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Northern Ireland

The Food Standards Agency in Northern Ireland is warning of the harmful effects of fake alcohol and has issued guidelines to help businesses and individuals identify it. Vodka is the spirit most widely counterfeited. Signs to look out for include labels that do not look quite right, unusual brand names or brand names with spelling mistakes and bottles that have been tampered with. Fake alcohol also tends to be sold at very low prices. Made with chemicals commonly used in screenwash, anti-freeze and nail polish remover, it can leave those who drink it blind, in a coma or even dead.

Kenya

The Kenyan government has been asked to include education on the dangers of alcohol misuse in the country's education curriculum, especially in primary schools. The request was made during a public participation forum on the proposed National Policy on Alcoholism and Drug Prevention, Treatment and Rehabilitation at the Teachers Advisory Centre in Eldore.

Drawn from several counties in the North rift region, the participants further proposed that the policy should include a provision to ensure that part of the funds collected from taxes and licences for alcohol outlets are channelled towards initiatives to help rehabilitate those affected by alcoholism and also to make it a crime for a parents to take their children to alcohol drinking places.

Finland

The National Police Board in Finland has reported that 269 drink driving offenders were apprehended over the course of seven days during a recent week-long enforcement campaign against drink- and drug-driving. Traffic officers conducted intensive testing as part of the latest EU-wide European Traffic Police Network (TISPOL) road safety campaign "Alcohol and Drugs" between June 6 and 12. Police officers apprehended a similar number of drink driving offenders during the same time frame in 2015, but noted that the number of drink drivers apprehended that were also under the influence of drugs increased.

Malaysia

In Malaysia, the Ministry of Health has released new regulations governing the sale and consumption of beverage alcohol that will increase the legal purchase age from 18 to 21 years old. These regulations also require the addition of the health warning "drinking is harmful to your health" in Malay to beverage alcohol labels, and alcohol vendors will be required to display the message on large signs. Alcohol vendors must also display signs at the point of sale, stating that the sale of alcohol to individuals under 21 years of age is prohibited, and ensure that alcohol is displayed separately from other food or beverage products. Penalties for violating these regulations could result in up to MYR 10,000 ringgit and a two-year custodial sentence. The new regulations are scheduled to come into effect in December 2017.

Alcohol and squamous cell carcinoma of the skin

Siiskonen S, Han J, Li T, Cho E, Nijsten T, Qureshi A, Alcohol intake is associated with increased risk of squamous cell carcinoma of the skin: three US prospective cohort studies. *Nutrition and Cancer* 2016;68:545-553.

Authors' Abstract

The association between alcohol intake and cutaneous squamous cell carcinoma (cSCC) is unclear. We studied the association between alcohol intake and incident invasive cSCC in three cohorts of women and men with repeated assessments of alcohol intake in the US. Information on alcohol intake was collected repeatedly during follow-up. Cumulative average of alcohol intakes was used. Multivariable Cox proportional hazards models with time-dependent exposure were used to estimate relative risks (RRs) and 95% confidence intervals, followed by a meta-analysis.

During a follow-up of 4,234,416 person-years, 2,938 cSCC were identified. Alcohol intake was associated with an increased risk of cSCC with a dose-response relationship. Each additional drink (12.8 gram of alcohol) per day was associated with a 22% increased risk of cSCC (RR 1.22, 95% confidence interval: 1.13-1.31). White wine consumption of ≥ 5 times/wk was associated with an increased risk of cSCC (RR 1.31, 95% confidence interval: 1.09-1.59). We found no increased risk of cSCC with other alcoholic beverages. The population-attributable risk associated with alcohol intake of ≥ 20 grams/d was 3% of cSCCs.

In conclusion, alcohol intake was associated with an elevated risk of cSCC. Among alcoholic beverages, white wine was associated with cSCC.

Forum Comments

All types of cancer of the skin are known to be strongly associated with ultra-violet light exposure. A report from the Nurses' Health Study and the Health Professionals Study in 2015 reported that cutaneous basal cell carcinoma was increased in both men and women by alcohol consumption (Wu et al), with suggestions that this association may somehow be due to sun exposure. Numerous studies have shown that excessive sun exposure increases the risk of melanoma, and alcohol intake has been shown to be significantly related to sun exposure (Mukamal). However, data are inconsistent as to a possible specific association between alcohol and the second most common type of skin cancer, squamous cell cancer (Freedman et al, Fung et al, Jensen et al).

Further background on the topic: In a recent overview of the association of wine consumption with skin cancers, Forum member Stockley noted

the following: "From a review of five papers that had assessed a role for wine consumption on certain skin cancers, there appeared to be no relationship between red wine and malignant melanomas but potentially a linear dose-response relationship with white wine in one study (Kubo et al). Another study saw a relationship with wine per se (Bendetti et al). Concerning basal cell carcinomas, one study reported an increased risk associated with wine consumption (Fung et al), while another reported an increased risk for white wine consumers but a decreased risk for red wine consumers (Ansems et al). Gender differences were also observed but not consistently. There was no observed increased risk between wine and squamous cell carcinoma when there was no past history of skin cancer but an increase when there was a past history of skin cancer (Rota et al).

"Thus, the limited number of observational studies on the risk of skin cancers associated with wine consumption provides no clear conclusions. Similarly, although a meta-analysis of 16 observational studies on alcohol consumption per se suggests that alcohol consumption may be positively associated with the risk of skin cancers, the study also concludes that residual confounding by sun exposure cannot be excluded and the results should be considered cautiously (Rota et al)."

The present large analysis combines data from the two Nurses' Health Study cohorts (women) and the Health Professionals Study (men) to evaluate the association between cumulative assessments of alcohol intake and the development of cutaneous squamous cell cancer (cSCC). The investigators had several measures related to sun exposure and sunburns to include as confounders in their analyses; follow up extended up to 19 years.

The authors conclude that there is a positive association between alcohol intake and cSCC, with up to 3% of such cancers in the population being related to the intake of ≥ 20 g/day of alcohol. For specific beverages, and using continuous rather than categorical estimates of alcohol in a meta-analysis (based on all three cohorts), the only statistically significant increase in risk of cSCC was for subjects reporting ≥ 5 drinks/week of white wine. The overall RR was < 1.0 for non-light beer and red wine, 1.08 for liquor, 1.10 for white wine, and 1.14 for light beer. However, there were differences in the associations

between each type of beverage and cancer among the different cohorts (e.g., a stronger increase was seen for liquor in the original Nurses' Study cohort).

Forum review of a previous study on the topic from the Women's Health Initiative (WHI), and specific comments by Dr. Arthur Klatsky: The Forum previously had reviewed a publication from the WHI relating alcohol to skin cancer (Kubo et al). That study reported a higher hazard of malignant melanoma (MM) (HR 1.64) and non-melanoma skin cancers (NMSC) (HR 1.23) for drinkers of 7 or more drinks/week, compared with non-drinkers. In a review by our Forum of that paper (available at www.bu.edu/alcohol-forum/critique-129), members noted that there were large decreases in the estimates of the HRs related to alcohol consumption when adjustments were made for sun exposure and other known confounders, and raised the possibility that there may be residual confounding from sun exposure affecting the results.

Forum member Klatsky noted at that time: "Several decades of follow-up data from the Kaiser-Permanente study, with more than 300,000 subjects and more than 1,000 cases of malignant melanoma, had found that among persons preferring wine, the HR for melanoma at 3+ drinks per day was 1.7 (95% CI 1.2-2.5), while it was 1.2, 1.3, and 1.1 in persons with preference for liquor, beer, and no beverage type. However, at 1-2 drinks per day, wine drinkers had a HR of 0.9." Klatsky stated at the time: "So maybe too much should not be made of the beverage type data in these analyses. However, the association with alcohol seems statistically solid."

The Forum noted at the time a previous study by Mukamal (2006) on the relation of alcohol consumption with sun exposure. It was based on data from 300,000 subjects participating in a risk factor surveillance survey, and stated: "Approximately 33.5% of respondents reported a sunburn within the past year. Heavier average alcohol use and binge drinking were both positively associated with prevalence and number of sunburns within the past year. The adjusted odds ratios for prevalence and number of sunburns among binge drinkers were 1.39 (1.31-1.48) and 1.29 (1.20-1.38), respectively." Forum member Klatsky wondered at the time whether "possible confounding by sun is not only an artifact of SES and tropical vacations, but whether heavy imbibers at the beach may fall asleep when exposed or simply do not notice their sunburn until it is severe."

Upon reviewing the present paper, Forum member Klatsky added: "It really is beginning to look as if there is an empiric relationship between alcohol and increased risk of several skin cancer types. Interestingly, smoking is related to lower risk, especially for melanoma. The smoking association may be more likely to have a biological association. The only type of skin cancer we have looked at is melanoma (Klatsky et al, 2015); the most relevant paragraph from that text: 'While there are previous reports of possible increased risk of melanoma in drinkers (Rota et al), the association of drinking with increased risk of melanoma in this analysis is noteworthy for its strength in both heavy and light drinkers. We have presented data (Klatsky et al, 2013) showing that the alcohol-associated risk is similar for men and women. In another of our reports (Tran et al) and several other papers (e.g., Song et al), smoking is inversely related to melanoma, so residual confounding by smoking is not a plausible explanation for the association with alcohol. A noteworthy feature in our melanoma analyses is that the alcohol association is stronger for non-invasive than invasive disease, suggesting earlier diagnosis in drinkers. Earlier diagnosis could, in turn, be related to higher socio-economic status and more recreational sun exposure. Among light-moderate drinkers wine preponderance is related to increased melanoma risk, another possible indicator of higher socio-economic status. We hope that further work by others will help to sort out the alcohol/.smoking/melanoma puzzle.'"

Potential mechanisms for an association between alcohol and skin cancer. Is there residual confounding by sun exposure? Forum member Waterhouse reflected the overall views of Forum members: "While this study no doubt shows an association between white wine consumption and cSCC, a mechanistic causal pathway is difficult to discern. One could theorise a mechanism on the potential presence of UV-initiated DNA cross-linking substances, such as furanocoumarins. However, such substances are not known in grapes or wine, and consuming these substances orally does not usually lead to significant levels in the skin. (Common examples are dermal exposure to celery or limes.) More likely, those consuming white wine in this population had a coincidental higher incidence of sun exposure or were more sensitive to UV light."

Reviewer Thelle commented: "The causes for the increased incidence of skin cancer (in *casu* squamous epithelial cancer) comprise increasing age, more frequent sun-exposure and out-door activities with light clothing, solar studios, and better registration. These changes coincide with increasing alcohol consumption especially in the northern countries (Ramstedt). Whether the observed association between alcohol and cancer represents a causal relationship cannot be determined at this stage. It has been noted that alcohol drinkers (especially binge drinkers) have increased episodes of sunburn and a higher prevalence of skin cancer (Saladi et al), who stated: 'We hypothesise that the combination of alcohol consumption with UV radiation can potentiate the skin carcinogenic effects through the intermediate biproducts or metabolites of alcohol, which serve as the photosensitisers, consequently enhancing the cellular damage.' This may imply a biological interaction effect between alcohol and sun exposure, or that alcohol consumption leads to prolonged exposure time."

Reviewer Zhang has stated: "It is easy to suggest that residual confounding may account for an association; however, if one can do a quantitative sensitivity analysis to see how likely such an effect estimate may be confounded by the residual or unknown confounders, it will be more productive and helpful for the readers. Ding & VanderWeele (2016) have recently demonstrated how to estimate residual (or unknown) confounding. Their paper shows the magnitude of the potential confounding for various combinations of the exposure-confounder association and the confounder-outcome association."

Zhang has applied the approach of Ding & VanderWeele to estimate the smallest true relative risk for skin cancer for varying reported levels of drinking. He noted that while the most important factor determining ultra-violet exposure is geographic (e.g., being especially high in Australia), personal risk is also affected by the prevalence of sunburn. Using the association between the prevalence of sunburn among moderate drinkers shown by Mukamal (2006), about 1.35 times that of abstainers, he has applied the Ding & VanderWeele formula to estimate the lower limits of the RR for alcohol consumption and cSCC. The calculations indicate, for example, that if sun exposure increases the risk of cSCC by 1.5, the lowest "true" RR for alcohol and cSCC would be 1.18.

If the RR of sunlight exposure and risk of cancer is 3.0, then the smallest true RR of alcohol and risk of cSCC would be 1.06. However, it is appreciated that because the authors have already included some measures of sun exposure in their multi-variable equations (and the specific changes in estimates when only these variables were added are not given in the paper), using these approaches may or may not provide very good estimates of the degree of residual confounding in the present analyses.

Other Forum members were skeptical that alcohol has much to do with the development skin cancer, considering that sun exposure is the main factor and residual confounding is a more likely cause for the reported association. Rather than suggesting, as the authors do, that "... physicians may consider counseling their patients about the association between alcohol consumption and risk for cSCC," physicians might focus more on advising patients to avoid excessive exposure to ultra-violet rays.

References from Forum Critique

- Ansems TM, van der Pols JC, Hughes MC, Ibiebele T, Marks GC, Green AC. Alcohol intake and risk of skin cancer: a prospective study. *Eur J Clin Nutr* 2008;62:162-170.
- Benedetti A, Parent ME, Siemiatycki J. Lifetime consumption of alcoholic beverages and risk of 13 types of cancer in men: results from a case-control study in Montreal. *Cancer Detect Prev* 2009;32:352-362.
- Ding P, VanderWeele TJ. Sensitivity Analysis Without Assumptions. *Epidemiology* 2016;27:368-377.
- Freedman DM, Sigurdson A, Doody MM, Mabuchi K, Linet MS. Risk of basal cell carcinoma in relation to alcohol intake and smoking. *Cancer Epidemiol Biomarkers Prev* 2003;12:1540-1543.
- Fung TT, Hunter DJ, Spiegelman D, Colditz GA, Rimm EB, Willett WC. Intake of alcohol and alcoholic beverages and the risk of basal cell carcinoma of the skin. *Cancer Epidemiol Biomarkers Prev* 2002;11:1119-1122.
- Jensen A, Birch-Johansen F, Olesen AB, Christensen J, Tjonneland A, Kjaer SK. Intake of Alcohol May Modify the Risk for Non-Melanoma Skin Cancer: Results of a Large Danish Prospective Cohort Study. *J Invest Dermatol* 2012;132:2718-2726.
- Klatsky A, Li Y, Tran HN, Armstrong MA, Udaltsova N, Friedman GD. Alcohol drinking, smoking, and risk of melanoma. *European Journal of Cancer* 2013;49:Supplement 2 (abstract no. 1409).
- Klatsky AL, Li Y, Tran HN, Baer D, Udaltsova N, Armstrong, MA, Friedman GD. Alcohol intake, beverage choice and cancer: a cohort study in a large Kaiser-Permanente population. *Perm J* 2015;19:28-34. doi: 10.7812/TPP/14-189.

Kubo JT, Henderson MT, Desai M, Wactawski-Wende J, Stefanick ML, Tang JY. Alcohol consumption and risk of melanoma and non-melanoma skin cancer in the Women's Health Initiative. *Cancer Causes Control* 2014;25:1-10.

Mukamal KJ. Alcohol consumption and self-reported sunburn: a cross-sectional, population-based survey. *J Am Acad Dermatol* 2006;55:584-589.

Ramstedt M. How much alcohol do you buy? A comparison of self-reported alcohol purchases with actual sales. *Addiction* 2010;105:649-654. doi: 10.1111/j.1360-0443.2009.02839.x.

Rota M, Pasquali E, Bellocco R, Bagnardi V, Scotti L, Islami F, Negri E, Boffetta P, Pelucchi C, Corrao G, La Vecchia C. Alcohol drinking and cutaneous melanoma risk: a systematic review and dose-risk meta-analysis. *Br J Dermatol* 2014;170:1021-1028.

Saladi RN, Nektalova T, Fox JL. Induction of skin carcinogenicity by alcohol and ultraviolet light. *Clinical and Experimental Dermatology* 2009;35:7-11.

Song F, Qureshi AA, Gao X, Li T, Han J. Smoking and risk of skin cancer: a prospective analysis and a meta-analysis. *Int J Epidemiol* 2012;41:1694-1705. doi: 10.1093/ije/dys146.

Tran, HN, Udaltsova N, Li Y, Klatsky AL. Invasive versus noninvasive melanoma: Are there clues about smoking and drinking relationships? *Am J Epidemiol* 2014;177: abstract 6337.

Wu S, Li WQ, Qureshi AA, Cho E. Alcohol consumption and risk of cutaneous basal cell carcinoma in women and men: 3 prospective cohort studies. *Am J Clin Nutr* 2015;102:1158-1166. doi: 10.3945/ajcn.115.115196.

Forum Summary

Skin cancers, whether melanoma, basal cell, or squamous cell, are all increased by ultra-violet rays of the sun, and such cancers are much more common in areas of the world with more sun exposure. Further, the risk of such cancers is higher among individuals reporting excessive tanning (either from the sun or from tanning salons). The present study was undertaken to judge the relation between alcohol consumption and the risk of cutaneous squamous cell carcinoma (cSCC), an association that is unclear from earlier research. Determining the relation between alcohol and skin cancer is made difficult by the fact that excessive sun exposure has been shown to be greater among consumers of alcohol than among abstainers, thus the potential for confounding.

In the present analyses, combined data from three cohorts of subjects in the US, who had repeated assessments of alcohol intake over many years, were evaluated for the relation of alcohol to the development of verified cSCC. Subjects included

women in two cohorts of the Nurses' Health Study and men in the Health Professionals' Follow-up Study. Among subjects providing a total of more than 4 million person-years of follow up, 2,938 cases of cSCC were identified.

The results varied somewhat among the different cohorts, but in the meta-analysis of the three studies using continuous measures of alcohol, there was an increase in risk of cSCC with alcohol intake. Among women, there was a steep increase in risk of cancer for low levels of intake (up to 5 grams of alcohol/day, slightly less than ½ of a typical drink), then a gradual increase in risk thereafter, whereas among men there was more of a gradual increase in risk with larger reported alcohol intake.

Overall, the authors report an increase in risk per typical drink per day of 22% for invasive cSCC and 14% for in situ cSCC. In beverage-specific analyses, white wine consumption of ≥ 5 times/week was associated with an increased risk of cSCC (RR 1.31, 95% confidence interval: 1.09-1.59), but an increased risk of cSCC was not seen for other alcoholic beverages. The population-attributable risk associated with alcohol intake of ≥ 20 grams/day (about 1 ½ typical drinks) was 3% of cSCCs.

Forum members considered that the analyses were well done, and the results of the study are consistent with increases in risk associated with alcohol consumption for other types of skin cancer. Given that sun exposure is by far the primary risk factor for skin cancer, and consumers of alcohol tend to have greater number of sunburns (also shown in this study), it is always difficult to determine if residual confounding by sun exposure is playing a role. The authors of this paper attempted to adjust for sun exposure by including in their analyses the typical exposure values in the area of the world where the subjects resided, by recording the frequency that subjects reported 5 or more severe sunburns, and several other measures. As expected, there were reductions in the estimated RR for invasive cSCC when going from age-adjusted RR (1.34) to multivariable-adjusted estimates (1.22) of risk. However, the magnitude of decrease in risk estimates when only those adjustments for sun-exposure were added to the equation cannot be determined from the data presented.

Forum reviewers consider that these analyses support results from many previous studies and indicate that consumers of alcohol have a greater risk than non-drinkers of all types of skin cancer. Attempts to judge how much of this association may be due to residual confounding related to sun exposure are less than conclusive. Various hypotheses have been raised for possible interactions between sun exposure and alcohol, but currently there are no experimental data to test these theories. While the authors conclude that "physicians may consider counseling their patients about the association between alcohol consumption and risk for cSCC," it might be more advantageous for physicians to focus more on the much greater protection against this disease that would occur if they were able to limit their patient's exposure to ultra-violet radiation.

Reference: Siiskonen S, Han J, Li T, Cho E, Nijsten T, Qureshi A, Alcohol intake is associated with increased risk of squamous cell carcinoma of the skin: three US prospective cohort studies. *Nutrition and Cancer* 2016;68:545-553.

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Alcohol consumption and cardiovascular diseases in rural China

This study evaluated the associations between drinking status and cardiovascular diseases in a general population from rural China.

A total of 11,269 adults aged 35 years or older were selected using a multi-stage cluster sampling method. Medical histories were obtained using a standard questionnaire, and blood biochemical indexes were collected. Participants were asked for information about whether they regularly consumed alcohol, their average alcohol consumption per day, and the number of days per month that they consumed alcohol.

This population consisted of 75.8% non-drinkers, 7.5% moderate drinkers, and 16.7% heavy drinkers. And the mean alcohol consumption per day for the total population was 15.29 ± 0.35 g/d (women: 1.0 ± 0.11 g/d and men 32.5 ± 0.69 g/d, $p < 0.001$).

Multivariate logistic regression analysis showed that heavy drinkers had an approximately 1.3-fold and 1.7-fold greater risk for coronary heart disease and hypertension, respectively (OR: 1.252, 95% CI: 1.012 to 1.549; OR: 1.741, 95% CI: 1.519 to 1.994, respectively) compared with that of the non-drinking group. After fully adjusting the data for all variables, the data showed no significant association between moderate alcohol consumption and coronary heart disease, hypertension or ischemic stroke.

Alcohol consumption in rural populations is high, particularly in men. Heavy drinking is a risk factor for coronary heart disease and hypertension, but not for ischemic stroke. There was no significant association between moderate alcohol consumption and coronary heart disease, hypertension or ischemic stroke, the study finds.

Source: Alcohol consumption and cardiovascular diseases in rural China, Li Z; Bai Y; Guo X; Zheng L; Sun Y; Roselle AM, *International Journal of Cardiology*, Vol 215, 2016, pp257-262.

Alcohol consumption and metabolic syndrome among Hispanics/Latinos

A study examined the relationship between alcohol consumption and metabolic syndrome (MetS) among US Hispanics/Latinos and explored whether this relationship varied by age, body mass index, gender, and Hispanic/Latino backgrounds.

Data was taken from the Hispanic Community Health Study/Study of Latinos a prospective, population-based, cohort study of Hispanics/Latinos, aged 18-74 years from four US communities. Participants were categorised into never, former, occasional, low, moderate, and high alcohol consumption categories. 47.4% of the sample was classified as occasional, low, moderate, or heavy drinkers. A cross-sectional analysis of 15,905 participants with complete data was conducted. Models were run to detect significant associations between alcohol consumption categories and cases of MetS.

Low and moderate alcohol consumers had lower odds of MetS than never drinkers. Low and heavy

drinkers had higher odds of presenting with elevated central obesity, while occasional, low, moderate, and heavy drinkers had higher odds of having low high-density lipoprotein cholesterol levels compared to never drinkers. Low and moderate wine drinkers had lower odds of MetS compared to never drinkers. There were no significant findings among beer or liquor drinkers, or with binge drinking after model adjustments.

The findings suggest that low and moderate alcohol consumption may lower the odds of MetS in a sample of Hispanic/Latino adults, but that the relationship of alcohol consumption varies with the individual components of MetS.

Source: Alcohol Consumption and Metabolic Syndrome Among Hispanics/Latinos: The Hispanic Community Health Study/Study of Latinos. Vidot DC, Stoutenberg M, Gellman M, Arheart KL, Teng Y, Daviglius ML, González HM, Talavera G, Isasi CR, Heiss G, Schneiderman N. *Metab Syndr Relat Disord*, 15 June 2016.

Five year change in alcohol intake and risk of breast cancer and coronary heart disease among postmenopausal women

A Prospective cohort study in Denmark tested the hypothesis that postmenopausal women who increase their alcohol intake over a five year period have a higher risk of breast cancer and a lower risk of coronary heart disease compared with stable alcohol intake.

The study included 21,523 postmenopausal women who participated in the Diet, Cancer, and Health Study in two consecutive examinations in 1993-98 and 1999-2003. Information on alcohol intake was obtained from questionnaires. Incidence of breast cancer, coronary heart disease, and all cause mortality during 11 years of follow-up were measured and hazard ratios were calculated according to five year change in alcohol intake.

During the follow up period there were 1,054 cases of breast cancer, 1,750 cases of coronary heart disease, and 2,080 deaths. Women who increased their alcohol intake over the five year period had a higher risk of breast cancer and a lower risk of coronary heart disease than women with a stable alcohol intake. Women who increased their alcohol intake by 7 or 14 drinks per week (corresponding to one or two drinks more per day) had hazard ratios of breast cancer of 1.13 (95% confidence interval 1.03 to 1.23) and 1.29 (1.07 to 1.55), respectively, compared to women with

stable intake, after adjustment for age, education, body mass index, smoking, Mediterranean diet score, parity, number of births, and hormone replacement therapy. For coronary heart disease, corresponding hazard ratios were 0.89 (0.81 to 0.97) and 0.78 (0.64 to 0.95), respectively, after adjustment for age, education, body mass index, Mediterranean diet score, smoking, physical activity, hypertension, elevated cholesterol, and diabetes.

Results among women who reduced their alcohol intake over the five year period were not significantly associated with a reduced risk of breast cancer or coronary heart disease. Analyses of all cause mortality showed that women who increased their alcohol intake from an already high intake (≥ 14 drinks per week) to an even higher intake had a higher mortality risk than women with a stable high intake.

The researchers state that the study results support the hypotheses that higher levels of alcohol intake are associated with an increased risk of breast cancer and decreased risk of coronary heart disease.

Source: Five year change in alcohol intake and risk of breast cancer and coronary heart disease among postmenopausal women: prospective cohort study. Dam MK; Hvidtfeldt UA; Tjonneland A; Overvad K; Gronbaek M; Tolstrup JS. *BMJ*, Vol 353, Art No i2314, 2016, 10pp.

Alcohol consumption and colon cancer prognosis

Alcohol consumption is associated with a modest increased risk of colon cancer, but its relationship with colon cancer survival has not been examined. Using data from a phase III randomised adjuvant trial, researchers assessed the association of alcohol consumption with colon cancer outcomes.

Patients completed a risk factor questionnaire on lifestyle factors, including smoking, physical activity and consumption of different types of alcohol. Cox models were used to assess the association between alcohol consumption and outcomes of disease-free survival (DFS), time-to-recurrence (TTR) and overall survival (OS), adjusting for age, sex, study arm, body mass, smoking, physical activity and performance status.

There was no statistically significant difference in outcomes between ever and never drinkers [hazard ratio (HR) DFS = 0.86, HRTTR = 0.87, HROS = 0.86, p-values = 0.11-0.17]. However, when considering alcohol type, ever consumers of red

wine (n=628) had significantly better outcomes than never consumers (HRDFS = 0.80, HRTTR = 0.81, HROS = 0.78, p-values = 0.01-0.02). Favourable outcomes were confirmed in patients who consumed 1-30 glasses/month of red wine (n=601, HR=0.80-0.83, p-values=0.03-0.049); there was a suggestion of more favourable outcomes in patients who consumed >30 glasses/month of red wine (n=27, HR=0.33-0.38, p-values=0.05-0.06). Beer and liquor consumption were not associated with outcomes. Although alcohol consumption was not associated with colon cancer outcomes overall, mild to moderate red wine consumption was suggestively associated with longer OS, DFS and TTR in stage III colon cancer patients, the research finds.

Source: Alcohol consumption and colon cancer prognosis among participants in north central cancer treatment group phase III trial N0147. Phipps AI, Shi Q, Limburg PJ, Nelson GD, Sargent DJ, Sinicrope FA, Chan E, Gill S, Goldberg RM, Kahlenberg M, Nair S, Shields AF, Newcomb PA, Alberts SR; Alliance for Clinical Trials in Oncology.

Influence of alcohol consumption on the risk of systemic lupus erythematosus among women in the Nurses' Health Studies

A study published in the journal *Arthritis Care and Research* assessed the association between alcohol consumption and risk of systemic lupus erythematosus (SLE) among women followed in the Nurses' Health Study (NHS) and NHSII. They hypothesised that alcohol consumption, possibly through anti-inflammatory effects, would be associated with lower risk for SLE compared to no alcohol consumption.

The NHS enrolled 121,701 US female registered nurses in 1976. NHS II began in 1989, enrolling 116,430 female nurses. Lifestyle and environmental exposures were collected through biennial questionnaires. Alcohol consumption was assessed with questionnaire completed every 4 years. Participants in NHS and NHSII who provided alcohol data at baseline (1980 in NHS and 1989 in NHSII) were included. Cumulative average alcohol consumption until 2-4 years prior to SLE diagnosis date (for cases) across repeated measures was to best represent long-term alcohol consumption. The incident SLE cases were identified using the connective tissue disease screening questionnaire, followed by medical record review. Cox proportional hazards models were used to assess associations.

118 incident SLE cases developed in NHS from 1980-2008, and 92 incident SLE cases developed in NHSII, 1991-2009. Mean age at diagnosis was 53.6 (\pm 8.2) years in NHS and 43.4 (\pm 5.7) in NHSII.

Most SLE cases (97% in NHS, 100% in NHSII) were ANA positive, while 33% of NHS SLE cases and 53% of those in NHSII had a positive anti-dsDNA antibody test at diagnosis. In both NHS and NHSII, there was a suggestion of a protective effect of alcohol intake on risk of SLE, although it was not statistically significant. Meta-analysis of the multivariable-adjusted results from both cohorts demonstrated a suggested protective effect of alcohol consumption in women who consume >0 to 10 gms/day (HR 0.75, 95%CI 0.54, 1.04) and >10 gms/day (HR 0.61, 95% CI 0.37, 1.01).

In these large prospective cohorts of women followed for many years before the diagnosis of SLE, the study found a potential protective association between long-term alcohol consumption and reduced risk of developing SLE. Further studies are needed to confirm these findings, the researchers suggest.

Source: *Influence of Alcohol Consumption on the Risk of SLE Among Women in the Nurses' Health Studies*. M Barbhaya, B Lu, S-C Chang, JA Sparks, EW Karlson and KH. Costenbader. *Arthritis Care & Research*, online DOI: 10.1002/acr.22945.

Specific types of alcoholic beverage consumption and risk of type 2 diabetes

Previous meta-analyses have identified an inverse association of total alcohol consumption with the risk of type 2 diabetes. A study further explored the relationship between specific types of alcoholic beverage and the incidence of type 2 diabetes.

A search of the PubMed, Embase and Cochrane Library databases from January 1966 to February 2016 was conducted for prospective cohort studies that assessed the effects of specific types of alcoholic beverage on the risk of type 2 diabetes. The pooled relative risks (RRs) with 95% confidence interval (CI) were calculated using random- or fixed-effect models when appropriate.

13 prospective studies were included in this meta-analysis, with 397,296 study participants and 20,641 cases of type 2 diabetes. Relative to no or rare alcohol consumption, wine consumption was associated with a significant reduction of the risk of type 2

diabetes, with the pooled RRs of 0.85, while beer or spirits consumption led to a slight trend of decreasing risk of type 2 diabetes (RR, 0.96, 0.95, respectively). Further dose-response analysis displayed a U-shaped relationship between all three alcohol types and type 2 diabetes. The peak risk reduction emerged at 20-30 g/day for wine and beer, at 7-15 g/day for spirits, with a decrease of 20%, 9%, 5% respectively.

Compared with beer or spirits, wine was associated with a more significant decreased risk of type 2 diabetes. This study indicated that wine may be more helpful for protection against type 2 diabetes than beer or spirits.

Source: *Specific Types of Alcoholic Beverage Consumption and Risk of Type 2 Diabetes: A Systematic Review and Meta-analysis*. Huang J, Wang X, Zhang Y. *J Diabetes Investig*. 2016 May 10. doi: 10.1111/jdi.12537. [Epub ahead of print]

Alcohol drinking patterns and risk of functional limitations in two cohorts of older adults

Several studies have found that moderate alcohol intake is associated with lower risk of functional limitations in older adults. However, no previous investigation has assessed this association in older adults from Mediterranean countries, who show characteristic drinking patterns.

Data were taken from the UAM and the Seniors-ENRICA cohorts in Spain, comprising community-dwelling people aged ≥ 60 years. At baseline, participants in both cohorts were classified as non-drinkers, ex-drinkers, moderate drinkers and heavy drinkers (the threshold between moderate and heavy intake was ≥ 40 g/day in men and ≥ 24 g/day in women).

The Seniors-ENRICA cohort allowed assessment of a Mediterranean Drinking Pattern, defined as moderate alcohol intake, with wine preference ($\geq 80\%$ of alcohol consumed as wine) and drinking only with meals.

The incidence of limitation in mobility, agility, and instrumental activities of daily living (IADL) was ascertained in each cohort at the end of a 3.5-year follow-up. Analyses were adjusted for sex, age,

education, lifestyle, BMI, chronic conditions, and functional limitations at baseline others than the studied limitation.

Compared with non-drinkers, ex-drinkers showed a higher risk of IADL limitation (pooled adjusted odds ratio [paOR]: 1.63; 95% confidence interval [CI]: 1.04-2.21). Moderate drinkers had a lower risk of limitations in mobility (paOR: 0.80; 95% CI: 0.63-0.97), agility (paOR: 0.82; 95% CI: 0.65-0.99) and IADL (paOR: 0.54; 95% CI: 0.39-0.69). Among individuals reporting poor or fair health, the Mediterranean Drinking Pattern was associated with lower risk of mobility limitation (aOR: 0.51; 95% CI: 0.27-0.97).

In older adults, moderate alcohol consumption, as well as the Mediterranean Drinking Pattern in specific subgroups, is associated with lower risk of functional limitation.

Source: Alcohol drinking patterns and risk of functional limitations in two cohorts of older adults. León-Muñoz LM, Guallar-Castillón P, García-Esquinas E, Galán I, Rodríguez-Artalejo F. Clin Nutr. 2016 May 24. pii: S0261-5614(16)30097-8. doi: 10.1016/j.clnu.2016.05.005.

Moderate, regular alcohol consumption is associated with higher cognitive function in older community-dwelling adults

An observational, cross-sectional cohort study examined the association between amount and frequency of alcohol consumption with multiple domains of cognitive function in a cohort of older community-dwelling adults in southern California.

1,624 participants of the Rancho Bernardo Study (mean age \pm SD = 73.2 \pm 9.3 years) completed a neuropsychological test battery, self-administered questionnaires on alcohol consumption and lifestyle, and a clinical health evaluation. They were classified based on average amount of alcohol intake into never, former, moderate, heavy and excessive drinkers, and according to frequency of alcohol intake, into non-drinkers, rare, infrequent, frequent and daily drinkers. The association between alcohol intake and cognitive function was examined, controlling for age, sex, education, exercise, smoking, waist-hip ratio, hypertension and self-assessed health.

Amount and frequency of alcohol intake were significantly associated with cognitive function. Global and executive function showed positive linear

associations with amount and frequency of alcohol intake, whereas visual memory showed an inverted U-shaped association with alcohol intake, with better performance for moderate and infrequent drinkers than for non-drinkers, excessive drinkers or daily drinkers.

The research found that in several cognitive domains, moderate, regular alcohol intake was associated with better cognitive function relative to not drinking or drinking less frequently. This suggests that beneficial cognitive effects of alcohol intake may be achieved with low levels of drinking that are unlikely to be associated with adverse effects in an aging population.

Source: Moderate, Regular Alcohol Consumption is Associated with Higher Cognitive Function in Older Community-Dwelling Adults. Reas ET, Laughlin GA, Kritz-Silverstein D, Barrett-Connor E, McEvoy LK. J Prev Alzheimers Dis. 2016 Sep;3(2):105-113.

More than a myth: Drink spiking happens

A research team led by Suzanne C Swan of the University of South Carolina, sought to determine the prevalence of drink spiking by looking at survey data from 6,064 students at three US universities.

The researchers found that 7.8% of students reported 539 incidents in which they said they had been drugged, and 1.4% said either they had drugged someone, or they knew someone who had drugged another person.

The study found that women were more likely to be the victims of spiking and reported more negative consequences than men. (Men comprised 21% of the victims). Women were also more likely to report sexual assault as a motive while men more often said the purpose was 'to have fun'. Other, less common reported motives included to calm someone down or make someone go to sleep.

The researchers concede that there were clear limitations to the study. "We have no way of knowing if the drugging victims were actually drugged or not, and many of the victims were not certain either," the researchers wrote. "It is possible that some

respondents drank too much, or drank a more potent kind of alcohol than they were accustomed to." Additionally, many common drugs, including over-the-counter medications, can interact with alcohol. And victims often don't remember what happened when they were drugged, the authors noted.

Given their findings, the researchers said interventions should be developed to target those doing the drugging, not just victims. "Because many of those who drug others believe that the behaviour is fun and minimise the risks, interventions could provide information about the dangers of overdosing," Swan said. "They could also target the issue of consent. Just as people have a fundamental right to consent to sexual activity, they also have the right to know and consent to the substances they ingest."

Source: Just a Dare or Unaware? Outcomes and Motives of Drugging ('Drink Spiking') among Students at Three College Campuses, SC. Swan; Nicole V. Lasky; Bonnie S. Fisher; V. Diane Woodbrown; Janaé E. Bonsu; Andrew T. Schramm; Peter R. Warren; Ann L. Coker; Psychology of Violence, published online May 23, 2016.

Drinking location and pregaming as predictors of alcohol intoxication among mandated college students

A special June issue of the journal Substance Use & Misuse seeks to address a number of topics on pregaming among US college students.

Both drinking location and pregaming have been associated with heavy alcohol use among college students, yet the manner by which they uniquely contribute to alcohol intoxication remains unclear. One study featured in the issue examined how drinking location and pregaming related to alcohol intoxication among college students.

Between 2011 and 2012 college students who reported drinking prior to their referral events (N = 212, 41% female, 80% White, Mage = 19.4 y) completed a computerised assessment of drinking location and related behaviours as part of larger research trial.

The results indicate that participants were most likely (44%) to report drinking in off-campus housing

prior to the referral event, and approximately 47% reported pregaming. Alcohol intoxication on the night of the referral event differed significantly as a function of both drinking location and pregaming, but pregaming did not moderate the association between drinking location and alcohol intoxication among students. Female birth sex, pregaming, and drinking at either fraternities or off-campus housing predicted greater levels of alcohol intoxication on the night of the referral incident, while drinking in a residence hall/dorm predicted lower intoxication.

Drinking location and pregaming are distinct predictors of alcohol intoxication among college students, the authors conclude. Future interventions may benefit from targeting both where and how college students consume alcohol.

Source: Drinking location and pregaming as predictors of alcohol intoxication among mandated college students Miller MB; Borsari B; Fernandez AC; Yurasek AM; Hustad JT Substance Use and Misuse Vol 51, No 8, 2016, pp983-992.

Does parental monitoring and disapproval explain variations in alcohol use among adolescents from different countries of birth?

An Australian study investigated the extent to which parental monitoring and parental disapproval of alcohol use account for the association between country of birth and adolescent alcohol use.

The study sample consisted of 10,273 adolescents from grades 7 (Mean age = 12.5 years), 9 (14.5 years) and 11 (16.4 years) in Victoria, Australia. Participants completed a questionnaire during class time. Mediation analyses were performed to examine the extent to which parental monitoring and parental disapproval of alcohol use accounted for variations in past 30 day alcohol use between Australian-born and immigrant adolescents.

Alcohol use in the past 30 days ranged from 8.0% to 44.4% for participants from different countries/regions of birth. Those born in Asia (odds ratio 0.20-0.51, $P < 0.05$) and Africa (odds ratio 0.45, $P < 0.01$) were much less likely to have consumed alcohol

compared to those born in Australia. Adolescents from these two regions (except for Western Asia) reported higher levels of parental monitoring and parental disapproval of alcohol use ($P < 0.05$). Higher levels of parental monitoring and parental disapproval of alcohol use partially mediated the association between birth place and alcohol use ($P < 0.05$).

There were large variations in alcohol use between Australian-born and immigrant adolescents from different countries/regions, the authors note. Adolescents from Asia or Africa were much less likely to consume alcohol, and this protective effect was partially accounted for by parental monitoring and disapproval of alcohol use.

Source: Does parental monitoring and disapproval explain variations in alcohol use among adolescents from different countries of birth? Chan GC; Kelly AB; Connor JP; Hall WD; Young RM; Williams JW. *Drug and Alcohol Review*, published early online 24 May 2016.

An evaluation of alcohol retailers' willingness to voluntarily reduce the availability of low cost, high strength beers and ciders in the UK

Reducing the Strength is an increasingly popular intervention in the UK in which local authorities ask retailers to stop selling 'super-strength' beers and ciders. A paper published in *BMC Public Health* examined whether and why retailers choose or refuse to self-impose restrictions on alcohol sales in this way.

A mixed method study of retailers' participation in the Reducing the Strength scheme assessed compliance rates and the cheapest available unit of alcohol at each store in two London (UK) local authorities. In addition, qualitative interviews with 39 retailer managers and staff explored attitudes towards the intervention and perceptions of its impacts

Shops selling super-strength alcohol across both areas fell from 78 to 25 (18% of all off-licences). The median price of the cheapest unit of alcohol available across all retailers increased from £0.29 to £0.33 and in shops that participated in Reducing the Strength it rose from £0.33 to £0.43. The project received a mixed response from retailers. Reasons given for participating in the scheme included the prospect of deterring disruptive customers, reducing

neighbourhood disruptions and maintaining a good relationship with the local authority. Both Reducing the Strength participants and non-participants expressed concern at the possibility of a negative financial impact due to customers shopping elsewhere for super-strength alcohol and that by customers circumventing the intervention, its effectiveness would be limited. It was also considered that a larger scale compulsory approach would be more effective.

The authors state that Reducing the Strength can achieve high rates of voluntary compliance, reduce the availability of super-strength and raise the price of the cheapest available unit of alcohol in participating shops. Questions remain over the extent to which voluntary interventions of this type can achieve wider social or health goals if non-participating shops attract customers from those who participate.

Source: Reducing the Strength: a mixed methods evaluation of alcohol retailers' willingness to voluntarily reduce the availability of low cost, high strength beers and ciders in two UK local authorities. C Sumpter, E McGill, E Dickie, E Champo, E Romeri and M Egan. *BMC Public Health*, BMC series: 26 May 2016.

France's Évin Law on the control of alcohol advertising: content, effectiveness and limitations

A study aimed to assess the effectiveness of the 2015 version of the French Évin Law that was implemented in 1991 with the objective of protecting young people from alcohol advertising.

Questions measuring exposure and receptivity to alcohol ads that were introduced for the first time in the 2015 European School Survey Project on Alcohol and Other Drugs provided the study data.

A representative sample of 6,642 tenth to twelfth grade students (mean age 17.3) were interviewed in 198 schools in France by a self administered questionnaire. Information was collected on alcohol advertising exposure in different media (outside billboards, Internet, etc.) and receptivity to recent ads (attractiveness, incentive to drink, etc.).

The study found that the majority of students declared that they had been exposed at least once

a month to alcohol ads in supermarkets (73.2%), in movies (66.1%), magazines and newspapers (59.1%), on billboards in streets (54.5%), and on the Internet (54.1%).

Concerning the last recalled ads, 27.8% remembered the beverage type, 18.2% the brand, 13% felt like having a drink after having seen the ad and 19.6% found the ad attractive. Boys ranked significantly higher than girls for all these indicators.

The 2015 version of the French Évin law does not appear effectively to protect young people from exposure to alcohol advertising in France

Source: France's Évin Law on the control of alcohol advertising: content, effectiveness and limitations, Gallopel Morvan K; Spilka S; Mutatayi C; Rigaud A; Lecas F, *Addiction*, article early online 18 May 2016.

International trends in alcohol and drug use among vehicle drivers

Trends in the use of alcohol and drugs among motor vehicle drivers in Australia, Brazil, Norway, Spain, and the United States were reviewed in a study published in the *Journal Forensic Science Review*. Laws, regulations, enforcement, and studies on alcohol and drugs based on biological samples from motor vehicle drivers in general road traffic and fatal road traffic crashes (RTCs) are discussed.

Roadside surveys showed a reduction of drunk driving over time in the studied countries; however, the pattern varied within and between different countries. The reduction of alcohol use may be related to changes in road traffic laws, public information campaigns, and enforcement, including implementation of random breath testing or sobriety checkpoints.

For non-alcohol drugs, the trend in general road traffic is an increase in use. However, drugs were not included in older studies; it is therefore impossible to assess the trends over longer time periods. Data from the studied countries, except Brazil, have shown a significant decrease in fatal RTCs per 100,000 inhabitants over the last decades; from 18.6 to 4.9 in

Australia, 14.5 to 2.9 in Norway, 11.1 to 3.6 in Spain, and 19.3 to 10.3 in the United States. The number of alcohol-related fatal RTCs also decreased during the same time period.

The proportion of fatal RTCs related to non-alcohol drugs increased, particularly for cannabis and stimulants. The authors find that a challenge when comparing alcohol and drug findings in biological samples from several countries is connected to differences in study design, particularly the time period for performing roadside surveys, biological matrix types, drugs included in the analytical programme, and the cutoff limits used for evaluation of results. For RTC fatalities, the cases included are based on the police requests for legal autopsy or drug testing, which may introduce a significant selection bias. General comparisons between high-income countries and low- and middle-income countries as well as a discussion of possible future trends are included in the paper.

Source: International trends in alcohol and drug use among vehicle drivers, Christophersen AS; Morland J; Stewart K; Gjerde H, *Forensic Science Review*, Vol 28, No 1, 2016, pp37-66.

Attitude, motivation, and norm variables tended to be more important than personality in distinguishing drinker types

A study scrutinised the longitudinal classification of three drinker types using male ($n = 155$) and female ($n = 351$) college students. Measures of personality (sensation seeking, extraversion, agreeableness, conscientiousness, neuroticism, and openness), alcohol attitudes, alcohol motivations (social, coping, enhancement, and conformity), and alcohol social norms (typical students, friends, closest friends, and parents) were administered at the start of the study. Drinker type (nondrinkers, moderate drinkers, or binge drinkers) was assessed one month later.

Analyses revealed that the set of measures statistically distinguished among the three drinker types (nondrinkers, moderate drinkers, or binge drinkers). The first function was significant and yielded high loadings for social motives, enhancement motives, coping motives, closest friend norms, and friend norms for both genders. Model classification accuracy was 73% for the male and 67% female samples.

Multivariate analysis of variance (MANOVA) compared mean differences in a 2 (gender: males or females)

$\times 3$ (drinker type: nondrinkers, moderate drinkers, or binge drinkers) design. Measures systematically differing across all pairwise comparisons of the three drinker types, starting from the strongest effect (eta-squared), were as follows: alcohol attitudes, social motives, enhancement motives, closest friend norms, friend norms, coping motives, sensation seeking, and extraversion.

Attitude, motivation, and norm variables tended to be more important than personality in distinguishing drinker types, the authors find. Considering the malleability of attitudes and belief motivations, the risk variables of alcohol attitudes, social motives, and enhancement motives identified in this research warrant consideration in prevention and campaign efforts targeting problematic drinking, they conclude.

Source: Alcohol attitudes, motives, norms, and personality traits longitudinally classify nondrinkers, moderate drinkers, and binge drinkers using discriminant function analysis. Lac A; Donaldson CD, *Addictive Behaviors*, accepted article early online 10 May 2016.

What do preschoolers know about alcohol?

Authors of a study published in the journal *Addictive Behaviors* state that while much is known about alcohol use in adolescence and beyond, factors leading to such behaviours are rooted much earlier in life. To investigate what preschoolers (aged three to six) know about alcohol and adult alcohol use, researchers developed an electronic version (eABT) of the Appropriate Beverage Task (Zucker, Kincaid, Fitzgerald, & Bingham, 1995). Drawings of adults and children in 11 everyday scenarios and 12 photos of different beverages were shown on a touchscreen computer to 301 three- to six-year-olds (49.5% girls) from 37 preschools and seven nurseries in French-speaking Switzerland.

First, the children assigned a beverage to each individual in each drawing, and then were asked if the beverage contained alcohol and if they knew its name. The results revealed that 68.1% correctly

classified beer, white wine, red wine and champagne as alcoholic beverages, while 46.4% knew the drinks by name, compared to 83.2% and 73.1% for nonalcoholic beverages. Alcoholic beverages were assigned more often to men (42.2%) than to women (28.7%) or to children (12.7%), and more often to adults at a party (39.4%) than to those playing outdoors (34.7%).

In conclusion, children as young as three often have some beverage-specific knowledge. From the age of four onwards, they begin to know that alcoholic beverages contain alcohol. Children aged six and over tend to have some knowledge of adult drinking norms, i.e. who is drinking and in what circumstances.

Source: What do preschoolers know about alcohol? Evidence from the electronic Appropriate Beverage Task (eABT), Kuntsche E; Le Mevel L; Zucker RA, *Addictive Behaviors*, Vol 61, 2016, pp47-52.

The Drink Wise, Age Well Inquiry

Drink Wise, Age Well partnership published their first State of the Nation Report in January 2016. The report found that in the over 50s population there was often a complex relationship between alcohol, employment and retirement. The programmes theme for 2016 is Employment, unemployment and retirement, and in June, an Inquiry session was held on each of these three areas. Expert witnesses were invited to share their expertise and experiences, and an invited audience were able to ask questions to any of the speakers. The findings from the three Inquiry sessions will inform the next State of the Nation Report, published later in the year.

Inquiry 1: Alcohol and over 50s out of work and seeking employment

There was a general consensus that the over 50s population faced specific challenges when seeking employment, which are only exacerbated if they drink heavily. These specific challenges included attitudes from some employers who see no value in hiring older workers, and out of date skills, which means that over 50s often do not have the necessary skill sets to find other work. The speakers also highlighted the disproportionately high number of ex-servicemen struggling with both employment and alcohol problems and how long-term drinking habits and long-term unemployment can lead to social isolation and low feelings of self-worth, which exacerbate both issues.

Inquiry 2: Alcohol and over 50s currently in employment

This Inquiry addressed the challenges faced by over 50s at risk from alcohol-related harm who were in employment. The Inquiry heard from a range of individuals including an ex-service user who spoke of his relationship between alcohol and work who cited employment as the single most important factor in his recovery. Those at risk from alcohol related harm may also have significant barriers to finding work, including criminal convictions and a poor credit history. The Inquiry also raised further points:

- There is a significant trend of high levels of alcohol consumption amongst professional women over 50, from higher socio-economic backgrounds.

- Employees over 50 are often in managerial positions, which can increase work-related stress.
- Whilst cultures of heavy alcohol consumption during work have largely decreased in recent years, there remain many sectors, particularly professional sectors, where excessive alcohol consumption is 'part of the job'.
- Whilst many large global companies have good workplace health programmes, many SMEs do not, often due to limited resources.

Inquiry 3: Alcohol and over 50s transitioning to, or currently in, retirement

Retirement is one of the most significant life transitions a person goes through, and the role alcohol can have in retirement is important. The Inquiry heard the findings of a recent qualitative study which looked at alcohol use during retirement. It was highlighted that most people in the study drank moderate amounts of alcohol, and it can often play a positive social role in retirement. People at a higher risk from alcohol related harm can often have a complex relationship with alcohol, and strategies to reduce harm must be similarly nuanced.

Further points raised from the speakers included:

- For retired people who are drinking harmfully or recovering, volunteering can play a positive role in keeping busy and giving structure to the day.
- Certain groups of retired people who are at risk from alcohol-related harm are particularly hard to reach, including older South Asian men and older LGBT people.
- Alcohol is often used as a respite for older retired carers.

The International Longevity Centre are inviting submissions of written evidence for all of the three key areas; the deadline for submissions is Friday, 1st July 2016.

www.ilcuk.org.uk/index.php/news/news_posts/ilc_uk_update_june_2016

Older people's drinking needs to be recognised and not stigmatised

A recent report produced by the Glasgow Centre for Population Health highlights the nature of drinking amongst older adults. The research explores the range of factors that affect drinking in later life and suggests new ways of addressing harmful alcohol use amongst older people. Key findings include:

Moderate drinking amongst retired people can contribute to their engagement with 'active' and 'healthy' ageing. For this reason, alcohol need not be viewed simply as a hurdle to health and wellbeing.

Retirement is one of many events in a person's life that can bring a change of routine, including routines and practices around alcohol. Processes and circumstances associated with ageing and retiring can present sudden broken routines that can be problematic in terms of periods of increased risk of social isolation and/or increased alcohol consumption, particularly for previous heavy drinkers.

Broken routines can be associated with retirement but also things like taking on a caring role, bereavement and loss of social networks.

The public health message that ageing brings increased risks associated with alcohol was being received by those in the sample and the report emphasises that healthy ageing policies can learn from the active contribution older people make in creating healthy routines, in identifying for themselves the risks associated with the life-stage in relation to alcohol and help support these adaptations.

The report concludes that services should ensure the issue of older people's drinking is not missed. Because the participants in the sample were not 'addiction' clients they would need to receive advice from other sources. However, the authors state, the needs of older people, particularly around ensuring social connections and interaction, are no different from adults more generally and care should be taken not to 'ghettoise' messages and services.

www.gcph.co.uk/publications/627_alcohol_use_across_retirement_a_qualitative_study_of_drinking_in_later_life

Irish government plans to introduce health information on alcohol labels

The Irish Government has insisted it will not back down on plans to put health warnings on alcohol products, despite 11 EU countries raising objections at EU level. Under the Public Health Alcohol Bill, all alcoholic drinks will carry warnings as well as total alcohol and calorie content.

The bill was approved last year and is currently at the second stage in the Seanad. The legislation also includes provisions to block the sale of cheap alcohol and to ban TV and radio adverts promoting the products before the 9pm watershed.

11 EU countries — Austria, Bulgaria, Czech Republic, France, Germany, Italy, Poland, Romania, Slovakia, Spain, and the Netherlands — have lodged objections to the Government's imminent public health alcohol bill saying that they are worried about its possible effect on trade into and out of Ireland.

Doctors groups including the Irish Medical Organisation and the Irish Hospital Consultants Association have repeatedly called for increased

legislative ways to highlight the dangers of alcohol amid growing concern about Ireland's binge drinking culture.

Fine Gael MEP Brian Hayes said the minority government is determined to continue with the new legislation. "Member states must be able to react to ongoing health concerns, which are particular to those member states, in a determined and coordinated way. Health concerns and a proper response to Ireland's binge drinking culture are best tackled at a local level, irrespective of internal market concerns... The commission issuing warning shots against Ireland on this issue denies the principle of subsidiarity and hampers public policy making in Ireland. It sets a dangerous precedent and must be opposed," he said.

UK requests for information on drink drive accidents

Andrew Jones Parliamentary Under-Secretary (Department for Transport) responded to a request for information on how many deaths were caused by drink driving in each region and constituent part of the UK in each of the last five years.

There were 1,330 fatalities from 2009 to 2013 in reported road accidents in Great Britain, in which at least one driver was over the drink drive limit. The Department does not collect this information for Northern Ireland therefore an overall figure for the United Kingdom is not available.

The estimated number of fatalities in reported drink drive accidents by Great Britain region for the years 2009 – 2013 are shown in the following table:

	2009	2010	2011	2012	2013
North East	10	10	10	10	20
North West	40	30	30	20	30
Yorkshire & the Humber	30	20	20	30	30
East Midlands	40	30	20	20	20
West Midlands	50	10	20	30	20
East	30	20	20	20	30
South East	50	50	40	30	30
London	20	10	10	10	20
South West	50	30	30	30	30
England	320	200	200	210	210
Wales	30	10	10	10	20
Scotland	30	20	20	10	20
Total	380	240	240	230	240

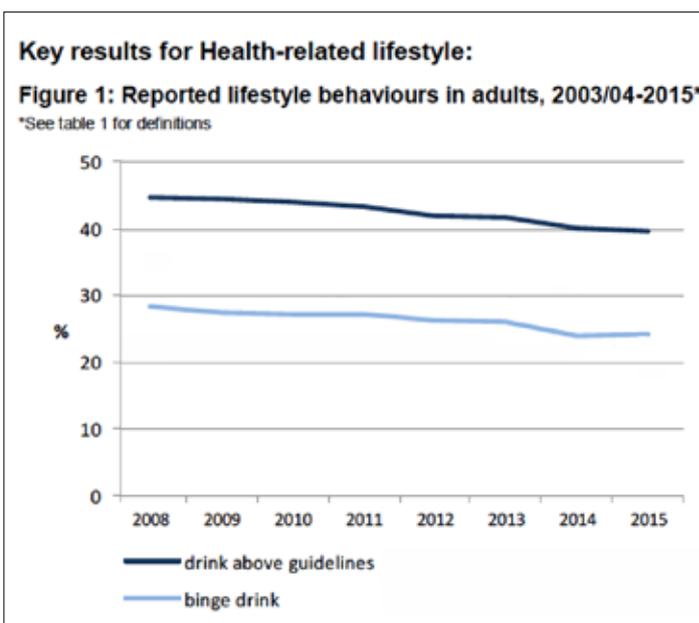
Welsh Health Survey 2015: Initial headline results

The Welsh Health Survey (WHS) provides unique information about the health and health-related lifestyle of people living in Wales. It covers a range of health-related issues including health status, lifestyle and health behaviours, and use of health services. A statistical release published June 1st contains some initial headline results from the 2015 Welsh Health Survey.

For binge drinking and drinking above guidelines, there has been a steady decrease since 2008, when records started. Men are still more likely to binge drink (30%) and drink over guidelines (45%) than women (19% and 34% respectively).

More detailed data will be published throughout the year in statistical bulletins and online tables.

gov.wales/statistics-and-research.



First conviction for selling below the ‘minimum price’

On 19 May 2016 a shopkeeper was found guilty at Gateshead Magistrates’ Court on four charges relating to the sale of ‘Kommissar Vodka’, which he was selling at less than the cost of the duty and VAT payable on it. The minimum legal price for a bottle of 37.5% ABV vodka should be £8.89 but the vodka was being sold for £7.99.

Mandatory conditions on premises licences making it an offence to sell any product at less than this minimum price were introduced in February 2014 to tackle the worst examples of sales of cheap alcohol.

The store owner was fined a total of £3,200, ordered to pay costs of £1,331 and required to pay a victim surcharge of £120. The vodka seized by Trading Standards officers was ordered to be destroyed.

Alcohol Education Trust launches On-line Learning Zone



On Friday 10th June, Oliver Letwin, Cabinet Minister with responsibility for The Cabinet Office and West Dorset MP, launched the new Alcohol

Education Trust On-line Learning Zone www.talkaboutalcohol.com at The Isle of Portland Aldridge Academy (IPACA) 6th Form Samsung digital classroom.

The www.talkaboutalcohol.com on-line learning zone is aimed primarily at Year 9 but has varying levels of activities suitable for Years 7 to 10 and is designed to appeal to young people in its look and feel. It is firmly based in science and has taken over a year to write, create and bring to fruition.

Helena Conibear, Director of the Trust commented 'This is not just a website. www.talkaboutalcohol.com is a learning zone based in the science of on-line gaming. Through research at Bangor University showing that gaming can improve healthy choices, and social norms research at Bournemouth University, we have built games and activities in partnership that are interactive and fun, but are designed to help young people make healthy choices. What appear to be light-hearted games on the site encourage children to think about healthy choices in a fun an interactive way.

More than 200 young people trialled the site in the pilot stage. Comments from Year 9 pupils include "It is very colourful and because of this it attracts me to the information.. I love the quizzes" and "It is useful and very informative. I like it that there are lots of questions and games to get you involved".

The complex project cost £30,000 to complete from concept to launch. Games have been developed for the site by Bangor and Bournemouth Universities and the site developers Wellbeing People have been excellent partners.

The development of the interactive and fun Learning Zone complements the highly evaluated Talk About Alcohol 100 page workbook of over 30 lessons and activities developed for teachers and community leaders to use with 11-18 year olds which is fully supported on-line with films and resources via www.alcoholeducationtrust.org.



Xiamen opens first anti-counterfeit programme

The Xiamen Municipal Bureau of Commerce has launched a new QR code platform that will allow consumers to scan QR codes on beverage alcohol packaging to determine whether or not they are counterfeit. According to Xiamen Net, scanning a code using social messaging tool Wechat will direct consumers to a specific page on the bureau's website featuring information on the scanned product. Consumers will be able to use this information to determine whether or not the product is counterfeit, allowing both increased consumer safety and more feedback from consumers that discover discrepancies.

Minimum price hearing at Court of Session in Scotland

A legal challenge to the Scottish Government's plan for a minimum alcohol price returned to Scotland's highest civil court in June.

Judges at the Court of Session in Edinburgh heard further evidence after seeking the opinion of the European Court of Justice (ECJ) in Luxembourg on legislation to introduce a minimum unit price of 50p in Scotland. The ECJ said it would be for the Court of Session to make a final decision after determining whether or not any alternative measure could equal the stated public health benefit while being less restrictive of trade. A further hearing in the Inner House of the Scottish Court of Session has been scheduled for 7th & 8th July at the request of industry.

Drinkaware.ie launches a new campaign aimed at parents

According to independent survey in Ireland carried out by Behaviour & Attitudes, 53% of Irish parents stated that they believe it is acceptable for their children to drink alcohol at home and only 1 in ten parents obtain the facts about alcohol and the dangers of underage drinking before talking to their children.

Drinkaware.ie has responded to provide support, facts and advice to encourage parents to start a conversation about alcohol with their children. They have developed a parents' hub at www.drinkaware.ie/parents, with a range of age-appropriate information and resources to help parents initiate and guide the conversation. The campaign aims to delay the age at which the 'first drink' is taken and, where alcohol is consumed by a young person, to reduce the volume of alcohol consumed.

Launching the campaign and booklet, *Your Children and Alcohol*, Ms Niamh Gallagher, Chief Executive, Drinkaware said that as the main influence in their children's lives, parents have a unique role to play in delaying the age at which alcohol is introduced.

"As a parent, it's important to understand all the facts, so that children are aware of the risks associated with drinking alcohol from a young age. There is little consensus among parents on the age at which to have this talk and what information it should contain.

But it needs to happen and like all conversations of this nature, it shouldn't be a one-off. Don't wait for an incident to happen; talk to your children early on and as often as possible."

Ms Clare Crowley Collier Psychotherapist and Life Skills Facilitator at Family Matters, said that the materials developed by Drinkaware provide the correct support and useful facts for parents to confidently have a conversation with their children about drinking alcohol.

"Developing a strong, respectful and trusting relationship with your children can positively change their behaviours when it comes to important issues such as alcohol," she said.

www.drinkaware.ie/parents



18th meeting of the EU Committee on National Alcohol Policy and Action

Presentations from the last committee on National Alcohol Policy and Action held in Luxembourg, 7-8 June 2016 are available to view. They include the following:

Joint Action on Reducing Alcohol Related Harm (RARHA) - Patrícia Pissarra, SICAD, Portugal

Towards a possible new Joint Action - Manuel Cardoso, SICAD, Portugal

New AVMSD proposal and audiovisual commercial communications for alcoholic beverages -Victoria Le Roy, European Commission, Communications Networks, Content and Technology

Present and potential perspectives for information on alcohol use in the EU - Julian Vicente, European Commission, European Monitoring Centre for Drugs and Drug Addiction (EMCDDA)

Report of the Health Behaviour in School-aged Children (HBSC Survey) - Imke Seifert and Lars Moller, WHO Regional Office for Europe

Developments in alcohol policy in Estonia 2015 and 2016 - Triinu Täht, Ministry of Social Affairs of Estonia

Public Health (Alcohol) Bill 2015 Update - Helen O'Brien, Department of Health of Ireland

Austrian strategy for the prevention of addiction - Andreas Weinseiss, Federal Ministry of Health of Austria.

ec.europa.eu/health/alcohol/events/ev_20160607_en.htm

The end of fake ID? Alternative electronic checks to stop underage sales

The days of using fake ID to buy alcohol and cigarettes could be coming to an end if Britain's retailers adopt new technology which checks people's age in real-time.

A national "electronic token" system could eliminate the need for adults to carry passports and driving licenses to prove their age within a year, as retailers will instead verify it with their bank or a credit agency when they pay.

The firm that designed the system, Trust Elevate, say it will be rolled out on-line and at self-service check-outs first but could also be used in pubs and clubs, meaning bar staff would no longer have to ask to inspect physical ID. The new technology was discussed at a conference hosted by the British Retail Consortium, a trade body that represents large shops.

David Wilson, head of public affairs at the British Beer and Pub Association, said: "Anything that makes age verification at point of sale easier will help retailers to be responsible when selling alcohol. We are not very keen on the idea of young people taking their passports out with them, and this could help eradicate the need for them to do so."

GPs disagree with Chief Medical Officers' statement that there is no safe level of alcohol consumption

The majority of GPs disagree with the Chief Medical Officers' statement that there is no safe level of alcohol consumption, according to research undertaken on behalf of CAMRA, the Campaign for Real Ale.

A recent poll conducted by medeConnect showed that 60% of the GPs surveyed disagreed with the statement that there is no safe level of alcohol consumption. It also found that 63% of the GPs considered that moderate alcohol consumption can be part of a healthy lifestyle.

CAMRA's National Chairman, Colin Valentine said: "We made the observation when the new guidelines were published that the Chief Medical Officers had ignored evidence which showed that moderate drinking can have a beneficial effect".

CAMRA are calling on the Department of Health to launch a full public consultation into whether the new alcohol health guidelines are fit for purpose and adequately supported by evidence.

www.camra.org.uk

Unit and calorie information introduced on wine and diet in www.wineinmoderation.com website

Wine in Moderation has updated the programme's central website with a new section featuring relevant, science based information on wine and a balanced diet. The new section provides consumers with information on calories, drinking units and sugar in wine. This information is available in six languages.

"It is important to put this information in context" says George Sandeman, President of the WiM Association, "because it is not just about calories but mainly about a good and balanced diet, it is about exercise and most importantly it is about helping consumers make responsible choices compatible with a healthy lifestyle".

www.wineinmoderation.eu/en/content/Wine-Diet.82/



Revision of the EU audio visual media services directive (AVMSD)

On the 25th of May, the European Commission adopted a new legislative proposal amending the AVMSD. Regulation of commercial communication as well as protection of minors are elements of the directive, and therefore the AVMSD is highly important when discussing exposure of alcohol advertisement, especially to young people.

The new proposal recommends continuing a self-regulatory policy approach to marketing of alcoholic beverages.

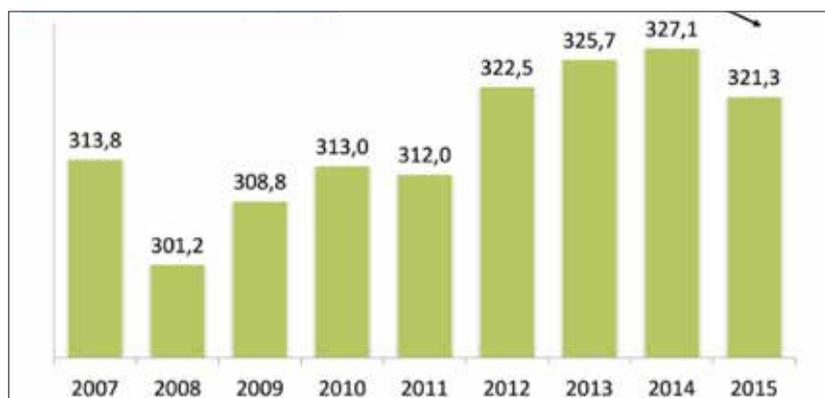
The AVMSD will now be sent to the European Parliament and to the Council for further discussion.

Barometer 2016 - French household budget for the purchase of alcoholic beverages declines

The Barometer of alcoholic beverage consumption in France reveals for the first time in five years, a decline in the annual budget of French households for the purchase of alcoholic beverages. Other indicators remain on a downward trend as in previous years, for both the volume and frequency of purchase.

"The decline in the annual budget for alcoholic beverages as part of consumer spend is a new phenomenon," says Alexis Capitant, CEO, Avec Moderation! *"Until now, there was a decrease in purchased volumes but an increased budget, indicative of a move upmarket. This phenomenon still exists since the price of the average basket is stable, but purchases are less frequent and the annual budget is down."* he commented.

The purchasing behaviour of households was analysed by Kantar Worldpanel research company



from a representative panel of 12,000 French households. It shows that the annual budget for purchases of alcoholic beverages amounted to € 321.3 in 2015, € 6 less than in 2014. While almost all households (96%) buy alcoholic drinks, data from the Barometer shows a steady decline in the number of litres purchased (nearly 10 litre decline since 2007).

Consumption in cafes, bars, restaurants is followed by the NPD Group CREST panel consisting of a representative sample of 14,000 people who respond each month to a questionnaire about their visits and their consumption. The attendance continues to decrease (-13% attendance between 2008 and 2015). The attacks in Paris in November 2015 have significantly accelerated this trend. The number of visitors ordering an alcoholic drink during their visit, stood at 45%.

The IFOP survey, conducted annually on the frequency of consumption, shows that 23% of French adults aged 18 and over consume alcohol less than once a week and the number of daily users continues to erode (8%); daily users are predominantly male (12% against 5% women) and older people (10% of 60-70 year against 3% of 18-25).

www.avecmoderation.org/media/documents/AM-Barometre%202016-VF.pdf

Pharmacists support the Mediterranean diet and moderate wine consumption as a source of health

FIVIN organised, a seminar "Mediterranean Diet, Wine and Health" at the College of Pharmacists of Barcelona on June 2nd in order to highlight the beneficial aspects of wine on health, through proven scientific evidence.

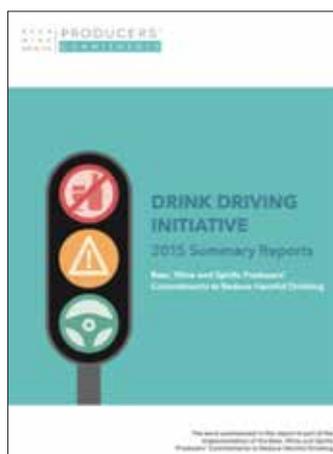
The responsible consumption of wine during meals is part of the Mediterranean diet, one of the most recognized and admired worldwide nutritional guidelines. FIVIN plans to organise a series of tastings at the headquarters of the College of Pharmacists of Barcelona to bring wine culture to its members and to expand their knowledge about the beneficial effects of wine and cava on health, with the aim of increasing commitment among pharmacists to

defend and promote the Mediterranean diet and moderate consumption of wine.

At the event, the European programme "Wine in Moderation", managed in Spain by FIVIN and Spanish Wine Federation was unveiled; a programme that promotes responsible consumption of wine as a socio / cultural norm to prevent and reduce abuse and collateral damage related to alcohol consumption.



IARD Drink Drive summary report



The International Alliance for Responsible Drinking (IARD) has released The Drink Driving Initiative 2015 Summary Reports on May 24, 2016 highlighting the progress of the leading global beer, wine and spirits producers' collective commitment on reducing drink driving.

The reports outlines the achievements over the last six years. A series of successful pilot programmes that aimed to reduce drink driving were launched in China, Colombia, Mexico, Nigeria, Russia, and Vietnam. IARD, as Secretariat to the Commitments, has begun transitioning these into locally funded programmes and, in 2015, expanded its efforts with local stakeholders to reduce alcohol-related road traffic crashes in four new countries: Cambodia, Dominican Republic, Namibia, and South Africa.

The initiatives were undertaken in partnership with local government, police, NGOs, and other stakeholders.

The success of these programmes reflect the Commitments' goal to reduce drink driving, and contribute to ambitious targets set by the UN Decade of Action for Road Safety, to decrease road traffic deaths and injuries by half by 2020.

IARD and its member companies understand that awareness alone may be insufficient and therefore support an evidence-based approach to preventing drink driving that includes establishing a maximum BAC limit, strengthening enforcement, implementing graduated licensing and zero tolerance policies, and supporting counselling, license suspension, and interlock devices.

www.producerscommitments.org/wpcontent/uploads/2016/05/DrinkDriveIntiativeSummaryReports.pdf

Mandatory reporting of DUIs to national database to be enforced

In the US it is currently 'required' for all States to report DUIs to the national crime database. However, some states don't report these infringements as penalties are not implemented. Therefore, someone can be convicted of DUI in one state but not have that on their record if charged again in another state.

In Washington DC, US Reps. Steve Cohen, D-Tennessee, and Steve Chabot, R-Ohio, introduced House Resolution 5258 on May 17. Known as the DUI Reporting Act of 2016, it mandates that DUIs be reported as part of a state's receiving funding under the Edward Byrne Memorial Justice Assistance Grant Programme.

Harrison County Prosecutor, Rachel Romano, who supports the mandatory reporting of DUIs commented: "If you're not participating and not turning in the DUI information, the feds will keep part of the funding states get from the 1968 Omnibus Crime Control and Safe Streets Act... This law would give states 90 days to fix the problem, but if they don't, they will only get 80 percent of the allocated funding. This could mean a lot of money to a state; it could mean thousands of dollars."

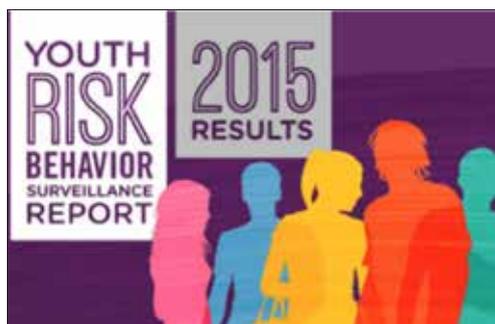
California Senate bill to require all DUI offenders to have interlock device installed

The California State Senate has passed draft legislation that would require all convicted drink driving offenders to install an alcohol interlock device in their vehicles. State Senator Jerry Hill and the California Senate Appropriations Committee recently approved SB 1046, which would expand the state's interlock device pilot programme from four to all 58 of the state's counties.

Offenders could have the devices installed in their vehicles for more than a year, depending on the severity of the offense.

The bill will now pass to the California State Assembly for consideration.

Youth Risk Behavior Surveillance System



The YRBSS was developed in 1990 to monitor priority health risk behaviors that contribute markedly to the leading causes of death, disability, and social problems among youth and adults in the United States. These behaviours, often established during childhood and early adolescence, include alcohol and other drug use.

The 2015 survey found that 63.2% of students had ever drunk alcohol. The prevalence was higher among female (65.3%) than male (61.4%) students; higher among black female (57.9%) and Hispanic female (68.6%) than black male (51.0%) and Hispanic male (63.4%) students, respectively; and higher among 9th-grade female (53.0%) than 9th-grade male (48.9%) students.

17.2% of students had drunk alcohol (other than a few sips) for the first time before age 13 years. The prevalence was higher among male (19.7%) than female (14.6%) students and was higher among black (18.0%) and Hispanic (21.3%) than white (14.5%) students.

From 1991–2015, a significant linear decrease occurred overall in the prevalence of having drunk alcohol for the first time before age 13 years (32.7%–17.2%). It did not change significantly during 1991–1999 (32.7%–32.2%) and then decreased during 1999–2015 (32.2%–17.2%). The prevalence of having drunk alcohol for the first time before age 13 years did not change significantly from 2013 (18.6%) to 2015 (17.2%).

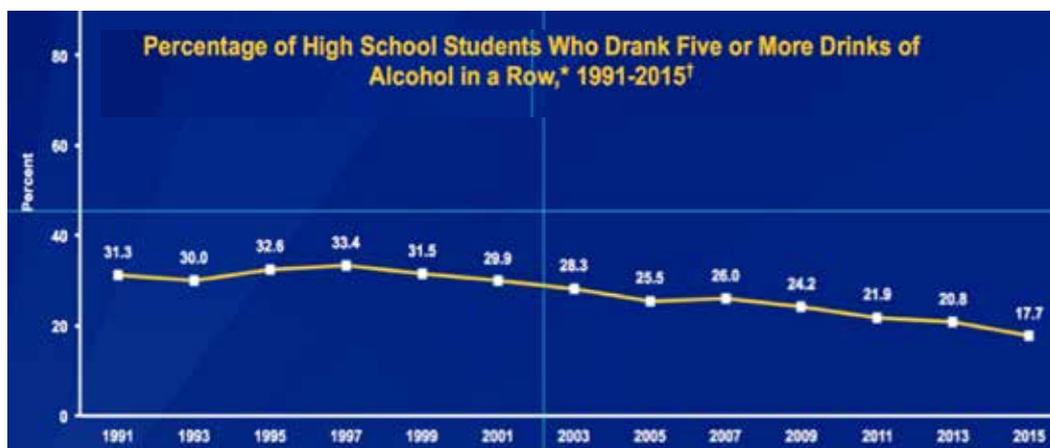
Across 36 states, the prevalence of having drunk alcohol for the first time

before age 13 years ranged from 10.6% to 24.5% (median: 15.7%). Across 19 large urban school districts, the prevalence ranged from 14.8% to 23.6% (median: 18.1%).

Nationwide, 32.8% of students had consumed at least one drink of alcohol on at least 1 day during the 30 days before the survey (i.e., current alcohol use). The prevalence of current alcohol use was higher among white (35.2%) and Hispanic (34.4%) than black (23.8%) students, higher among white female (35.3%) and Hispanic female (35.6%) than black female (25.9%) students, and higher among white male (35.2%) and Hispanic male (33.4%) than black male (22.1%) students.

Among the 32.8% of students nationwide who currently drank alcohol, 44.1% had usually obtained the alcohol they drank by someone giving it to them during the 30 days before the survey. The prevalence of usually obtaining the alcohol they drank by someone giving it to them was higher among female (48.5%) than male (39.9%) students; higher among white female (50.7%) and Hispanic female (45.9%) than white male (41.6%) and Hispanic male (36.5%) students, respectively.

4.3% of students reported that the largest number of drinks that they had consumed in a row (i.e., within a couple of hours) during the 30 days before the survey was 10 or more. The prevalence of drinking at these high levels was higher among male (6.1%) than female (2.5%) students; higher among white male (6.6%), black male (3.2%), and Hispanic male (6.5%) than white female (2.4%), black female (1.0%), and Hispanic female (3.6%) students, respectively.



During the 30 days before the survey, 20.0% of students nationwide had ridden in a car or other vehicle at least once with a driver who had been drinking alcohol. The prevalence was higher among Hispanic (26.2%) than white (17.7%) and black (21.1%) students.

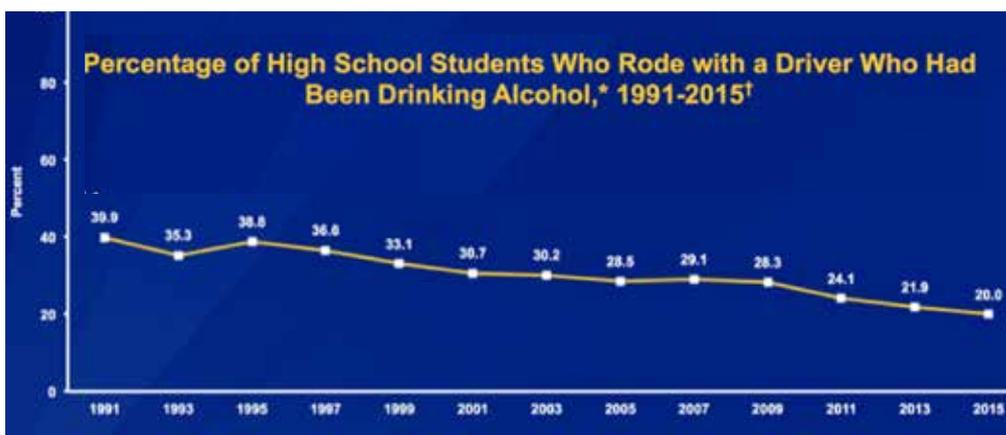
During 1991–2015, a significant linear decrease occurred overall in the prevalence of having ridden with a driver who had been drinking alcohol (39.9%–20.0%). The prevalence decreased during 1991–2009

(39.9%–28.3%) and then decreased more gradually from 2009–2015 (28.3%–20.0%). Across 33 states, the prevalence of having ridden with a driver who had been drinking alcohol ranged from 14.2% to 25.5% (median: 18.3%). Across 18 large urban school districts, the prevalence ranged from 13.4% to 31.6% (median: 22.0%).

Among the 61.4% of students nationwide who drove a car or other vehicle during the 30 days before the survey, 7.8% had driven when they had been drinking alcohol. The prevalence was higher among male (9.5%) than female (6.0%) students and decreased significantly overall from 2013 (10.0%) to 2015 (7.8%).

Across 35 states, the prevalence ranged from 4.3% to 10.9% (median: 7.1%).

www.cdc.gov/healthyouth/data/yrbs/index.htm



Agreement to modernise New York’s Alcoholic Beverage Control Law

Governor Cuomo and legislative leaders have agreed to modernise New York’s Alcoholic Beverage Control Law. The new legislation, sometimes referred to as the “brunch bill”, will allow Sunday sales of alcohol at restaurants and bars by changing the statewide opening hours from noon to 10 a.m.

Additionally, licensees will be able to apply for a permit, limited to twelve per year, to sell alcoholic beverages on Sundays between 8 a.m. and the new 10 a.m. opening hour in areas outside New York City.

Governor Cuomo says the new legislation builds on his administration’s efforts to overhaul the State’s blue laws, which he calls ‘archaic’.

IARD launches consumer information site ResponsibleDrinking.org in 7 additional languages

In support of the Producers’ Commitment IARD have developed and launched www.responsibledrinking.org, a website with information about key issues related to responsible drinking. The information is available in Chinese, Croatian, French, Japanese, Portuguese, Russian and Spanish.



The CBHSQ report - A day in the life of US college students aged 18 to 22

A report by Rachel N. Lipari and Beda Jean-Francois presents facts about substance use among US college students aged 18 to 22 using combined data from the 2011 to 2014 National Survey on Drug Use and Health.

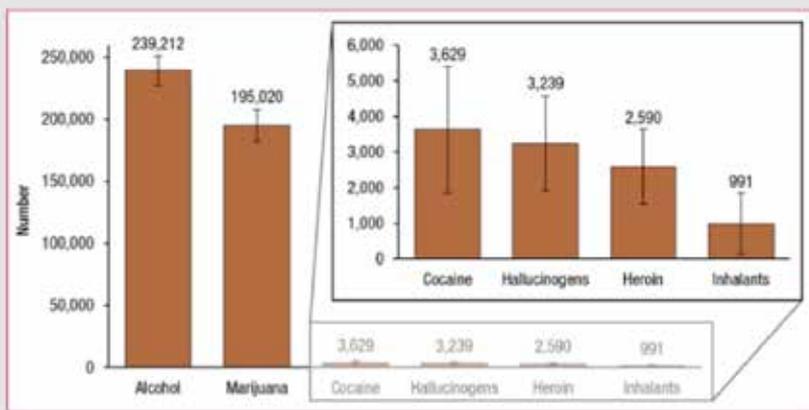
On an average day during the past year, 2,179 fulltime college students drank alcohol for the first time, and

1,326 used an illicit drug for the first time. 453 part time college students drank alcohol for the first time, and 174 used an illicit drug for the first time.

Of the 9.0 million full-time college students in the United States, 1.2 million drank alcohol, and 703,759 used marijuana.

Of the 2.0 million part-time college students in the United States, 239,212 drank alcohol, and 195,020 used marijuana.

Figure 4. Number of part-time college students aged 18 to 22 who used alcohol or illicit drugs on an average day



“The findings show that college is the time when a lot of young people initiate substance use, and alcohol and marijuana are the most frequently initiated substances,” said Dr. David Dean, behavioral research scientist at SAMHSA. “There is a great deal of development that is still occurring during this age, particularly neurophysiological development, that can be inhibited by substance abuse.”

www.samhsa.gov/data/sites/default/files/report_2361/ShortReport-2361.html

Wearable alcohol monitor wins an award

A San Francisco-based tech company has won a \$200,000 prize for its wearable alcohol monitor capable of detecting a person’s blood alcohol levels and alerting a user when they should stop drinking.

BACtrack, a medical device maker, won the cash prize in the National Institutes of Health Wearable Biosensor Challenge for its BACtrack Skyn wristband. The wearable device measures blood alcohol content (BAC) via sweat on the skin. It connects to a smartphone via bluetooth technology, allowing the user to track their alcohol intake, even alerting the user’s phone when they are drinking too much.

The Wearable Alcohol Biosensor Challenge was launched in March as way of encouraging discreet wearables that improve on the current approaches to measuring blood alcohol content (BAC). The challenge called for non-invasive wearable technology that could improve upon existing alcohol biosensor technology, such as breathalysers, used in the criminal justice system. An improved alcohol biosensor could be a valuable resource for the alcohol research community, decreasing reliance on participant self-report in scientific studies.

The purpose of the challenge was to help uncover alternative solutions. Traditional portable breath alcohol testers (PBTs) used by medical, law enforcement and transport officials are bulky, expensive and incapable of providing ongoing monitoring of alcohol levels.

However, the BACtrack Skyn device is not yet a suitable substitute for breathalyzers or blood tests, as it is not able to provide real-time blood-alcohol levels. It takes about 45 minutes for ethanol to be transmitted through the skin, with the BACtrack Skyn instead designed to provide a recent history of



Monitoring The Future National Survey Results on Drug Use 1975-2015

Monitoring the Future project has published a new volume, a 636 page monograph covering the 1975-2015 national trends in smoking, drinking, and illicit drug use among American secondary school students. It provides an in-depth analysis, covering subgroup differences, attitudes and beliefs about use.

The report highlights that after 1980, when illicit drug use was declining, *'the monthly prevalence of alcohol use among 12th graders also declined gradually, but substantially, from 72% in 1980 to 51% in 1992. Daily alcohol use declined by half over the same interval, from a peak of 6.9% in 1979 to 3.4% in 1992; the prevalence of drinking five or more drinks in a row during the prior two-week interval fell from 41% in 1983 to 28% in 1993—nearly a one-third decline.*

When illicit drug use rose again in the 1990s, alcohol use (particularly binge drinking) rose some as well—albeit not as sharply as marijuana use. In the late 1990s, as illicit drug use leveled in secondary schools and began a gradual decline, similar trends were observed for alcohol.

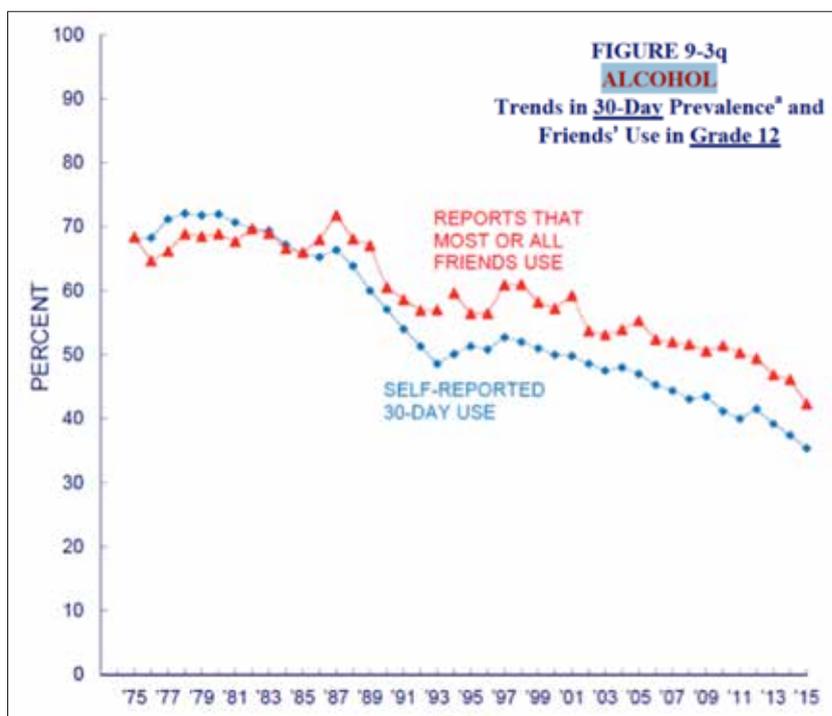
Therefore, long-term evidence indicates that alcohol use moves much more in concert with illicit drug use than counter to it. However, in recent years trends in alcohol and marijuana prevalence have begun to diverge somewhat. From 2007 through 2015 alcohol use continued its long term decline, reaching historic

lows in the life of the MTF study, including significant declines in binge drinking in 2015 for 10th and 12th grade students. During this time period annual marijuana use has stayed steady or increased some for school-aged students, while it has increased for the older age groups, including a significant increase in 2015 among young adults.'

Trends in alcohol use among college students are quite different than those for 12th graders or noncollege respondents of the same age as the college students. *'From 1980 to 1993, college students showed considerably less drop-off in monthly prevalence of alcohol use (82% to 70%) than did 12th graders (72% to 51%), and also less decline in occasions of heavy drinking (from 44% to 40%) than either 12th graders (41% to 28%) or their noncollege age-mates (41% to 34%). Because both the noncollege 19- to 22-year-olds and high school students were showing greater declines, the college students stood out as having maintained a high level of episodic heavy (or binge) drinking.*

Since 1993, this behavior has not changed a great deal among college students—their level of binge drinking in 2015 was 32%, down modestly from their 1993 (and 2008) level of 40%. The level among noncollege age-mates was 24% in 2015 (and 30% in 2012)—down from 34% in 1993. The 12th graders' level, after increasing to 32% in 1998, dropped to 25% by 2006 where it remained through 2009; it then declined to its lowest level recorded of 17% in 2015. College students continue to stand out as having a relatively high level of binge drinking, though at 32% it is still somewhat below where it was in 1993 and 2008.

College-bound 12th graders are consistently less likely than their noncollege-bound counterparts to report occasions of heavy drinking, yet the higher levels of such drinking among college students compared to noncollege peers indicate that these 12th graders catch up to and pass their peers in binge drinking after high school graduation. This differential change after high school is largely attributable to the fact that college students are more likely to leave the parental home and less likely to get married in the four years after high school graduation than their age mates.' An MTF journal article, part of the report, also shows that membership



in a fraternity or sorority is associated with a greater than average increase in heavy episodic drinking and marijuana use in college.

'Since 1980, college students have generally had levels of daily drinking that were slightly lower than their age peers, suggesting that they were more likely to confine their drinking to weekends, when they tend to drink a lot. The prevalence of daily drinking among the noncollege group fell from 8.3% in 1980 to 3.2% in 1994, rose to 5.8% by 2000, and dropped to 2.2% in 2015. Daily drinking by the college group also dropped in approximately the same time period, from 6.5% in 1980 to 3.0% in 1995, then increased to 5.0% in 2002; since then it has declined to 3.1% in 2015. By 2015 the two groups have similar levels of daily drinking, which is a change in a long-standing difference.'

There are substantial gender differences in the prevalence of having five or more drinks in a row: *'Among 12th graders, the levels of prevalence in 2015 are 15% for females versus 19% for males. This difference has generally been diminishing since MTF began; in 1975 there was a 23-percentage-point difference, versus a 4-point difference in 2015. The proportions indicating in 2015 that they have been drunk in the prior 30 days are somewhat higher at 20% and 21% for females and males, respectively.'*

www.monitoringthefuture.org/pubs/monographs/mtf-vol1_2015.pdf

The effect of alcohol on bargaining

In many cultures, especially in East Asia, it is common for business negotiations to be accompanied by drinking alcohol. Researchers at Nanyang Technological University in Singapore and Southwestern University of Finance and Economics in China, have tested the effects of a small quantity of beer (350ml) on participants' bargaining behaviour.

The study in the *Journal of Economic Behavior & Organisation* involved 114 people playing a bargaining game in pairs, some of them were given a cup of beer, others non-alcoholic beer (a placebo) and some juice. In each round, every player was allocated a sum of money between \$1 to \$10, known only to them. Each player and their partner then had to decide whether to participate with each other or not. If both parties agreed to join together then their initial endowments for that round would be summed and multiplied by 1.2 before being shared equally.

The participants could sometimes gain more money by collaborating. However, collaboration was not financially beneficial to individual participants on those rounds in which they had a large initial endowment but their collaborating partner had only a small endowment. Generally what happened is that players opted to collaborate on rounds in which they started out with a small endowment, but chose not to when they had a larger amount. Part of the game involved deducing from any collaboration

payouts and other clues how conservatively and individualistically their partner was playing, and responding as they felt appropriate.

Researchers found that more collaboration occurred when both participants in a pair had a drink of beer compared with juice (those who drank beer had an average blood alcohol concentration level of 0.0406). There was little evidence of a placebo effect, and other financial games and measures used in the study suggested the effects on collaboration were not due to any changes in risk aversion, mood or altruism. Instead, the researchers' analysis suggested that alcohol affected the way that players made inferences about their partner's negotiating stance based on their collaboration decisions and other clues. *"In settings in which skepticism can lead to a breakdown in negotiation, alcohol consumption can make people drop their guard for each others' actions, thus facilitating reaching an agreement,"* they explained.

The researchers said their results do suggest that *"consuming a mild to moderate amount of alcoholic drink in business meetings can potentially help smooth the negotiation process"*.

Source: Deal or no deal? The effect of alcohol drinking on bargaining. Pak Hung Au, Jipeng Zhang. *Journal of Economic Behavior & Organization*. Volume 127, July 2016, Pages 70–86.

Young people embrace text message reminders to help curb binge drinking in Australia

Public health researchers with Melbourne's Burnet Institute have been trialling the use of personalised mobile phone messages to help young Australians to curb their binge drinking. Lead researcher Cassandra Wright from Burnet's Centre for Population Health presented her pilot study findings at the Kettil Bruun Society annual conference in Stockholm, Sweden at the beginning of June to alcohol researchers from around the world.

As part of the study, young adults aged between 18 and 25 on a night out were asked to complete an hourly questionnaire tracking the drinks they consumed, spending and mood as part of a pilot research project.

Wright said there was a strong acceptance and uptake rate from participants. 90% of all of the surveys were filled in as requested giving a clear picture of young people's consumption.

Participants received personalised text messages such as:

"You said you'd only have 6 drinks tonight but you've already had 7... What's your game plan?"

"Don't forget you have work tomorrow at 8. Going to feel fresh?"

Many of the young study participants were surprised by the impact the text messages they received had on them, and thought the pilot research project was an "eye opener" with some admitting they had never tried to keep track of how much they consumed or whether they had reached their spending limit.

Wright commented, "There is a lot of evidence that shows that individualising messages about health makes them more effective, but this is the only study that's been able to collect alcohol-related data and use it to deliver messages tailored specifically to the context of where the participants are and what they're doing."

The success of the pilot project has prompted VicHealth and Gandel Philanthropy to support an expanded study involving 270 participants and more comprehensive testing and evaluation.

Ms Wright said if the next phase of the study is successful, there could be a bigger database with thousands of different messages that are applicable to different situations and different times of night.

Alcohol Available for Consumption in New Zealand: Year ended December 2015

In New Zealand the total volume of pure alcohol available for consumption, expressed in terms of the number of standard drinks per person, fell 4.1% in 2015, to the lowest level in the last 18 years.

Statistics New Zealand commented "New Zealanders aged 18 and over are now drinking on average the equivalent of two standard drinks per person per day, down from 2.1 in 2014."

The total volume of pure alcohol available for consumption in New Zealand fell 2.2% in 2015, after a 0.3% fall in 2014. In contrast, the total volume of alcoholic beverages available for consumption showed little change in 2015, as a decrease in total wine (down 3.3%) was offset by a rise in total spirits and spirit-based drinks (up 3%). The volume of beer available for consumption showed little change, down 0.1%.

"Although the volume of beer available was similar to that in 2014, low-strength beer was up on 2014,"

International statistics senior manager Jason Attewell said. "High-strength beer is also up, and has doubled in the last five years, reflecting the growing demand for craft beers." Wine decreased in volume in 2015. Wine from grapes was down on 2014, but wine from other fruits and vegetables (mostly cider) was up on 2014.

The fall in table wine available for consumption coincided with a rise in the value and quantity of wine exports from New Zealand, reflecting the larger proportion of locally produced wine exported.

Alcohol statistics are compiled from figures on alcoholic beverages produced for local consumption, on which duty is paid, and imports less re-exports. Alcohol statistics provide information on the volume of alcoholic beverages released to the market, and therefore available for consumption, rather than actual consumption.

www.stats.govt.nz

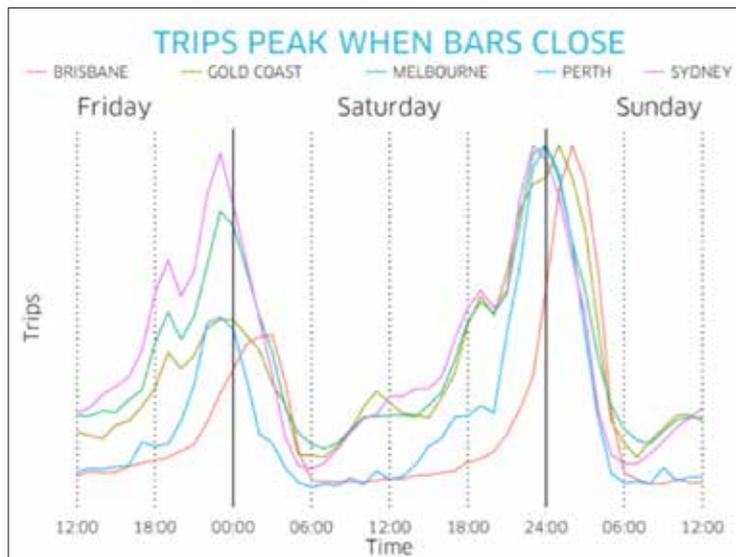
There are less drink driving fatalities in cities with Uber

Ridesharing is becoming increasingly popular as a way of getting home safely after a night out. In the last three months, over 200,000 Sydneysiders have used ridesharing to get home after a night out at the weekend.

According to the ridesharing site Uber, 'rush hour' for the service is late on a Friday or Saturday night when bars close. In fact, in Sydney a much higher

DrinkWise.

UBER



proportion of Uber trips on Friday and Saturday nights are requested within 25 metres of a licensed venue, than trips requested from elsewhere in the city. This trend is reflected in cities across the country. In light of this evidence, Uber is collaborating with DrinkWise Australia to raise awareness of responsible drinking and the importance of increasing access to reliable and affordable transport late at night in Australian cities

According to DrinkWise, in California, a Temple University study found cities where Uber operates have 3.6 to 5.6 % fewer drunk driving deaths than cities without access to ridesharing.

"Ridesharing plays an important role in ensuring people get home safely," said John Scott, CEO of DrinkWise Australia. *"It's reassuring to see patrons of Sydney's bars, clubs and restaurants are leaving their car keys at home and making responsible choices."*

Journalist Morley Safer, who highlighted red wine's potential health benefits, dies at 84

It is with great regret that we learn that Journalist Morley Safer, died at his Manhattan home aged at 84 on May 19, 2016.

Morley Safer was a voice for wine's health benefits who introduced America to the French Paradox; in 1991, Americans were exercising more than ever, yet heart disease remained the country's No. 1 cause of death. And yet, over in France, where cheese and wine were plentiful, the incidence of cardiovascular disease was relatively low. On Nov. 17 that year, Safer aired a report on this "French Paradox," highlighting research by a scientist at the University of Bordeaux, Serge Renaud.

Renaud observed that the fats consumed by the French were largely saturated fats rendered from animals, in the forms of butter and cheese, while vegetable oil accounted for a much higher percentage of the fats consumed by Americans. Additionally,

Renaud hypothesised, if there is a valid link between high-fat diets and heart disease, then something else in the French lifestyle must mitigate that risk, suggesting it was their high per-capita consumption of red wine.

While evidence of the possible health benefits of moderate alcohol consumption had been building for years, Safer's trusted reputation made Americans sit up and take notice. Just a few years earlier, America had witnessed a growing anti-alcohol movement. In 1992, sales of red wine in the U.S. rose 39%.

After Safer's French Paradox report, continued research around the world has found that moderate red wine consumption—aided by resveratrol, the antioxidant compound naturally found in grapes and wine—may improve heart, brain, liver and kidney health, and reduce risks of certain cancers, diabetes and many other disease of ageing.

AIM – Alcohol in Moderation was founded in 1991 as an independent not for profit organisation whose role is to communicate “The Responsible Drinking Message” and to summarise and log relevant research, legislation, policy and campaigns regarding alcohol, health, social and policy issues.

AIM Mission Statement

- To work internationally to disseminate accurate social, scientific and medical research concerning responsible and moderate drinking
- To strive to ensure that alcohol is consumed responsibly and in moderation
- To encourage informed and balanced debate on alcohol, health and social issues
- To communicate and publicise relevant medical and scientific research in a clear and concise format, contributed to by AIM’s Council of 20 Professors and Specialists
- To publish information via www.alcoholinmoderation.com on moderate drinking and health, social and policy issues – comprehensively indexed and fully searchable without charge
- To educate consumers on responsible drinking and related health issues via www.drinkingandyou.com and publications, based on national government guidelines enabling consumers to make informed choices regarding drinking
- To inform and educate those working in the beverage alcohol industry regarding the responsible production, marketing, sale and promotion of alcohol
- To distribute AIM Digest Online without charge to policy makers, legislators and researchers involved in alcohol issues
- To direct enquiries towards full, peer reviewed or referenced sources of information and statistics where possible
- To work with organisations, charities, companies and associations to create programmes, materials and policies built around the responsible consumption of alcohol.

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