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## Iceland

The number of Icelandic drivers who are intoxicated has fallen since tougher penalties, came into force in 2007. The reduction is significant as 70% among young repeat offenders.

## Russia

Russian President Dmitry Medvedev has told Russians that they must address their heavy drinking habits. Health Minister Tatyana Golikova has been ordered to devise an anti-alcohol strategy.

A report by The Lancet medical journal estimated that alcohol-related diseases caused around half of all deaths of Russians between the ages of 15 and 54.

Russia's falling population is worrying its leaders. A United Nations report in April said poor diet, smoking and heavy drinking led to a high rate of heart disease and, alongside emigration and violent deaths, could cause Russia's population to fall to 131 million by 2025 from 142 million now.

## Turkey

Turkish alcohol producers have voiced concern about new advertising restrictions restrict alcohol advertisements in Turkey.

Measures due to be implemented will place a ban on linking alcohol with foods in advertisements - a sensitive issue when it comes to Turkey's national drink, the aniseed spirit Raki, which is traditionally eaten with fish or cheese. There will also be a ban on linking alcohol with geographic, historical, cultural and artistic values and a ban on 'exploiting sexuality'

## Poland

In line with its self-regulating strategy the Polish beer producers are introducing warning signs on their products in advertisements from 1 July 2009. The signs remind purchasers that alcoholic products can only be sold to people over 18 years old.

## Netherlands

The Hague has become the first big city in the Netherlands to ban alcohol from schools. City councilman and Green Left party-member Bert van Alphen has launched a campaign on the theme of 'alcohol-free education'. It emphasises the responsible consumption of alcohol and suggests that graduation parties should be alcohol-free.

The local authorities in The Hague have decided not to allow an exemption for serving alcohol at school parties. Parents and staff will only be offered alcohol-free beverages at school events. The ban will be effective from next year in primary schools and technical vocational training schools (ROCs). Many schools in The Hague have already stopped serving alcohol at school events and most institutions now hire local police officers to block entrance to youngsters who have been drinking at home.

## US

The California Senate is set to begin debating a bill that would force supermarkets to route all alcohol sales through live cashiers, who could ensure that buyers are sober and of legal drinking age.

The legislation passed through the Assembly this year despite objections of some large grocery chains.

## A review of moderate drinking in respect to The Million Women Study

By Dr Philip Norrie

The Sydney Morning Herald recently ran an article by Stephen Smith on “To drink or not to drink?”, reflecting many articles’ themes from across the globe this summer. To drink alcohol is obviously an individual’s choice but if people are looking to the evidence of benefit versus harm then we need to look at the full picture and put any new findings into proper perspective. We can then advise ourselves, others or our patients accordingly.

It is only in the past few decades, with the advent of clinical studies, that we can objectively measure any effect and put this to the test. The pinnacle of clinical studies in establishing a benefit or harm is the randomised clinical trial (RCT). RCTs are great for studying interventions, such as prescription medicines and surgical procedures, but they are impractical or impossible to conduct when we are looking at lifestyle living such as what we eat and drink and how we exercise. We therefore rely on the next best methods to study lifestyle interventions where we follow populations (cohorts) over time; these are called epidemiological prospective studies. Here the population under study records his or her own intake of food and drink usually with a daily or weekly diary over time, not ideal but informative.

The first of the major epidemiological studies began in 1948 and continues to observe the townfolk in Framingham, Massachusetts, USA. One of the newest epidemiological studies is the Million Women Study from the UK which began over 10 years ago. Earlier this year, the Million Women Study attracted a lot of media attention because the authors claimed that it was the first large study to examine what the association is between alcohol intake and cancer in women.<sup>1</sup> In this study, women were followed up for an average of 7 years and the investigators observed and reported a small increase (6%) in the incidence of all cancers. Of interest, what was found but not discussed in the published paper and hence not reported in the media, is that women who drank alcohol in moderation (i.e. 1 or 2 drinks a day) actually had a 6% lower incidence of all cancers when compared to those who drank no alcohol. Instead the investigators focused on the association between higher levels of alcohol consumption and cancer, namely the 6% increase. Many reporters and therefore the general public have

missed the important message that sensible or low to moderate drinking of 1–2 glasses a day, according to this study, does not increase cancer risk.

Notwithstanding, the 6% reported increase in cancer is an important signal that deserves further investigation. Those cancers that had an increase of more than 10% were of the mouth and throat, oesophagus, larynx, rectum, liver and breast. Those cancers that decreased were thyroid, non-Hodgkin lymphoma and renal cell carcinoma. The authors concluded that the overall risk to women aged 55 is that in the next 20 years about 1- or 2 women in every 100 will develop an additional cancer. Not surprisingly the increased risk of cancers to the mouth and throat, oesophagus and larynx were found in those women who also smoked. Although these cancers are associated with increasing alcohol consumption they cannot be attributed solely to alcohol intake. This leaves us with an increase in rectal, liver and breast cancers. Of interest is that for those women who drank wine exclusively (and not beer or spirits) there was no increase in liver, colon or rectal cancers. Thus much of the associated 6% increase in all cancers was associated with breast cancer and this was regardless of the type of alcohol consumed. It is important to note that the Million Women Study focused on women attending breast cancer screening clinics where it is more likely that breast cancer will be positively diagnosed. As the authors noted there may be a plausible explanation from stimulating a release of oestrogen which may cause an increase in a subset of hormonal dependent breast cancer.

Before the results of the Million Women Study were published there have been reports linking a moderate to heavy alcohol intake to an increase in breast cancer. However, the effect of light consumption remains uncertain, especially if women have adequate folate intake.

For example, if we look at the first major epidemiological survey (The Framingham cohort) the incidence of breast cancer when compared with those who drank no alcohol actually decreased by 20% in those women drinking less than half a glass of alcohol and by 30% for up to one and a half glasses a day, irrespective of whether they drank wine, beer

or spirits.<sup>2</sup> Of interest too, is that in over 50 years in monitoring the Framingham population there has been a decrease in the average intake of alcohol but an increase in wine consumption.<sup>3</sup>

It is important that we put the findings of any small but notable increase in breast cancer (11 per 1000 women over 20 years) from the Million Women Study into a broader health perspective. Cardiovascular disease accounted for 36% of all deaths in 2004<sup>5</sup> in Australia for example, with about 40,000 women and men dying from this disease each year.<sup>6</sup> 12,170 cases of breast cancer were diagnosed in 2005 and the death rate in that year was 2,707 which represents about 2.1% of all deaths (and 4.2% of all female deaths).<sup>7</sup> Thus, women are far more likely (about 7-fold) to die from cardiovascular disease than breast cancer.

The clinical evidence for living longer (measured as a lower mortality rate) with moderate consumption is demonstrated in numerous studies. For example, the Copenhagen City Heart Study found that the risk of dying decreased by as much as 53% in those who drank 1–2 glasses of wine a day.<sup>8</sup> Although the benefit on fewer deaths has been reported in both men and women,<sup>8,9</sup> the evidence for cardiovascular disease, cerebrovascular disease and all-cause mortality may be more established in men.<sup>10,11</sup> A study published this year following men for 40 years calculated that consuming 2 alcoholic drinks a day was associated with extending their life for a further 5 years.<sup>11</sup> It is essential that moderate drinking is just one component of a healthy lifestyle of course - including eating pattern, not smoking, staying slim and increased physical activity.

The medical benefits of low to moderate consumption (1–2 drinks a day) apply to those aged 55–69 years as they are more likely to benefit the most from the reduction in cardiovascular death rates in terms of lives 'saved' and 'years of life extended'.<sup>16</sup> This benefit also extends to women and men for other types of cardiovascular disease such as blood flow to the brain (reduces stroke in a susceptible age group of 60-69 years of age in both men and women),<sup>12</sup> to the legs (protecting from intermittent claudication, pain on walking, a sign of peripheral vascular disease,<sup>13</sup> and to the hands (Raynaud's phenomenon).<sup>14</sup> Moreover, the health benefits from moderate consumption may extend beyond the vascular tree to preventing bone loss,<sup>15</sup> insulin resistance in diabetics, DVTs, dementia,

Parkinson's, blindness from macular degeneration, gallstones, kidney stones, renal failure, colds and upper respiratory tract infections, and so on.<sup>16</sup>

The health benefits of light to moderate alcohol intake on cardiovascular disease are clear and supported by the body of clinical evidence. Plausible mechanisms for the cardiovascular benefit range from lowering the ability of the blood to clot<sup>17</sup> to raising good HDL-cholesterol,<sup>18</sup> and increasing omega-3 fatty acids.<sup>19</sup> Interestingly, for women it may be the increase in oestrogens that accounts for the positive effects on cardiovascular disease in healthy postmenopausal women.<sup>20</sup>

Thus it is important that when any new study comes along, such as the Million Women Study, its results should be put into proper context within the growing body of clinical evidence. We can then advise our patients appropriately that if we adopt one lifestyle over another then there may be inherent benefits or harms. We look forward to further follow-up of the Million Women Study and the results from new studies investigating the effects of moderate drinking.

Dr Philip Norrie, Medical practitioner MBBS, MA, MSc, MSocSc[Hons], PhD is a valued member of the AIM Council.

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## Study suggests that white wine phenolics are absorbed and metabolised in humans

Oxidative stress is involved in the development of many diseases such as athero-sclerosis, diabetes, aging, cancer, etc. Moderate wine consumption has been associated with beneficial effects on the cardiovascular system and these benefits have been related to both the ethanol and the polyphenol content. Wine phenolics include both flavonoid and non-flavonoid compounds. The hydroxycinnamic acids (caffeic, ferulic and coumaric acids) are the main class of phenolics in white wine.

As described in several studies, polyphenols – with their antioxidants properties - are involved in the cardioprotective effect of wine. Ethanol, in addition to its direct effect on reducing the “stickiness” of the blood and increasing the “good” HDL cholesterol, could also play an important role in the absorption of phenolic substances.

However, data on absorption and metabolism of specific phenolic compounds in humans are very scarce, in particular with regards to polyphenols from white wine. In this study, the absorption of the polyphenolic substances in 250 ml of white wine has been investigated in 10 healthy volunteers. It was demonstrated that hydroxycinnamic acids present in wine are absorbed and metabolised in humans. Hence, this study provides further scientific evidence that also moderate white wine consumption can have health benefits.

Source: White wine phenolics are absorbed and extensively metabolised in humans, Nardini M et al, *J Agric Food Chem* 2009;57:2711-2718.

## Moderate regular consumption of alcoholic beverages reduces the risk of developing the metabolic syndrome

In the past two decades, the clinical and research interest in the metabolic syndrome has risen. Results of previous studies have suggested that moderate alcohol consumption may decrease the risk for the metabolic syndrome but the data have not been entirely consistent. Dr. Ala'a Alkerwi and colleagues from the Centre de Recherche Public Santé (Strassen, Luxembourg) performed a meta-analysis from the available published data. The objective was to evaluate the association between alcohol consumption and the metabolic syndrome and to identify the gender-specific dose-response.

For this purpose fourteen relevant publications that examined this relationship were identified in the medical literature. Of those, 7 studies were included in the meta-analysis. The results showed that a

moderate intake of alcoholic beverages of up to 40 g/day in men and up to 20 g/day in women significantly reduced the prevalence of metabolic syndrome in various populations.

The scientists concluded that a "responsible alcohol intake" appears to be associated with a reduced risk of metabolic syndrome and that their findings support the actual recommendations regarding consumption of alcoholic beverages among apparently healthy individuals.

**Source:** Alcohol consumption and the prevalence of metabolic syndrome: a meta-analysis of observational studies. Alkerwi A, Boutsen M, Vaillant M, Barre J, Lair ML, Albert A, Guillaume M, Dramaix M. *Atherosclerosis*. 2009;204(2):624-35.

## More evidence that a mediterranean diet reduces overall mortality risk – Moderate drinking makes the most significant contribution as a positive lifestyle factor

A study by Dimitrios Trichopoulos of the Harvard school of Public health and colleagues from the University of Athens investigated the relative importance of the individual components of the Mediterranean diet in generating the inverse association of increased adherence to this diet and overall mortality.

The study participants were 23,349 men and women from the Greek segment of the European Prospective Investigation into Cancer and nutrition (EPIC) who were not previously diagnosed with cancer, coronary heart disease, or diabetes, with documented survival status until June 2008 and complete information on nutritional variables and important covariates at enrolment.

After a mean follow-up of 8.5 years, 652 deaths from any cause had occurred among 12,694 participants with Mediterranean diet scores 0-4 and 423 among 10 655 participants with scores of 5 or more. Controlling for potential confounders, higher adherence to a Mediterranean diet was associated with a statistically significant reduction in total mortality (adjusted mortality ratio per two unit increase in score 0.864, 95% confidence interval 0.802 to 0.932). The contributions of the individual components of the

Mediterranean diet to this association were moderate alcohol consumption 23.5%, low consumption of meat and meat products 16.6%, high vegetable consumption 16.2%, high fruit and nut consumption 11.2%, high monounsaturated to saturated lipid ratio 10.6%, and high legume consumption 9.7%. The contributions of high cereal consumption and low dairy consumption were minimal, whereas high fish and seafood consumption was associated with a non-significant increase in mortality ratio.

The study concludes that the dominant components of the Mediterranean diet score as a predictor of lower mortality are moderate consumption of alcohol, low consumption of meat and meat products, and high consumption of vegetables, fruits and nuts, olive oil, and legumes. Minimal contributions were found for cereals and dairy products, possibly because they are heterogeneous categories of foods with differential health effects, and for fish and seafood, the intake of which is low in this population.

**Source:** Anatomy of health effects of Mediterranean diet: Greek EPIC prospective cohort study Antonia Trichopoulou, Christina Bamia, Dimitrios Trichopoulos, *BMJ* 2009;338:b2337, doi: 10.1136/bmj.b2337

## Alcohol consumption and risk of pancreatic cancer in the Netherlands cohort study

The authors state that to examine prospectively the relation between alcohol consumption and pancreatic cancer risk, they analysed data from the Netherlands Cohort Study. Participants were 120,852 persons who completed a baseline questionnaire in 1986. After 13.3 years of follow up, 350 cases of pancreatic cancer (67% microscopically confirmed) were available for analysis.

Compared with abstinence, the highest category of alcohol consumption ( $\geq 30$  g/day of ethanol) was positively associated with pancreatic cancer risk (for all cases, rate ratio = 1.57, 95% confidence interval: 1.03, 2.39;  $P_{\text{trend}} = 0.12$ ; for microscopically confirmed cases, rate ratio = 1.54, 95% confidence interval: 0.94, 2.54;  $P_{\text{trend}} = 0.22$ ). In a subgroup of stable alcohol users (no change during the 5 years before baseline), a similarly increased risk of pancreatic cancer was found. This increased risk was limited to the first 7 years of follow up. No associations were observed between consumption of specific alcoholic beverages and risk of pancreatic cancer. The associations were not modified by folate intake or smoking. Overall, these findings suggest an increased pancreatic cancer risk for persons with a high ethanol intake ( $\geq 30$  g/day). However, this increased risk was observed only during the first 7 years of follow up.

**Professor R Curtis Ellison comments:** This study is from a large prospective cohort of more than 100,000 subjects, yet the total number of cases of pancreatic cancer were not large enough for many sub-group analyses (such as beverage-specific effects). For microscopically verified cancer cases, there were only 48 abstainers and 36 heavy users, almost all of whom were men. Overall, the study shows an increase in the risk of pancreatic cancer for people reporting heavy alcohol intake.

The results are similar to those of the paper by Jiao that we reviewed in May: in that study of more than 1,000 subjects with pancreatic cancer, there was some increase in risk for heavy drinkers. The present results are also similar to the current report from Yadov for pancreatitis which found that heavy drinkers were at increased risk of acute and chronic pancreatitis. In the present study, there was no evidence of an increase in risk for subjects consuming up to 30 grams of alcohol/day (about 2 1/2 typical US drinks).

**Source:** Alcohol consumption and risk of pancreatic cancer in the Netherlands Cohort Study. Heinen MM, Verhage BAJ, Ambergen TAW, Goldbohm RA, van den Brandt PA. *Am J Epidemiol* 2009;169:1233–1242.

## Global burden of disease and injury and economic cost attributable to alcohol use and alcohol-use disorder

As part of a series on Alcohol published in the *Lancet*, a study by Jürgen Rehm et al. quantifies the burden of mortality and disease attributable to alcohol, both globally and for ten large countries.

The authors assess alcohol exposure and prevalence of alcohol-use disorders on the basis of reviews of published work. After identification of other major disease categories causally linked to alcohol, the study estimates attributable fractions by sex, age, and WHO region.

Additionally, the report compares social costs of alcohol in selected countries. The net effect of alcohol

consumption is estimated to be responsible for 3.8% of all global deaths and 4.6% of global disability-adjusted life-years attributable to alcohol. Disease burden is closely related to average volume of alcohol consumption, and, for every unit of exposure, is strongest in poor people and in those who are marginalised from society.

**Source:** Global burden of disease and injury and economic cost attributable to alcohol use and alcohol-use disorders. Jürgen Rehm PhD et al. *The Lancet*, Volume 373, Issue 9682, Pages 2223 - 2233, 27 June 2009

**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 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](http://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](http://www.drinkingandyou.com) and publications, based on national government guidelines enabling consumers to make informed choices regarding drinking
- To inform and educate those working in the beverage alcohol industry regarding the responsible production, marketing, sale and promotion of alcohol
- To distribute AIM Digest Online without charge to policy makers, legislators and researchers involved in alcohol issues
- To direct enquiries towards full, peer reviewed or referenced sources of information and statistics where possible
- To work with organisations, charities, companies and associations to create programmes, materials and policies built around the responsible consumption of alcohol.

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## The importance of social norms - Changing perceptions about student drinking reduces alcohol misuse

Giving students personalised feedback on their drinking behaviour and how it compares to social norms might help to reduce alcohol misuse, according to a recent study by MT Moreira and colleagues.

A large body of previous social science research has established that students tend to overestimate the amount of alcohol that their peers consume. This overestimation causes many to have misguided views about whether their own behaviour is normal. Interventions that provide feedback about own and peer drinking behaviours may help to address these misconceptions.

Researchers analysed data from 22 trials that together included 7,275 college and university students, mostly studying in the US. They found that students who were provided with personalised feedback via the internet or individual face-to-face sessions drank less often and indulged in less binge drinking than

those in control groups. Web-based feedback also resulted in significant reductions in blood alcohol content and alcohol related problems.

Group counselling and mailed feedback were not found to be effective compared to control interventions, although the researchers say further studies comparing the different ways of providing social normative feedback are required. **“We can’t make direct comparisons between the different interventions, but based on a small number of studies web-based interventions would certainly seem to be a cost-effective option for reducing alcohol misuse,”** said Moreira.

Source: Moreira MT, Smith LA, Foxcroft D. Social norms interventions to reduce alcohol misuse in University or College students. Cochrane Database of Systematic Reviews 2009, Issue 3. Art. No.: CD006748. DOI: 10.1002/14651858. CD006748.pub2.

## Alcohol, Drugs and Development published 3 new booklets

Three papers by Diyanath Samarasinghe, professor at the University of Colombo, Sri Lanka, published as FORUT booklets explore various aspect of alcohol in a development setting.

Samarasinghe addresses the role of unrecorded alcohol consumption, some connections between alcohol and poverty and how to reduce alcohol harm. The booklets can be downloaded from <http://www.forut.no/three-new-booklets.4610561-79090.html>



## Factsheet Of European drinking patterns

Reducing harm in drinking environments discusses alcohol-related harm in European drinking environments and how this can be prevented. Prepared as part of the Focus on Alcohol Safe Environments (FASE) project, and co-financed by the European Commission, the factsheet was written by the Centre for Public Health at the Liverpool John Moores University.

To view the factsheet, visit [http://www.cph.org.uk/showPublication.aspx?pubid=547&dm\\_i=40Q,1FCB,A3JUB,4ACT,1](http://www.cph.org.uk/showPublication.aspx?pubid=547&dm_i=40Q,1FCB,A3JUB,4ACT,1)

**FACT SHEET 2009**  
**Reducing Harm in Drinking Environments**

**Background**  
The European Union has the highest rate of alcohol consumption in the world. While drinking patterns vary widely between countries, the last decade has seen growing levels of hazardous and harmful alcohol use among young people in many Member States. Young Europeans typically consume greater quantities per drinking occasion than older drinkers and often drink to drunkenness. Early alcohol use in young people is a major public health concern, across Europe young people are disproportionately burdened by alcohol-related harm. Over 20% of deaths in 15-29 year old males, and over 10% in females, are associated with alcohol use, largely through violence, road traffic crashes and unintentional injuries. Much alcohol use and related harm in young Europeans takes place in public drinking environments, such as pubs, bars and nightclubs. Reducing harm in drinking environments is consequently a critical issue for protecting public health in Europe.

**EU priorities**  
In 2006 the Commission adopted an EU strategy to support Member States in reducing alcohol-related harm. The Commission identified five priority themes, which are relevant to all Member States and for which Community action as a complement to national policies has an added value:

- Prevent young people, children and the unborn child.
- Reduce injuries and death from alcohol-related road accidents.
- Prevent alcohol-related harm among adults and reduce the negative impact on the workplace.
- Inform, educate and raise awareness on the impact of harmful and hazardous alcohol consumption, and on appropriate consumption patterns.
- Develop and maintain a common evidence base at EU level.

Measures to address risky drinking in pubs, bars and nightclubs and create safer drinking environments are important in all of these priorities. Much risky alcohol consumption and related harm, particularly in young people, occurs when people are in or travelling home from drinking environments. In addition to health and social harm, this can impact on the workplace through absenteeism or poor performance following a night out. Drinking environments are also important workplace settings for millions of individuals across Europe, including bar staff and managers, floor supervisors, police, transport workers, food retailers, and street cleaners. Such individuals can be the victims of other people's drinking through, for example, violence, and this can spill out to other workplaces including Emergency departments. Further, bar staff work in settings where alcohol is readily available and have shown high levels of personal alcohol consumption and related harm. These drinking environments are critical locations for addressing harmful and hazardous alcohol consumption. Further, with very little information available across Europe on the extent of alcohol use and related harm in drinking environments, or the effectiveness of interventions to reduce harm in these settings, developing this evidence base at EU level should be a top priority.

## Too much too young? Alcohol misuse amongst young Londoners

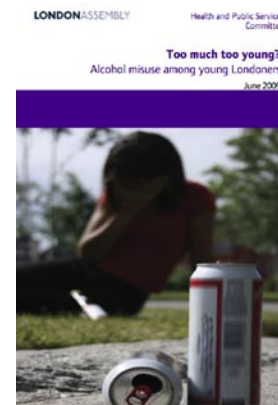
The London Assembly has published 'Too much too young? Alcohol misuse amongst young Londoners'. The report reviews evidence of alcohol use in London amongst 11-21 year olds and makes a number of policy recommendations.

The key findings of the report include:

- Young people in the capital are less likely to drink, and less likely to get drunk than young people elsewhere in the country.
- 35% of Londoners aged 11-21 drank regularly in 2005-06.
- 11-15 year old girls now have similar drinking habits to young men of the same age.
- Between 80 and 90% of 17-21 year olds have had an alcoholic drink at some time, compared to 15% of 11 year olds and 60% of 15 year olds.
- In 2005-07, 10% of Pakistani and 12% of Bangladeshi young people drank at least once a year (up from 4% and 2% respectively in 2001-04).

- The alcohol-specific hospital admission rate for young women (at 14.0 admissions per 10,000) was almost twice as high as the rate for young men of the same age (at 7.4 admissions per 10,000).
- In 2003, there were 1,272 incidents where 11-21 year olds were accused of alcohol related offences, compared to 2,370 in 2007; nearly double.
- Underage drinking was the least frequently reported issue in a survey on alcohol-related disorder conducted with community safety staff in London boroughs.

The report is available from <http://www.london.gov.uk/assembly/reports/health/alcohol-misuse.pdf>



## UK Public Health Commission report

The Public Health Commission has suggested that inconsistent and confusing information from public health initiatives is preventing people choosing healthier lifestyles.

Messages need greater clarity and consistency to help people make the right choices, according to the commission, set up by shadow health secretary Andrew Lansley.

In a bid to tackle health issues such as rising obesity levels and alcohol abuse, the report 'We're All In This Together, Improving the Long-Term Health of the Nation', detailed a number of recommendations.

These include a single, branded health campaign promoting three key messages about what makes up a healthy diet: a greater understanding of the relationship between calories consumed and calories burned; responsible drinking; and the provision of consistent nutritional information about the food people eat, whether they buy it in a supermarket or in a restaurant or pub.

It also called for the standardisation of portion sizes on which nutritional information is based and the extension of restrictions on advertising food to children to cover all new and non-broadcast media.

Mr Lansley said he backed the idea of a "unified message" based around a healthy diet, the "energy balance" and responsible drinking, while calling for the extension of nutritional information to food eaten out and details of calories in alcoholic drinks.

The report is available from <http://www.publichealthcommission.co.uk/pdfs/AboutPHC/PHCReport+Summary.pdf>



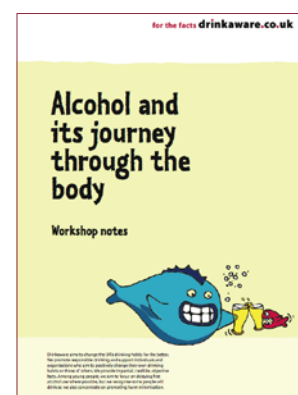
## Drinkaware Youth workshop pack for youth workers and teachers

According to a survey by Drinkaware, 25% of young people drink alcohol just for 'something to do' and drinking alcohol ranks highest in preferred activities over playing sports, reading and going to the gym or pool. The survey found that on average young people have their first alcoholic drink aged 13.4 years and are 14.2 years old when they first get drunk. 60% say they started drinking because it was part of 'being young and socialising'. 71% of 16-17 year olds drink once a week or more. Young people are less concerned about getting drunk (15%), than they are about having unsafe sex (45%), taking recreational drugs (44%) and not getting qualifications (21%).

The survey sample also included adults working with children. 43% of professionals working with young people think that under-18s have too much freedom over what they do in their social lives. Only 12% agree that young people's social lives are too tightly controlled by adults. 59% of professionals working with under-18s don't have the support and information they need to provide education about alcohol. In response to this, Drinkaware has developed a comprehensive guide to help professionals provide young people with the facts about alcohol.

The Drinkaware pack is available from [www.drinkaware.co.uk/tips-and-tools](http://www.drinkaware.co.uk/tips-and-tools) and contains a factsheet and workshop plan which covers the journey of alcohol through the body and demonstrates its effect on health and appearance, something research shows is of concern to most young people. There is also a copy of additional Drinkaware research about how to communicate alcohol messages effectively to 8-17 year olds and an overview of Drinkaware's youth campaign plans for 2009.

Drinkaware's work with young people and alcohol continues with an 'Ultimate Day' challenge launched in July. The competition, aimed at 16 and 17 year olds, will ask young people to give an account of their ultimate day without alcohol. Entries will be voted for by peers and the winning submissions will win their perfect day.



## PubWatch backs counselling scheme for banned drinkers

A scheme to tackle problem behaviour with drinkers is to be launched in South Tyneside: problem drinkers will have one-to-one sessions in a local pub.

Organisers of the Alcohol Under Control scheme hope a more sociable setting will make it easier for people to get help. The scheme will be initially offered to drinkers banned from bars in South Shields by the local Pubwatch. If drinkers accept the offer, and come up with a plan to prevent future problems, they could have their ban lifted.

Alcohol Under Control is the first of its kind in the UK and is being supported by South Tyneside Primary Care Trust, South Tyneside Council, the police and the Pubwatch scheme.

Dr Johannes Dalhuijsen will be leading the sessions: "It's not about telling people what to do or about telling them not to drink. It's about giving people who exhibit unacceptable behaviour, support in improving control over their emotions and impulses following their use of alcohol."

## UK government figures for drunk and disorderly arrests

In the UK figures released by the Home Office show that the number of women fined for being drunk and disorderly rose from 6,098 in 2005 to 7,930 in 2007.

The biggest rise was among young women, with the number of girls aged between 16 and 17 being fined

increasing 47%, from 438 to 642. In the same period, the number of men fined for the same offence rose from 34,078 to 41,132, an increase of more than 20%.

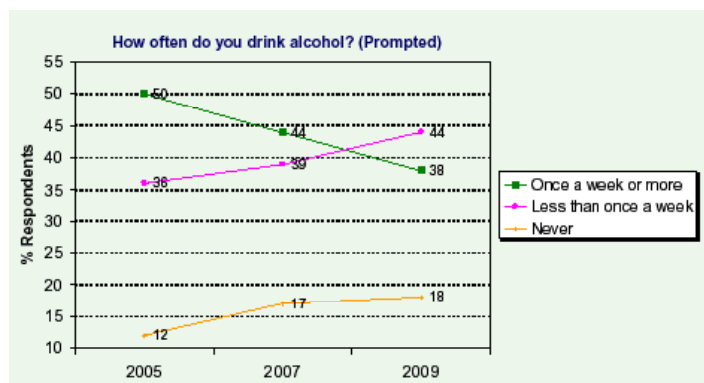
## Encouraging trends in North West teenagers drinking habits

Results from a survey of 13,000 young people, aged 14 to 17 - carried out by local authority trading standards services in the North West of England - were presented at the Trading Standards Institute's (TSI) annual Consumer Affairs and Trading Standards Annual Conference in Brighton. The survey is a repeat of similar ones carried out in 2005 and 2007

### Consumption

The percentage of 14-17 year olds who never drink remains fairly constant (18% in 2009, compared to 17% in 2007) and the percentage drinking alcohol once a week or more has fallen for the second consecutive period (50% in 2005, 44% in 2007, 38% in 2009).

Alcohol consumption amongst males was more polarised, with higher percentages for those who never drink (22%, cf. 14%) and drink at least once a week (39%, cf. 36%) compared to females.

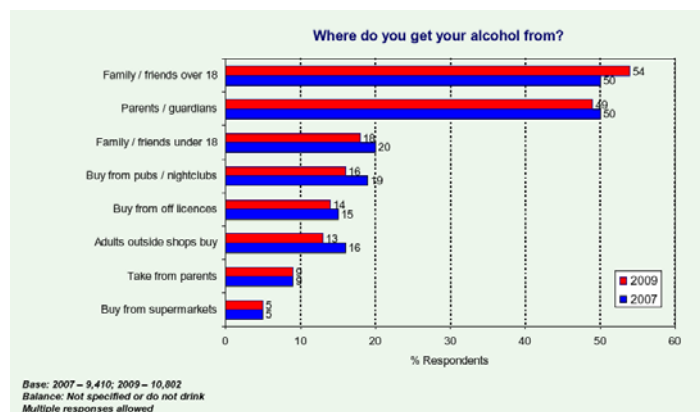


- The proportion of respondents who regularly binge drink fell by 3% to 26% in 2009.
- In 2009, there was an increase in the percentage of young people reporting that they drink at their friends' houses, and a fall in the percentage drinking outside (30%, cf. 37% in 2007) and in pubs / clubs (28%, cf. 33% in 2007).
- Amongst the 14-17 year olds who drink alcohol, the percentage drinking less than 10 units a week has fallen from 58% in 2007 to 49% in 2009 and this corresponds to an increase in the percentage of young people drinking more than 20 units per week (25%, cf. 19% in 2007).

### Purchasing

- As in 2007, the majority of 14-17 year olds claimed to obtain their alcohol from family and friends over 18 (54%) and their parents / guardians (49%).
- Lower percentages of underage drinkers claimed to

be buying their alcohol from pubs / nightclubs (16%, cf. 19% in 2007), off licences (14%, cf. 15% in 2007) and through adults outside shops (13%, cf. 16% in 2007).



Other survey findings for 14-17 year olds include:

- 45% claimed that they do not always feel in control when they drink.
- 43% stated that they tend to forget things when they have been drinking
- 30% worry that their drink might be spiked (higher amongst females)
- 25% say that they drink because their friends do

Consistent with 2007, males (60%) were more likely to be asked for ID than females (50%). A similar percentage of young people to 2007 claimed to have fake ID (7%). This was more prevalent amongst 17 years olds (44%). Compared to the previous survey, young people were less likely to be sourcing fake ID via the Internet (32%, cf. 42% in 2007), and more likely to be using an elder sibling's ID (25%, cf. 16%).

90% of respondents correctly identified that it is not a criminal offence for under 18s to drink at home, a 3% increase compared to 2007. The majority of 14-17 year olds understood the law in terms of purchasing alcohol, with results slightly improved compared to 2007. However, individuals who purchased their own alcohol were less likely to understand the law regarding the purchase and consumption of alcohol.

The report is available from <http://www.tradingstandards.gov.uk/policy/policy-pressitem.cfm/newsid/263>

**62% of 14-17 year old participants don't drink as often as once a week & 22% of males never drink**  
**25% of those that drink are drinking more than 20 units**  
**50% of those that drink are within moderate guidelines**

## Safe. Sensible. Social. Selling Alcohol Responsibly - consultation events

The Home Office are running a series of ten events around England and Wales in July and August 2009 as part of the consultation on the code of practice for alcohol retailers. They want to encourage participation from the alcohol retail industry, licensing authorities, health bodies or enforcement agencies.

These events "will inform the future development of this policy in order to ensure that it gets the balance right by achieving reductions in alcohol related harms such as nuisance, crime and disorder, public safety, protection of children and the health impact, in a targeted and proportionate way that does not harm businesses that are behaving responsibly."

The events will run throughout July and August and venues include Newcastle, Hull, Liverpool, Nottingham, Birmingham, Cambridge, Portsmouth, Weymouth and London.

For more details and registration visit <http://www.alcoholconsultation.co.uk/>



The ROYAL  
SOCIETY of  
MEDICINE

### Alcohol and the adolescent: addressing the binge society

Tuesday 8 September 2009

The Royal Society of Medicine, 1 Wimpole Street, London, W1G 0AE

Speakers include

Dr David Misselbrook, Dean, Royal Society of Medicine

Professor Colin Drummond, Institute of Psychiatry

Mr Alex Bax, Health Policy Adviser, Greater London Authority

Mr Don Shenker, Chief Executive, Alcohol Concern

Dr Zulfiqar Mirza, President, Emergency Medicine Section, RSM

Professor Ian Gilmour, President, Royal College of Physicians

For more information, visit <http://www.rsm.ac.uk/academ/alcohol09.php>

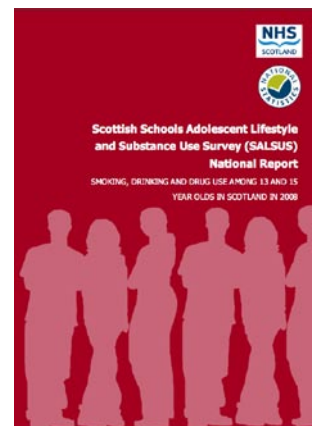
## School pupils drinking patterns in Scotland

Key facts concerning alcohol consumption by children and young people, were published in June in the Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS):

Main findings include

- There has been a decrease in the proportion of pupils reporting that they had a drink in the last week between 2006 and 2008. The proportion of 13 year olds has declined from 14% to 11% and, for 15 year olds, the proportion has declined from 36% to 31%.
- Half of 13 year olds who had ever had an alcoholic drink reported having been 'really drunk' at least once, compared with 72% of 15 year olds.
- Among 15 year olds who had ever had an alcoholic drink, girls were more likely to report having been 'really drunk' (74% of girls compared with 71% of boys).
- The two most commonly reported drink-related effects were 'vomiting' and 'having an argument'. 26% of 13 year olds and 39% of 15 year olds who had ever drunk alcohol reported vomiting as a result of drinking in the last year. 'Having an argument' was reported by 25% of 13 year olds and 39% of 15 year olds.

The Scottish Schools Adolescent Lifestyle and Substance Use Survey can be downloaded at [http://www.drugmisuse.isdscotland.org/publications/abstracts/salsus\\_national08.htm](http://www.drugmisuse.isdscotland.org/publications/abstracts/salsus_national08.htm)



## Health Minister launches action plan on young people's drinking in Northern Ireland

Northern Ireland Health Minister Michael McGimpsey has launched an integrated, co-ordinated action plan to prevent, reduce and address young people's drinking.

The Action Plan has been developed by the Department of Health, Social Services and Public Safety with the support of the Northern Ireland Office, the Police, the Department for Social Development and a range of other organisations, agencies and sectors.

Launching the action plan in Belfast, Michael McGimpsey highlighted the range of issues that the plan will address: "The action plan focuses on three main areas: reducing young people's demand for alcohol by providing information, education and training; restricting the supply of alcohol; and providing treatment and support for those who require additional help.

"While the emphasis of this action plan is on young people, it recognises that their drinking patterns are very much influenced by modelling the drinking patterns of adults in our society and it therefore contains actions that will impact on the entire population.

"Change will not come overnight, but by taking a pro-active and partnership approach, we can and will make a difference."

The Young People's Drinking Action Plan is available by contacting the DHSSPS Press Office on 028 9052 0575.

June also saw the launch of a new campaign 'You, Your Child and Alcohol'. The multi-agency campaign

includes television advertisements and a booklet designed to encourage and support parents to talk to their children about alcohol.

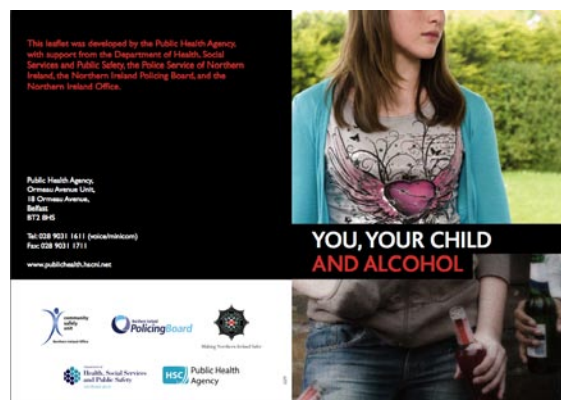
It has been developed and supported by the Police Service, Northern Ireland Office, Northern Ireland Policing Board, Public Health Agency and Department of Health, Social Services and Public Safety.

The centrepiece of the campaign is two new television adverts that highlight some of the possible consequences of underage drinking. The adverts show very normal parent/ child conversations discussing what their children have been up to; but the subtitles tell the real truth. The children's uncertainty is apparent to the viewer.

The campaign is part of a wider package of measures already put in place by the Police Service and partner agencies to tackle underage drinking and antisocial behaviour.

Booklets are available from GP surgeries, pharmacies and Tesco stores across Northern Ireland.

For more information, visit [http://www.psni.police.uk/you\\_your\\_child\\_and\\_alcohol](http://www.psni.police.uk/you_your_child_and_alcohol)



## 'Be Healthy, be yourself' – Commission launches youth health initiative

A youth health initiative involving young people in developing EU health policies was launched on 9th July by the European Commissioner for Health, Androulla Vassiliou.

The initiative kicks off with a conference on Youth Health in Brussels on 9 and 10 July 2009. Over 200 young people from across Europe, aged 18-25 years

will meet with policymakers and health organisations to debate key health issues, such as the consumption of alcohol, tobacco and drugs, or physical activity and mental health.

For more information, visit [http://ec.europa.eu/health-eu/youth/conference/index\\_en.htm](http://ec.europa.eu/health-eu/youth/conference/index_en.htm)

## TISPOL - European Traffic Police Network initiative

In June, TISPOL, the European police network announced results of a week-long initiative to enforce drink- and drug-driving regulations during which 690,383 drivers were tested in 21 European countries. 11,448 alcohol and 985 drug offences were detected during the operation. The operation took place between 1 and 7 June.

The legal limit for drink-driving varies from country to country. Chief Superintendent Pasi Kemppainen, chairman of TISPOL's strategic alcohol and drugs working group, said: "Drink-driving remains one of the top three killers. Last year, 39,000 people died on Europe's roads. That's why vigorous enforcement of drink-driving laws is vital.

"Our focus is also on drivers who have been taking drugs and who will fail to acknowledge the greatly increased risks they face and pose to other road users. Many medicinal drugs can cause drowsiness and therefore impair driving, so it is very important that drivers taking medication should read the warnings or check with their healthcare professional."

Results of the TISPOL drink- and drug-driving controls, 1 to 7 June 2009

TISPOL European Operation ALCOHOL/Drugs	Motorists tested	Offences detected	
		Alcohol	Drugs
Country			
B-Belgium	3093	132	14
BG-Bulgaria	28174	595	0
CH-Switzerland	10158	438	60
CY-Cyprus	4091	327	0
D-Germany	60505	749	364
DK-Denmark	9524	298	33
F-France	153494	3382	260
FIN-Finland	32661	126	6
GR-Greece	39694	1046	0
H-Hungary	17444	387	4
I-Italy	30111	780	29
LT-Lithuania	20517	404	2
IRL-Ireland	10242	317	14
L-Luxembourg	327	11	0
NL-Netherlands	25852	326	0
N-Norway	32846	71	0
PL-Poland	28307	695	4
RO-Romania	56624	981	0
SK-Slovakia	34680	208	1
SLO-Slovenia	11119	518	30
S-Sweden	80920	363	168
<b>Grand Total</b>	<b>690383</b>	<b>11448</b>	<b>985</b>

### EU Dealcoholisation regulations restricted

European wine makers will only be allowed to remove 2% alcohol from their wines as of August 1st when new enological practices come into force as part of the COM for wine. Up until now, dealcoholisation was only authorised for experimental purposes, and the resultant wines could not be exported, creating a bureaucratic and commercial nightmare for the companies involved.

From August dealcoholisation becomes an officially recognised wine making practice, but is restricted to a 2% decrease, which is seen as a disappointment by many. A larger percentage decrease would have allowed growers to respond to growing consumer demand for lower alcohol wines. As the impact of climate change on alcohol levels kicks in, an increasing number of growers have to deal with high levels of alcohol, with many southern reds reaching an ABV of 14 or 15%. However, even at -2%, some producers will now be able to resume sales of reduced alcohol wines in export markets, suspended by bureaucrats in some EU countries.

Source: Journee Vinicole

### Website for parents in the Netherlands

A new website specifically for parents of teenagers has been launched in The Netherlands. Sponsored by Bacardi-Martini, the interactive website ([www.oudersvoorouders.info](http://www.oudersvoorouders.info)) reports on findings from interviews with parents about their attitudes to alcohol and their views on the best way to address alcohol issues with their children. In addition there are current media stories, a quiz and links to existing resources giving advice on responsible alcohol consumption for adults and information to under 16s on why they shouldn't drink.

Discussion sessions which took place with parents of children aged 10 to 16 years in the development phase of the site, showed that parents were particularly keen to receive of practical tips on how to manage the issue of their children drinking alcohol.

The project has been carried out by Quest for Quality BV (Q4Q) in Amsterdam and it is expected that the project will be rolled out in other European countries.



## EU Swedish presidency

On 3 July, a delegation led by the President of The Brewers of Europe, Mr Alberto da Ponte, met with European Health Commissioner Mrs. Androulla Vassiliou.

The meeting addressed issues ranging from how The Brewers of Europe are actively tackling alcohol misuse, being a participant in the EU's Alcohol and Health Forum, to why targeted policies should be preferred over further population-wide actions, the effectiveness of self-regulation, and the European brewing sector's commitment to doing more and better.

The delegation also sought to convey the message that a balanced approach was needed when examining how the EU would be addressing the issue of alcohol related harm under the Swedish Presidency of the EU in the second half of 2010. Europe's brewers called upon Commissioner Vassiliou to support the brewers' efforts and to ensure the EU's strategy to support Member States in reducing alcohol-related harm remained just that, a strategy against alcohol-related harm, with all partners around the table and partnerships on the ground targeted at reducing alcohol misuse and the causes thereof.

## The Brewers of Europe's statement on the informal EU Health Ministers Council, 6-7 July 2009

Alcohol-related issues and measures to reduce alcohol harm especially among minors featured high at informal EU Health Ministers' Council under the Swedish EU Presidency on the 7th July.

Ministers from the EU's 27 member states discussed the challenges faced by EU countries in terms of alcohol misuse as well as the impact of marketing of alcoholic products on consumption by youth. On the latter issue, participants discussed whether the current regulatory and self-regulatory systems were working to ban "irresponsible" adverts that are seen as encouraging drinking among minors.

The European Commission will report in September on the implementation of the EU strategy to support Member States in reducing alcohol-related harm, whilst the Swedish Presidency hopes that the Council of Health Ministers can adopt Conclusions at its meeting in December.

## US College Students drinking trends

Researchers at the Washington University School of Medicine studied data on 500,000 subjects from the National Survey on Drug Use and Health and found an overall reduction in binge drinking between 1979 and 2006, especially among males age 20 and younger. Among males aged 15 to 17, binge-drinking rates declined nearly 50%; in males aged 18 to 20, rates declined more than 20%; and bingeing by males aged 21 to 23 fell by 10%.

Researchers credited the national age-21 drinking law for the decline in binge drinking, especially among younger teens, and said there is no evidence to suggest that raising the drinking age to 21 in 1989 fueled an increase in binge drinking.

On the other hand, among women aged 15 to 20 binge-drinking rates were unchanged, while for women 21 to 23, binge drinking rose by 20% among non-students and a staggering 40% among female college students. Binge-drinking rates among college

men remained unchanged during the study period despite the overall declines reported among males in the same age group.

"The tendency for binge drinking to decline in society has not permeated our college campuses," said lead author Richard A. Grucza, Ph.D. "Some researchers have speculated that because colleges are made up of young, mostly unmarried people - with no parental control and no spouse to check in with - they may be more likely to drink to excess than people of the same age who live with their parents or have a spouse. Plus, most have easy access to alcohol because at least some of their peers are 21 or older."

Source: The study appears in the July 2009 issue of the Journal of the American Academy of Child and Adolescent Psychiatry.



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## Alcohol Concern

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website [www.alcoholconcern.org.uk](http://www.alcoholconcern.org.uk)

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## The Medical Council on Alcohol

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Alcohol Focus Scotland  
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website: [www.alcohol-focus-scotland.org.uk](http://www.alcohol-focus-scotland.org.uk)

## BBPA British Beer and Pub Association

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website: [www.alcoholysociedad.org](http://www.alcoholysociedad.org)

## Scandinavian Medical Alcohol Board

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Tel: 45 64 75 22 84 Fax: 45 64 75 28 44  
email: [smab@org](mailto:smab@org)  
website: [www.smabnordic.com](http://www.smabnordic.com)

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website: [www.goda.dk](http://www.goda.dk)

## FIVS International Federation of Wines &amp; Spirits

18, rue d'Aguesseau, F-75008 - PARIS France  
Tél. 33 01 42 68 82 48 Fax 33 01 40 06 06 98  
email : [fivs.ass@wanadoo.fr](mailto:fivs.ass@wanadoo.fr)  
website: [www.fivs.org](http://www.fivs.org)

## EFRD The European Forum for Responsible Drinking

Rue Belliard, 12, bte 5, B -1040 Bruxelles  
T: + 32.2.505.60.72  
F: + 32.2.502.69.71

website: [www.eprd.org](http://www.eprd.org)  
[www.responsibleddrinking.eu](http://www.responsibleddrinking.eu)  
[www.marketresponsibly.eu](http://www.marketresponsibly.eu)

## MEAS Limited

Merrion House  
1/3 Fitzwilliam Street Lower  
Dublin 2, Ireland  
Tel: 00 353 1 611 4811 Fax: 00 353 1 611 4808  
website: [www.meas.ie](http://www.meas.ie)  
[www.drinkaware.ie](http://www.drinkaware.ie)

## The European Federation Of Wine &amp; Spirit Importers

And Distributors (EFWSID)  
Five Kings House  
1 Queen Street Place  
London EC4R 1XX  
Tel +44 (0) 20 7248 5377 Fax +44(0) 20 7489 0322  
email: [EFWSID@wsa.org.uk](mailto:EFWSID@wsa.org.uk)

## USA, CANADA, SOUTH AMERICA, AUSTRALIA

American Council On Science And Health  
1995 Broadway, 2nd Floor, New York, NY 10023-5860  
Tel: (212) 362-7044 Ext. 234 Fax: (212) 362-4919  
email: [kava@acsh.org](mailto:kava@acsh.org) website: [www.acsh.org](http://www.acsh.org)

## Beer Institute

122 C Street, NW #750,  
Washington DC 20001  
Tel: (202) 737-2337 Fax: (202) 737-7004  
email: [info@beerinstitute.org](mailto:info@beerinstitute.org)  
website: [www.beerinstitute.org](http://www.beerinstitute.org)

## Distilled Spirits Council Of The US

1250 Eye Street, NW, Suite 400,  
Washington DC 20005  
Tel: (202) 628-3544 website: [www.discus.org](http://www.discus.org)

## Proyecto Ciencia Vino Y Salud

Facultad de ciencias Biológicas,  
Casilla 114 D. Santiago, Chile  
Tel./Fax: (56-23) 222 2577  
email: [vinsalud@genes.bio.puc.cl](mailto:vinsalud@genes.bio.puc.cl)

## Éduc' Alcool

606, Cathcart, Suite 700, Montréal, Québec, H3B 1K9  
Canada Tel: (514) 875-7454  
email: [hsacy@educalcoool.qc.ca](mailto:hsacy@educalcoool.qc.ca)  
website: [www.educalcoool.qc.ca](http://www.educalcoool.qc.ca)

## Family Winemakers of California

520 Capitol Mall, #260  
Sacramento, California 95814  
T (916) 498 7500, fax at (916) 498-7505  
email [info@familywinemakers.org](mailto:info@familywinemakers.org)  
website [www.wineamerica.org](http://www.wineamerica.org)

## FISAC

(Fundacion de Investigaciones Sociales A.C.)  
Francisco Sosa 230. Coyoacan CP 04000 Mexico DF  
- Mexico  
Tel: +52.5552 2194  
Fax: +52 5554 0161  
email: [iybarra@fisac.org.mx](mailto:iybarra@fisac.org.mx)  
website: [www.alcoholinformato.org.mx](http://www.alcoholinformato.org.mx)

## The Wine Institute

425 Market Street, Suite 1000, San Francisco, CA  
94105, USA Tel: (415) 512-0151 Fax: (415) 442-0742  
website: [www.wineinstitute.org/](http://www.wineinstitute.org/)

## Traffic Injury Research Foundation.

Suite 200, 171 Nepean Street, Ottawa, Ontario,  
Canada, K2P 0B4 Tel: 613-238-5235  
email: [barbarak@trafficinjuryresearch.com](mailto:barbarak@trafficinjuryresearch.com)  
website: [www.trafficinjuryresearch.com](http://www.trafficinjuryresearch.com)

## ICAP

International Center for Alcohol Policies  
1519 New Hampshire Avenue, NW  
Washington DC 20036  
Tel: (202) 986-1159 Fax: (202) 986-2080  
website: [www.icap.org](http://www.icap.org)

## The Century Council

1310 G Street, NW, Suite 600,  
Washington, DC 20005-3000  
Tel: (202) 637-0077 Fax: (202) 637-0079  
email: [washdc@centurycouncil.org](mailto:washdc@centurycouncil.org)  
website: [www.centurycouncil.org](http://www.centurycouncil.org)

California Association Of Winegrape Growers  
601 University Avenue, Suite 135 Sacramento, CA  
95825 email: [karen@cawg.org](mailto:karen@cawg.org)  
website: [www.cawg.org](http://www.cawg.org)

## Lodi-Woodridge Winegrape Commission

2545 West Turner Road Lodi, CA 95242 USA  
email: [mark@lodiwine.com](mailto:mark@lodiwine.com)  
website: [www.lodiwine.com](http://www.lodiwine.com)

## WineAmerica

The National Association of American Wineries  
1212 New York Avenue, NW, Suite 425  
Washington, DC 20005  
202.478.7648  
FAX: 202.347.6341  
[bnelson@wineamerica.org](mailto:bnelson@wineamerica.org)  
website: <http://www.wineamerica.org/>

## Oldways Preservation &amp; Exchange Trust

266 Beacon Street Boston, MA 02116 617.421.5500  
Fax: 617.421.5511 website: [www.oldwayspt.org](http://www.oldwayspt.org)

## The Australian Wine Research Institute

PO Box 197, Glen Osmond 5064, South Australia,  
Australia. Tel: 61 8 8303 6600 Fax: 61 6 303 6601  
website: [www.awri.com.au](http://www.awri.com.au)