it has been tied up in court challenges amid claims it breaches European law.

The Scotch Whisky Association has taken the fight to the UK’s highest court, where a two-day hearing was held 24-25 July.
Local Alcohol Consumption Survey National Report

Ipsos MORI was commissioned to collect data on behalf of Public Health England on alcohol consumption over a sample of 25 upper-tier local authorities in England. The survey examined drinking habits, motivations for drinking or abstention and awareness of public health campaigns around alcohol consumption. The aims of the local consumption survey were to provide reliable consumption estimates for a large, representative sample of Local Authorities; to provide a mechanism for validating Local Authority estimates of dependent drinkers and to assess the feasibility of using data from sampled local authorities to infer consumption patterns in local authorities which were not sampled.

Data for 25 local authorities were collected between 29 February and 25 April 2016 for 9,683 individuals using postal questionnaires, with an average of 387 responses per authority and two local authorities (Middlesbrough and East Sussex) also conducted through 604 face-to-face interviews. To test the robustness of the local level survey data, comparisons were made with results from published sources at a national level. This showed a high degree of consistency for both drinking frequency and levels of risk.

Although the primary purpose of the survey was to provide local authority level data, there were a number of new questions asked in the survey which provide additional insight at a national level. In particular, the following results were observed:

- those with parental responsibility for children in their household were less likely to be drinking at increasing and higher risk average AUDIT scores reduced with increasing age
- adults in the highest AUDIT group (who show signs of possible alcohol dependence) drank on average 59 units of alcohol a week and were more likely to drink strong beer or cider. They were also more likely to drink most of their alcohol at home
- awareness of Chief Medical Officer's guidelines on low risk drinking increases with age
- 10% of respondents had participated in a campaign to reduce alcohol consumption with Dry January the most frequently cited campaign.

The primary purpose of the local consumption survey was to collect data which was robust at a local authority level and to measure differences between local authorities. Abstention rates varied from 14% in Stockport to 38% in Leicester and amongst those who drink, rates of frequent drinking (defined as 4 or more days a week) varied from 9% in Peterborough to 22% in West Berkshire. Binge drinkers (defined as women drinking...
more than 6 units and men more than 8 units in a single drinking occasion on a weekly basis or more often) ranged from 7% in Rotherham to 21% in South Tyneside. The proportion of drinkers in AUDIT category 2 or more (increasing risk, higher risk or possible dependence) ranged from 16% in Rotherham to 32% in Middlesbrough.

The authors conclude that the study provided useful and new intelligence for the 25 local authorities who were included in the survey and it established that a postal survey is a valid method of data collection for this type of data. Results from the survey provided evidence of variability between local authorities and the usefulness of having intelligence at that level.

Attempts to model this data to enable estimates to be generated for local authorities that weren’t included in the survey were unsuccessful, although other modelling approaches using different techniques and different datasets could be valid. For these Local Authorities not included in the report, decision trees are provided for Public health teams to use to target particular segments of their population where they might expect to find a high proportion of increasing and higher risk drinkers.

Survey on alcohol habits, attitudes and knowledge in the UK

The Way We Drink Now is a survey that explores the habits and attitudes of people throughout the UK who drink alcohol and seeks to clarify if they are aware of the dangers associated with excessive drinking. It also looks at certain groups who drink more than others and asks what could motivate them to seek support to moderate their intake.

The survey was based on 1,250 people throughout the UK who drink. As well as providing evidence to back up previous findings into the UK’s drinking habits, the new survey delivered found:

- Women are rapidly gaining equality with men when it comes to hard drinking – 41% of drinkers in the possible alcohol dependent category were female
- People with possible alcohol dependence are more likely to be of a higher social class (ABC1) and well educated degree-level or equivalent
- Adults who lived with children in the household were statistically more likely to be heavy drinkers, raising questions about the normalisation of excessive drinking for children at an early age
- Many potential alcohol dependent drinkers (AUDIT 20+) exist in a state of denial – with 54% believing that they were ‘fairly normal’ when it came to their drinking habits
- People with possible dependence were three times more likely to have been admitted to hospital or use A&E than those with a lower drinking risk level
- 65% of heavy said that they exercise at least twice a week
- Two thirds of those showing risk of alcohol dependence had at least one comorbidity (another simultaneous medical condition), such as depression or anxiety, both of which are strongly linked to excessive alcohol intake.

Pubs in 2017: diversify or demise?

An interesting article by James Morris assesses the way that drinking habits and drinking establishments have changed since the 1980s and suggests that the changing picture of the nation’s pubs, like many alcohol policy areas, is both often politicised and complex.

More information can be found at:

- [alcoholconcern.org.uk/the-way-we-drink-now](http://alcoholconcern.org.uk/the-way-we-drink-now)
Irish government – Drug Strategy

On 17 July the Irish government launched an eight-year strategy to address the country’s relationship with toxic substances, including alcohol. The 50-point plan for “Reducing Harm, Supporting Recovering” will develop health-led programmes to enable people with substance abuse issues to rebuild their lives outside of the criminal justice system. It sets out a number of initiatives, including the establishment of a working group to consider decriminalisation of the possession of small amounts of street drugs.

The strategy was compiled after nearly two years of consultation, much of which was overseen by Catherine Byrne, the health promotion and drugs strategy minister. Ms Byrne said that she wanted the strategy to be as compassionate as possible. “We have a high level of alcohol consumption and many Irish people engage in harmful drinking patterns, which have significant health, social, and economic costs.”

Wales: Alcohol pricing is a legislative priority

The Welsh Government will introduce legislation that will make it illegal for alcohol to be sold below a set price.

In a statement, First Minister Carwyn Jones outlined his plan for the legislative programme that includes a minimum price for alcohol. He said: “The Bills we intend to introduce during the second year of this Assembly [including tackling harmful alcohol consumption] will support our efforts to build a Wales that is healthy and active, prosperous and secure, ambitious and learning and united and connected.” As one of the government’s five Bills, the Public Health (Minimum Price for Alcohol) Bill will propose a formula for calculating the minimum price for alcohol, based on its strength and volume, and enable local authorities to enforce the powers and bring prosecutions.

Former Deputy Minister for Health, Vaughan Gething, sought to introduce a minimum unit price of 50 pence per unit in the previous government, but UK ministers denied the previous administration the chance to control alcohol law, maintaining instead that it should remain reserved to Westminster as it is closely linked to policing, both of which are controlled by the Home Office. The proposal also depends on the awaited result of a Supreme Court challenge against minimum unit pricing by the Scottish Government.

Review of student lifestyle in France

In France, the latest Smerep Youth Health Check survey published on June 29, 2017, assesses the health of students in France. Interviews were conducted between April 20 and May 21, 2017 among 1,201 students and 812 high school students (ages 14 to 22). According to the report French students and pupils feel healthy.

Nearly 8 out of 10 students reported having consumed alcohol, with the average age for the consumption of their first whole drink being 15 years. The majority of “drinkers” had experienced the “secondary” effects of alcohol - mainly physical symptoms or blackouts. Alcoholic beverages vary according to age and/or gender, but 2/5 of students report regular consumption. The reasons given for consumption are mainly to relax or to be more at ease when socialising. On average, drinkers consume 5 drinks during a festive evening (4 glasses for high school students) and 2 out of 10 students ‘preload’ before the evening begins. The majority of students say they were informed about the dangers of alcohol misuse mainly from college. Nearly 3 out of 10 French students have already used cannabis: mostly older students. A quarter of students do not consider alcohol to be a drug and a quarter of the students smoke tobacco.

Pensioners drink-driving in the UK

Data released by the Ministry of Justice following a Freedom of Information request shows that 1,436 under-19s were caught drink driving in 2015, compared to 6,744 in 2005. The overall number of people convicted of drink driving has fallen from 84,540 in 2005 to 45,970 in 2015. The number of over-65s convicted of the offence however, has risen from 1,295 in 2005 to 1,435 in 2015. Three over-65s have been convicted of causing death by careless driving while drunk or under the influence of drugs in the past ten years.

An Automobile Association spokesperson commented that youth were less likely to engage in drink driving because their consumption is being driven downwards by rising prices in licensed premises, while older people tend to consume more alcohol at home and may also overestimate their driving abilities after having consumed alcohol.
Tower Hamlets Late Night Levy put on hold

Tower Hamlets Council’s plan to charge pubs, clubs and restaurants for selling alcohol between midnight and 6am has been halted after a legal challenge. The late-night levy was due to come into force on 1 June and would vary based on the size of the business in the borough. The proposition stated that the council “must use the funds to tackle late-night alcohol-related crime and disorder”.

According to Tower Hamlets Council, there are 200 related ambulance calls in the borough; 22% of these happen at the weekends and 17% happen between midnight and 6am, the time of the proposed levy. The cost to the borough is estimated at £336,752 per year.

The Association of Licensed Multiple Retailers (ALMR) lodged a judicial review against the levy last month, claiming that it was unclear which establishments should be paying the levy.

ALMR chief executive Kate Nicholls said: “Tower Hamlets Council’s consultation on its late-night levy was flawed and denied businesses in the area a chance to engage knowing all the facts.”

“The ALMR will be scrutinising any further action by the council and will forcefully oppose any measures that heap additional costs on hardworking venues and threaten jobs and investment in eating and drinking out businesses.”

Responding to the verdict, the council announced that it would seek to rerun its consultation on the levy until August 23.

School exclusions: record numbers for drugs and alcohol

A record number of school exclusions were issued to pupils last year for drug and alcohol related issues. Figures published by the Department for Education show an increase over the past decade in the number of exclusions being issued for drugs and alcohol in state-funded schools. 9,250 permanent and fixed period exclusions for drugs and alcohol were handed out by schools in 2015-16 compared to 8,580 in 2006-07. As the school population has grown, the number of drug and alcohol exclusions is also at its highest rate since 2010.

Johnnie Walker ‘Join the Pact’ campaign takes to the streets of London with F1

In July, Johnnie Walker launched an anti drink drive campaign Join the Pact in central London, aiming to collect 250,000 commitments over the Silverstone race weekend.

The activity commenced in Charing Cross with Johnnie Walker Responsible Drinking Ambassador Mika Häkkinen, McLaren Honda Driver Stoffel Vandoorne and Force India Drivers Sergio Perez and Esteban Ocon, combining forces for a Facebook Live. A McLaren 570s was installed at Charing Cross, collecting signatures from the public as they came into the area for the nearby F1 London Live event. Mika Häkkinen and Sergio Perez also led the drivers’ parade as part of the F1 Live event, taking a trip down Whitehall in the Johnnie Walker two seater Join the Pact car, a Caparo T1. The campaign continued throughout the weekend in Silverstone.

As part of the campaign Johnnie Walker has partnered with the Department for Transport and THINK! Campaign artwork was visible on both McLaren Honda F1 cars throughout the weekend.

Ireland reports an increase in drink drive offences

The number of people caught driving under the influence in Ireland increased by 18% in the first half of the year, new figures show. Gardaí say they have arrested 4,450 people for the offence during that period.

Transport Minister Shane Ross said he is disappointed with the figures. “Yes, the detection rate is up, which is depressing, which means there is more drinking and driving going on,” he said. “I think enforcement is up, so they’re detecting more people, and so I don’t know if it actually indicates whether the numbers are up - but what it indicates is that we have a really serious drink-driving problem.”
Older adult consumption in Holland

Research from the Trimbos Institute shows that in Holland among the 55-70 age group, 21.2% drink alcohol moderately and 6.7% excessively. These percentages are much higher than the 23-54 age group which reports 13.7% and 3.8% respectively. 13.1% of people age 55 and over binge drink at least monthly.

Excessive alcohol consumption is defined in the report as more than 14 glasses on average per week for women and over 21 glasses for men. Over the period 1992-2012, excessive alcohol consumption among 55-65 year olds increased sharply. It then decreased to previous levels for men, but remained relatively high in women. Moderate alcohol consumption among 55-65 year-olds increased throughout the period.

The research used various sources: population studies Dutch Mental Health Survey and Incidence Study-2 (NEMESIS-2) and Longitudinal Aging Study Amsterdam (LASA) and the GP’s Nivel Care Registrations first line. Additional data were collected using a questionnaire and telephone interviews under the National Older Fund’s Senior Panel and group interviews with care professionals and face-to-face interviews with elderly people in the specialised addiction care.

55-pluses tend to drink less as they get older, but often the opposite happens in 55-year-olds who are already drinking excessively. Their drinking tends to increase further.

The study found that a large proportion of the 55-plus people were not aware that alcohol is addictive and that excessive use is not good for health. The majority of the 55-plus participants thought that the norm for responsible alcohol use is two glasses a day. With increasing age, participants were less likely to be aware of the current standards for responsible alcohol use. 55-year-olds who drink excessive are more often single, smoke often, have relatively high incomes, have little physical activity and more often have an anxiety disorder.

The reasons given for drinking included: relaxation, sociability, good, positive associations with alcohol, loneliness, poor structure (eg retirement, a lot of free time), the presence of stress factors (loss of income, loss of work, physical illness), habits and companionship of others.

New tool to improve access to nutritional information in Ireland

Drinkaware.ie have responded to results of a survey, published in March. The survey found that almost half of people in Ireland felt that drinking to excess is no big deal, and 73% felt that this is simply due to Irish culture.

In order to bring home the reality that alcohol misuse can adversely impact a person’s health and wellbeing, Drinkaware.ie are launching a drink calculator wheel to provide information that will allow consumers to make informed changes in their pattern of drinking. The Drinks Calculator Wheel, provides information on four areas: Standard drinks, grams of alcohol, calories and grams of sugar drinkaware.ie/latest/new-tool-to-improve-access-to-nutritional-information

GODA emphasise the importance of rule setting and parental monitoring

Goda have produced a leaflet for parents on setting clear agreements with their child to reduce alcohol consumption and to keep their child safe.

The leaflet underlines the importance of setting limits, communicating effectively both with their child and the parents of their children’s friends. There is also information on alcohol and the law, what is a unit? What is moderation? and facts and figures about alcohol consumption for teenagers in Denmark. alkoholdialog.dk/wp-content/uploads/2017/06/Forældreark.pdf
Switzerland announces plans to cancel implementation of an alcohol interlock programme for convicted drink drivers

Switzerland has announced plans to cancel implementation of an alcohol interlock programme for convicted drink drivers one week after receiving ETSC’s PIN Award for long-term efforts to reduce road safety.

On 28 June, the Swiss government published a report showing its Via Secura programme had been successful in cutting collisions, but at the same the government announced that it was cancelling plans to introduce an alcohol interlock programme for drink driving offenders in 2019 citing cost concerns.

Antonio Avenoso, Executive Director of ETSC commented “Switzerland deserves wide recognition for its long-term efforts to improve road safety, not least because they have shown that relatively safe countries can still make significant improvements. The lethal behaviour of repeat drink driving offenders is particularly difficult to tackle – we believe alcohol interlocks combined with rehabilitation programmes are the most effective measure and this has been shown by several studies.”

France to trial wider use of alcolocks in three French départements

In France, three départements (a Drôme, le Nord and la Marne) are trialing the wider use of alcohol interlocks for drink driving offences.

Drivers who have had their license suspended for a drink driving offence will be allowed to continue to drive if they agree to install an alcohol interlock at their own expense and to accept medical and psychological check-ups.

The programme, which requires authorisation of a doctor and the local administrator responsible for driving licenses, should lead to more drivers using the devices.

Judges in criminal prosecutions have had the possibility to require use of an alcohol interlock since 2011 in France, but the sanction has only been used in a handful of cases. Legal changes last year led to the new trial of the which, if successful, will be rolled out nationally in 2019.

The ETSC have commented that one risk of the scheme is the lack of monitoring for the devices. So-called ‘dry’ installations, without monitoring, mean drivers may not be followed-up if they test positive several times.

ETSC is calling for a standardised interface on all new cars to enable simple connection of the devices when the EU revises minimum vehicle safety standards later this year. The complex and varying connection methods on newer cars is a barrier to wider use of the devices. etsc.eu/alcohol-interlock-programmes-finally-get-a-boost-in-france/

Estonia campaign encourages consumption of water alongside alcohol

Estonian retailers, the Horeca sector, the bartenders’ association, the Estonian Sommelier Association and the spirits producers association ATML have collaborated together to launch a campaign promoting the consumption of a glass of water in between glasses of alcohol. Water is not usually available for free in bars in Estonia.

Bars and nightclubs displayed stickers in their premises and offered glasses of water free of charge to their customers. Five major retail chains contributed to bring the message further by placing 650,000 neck hangers on bottles so consumers might adopt the same habit at home. A video was produced to share the message more widely. The objective is to slow the pace of drinking, reduce dehydration that occurs when consuming alcohol, and to encourage moderate consumption of alcohol on a night out.

The first campaign ended in April and will be evaluated and adjusted before the second phase in autumn.
Guinness introduce nutritional information on its 500ml cans labels

Guinness is set to introduce nutritional information and alcohol content on its 500ml cans that will include an outline of calories, carbohydrates, protein, and sugar, as well as grams of alcohol in each serving. The can labels will also contain warnings on drink driving and consuming alcohol during pregnancy. Guinness is the first global beer brand to provide consumers with this information, expanding on a consumer-led initiative that was tested last year on Smithwicks.

Speaking about the move, Diageo Ireland Country Director Mr. Oliver Loomes said: “Irish consumers want to make informed choices and increasingly they want to know what’s in their glass... At Diageo, we take enormous pride in our ability to listen to our consumers and bring them the great products they enjoy with the clear, concise and accurate information they can use to make the right choice for them.”

Latvia responsibly drinking campaign

The Latvian Alcohol Industry Association (LANA) has launched a new responsible drinking campaign to raise public awareness about the risks of harmful drinking, and empower youth to make informed decisions regarding their beverage alcohol consumption.

LANA's campaign will feature a virtual reality game to educate participants about how to engage in responsible drinking, by providing simple tips such as consistently consuming glasses of water. The campaign coincides with upcoming major summer festivals and celebrations.

The first educational event was held at the festival Positivus on July 15 at Salacgriva. A second event will take place in August - during the music festival Good Nature. LANA Chief Executive Dāvis Vītols said that the purpose of the campaign was to educate the public about some of the prevalent myths surrounding alcohol consumption and “to encourage the consumption of alcohol in moderation.”

nra.lv/veseliba/215842-alkohola-razotaji-ar-kampanas-palidzibu-mudina-dzert-atbildigi.htm

Balearic islands urge EU to ban alcohol on flights

The head of tourism for the Balearic Islands made an official request to the Spanish government and the EU in July asking for a ban on alcohol for flights into its airports.

The request was made in Brussels by Pilar Carbonell, head of tourism for the islands, which include Mallorca and Ibiza. The request called for a limit to be put on the consumption of alcohol on planes and in airports following a string of incidents fuelled by inebriated passengers.

In a statement, Ms Carbonell said the limit in airports and on flights would “guarantee security... and tackle anti-social tourism”.

“We ask the central government and the European commission to ban the consumption of alcoholic drinks on flights and in airports... The aim of the measure is to improve passenger security and also that of security forces in planes and airports in our islands, who are often faced with drunk passengers,” she added.

BEBACOMCABEÇA website relaunched in Portugal

The BEBACOMCABEÇA outreach has grown over the last 2 years with over 200,000 unique visitors to the website of which 74% are between 18 and 44 years old.

www.BebaComCabeca.pt the website designed by ANEBE (Association of Portuguese spirits producers) to support smart consumption of alcohol beverages has been substantially improved in 2017. The website now includes a calculator to give consumers an estimate of Blood Alcohol Concentration and calorie intake (from pure alcohol) based on reported consumption. The calculation is made based on gender, weight and drinking patterns.

“The aim is to provide credible and consistent information on the consumption of alcoholic beverages, timely information so that people can make clearer and more consistent choices in favour of moderate, smart drinking patterns,” said Rui Pedro Duarte, Secretary General of ANEBE. He emphasised however that “the safest option is always not to drive after drinking”.

www.alcoholinmoderation.com www.drinkingandyou.com

AIM SOCIAL AND POLICY NEWS
Alcohol labeling a discussion document on policy options in the EU

One of the priorities of the 2017 Estonian Presidency of the Council of the European Union is the reduction of alcohol-related harm in Europe. Estonia aims to address cross-border alcohol policy issues, including advertising and labelling of alcoholic beverages.

WHO/Europe have prepared an overview of the evidence and the policy options available for placing warning and product labels on alcoholic beverage containers. It was used as an input to the informal meeting of ministries of health in Tallinn on 21 July 2017.

In the European action plan to reduce the harmful use of alcohol 2012–2020, two of the options for action to reduce the negative consequences of drinking and alcohol intoxication are the introduction of warning or information labels on alcoholic beverage containers, and product labelling similar to that used for foodstuffs (including alcohol and calorie content, additives and allergens). It is argued that such labelling could help raise awareness of alcohol-related harm and ensure that consumers have access to complete information to protect their health and interests. The WHO report’s suggestions for product labelling include:

- Inclusion of a list of ingredients and nutritional information (such as energy content) on containers.
- Provision of information on labels explaining impact on health.
- Label should be placed in a standard location on the container.
- Size of the label should be determined as a minimum percentage of the size of the container.
- Rotating messages should be used, with sufficient vividness and strength to attract consumers.
- Text should be clearly separated from other information on the label (for example, placed in boxes with thick borders).
- Text should be written in the official language(s) of the country in which the product is sold.
- Images used should be informational in style and taken from ongoing educational campaigns.


Rome – Outside drinking ban during summer months

Stricter regulations over the sale and consumption of alcohol in Rome came into force at the beginning of July. Mayor Virginia Raggi said in a statement “We don’t want the Roman summer evenings to be ruined by episodes linked to excessive consumption of alcohol.”

Similar bans have been put in place in previous years, however this year’s is more widespread. 14 of the city’s 15 municipalities are affected. Only the north-western district of Ottavia is exempt from the ruling. From 10pm until 7am it is forbidden to consume alcoholic drinks in glass containers on public streets, while from midnight onwards, the ban extends to any outdoor consumption of alcohol, no matter what the container. Anyone caught flouting the new regulation could face a fine of €150, while for business-owners selling alcohol after the time limit, the fine is €280. Selling alcohol drinks to take away, for example from off licences or supermarkets, is banned from 10pm onwards, while from 2am, it is also forbidden to serve beverages containing alcohol - even in indoor bars and clubs.

Raggi urged shop owners to print out and display the text of the ban, translated into 4 additional languages, and urged holidaymakers and locals to continue to “enjoy themselves with a sense of responsibility”. The order will remain in place until the end of October. During the first weekend with the ban in place, over 500 checks were carried out, police said, and 37 fines were issued on Saturday alone.

comune.roma.it/resources/cms/documents/ordinanza_antialcol_avviso_centrato.pdf
New sour beer could be good for the gut

A student in the Food Science and Technology Programme in the National University of Singapore’s Faculty of Science has created a speciality sour beer that could be good for health, boosting the immune system.

Under the supervision of associate professor Liu Shao Quan from the NUS Food Science and Technology Programme, Chan Mei Zhi Alcine, developed a recipe that achieves the optimal count of live probiotics in the beer.

While good bacteria are often present in food that has been fermented, there are currently no beers in the market that contain probiotics. Developing sufficient counts of live probiotics in beer is challenging, as beers contain hop acids that prevent the growth and survival of probiotics.

Previous research has demonstrated that the consumption of food and beverages with live counts of probiotics is more effective in delivering health effects than eating those with inactive probiotics. Currently, the recommendation by the International Scientific Association for Probiotics and Prebiotics is to have a minimum of 1 billion probiotics per serving in order to attain the maximum health benefits.

The sour beer has an alcohol content of about 3.5 per cent and contains enough probiotics to meet international recommendations. It contains the probiotic lactobacillus paracasei L26, which has been proven to neutralise toxins and viruses as well as enhance gut health and the immune system.

The research team has filed a patent on their recipe and they want to collaborate with industry partners to introduce the beer to consumers.

Adolescent consumption in Holland declines dramatically

In June, the Trimbos Institute published a report that explores patterns of alcohol consumption in the period 2003-2015. The report found that the level of consumption in Dutch students has decreased dramatically.

In 2003, 84% of Dutch students aged 12 to 16 had ever drunk (a glass). By 2015 this is halved to 43%. Alcohol consumption in the last month (ie current consumption) has fallen from 55% in 2003 to 23% in 2015.

Drunkenness also occurs less frequently with a 19% decline in 2003 to 11% in 2015. The percentage of young people who report drinking 5 or more glasses on an occasion has dropped from 39% to 16%.

Peter de Wolf, Director of STIVA: “We are very pleased with this development. In fact, you can say that a revolution has taken place in the drinking culture of Dutch youth. Over a period of slightly more than ten years, the average Dutch youth is less likely to drink less and less.”

It is difficult to give one comprehensive explanation for this development. De Wolf commented that “Young people like adults are becoming increasingly aware of health and lifestyle. This has contributed to improved results, along with improved retention of retail age limits, government and business campaigns and a different attitude towards parents over alcohol and excessive drinking. The increase in the age range of 16 to 18 years has only begun in 2014 and is therefore not so much the cause, but more of the development we have seen since 2003.”

The Wolf continues “Of course, we hope this positive trend continues. This requires lasting attention, effort and cooperation from all concerned. From STIVA we have continued our work from the last decades: supervising responsible alcohol marketing and preventing exposure of alcohol marketing to 18-year-olds.”

stiva.nl/nieuwsberichten/revolutie-drinkcultuur-nederlandse-jongeren/
Launch of Canadian Postsecondary Education Partnership - Alcohol Harms

In Ottawa the Postsecondary Education Partnership — Alcohol Harms (PEP–AH) launched in July with a commitment to collectively address alcohol-related harms on Canadian campuses.

PEP–AH is a partnership among Canadian universities and colleges, Universities Canada and the Canadian Centre on Substance Use and Addiction (CCSA, formerly known as the Canadian Centre on Substance Abuse). Members of PEP–AH are collaborating to share strategies and best practices specific to alcohol issues on campuses. The group is working with an evidence-based strategic framework for action developed by CCSA to support campus teams, made up of students, staff and faculty, that aim to reduce harms related to alcohol consumption.

“PEP–AH is guided by a vision: that postsecondary campuses are communities where students are able to embrace the opportunity before them to learn and grow, free from serious harms related to alcohol,” said Catherine Paradis, co-chair of PEP–AH and senior research and policy analyst with CCSA. “CCSA is proud to partner in this effort. It’s heartening to see such a strong commitment among students to playing a leadership role in creating a constructive environment where they can learn, socialise and feel safe.”

“Key to PEP–AH’s success is the involvement of students,” said Scott Duguay, co-chair of PEP–AH and Associate Vice-President, Enrolment Management, St. Thomas University. “Experience shows us that when students are not only participants, but also champions and leaders at the core of planning and implementation, we see real progress. That’s the model we’re following with PEP–AH.”

A survey of 43,780 students from 41 Canadian campuses, conducted by the Canadian Consortium of the American College Health Association in 2016, identified many of the challenges faced by institutions: the prevalence of binge drinking and associated harms, including physical injuries and assault. 36.7% of respondents reported drinking five or more drinks the last time they “partied” or socialised. Many report negative consequences from their drinking, most commonly: Doing something they later regretted (38%); Forgetting where they were or what they did (29.1%); Having unprotected sex (24.2%); Physically injuring themselves (18.4%); or Poor academic performance (4.4%).

Underage binge drinking varies within and across States in the US

Binge drinking among US teens and young adults aged 12-20 has declined over the past six years, according to a report from the Substance Abuse and Mental Health Services Administration (SAMHSA) issued in June, but 14% report having engaged in binge drinking in the past month – making it a continuing public health issue.

The report, Underage Binge Drinking Varies within and across States is based on SAMHSA's National Survey on Drug Use and Health, an annual national survey of 67,500 Americans aged 12 and older.

“No alcohol use continues to be a serious public health issue for young people, their families and communities,” said Frances M. Harding, Director of SAMHSA’s Center for Substance Abuse Prevention. “We’ve made plenty of progress through prevention efforts, yet the work still needs to continue.”

The report shows underage binge drinking at its highest levels in the Northeast and Midwest, with North Dakota at 21%, New Hampshire at 21% and Vermont at 20.8%. Underage binge drinking was reported at the lowest levels in North Carolina (11.6%), Tennessee (11.45%) and Utah (10.9%).
Australia: Industry welcomes ABAC code changes

The Alcohol Beverage Advertising Code (ABAC) Responsible Alcohol Marketing Code will incorporate responsible placement of alcohol marketing standards from November 2017. ABAC’s new standards include safeguards to reduce underage exposure through a “requirement to use age restriction controls in digital media to exclude minors from an audience, to only use media platforms with a 75% plus adult audience, verification of ages as 18+ for electronic direct mail and no placement with content or programmes primarily aimed at minors.”

While most producers “are already very conscious of these issues and include such restrictions within their internal policies,” the inclusion of the standards in the ABAC code “means that alcohol marketers will be accountable to the community via ABAC Complaints Panel decisions.” Alcohol Beverages Australia (ABA) Executive Director Fergus Taylor commented that the new standard is a “sensible move that is welcomed by the industry” noting that “recently-published research confirms that the standards set by ABAC in its rulings are actually more conservative than community expectations, so the industry is staying ahead of community standards.”

Alcohol consumption and alcohol-related deaths decline in Russia

According to the Russian ministry of health, alcohol consumption and alcohol-related deaths in Russia are falling.

The mortality rate from alcoholic intoxication was 11.4 per 100,000 people and overall annual alcohol consumption was 12.4 liters per capita in 2012. In comparison the mortality rate from alcoholic intoxication in 2016 was 5.6 per 100,000 (nearly half) and the annual alcohol consumption decreased to 10.3 liters per capita.

It is thought that the introduction of legislation in July 2012 that banned advertising of alcoholic drinks, including beer, in printed and electronic media is at least partially responsible for the decrease.

The Russian health ministry maintains that “Most of social, economic and personal problems stem not from alcoholism but from alcohol abuses”. The ministry has expressed an intention to toughen national laws further in order to bring down alcohol misuse. Their strategy for promoting healthy lifestyles and controlling non-infectious that runs up to the year 2025 provides for further restrictions on sale of alcoholic drinks.

WHO Forum on Alcohol, Drugs and Addictive Behaviours

The first World Health Organization Forum on Alcohol, Drugs and Addictive Behaviours was held at WHO Headquarters in Geneva from 26-28 June 2017. The Forum focused on enhancing public health actions on alcohol, drugs and addictive behaviours to achieve health targets for the 2030 Agenda for Sustainable Development.

While some progress has been made since 2010 in terms of development and implementation of national alcohol polices (two thirds of all countries up from approximately half), many countries do not have national alcohol strategies or policies.

Adoption of effective and cost effective recommendations to reduce harmful alcohol use that were outlined in the 2010 Global strategy to reduce the harmful use of alcohol and the Global action plan for the prevention and control of NCDs has been largely uneven, and insufficient.

Based on WHO’s assessments of progress, Member States are not on track for the WHO and SDG alcohol and NCD indicators and targets; on the current trajectory, there are no signs that the global target to reduce harmful alcohol use by 10% by 2025 will be achieved.

Challenges to implementation of effective alcohol control policies were identified as

- A lack of surveillance and accurate up to date, data relating to alcohol use and harm;
- Interference from the alcohol industry in policy development and obfuscation of evidence;
- Lack of political leadership, policy coherence, resourcing and prioritisation of alcohol harm reduction measures across different government departments, and insufficient multisectoral collaboration;
- A poor perception among many policy makers and NCD focal points and specialists, of alcohol consumption as a health, social and development problem, and of the considerable potential of evidence based policies for addressing social ills.
National drug and alcohol prevention campaign launched in Chile

In Chile, The National Service for the Prevention and Rehabilitation of Drug and Alcohol Use (SENDA) has published the results of its 11th National School Drug Survey. The survey indicates that the average age of first consumption for alcohol beverages in Chile is 13 years old. Senda speculate that periods of free time such as school holidays are “risk factors that contribute to the onset of consumption,” and note that there is a lack of awareness of the risks of consumption among parents, and that a permissive attitude towards their children’s alcohol consumption is prevalent.

In July Senda began a campaign throughout the country to prevent the use of alcohol and drugs, especially in children, specifically girls and adolescents. “We are all responsible for preventing the consumption of alcohol and other drugs,” is the central concept of the “Listening is part of the solution” campaign.

SenDa will meet with the local authorities and visit schools and neighborhoods with the goal of reaching “all the places where it is needed to provide information or help people stop drinking.” The campaign includes the “Drugs and Alcohol Phone 1412” hotline to provide free and anonymous counseling for children and youth as well as concerned family members. It also provides information on the operation of the Senda Previene community offices, which articulate the agency’s programmatic offer at the local level, and which serve more than 90% of the country’s population through 219 offices.

The campaign includes a television spot, one for social networks, radio ads and a mini site with information and preventive advice for families and the community in general.

escuchar.senda.gob.cl/

Carlsberg Together Towards Zero sustainability programme

In June, Carlsberg launched ambitious long-term sustainability targets up to 2030 across areas such as carbon emissions, water stewardship, total value chain carbon footprint and responsible consumption. Carlsberg has said it plans to eliminate carbon emissions and halve water usage across all of its breweries by 2030. The initiative, Together Towards Zero, will also see the group move to renewable electricity at its breweries by 2022.

To tackle irresponsible drinking, the strategy states the following:

• The misuse of alcohol and irresponsible behaviour such as drink driving and underage drinking must be prevented. It is often the result of a complex combination of societal and individual factors, and Carlsberg is working with a committee of international health and behavioural scientific experts to define actions that support consumers in making healthy, responsible choices.

• The new targets include offering 100% distribution of alcohol-free beer by 2022 to expand consumer choice, providing responsible drinking messaging and nutritional information online as well as on packaging, and forming partnerships to encourage responsible consumption.

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

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