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July saw the release of two new major reports in the UK - KPMG reported on their independent review of the effectiveness of the alcoholic drinks industry's Social Responsibility Standards in contributing to a reduction in alcohol-related harm in England.

A second report, commissioned by the UK Department of Health, 'Alcohol attributable Fractions for England', seeks to identify where alcohol consumption is responsible for a proportion of deaths from causes not wholly attributable to alcohol consumption - deaths

from breast cancer, haemorrhagic stroke, etc. - which are 'caused' by a number of factors.

In the last month figures have been released for alcohol related road fatalities in both the UK and the US showing a continuing downward trend.

We report on two new studies which confirm that moderate drinking does not raise the risk of either renal cell carcinoma or esophageal cancer and a paper suggesting that the public's understanding of the risks and benefits of moderate alcohol intake remains low.

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Botswana

In July, Botswana's new President, Ian Khama announced plans to introduce a new alcohol tax that would raise prices by 70%. The Government has however now deferred the decision on the 70% levy until September at the request of the Botswana Confederation of Commerce, Industry and Manpower (BOCCIM), who asked for an opportunity to make proposals on the problems of alcohol abuse in Botswana.

Botswana's government has also undertaken other initiatives such as appointing a task force to find ways of regulating shabeens - informal drinking bars - as well as traditional home brews. Recently the government introduced a limit in trading hours for retailers and bar-owners, limiting sales from 1900 to midnight (instead of all day) that will come into effect when existing licences expired. Bars and bottle stores are also banned from opening on Sundays and public holidays.

Poland

The Polish parliament is discussing possible changes to a bill designed to maintain sobriety and take action against alcoholism. The changes have been proposed by the Polish right-wing party PiS, which suggests that all alcoholic producers in Poland should have a duty to warn Polish consumers against dangers connected with alcohol drinking by placing special information on each bottle's label. PiS believes that the new rule will reduce the consumption of alcoholic drinks in Poland, especially amongst young people. Restrictions on alcoholic drinks advertising are also to be introduced.

Switzerland

The Swiss government is launching a nationwide alcohol misuse prevention campaign. Interior Minister Pascal Couchepin, whose role includes oversight of health policy, said, "The Cabinet has come out in favour of continuing efforts to implement existing rules and calls for close cooperation between cantons, local authorities and private organisations". The Cabinet intends to reduce the number of teenage binge drinkers by 10% in the next four years and the number of dependent people older than 50 years old by 5%.

Estonia

In Estonia, the parliament has passed a bill which limits the retail sale of alcohol across the country and proposes measures to prevent alcohol consumption by minors. Amendments to the Alcohol Act limit the retail sale of alcohol between 10am and 10pm and ban minors from being employed in jobs connected with the handling of alcohol.

The amendments are seen as the first step towards a comprehensive nationwide alcohol policy.

Netherlands

The Dutch alcohol prevention fund STAP has called on supermarkets to stop selling alcoholic energy drinks. It claims that they lead to increased consumption of alcohol and risky behaviour amongst teenagers, but the supermarket organisation Centraal Bureau Levensmiddelhandel emphasised that the drinks were legal, and should be sold in the same way as other legal drinks.

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KPMG findings on UK Social Responsibility Standards

KPMG LLP was appointed by the Secretary of State for the Home Office through the Alcohol Strategy Unit (ASU) to undertake an independent review of the effectiveness of the alcoholic drinks industry's Social Responsibility Standards in contributing to a reduction in alcohol-related harm in England. For this assignment, KPMG worked in partnership with Lancaster University.

The Social Responsibility Standards were launched in November 2005, by a group of sixteen trade associations in partnership with the government and other agencies. The document draws together existing industry good practice, advice and codes of conduct. The Standards provide a point of "ready reference" for local government officials, the police and trading standards illustrating what the industry has done to promote responsible drinking and allowing these other bodies to complement such work. The formation of the standards coincided with the implementation of the Licensing Act 2003. The KPMG report assesses whether they are effective and fit for purpose. The report analysed: 'To what extent are the Standards adhered to?' 'How can social responsibility be best secured across the alcohol industry?' and 'What is the impact of the Standards in contributing to a reduction in alcohol-related harm?'

The report identified "the excellent work done by many organisations, especially producers and their representatives to demonstrate the principles of self-regulation" but found that best practice standards are not consistently adopted and applied across the whole of the industry. KPMG therefore recommends that, in order to make unconforming premises and producers apply the standards, they should be reviewed and made mandatory. Their review of the industry's Social Responsibility Standards found that the work of the Portman Group was highly respected and had led to an improvement in standards of alcohol marketing.

The report concludes that currently the Standards are not being consistently adopted and applied across the whole of the alcohol industry – examples are still found of inducements for people to drink more and faster, allowing under-age people entry to restricted premises, and serving intoxicated people. The Standards are currently not able to reduce bad practice as 'they are a confusing mix of regulatory and voluntary provisions,

and they are not cross referenced to the Licensing Act'.

The reports recommendations are therefore:

- 1) Actions should enhance the partnership approach between the industry and non-industry stakeholders at both a national and local level
- 2) Any requirements placed on the industry should be nationally and locally enforceable in a consistent way, and capable of independent external monitoring
- 3) Any non-statutory requirements placed on industry should have clear links (where appropriate) to the legal framework for the industry
- 4) Any change to the Standards should encompass all parts of the industry and not be limited to signatory members
- 5) Any future initiative should seek to put consumers (and their peers or guardians) in a knowledgeable and hence influential position to support responsible drinking.

KPMG's preferred option 'is a model based on a local government led approach, but working to national standards and conditions laid down by central Government'.

How can responsibility best be secured across the alcohol industry?

It is the industry's belief that self-regulation can save money; well designed and well administered self-regulation tends to be less expensive to the public purse, and can be more responsive to the consumer and Government. Legislation is seen as cumbersome, bureaucratic, takes time to enact and is more expensive for Government. The view of all signatory organisations interviewed is that a sufficiently rigorous legal framework already exists, although there is concern that local authorities are not implementing it uniformly. There is a unanimous view that more legislation will not be supportive of fostering a sense of social responsibility.

There was a strong view that consistency in approach in the implementation of the Licensing Act 2003 by local authorities, and particularly the Police, is the most effective way of securing social responsibility across the industry. National companies point to the difficulties they have in making sure that they meet the individual

requirements of local licensing authorities. Some have imposed a mass of conditions on licences, where as others have imposed none.

Monitoring and review procedures by the individual authorities vary in the extreme. The off trade considered that they had been unfairly targeted for off-sales test purchases, whilst the on-trade testing was absent in many authorities.

National non-industry stakeholders

The overwhelming view of the non-industry stakeholders is that voluntary codes such as the Standards have very little force, because there is no enforcement code, there is no means of ensuring that a company will comply with them. It is considered that the most effective means of ensuring adherence to the Standards is to integrate them into existing rules or put regulations into Licensing Agreements.

The positive effects of Challenge 21 and the Drinkaware Trust website were acknowledged. In some authorities, none of the non-industry stakeholders were aware of the Standards before the consultations. However, many were pleased to see such documentation existed and recognised that the principles underpinning the Standards were used in their locality. All agreed with

the principles of socially responsible behaviour. The majority of local stakeholders agreed that aspects of the Social Responsibility Standards were put into practice in their area. The report finds examples of good socially responsible practice in all localities. Some retailers, both in the on- and off- trade, are keen to help improve localities through initiatives such as Best Bar None. The local Pubwatch varies in its effectiveness for driving socially responsible behaviour, but it was acknowledged that the on-trade has an advantage in that it has such an organisation.

Premises' staff and drinks manufacturers could do more by avoiding promotions and services that present products in such a way that might encourage drunkenness. The KPMG survey also found that at present, 43% of products did not have information regarding unit content and sensible drinking guidelines, and just 3% were following the proposed labelling scheme in its entirety.

The full report can be read on the Home Office's website:

<http://drugs.homeoffice.gov.uk/publication-search/alcohol/alcohol-industry-responsibility/>

Consumers enjoying week-round drinking

According to a new report by Datamonitor, consumers are increasing their visits to bars, cafes, restaurants and hotels during the week, engaging in more moderate weekround drinking and moving away from so-called weekend session drinking.

Despite the gloomy economic, and stiff competition from the off-trade sector, consumers are increasing their visits to on-trade establishments. Datamonitor's new report "Understanding Alcoholic Drinking Occasions: The On-Trade" suggests that the total number of on-trade occasions is showing modest growth in Europe, the US and Australia, and are forecast to increase at a CAGR 0.8%, 2.4% and 1.9%, respectively, between 2007 and 2012.

Meanwhile, volume sales of alcoholic beverages in the on-trade sector are also predicted to show growth in the US and Australia, at the slightly slower rates of 1.0% and 1.9%, respectively, between 2007 and 2012, while in Europe volume sales are expected to decrease by a marginal 0.1% during this period.

The statistics regarding on-trade drinking occasions and volume sales emphasise the current consumer approach, which involves more on-trade occasions, but the consumption of less alcohol per visit.

A switch to more mid-week drinking is a key driver behind the increase in on-trade visits.

"Alcoholic drinking occasions, in line with the moderation trend, are becoming more week-round," said Matthew Taylor, consumer markets analyst, and author of the report. "Midweek occasions in particular are becoming key to value generation in the market due to their increasing numbers and growing diversity."

Aging populations and time-scarcity are also major motivators in this shift, as well as the proliferation of female-friendly environments, which has not only widened the consumer base, but has encouraged more diverse occasions throughout the week.

For more information, visit <http://www.marketresearch.com/map/prod/1819259.html>

Alcohol attributable fractions for England

A detailed paper, commissioned by the UK Department of Health and carried out by Professor Mark Bellis and colleagues at the North West Public Health Observatory was released in July.

The authors make clear that there are limitations to the methods used to calculate alcohol attributable fractions (AAF's) - that is where alcohol consumption is responsible for a proportion of deaths from causes not wholly attributable to alcohol consumption - deaths from breast cancer, haemorrhagic stroke, etc. - which are 'caused' by a number of factors.

The calculations made by the report rely heavily on research carried out by Corrao and colleagues (2000 and 2004), and make clear that accuracy depends on the reported unit intake of the population and the availability and quality of the relative risk estimates reported in the epidemiological literature. 'There is, therefore, a degree of uncertainty surrounding the estimates presented'.

After careful analysis, we find the report analyses the adverse effects of excessive drinking among the young, and males specifically well, but its placing a burden of alcohol attributable fractions in females at levels of consumption at between 1-19g a day (with the exception of breast cancer) appears unsubstantiated, similarly, it fails to account for the protective effects of moderate consumption against the diseases of ageing that have been repeatedly demonstrated by a substantial body of evidence for men over 40 and post menopausal women, such as CHD, ischaemic stroke and late onset diabetes.

The authors believe that the English population underestimate their alcohol consumption - reported in the 2005 data drawn from the General Household Survey (GHS) to be an average weekly alcohol intake of 15.8 units for men and 6.5 units for women respectively (Goddard 2006). As, for the same year, estimates based on clearance data from the HMRC estimated that weekly alcohol consumption among adults was 21.9 units (HMRC 2007). The authors corrected data recorded by GHS to better reflect increases in the number of units in glasses of wine and stronger beers that have occurred in recent years; such changes now having been adopted nationally (Goddard 2007). The authors state that 'Our corrected data derived from the

GHS suggests that an average adult consumes around 15 units (8g) per week' - this average is well within the UK sensible daily drinking guidelines for both men and women.

The authors calculate that there were an estimated 14,982 deaths related to alcohol in 2005 in England. The alcohol attributable conditions - 11 fully attributed to alcohol and 42 where alcohol is believed to be a contributory factor - include malignant neoplasms of the liver and intrahepatic bile ducts, larynx, breast, colon, oesophagus, and rectum. They also imply that adult-onset diabetes, epilepsy, hypertensive diseases, ischaemic heart disease, cardiac arrhythmias, unspecified liver disease and pancreatitis may be associated with alcohol (even though most recent studies clearly show that moderate alcohol intake is associated with a considerable reduction in the risk of diabetes and ischemic heart disease).

AAFs were calculated with abstinence as the reference category in an attempt to determine both the risks and the benefits of alcohol consumption at all levels of consumption. The report estimates that men were more affected by their alcohol consumption than women; 4.4% of male deaths were attributable to alcohol, compared with 2.0% of female deaths.

Alcohol-attributable deaths varied markedly by age, as young people were disproportionately affected by their alcohol use (primarily associated with extreme drinking leading to accidents and assaults). For example, among 16-24 year old males, 26.6% of all deaths (that is approximately 500 a year in England) were estimated to be attributable, in some degree, alcohol consumption compared to 1.4% of all deaths among those aged 75 and over. For females aged 16-24, the estimate was that alcohol was associated with 14.7% of all deaths.

The calculations made for men, attributing most AAFs to consumption levels of 40g of alcohol per day and above, seem well founded. On the other hand, since the large majority of women consumed an average of less than 20 grams/day, the majority of deaths attributable to alcohol were necessarily in this lowest consumption group (as there were few women in the higher categories). Deaths among young women that were attributed (at least partly) to alcohol were intentional self-harm, road traffic accidents, and epilepsy. These

conditions, however, are related to acute excessive intake of alcohol, rather than 1-19g. On the other hand, for older women, breast cancer became a leading alcohol-attributable cause of death; data suggest that a slight increase in breast cancer may occur even at average levels of one drink per day for some women.

A key problem in using available data for providing meaningful estimates from such analyses for setting policy is that data are very limited on the 'pattern of drinking.' Hence, individuals reporting an average of 20 grams of alcohol per day may be consuming that amount regularly each day or consuming most of their 140 grams per week on one or two binges. The health effects are poles apart. While the lowest alcohol intake (1-19 g/day) in the present analyses showed some increase in the risk of certain diseases, Rehm et al have demonstrated (Ann. Epidemiol. 2007;17:S81–S86) that when binge drinkers are excluded from the list of 'moderate' drinkers, the increase in risk of total mortality essentially goes away, even for the young.

Excluding those over the age of 75 from the protective effects of moderation

The report accepts the findings of Corrao et al. (2000) where a meta-analysis of 28 high-quality studies finds the greatest protective effect of moderate alcohol consumption for men at an average of 20 g/day, with a significantly increased risk of death at about 89 g/day. In women, the largest protective effect appeared to occur at about 10 g/day, with significant evidence of harmful effects at 52 g/day.

The report then states: *'As described above, alcohol has been shown to potentially reduce the risk of ischaemic heart disease (IHD), ischaemic stroke, type II diabetes and cholelithiasis. Our original analyses showed that overall an estimated 8,838 deaths may have been prevented in England (5,030 in males and 3,808 in females; 2005). However, the vast majority of deaths prevented were from IHD occurred among individuals aged over 75 years.'*

Based primarily on one paper from Hawaii, the authors have chosen to exclude from their analyses the majority of coronary disease deaths potentially 'prevented' by alcohol drinking among subjects aged 75 and older. It states *'Studies that have examined how the risks of heart disease change with increasing age have noted that in*

general, relative risks for risk factors for IHD converge towards 1, and Abbott et al. (2002) found that there was no evidence for a protective effect of alcohol in men aged 75 years or older. Consequently, we excluded data on IHD deaths in males and females over 75 years old from our subsequent analyses. This resulted in the number of deaths prevented falling to 3,813 (0.8% of all deaths), comprising 2,084 deaths in men and 1,729 deaths in women'. The authors, therefore, discounted the potentially protective effect of alcohol on IHD for the first 74 years of life, which may have 'permitted' death to not occur until after age 75 for many subjects. Similarly, while the authors quote a 2001 article by Gutjahr et al to provide estimates for the association of alcohol with many conditions (including diabetes and cholelithiasis), they do not quote a later paper by him on the net effects of alcohol (Gutjahr & Gmel, Eur. J. Epidemiol. 2005;20:37-47) which concluded: 'Public health policies should not concentrate on the promotion of abstinence . . . Given its positive effect on overall mortality, clearly regular low-level drinking, not abstention, should be the objective of public health policy in many countries.'

Reports concluding remarks:

The report concludes: *'For ischaemic and haemorrhagic stroke, and unspecified liver cirrhosis the majority of alcohol-related deaths were attributable to consumption exceeding 40 g/day'* and then continues *'These findings suggest that there is a requirement for harm reduction strategies to target the general population, and not just high-risk drinkers'* - as, even with the reports adjusted consumption figures rising to 15 units a week (that is an average of 17g intake a day) it is surprising that this statement is made. Reference is then made to a single Finnish study by Poikolainen et al., 2007) which found that among men, 70% of alcohol-related hospital admissions and 64% of alcohol related deaths occurred in the 90% of light to moderate drinkers compared with the 10% of heavy drinkers. (The definition of 'light-to-moderate drinkers' varies markedly in different parts of the world. In Finland, it would take a huge amount of drinking to reach the top 10%).

Analysis by Helena Conibear, Executive Director of AIM and Professor R Curtis Ellison of Boston University School of Medicine.

Alcohol's impact on heart and stroke risk may differ for men and women

The volume of alcohol consumption may have a significantly different effect on heart and stroke risk in men and women, according to a study in Japan.

Researchers analysed data from a survey of 34,776 men and 48,906 women (ages 40 to 79) selected from the larger Japan Collaborative Cohort Study (JACC) to determine the association of alcohol use with the risks of stroke and heart disease. Participants who had not experienced cancer, stroke or heart disease before the study completed questionnaires about their lifestyles and medical histories and provided information about their drinking.

Researchers calculated the risks and benefits of alcohol consumption after adjusting for age and several other risk factors, including smoking, weight, body mass index, the presence of high blood pressure or diabetes, exercise habits, stress, education and diet. During a 14.2-year follow-up, 1,628 participants died from stroke and 736 died from heart disease.

Men who reported drinking heavily (at least 46 grams of alcohol per day) at the time of the survey had a 19% lower risk of dying from coronary heart disease than nondrinking men.

In contrast, women who drank heavily were four times as likely to die of heart disease than nondrinking women. Light drinking (less than 23 grams of alcohol per day) was associated with a lower risk of heart disease death in women by 17%; while intake between 23 and 46 grams per day was associated with an increased risk of 45%.

In men, heavy alcohol use was associated with an increased risk of death from all types of stroke by 48%. The risk of hemorrhagic stroke (caused by a blood vessel bursting in the brain) was increased 67%. The risk of ischemic stroke (caused by a blocked blood vessel in the brain or leading to it) was higher by 35%.

In women, heavy alcohol use was associated with a higher risk of stroke death by 92%. Hemorrhagic stroke death risk was increased by 61%. The risk of ischemic stroke death was increased 2.43 times.

Only 15% of women in JACC drank any alcohol, far less than the 45.9% of U.S. women who reported using alcohol in 2005.

Before this study, evidence suggested that light-to-moderate alcohol consumption might be associated with a lower risk of cardiovascular disease in women. But data on heavy drinking was limited and the question had not been addressed in an Asian country, where both drinking and heart disease are less common.

“One limitation of the study is that, in Japanese culture, there are social restrictions against women drinking as they get older,” H. Iso co-author of the study stated. *“In that culture, the women who do drink may have different types of jobs or other aspects of their lifestyle that may help explain the excess risk as well as the alcohol exposure itself.”*

Iso suggested that more research could help determine how alcohol affects cardiovascular risk.

Source: American Heart Association (2008, July 13). Alcohol's Impact On Heart And Stroke Risk

Drinking in excess associated with increased risk for metabolic syndrome

Those who drink in excess of the US Dietary Guidelines (more than two drinks of 14g per day for men, or more than one drink per day for women) or those who binge drink are at increased risk for the metabolic syndrome, according to a new study.

The metabolic syndrome consists of a series of risk factors and conditions that are strongly related to cardiovascular disease. These conditions include obesity, high blood pressure, and diabetes.

For the study, Amy Fan, of the National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention (CDC), in Atlanta, and colleagues evaluated data from 1,529 participants of the 1999-2002 National Health and Nutrition Examination Survey. They restricted their analysis to current drinkers (participants who consumed at least 12 alcoholic drinks in 12 months) aged 20 to 84 years. The survey included both an interview and a physical examination

that included a blood test. Measures of alcohol consumption included usual quantity consumed, drinking frequency, and frequency of binge drinking.

Dr. Fan recommends that public health messages should emphasise the potential cardiometabolic risk associated with drinking in excess of national guidelines and binge drinking.

Source: The Journal of Clinical Endocrinology & Metabolism Vol. 93, No. 1 154-161, Association of Lifetime Alcohol Drinking Trajectories with Cardiometabolic Risk, Amy Z. Fan, Marcia Russell, Saverio Stranges, Joan Dorn and Maurizio Trevisan

Computerised alcohol screening and brief intervention may reduce hazardous drinking

Web-based strategies have the potential to improve delivery of alcohol screening and brief intervention. In a recent controlled study, researchers randomised 429 university students who screened positive for hazardous or harmful drinking (i.e. subjects scored 8 or higher on the alcohol Use Disorders Identification Test (AUDIT)). The students were given either a single web-based brief intervention, a web-based brief intervention with follow-up interventions at 1 and 6 months, or a control group receiving an educational pamphlet only. Interventions included alcohol assessments and personalised feedback. Participants completed web-based outcome assessments at 6 and 12 months.

Compared with controls, participants in the single intervention group reported significantly lower frequency of drinking at 6 months (rate ratio [RR], 0.79), lower total alcohol consumption at 6 and 12 months (RR, 0.77 at both times), and fewer academic consequences at 6 and 12 months (RR, 0.76 and 0.80, respectively).

Participants in the multidose group had similar results as the single-dose group but also reported fewer drinks on drinking days at 6 months (RR, 0.85), lower frequency of heavy drinking episodes at 6 months (RR 0.65), and fewer adverse consequences of heavy drinking at 12 months (RR, 0.81).

Professor R Curtis Ellison comments:

These findings suggest computerised web-based interventions have potential to increase the use of alcohol screening and brief intervention in outpatient settings without sacrificing the efficacy of face-to-face interventions. Because the study's computerised interventions occurred in a university health clinic before a clinical visit, it is possible the intervention prompted participants to have further alcohol discussions with their clinicians. This technology will require further testing in other settings and populations.

Source: Kypri K, Langley JD, Saunders JB, et al. Randomized controlled trial of web-based alcohol screening and brief intervention in primary care. *Arch Intern Med.* 2008;168(5):530-536.

Moderate consumption of wine and beer does not increase the risk of esophageal cancer

A Spanish study looked at the effect of tobacco smoking and alcohol drinking on esophageal cancer (EC) risk. The authors estimated the independent effect of different alcoholic beverages and type of tobacco smoking on the risk of EC and its main histological cell type (squamous cell carcinoma) in a hospital-based case-control study in a Mediterranean area of Spain.

Heavy alcohol drinking and tobacco smoking are strong and independent risk factors for esophageal cancer. Alcohol was found to be a potent risk factor with a clear dose-response relationship, particularly for esophageal squamous-cell cancer.

Compared to never-drinkers, the risk for heaviest drinkers (greater than or equal to 75 g/day of pure ethanol) was 7.65 (95%CI, 3.16-18.49); and compared with never-smokers, the risk for heaviest smokers (greater than or equal to 30 cigarettes/day) was 5.07 (95%CI, 2.06-12.47).

However, consumption of wine and/or beer at levels of 1-24g/day was not found to increase the risk of EC. Whereas a strong positive trend was observed for all types of alcoholic beverages that included any combination of hard liquors with beer and/or wine.

The study shows that the risk of EC, and particularly the squamous cell type, is strongly associated with heavy alcohol drinking. The consumption of any combination of hard liquors seems to be harmful, whereas moderate consumption of wine or beer may not be. This may relate to the presence of certain antioxidant compounds found in wine but practically lacking in liquors. Tobacco smoking is also a clear risk factor, black more than blond.

Source: Esophageal cancer risk by type of alcohol drinking and smoking: a case-control study in Spain. Jesus Vioque et al. (The PANESOES Study Group) *BMC Cancer* 2008, 8:221doi:10.1186/1471-2407-8-2

UNC study ties ending moderate drinking to depression

Scientific evidence has long suggested that moderate drinking offers some protection against heart disease, certain types of stroke and some forms of cancer. But new research shows that stopping drinking – including at moderate levels – may lead to health problems including depression and a reduced capacity of the brain to produce new neurons, a process called neurogenesis.

The findings from the Bowles Centre for Alcohol Studies at the University of North Carolina at Chapel Hill appear online in the journal *Neuropsychopharmacology*.

“Our research in an animal model establishes a causal link between abstinence from alcohol drinking and depression,” said study senior author Clyde W. Hodge, Ph.D., professor of psychiatry and pharmacology in the UNC School of Medicine and former grantee of ABMRF/The Foundation for Alcohol Research. “In mice that voluntarily drank alcohol for 28 days, depression-like behaviour was evident 14 days after termination of alcohol drinking. This suggests that people who stop drinking may experience negative mood states days or weeks after the alcohol has cleared their systems.”

The study also found that the emergence of depression was associated with a profound reduction in the number of neural stem cells (cells that will become neurons) and in the number of new neurons in a brain region known as

the hippocampus. This brain region is critical for normal learning and memory, and recent studies show that the development of neurons in the hippocampus may regulate mood, Hodge, lead author stated.

According to the researcher, the negative mood state in mice may represent depression in humans and appears to be linked to a diminished capacity of the brain to form new neurons. Thus, people who stop drinking may experience negative mood.

But the study also found that treatment with an antidepressant drug during 14 days of abstinence prevented the development of depression and restored the capability of the brain to produce new cells.

“Treatment with antidepressant drugs may help people who suffer from both alcoholism and depression by restoring the brain’s ability to form new neurons,” Hodge said. “Moreover, this research provides an animal model of alcohol-related depression with which we can begin to fully understand the neurobiology underlying co-occurring alcoholism and depression, and thereby develop successful treatment options. At this point it appears that blunted neurogenesis may underlie the effects of abstinence from alcohol drinking on mood, but understanding the mechanisms by which this occurs is a key challenge for future research.”

Source: *Neuropsychopharmacology*. 2008 Jun 18. Abstinence following Alcohol Drinking Produces Depression-Like Behavior and Reduced Hippocampal Neurogenesis in Mice. Stevenson JR, Schroeder JP, Nixon K, Besheer J, Crews FT, Hodge CW.

New test identifies heavy drinkers

A new screening test for excessive alcohol consumption identifies twice as many heavy drinkers as the commonly used liver enzyme test, according to a presentation released at the annual meeting of the American Association for Clinical Chemistry (AACC). The Early Detection of Alcohol Consumption (EDAC) test determines the likelihood of heavy drinking in the previous four to six weeks.

The test holds promise as a new screening tool for physicians to identify problem drinkers.

The EDAC test uses an algorithm that includes 20 blood chemistry levels. A patient’s test results are compared with data from more than 1700 heavy and light drinkers in a database. Heavy drinkers in the database reported more than five drinks per day for men and more than four drinks per day for women.

Dr. Harasymiw said that because EDAC is based on routine blood values, the test allows physicians to intervene with patients in a more objective, less judgemental manner.

“Physicians can show patients the test results to help convince them that their drinking is causing serious damage to their organs and other biologic systems,” said Dr. Harasymiw.

Source: Measuring Performance of the Early Detection of Alcohol Consumption (EDAC) Test in Traffic Medicine and Primary Care AACC’s Annual Meeting is July 27-31 at the Washington Convention Centre.

Alcohol drinking and renal cell carcinoma in Canadian men and women

Epidemiologic studies have reported that moderate alcohol consumption is inversely associated with the risk of renal cell carcinoma (RCC), but sex-specific results are inconsistent.

A study by J. Hu et al in Canada examined the association between alcohol intake and the risk of RCC among men and women.

Mailed questionnaires were completed by 1138 newly diagnosed, histologically confirmed RCC cases and 5039 population controls between 1994 and 1997 in eight Canadian provinces. A food frequency questionnaire provided

data on eating habits and alcohol consumption 2 years before data collection. Other information included socio-economic status, lifestyle habits, alcohol use, and diet.

The study found that total alcohol intake was inversely associated with RCC in men and in women; the OR for the highest intake group ($> \text{or} = 22.3 \text{ g/day}$ among men and $> \text{or} = 7.9 \text{ g/day}$ among women) versus the non-drinkers was 0.7 (95% CI, 0.5-0.9) for both sexes. Analysis of menopausal status produced ORs for the highest intake group versus

the non-drinkers of 1.2 (95% CI, 0.7-2.1) among premenopausal women and 0.6 (95% CI, 0.4-0.9) among postmenopausal women. Smoking and obesity were not important effect modifiers.

The researchers conclude that moderate alcohol consumption may be associated with a decreased risk of RCC in men and in women (mainly postmenopausal women).

Source: Alcohol drinking and renal cell carcinoma in Canadian men and women. Hu J, Chen Y, Mao Y, Desmeules M, Mery L; Canadian Cancer Registries Epidemiology Research Group. 1: Cancer Detect Prev. 2008;32(1):7-14. Epub 2008 Apr 16.

Understanding of risks and benefits of moderate alcohol intake is low

Patient understanding of the relationship between moderate alcohol use and health is not well known. To explore patient preferences and understanding regarding this association, researchers surveyed 878 outpatients at a single urban medical centre providing primary and tertiary care. Participants completed a self-administered anonymous survey regarding their medical history, usual alcohol consumption, and preferences and opinions regarding moderate drinking (defined as 1 drink every 1–2 days). Approximately two-thirds of respondents reported current alcohol consumption. Of these, 50% drank less than weekly, 25% drank 1–2 days per week, 17% drank 3–6 days per week, and 8% drank daily.

The study found that:

- Most current drinkers believed that drinking is safe (62%) and that drinking in moderation

is healthy (61%), while most current abstainers disagreed with these statements (64% and 65%, respectively).

- Among current drinkers, prevention of health problems was endorsed by 36% of respondents as a motivation to drink alcohol, compared with enjoyment (87%), relaxation (79%), or socialization (76%). Those who cited prevention of health problems tended to be older and consumed alcohol more frequently, but they consumed less per drinking day and were more likely to have coronary heart disease.
- Regarding the association between moderate drinking and specific health conditions, a minority of participants (1–32%) believed that moderate drinking prevented any health condition, even myocardial infarction (32% among drinkers and 27% among abstainers). Slightly more

than half of both abstainers and drinkers believed that 1 drink every 1–2 days could cause liver damage and birth defects.

- Abstainers were approximately twice as likely as drinkers to believe that 1 drink every 1–2 days causes myocardial infarction, stroke, gallstones, and diabetes.
 - Only about 10% of participants identified breast cancer as a possible risk of moderate drinking.
 - 45% of abstainers and 30% of drinkers agreed to some extent with the statement that moderate drinking can lead to alcoholism.
- The researchers concluded that the understanding of the potential risks and benefits of moderate alcohol intake appears to be low. Thus, clinicians have a particular opportunity to provide education and counselling with regard to alcohol use, misuse, and health.

Source: Mukamal KJ, Phillips RS, Mittleman MA. Beliefs, motivations, and opinions about moderate drinking: a cross-sectional survey. Fam Med. 2008;40(3):188–195.

AIM – Alcohol in Moderation was founded in 1991 as an independent organisation whose role is to communicate ‘The Sensible Drinking Message’ and to act as a conduit for information from the industry, its associations and relevant medical and scientific researchers, legislation, policy and campaigns.

AIM Mission Statement

- To promote the moderate and responsible consumption of alcohol
- 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
- 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 the media, legislators and researchers involved in alcohol issues
- To direct enquiries from the media and others towards full and accurate sources of information
- To work with organisations, companies and associations to create programmes, materials and policies that promote the responsible consumption of alcohol.

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Dr. Thomas Stuttaford,
Medical Correspondent to the
Times and Author

Dr. Elisabeth Whelan,
President American Council on
Science and Health

Model launched for underage Alcohol Project

The WSTA has published a blueprint for community action to tackle underage drinking. 'A New Way of Tackling Public Underage Drinking: Community Alcohol Partnerships', draws on the results of a successful Community Alcohol Partnership (CAP) coordinated by the Retail of Alcohol Standards Group with Cambridgeshire Trading Standards, providing a new model for local enforcement to combat underage drinking.

The publication is being submitted to Government departments and local enforcement agencies and is available via the WSTA website. RASG is keen to spread this example of good practice and happy to speak to any local authorities who think CAP can work in their area.

The CAP model concentrates on combating underage drinking

through better enforcement of existing powers. It brings together off-licence retailers, the police, local authorities, secondary schools, youth clubs and the local press to tackle these problems through the three pillars of education, enforcement and public perception.

The original pilot in St Neot's, Cambridgeshire delivered excellent results, including: A 42% decrease in anti-social behaviour incidents in the St Neot's area, a 94% decrease in under-age people found in possession of alcohol, a 92% decrease in alcohol-related litter at key hotspot area.

The publication is available online at <http://www.wsta.co.uk/images/stories/communityalcoholpartnerships.pdf>

Scotland's dysfunctional relationship: Alcohol and violence

**Monday 6 October 2008,
Balmoral Hotel, Edinburgh**

Keynote Speakers: **Kenny MacAskill MSP**, Cabinet Secretary for Justice, The Scottish Government. **Dr Harry Burns**, Chief Medical Officer for Scotland, **Professor Martin Plant**, Professor of Addiction Studies, UWE, **George Hosking**, Director, The WAVE Foundation.

For more information, visit <http://conferences.holyrood.com/content/view/542/142/>

Westminster Diet & Health Forum conference



Alcohol and responsibility is the subject of a debate to be held on 21 October which will examine the implications of the University of Sheffield's review of alcohol pricing and promotions on harm.

Chaired by **David Burrowes MP**, Shadow Minister for Justice, keynote speakers will include: **Crispin Acton**, Programme Manager, Alcohol Policy Team, Department of Health; **Guy Mason**, Asda's Public Affairs Manager; and **Tania Rawle**, Senior Policy Adviser, Substance Misuse Unit, Department of Children Schools and Families. For more information and booking details visit: <http://www.westminsterforumprojects.co.uk/dietandhealthforum/diary.aspx>

UK Quarterly Beer Barometer shows sharp fall in beer sales

Beer sales in the UK are down 4.5% this quarter, compared with the same quarter last year, according to the UK Quarterly Beer Barometer, launched in July by the British Beer & Pub Association.

The report finds that in total, 107 million fewer pints were sold in April to June this year compared with the same quarter in 2007 – a fall of 1.2 million pints a day.

Beer sales in pubs, bars and restaurants are down 10.6% over the same period. The on-trade sold 144 million fewer pints during April to June this year compared with the same quarter in 2007 – down 1.6 million pints a day.

The figures add yet more weight to growing concerns over pub closures,

the impact of rising prices and shrinking consumer confidence. In three months, the BBPA estimates the Treasury has collected £88 million less in beer duty and VAT than in the same period last year.

'Off-trade' sales, in supermarkets and shops, have continued to rise however, with a 3.8% increase on April to June 2007. This confirms a long term trend towards drinking at home.

Over the first half of 2008, beer sales are down by 2.9% compared with the same period in 2007 – sales in pubs, bars and restaurants are down 9.6%, while sales in supermarkets and off-licences are up 7.4%. Total beer sales in 2007 were 3.9% down on sales in 2006.

Challenge 21 - achieves massive awareness

The pub scheme 'Challenge 21', designed to address the issue of underage sales, is universally recognised and is having a direct impact, a new opinion poll shows. The YouGov poll was carried out on-line for the British Beer & Pub Association (BBPA). The total sample size was 428 adults aged 18 to 24 years old. The survey found that 91% of young adults know about the pub sector's Challenge 21 scheme.

"We are very pleased Challenge 21 has achieved such an extremely high level of awareness amongst this target group," said Rob Hayward, Chief Executive of the BBPA. "It clearly shows how successful the pub sector has been in communicating Challenge 21. The message is getting through loud and clear... More than 300,000 posters have been sent out and are on display across the pub sector, backed up by training at both company and pub level. The sector's investment in Challenge 21

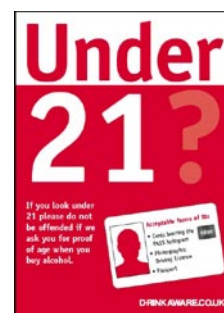
now amounts to some £5 million a year. It signals our determination to do everything we can to ensure underage sales are prevented."

32% of 18-24 year old pub goers say they are now asked for ID more than they were a year ago and 20% say it is now much harder to get served alcohol without ID than a year ago. 30% say it is now very difficult to get served without ID. 13% have been refused entry to a pub and 12% refused service, because they were unable to produce ID. Among pub goers, 43% of 18-24 year olds have been asked to produce proof of age before being allowed into a pub and 37% have been asked for ID before being served at the bar.

"It's important to recognise that all of these people are legally entitled to buy and drink alcohol," said Mr Hayward. "The principle of the scheme is that if we think you look 21 years old or younger, we will ask for ID. If you can't produce it, you will be refused service... Challenge

21 is designed as an extra layer of security for pubs and pub staff. It supports the work they do to keep preventing alcohol sales to under 18s. This poll shows the scheme has achieved very high visibility, widespread use and is having an impact. The poll findings support our separate data which show more than a million people a month are being refused service, either because they can't produce ID, or are underage."

The effectiveness of Challenge 21 is further demonstrated by the fact that 84% of 18-24 year olds say they now carry a driving license to use as ID, and 29% a passport to use as ID.



Scots not unit aware

The annual Scottish Social Attitudes Survey has revealed that many Scots remain ignorant of how much it is safe to drink or how much alcohol their beverages contain.

The Scottish Social Attitudes survey is an independent survey run by the Scottish Centre for Social Research (ScotCen). It aims to provide high quality survey data on a wide range of social and political issues in order to inform public policy and facilitate the study of public opinion. The 2007 survey report,

'Something To Be Ashamed Of Or Part Of Our Way Of Life? Attitudes Towards Alcohol In Scotland' involved 1,508 interviews with a random probability sample of the Scottish population.

Less than half could identify the recommended daily intake for men and women, despite a number of high-profile anti-alcohol campaigns. Two thirds also said it was "a major part of the Scottish way of life".

A total of 89% of women and 80% of men recognised that

hazardous drinking is "very" or "fairly-likely" to damage health in the long term. But there was still widespread ignorance among those quizzed about how much it was safe to drink. Only 34% correctly identified that men are advised to drink no more than three to four units a day. And only 41% knew the recommended daily limit for women was two to three units. And many were ignorant of how much alcohol their drinks contained.

The report can be viewed at <http://www.scotland.gov.uk/Publications/2008/08/01112431/0>

Tighter regulations for Irish retailers

New regulations came in to force in Ireland from the beginning of August. Off-licences may now only sell drinks between 10.30am and 10pm on weekdays, and from 12.30pm till 10pm on Sundays. The law – which also gives police greater powers to seize alcohol

where they fear public disorder, and allows test purchasing – was also intended to force supermarkets and convenience stores to display alcohol in a partitioned-off section of the premises. But the Irish government has put the plans on ice while it

waits for a voluntary industry code to emerge.

Retailers who sell alcohol to children will face tougher penalties and stores will be banned from using incentives such as loyalty card points to encourage consumer spending.

An anti-drug test and alcohol for driving licences for young drivers in Italy

An initiative from the Italian government has been announced by Carlo Giovanardi, the undersecretary at the presidency of the lower house of Parliament in Italy. From September young people applying for a permanent or temporary driving license for cars or motorbikes will have to pass a blood test to ensure that they are free of drugs and alcohol. If the applicants test positive, the license will not be granted.

The pilot will run in four Italian cities (Cagliari, Verona, Perugia and Foggia) from September 2008 and the intention is that it will become compulsory for the whole Italy starting from the 2009. It runs ahead of an initiative that is expected to be implemented by the European Union from 2011.

SABMiller has launched a new website that will serve as ‘a comprehensive guide to alcohol’ for consumers. www.talkingalcohol.com, has been designed to help consumers, internationally, make informed choices and drink responsibly. The site is currently being translated and adapted for Russia, Poland and the Czech Republic for example. With SABMiller’s presence in emerging markets – such as China, India, Africa and South America, where information on sensible drinking is scarce, this is an invaluable resource. It has been carefully written and peer reviewed by specialists.

Included on the site is a section entitled ‘alcohol and your body’, which includes an interactive look at the body, explaining how alcohol is absorbed and processed. The site also provides information on how alcohol can impact various conditions such as diabetes and pregnancy.

The ‘social situations’ section offers reminders of things to consider on a night out, including when drinking alcohol is not a good idea. The site also provides consumers with factual information on the alcohol content,

cereal grains, and carbohydrates found in over 100 beer brands that SABMiller produces around the world.

“While we believe our beer adds to the enjoyment of life for the overwhelming majority of our consumers, we also care about the harmful effects of irresponsible alcohol consumption,” commented Kristin Wolfe, head of alcohol policy at SABMiller. “With TalkingAlcohol.com we hope to encourage straightforward conversations about the health and social considerations of drinking alcohol and to remind adults to make responsible decisions if they drink.”

The website has been launched in English initially and in the coming months will be available in other languages including Czech, Italian, Polish, Spanish and Russian.

SABMiller launches consumer website on sensible drinking

talkingalcohol.com *what happens when you have a drink?*

alcohol & your body
What happens when you have a drink?

- Alcoholism
- Alcohol poisoning
- Binge drinking
- Cancer
- Diabetes
- Hangover
- Heart & cardiovascular
- Liver
- Medication & drug interaction
- Pregnancy
- Stroke

Alcohol is absorbed into your blood and distributed around the body

The alcohol begins to be absorbed into your body through the linings of your mouth and oesophagus.

However, alcohol is mainly absorbed into the blood through the walls of the stomach (about 20%) and intestines (about 80%). The absorption process happens more slowly if you have food in the stomach or intestines.

The alcohol is then distributed throughout the body in the bloodstream: it is dissolved in the liquid in the blood and, as the blood circulates around the body, it enters and dissolves into the liquid of every tissue of the body.

Major organs such as the liver, kidneys, lungs and brain absorb more alcohol. Organs such as the brain have special sensitivity to alcohol and its related compounds and therefore can be adversely affected.

The absorption and distribution of alcohol throughout the body happens quickly – within a few minutes of taking a drink, alcohol reaches the body's organs.

Diagram labels: oesophagus, bloodstream, stomach, intestines

1 2 3 4 5 6 7

French government targets binge drinking

The French government launched its first public campaign to encourage responsible patterns of drinking in July. The TV, radio and cinema spots feature adolescents enjoying a 'paradise-like universe', which turns into a nightmare after they drink too much. The campaign is aimed at under-25 year-olds and precedes new laws expected to be in place by next year. Measures are expected to include a total ban on alcohol sales to underage drinkers from bars, cafes or supermarkets as well as a ban on so-called 'open bars', where students pay a nominal amount for a night's drinking. The legal age to buy any type of alcoholic drink is expected to rise from 16 to 18.

There are rumours of a government plan to restrict online wine marketing and sales - Under the proposal, set to go before the French government, industry lobbyists say wine merchants and producers might only be able to advertise on their own websites and may even be restricted to placing ads between 2200 and 0600 hours. Pop-ups and e-mail alerts could also be forbidden. The proposal is set to be the official recommendation of a committee composing both industry and non-industry members, established to update France's Loi Evin, which regulates alcohol marketing. Industry members have complained that they have not been consulted on the plan.

Australian survey finds older drinkers consume more than 18 - 24 year olds - 90% drink within weekly guidelines

A recent survey in Australia has found that older drinkers are more likely to exceed recommended drinking guidelines than younger drinkers. The latest GlaxoSmithKline (GSK) Health Index found that 10% of people aged 55 to 64 had 20 or more standard drinks in a week, compared to 8% of those aged 18 to 24.

Government health guidelines recommend alcohol intake of no more than 20 standard drinks a week for men and no more than 10 drinks a week for women. GSK

medical adviser Dr Eugene Goh commented "Most of us associate heavy drinking with young Australians, but it appears some older Australians are indulging in unhealthy drinking habits as well,... Older Australians need to watch their drinking and consult their GP if they are unsure how many standard drinks they can safely have in a week".

The GSK survey questioned random samples of 100 people from each Australian state and territory.

Introduction of the alcopop tax in Australia shifts sales to spirits

Since the tax on alcopops was increased in April by 70%, sales have slumped 30%, according to data supplied by the Liquor Merchants Association of Australia. But overall, some 266,000 extra litres of spirits - the equivalent of 21 million standard drinks - have been purchased on the back of a 46% jump in sales of bottled spirits.

The switch from alcopops to bottled spirits means people are consuming more alcohol because they are mixing the drinks themselves, according to Joe Hockey, federal opposition health spokesman. He argues that the move to curb binge drinking, especially among young women who prefer alcopops, had backfired because people were switching to spirits.

"Often, those drinks that are being mixed have more alcohol in them," Mr Hockey stated "With pre-mixed drinks, there is greater safety and security for young people then when they're mixing the drinks themselves."

Mr Hockey estimated the government has reaped \$150 million since the tax increase and the money should be put into health programmes to curb binge drinking. Health Minister Nicola Roxon has accused the Liquor Merchants Association of selectively using statistics to support its case. She says sales of spirits also increased from April to June in 2007, when there were no tax changes.

Loud music in bars hastens drinking

If busy bars and blasting music seem to go hand in hand, new research from France suggests that might be because loud music encourages more drinking.

The finding is drawn from research led by Nicolas Gueguen, a professor of behavioral sciences at the Université de Bretagne-Sud in France.

In the study, the authors observed 40 male patrons between the ages of 18 and 25 while they visited one of two bars located in the western region of France. Both establishments were local hangouts for young people. The male participants - unaware that they were being tracked - were chosen for monitoring only if they were sitting at a table in pairs and had initially ordered an 8-ounce glass of draft beer. The observations took place over three Saturday nights, with the consent of the bar owners who allowed the volume of the bar

music - primarily top 40 tunes - to be adjusted randomly (from 72 dB, considered normal, up to 88 dB, considered high) throughout each night.

Finding that higher volumes appeared to egg the men on to drink more and faster, the researchers theorised that louder background sound might be stimulating higher arousal levels among the patrons. They also considered the possibility that louder music might simply make verbal communication less viable, leading to more drinking as a result of less opportunity to interact socially.

Gueguen and his colleagues suggest that consumers should be made aware -- through advertising -- of the association between loud music and increased drinking, and that bar owners should consider moderating music levels to moderate drinking.

Source: The study will be reported in the October issue of *Alcoholism: Clinical and Experimental Research*

Family meals can help teen girls avoid drugs and alcohol

Eating meals together as a family can reduce a teen girl's risk of turning to alcohol or drugs, a new study suggests. The same effect wasn't seen for boys in this study although the reason for this is not clear.

In families who ate at least five meals a week together, the teen girls were much less likely to drink alcohol, or smoke marijuana or cigarettes five years later, said study author Marla Eisenberg, an assistant professor of pediatrics at the University of Minnesota Medical School.

Eisenberg's team followed 806 Minnesota teens, about 55% of them girls and 45% of them boys. They first surveyed the children in school in 1998 to 1999 when they were about age 13, asking how often their family ate meals together and the teenagers' use of substances. The researchers followed up with a second survey five years later.

At age 18, the girls who had regular meals with their family - defined for the study as five or more a week - had a much lower risk of substance abuse. And the meal didn't have to be dinner, Eisenberg said. A previous analysis of the same study participants also found a stronger association for girls than boys between family meals and a lower risk of eating disorders. Yet to come is an analysis of the effect family meals have on a teen's mental health.

Source: Eisenberg et al. Family Meals and Substance Use: Is There a Long-Term Protective Association? *Journal of Adolescent Health*, 2008; 43 (2): 151 DOI: 10.1016/j.jadohealth.2008.01.019

Alcohol related traffic deaths fall in US

The annual US traffic fatalities declined to their lowest level since 1994, dropping 3.9% to 41,059 the US government announced on 14th August.

The Transportation Department and state governments credited safety measures and tougher law enforcement with the 2007 reduction.

Although alcohol related deaths declined 3.7% to 12, 998, safety experts claimed that many states are still not tackling the problem aggressively enough.

There was a recorded rise in motorcycle fatalities, although the number of registered motorcycles has surpassed 6 million, compared with 3.8 million in 1998, and vehicle miles travelled have risen.

Transportation officials said they plan to target motorcycle drivers in a \$13 million anti-drunk-driving advertising campaign running during the upcoming Labor Day holiday. The department has also discussed new safety and training standards for novice riders, increased training for law enforcement and curbing counterfeit safety-labelling of helmets.

The Partnership Attitude Tracking Study

The Partnership Attitude Tracking Study (PATS) looks at drug, alcohol and cigarette use amongst US teenagers and finds ‘Over the past decade past month alcohol use among teens has significantly decreased from 42 % in 1998 to 31% in 2007’. The 2007 PATS Teens study confirms that overall substance abuse remains in steady decline among teens. Marijuana use is in its tenth consecutive year of decline, down 30% since 1998 alone. Teen use of Ecstasy, inhalants and methamphetamine has continued a multi-year, significant decline, and use of both alcohol and cigarettes continue to decrease.

Teens’ ongoing intentional abuse of prescription and over-the-counter medications remains a serious concern, as many teens mistakenly believe the abuse of medicines is less dangerous than abuse of illegal drugs.

According to the 2007 Partnership Attitude Tracking Study of 6,511 teens (PATS Teens), the number one reason teens see for using drugs is to deal with the pressures and stress of school. In this nationally projectable study (margin of error +/- 1.6%), 73% of teens reported that school stress is the primary reason for drug use, indicating that teens’ perceptions of motivating factors for using drugs are dramatically different than past research has indicated.

Deep disconnect between teen behaviour and parental awareness

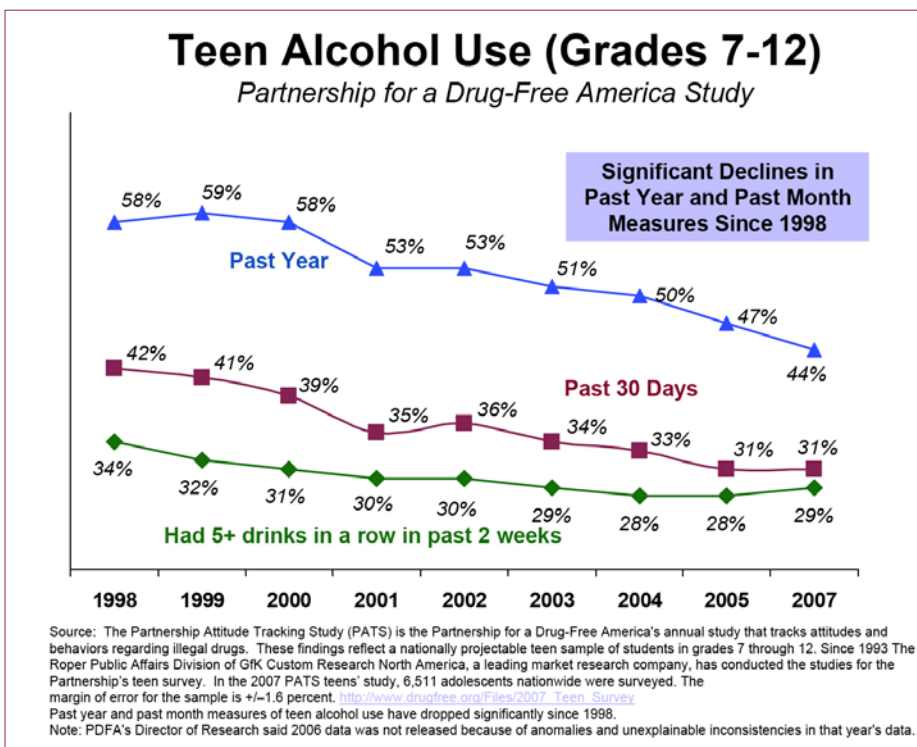
An accompanying 2007 Partnership study of parents’ attitudes about teen drug use, showed that parents severely underestimate the impact of stress on their teens’ decision to use drugs. Only 7% of parents believe that teens might use drugs to cope with stress.

“A wide disconnect exists between what teens are thinking and feeling and what parents believe about their teens when it comes to attitudes about drug use,” said Steve Pasierb, president and CEO of the Partnership. “This is a pivotal opportunity for parents to understand what motivates today’s teens to engage in this type of risky behaviour, and to communicate the very real dangers and risks, while offering their kids support and guidance on dealing with pressure in a healthy way.”

In previous PATS Teens studies, when teen respondents were asked to select from a number of reasons for using drugs, the number one reason (65%) selected was to ‘feel cool’. The 2007 study was the first to offer the option of selecting school stress as a motivator, one which nearly 3 out of 4 teens (73% strongly agreed with. This was followed closely by ‘feeling cool’ (65%) and ‘feeling better about themselves’ (65%).

Over the past decade, studies have indicated a steady changing trend in what teens perceive as the motivations for using drugs. The “to have fun” rationales are declining, while motivations to use drugs to solve problems are increasing.

To view the report, please visit http://www.drugfree.org/Files/2007_Teen_Survey



Secular trends in alcohol consumption over 50 Years: The Framingham Study

A recent analysis used self-reported alcohol consumption data collected repeatedly over 50 years (1948-2003) among 8600 Framingham Heart Study participants to determine patterns of alcohol use and disorders according to sex, age, and birth cohorts.

Among drinkers, there was a decrease across succeeding birth cohorts in average alcohol intake: among individuals between ages 30 and 59 years, age-adjusted mean intake was 30.6, 25.5, and 21.0 g/day for those born in 1900-1919, 1920-1939, and 1940-1959, respectively, in men ($P<.001$),

and 14.2, 12.3, and 10.4 g/day, respectively, in women ($P<.001$). In all birth cohorts, proportion of abstinence increased and average consumption among drinkers decreased with age. Furthermore, proportion of moderate use was higher but heavy use was lower in the younger birth cohorts than in the older cohorts. The proportion of alcohol from beer decreased and that from wine increased with age for all cohorts. Among the 2 earlier birth cohorts, the cumulative incidence of an alcohol use disorder from age 40 to 79 years was much higher in men (12.8%) than in

women (3.8%); it tended to be slightly higher among subjects born after 1920 than among those born 1900-1919.

The authors found a decrease in average intake and more wine consumption over the more than 50 years of follow-up. The cumulative incidence of alcohol use disorders, however, did not show a decrease.

Source: Secular Trends in Alcohol Consumption over 50 Years: The Framingham Study Yuqing Zhang, DScab, Xinxin Guo, MPHa, Richard Saitz, MD, MPHcd, Daniel Levy, MD, MPHae, Emily Sartini, MAe, Jingbo Niu, DScb, R. Curtis Ellison, MDa American Journal of Medicine Volume 121, Issue 8, Pages 695-701 (August 2008)

Alcohol related driving fatalities in fall in UK

A recent release of information by the UK government includes provisional statistics on accidents involving drinking and driving in Great Britain in 2007, according to the arrangements approved by the UK Statistics Authority. Figures show that:

Fatalities resulting from drink drive deaths fell by 18% from 560 in 2006 to 460 in 2007, whilst seriously injured casualties fell by 11% from 1,970 to 1,760. Slight casualties, however, rose by 4% from 11,840 to 12,260. Total casualties rose by 1 per cent from 14,370 to 14,480.

The number of fatal accidents fell by 16% from 490 to 410, although there was an overall increase of 2% in drink drive accidents from 9,400 to 9,620.

The report is available at <http://www.dft.gov.uk/pgr/statistics/datatablespublications/accidents/rcgb07drinkdrive>

Table A: Drink drive accidents and casualties: GB 1979-2007

Year	Accidents				Casualties				Number
	Fatal	Serious	Slight	Total	Killed	Serious	Slight	Total	
1979	1,380	5,630	12,460	19,470	1,640	8,300	21,490	31,430	
1980	1,280	5,430	11,860	18,570	1,450	7,970	20,420	29,830	
1981	1,200	4,940	10,900	17,040	1,420	7,370	19,160	27,950	
1982	1,300	5,420	12,070	18,800	1,550	8,010	20,660	30,220	
1983	950	4,750	11,430	17,130	1,110	6,800	18,610	26,520	
1984	1,000	4,790	11,540	17,320	1,170	6,820	19,410	27,390	
1985	900	4,900	11,460	17,260	1,040	6,810	19,380	27,220	
1986	850	4,590	11,510	16,940	990	6,440	19,220	26,650	
1987	780	4,220	10,560	15,560	900	5,900	17,670	24,470	
1988	680	3,660	10,190	14,520	790	5,100	16,860	22,740	
1989	700	3,390	10,300	14,390	810	4,790	16,620	22,220	
1990	650	2,910	9,650	13,210	760	4,090	15,550	20,400	
1991	570	2,590	8,530	11,690	660	3,610	13,610	17,880	
1992	540	2,360	7,890	10,790	660	3,280	12,770	16,710	
1993	460	1,870	7,160	9,480	540	2,660	11,780	14,980	
1994	470	2,090	7,330	9,900	540	2,840	11,780	15,160	
1995	460	2,140	7,590	10,180	540	3,000	12,450	16,000	
1996	480	2,150	8,240	10,870	580	3,010	13,450	17,040	
1997	470	2,140	8,100	10,710	550	2,940	13,310	16,800	
1998	410	1,860	7,840	10,100	460	2,520	12,610	15,580	
1999	400	1,850	8,800	11,050	460	2,470	13,980	16,910	
2000	450	1,950	9,410	11,800	530	2,540	14,990	18,060	
2001	470	2,020	9,780	12,270	530	2,700	15,550	18,780	
2002	480	2,050	10,620	13,150	550	2,790	16,760	20,100	
2003	500	1,970	9,930	12,400	580	2,590	15,820	18,990	
2004	520	1,790	8,900	11,210	580	2,340	14,060	16,980	
2005	470	1,540	8,060	10,070	550	2,090	12,760	15,400	
2006	490	1,480	7,430	9,400	560	1,970	11,840	14,370	
2007 ^P	410	1,400	7,810	9,620	460	1,760	12,260	14,480	

^P Provisional data. The sample of fatality data from Coroners for 2006 has now been finalised but 2007 estimates are based on a reduced sample of coroners' returns and may be biased. They remain provisional until more complete information for 2007 is available.

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