

Contents

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

News from around the world	2	House of Commons report on UK alcohol guidelines released	17
Medical News		Eisberg joins forces with British Liver Trust for campaign	
Is it the alcohol or the polyphenols in red wine (or both) that decrease cardiovascular disease in wine drinkers?	3	Brand Phoenix launches responsibility deal pledge	18
Clue as to why alcohol is addictive: Scientists show that drinking releases brain endorphins	5	Sainsbury's launches low alcohol campaign	
Are there differences in mortality between people consuming wine and those consuming other types of alcoholic beverages?	6	Scottish drink-drive incidents rise	
Impact of a healthy lifestyle on all-cause and cardiovascular mortality after stroke	9	Customer unit awareness campaign in UK	
Comparison of effects of red wine versus white wine on hormones related to breast cancer risk	10	NHS staff should discuss diet, exercise, smoking and drinking habits	
Social and Policy News		Survey reveals Scottish teenagers' drinking habits	19
Patterns of alcohol use in early adolescence predict problem use at age 16 - UK study reinforces Chief Medical Officers' guidance to parents of delaying the age of first drink to age 15	12	Annual report from Chief Medical Officer for Scotland shows decline on alcohol consumption	20
AIM websites welcome an increase of 10,000 new visitors to its websites in December (year on year)	14	Turning Point call for early intervention for children whose parents misuse alcohol	
Text messages may help young adults cut down on alcohol consumption		Ukrainian commercial communications standards agreed for brewers	
Visitors from 167 countries visit talkaboutalcohol.com website	15	Alcohol education involves parents in Spain	21
Self-reported life satisfaction and alcohol use: A 15-year follow-up of healthy adult twins		Denmark considers raising legal drinking age	
Binge drinkers likely to pass behaviour on to romantic partners	16	Heineken launches responsible drinking	
Do media messages change people's risk perceptions for binge drinking?		Over 2,000 drivers use SoberRide over the Christmas period in US	
		The Responsible Retailing Forum - guidelines for On-Premises in Canada	22
		MADD launch Canada's 'New School Assembly'	
		US Parents responsible for underage drinking in their home	
		Éduc'alcool launches its biggest campaign ever to reduce excessive drinking	23
		Binge drinking initiatives target students in the US	

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Algeria

In Algeria, new health taxes on tobacco, alcohol and fizzy drinks have been introduced as part of the 2012 finance law, with the aim of contributing to cancer prevention, and financing detection and treatment. The tax on alcohol will rise 5%, while tobacco products will be taxed an additional DZD 11 (EUR 0.11 USD 0.15) per packet, of which DZD 2 (EUR 0.02 USD 0.03) will be paid to the anti cancer fund.

Lithuania

President Dalia Grybauskaitė has signed amendments to Lithuanian law on the control of alcohol. From 1 January 2012, sale of take-away alcohol is banned in restaurants, cafes, bars and other catering places from 22:00 to 8:00. Under the amendments, it is also forbidden to consume alcoholic beverages at sporting events.

Japan

In Japan the annual number of road fatalities dropped for the 11th consecutive year to 4,611 (down 252 from 2010). According to the National Police Agency, around 50% of those killed in traffic accidents during 2011 were aged at least 65, while the number of deaths caused by drink drive related accidents stood at 267, the fewest since 1990.

China

In China, the number of people caught driving while drunk has declined 45% from a year ago, with 38,000 drunken drivers charged in the 8 months from 1 May 2011 to 30 December 2011. The decline comes following the introduction of stricter penalties on 1 May 2011. The country has also reported a 3.4% decline in the number of people killed in drink drive related accidents (down to 708 deaths).

UK

The UK department store Selfridges may now sell wine by the sip after laws requiring wine to be sold only in 125ml, 175ml, and 250ml glasses were changed. The new regulations permit sales of wine in any measure below 75ml. The department store will have a menu of high quality wines available by the sip (25ml pour), with prices ranging from GBP £1 to as much as £32 per sip.

US

Connecticut has become the 15th state to require ignition interlock devices for people convicted of drunk driving. The devices are required even for first-time offenders. Four counties in California are implementing similar pilot programmes and at least 24 other states require the devices for repeat offenders, or for those with blood alcohol levels of .15 or more. In some states, requiring interlock ignition devices is left to the discretion of judges. In Nevada, licenses are revoked for shorter periods for convicted drivers who agree to use the devices. Convicted drunk drivers are generally required to pay for the ignition interlock devices.

Is it the alcohol or the polyphenols in red wine (or both) that decrease cardiovascular disease in wine drinkers?

Chiva-Blanch G, Urpi-Sarda M, Llorach R, Rotches-Ribalta M, Guillèn M, Casas R, Arranz S, Valderas-Martinez P, Portoles O, Corella D, Tinahones F, Lamuela-Raventos RM, Andres-Lacueva C, Estruch R.

Differential effects of polyphenols and alcohol of red wine on the expression of adhesion molecules and inflammatory cytokines related to atherosclerosis: a randomized clinical trial. *Am J Clin Nutr* 2012. doi: 10.3945/ajcn.111.022889.

Authors' Abstract

Background: Few clinical studies have focused on the alcohol-independent cardiovascular effects of the phenolic compounds of red wine (RW).

Objective: The authors aimed to evaluate the effects of ethanol and phenolic compounds of RW on the expression of inflammatory biomarkers related to atherosclerosis in subjects at high risk of cardiovascular disease.

Design: Sixty-seven high-risk, male volunteers were included in a randomized, crossover consumption trial. After a washout period, all subjects received RW (30 g alcohol/d), the equivalent amount of dealcoholized red wine (DRW), or gin (30 g alcohol/d) for 4 wk. Before and after each intervention period, 7 cellular and 18 serum inflammatory biomarkers were evaluated.

Results: Alcohol increased IL-10 and decreased macrophage-derived chemokine concentrations, whereas the phenolic compounds of RW decreased serum concentrations of intercellular adhesion molecule-1, E-selectin, and IL-6 and inhibited the expression of lymphocyte function-associated antigen 1 in T lymphocytes and macrophage-1 receptor, Sialil-Lewis X, and C-C chemokine receptor type 2 expression in monocytes. Both ethanol and phenolic compounds of RW downregulated serum concentrations of CD40 antigen, CD40 ligand, IL-16, monocyte chemoattractant protein-1, and vascular cell adhesion molecule-1.

Conclusion: The results suggest that the phenolic content of RW may modulate leukocyte adhesion molecules, whereas both ethanol and polyphenols of RW may modulate soluble inflammatory mediators in high-risk patients.

Forum Comments

Background: Observational epidemiologic studies relating wine and alcohol to health all suffer from the fact that they, of necessity, compare people who prefer certain beverages, but not the beverages themselves. While there have been many intervention trials in animals, randomized trials in humans are less common. Randomized cross-over trials, in which each subject receives all interventions in sequence, can be especially important as they tend to avoid baseline differences among subjects and can detect effects of different interventions with smaller numbers of subjects.

Brief synthesis of the present study: This study included 67 male volunteers in Spain who were considered to be at "high-risk" of cardiovascular disease on the basis of increased BMI, smoking, diabetes, hypertension, or other risk factors. About one half of the individuals were taking ACE inhibitors, statins, aspirin, and/or oral hypoglycemic drugs, so the results of this study may be especially relevant for patients in the real world.

The subjects agreed to not consume any alcohol for a baseline period, then for three one-month periods consumed 30 g/day of alcohol as red wine or as gin, or an equivalent amount of phenolics from dealcoholized red wine. The polyphenol contents of the RW and the DRW interventions were the same. A very high degree of compliance of the subjects with the assigned interventions is evidenced by results of counting numbers of empty bottles of the intervention beverage returned, dietary records, urinary metabolites, etc. Further, there is good evidence that there were no important changes between periods in diet or exercise habits. The effects of each intervention on a large number of adhesion molecules and chemokines that affect inflammation and relate to the development of vascular disease were evaluated.

The key results of the study were that both ethanol and nonalcoholic compounds in red wine have potentially protective effects that may reduce the risk of vascular disease. Specifically, the authors conclude that **"the phenolic content of red wine may modulate leukocyte adhesion molecules, whereas both ethanol and polyphenols of red wine may modulate soluble inflammatory mediators in patients at high risk of cardiovascular disease."**

Specific comments on the study: Most reviewers considered this to be a well-done, comprehensive study. As one reviewer commented: **"This is an excellent paper. The results strongly indicate an effect of wine polyphenols on inflammation (in broad and modern terms) and this is just what we expect from the biochemistry and nutritional effects of fruits and vegetables. The effect of ethanol, on the other hand, likely fits a hormetic mechanism, where low doses regularly supplied are protective while high doses in a single shot are worsening the progression of disease."** Another reviewer added: **"We need more information on separating the effects of beer, wine, and various types of spirits. Some spirits like brandy and whisky**

can have useful antioxidant effects, so distinguishing effects among different types of beverages may be informative."

Another Forum reviewer commented: "This is a very interesting paper that goes a way towards answering the question whether it is the alcohol or polyphenols in red wine that confer the health benefits. The trial was well conducted and controlled, with very detailed analyses. It would have been interesting to analyse any changes in conventional risk factors after the interventions. It would also have been interesting in the study to determine the effects on vascular function by, for example, brachial artery activity (flow mediated dilatation)."

Given that the effects of both alcohol and polyphenols on physiologic factors (e.g., platelet function, fibrinolysis) are transient, generally lasting for no more than 24 hours, it was appropriate that the subjects in this study were instructed to consume the intervention substance (RW, gin, DRW) on a daily basis. When drinking is moderate, there is no evidence that having "alcohol-free days" is beneficial to health. Indeed, most epidemiologic studies show better health effects from daily consumption rather than from drinking on only several days per week.

Still another Forum reviewer considered this to be "a good paper with interesting, and not unexpected findings. The results strengthen the view that red wine has advantages over other alcoholic beverages concerning health benefits because it contains both ethanol and many polyphenols." Another reviewer agreed: "Although clinical observations and then epidemiological studies have suggested beverage-specific differences, studies like this one help illuminate the path of effect; we need more of them."

Concerns about the present study: One Forum reviewer stated: "This appears to be a carefully designed and well executed study, but I have four concerns: (1) The study has been undertaken in high-risk individuals, more than half of whom are hypertensive, a quarter dyslipidaemic, and a quarter diabetic. It is not described what happened to the conventional risk factors during the interventions. (For example, any improvement in inflammatory markers may have come at the cost of higher blood pressure with the alcohol interventions.) (2) Was there any weight change that could have confounded any of the outcomes? (3) Both polyphenol and alcohol biomarkers were measured – did the change in these biomarkers correlate with the changes in any of the

inflammatory markers; i.e., any suggestion of a dose response relationship? (4) Even though at least 30 outcome variables were assessed, the authors do not describe any correction for multiple comparisons."

Another Forum reviewer: "This is a well conducted study, and adds to our understanding of the potential cardiovascular benefit of alcohol and then non-alcoholic compounds of alcoholic beverages. However, in this study more than one-half of the high-risk subjects consumed drugs with known anti-inflammatory effects, which could be a confounding factor. The anti-inflammatory effects of these pharmaceuticals may be responsible for the beneficial results, and may not be related to the RW, DRW and gin interventions." However, others think that this concern is unlikely to be important since this was a cross-over study, and there were no changes in lifestyle or medication use between the intervention periods.

Taking genetic factors into consideration: While not evaluated in the present study, it is well known that physiologic responses to polyphenols and to alcohol are strongly affected by underlying genetic factors. As a reviewer stated: "In the present study, we do not know whether or not these participants had certain genetic polymorphisms that put them into a high-risk category. People with the metabolic syndrome tend to have adverse genetic profiles, and alcohol intake may have detrimental effects in certain individuals due to their genetic make up. Therefore, testing for relatively common gene mutations involved in dyslipidaemia may be useful in identifying individuals who may, or may not, benefit from alcohol drinking."

One reviewer commented that "It would have been interesting if this study was done on healthy individuals on no medication, and without specific genetic risk factors for cardiovascular disease." In contrast, other reviewers considered the selection of subjects to be particularly useful in that it reflected the typical patients seen in clinical practice, for whom advice regarding alcohol use must be provided. Given that subjects did not modify their diet, other lifestyle factors, or medications between intervention periods, the differences in effect can be attributed to the interventions themselves.

Forum Summary

Human randomized intervention trials of wine and alcohol are not common. This randomized, cross-over study was based on 67 male volunteers in Spain who were considered to be at "high-risk" of cardiovascular disease. The subjects agreed to not

consume any alcohol for a baseline period, then for three one-month periods consumed 30 g/day of alcohol as red wine or as gin, or an equivalent amount of phenolics from dealcoholized red wine. The effects of each intervention on a large number of adhesion molecules and chemokines that affect inflammation and relate to the development of vascular disease were evaluated.

The key results of the study were that both ethanol and nonalcoholic compounds in red wine have potentially protective effects that may reduce the risk of vascular disease. Specifically, the authors conclude that **“the phenolic content of red wine may modulate leukocyte adhesion molecules, whereas both ethanol and polyphenols of red wine may modulate soluble inflammatory mediators in patients at high risk of cardiovascular disease.”** Thus, this study provides important new mechanistic evidence that the reduced risk of cardiovascular disease among red wine drinkers observed in most epidemiologic studies may result from a combination of both the alcohol and the polyphenols in the wine.

Clue as to why alcohol is addictive: Scientists show that drinking releases brain endorphins

A study led by researchers at the Ernest Gallo Clinic and Research Center at the University of California, San Francisco (UCSF) has found that drinking alcohol leads to the release of endorphins in areas of the brain that produce feelings of pleasure and reward.

Endorphins are small proteins with opiate-like effects that are produced naturally in the brain.

The finding marks the first time that endorphin release in the nucleus accumbens and orbitofrontal cortex in response to alcohol consumption has been directly observed in humans.

“This is something that we’ve speculated about for 30 years, based on animal studies, but haven’t observed in humans until now,” said lead author Jennifer Mitchell, PhD, clinical project director at the Gallo Center and an adjunct assistant professor of neurology at UCSF. **“It provides the first direct evidence of how alcohol makes people feel good.”**

The researchers used positron emission tomography, or PET imaging, to observe the immediate effects of alcohol in the brains of 13 heavy drinkers and 12 matched “control” subjects who were not heavy drinkers.

In all of the subjects, alcohol intake led to a release of endorphins and in all of the subjects, the more

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endorphins released in the nucleus accumbens, the greater the feelings of pleasure reported by each drinker. In addition, the more endorphins released in the orbitofrontal cortex, the greater the feelings of intoxication in the heavy drinkers, but not in the control subjects.

“This indicates that the brains of heavy or problem drinkers are changed in a way that makes them more likely to find alcohol pleasant, and may be a clue to how problem drinking develops in the first place,” said Mitchell. **“That greater feeling of reward might cause them to drink too much.”**

The discovery of the precise locations in the brain where endorphins are released provides a possible target for the development of more effective drugs for the treatment of alcohol abuse, said senior author Howard L. Fields, MD, PhD, a professor of neurology and Endowed Chair in Pharmacology of Addiction in Neurology at UCSF and director of human clinical research at the Gallo Center.

Source: Alcohol Consumption Induces Endogenous Opioid Release in the Human Orbitofrontal Cortex and Nucleus Accumbens. J. M. Mitchell, et al. Science Translational Medicine, 2012; 4 (116): 116ra6 DOI:

Are there differences in mortality between people consuming wine and those consuming other types of alcoholic beverages?

Holahan CJ, Schutte KK, Brennan PL, North RJ, Holahah CK, Moos BS, Moos RH. Wine consumption and 20-year mortality among late-life moderate drinkers. *J Stud Alcohol Drug* 2012; 73: 80–88.

Authors' Abstract

Objective: This study examined level of wine consumption and total mortality among 802 older adults ages 55–65 at baseline, controlling for key sociodemographic, behavioral, and health status factors. Despite a growing consensus that moderate alcohol consumption is associated with reduced total mortality, whether wine consumption provides an additional, unique protective effect is unresolved.

Method: Participants were categorized in three subsamples: abstainers, high-wine consumption moderate drinkers, and low-wine-consumption moderate drinkers. Alcohol consumption, sociodemographic factors, health behavior, and health problems were assessed at baseline; total mortality was indexed across an ensuing 20-year period.

Results: After adjusting for all covariates, both high-wine-consumption and low-wine-consumption moderate drinkers showed reduced mortality risks compared with abstainers. Further, compared with moderate drinkers for whom a high proportion of ethanol came from wine, those for whom a low proportion of ethanol came from wine were older, were more likely to be male, reported more health problems, were more likely to be tobacco smokers, scored lower on socioeconomic status, and (statistical trend) reported engaging in less physical activity. Controlling only for overall ethanol consumption, compared with moderate drinkers for whom a high proportion of ethanol came from wine, those for whom a low proportion of ethanol came from wine showed a substantially increased 20-year mortality risk of 85%. However, after controlling for all covariates, the initial mortality difference associated with wine consumption was no longer significant.

Conclusions: Among older adults who are moderate drinkers, the apparent unique effects of wine on longevity may be explained by confounding factors correlated with wine consumption.

Forum Comments

Background: There are consistent data showing that moderate consumers of alcohol have lower risk of cardiovascular disease and many other diseases of ageing, as well as lower risk of mortality, than do abstainers.^{1,2} Experimental data in animals and humans have defined a large number of mechanisms for such an effect.³ There is still some inconsistency as to differential effects according to the type of beverage consumed. In most epidemiologic studies, wine consumers have been shown to have

higher levels of education and income, to consume a healthier diet, and have other characteristics that are associated with better health outcomes than consumers of other beverages.^{4,5} A recent meta-analysis by Constanzo et al⁶ showed that moderate consumers of both wine and beer had lower risk of cardiovascular disease than did people who generally consumed spirits.

Experimental data clearly show that polyphenols and other constituents in wine, in addition to the alcohol, have beneficial effects on cardiovascular risk in animals, including humans.^{3, 7-9} The question is whether epidemiologic studies comparing people who consume certain beverages (rather than comparing the beverages themselves) demonstrate such differences in terms of health effects.

A Forum reviewer points out that studies often show that “it is the type of alcoholic beverage which is consumed most frequently in a population which exerts the clearest protective effect. For example, in France it is moderate wine consumption and in Germany moderate beer consumption associated with the healthiest outcomes.¹⁰⁻¹¹ Wine consumers in a customary non-wine drinking country like Denmark may be especially different from the general population. Hence, attempting to adjust for the potential confounding by other lifestyle factors is an ongoing challenge for epidemiologists who are seeking to determine if the consumption of one type of beverage containing alcohol has different effects on health from the consumption of other types of beverage.”

Comments on the present paper: This study of older American adults seems to have used traditional statistical methods within a logical analytic plan. The authors report data among “moderate wine drinkers,” those consuming 1 to <3 drinks/day. Those consuming up to one-third of their total alcohol as wine were classified as low-wine consumers (50% of moderate drinkers) and those with more than 30% of their total alcohol intake as wine were classified as high-wine consumers (31% of moderate drinkers). (Evidently, the other 19% of moderate drinkers did not consume wine.) No data were available on the pattern of drinking.

Among the weaknesses of the study is that alcohol consumption and covariates were assessed only at baseline, and changes that may have occurred during the 20-year observation period are not accounted for. Exposure variables assessed only once at baseline may change considerably over time.¹² Most often this changing of exposure over time produces a dilution effect; in this case, the mortality-decreasing effect of alcohol would be diminished. As shown in the MONICA Augsburg cohort 1987-1997, **"Hazard rate ratios for alcohol intake classified by two assessments consistently revealed a more pronounced beneficial effect of alcohol consumption than those for alcohol intake groups based on a single measurement."**¹³ Data on the pattern of drinking were not available in the present study, which could be important as most health outcomes are favourably associated with regular moderate consumption rather than episodic drinking, such as week-end binge drinking. Further, the authors of this paper did not have data on diet, which differs between wine drinkers and other drinkers.¹⁴

The authors state that adjustments were made for "health problems;" if these included diabetes and cardiovascular diseases, adjusting for these conditions may have diluted the effect of alcohol on total mortality (akin to adjusting for intermediate variables). It is interesting that covariates such as gender, marital status, former problem drinking, obesity, depressive symptoms, avoidance coping, number of close friends, and quality of friend support were all non-significant in the analysis.

Repeatedly the quality of the assessment of alcohol intake is discussed and the authors make the statement **"...future research would be strengthened by including objective indices or collateral information on alcohol consumption."** However, these "objective indices" are not available for epidemiological studies on alcohol and longevity, and therefore we must rely on self-reports and validations of these self-reports. This has been done many times and the validity of the self-reports are quite good and reliable, at least in cohorts from general populations.

It is unclear what the rationale is for adjusting for total ethanol intake when assessing wine intake in relation to mortality; this seems to be testing if the other components in wine, rather than ethanol, affect mortality. If we are interested in the total effect of wine on mortality, it may be preferable not to adjust

for total alcohol, but perhaps present stratified results according to total alcohol.

Forum reviewers were concerned that the results of the analyses are not sufficiently detailed in the paper. One would prefer if the investigators could provide the data on whether alcohol effect varied by sex, given that sex is associated with death and women may have different drinking patterns from men. (In the current study, the number of women may have been too small.) In any case, it is always a good approach to perform stratified analysis, making sure there the findings are consistent across sub-categories.

Difficulties in studying beverage-specific effects: A Forum reviewer commented: **"It is difficult to study beverage choice in a population with non-homogeneous usual choice. The method used in this article dichotomizes moderate drinkers into persons drinking largely wine and persons drinking largely other beverage types. Thus the comparison appears to be between wine drinkers and those drinking mostly beer and liquor. This type of comparison maximizes the confounding issue, so a large difference in potential confounders is plausible."**

"That said, the truly huge differences in traits between drinkers of more versus less wine in this study population seem out of line. Also, as epidemiological studies go, this cohort of 802 persons is pretty small, and some of those 802 were excluded from the analysis. Going back to the 1990 Brennan & Moos article¹⁵ cited as describing the study cohort it is apparent that they are not a representative cross section of the population. In fact, a large proportion were considered to be problem drinkers. How this interacts with beverage choice is not described. Further, it is not specified the apparent causes of death in the population, or how many died of alcohol-related illnesses in each group."

Differences between low-wine and high-wine groups: As stated, there were large differences in lifestyle habits between low-wine and high-wine groups (e.g., for the high-wine group, there were more females, much higher SES, fewer health problems, and a strikingly lower rate of smoking). With such large differences between groups, it is not surprising that when the authors adjusted for all of these factors, there were large changes in the estimates of effect on mortality. This raises the

question as to whether or not there may have been over-adjustment for confounders in the multivariable analyses. (An example might be adjusting for diabetes and coronary disease, which are probably important intermediary factors in the effects of drinking on mortality.)

While editors generally try to shorten manuscripts and prefer few tables and figures, it would have been helpful to have more detailed data from this analysis. Without further data on how each covariate modified the final equation, it is difficult to know how important the level of wine consumption was. It would have been useful to see stratified results according to gender (even though the statement by the authors that an OR of 0.70 was not statistically significant; exactly what was being compared is not described). Also, it would be interesting to see stratified results by levels of SES, and particularly comparing effects among smokers versus non-smokers.

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Forum Summary

Wine consumers, especially in comparison with spirits drinkers, have been shown to have higher levels of education and income, to consume a healthier diet, be more physically active, and have other characteristics that are associated with better health outcomes. However, epidemiologic studies have been inconsistent in showing that, after adjustment for all associated lifestyle factors, consumers of wine have lower risk of cardiovascular disease and mortality than do consumers of other beverages.

The present study concluded that the associated lifestyle habits and environmental factors of wine consumers largely explain their better health outcomes. Forum reviewers were concerned about some of the methodological approaches used, and believed that the data presented in the paper were inadequate to support such a conclusion. This was a small study, had only a single estimate of alcohol intake (at baseline but not throughout 20 years of follow up), and the authors may have over-adjusted

for large differences in lifestyle factors between what they termed as “low-wine” and “high-wine” consumers. The study did confirm a lower mortality risk for alcohol consumers than for non-drinkers.

Experimental studies have clearly indicated that the polyphenols and other constituents that are present in wine and some beers have independent protective effects against most cardiovascular risk factors. Whether or not such advantages are seen among moderate drinkers of wine (or beer) in epidemiologic studies is difficult to determine, as comparisons are not being made between wine, beer, and spirits but between humans who consume one or other such beverage. In almost all populations, drinkers of a specific type of beverage differ in many ways other than just the type of beverage they consume.

Impact of a healthy lifestyle on all-cause and cardiovascular mortality after stroke

Little is known about the effects of a healthy lifestyle on mortality after stroke. A study assessed whether five healthy lifestyle factors had independent and dose dependent associations with all-cause and cardiovascular mortality after stroke.

In a nationally representative sample of the US population (n=15,299) with previous stroke (n=649) followed from survey participation (1988-1994) through to mortality assessment (2000). The relationship between five factors (eating >5 servings of fruits/vegetables per day, exercising >12 times/month, having a body mass index of 18.5-29.9 mg/kg², moderate alcohol use [1 drink/day for women and 2 drinks/day for men] and not smoking) and all-cause and cardiovascular mortality was assessed.

The study found that the mean age was 67.0 years (SE 1.1 years) and 53% were women. After adjusting for covariates, abstaining from smoking (HR 0.57, CI 0.34 to 0.98) and exercising regularly (HR 0.66, CI 0.44 to 0.99) were associated with lower all-cause mortality but no individual factors had independent associations with cardiovascular mortality. All-cause mortality decreased with higher numbers of healthy behaviours (1-3 factors vs none: HR 0.12, CI 0.03 to 0.47; 4-5 factors vs none: HR 0.04, CI 0.01 to 0.20; 4-5 factors vs 1-3 factors: HR 0.38, CI 0.22 to 0.66; trend p=0.04). Similar effects were observed for

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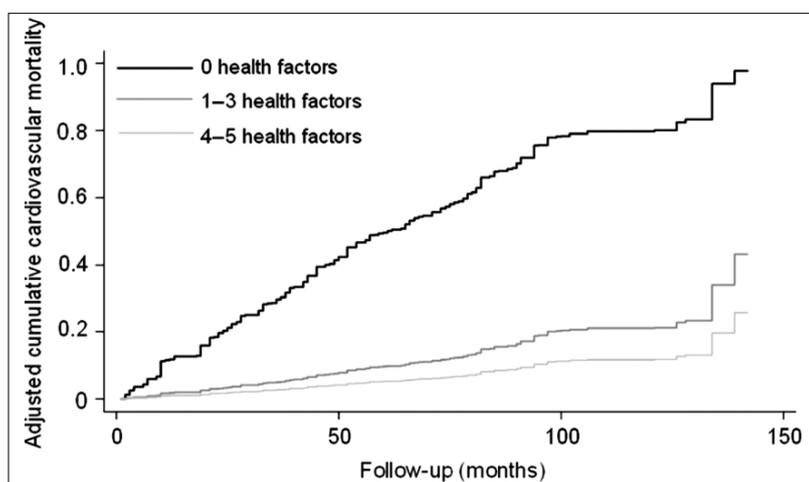
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cardiovascular mortality (4-5 factors vs none: HR 0.08, CI 0.01 to 0.66; 1-3 factors vs none: HR 0.15, CI 0.02 to 1.15; 4-5 factors vs 1-3 factors: HR 0.53, CI 0.28 to 0.98; trend p=0.18).

The authors conclude that regular exercise and abstinence from smoking were independently associated with lower all-cause mortality after stroke. Combinations of healthy lifestyle factors were associated with lower all-cause and cardiovascular mortality in a dose dependent fashion.

Source: Impact of a healthy lifestyle on all-cause and cardiovascular mortality after stroke in the USA. Amytis Towfighi, Daniela Markovic, Bruce Ovbiagele *J Neurol Neurosurg Psychiatry* 2012;83:146-151 doi:10.1136/jnnp-2011-300743 Published Online 21 October 2011

jnnp.bmj.com/content/83/2/146.full#sec-5



Comparison of effects of red wine versus white wine on hormones related to breast cancer risk

Shufelt C, Bairey Merz CN, Yang YC, Kirschner J, Polk D, Stanczyk F, Paul-Labrador M, Braunstein GD. Red versus white wine as a nutritional aromatase inhibitor in premenopausal women. *J Women's Health*, 2011;DOI: 10.1089/jwh.2011.3001

Authors' Abstract

Background: An increased risk of breast cancer is associated with alcohol consumption; however, it is controversial whether red wine increases this risk. Aromatase inhibitors (AIs) prevent the conversion of androgens to estrogen and occur naturally in grapes, grape juice, and red, but not white wine. We tested whether red wine is a nutritional AI in premenopausal women.

Methods: In a cross-over design, 36 women (mean age [SD], 36 [8] years) were assigned to 8 ounces (237 mL) of red wine daily then white wine for 1 month each, or the reverse. Blood was collected twice during the menstrual cycle for measurement of estradiol (E2), estrone (E1), androstenedione (A), total and free testosterone (T), sex hormone binding globulin (SHBG), luteinizing hormone (LH), and follicle stimulating hormone (FSH).

Results: Red wine demonstrated higher free T vs. white wine (mean difference 0.64 pg/mL [0.2 SE], $p = 0.009$) and lower SHBG (mean difference -5.0 nmol/L [1.9 SE], $p = 0.007$). E2 levels were lower in red vs. white wine but not statistically significant. LH was significantly higher in red vs. white wine (mean difference 2.3 mIU/mL [1.3 SE], $p = 0.027$); however, FSH was not.

Conclusion: Red wine is associated with significantly higher free T and lower SHBG levels, as well as a significant higher LH level vs. white wine in healthy premenopausal women. These data suggest that red wine is a nutritional AI and may explain the observation that red wine does not appear to increase breast cancer risk.

Forum Comments

Forum reviewers thought that this was a well-done clinical trial producing evidence of differences between red wine and white wine in terms of their effects on indices of aromatase inhibition. The authors refer to a number of other papers suggesting that the higher polyphenol content of red wine could relate to the risk of breast cancer.

One reviewer stated that "alcohol is a co-factor in breast cancer only if there is a folate deficiency. Adequate folate levels may prevent any increase in risk of breast cancer from alcohol intake. Given that alcohol increases circulating estrogens, an aromatase

inhibitor could therefore be protective against breast cancer." Another reviewer commented that "the health impact of non-alcoholic substances in red or white wine or in beer is difficult to measure in epidemiologic studies, so intervention studies such as this are needed."

Another reviewer agreed: "The authors themselves admit that their research is only a beginning. But it is a good, useful, and timely one." Another added: "I like this kind of paper. It may be chipping away at the confusion surrounding and fog covering the possible causal relationship of alcohol to breast cancer (though, even if this mechanism is found to be operative, we have a long way to go)."

However, other Forum reviewer pointed out problems with the study: "The power of the study is poor, there is no placebo group, and the days of the cycle when women were tested is not indicated. Moreover, these values will fluctuate from woman to woman from cycle to cycle, and no baseline data were collected on this patient population for comparison. The conclusion is not supported by the data."

Other Forum reviewers had concerns with certain statements of the authors suggesting a lack of effect of red wine on breast cancer risk. The authors did not point out that many studies have shown that risk increases for all drinkers, regardless of type of beverage consumed. The authors failed to refer to papers with evidence of increased risk of breast cancer among consumers in red wine-drinking populations.¹⁻⁵ Further, a recent paper from a large study in the United States by Newcomb et al⁶ stated: "Wine consumption was not associated with risk of breast cancer (OR, 1.01; 95% CI, 0.99-1.02) and no differential was observed between red and white wine."

One Forum reviewer pointed out that the authors did not describe "what may be the major issues concerning alcohol and breast cancer: the effects of folate deficiency⁷ and binge-drinking⁸ (and not whether to choose white or red wine). The minor changes of proxy endpoints of estrogens found in this study cannot override the results of large population studies."

Another Forum reviewer thought that “the link of wine to aromatase inhibition in this study is rather vague, especially considering that there is not positive evidence for a decrease in estradiol.” He did not believe that we can derive important conclusions about red wine and breast cancer from these analyses.

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Forum Summary

Aromatase inhibitors (AIs) prevent the conversion of androgens to estrogens, and could play a role in the development of breast cancer. This study of 36 pre-menopausal women consisted of a cross-over intervention trial to determine if there were differences between red wine and white wine in their effects on AIs. Subjects sequentially consumed eight ounces of red wine, followed by white wine (or vice versa), each beverage for a one-month period. The investigators concluded that red wine, but not white wine, was associated with significant effects on some indices of estrogen metabolism; free testosterone and luteinizing hormone were increased, but no significant differences were noted in estrogen levels.

Forum reviewers considered the results interesting and that they contribute to our understanding of the relation of wine to hormonal levels. On the other hand, they were concerned about methodological problems, including a lack of baseline data and

variations in the timing during the menstrual period of blood sampling (which could affect estrogen levels). Also, no significant effect of the interventions was seen on blood levels of estradiol.

Further, the Forum thought that it should be pointed out that data are inconsistent on the relation of red wine consumption to the risk of breast cancer; many studies do not show beverage-specific effects on risk. More research will be needed to determine if the polyphenols in red wine can play a role in lowering the risk of breast cancer.

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Patterns of alcohol use in early adolescence predict problem use at age 16 - UK study reinforces Chief Medical Officers' guidance to parents of delaying the age of first drink to age 15

"It is not a simple case of identifying young people at a single point in time who may develop problems later. Rather the study points to the importance of reducing the average levels of drinking among young adolescents in order to reduce hazardous drinking at age 16—as young adolescents in the high classes of alcohol consumption and frequency were 9–10 times more likely to be hazardous drinkers later in adolescence".

Jon Heron and Colleagues from the School of Social and Community Medicine and the School of experimental psychology at the University of Bristol studied the patterns of alcohol use in early adolescence and relate these to hazardous and harmful alcohol use at age 16.

The 7,100 children were selected from the Avon Longitudinal Study of Parents and Children (ALSPAC; Golding et al., 2001), an ongoing population-based cohort study in the South-West of England. The primary source of data collection was via self-completed questionnaires; however, since the age of 7 years, the ALSPAC study children have been invited to the annual clinic for a variety of hands-on assessments. Measures created were: (a) drinking frequency—classified into three categories as: none, occasional (has had a drink in the last 6 months but does not drink weekly), weekly use; (b) typical consumption—the number of units of alcohol the respondent consumes on a typical day when they have had a drink—classified into in five categories as: none, 1 or 2, 3 or 4, 5 or 6, 7 or more.

Adolescents were assessed at age 13 and 15. Data on drinking frequency and typical consumption when drinking were modelled separately using a pair of latent class models. Classes of alcohol-use behaviour were contrasted across a range of risk factors and then to hazardous and harmful alcohol use as assessed using the Alcohol Use Disorders Identification model (Identification Test scale at age 16).

14.2% of 16 year olds found to be drinking at high frequency and 5.6% at harmful levels

In line with National figures, the study found that 80% of 13 year olds haven't drunk at all, with a further 16% having one or two units on occasions, leaving 4% drinking 3 units or more, or regularly. By age 15,

the balance tips and 30% are drinking 3 units or more when they drink and 20% of 15 year olds are drinking weekly – emphasising the importance of 13 – 14 year olds being taught about responsible drinking.

14.2% of 16 year olds were classified as high frequency drinkers in the study. The majority of them had been drinking to some degree throughout the time period with almost two-thirds of them drinking weekly by age 15. At age 16, 29% of the whole sample were defined as drinking hazardously and a further 5.6% were assessed as harmful drinkers. Young people in the high drinking frequency or high consumption class at age 13, 14 and 15 had a 9-fold increased risk of reporting harmful drinking at age 16.

Frequency of drinking

53.2% of pupils were drinking very little from 13 to 14 years with occasional drinking by the age of 15. 32.5% were classified as occasional drinkers by 14 years and had all drunk alcohol by age 15 years, with a quarter of them drinking on a weekly basis.

Amount drunk

58.8% of participants were in the low consumption class (typically consuming 1–2 units per occasion at age 15 but little before this); 32.3% were in the medium consumption class where about half typically consumed 1–2 units at age 13 and a third typically had 3+ units at age 15. Finally, the high consumption class of 8.9% consumed to a higher level throughout the time period with three quarters typically drinking 3+ units at age 15 and a third of the high consumers (8.9%) drinking 7+ units in one sitting.

Socio-demographic factors, maternal substance use (tobacco and cannabis) and the young persons' use of tobacco and cannabis were associated with frequency of drinking.

Having no maternal educational qualifications was associated with a 26% increased odds of being in the high-frequency class and 68% increased odds of being in the high-consumption class. Subsidised housing was also associated with the high-consumption class; however, there was no evidence of an association between housing tenure and drinking frequency. The strongest associations

within these measures were for parity with an apparent dose–response relationship between the number of siblings and rates of high consumption.

There was strong evidence for associations between all three maternal substance use measures and drinking frequency and consumption class membership. Maternal alcohol consumption demonstrates a weak gradient effect. Associations were stronger for tobacco and cannabis, particularly the latter, with double the odds of being in the high-drinking frequency and high-consumption classes for young people with cannabis-using mothers at age 9.

There was moderate evidence ($P = 0.017$) of an association between the gender and AUDIT score: 29.7% of girls scored 8–15 on the AUDIT scale (hazardous use) compared with 28.2% of boys, and 6.4% of girls scored 16 or higher (harmful use), compared with 4.6% of the boys.

Young people in the high drinking frequency or consumption class had a 9-fold increased risk of reporting harmful drinking at age 16.

Conclusions: By the age of 16, a substantial proportion of teenagers in this sample were drinking at levels that could be considered hazardous or harmful for an adult. Patterns of alcohol exposure in early adolescence were strongly associated with later alcohol use. Altering drinking patterns in middle adolescence has the potential to reduce harmful use in later adolescence.

Source: Patterns of Alcohol Use in Early Adolescence Predict Problem Use at Age 16. J. Heron, J. Macleod, M.R. Munafò, R.Melotti, G. Lewis, K.Tilling, M. Hickman. Alcohol and Alcoholism (2012) doi: 10.1093/alcalc/agr156 First published online: January 2, 2012

Predicting adolescent drinking

Table 1. Measures of alcohol-use in restricted (complete case) and unrestricted (all available data) samples

	13 years	
	All available data	Complete case
Drinking frequency		
None	4690 (77.0%)	3190 (79.3%)
LT weekly	1052 (17.3%)	621 (15.4%)
Weekly	351 (5.8%)	210 (5.2%)
Total	6093	4021
Typical consumption		
None	4791 (78.7%)	3128 (80.9%)
1 or 2 units	1046 (17.2%)	611 (15.8%)
3 or 4	148 (2.4%)	69 (1.8%)
5 or 6	59 (1.0%)	33 (0.9%)
7+	46 (0.8%)	26 (0.7%)
Total	6090	3867
	14 years	
	All available data	Complete case
Drinking frequency		
None	3429 (60.0%)	2494 (62.0%)
LT weekly	1869 (32.7%)	1276 (21.7%)
Weekly	414 (7.3%)	251 (6.2%)
Total	5712	4021
Typical consumption		
None	3482 (61.0%)	2441 (63.1%)
1 or 2 units	1773 (31.1%)	1168 (30.2%)
3 or 4	322 (5.6%)	183 (4.7%)
5 or 6	101 (1.8%)	60 (1.6%)
7+	33 (0.6%)	15 (0.4%)
Total	5711	3867
	15 years	
	All available data	Complete case
Drinking frequency		
None	915 (17.9%)	777 (19.3%)
LT weekly	3078 (60.4%)	2434 (60.5%)
Weekly	1107 (21.7%)	810 (20.1%)
Total	5100	4021
Typical consumption		
None	1666 (34.1%)	1389 (35.9%)
1 or 2 units	1743 (35.7%)	1392 (36.0%)
3 or 4	716 (14.7%)	539 (13.9%)
5 or 6	400 (8.2%)	291 (7.5%)
7+	364 (7.5%)	256 (6.6%)
Total	4889	3867

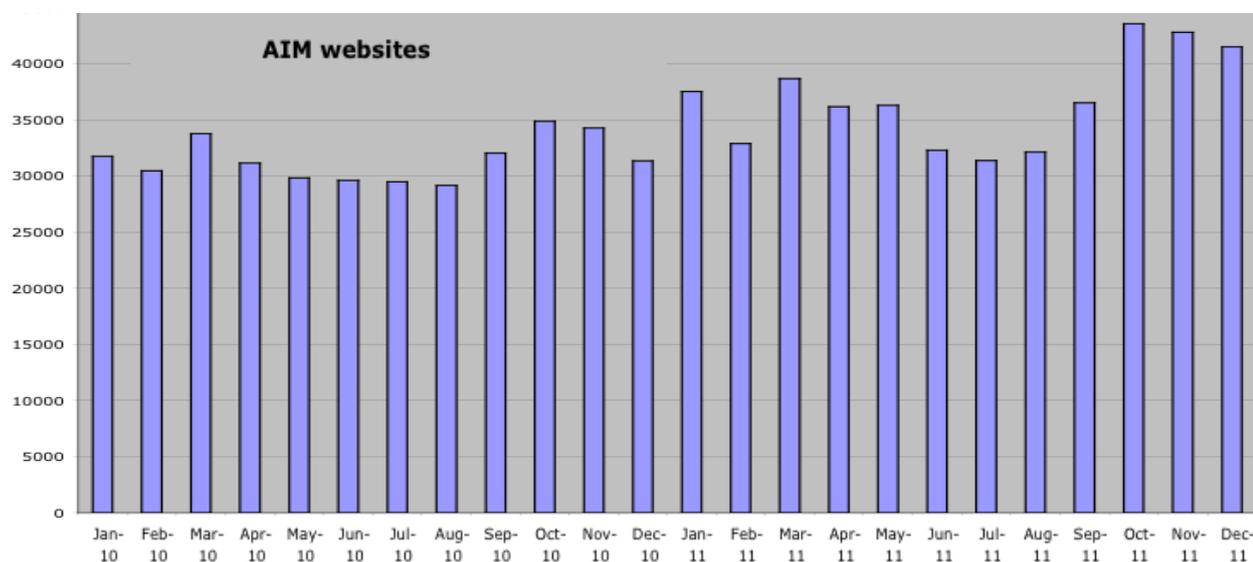
AIM websites welcome an increase of 10,000 new visitors to its websites in December (year on year)

In December, AIM (Alcohol in Moderation) celebrating its 21st Birthday in 2012, welcomed 441,646 visitors to its consumer portal to responsible drinking, drinkingandyou.com, and its archive of summaries and reviews on social, policy and medical issues relevant to alcohol, health and responsible drinking via alcoholinmoderation.com.

This represents an increase of 64,081 unique site visits since 2011, when 377,565 were made from around the world. AIM welcomes visitors predominantly from the UK, the US, the rest of Europe, Canada and Australia,

but an increase of site traffic is now coming from countries such as China and India where concepts of responsible drinking are beginning to emerge.

The profile of visitors to alcoholinmoderation.com is one of regular visitors who return on average every eight weeks to check for updated reviews and papers, whereas drinkingandyou.com welcomes two types of visitor, those who go straight to websites dedicated to responsible drinking relevant to their country of origin and those seeking advice from the UK, Canada and US specifically.



Text messages may help young adults cut down on alcohol consumption

Young US adults, who as part of a study sent and received weekly text messages that tracked their alcohol consumption, drank less after 12 weeks.

The study included 45 heavy drinkers, ages 18 to 24, who were identified as hazardous drinkers after they ended up in the emergency room. They were divided into three groups. One group sent and received weekly text messages about their drinking; a second group sent but didn't receive texts, and a third group sent no alcohol-related texts. The young adults in the second and third group did not decrease their drinking as much as the first group, the researchers found. The researchers state that although the study is small, it points to a promising strategy for reducing problem drinking.

The participants in the first group sent weekly texts totalling up how much they drank. Depending on how much alcohol they consumed, they received automatic replies that either congratulated them on

their efforts to cut down, or urged them to decrease the amount they drank the following week, with tips on strategies for doing so. In the last month of the study, participants in this group said they drank heavily on 3.4 fewer days than they had in the month before the study began. When they did drink, they had an average of two fewer drinks.

"Given that mobile phones are essentially ubiquitous among young adults, and texting in particular is a heavily used communication tool, we sought to build and test an automated TM [text messaging] system that could conduct a health dialogue with young adults after discharge," lead researcher Brian Suffoletto, MD, of the University of Pittsburgh, said. *"We believe that our study is the first to test a TM-based behavioral intervention to reduce alcohol consumption."*

Source: Results will be published in the March 2012 issue of *Alcoholism: Clinical & Experimental Research* and are currently available at Early View.

Visitors from 167 countries visit talkaboutalcohol.com website

Although talkaboutalcohol.com is for pupils, their parents and teachers in the UK, the site had visitors from 167 different countries and territories in 2011! This demonstrates the very high level of interest in alcohol education globally.

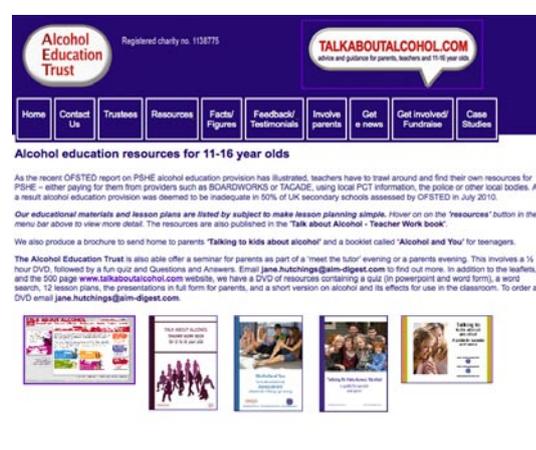
talkaboutalcohol.com has been fully integrated into the range of resources offered by The Alcohol Education Trust alcoholeducationtrust.org, which was established to ensure that secondary schools across the UK have access to a range of resources enabling them to teach alcohol education via the PSHE curriculum effectively. In addition to the website, teachers are able to order a [teacher workbook](#), leaflets for [pupils](#) and [parents](#) and a DVD to complement the resources on the website.

talkaboutalcohol.com is an interactive website about alcohol, with games, quizzes, facts, an interactive body, myth busters and is designed to form part of PSHE lesson activities. Pupils can test their knowledge, learn resistance to peer pressure through

choice scenarios and scroll over an [interactive body](#) which tells them about alcohol and its effects. There is a separate [zone for parents](#) equipping them with talking and listening skills to talk effectively to their children and equip them with the facts and tips to help them be good role models and feel confident in setting boundaries.

The Alcohol Education Trust is now supporting over 400 of the 3,000 secondary schools across the UK, as well as NGO's, charities, youth groups and other youth orientated organisations.

To learn more, or get involved, please email jane.hutchings@aim-digest.com.



Self-reported life satisfaction and alcohol use: A 15-year follow-up of healthy adult twins

Authors of a recent study sought to study the bidirectional relationships between life satisfaction (LS) and alcohol use. Health questionnaires were administered in 1975, 1981 and 1990 to a population-based sample of healthy Finnish twins aged 18–45 at baseline ($n = 14,083$). These included a LS scale and three indicators for adverse alcohol use: binge drinking, passing out and high consumption (women/men $\geq 400/800$ g/month). In longitudinal analyses, logistic regression, pair-wise case-control analyses and growth models were applied.

All alcohol indicators increased the age-adjusted risk of becoming dissatisfied regardless of study period [binge drinking OR 1975–1990 = 1.29; 95% CI 1.12–1.50; high consumption OR 1975–1990 = 1.60; 1.29–1.99 and passing out OR 1981–1990 = 2.01; 1.57–2.57]. Also, the dissatisfied had an increased subsequent risk for adverse alcohol use. The risk for passing out due to drinking (OR 1975–1990 = 1.50; 1.22–1.86) was increased regardless of study period, while high

consumption (OR 1975–1981 = 1.97; 1.40–2.77; OR 1981–1990 = 2.48; 1.50–4.12) and binge drinking (OR 1975–1981 = 1.37; 1.12–1.67) showed some variation by the study period. Predictions remained after multiple adjustments. Longitudinally, high consumption predicted dissatisfaction somewhat more strongly than vice versa. The change/levels within the whole range of LS and alcohol consumption were only slightly associated in the entire study population.

The authors conclude that life dissatisfaction and adverse alcohol use reciprocally predict each other prospectively. The heavier the alcohol use the stronger the relationship.

Source: Self-reported Life Satisfaction and Alcohol use: A 15-year follow-up of Healthy Adult Twins. H. Koivumaa-Honkanen, J. Kaprio, T. Korhonen, R.J. Honkanen, K. Heikkilä and M. Koskenvuo. *Alcohol and Alcoholism* (2012) doi: 10.1093/alcal/agr151. First published online: January 2, 2012.

Binge drinkers likely to pass behaviour on to romantic partners

The behaviour of a binge drinker is likely to influence the person with whom he or she is romantically involved, according to a study by Canadian researchers at Dalhousie University in Halifax, Nova Scotia.

Researchers studied 208 unmarried, heterosexual couples who saw each other at least five days each week. The participants were all in their early twenties, dating for a minimum of three months, and at least one of them had to be a college or university student. The researchers found that they were able to predict the likelihood that one partner would binge drink based on the behaviour of their partner.

The findings suggest that many young adults become binge drinkers because the person they are dating is one and that the influence was not gender specific — that women were as likely to influence men as vice versa.

“Binge drinking in university students occurs in both young men and women. Studies with married couples

show that men have more of an influence on women, but in our study, we found both young women and young men influence their partner’s binge drinking,” researcher Aislin Mushquash wrote.

“In some respect this is a cautionary piece of research. Pick your friends and lovers carefully because they influence you more than you think,” commented Simon Sherry, an assistant professor at the Dalhousie University Department of Psychology. “We’re not so naive as researchers to think students are going to walk away from binge drinking. But our study shows there’s a large majority of students who form romantic partnerships where alcohol is a regularly occurring theme,” he added.

Source: Mushquash, A. R., Stewart, S. H., Sherry, S. B., Mackinnon, S. P., Antony, M. M., & Sherry, D. L. (2011, December 12). Heavy Episodic Drinking Among Dating Partners: A Longitudinal Actor-Partner Interdependence Model. Psychology of Addictive Behaviors. Advance online publication. doi: 10.1037/a0026653

Do media messages change people’s risk perceptions for binge drinking?

A study investigated the effect of a media health message for drinking on risk perception estimates (comparative optimism).

Sixty-five young adults who regularly drink alcohol watched an anti-drinking scenario (having an accident due to drinking). There were two intervention conditions: 30 participants ‘imagined’ they were part of the scenario, and 35 ‘watched’ the scenario. They then completed four comparative optimism estimates comparing themselves to those the same age and gender with similar drinking habits. The four comparisons were of their likelihood of being involved in an accident due to drinking; having unprotected sex, when under the influence of alcohol; having a car accident due to drinking (drivers only) and developing cirrhosis. There was also a control group (n = 59) who just completed the questionnaires.

Both intervention groups reported significantly lower comparative optimism for accident, unprotected sex and car accident than the control group. The ‘imagine’ group reported significantly lower comparative optimism than the ‘watch’ group for accidents.

The authors state that these results highlighted that media messages can successfully change people’s risk perception, and also that imagination can be a powerful tool in changing risk perceptions associated with binge drinking.

Source: Do Media Messages Change People’s Risk Perceptions for Binge Drinking? Beverley Ayers and Lynn B. Myers Alcohol and Alcoholism (January-February 2012) 47 (1): 52-56. doi: 10.1093/alcalc/agr052

House of Commons report on UK alcohol guidelines released

In a report published on 10 January, the House of Commons Science and Technology Committee upheld the current daily responsible drinking guidelines of 2-3 units (8g) for women and 3-4 for men. The report is also happy with current guidelines for pregnant women and the Chief Medical Officers' advice for those under the age of 18. The report recommends that specific additional advice for older populations could be formulated and a review of the existing evidence base by a balanced panel of medical disciplines considered.

The committee suggested that, 'while public awareness of the existence of guidelines was high, a deeper understanding of what the guidelines were and of what a unit of alcohol looked like was lacking.'

Among the Reports conclusions are the following recommendations:

'At a time when the Government is putting efforts into encouraging people to drink within guidelines, we consider that a review of the evidence would increase public confidence in the guidelines.'

The review of the evidence base should be conducted by an expert group, including amongst its members civil servants and external scientific and medical experts from a wide range of disciplines, including representatives from the devolved administrations. The group should review:

a) *The evidence base for health effects of alcohol including risks and benefits;*

- b) *Behavioural and social science evidence on the effectiveness of alcohol guidelines on*
 (i) *informing the public and*
 (ii) *changing behaviour;*
 c) *How useful it would be to introduce guidance on individual drinking episodes;*
 d) *What terminology works well in public communication of risks and guidelines; and*
 e) *Whether further research is needed, particularly for the alcohol-related risks to specific demographic groups (for example, older people).*

The group should provide a recommendation to Government on whether the current alcohol guidelines are evidence-based, and if they are not, what the guidelines should be changed to.

We consider that the Government, industry and charities should emphasise in public communications:

- a) *The specific risks associated with drinking patterns, that is,*
 (i) *the acute risks associated with individual episodes of heavy drinking and*
 (ii) *the chronic risks associated with regular drinking;*
 b) *That there are situations where it is not appropriate to drink at all, for example while operating machinery; and*
 c) *That people should have some drink free days every week.'*

publications.parliament.uk/pa/cm201012/cmselect/cmsctech/1536/1536.pdf

Eisberg joins forces with British Liver Trust for campaign

Eisberg, an alcohol free wine, has joined forces with the British Liver Trust in order to encourage the nation to 'Love their Livers'.

January has been designated by the British Liver Trust as 'Love Your Liver' month; an initiative which aims to educate the public about good liver health. Andrew Langford, Chief Executive of the British Liver Trust, said: "Improving the health of your liver can have wide-ranging health benefits. Although everyone is aware of the regenerative qualities of the liver, people are unaware that there are very few symptoms of damage. 95% of all liver disease is preventable which is why we are encouraging the nation to Love their Livers".

Eisberg and the British Liver Trust are touring the UK together as part of an initiative to bring 'pop up' liver health clinics to key UK cities on board a double decker bus. The Roadshow is visiting Glasgow, Liverpool, Birmingham London and Exeter during January. It will offer the public an instant, non-invasive FibroScan liver test, plus the chance to discuss any concerns and talk through practical solutions with leading liver specialists on how to improve the health of their liver.

More information can be found on the Eisberg Facebook page [Facebook.com/EisbergWine](https://www.facebook.com/EisbergWine) where you can take the Eisberg Challenge and pledge to take a break from alcohol.

Brand Phoenix launches responsibility deal pledge

In a move that will take 50 million units of alcohol out of the wine category, Brand Phoenix has confirmed with the Department of Health that it has submitted an individual pledge for its FirstCape wine brand to reduce the units of alcohol consumed in the UK wine market.

The company will achieve this by reducing approximately 0.8% ABV on all FirstCape full strength red wines commencing in January 2012. Brand Phoenix will also increase sales and marketing of its FirstCape 5.5% ABV range of light wines in 2012.

Customer unit awareness campaign in UK

A unit-awareness campaign in the on-trade was launched in December 2011 by the British Beer and Pub Association (BBPA). The scheme forms part of the new Public Health Responsibility Deal agreed between government and alcohol retailers, within which the BBPA pledged to promote much more visible alcohol unit information for consumers.

Posters and other materials are now available for pubs as part of the new national campaign to raise awareness among pubgoers. The final designs follow research conducted with consumers and retailers. According to the BBPA, the research found that pubgoers want clear information on the number of units in typical drinks in a way that presents the facts without adopting a 'nannyng' approach.

The campaign was backed by UK public health minister Anne Milton. BBPA chief executive Brigid Simmonds said: "As part of the government's Responsibility Deal, these designs have been agreed with the government and incorporate the chief medical officer's responsible drinking guidelines".



Sainsbury's launches low alcohol campaign

Sainsbury's is running an in-store campaign to raise awareness of alcohol units, promote lighter-style wines and encourage consumers to manage their drinking responsibly.

The campaign forms part of Sainsbury's 20 by 20 Sustainability Plan, in which the supermarket has committed to doubling its sales of lighter alcohol wine by 2020. The campaign runs from January 6-24, with in-store sampling of wines at 10.5% abv and under, as well as alternative serve sizes of spirits and beer.

Health minister Paul Burstow has welcomed the campaign. He said: "People's understanding and awareness of alcohol units is still patchy. If advice on alcohol is going to mean something to people we must be able to know how much we're actually drinking and compare that against the guidelines".

Scottish drink-drive incidents rise

Results from a police operation against drink driving over the festive period in Scotland revealed a 12% increase in the number of people caught driving over the limit. Despite a widescale publicity campaign and the threat of vehicles being confiscated, Scottish police caught 478 drivers over the limit. Under new laws to punish drink drivers, 104 of those motorists now face losing their cars – which will either be sold or crushed, depending on the value of the car. The number of motorists found to be under the influence of drugs behind the wheel rose by 44% from last year.

NHS staff should discuss diet, exercise, smoking and drinking habits

NHS staff in England must adapt their roles to ensure they promote good health according to new plans being published in the UK. An independent panel of government advisers says health professionals should take every opportunity to discuss diet, exercise, smoking and drinking habits. Ministers have backed the proposal from the NHS Future Forum to 'make every contact count', but the Royal College of GPs says the move could drive some patients away. The recommendation is part of a series of papers from the panel of independent experts. Their first report last year outlined changes to the Health and Social Care Bill. They are now setting out their conclusions on four other areas - public health, information, improving links between services and education and training.

dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_132114.pdf

Survey reveals Scottish teenagers' drinking habits

The latest Scottish Schools Adolescent Lifestyle and Substance Use (SALSUS) National Report was published in December 2011. The report is part of a long established series of national surveys on smoking, drinking and drug use. Information has been collected in Scotland from 1982 on smoking, 1990 on drinking and since 1998 on drug use. The latest survey was carried out during the autumn term of 2010 with a sample of over 37,000 pupils from S2 and S4 classes from across Scotland. The report provides information on the prevalence of smoking, drinking and drug use, the frequency of substance misuse, sources of cigarettes, alcohol and drugs and pupils' attitudes to substance misuse

Key findings include:

- 44% of 13 year olds and 77% of 15 year olds have ever had an alcoholic drink (compared with 52% in 2008 for 13 year olds, and 82% in 2008 for 15 year olds).
- Increase in the proportion of pupils who had drunk in the last week from 11% in 2008 to 14% in 2010 among 13 year olds and from 31% in 2008 to 34% in 2010 among 15 year olds.

- Longer term trends – The proportion of pupils drinking in the week before the survey increased between 1990 and 2002, then there was a steady decline until 2008. However, in 2010 this trend has ended and consumption has slightly increased.
- Most commonly consumed drinks among both age groups were beer, lager, cider, spirits and alcopops.
- 54% of 13 year olds who have ever had alcohol report having been drunk at least once, compared with 76% of 15 year old.
- Sources of purchased alcohol have changed considerably over time, with friends/ relatives by far the most common source.
- Since 2008, there has been a decrease in the proportion of both age groups usually drinking outside.

Dr Evelyn Gillan, Chief Executive of Alcohol Focus Scotland said: "The number of young teenagers regularly drinking is concerning not only because of the potential damage to their health, but because of the risky situations they put themselves in when drunk".

drugmisuse.isdscotland.org/publications/abstracts/salsus_national10.htm

Figure 3.2: Days on which pupils drank alcohol in the week before the survey by age group: Scotland 2010

All pupils who drank in the week before the survey

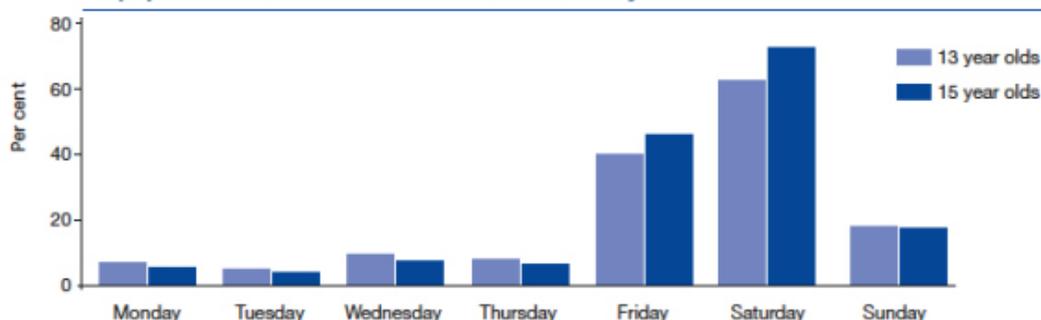
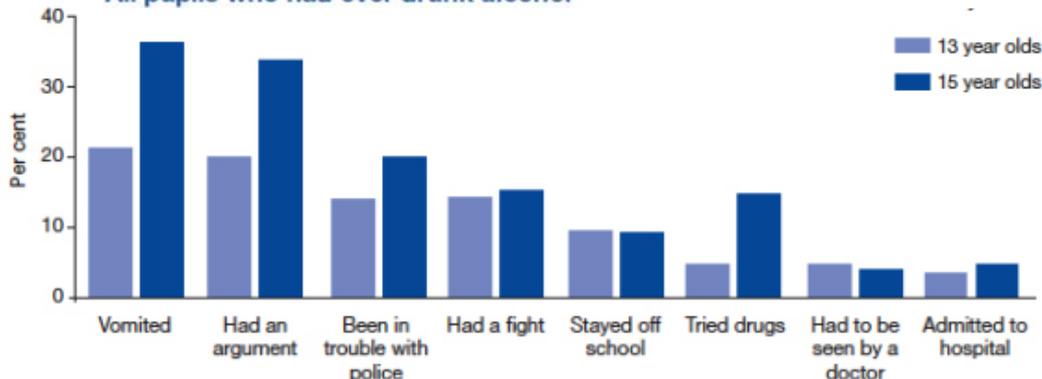


Figure 3.3: Effects of drinking experienced at least once in the last year: Scotland 2010

All pupils who had ever drunk alcohol



Annual report from Chief Medical Officer for Scotland shows decline on alcohol consumption

The Chief Medical Officer for Scotland published his annual report on 14 December 2011 that confirms that there have been some reductions in alcohol consumption. The report states that 'Scotland's consumption of alcohol over the past decades has been a source of enormous concern. It has been estimated that per head of population 11.8 litres per capita for every person aged over 16... significantly higher than England and Wales (9.9 litres per capita)'. The responses to the 2010 Scottish Health Survey indicate that the mean weekly alcohol consumption among adults aged 16 and over declined by 18% between 2003 and 2010. Men reported that the mean number of units they consumed per week fell from 19.8 to 16.0, a fall of 19%. Among women, the reported mean weekly consumption fell from 9.0 to 7.6 units, a fall of 16%. The proportions of adults reporting that they drank in excess of recommended weekly limits also declined between 2003 and 2010, from 28% to 22% (33% to 27% for men and from 23% to 18% for women). These reported levels are judged to be inconsistent with findings from NHS Health

Scotland which based its estimate on sales data. Alcohol sales in Scotland in 2010 were equivalent to 22.8 units per person per week.

The proportion of men who reported their alcohol consumption exceeded the recommended daily limits rose slightly from 43% to 45% between 2003 and 2010 and the proportion of women exceeding their recommended limits declined from 37% in 2003 to 33% in 2010.

The Health Survey asked participants questions designed to detect problems in their daily life caused by their drinking. Among all adults aged 16-74, the proportion reporting two or more problems rose from 9% in 1998 to 13% in 2008, and was 12% in both 2009 and 2010. The proportion reporting no problem indicators declined from 77% in 1998 to 70% in 2010. There was a decline in the number of alcohol-related discharges from general acute hospitals in Scotland between 2008/09 and 2009/10, down from 41,977 to 39,278.

www.scotland.gov.uk/Publications/2011/12/14120931/3

Turning Point call for early intervention for children whose parents misuse alcohol

The UK health and social care provider Turning Point has said alcohol misuse within families is a great concern in its new report 'Bottling it up: the next generation'. It says early screening and identification of families is needed urgently to prevent the 'inter-generational cycle' of alcohol misuse which blights the lives of children and undermines their life chances.

Up to 2.6 million children live with parents who drink at "hazardous" levels and around 700,000 children are thought to live with dependent drinkers.

The report says children of parents who misuse alcohol are more at risk of depression, anxiety and increased

anger. Turning Point also highlighted JRF research which found that children who see their parents drunk are twice as likely to get drunk themselves.

In the report Turning Point call on the Government to place a duty on Local Authorities to develop strategies that take into account the harms to family life and children's development. They also advocate the development of services which are more family focused and home-based, better liaison between adult and children's services, and more information available to help affected children.

turning-point.co.uk/News/Documents/BottlingItUp2011.pdf

Ukrainian commercial communications standards agreed for brewers

Ukrainian beer producers have agreed to abide by new standards in commercial communications, establishing an independent monitoring body - the Committee on Ethics.

The purpose of signing the agreement is effective self-regulation by the Ukrainian brewing industry to ensure that commercial communications are not aimed at underage youth and do not encourage excessive or irresponsible consumption of alcohol.

Signing the agreement will also enable the more timely review of complaints and accelerate decision-making.

It is assumed that the main body in the system of self-regulation would be an Ethics Committee, which would be funded by parties to the agreement. The conclusions of the committee will be based on legislation and the signed agreement.

Alcohol education involves parents in Spain



The Alcohol and Society Foundation in Spain (FAS) believes that for teenagers, education in their own families is essential to preventing drug and alcohol abuse. However, during adolescence there are big changes and communication difficulties that prevent parents from talking to

their children about alcohol effectively. One of the challenges for FAS over several years has been to

try to give families the tools to communicate more effectively when their children reach adolescence.

Thus, it is now offering to all schools where alcohol education lessons are given, vocational training and a talk to parents. The sessions are taught by instructors from FAS and address the following topics: Adolescence: What are teens like?, When and why do they start drinking?, Why, what, how and how much do they drink? Family and Youth, Brief notes on alcohol, Doubts and questions.

There is also a booklet for parents *El triángulo de la adolescencia* (The adolescence triangle).

For more details visit: alcoholysociedad.org/

Denmark considers raising legal drinking age

In an Opinion poll of 1,126 Danes conducted for Retail Institute Scandinavia, 73% said it was “a good idea” or “a very good idea” to raise the legal purchase age of alcohol from the current 16 to 18. In Denmark, the age for being served in alcohol in bars, restaurants and clubs is 18. However, teenagers can purchase alcoholic drinks with an abv of less than 16.5% due to a law change in March 2011. In most other European countries, the age for both is 18.

The president of the prevention council Vidensrådet for Forebyggelse, Morten Grønæk, said that raising the drinking age by two years would have a significant effect. “If you want to do something about the high alcohol intake among youth, changing the age limit for when they can buy drinks is one of the most effective things you can do”.

Health minister, Astrid Krag of the Socialistisk Folkeparti (SF) stated that “Danes’ high alcohol consumption is to blame for poor health and a lower life span, and especially among the younger population .We have a problem that we must tackle... therefore, I believe that the age limit is one of the things we should adjust.”

Although Krag expressed support for raising the drinking age, she stopped short of making an concrete policy suggestions. SF’s coalition parties are split on the notion, with Radikale supporting a hike in the age limit and Socialdemokraterne against changing the current policy.

Heineken launches responsible drinking ad

On 12 December Heineken launched the latest in a series of adverts designed to promote responsible drinking. The tagline for its new campaign is: “Sunrise belongs to moderate drinkers.” The campaign has a “strong emphasis” on social media, as well as using YouTube and television. The responsible drinking advertising ties in with Heineken’s ‘Open Your World’ global campaign. In the ad, which runs for 85 seconds, the male ‘hero’ character from Heineken’s other recent adverts is shown in a club opting for bottled water instead of beer. He is then depicted having a good time, while other drinkers fall by the wayside.



youtube.com/verify_age?next_url=/watch%3Fv%3DOHUpQZlyIvc

Over 2,000 drivers use SoberRide over the Christmas period in US

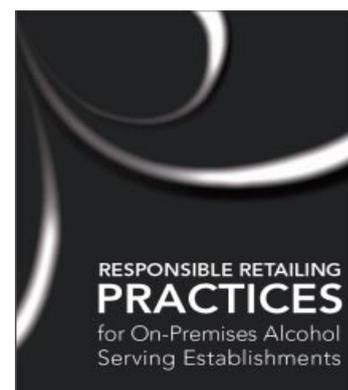
The Washington Regional Alcohol Programme (WRAP) once again offered their SoberRide taxi programme during this year’s holiday party season, providing rides home for drivers in the D.C. metro area. SoberRide provided 2,032 trips from December 16, 2011 to 6AM on Sunday, January 1, 2012 and effectively enabled drivers who may have been too impaired to drive to get home safely.

The Responsible Retailing Forum - guidelines for On-Premises in Canada

A new report from the Responsible Retailing Forum in Canada is intended to assist licensees achieve and sustain consistently high levels of Responsible Retailing. The report, 'Responsible Retailing Practices for On-Premises Alcohol Serving Establishments', is designed to be used by alcohol regulators, law enforcement, public health and prevention agencies, and by retailers and their associations and distributors. The objective is to help licensees identify practices that can reduce

alcohol sale or service to under 21 individuals and intoxicated customers as well as promote a safe and secure environment for staff, customers and the community.

rrforum.org/documents/RR_Book-FINAL_lo-res_10_2011.pdf



MADD launch Canada's 'New School Assembly'

MADD Canada and provincial partners, the Saskatchewan Liquor and Gaming Authority (SLGA) and Saskatchewan Government Insurance (SGI), have launched MADD Canada's 2011-2012 School Assembly Programme, called 'Damages'.

SLGA and SGI are jointly sponsoring 35 presentations of 'Damages' in Saskatchewan schools. This year's programme takes students beyond the crash to see the human impact and legal consequences of alcohol impaired driving. In the dramatic film, students follow Jesse from his decision to drive

impaired through the resulting horrific crash and into the criminal justice system where he faces the consequences of his actions. Jesse's bright future and plans for university are replaced with the possibility of a prison term and a criminal record. Following this fictional story, students see video testimonials from real-life victims who have lost loved ones in impaired driving crashes.

"Jesse's story starts off with a situation and a choice that most young people will face," said Denise Dubyk, MADD Canada's National President. "We're giving students the facts and tools they need to make safe choices to protect them and their peers".

The School Assembly Programme has been a cornerstone of MADD Canada's youth services since 1994. 'Damages' and the French show, 'Dommages', will be seen by more than one million students across Canada over the course of this school year.

www.madd.ca/



US Parents responsible for underage drinking in their home

Parents who allow their teens to have friends over to drink, thinking it's a safe way to keep them off the roads, may be surprised to find they are subject to liability laws that make them vulnerable to lawsuits, fines and jail time, according to the Associated Press.

Parents in some states can be liable even if they were not aware that drinking was going on in their home. A Stanford University professor was arrested in November after his 17-year-old son had a party in the basement. The professor, Bill Burnett, said he had forbidden alcohol at the party and had twice checked on the teens. He spent one night in jail and was booked on 44 counts of suspicion of contributing to the delinquency of a minor. Each count carries up

to a \$2,500 fine and almost a year in jail.

Eight states have "social host" laws that make parents liable if underage guests in their home are drinking, even if no harm comes to anyone. In some of the states, parents are allowed to serve alcohol to their own children in certain situations. In 16 other states, laws hold parents responsible for underage drinking in some circumstances, such as if a teenager who drank in their home was in a car accident.

Research conducted by Students Against Destructive Decisions, and co-sponsored by the insurance company Liberty Mutual, found 41% of teens say their parents allow them to go to parties where alcohol is being served, compared with 36% two years ago.

Éduc'alcool launches its biggest campaign ever to reduce excessive drinking

Montreal, January 9, 2012 marked the launch of the most ambitious Éduc'alcool campaign ever, intended to publicise widely the "2-3-4-0" low-risk drinking formula. The ultimate purpose is to make Quebecers aware of how important it is not to exceed the recommended limits and to reverse a trend showing an increase in excessive drinking in Quebec.

Overall, the vast majority of Quebecers drink moderately and responsibly. Nonetheless, there has been an increase in the incidence of abusive drinking among a limited number of drinkers. Therefore, in addition to promoting moderation, Éduc'alcool is emphasizing what moderation means.

A national committee of experts, including Éduc'alcool's scientific advisor, has developed specific guidelines for low-risk drinking for Canada. These have been reviewed by leading authorities from three continents and endorsed by an impressive number of public and private agencies.

The guidelines advise that women should limit themselves to two drinks a day and 10 a week. For men, the limits are three drinks a day and 15 a week. This is the 2-3 part of the formula. The guidelines also recognise that there is no harm in drinking a little more than that every now and then. On a special occasions, for example, women are advised that they may have three drinks (13.6g) and men, four, provided, of course, that such "special occasions" don't occur too frequently. This is the 3-4 part of the formula.

To prevent physical and psychological addiction, it is recommended that everyone abstain from drinking at least one day a week. That is the 0 in the message.

The guidelines are based on a standard drink being 13.6g, as follows:

Beer: 341 ml (12 oz), 5% alcohol
 Wine: 142 ml (5 oz), 12% alcohol
 Fortified wine or malt liquor: 85 ml (3 oz), 20% alcohol
 Spirits: 43 ml (1.5 oz), 40% alcohol
 Cider and pre-mixed drinks: varies according to alcohol content, which can be anywhere from 2.5% to 20%, as indicated on the bottle.

educalcool.qc.ca



Binge drinking initiatives target students in the US

American professional basketball player, Shaquille O'Neal (Shaq) and The Century Council are joining forces to target binge drinking on college campuses. Shaq, who recently attended film director's school, will work alongside college students to produce student-created videos addressing the issue of binge drinking on campus. The initiative launched on National Collegiate Alcohol Awareness Week 2011 (October 16-22), with a new video message each day from Shaq about binge drinking. It will continue throughout 2012.

The Century Council has also provided grants to major universities to implement and further explore potential effectiveness of the student-generated campaigns presented at the American Advertising Federation's National Student Advertising Competition. These on-campus demonstration sites include: The University



of Minnesota-Twin Cities (theotherhangover.com), University of Alabama-Tuscaloosa (lessthanthink.org), The George Washington University-Washington, DC (You know. Be There) and Ohio University-Athens (You Don't Want to Miss This). Most recently, Syracuse University (Stupid Drink) and Texas Christian University (Vitals) have also started implementation of their student-generated campaigns.

www.centurycouncil.org

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

AIM Mission Statement

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

AIM SOCIAL, SCIENTIFIC AND MEDICAL COUNCIL

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