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Individual: GBP £ 900-

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Iceland

Following calls for stricter legislation on alcohol and tobacco in Iceland, Minister of the Interior Ögmundur Jónasson submitted a bill in parliament at the beginning of June containing amendments to the law on alcohol in order to make the ban on advertising alcoholic beverages clearer and more effective. It is suggested that the supervision of the ban on alcohol advertising be moved from the police to the Consumer Agency and that administrative fines should be issued in the case of violations. The bill includes a ban on advertising light alcoholic beer if the bottles or cans are so similar to regular beer that they can easily be confused.

Uruguay

The Uruguayan government is planning to reduce alcohol consumption for all drivers to zero. New legislation will be presented to parliament in mid-June 2011. There is currently a complete ban on alcohol for professional drivers. Other drivers are allowed 0.3 grams of alcohol per litre of blood. Officials have commented that this zero tolerance approach is required because of accident levels on national roads.

Germany

From September 1, 2011 the city of Hamburg will introduce a ban on consuming liquor on trains and buses that are part of the public transport network. In the first month people who fail to adhere to the ban will be issued with a reminder, but from October 1 penalties will be introduced and fines of 40 euros will be imposed.

Netherlands

According to a report compiled by hospitals in the Netherlands, there was a 37% year-on-year increase in the number of children and adolescents admitted to hospital with an acute alcohol overdose in 2010. The number of admissions has doubled in the last four years, with the average age for admissions of young people being 15 years old. These figures do not include those treated by a GP or by a doctor other than a paediatrician.

New Zealand

Stricter drink driving laws will be imposed in New Zealand from 1 August 2011 following the final reading of the Land Transport Amendment Bill on 5 May 2011. The maximum sentence for causing death by dangerous driving will be increased to ten years from the current five. The limit for repeat drivers and those aged below 20 is set at zero blood-alcohol. In addition, after a mandated disqualification of 90 days, courts may order serious or repeat drink drivers to use alcohol interlocks.

Ireland

New legislation that allows for the mandatory alcohol testing of drivers in injury-related road accidents has now been introduced in Ireland. The new measures, which form the basis of the Road Traffic Act 2011, require Gardai to conduct mandatory breath tests of drivers at the scene of road collisions where someone has been injured.

Daily, moderate drinking of alcohol is associated with a lower risk of fatty liver disease

Authors' Abstract

Excessive alcohol is considered to be a major cause of fatty liver (FL). In contrast, however, recent investigations have suggested that moderate alcohol consumption is protective against FL. To clarify the role of alcohol consumption in FL development, investigators from Japan examined the association between drinking patterns and Fatty Liver prevalence in 9,886 male participants.

The subjects were classified according to alcohol consumption as non-, light, moderate, and heavy drinkers (0, <20, 20 – 59, and \geq 60 g/day, respectively). FL was defined by ultrasonography. Independent predictors of FL were determined by logistic regression analysis.

Results The prevalence of FL displayed a “U-shaped curve” across the categories of daily alcohol consumption (non-, 44.7%; light, 39.3%; moderate, 35.9%; heavy drinkers, 40.1%; $P < 0.001$). The prevalence of FL was associated positively with body mass index and other obesity-related diseases and inversely with alcohol consumption (light, odds ratio [OR] 0.71, 95% confidence interval [CI] 0.59–0.86; moderate, OR 0.55, CI 0.45–0.67; heavy, OR 0.44, CI 0.32–0.62) as determined by multivariate analysis after adjusting for potential confounding variables. In addition, examination of drinking patterns (frequency and volume) revealed that the prevalence of FL was inversely associated with the frequency of alcohol consumption (\geq 21 days/month: OR 0.62, CI 0.53–0.71) but not with the volume of alcohol consumed.

Authors Conclusions Our observations suggest that alcohol consumption plays a protective role against FL in men, and consistent alcohol consumption may contribute to this favourable effect.

Source: Daily, moderate drinking of alcohol is associated with a lower risk of fatty liver disease Hiramine Y, Imamura Y, Uto H, Koriyama C, Horiuchi M, Oketani M, Hosoyamada K, Kusano K, Ido A, Tsubouchi H. Alcohol drinking patterns and the risk of fatty liver in Japanese men. *J Gastroenterol* 2011 46:519–528. DOI 10.1007/s00535-010-0336-z.

International Scientific Forum on Alcohol Research comments:

Excessive alcohol consumption is a leading cause of cirrhosis and other serious types of liver disease. On the other hand, the most common liver disease in many populations, fatty liver disease, is associated primarily with obesity and other features of the metabolic syndrome. And recent reports have consistently shown that moderate alcohol intake may not only not increase the risk, but may actually decrease the risk of this common disease.

Suzuki et al¹ reported a cross-sectional analysis of alcohol intake and an abnormal liver function test (hypertransaminasemia) suggesting fatty liver disease among approximately 1,200 Japanese male workers. There was an increase in risk of abnormal liver function associated with obesity. However, for “moderate drinkers” (defined as 140 to 279 grams of alcohol per week, or about 12-23 drinks/week), there was a significant 60% reduction in such abnormal liver function tests (HR = 0.4). These investigators then followed 326 subjects without a history of fatty liver or hypertransaminasemia up to 5 years. During follow up, moderate consumption (versus none or minimal intake) was associated with decreased incidence of hypertransaminasemia, with an adjusted hazard ratio of 0.4 [0.1–0.9], $P = 0.02$).

In the United States, Dunn et al² evaluated data from Third National Health and Nutrition Examination Survey participants who either reported no alcohol consumption or preferentially drinking wine with total alcohol consumption up to 10 g per day. Suspected non-alcoholic fatty liver disease (NAFLD) was based on unexplained serum alanine aminotransferase (ALT) elevation. After multivariable adjustment, the authors found that moderate drinkers (defined as up to 10 g of alcohol per day in this study) of any type of alcoholic beverage was not associated with an increase in NAFLD. Further, they found that the consumption of up to 10 g of alcohol per day from wine was associated with a marked lowering of the prevalence of such liver disease; the adjusted odds ratio was 0.15 (95% confidence interval, 0.05-0.49) for modest wine drinkers in comparison with non-drinkers. More recent studies from Japan^{3,4} have reached the same conclusions.

While mechanisms of such protection are not clear, Szabo (5) described experimental studies in mice showing that moderate amounts of alcohol were associated with decreased inflammation in liver cells, rather than the increase in inflammation associated with chronic heavy alcohol intake. Other studies have suggested a variety of inflammatory pathways affected by alcohol, and Sierksma et al⁶ and others^{7,8} have found that alcohol increases adiponectin levels and affects other factors associated with a lower risk of liver steatosis.

Comments on the present study: Both the frequency (days per month) and amount (grams of alcohol per day) were assessed. There were 11.4% non-drinkers (three-quarters of whom were lifetime abstainers), 45.9% were classified as light drinkers (averaging approximately < 20 g/d), 39.1% as moderate drinkers (20-59 g/d), and 3.5% as heavy drinkers (\geq 60 g/d). The analyses were done appropriately, with adjustment for the usual factors associated with liver disease (BMI, smoking, diabetes, etc.). In the analyses, never drinkers were evaluated separately from former drinkers. A high percentage of the subjects (38.6%) had ultrasonic evidence of fatty liver.

As expected, fatty liver was associated with increased BMI, more frequent abnormalities in all liver function tests, and greater prevalence of hypertension, dyslipidemia, and diabetes. The most striking finding was an inverse association between the frequency of alcohol consumption and the risk of fatty liver ($p < 0.001$). In unadjusted analyses, the amount of alcohol per day showed the opposite effect, a positive relation with fatty liver, but no clear association was seen with multivariable analysis. Obesity was inversely associated with frequency of drinking ($p = 0.03$) and positively associated with amount of alcohol consumed per day ($p < 0.001$).

All Forum reviewers thought that this was a well-done paper. As one said, "This is another interesting paper based on a well performed study. And, once more, evidence that light to moderate alcohol consumption is good for health. The effects of obesity, however, are not." As another Forum reviewer stated: "The importance of drinking pattern (small amounts on a frequent basis) has been shown once again in relation to body weight and central adiposity". A convincing demonstration of the inverse association between a regular drinking pattern and central adiposity has been shown by Tolstrup et al in Denmark^{9,10} and by

Dorn et al¹¹ in the Western New York Health Study.

The limitations of this study are described by the authors. They did not exclude subjects who may have had other types of liver disease (which occur less frequently than fatty liver disease in most populations). Further, the investigators had no data on genetic polymorphisms that may relate to liver disease, and the associations with fatty liver of different types of alcoholic beverages were not assessed.

Forum summary: In a large study of men in Japan, the presence of fatty liver disease by ultrasonography showed an inverse association with the frequency of alcohol consumption; there was some suggestion of an increase in fatty liver disease with higher volume of alcohol consumed per day. Moderate drinkers had lower levels of obesity than did non-drinkers, and both obesity and metabolic abnormalities were positively associated with fatty liver disease.

These findings support the results of a number of other recent studies showing that moderate drinking does not increase the risk of this common type of liver disease; instead, it is associated with a lower risk of its occurrence. We agree with the implications of these studies as stated by the authors: "These results suggest that lifestyle modifications aimed at fighting central obesity and metabolic abnormalities should be the most important recommendations for the management of fatty liver. In addition, it seems unlikely that the risk of fatty liver can be reduced by the discontinuation and/or reduction of alcohol consumption alone."

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Moderate wine consumption not linked to fatty liver disease

Obesity and insulin resistance constitute a greater risk for fatty liver disease than moderate alcohol consumption, according to a study that found drinking modest amounts of red wine posed no greater risk for developing the condition.

Because it's known that large amounts of alcohol contribute to liver disease, it was long thought that even moderate consumption might have a harmful effect. Fatty liver, which is associated with diabetes, high blood pressure and cardiovascular disease, can lead to cirrhosis of the liver.

For their study, published online May 23 in *Annals of Medicine*, Swedish researchers instructed 44 people to either abstain from alcohol or drink one (women) or two (men) glasses of red wine a day for three months. At the beginning and end of the three months, the investigators collected blood samples and conducted MRIs to measure the fatty content of participants' livers.

"The amount of fat in the liver was linked with obesity and insulin resistance and was hardly affected by the red wine. Specifically, after three months, none of the wine drinkers had developed fatty liver or elevated liver transaminases," said Dr. Stergios Kechagias, a liver specialist at Linköping University.

The study also found a 16% decrease in levels of harmful LDL cholesterol among those who drank the red wine. "There is a strong correlation between moderate intake of alcohol and decreased risk of cardiovascular disease, and our data provides a mechanism for this since LDL cholesterol was lowered to such a large extent," Dr. Fredrik Nystrom, a professor at Linköping, concluded.

Source: Stergios Kechagias, Sepehr Zanjani, Solveig Gjellan, Olof Dahlqvist Leinhard, Johan Kihlberg, Örjan Smedby, Lars Johansson, Joel Kullberg, Håkan Ahlström, Torbjörn Lindström, Fredrik H Nystrom. Effects of moderate red wine consumption on liver fat and blood lipids: a prospective randomized study. *Annals of Medicine*, 2011; DOI: 10.3109/07853890.2011.588246

Alcohol consumption, types of alcoholic beverages and risk of venous thromboembolism - The Tromsø Study

Moderate alcohol consumption has been shown to protect against cardiovascular diseases. The association between alcohol consumption, especially types of alcoholic beverages, and venous thromboembolism (VTE) is less well described. The aim of this study was to investigate the impact of alcohol consumption and different alcoholic beverages on risk of VTE.

Information on alcohol consumption were collected by a self-administrated questionnaire in 26,662 subjects, aged 25–97 years, who participated in the Tromsø Study, in 1994–1995. Subjects were followed through September 1, 2007 with incident VTE as the primary outcome. There were 460 incident VTE-

events during a median of 12.5 years of follow-up.

Total alcohol consumption was not associated with risk of incident VTE. However, frequent binge drinkers (≥ 1 /week) had a 17% increased risk of VTE compared to teetotallers (HR 1.17, 95% CI: 0.66–2.09), and a 47% increased risk compared to non-binge drinkers (HR 1.47, 95% CI: 0.85–2.54).

The authors conclude that spirits consumption and binge drinking was associated with increased risk of VTE, whereas wine consumption was possibly associated with reduced risk of VTE.

Source Alcohol consumption, types of alcoholic beverages and risk of venous thromboembolism - The Tromsø Study. Hansen-Krone IJ, Brækkan SK, Enga KF, Wilsgaard T, Hansen JB. *Thromb Haemost.* 2011 May 26;106(2).

Alcohol consumption, blood pressure, and the risk of stroke

A synergistic effect of above moderate alcohol consumption and hypertension has been suggested to increase the risk for stroke. The contribution of alcohol-induced hypertension to stroke morbidity and mortality depends on different drinking patterns, which are often not separately investigated. Alcohol-induced transient peaks in systolic blood pressure may predispose to stroke. Recent studies have measured time trends of blood pressure elevations in relation to alcohol consumption. They found a significant morning surge in blood pressure, which was related to alcohol intake in a dose-dependent manner and was independent of smoking.

A study by M Hillbom and colleagues reports that men with a severe form of hypertension showed a 12-fold increased risk for cardiovascular disease mortality associated with heavy binge drinking. Binge drinking is a significant risk factor for stroke. The authors recommend that hypertensive patients should be warned about the risks of alcohol and urged to avoid binge drinking because of an increased risk for all subtypes of stroke.

Source: Alcohol consumption, blood pressure, and the risk of stroke Hillbom M; Saloheimo P; Juvela S. *Current Hypertension Reports* Vol 13, No 3, 2011, pp208-213

Smoking and alcohol consumption in relation to risk of triple-negative breast cancer in a cohort of postmenopausal women

Little is known about the risk factors for triple-negative breast cancer (TNBC), which has a worse prognosis compared to hormone receptor-positive breast cancer. The researchers examined the association of smoking and alcohol intake with TNBC and estrogen receptor-positive (ER+) breast cancer.

Among 148,030 women enrolled in the Women's Health Initiative, 300 TNBC cases and 2,479 ER+ cases were identified over a median of 8.0 years of follow-up. Cox proportional hazards models were used to estimate hazard ratios (HR).

Researchers found that cigarette smoking was not associated with TNBC and drinkers had reduced risk compared to never drinkers, but both exposures showed slight positive associations with ER+

breast cancer: for women with ≥ 40 pack-years of smoking, the HR was 1.24; for women consuming ≥ 7 servings of alcohol per week, the HR was 1.26. Intakes of wine and hard liquor were also significantly positively associated with ER+ breast cancer.

The researchers conclude that their findings suggest that smoking and alcohol consumption are not associated with increased risk of TNBC, but may be modestly associated with increased risk of ER+ breast cancer in post-menopausal women.

Source: "Smoking and alcohol consumption in relation to risk of triple-negative breast cancer in a cohort of postmenopausal women", Kabat GC et al *Cancer Causes and Control*, Vol 22, No 5, 2011, pp775-783

Response to Cancer Council of Australia's advertising campaign

by Creina Stockley MSc MBA, Health and regulation, The Australian Wine Research Institute

The Cancer Council of Australia (CCA) launched a new advertising campaign and its media announcement on 1 May 2011 commenced with a position published in the Medical Journal of Australia, which highlighted the risk of cancer from alcohol consumption. The position recommended abstinence or alternatively adherence to the guidelines for alcohol consumption as recommended by the National Health and Medical Research Council for those people who chose to drink. The campaign suggests that the link between alcohol consumption and cancer risk is new. It is not. It has been known for at least 20 years (IARC 1988).

Data suggests that in 2003 alcoholic beverages accounted for approximately 3.1% of the total cancer burden in Australia (that is, 3.1% of the years of life lost due to premature death from cancer and years of healthy life lost due to disability from cancer). This figure was increased to 3.5% in 2005 and the CCA suggests that this figure is now 5%, when cancers of the colon and rectum are included in calculations.

It is known that the cumulative effect of other lifestyle choices such as tobacco smoking with alcohol contributes to this figure. Tobacco alone accounts for 20.3% of the cancer burden, and physical inactivity 5.6% (Begg et al. 2003, 2007). The relationship between alcohol consumption and cancer is also linear, where the risk increases as the consumption of an alcoholic beverage increases (Toriola et al. 2010). Low consumption suggests relatively low risk. In addition, alcohol consumption is associated with certain cancers but not necessarily all cancers. Furthermore, a recent comprehensive review of more than 7,000 peer-reviewed papers on the association of lifestyle factors and cancer undertaken by the World Cancer Research Fund in cooperation with the American Institute for Cancer Research (2007), reports that there are alcohol thresholds for colorectal cancers and liver cancers. For example, the review reports that an increased risk for colorectal cancer is only apparent above a threshold of 30 g alcohol/day for both men and women.

While, as CAA notes, there is currently no research to show a positive relationship between moderate alcohol consumption and cancer risk, there is a proven positive relationship with cardiovascular

disease, which is acknowledged by the World Health Organisation (Mukamal et al. 2010, WHO 2010). It should be noted that in the context of all cause mortality, moderate alcohol consumption reduces the risk of cardiovascular disease by approximately 25% (Brien et al. 2011, Ronksley et al. 2011) such that alcohol accounts for a reduction of – 4.7% of the total cardiovascular disease burden in Australia. Thus, in relation to overall health risk, moderate alcohol consumption is conducive to a balanced lifestyle.

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Beverage-specific alcohol intake and bone loss in older men and women: a longitudinal study

A recent study aimed to identify possible associations between total and beverage-specific alcohol intake and bone loss in older men and women.

862 randomly selected subjects (mean age 63 years, range 51-81, 51% men) were studied at baseline and 2 years later. Bone Mass density (BMD) was assessed by dual-energy X-ray absorptiometry. Beverage specific and total alcohol intake was assessed by food-frequency questionnaire. Falls risk was determined using the short form Physiological Profile Assessment. Incident fractures were ascertained by questionnaire.

Results showed that total alcohol intake in men positively predicted change in BMD at the lumbar spine and hip) after adjustment for confounders, but there was no significant association between alcohol intake and change in BMD in women. Lumbar spine BMD at baseline was negatively associated with

frequency of spirits/liquor drinking in men and was positively associated with frequency of beer drinking (low alcohol) in women. Change in lumbar spine BMD was positively associated with the frequency of red wine drinking in men. Neither beverage-specific nor total alcohol intake was associated with falls risk or fracture.

The authors conclude that alcohol intake especially red wine might prevent bone loss in older men but not women, whereas low-alcohol beer may be protective in women and spirits/liquor may be deleterious in men.

Source: Beverage-specific alcohol intake and bone loss in older men and women: a longitudinal study, Yin J; Winzenberg T; Quinn S; Giles G; Jones G, *European Journal of Clinical Nutrition*, Vol 65, No 4, 2011, pp526-532

Lifetime alcohol consumption and risk of Barrett's esophagus

Authors of a study published in the *American Journal of Gastroenterology* state that alcohol is a carcinogen that may increase the risk of Barrett's esophagus (BE) through direct contact with esophageal mucosa. However, few studies have investigated this association and findings have been inconsistent. In this study, the authors examined the association between measures of total and beverage-specific alcohol consumption and BE risk.

The study was a large population-based case-control study that collected information on lifetime alcohol consumption and other exposures from 285 patients with nondysplastic BE, 108 patients with dysplastic BE, and two separate control groups: 313 endoscopy patients with acute inflammatory changes ("inflammation controls") and 644 population controls. Odds ratios (ORs) and 95% confidence intervals (CIs) for categories of average alcohol consumption were calculated using unconditional multivariate logistic regression.

Relative to life-long nondrinkers and consumption of < 1 drink/week, consumption of 7-20 drinks/week (OR=0.53, 95% CI: 0.31-0.91) and 21-41 drinks/

week (OR=0.37, 95% CI: 0.19-0.73) of total alcohol throughout the life was inversely associated with nondysplastic BE, for comparisons with population controls. Lifetime total alcohol consumption was also inversely associated with dysplastic BE (7-20 drinks/week OR=0.52, 95% CI: 0.19-1.43; 21-41 drinks/week OR=0.22, 95% CI: 0.07-0.73). Similarly, reduced risk estimates were found for comparisons with inflammation controls. The inverse associations were observed separately for beer and wine consumption, with a significant linear trend observed with beer consumption. The risks associated with liquor consumption were up to twofold higher; however, they were not statistically significant. The authors found no evidence for effect modification by factors known (or suspected) to cause BE.

The study concludes that overall, alcohol consumption does not increase the risk of BE. Significant inverse associations were observed for beer consumption, the underlying reasons for which remain unclear.

Source: "Lifetime alcohol consumption and risk of Barrett's esophagus" Thrift AP; Pandeya N; Smith KJ; Mallitt KA; Green AC; Webb PM; Whiteman DC,, *American Journal of Gastroenterology*, Published early online 22 March 2011

Wine drinking and essential tremor: a possible protective role

An Italian study evaluated the possible association of cigarette smoking, coffee drinking, and wine consumption with essential tremor using a matched case-control design.

Cases and controls were enrolled from 6 Movement Disorder centers in central-southern Italy. Eighty-three patients with essential tremor (38 men and 45 women; mean age, 68.2 ± 8.6 years) and 245 matched control subjects (113 men and 132 women; mean age, 68.4 ± 9.7 years) were enrolled in the study.

Multivariate analysis showed a significant negative association between essential tremor and wine consumption preceding the onset of disease (adjusted odds ratio, 0.23 with a significant dose

effect (1-2 glass of wine per day: odds ratio 0.32; more than 3 glass of wine per day: odds ratio 0.14. The authors found no association between essential tremor and cigarette smoking or coffee drinking was found, but confirm that the data suggests a negative association between wine drinking and essential tremor, which could be explained by the long-term neuroprotective effect of its antioxidant components.

Source: "Wine drinking and essential tremor: a possible protective role", Nicoletti A; Mostile G; Cappellani R; Contrafatto D; Arabia G; Lamberti P; Marconi R; Morgante L; Barone P; Quattrone A; Zappia M, *Movement Disorders*, Published early online 19 April 2011

Increased risk of certain types of gastric cancer from heavy drinking, but no increase from moderate alcohol consumption

The results from a very well-done meta-analysis support other data generated on the risk of alcohol consumption and gastric cancer – that is – that the risk may be real for heavy alcohol consumption but not for moderate intake. The type of gastric cancer relating to heavier alcohol intake in this study tended to be tumors involving the noncardia, but differences between the association with tumors of the gastric cardia were not significant.

There was no increased risk of gastric cancer from alcohol intake among Asians; this may be due to their lower alcohol intake; there is a greater prevalence among Asians of the inactive ALDH2 genotype that is associated with flushing and other adverse effects of alcohol, and such subjects tend to drink less alcohol. However, a number of studies have shown higher risk for upper aero-digestive cancers for subjects with this ALDH2 genotype, so the overall reason for the lower risk among Asians in this study remains unclear. The main outcome of the study is that there is no increase in the risk of gastric cancer associated with the moderate intake of alcohol.

Source: A meta-analysis on alcohol drinking and gastric cancer risk. Tramacere I, Negri E, Pelucchi C, Bagnardi V, Rota M, Scotti L, Islami F, Corrao G, La Vecchia C, Boffetta P. *Ann Oncology* 2011;doi:10.1093/annonc/mdr135

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Estimated health effects of changes in advice for alcohol consumption between the 2005 and 2010 Dietary Guidelines for Americans

Authors' Abstract

Objective: The objective of this study was to see whether levels of alcohol consumption newly included as “moderate” in proposed changes to the 2010 Dietary Guidelines for Americans are associated with significant levels of alcohol-related harm.

Method: Using longitudinal data from a nationally representative sample of US adults (N = 26,438; 51.8% female), we compared relative risks and population attributable fractions for nine measures of concurrent and eight measures of prospective alcohol-related harm among three groups of drinkers: those whose consumption lay within the old 2005 Dietary Guidelines for Americans guidelines for moderate drinking, those in the “gray area” of consumption between the 2005 and proposed 2010 Dietary Guidelines for Americans, and those who exceeded the proposed 2010 Dietary Guidelines for Americans.

Results: The gray area of consumption was associated with small but significantly increased risks of prevalent and incident alcohol dependence, incident alcohol-related interpersonal problems, and prevalent job loss. There were no associations with medical conditions or mental disorders. Although the harms associated with this level of consumption reflected low absolute and/or relative risks of harm, their impact was not negligible because of the large proportion of drinkers in the gray area of consumption (29.1%). The overwhelming majority of incident harm among baseline gray area drinkers was associated with consumption that had increased over the follow-up interval to exceed the proposed 2010 Dietary Guidelines for Americans.

Conclusions: We recommend two alternative approaches to rewording the proposed changes to the 2010 Dietary Guidelines for Americans that would avoid suggesting that there are benefits associated with the gray area of alcohol consumption.

Source: Dawson DA, Grant BF. The “Gray Area” of consumption between moderate and risk drinking. *J Stud Alcohol Drugs* 2011;72:453–458.

Forum Comments

The argument of the authors of the paper: The authors point out that in the revised Dietary Guidelines for Americans 2010 (DGA), there were slight changes (from the 2005 guidelines) in wording related to levels described as “moderate drinking.”

For reference, the final version of the DGA 2010 gives the following definitions: Moderate alcohol consumption is defined as up to 1 drink per day for women and up to 2 drinks per day for men. Heavy or high-risk drinking is the consumption of more than 3 drinks on any day or more than 7 per week for women and more than 4 drinks on any day or more than 14 per week for men.

The authors of this article state that the DGA 2010 permits heavier drinking as it indicates that 3 drinks on any day for women or 4 drinks on any day for men is not considered at-risk drinking as long as the average intake is no more than 14 drinks/week for men or 7 drinks/week for women. The authors argue that this would theoretically allow a man to consume 3 drinks/day for 4 days a week and a woman 3 drinks/day for two days and not be classified as at-risk drinkers, as their total would be < 14/week and < 7/week, respectively. They contend that the differences between the 2005 and 2010 definitions lead to a “gray zone” of consumption that is associated with increased harm.

Comments by Forum reviewers on this argument: While the authors are technically correct in that certain drinkers might still be classified as moderate drinkers even if they consumed up to 3 or 4/day on certain days, their own estimates of the health and social effects in subjects drinking in this “gray zone” are minimal. Their argument that it makes a difference which definition is used is based on the 1-year incidence of (a) the risk of alcohol dependence (which is unlikely to be related to the slight increase in the intake between the two definitions) and (b) the risk of job loss. (Interestingly, in their calculations there was a statistically significant decrease in the risk of “any injury” for the subjects in this gray zone.)

For the 3-year incidences of outcomes, they report that only (a) the risk of alcohol dependence and (b) the risk of “alcohol-related interpersonal problems” show statistically significant differences between

subjects who reported intake in the gray zone. (They do not report on “non-alcohol-related interpersonal problems.”)

More importantly, the authors state in the discussion that “Moreover, of the gray area drinkers who experienced incident alcohol dependence and interpersonal problems, 89% of the former and 94% of the latter had moved out of the gray area and into the highest-risk consumption group over the course of the follow-up interval (data not shown). That is, the overwhelming majority of their harm was associated with increased consumption and would not necessarily have occurred if gray area consumption patterns had been maintained. Moreover, gray area consumption was not associated with any significantly increased risk of prevalent or incident psychiatric disorders or medical conditions, the latter being the basis for most drinking guidelines.” This statement indicates that the adverse outcomes the authors focus on are very unlikely due to those who continue to drink in the gray zone, and their calculations do not support any meaningful dangers from the new guidelines.

To Forum reviewers, this whole article seems to be much ado about nothing. (Or, as one reviewer commented: “This study evokes in me Talmudic hair splitting. That’s fine for philosophy and theology, but not for science.”) Another reviewer pointed out that the authors admit the problem of a likely 40%-60% under-reporting of alcohol intake in survey-based consumption estimates; however, they do not draw the obvious conclusions that the actual “threshold” for harm is probably higher than the levels they refer to as the “gray zone.”

Forum summary: This paper from the National Institute on Alcohol Abuse and Alcoholism in the US suggests that the changes in wording of the alcohol recommendations in the Dietary Guidelines for Americans between 2005 and 2010 indicate that some at-risk drinkers could be classified as moderate drinkers. The authors carried out an analysis using data from a large, nationally representative sample of U.S. adults to estimate differences between subjects following the 2005 recommendations and a “gray zone” of subjects who exceed the 2005 recommendations but fall within the moderate guidelines according to the 2010 recommendations. The differences between these two groups were minimal; other

than the gray zone subjects having an increased risk of alcohol dependence (which is unlikely to relate to their slight differences in consumption), the only other differences between the two groups related to alcohol-related interpersonal relations and job loss. And, as the authors state, “There were no associations with medical conditions or mental disorders.”

More importantly, the authors state that “Moreover, of the gray area drinkers who experienced incident alcohol dependence and interpersonal problems, 89% of the former and 94% of the latter had moved out of the gray area and into the highest-risk consumption group over the course of the follow-up interval.” Problems were thus very rare in those who remained in the gray zone of drinking during follow up.

Obviously, drinking 3 or 4 drinks/day (other than doing so only occasionally) should not be considered a healthy way to consume alcohol. But if, as the authors state, almost all of the estimated effects on health are due to subjects who increase their drinking above this “gray zone,” there is little support for their argument that the changes in guidelines make a difference.

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

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Alcohol consumption and lung cancer risk in never smokers: a meta-analysis

A new meta-analysis from the University of Milan-Bicocca, Milan (Italy) which quantitatively assessed the association between alcoholic beverages and risk of lung cancer in never smokers suggests that alcohol does not play an independent role in lung cancer etiology. The researchers selected 10 studies, including 1913 never smoker lung cancer cases. The results indicated that consumption of alcoholic beverages was not related to lung cancer risk in never smokers.

Authors state that the role of alcohol consumption as an independent risk factor for lung cancer is controversial. Since drinking and smoking are strongly associated, residual confounding by smoking may bias the estimation of alcohol consumption and lung cancer risk relation. Therefore, they undertook a meta-analysis to quantitatively assess the association between alcohol and risk of lung cancer in never smokers.

Case-control and cohort studies published up to January 2010 that reported an estimate of the association between alcohol intake and lung cancer risk in never smokers were included in the meta-analysis.

The random-effects pooled relative risk (RR) for drinkers versus nondrinkers was 1.21. The same figure was 1.05 after the exclusion of one outlier study. At the dose-response analysis, RR for an increase in alcohol intake of 10 g/day was 1.01

The authors conclude that alcohol consumption was not associated with lung cancer risk in never smokers. Even if the synergistic effect of smoking and alcohol cannot be ruled out, the results suggest that alcohol does not play an independent role in lung cancer etiology.

Source: Alcohol consumption and lung cancer risk in never smokers: a meta-analysis. Bagnardi, V. et al. *Annals of Oncology* (2011) Published online: March 22, 2011

Non-alcoholic beer reduces inflammation, upper respiratory tract infections in marathon runners

According to research presented at the 58th Annual Meeting of the American College of Sports Medicine and 2nd World Congress on Exercise is Medicine®, a litre of non-alcoholic beer is good for reducing inflammation and risk of upper respiratory tract infections (URTI) in marathon runners.

Strenuous exercise can significantly increase the incidence of URTI caused by transient immune dysfunction. Some foods and beverages, such as non-alcoholic beer, have strong antioxidant, anti-pathogenic and anti-inflammatory properties. To determine whether non-alcoholic beer would attenuate inflammation and URTI incidence, Johannes Scherr, M.D., and colleagues studied marathoners participating in the Munich Marathon.

The research team evaluated 277 healthy male runners (average age 49) for three weeks before and two weeks after the Munich Marathon and randomly assigned each participant 1 to 1.5 liters per day of non-alcoholic beer (Erdinger Alkoholfrei) or a placebo beverage. The team collected blood samples at four weeks and one week before the race,

as well as immediately, 24 hours and 72 hours after the marathon and analysed inflammation measures (Interleukin 6 or IL-6 and total blood leukocyte counts).

“Our findings show that consuming a modest amount of non-alcoholic beer for three weeks before and two weeks after a marathon indeed reduces post-race inflammation and the incidence of upper respiratory tract infections,” said Scherr, the lead author of this study “The naturally occurring polyphenolic compounds of non-alcoholic beer are responsible for fighting these common ailments in distance runners.”

The study showed that change in IL-6 was significantly reduced in the group consuming non-alcoholic beer. Total blood leukocyte counts were also reduced in the non-alcoholic beer test participants by approximately 20% immediately and 24 hours post-race. Incidence of URTI was 3.25-fold lower in non-alcoholic beer subjects compared to the placebo group during the two-week post-marathon period.

Source: American College of Sports Medicine

Fish oil could reduce desire for alcohol

New evidence suggests that a fatty acid found in fish oil could curb the desire to drink. Scientists from the Indian University School of Medicine made the discovery by chance when studying whether fish oil had any benefit for bipolar disorder.

Lead author Dr Alexander Niculescu found that the fatty acid DHA 'normalised' behaviour of bipolar mice. However, an unexpected finding of the research was that the fatty acid also reduced the desire for alcohol. "These bipolar mice, like some bipolar patients, love alcohol," Dr Niculescu said. "The mice on DHA drank much less, it curtailed their alcohol abusive behaviour."

The researchers then gave DHA to alcohol-preferring

rats and noted a similar effect. "We believe a diet rich in omega 3 fatty acids may help the treatment and prevention of bipolar disorder, and may help with alcoholism as well," Dr Niculescu said.

He said there was now substantial evidence at the molecular level that omega-3 fatty acids worked on the brain in a similar way to psychiatric drugs. He added that the next step would be clinical studies in humans.

Source: Convergent functional genomics of anxiety disorders: translational identification of genes, biomarkers, pathways and mechanisms. H Le-Niculescu, Y Balaraman, S D Patel, M Ayalew, J Gupta, R Kuczenski, A Shekhar, N Schork, M A Geyer, A B Niculescu. *Translational Psychiatry*, 2011; 1 (5): e9 DOI

School-based alcohol education programmes on alcohol – effectiveness of interventions and the quality of evaluation

A paper by David Foxcroft of School of Health and Social Care, Oxford Brookes University and Alexander Tsertsvadze of University of Ottawa Evidence-Based Practice Center states that alcohol misuse amongst young people in the UK is a cause of concern for health services, policy makers, prevention workers, criminal justice system, youth workers, teachers, parents. The paper is the first of three reviews examining the effectiveness of (1) school-based, (2) family-based, and (3) multi-component prevention programmes published by the Cochrane Library.

Foxcroft and Tsertsvadze reviewed evidence on the effectiveness of universal school-based prevention programmes in preventing alcohol misuse in school-aged children up to 18 years of age. The review included randomised trials evaluating universal school-based prevention programmes and reporting outcomes for alcohol use in students 18 years of age or younger were included.

The review included 53 trials. The reporting quality of trials was poor, with only 3.8% of them reporting adequate method of randomisation and programme allocation concealment. Incomplete data was adequately addressed in 23% of the trials. Due to extensive heterogeneity across interventions, populations, and outcomes, the results were summarised only qualitatively. Six of the 11 trials evaluating alcohol-specific interventions showed some evidence of effectiveness compared to a standard curriculum. In 14 of the 39 trials evaluating

generic interventions, the programme interventions demonstrated significantly greater reductions in alcohol use either through a main or subgroup effect. Gender, baseline alcohol use, and ethnicity modified the effects of interventions. Results from the remaining 3 trials with interventions targeting cannabis, alcohol, and/or tobacco were inconsistent.

The review identified studies that showed no effects of preventive interventions, as well as studies that demonstrated statistically significant effects. There was no easily discernible pattern in characteristics that would distinguish trials with positive results from those with no effects. Most commonly observed positive effects across programmes were for reduced drunkenness and binge drinking.

Current evidence suggests that certain generic psychosocial and developmental prevention programmes can be effective and could be considered as policy and practice options. These include the Life Skills Training Programme, the EUDAP Unplugged programme, and the Good Behaviour Game. Foxcroft and Tsertsvadze conclude that a stronger focus of future research on intervention programme content and delivery context is warranted.

Source: Universal school-based prevention programmes for alcohol misuse in young people Foxcroft DR; Tsertsvadze A *Cochrane Database of Systematic Reviews* No 5, Art No CD009113, 2011, 122pp

Positive anti-binge drinking messages most effective

Binge drinking among college students has long been viewed as dangerous and destructive. Government and non-profit health organizations spend millions of dollars annually on public service announcements (PSAs) aimed at dissuading college students from hazardous drinking habits. These organisations primarily use “loss-framed”, or negative messages, to show the dangers of binge drinking. Now, University of Missouri researchers have found that “gain-framed”, or positive messages, are much more effective in convincing college students to abandon binge drinking.

Gain-framed messages portray positive reasons for avoiding risky behavior such as improved grades or more fulfilling relationships. Alternatively, loss-framed messages focus on negative consequences, such as failing school or suffering from health problems.

Through in-depth interviews of college students, Joonghwa Lee, a doctoral candidate at the Missouri School of Journalism, identified four areas of interest for college students regarding the effects of binge drinking: relationships, academic success, health, and control safety.

“We found that gain-framed anti-binge drinking messages featuring relationships and academic performance were much more effective in convincing students to avoid binge drinking than negative messages,” Lee said. “College students want to know how an action will help them, not how they could be hurt. Not many college students respond well to threats.”

For the study, participants received either gain-framed or loss-framed printed PSA messages addressing each of the four areas of interest. The researchers observed that participants responded most positively to gain-framed messages showing that avoiding binge drinking increases the quality of relationships. Academic success was ranked second, followed by messages touting better health to those who do not binge drink. The authors believe that this study shows the need for increased use of gain-framed messages when addressing college students.

Source: The study was presented at the Health Communications Division of the International Communications Conference in May.

Drinking motives among Spanish and Hungarian young adults: A cross-national study

A study published in the May edition of Alcohol and Alcoholism investigated differences and similarities in college students’ drinking motives in Spain and in Hungary.

A total of 550 Spanish (mean age 22.7, SD = 3.2) and 997 Hungarian (mean age 22.4, SD = 2.7) college students completed the Drinking Motive Questionnaire Revised Short Form (DMQ-R SF) and answered other alcohol-related questions

The DMQ-R SF demonstrated good psychometric properties in both countries. The rank order of the motives (social > enhancement > coping > conformity) was identical in the two countries. However, Hungarian students scored higher on enhancement, social and coping motives than Spanish students. In both the Hungarian and the Spanish population, enhancement motives were associated with drinking frequency and drunkenness, while coping motives were associated with alcohol-related problems. Among Spanish students, a significant relationship

was found between alcohol-related problems and enhancement motives as well.

The authors conclude that despite the substantial differences in the drinking culture of both countries, drinking motives showed overwhelming similarities (e.g. rank order of motives and the particular relationships between motives and alcohol outcomes). Only few differences (e.g. Hungarian college students indicated a higher level of motives) were found in cross-national comparison. The results imply that programmes targeting risky drinking motives are likely to be successfully adapted to different drinking cultures in Europe.

Source: Drinking Motives among Spanish and Hungarian Young Adults: A Cross-National Study – done before? Zsófia Németh, Róbert Urbán, Emmanuel Kuntsche, Emilio Moreno San Pedro, Jesús Gil Roales Nieto, Judit Farkas, Lilla Futaki, Bernadette Kun, Barbara Mervó, Attila Oláh and Zolt Demetrovics. Alcohol and Alcoholism (2011) 46 (3): 261-269. doi: 10.1093/alcalc/agr019 First published online: March 11, 2011

Teenagers who play team sports are less likely smoke or take drugs than their peers, but consume more alcohol

A study published in the journal *Addiction*, found that teenagers who exercise and play team sports are less likely to be smokers or use marijuana and other drugs than their peers, but those participating in team sports do drink more alcohol.

Terry-McElrath and colleagues used data from a study sponsored by the National Institute on Drug Abuse that followed high school seniors through young adulthood with regular surveys and asked about recent use of alcohol, cigarettes and drugs, as well as participation in athletics and exercise. The report included data on 12,000 students, about half of whom filled out follow-up surveys until they were 25 or 26 years old.

At the first survey, students had drunk alcohol between one and five times, on average, in the previous month, and smoked marijuana between zero and two times. The average senior smoked cigarettes not at all or less than one per day. About 9% of students had used other illicit drugs in the previous month.

Students who participated in team sports or general exercise were less likely to use cigarettes, marijuana and other illicit drugs as final year students. And those who increased their physical activity over the next few years also reported smoking and using drugs less

often as time went on.

About 38% of teens who didn't exercise reported smoking cigarettes at some point in the past month, and 23% had smoked marijuana. In comparison, 25% to 29% of frequent exercisers and athletes had smoked cigarettes and 15 to 17% had smoked marijuana.

Being involved in team sports meant teens were more likely to drink frequently -- but that didn't extend to people who exercised without being part of a team. About 45% of non-exercisers said they had drunk alcohol in the previous month, which rose to 57% in those who regularly played a team sport. The authors also noted that the high school final year students who reported drinking more at the first survey were also heavier drinkers throughout young adulthood.

Terry-McElrath said there are still many theories as to why these team athletes tend to drink more than others. Drinking may be an important social activity on some teams, and there may be more peer pressure to drink in post-game environments.

Source: *Substance Use and Exercise Participation Among Young Adults: Parallel Trajectories in a National Cohort-Sequential Study*. Yvonne M. Terry-McElrath MSA, Patrick M. O'Malley PhD *Addiction*, published online 11 May 2011

Long-term effects of a parent and student intervention on alcohol use in adolescents: a cluster randomised controlled trial

A study of Dutch adolescents evaluated the long-term effectiveness of two preventive interventions targeting heavy drinking in third-year high school students.

3490 first-year high school students (M = 12.6 years) and their parents were drawn from 152 classes in 19 high schools in the Netherlands. Participants were divided into four groups and received the following interventions: (1) parent intervention aimed at encouraging restrictive parental rule-setting concerning their children's alcohol consumption; (2) student intervention aimed at increasing self-control and healthy attitudes toward alcohol, consisting of four digital lessons based on the principles of the theory of planned behaviour and social cognitive theory; (3) interventions 1 and 2 combined; and (4) the regular curriculum as control condition.

The researchers measured the incidence of (heavy) weekly alcohol use at 34 months (2009) after baseline measurement (2006).

Results show that at follow-up, only the combined student-parent intervention showed substantial and significant effects on heavy weekly and weekly drinking. The authors conclude that the short-term effects found in the present study suggest that adolescents as well as their parents should be targeted in order to delay the onset of (heavy) drinking.

Source: *Long-term effects of a parent and student intervention on alcohol use in adolescents: a cluster randomized controlled trial* Koning IM; van den Eijnden RJ; Verdurmen JE; Engels RC; Vollebbergh WA *Journal of American Journal of Preventive Medicine*, Vol 40, No 5, 2011, pp541-547

Female drink-drivers are more likely to be older, better-educated and divorced, widowed or separated

A study by academics at the University of Nottingham found that emotional factors and mental health problems were common triggers in alcohol-related offences committed by women. They also found that rehabilitation programmes that force women to face the consequences of their crime can intensify their feelings of guilt and shame, leading them to turn to alcohol and increase the risk that they will re-offend.

In a paper published in *Clinical Psychology Review* the researchers, led by Professor Mary McMurrin of the Institute of Mental Health, have called for more effective treatment programmes to be designed that are specifically tailored for women.

The researchers carried out a systematic review of 26 previous studies from around the world to gather evidence that could inform the future development of interventions for alcohol-related offending by women and centred on whether there are differences between men and women who break the law after drinking.

They found that overall, women were less likely to drink and drive than men and less likely to be repeat offenders. Fewer women drink-drivers had previously been arrested for public drunkenness and other alcohol-related offences. Women drink-drivers were older than men, better educated but had a lower income. They were more likely than men to be separated, divorced or widowed, whereas men were more likely to be married or single. They were more likely to have parents and partners who abused alcohol and themselves had a greater history of mental health problems.

The researchers found only four studies that evaluated treatments specifically designed for women whose offending was linked to alcohol and therefore there was not enough evidence to answer the question of what treatment works most effectively. However, they highlight evidence to show which approach did not work: A study in New Mexico showed that putting female drink-driving offenders before a panel of people made up of those who have been seriously injured or whose loved ones have been killed in a crash in a collision with a drink-driver to hear about how it has impacted on their lives actually increased the risk of reoffending. Another American study documented high-risk female offenders who were given a 'life activities' interview as part of their treatment focusing on life adjustment, occupational and financial status. Again, this resulted in a greater rate of offending than those who did not - 44% as opposed to 24%.

Professor McMurrin added: "Programmes designed specifically for women whose offences are alcohol related need to be designed and evaluated. While these may draw on those programmes designed for men, greater attention to broader psychological health issues is needed as these may affect the success of the intervention".

Source: Female drunk-drivers tend to be older, better-educated, and no longer married Mary McMurrin, Rob Riemsma, Nathan Manning, Kate Misso, Jos Kleijnen. Interventions for alcohol-related offending by women: A systematic review. *Clinical Psychology Review*, 2011; DOI: 10.1016/j.cpr.2011.04.005

China marks launch of UN "Decade of Action" for road safety

China participated in a national launch event for the United Nations Decade of Action for Road Safety. China is one of 18 countries where initiatives are underway as part of Global Actions on Harmful Drinking, and one of six countries where these efforts focus on drink driving.

"While there is a generally high awareness of the 'Decade of Action' and its importance, part of our challenge is raising public awareness about the dangers of drink driving to similar levels, and we are proud to be a partner in that effort," said James Yu, China Country Manager for the International Center

for Alcohol Policies (ICAP), the lead implementing organisation for Global Actions on Harmful Drinking (www.global-actions.org).

China Ministry of Public Security statistics show that in 2009, alcohol-related road traffic crashes resulted in 2,665 fatalities in China, and 6,626 injuries. As part of a collaborative effort to deter and reduce drink driving, ICAP and the China Center for Health Education (CCHE) of the Ministry of Health signed a Memorandum of Understanding to collaborate on enhancing drink driving programmes targetting areas in China.

Statistics on Alcohol, England 2011

Statistics on Alcohol, England 2011, published by the Office of National Statistics in May, acts as a reference point for health issues relating to alcohol use and misuse, providing information obtained from a number of sources in a user-friendly format. It covers topics such as drinking habits and behaviours among adults (aged 16 and over) and school children (aged 11 to 15), drinking-related ill health and mortality, affordability of alcohol and alcohol-related costs.

The report contains previously published information and also includes additional new analyses. The new analyses are mainly obtained from The NHS Information Centre's Hospital Episodes Statistics (HES) system and Prescribing data. The report also includes up to date information on the latest alcohol related government policies and targets.

Key facts from the report are as follows:

- In England, in 2009, 69% of men and 55% of women (aged 16 and over) reported drinking an alcoholic drink on at least one day in the week prior to interview. 10% of men and 6% of women reported drinking on every day in the previous week.
- There has been an increase from 54% in 1997 to 75% in 2009 in the percentage of people in Great Britain who had heard of daily drinking limits. Throughout the period, differences between men and women have been slight.
- In 2007, 33% of men and 16% of women (24% of adults) drank above government guidelines. This includes 6% of men and 2% of women estimated to be harmful drinkers, the most serious form of hazardous drinking, which means that damage to health is likely.
- Among adults aged 16 to 74, 9% of men and 4% of women showed some signs of alcohol dependence. The prevalence of alcohol dependence is slightly lower for men than it was in 2000 when 11.5% of men showed some signs of dependence. There was no significant change for women between 2000 and 2007.
- In 2009/10, there were 1,057,000 alcohol related admissions to hospital. This is an increase of 12% on the 2008/09 figure (945,500) and more than twice as many as in 2002/03 (510,800).
- In 2010, there were 160,181 prescription items for

drugs for the treatment of alcohol dependency prescribed in primary care settings or NHS hospitals and dispensed in the community. This is an increase of 6% on the 2009 figure (150,445) and an increase of 56% on the 2003 figure (102,741).

The report is available from www.ic.nhs.uk/pubs/alcohol11

Figure 2.2 Adults whose maximum daily amount of alcohol in the last week was more than 8 units (men) or 6 units (women), by age and gender, 2009

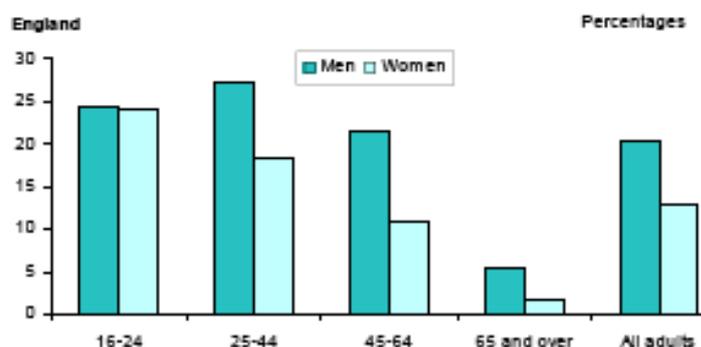


Figure 2.9 Adults drinking in the last week by socio-economic classification, 2009

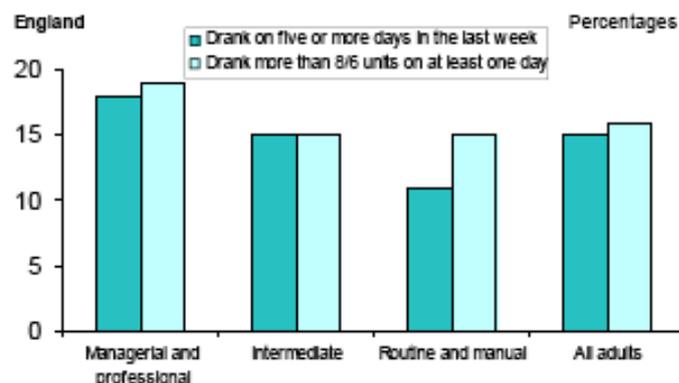
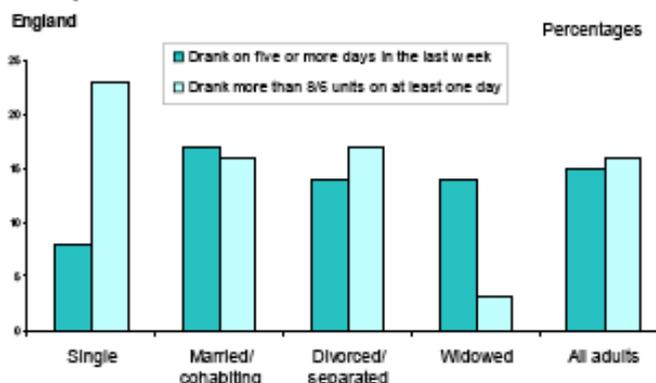


Figure 2.10 Adults drinking alcohol in the last week by marital status, 2009



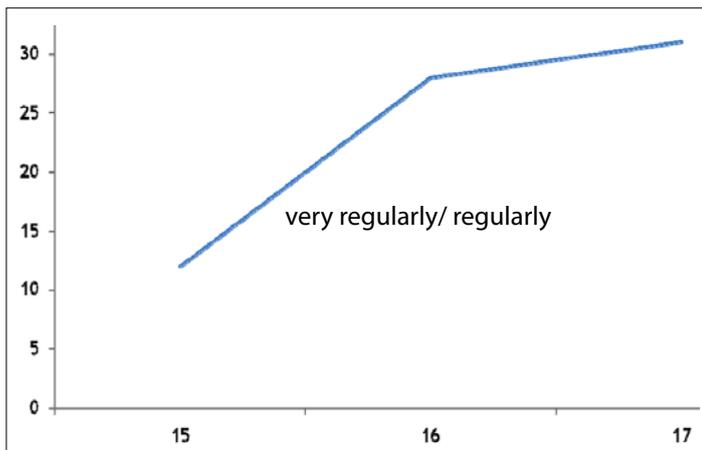
Source: General Lifestyle Survey 2009, Office for National Statistics (ONS)
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Drinkaware report – 15-17 year olds drinking behaviours in the UK

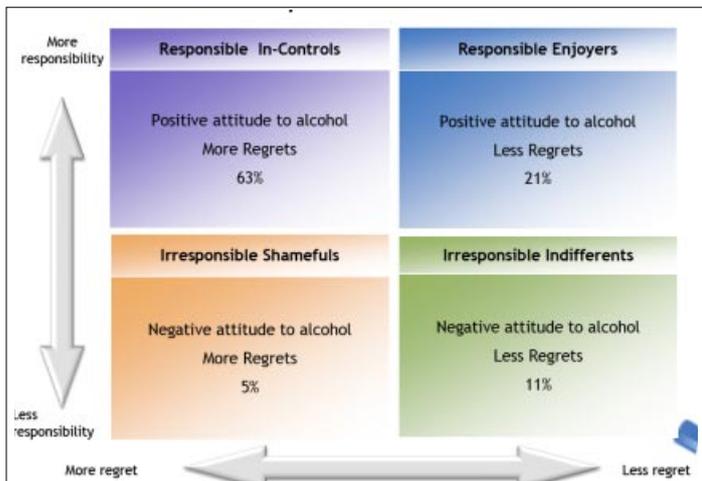
New research launched in May by Drinkaware analysed the drinking behaviours of 600 15 to 17 year olds. The report examines general attitudes to alcohol, existing drinking behaviour, availability of alcohol, when alcohol is consumed, and the motivations for drinking alcohol. There is also an analysis on how well previous advice from drinkaware communications have been understood and adopted and the implications of this.

General attitudes to alcohol

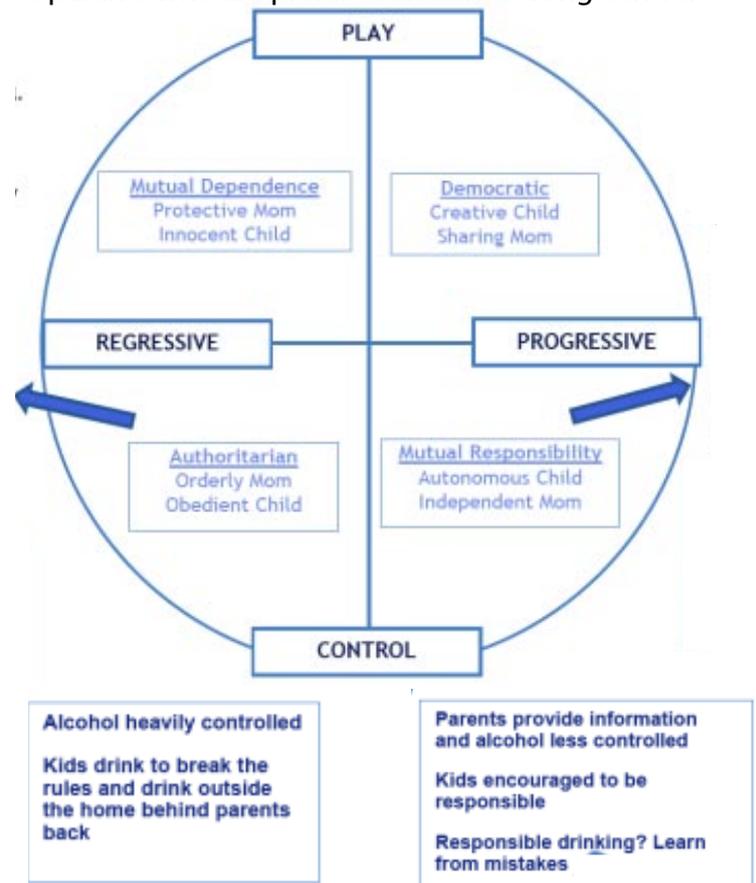
The report found that first consumption of alcohol tended to fall mostly between ages 13 and 15. Most participants had their first drink between 13 and 14, and started drinking more regularly (weekly) by 14/15. The majority of respondents have drunk alcohol but a step change is evident between ages 15-16. 15-17 year olds tend to be less frequent drinkers, but a clear step change in frequency of alcohol consumption happens between the ages of 15 and 16.



15-17 year olds display sensible attitudes, choosing drinks they like the taste of and showing a dislike for looking after others when drunk. 84% of the sample consider themselves to be responsible drinkers

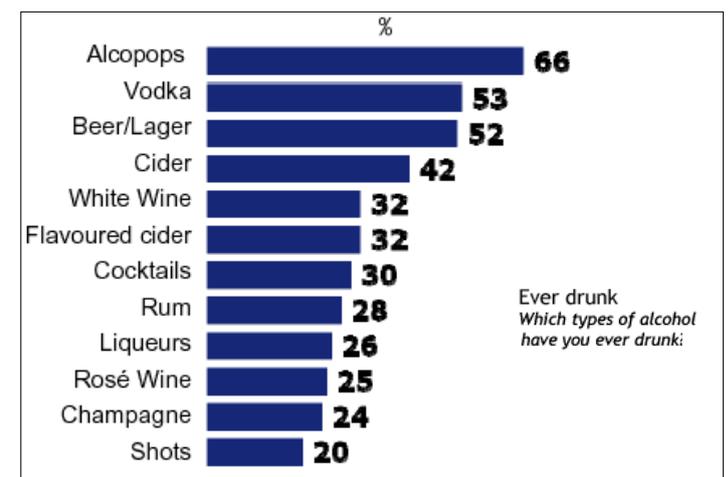


The report emphasises that parenting styles can impact on behaviour and identifies 4 types of parent: 'Regressive' parents (who like to keep their child as child) from 'Progressive' parents (who want their child to grow up), and within each of these 2 categories, parents who opt to Play and enjoy their kids compared to parents who are prefer to exercise strong control.



Existing drinking behaviour

15-17 year olds have on average, drunk 4-5 different types of alcohol, with alcopops, vodka and beer being the most common. There is a clear increase in categories ever drunk from 15-17 and vodka, beer, shots and alcopops are drunk most frequently.



Availability of alcohol for under 18s

Amongst 15-17 year olds, whether drinking at home, outside, at a party or at a friend’s house, their main source of alcohol is from friends or family. When under 18s obtain alcohol from a shop, in general an older friend or partner actually purchases the alcohol. Despite family being a common source, 15-17 year olds find it relatively difficult to get alcohol from them. Purchasing for themselves from supermarkets is also difficult, whilst friends and smaller retailers are considered much easier sources.

Consumption occasions

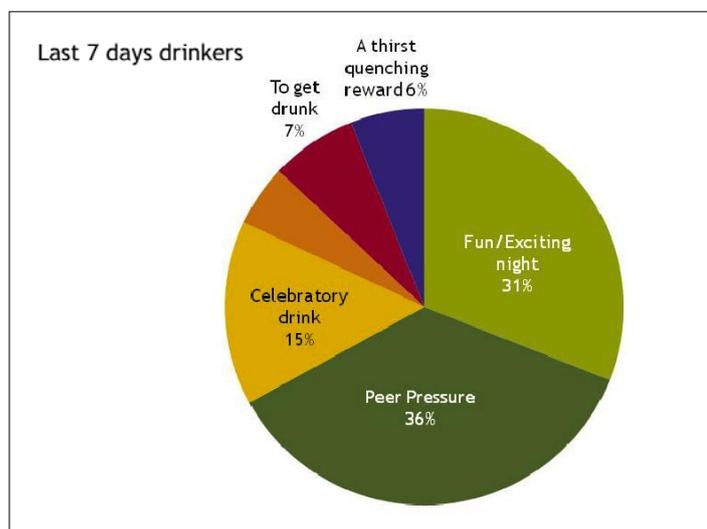
15-17 year olds alcohol consumption is mostly confined to home events and private parties. For under 18’s drinking behaviour and motivations are dependent on whether the drinking is supervised or not. The report divides drinking into two categories:

Sanctified/supervised drinking: Low to moderate drinking in safe places consuming drinks that parents find acceptable and that won’t get them drunk. This supervised drinking tends to be at home/with family

Covert/unsupervised drinking: Moderate to heavy drinking in less safe places, consuming drinks that parents might not find acceptable that get them drunk quickly. This unsupervised drinking tends to be at parties/sleepovers/at a friends house or drinking outside, enroute to somewhere or at a designated place.

Motivations for drinking alcohol

Motivations for drinking vary depending on the venue. The most important motivations for drinking alcohol are to have fun, to celebrate something and because friends were drinking.



Communications

The report states that participants in the research claim to follow the responsible drinking tips communicated in last years drinkaware campaign, but in reality they could be more widely adopted.



Implications

Key messages from the report include:

- There is a need to start communicating with children about alcohol early - from 11.
- Peer pressure and anxiety have a significant impact on behaviour.
- Parents play an important role and are a source of information but can also provide alcohol.
- Outside drinking can be about boredom.
- Ease of buying from corner shops and off licences is concerning.

Chris Sorek, Chief Executive of Drinkaware, commented:

“Young people feel under pressure to drink alcohol because they think their peers are drinking more than they are, but in fact this isn’t the case. Children need to know not all young people drink or like to get drunk.

“By reinforcing the influence parents have and supporting them with the facts and tools to talk to their children about alcohol earlier we can start to change the norm of underage drinking.”

A full copy of the report is available from www.drinkaware.co.uk

Teenage drinking and interethnic friendships

A report from the Joseph Rowntree Foundation explores the links between young people's interethnic friendships and their drinking patterns and behaviours. The report states that although Britain is a multicultural society, little is currently known about if, and how, young people mix with friends from different ethnic backgrounds and the potential impact of this on drinking attitudes and behaviours. This research was undertaken to examine these links using quantitative and qualitative methods among a sample of 14- and 15-year-olds in diverse locations in London and Berkshire.

The study found relatively low rates of having ever drunk, and frequent, heavy and binge drinking compared with other recent surveys with young people in England. Although these low rates are the result of a high proportion of young people from minority ethnic backgrounds in the sample, the authors state that they do serve as a reminder of how 'social norms' around alcohol use vary considerably by ethnicity and culture and although young people from the current study recognised differences in drinking behaviours between ethnic and religious groups, stereotypes were still prevalent for some groups. The authors stress that 'education about how norms vary within, as well as between, groups can be useful for young people whose own behaviour goes against the grain, in particular non-drinkers from drinking cultures and young drinkers from cultures where alcohol use is not seen to be acceptable'.

Young people from minority ethnic and religious backgrounds frequently cited concerns about health and risks associated with drinking, gained from education and advertising as important reasons for why they do not drink. These messages reinforce

young people's existing attitudes towards alcohol, and may become as important, or more important, than traditional views. Consequently, government campaigns and health warnings against alcohol use appear to be effective, particularly for young people from backgrounds that discourage alcohol use. The authors emphasise that 'education around alcohol use is also important for minority ethnic and religious young people as the drinking patterns of young Muslims resembled young people with no religion more closely than other religious young people, and there is some indication that drinking may be hidden among Muslims. Teachers and youth workers should be aware that alcohol education is important for young people from religions and cultures where alcohol use is prohibited as rates may be higher than reported. Rather than focusing on young people as perpetrators or victims of peer pressure, the authors suggest that it is worth considering the different roles that young people attempt to fill within their friendship groups around alcohol use. One of these roles is as a moderator of alcohol consumption, or an advocate of abstinence, as reported by some young people in the study.

The role that young people may adopt as moderators of consumption among their friends could be fed into peer support programmes, which are popular among young people, but for which there is currently little evidence around alcohol use. Peer supporters can also offer advice to young people who are not able to discuss their alcohol use with family or people within their community, particularly those from backgrounds where alcohol use is prohibited'.

The report is available at www.jrf.org.uk/publications/teenage-drinking-and-interethnic-friendships

Figure 4: Having ever drunk alcohol, by ethnicity

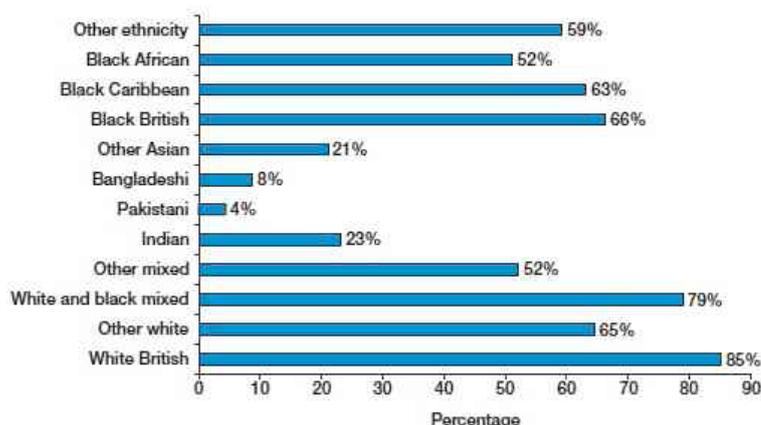
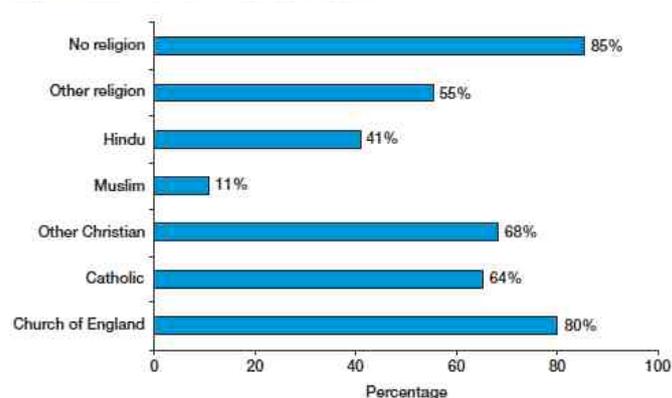


Figure 5: Having ever drunk alcohol, by religion



Anheuser-Busch InBev Global Citizenship report

Anheuser-Busch InBev released its 2010 Global Citizenship Report in April. The publication details AB InBev's progress toward goals and initiatives that form the company's Better World programme including the three pillars of promoting responsible drinking, protecting the environment, and giving back to the communities in which AB InBev employees live and work.

The report details how Anheuser Busch InBev promote responsible drinking and discourage alcohol abuse by informing and educating consumers through focused campaigns and marketing activities, these programmes include:

Communicating regularly on topics such as the importance of designated drivers, the role parents play in helping prevent underage drinking by talking with their children, and encouraging young people to respect drinking-age laws. Responsible alcohol consumption is promoted internally through the employee responsible drinking policies; Bar, restaurant and store staff have programmes to help them learn how to check a patron's age and to prevent underage sales and to discourage excessive drinking.

Since 1982, the company has invested 875 million USD toward these efforts in the United States. In 2010, the company tripled its media placement investment globally in responsible drinking advertising.

The report is available to view and download on AB InBev's website at www.ab-inbev.com/go/social_responsibility.cfm



Global Beer Responsible Day - In Brazil, employees distributed posters to bars and restaurants that featured Brazilian footballers Cafu, reminding consumers to drink responsibly.

Implemented throughout Latin America South Zone, Vivamos Responsavelmente (Live responsibly) campaign reminds young people of the importance of making smart choices.



In Belgium, television advertising reminds customers to know their limits.

Many wines contain more alcohol than indicated on the label

A study published by the American Association of Wine Economists and cowritten by four researchers from UC Davis found that alcohol content in wine is rising in every country in the world much faster than can be explained by global warming. They suggest that growers routinely and knowingly understate the alcoholic content of their wine in order to appeal to consumers' tastes for "more intense, riper flavours".

Based on more than 90,000 samples taken between 1992 and 2009 by the Liquor Control Board of Ontario,

the study concludes that the phenomenon was a product of the drive for a bigger taste and that errors in labelling were "not made unconsciously".

The authors found that label claims on average understated the true alcohol content of Old World wines from traditional producers in Europe by 0.39%. New World wines were often understated by an average of 0.45%.

To view the report, visit www.wine-economics.org/workingpapers/Aawe_WP82.pdf

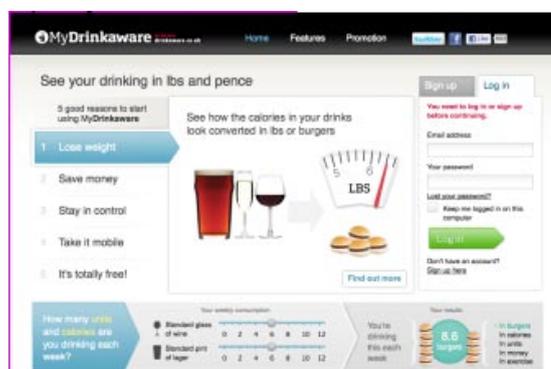
Drinkaware launches online tool to track effects of drinking

Drinkaware has launched a new tool to monitor alcohol consumption. <http://my.drinkaware.co.uk> is an easy-to-use online unit calculator and drink diary that provides personalised feedback on risk levels based on consumers' alcohol consumption and shows data in units, calories and spend. To put things in to perspective, the tool equates alcohol intake into 'burger' equivalents – with a pint of 4% beer or two double gin and tonics comparable to around one burger. MyDrinkaware also lets people set spending and lifestyle goals and gives tips on how to reach these.

The launch of MyDrinkaware follows results from a specially commissioned survey that demonstrated that 45% of UK consumers are trying to lose weight, and nearly 62% are worried about staying within their budgets, yet many don't make the connection between their drinking and weight gain or spending. The study of 2000 UK adults, found that whilst 30% of people plan to monitor their calorie intake over the next month, only 11% are thinking about tracking the amount of alcohol they drink. 73% would choose to save money by cutting back on eating out, buying clothes or going on holiday, rather than reducing the amount of alcohol they buy. When asked to identify

the number of calories in their favourite drinks, less than a 29% of adults knew how many calories are in a standard (175ml) glass of wine (134 calories). In contrast, 40% understood their recommended daily allowance for food, and 42% know how many calories are in a cheeseburger (386 calories).

Chris Sorek, Chief Executive of Drinkaware, says: "MyDrinkaware is a great way for people to keep track of the role alcohol is playing in key areas of their lives. The tips and advice can help consumers make small positive changes now that will have a big impact in the future. Having a mobile version of the tool also means people can track their drinking on the go – making it even easier to stick to their targets and meet their goals."



ACPO summer drink drive campaign in the UK

Drivers in the UK are being reminded to enjoy the long evenings, but not to drink and drive. The Association of Chief Police Officers (ACPO) is launching its annual month long crack down on drunk drivers on 1 June.

ACPO lead on drink and drug driving Chief Constable Phil Gormley said "We will carry out roadside checks at all times of the day and night and on all types of road. This means that if you drive under the influence of alcohol or drugs, there is a good chance you will be stopped and tested."

Last year just under 101,000 people were stopped and tested during the 30-day summer campaign with 5.6% testing positive or refusing a test.

Road Safety Minister Mike Penning said "The number of drink driving deaths has fallen by more than 75% since 1979. But drink and drug driving still kills hundreds of people, that is why we want to help the police take tough action to tackle these reckless drivers."

'Alcohol Policy in Poland and around Europe',

11-12 October 2011, Poznan Poland

The State Agency for Prevention of Alcohol Related Problems in Poland is organising an expert conference which will continue on the themes touched upon at the EU Swedish Presidency Expert Conference.

The main themes of the conference will include:

Alcohol and cancer - alcohol and heart disease
- alcohol and liver - alcohol and violence - economic aspect of alcohol related harm - FASD diagnosis and prevention

The Conference will focus on evidence based policy recommendations and recent research findings.

For more information please e-mail: magdalena.pietruszka@parpa.pl

BII supports Bacardi's responsible retailing server training

Neil Robertson, BII's CEO announced at their Annual Lunch at the Grosvenor House Hotel, BII's support for the launch of a new staff training initiative from Bacardi Brown Forman Brands (BBFB), and in association with the Wine and Spirit Education Trust (WSET).

The training programme, which consists of easy-to-use downloadable manuals, test papers and learning materials has been designed for use in-house, to help support and promote responsible retailing, particularly for front line staff. Robertson said that the training will introduce staff to basic legislation and the good practice required of servers of alcohol in UK licensed premises, and demonstrates that the

UK drinks industry and those working in the trade are active in promoting responsible retailing.

"This is what our industry is all about – organisations working together to provide excellent support, training and information for those on the front line and at the same time showing again that the on-trade is, and will continue to be, socially responsible. This Responsible Retailing Server programme is a taster of the qualities that support responsibility in the industry, and it can lead on to other professional qualifications" Robertson added.

The responsible retailing training programme is available to BII members free from their website www.bii.org/membersonly

UK Drinks industry pledges £500,000 to Best Bar None scheme

Bacardi Brown-Forman Brands, Diageo, Heineken and Molson Coors have pledged half a million pounds to the Best Bar None scheme to help tackle national alcohol related crime.

The scheme, set up in 2003, works with bars and pubs across England and Wales to promote responsible management and operations of alcohol licensed premises.

It aims to reduce alcohol related crime and disorder in town centres by providing a framework for training on enforcing proof of age policies and by building relationships between the licensed trade, police and local authorities to reduce crime and improve safety.

Supported by the Home Office and British Institute of Innkeeping (BII), the £500,000 pledge will support

the next stage of Best Bar None's development over three years and will help set-up 20 new schemes in disadvantaged areas as well as strengthen existing schemes.

Lord Redesdale, chairman of the Best Bar None programme, said: "This funding will take Best Bar None to the next level. It will enable us to be bolder and more ambitious in scope and standards. The bottom line is that we will be able to develop our existing schemes and roll out Best Bar None across more areas of England and Wales".

There are now over 100 Best Bar None schemes in the UK, with around 3,600 venues taking part.

3,000 qualified for Responsible Alcohol Retailing

Nearly 3,000 bar staff have now completed the Responsible Alcohol Retailing programme under the SABMiller scholarship scheme.

The brewer has provided funds for full training to be offered to staff over the past two years and has just agreed to renew funding for a third year for a further 1,000 to become qualified.

The nationally accredited Responsible Alcohol Awareness qualification gives staff a good understanding of licensing law and confidence to deal with underage sales or drunken customers.

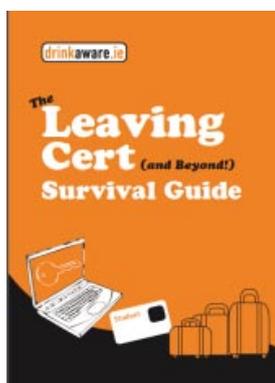
Kristin Wolfe, head of alcohol policy at SABMiller, said: "Although most large retailers offer staff training for those selling alcohol, many smaller shops and pubs may not be able to due to cost and time out of the business... SABMiller's Scholars Programme will give small businesses a helping hand to achieve a national qualification for their staff and will encourage a training culture in those businesses which will impact on the life of their communities".

To the Leaving Cert... and Beyond!

Drinkaware.ie has taken a fresh approach in the new Leaving Cert (and beyond!) Survival Guide, available as a free download from www.Drinkaware.ie

Conscious that students' minds are focused on the last stretch of study, as well as what they're going to get up to after the exams, drinkaware.ie has made sure that the guide covers all of the Leaving Cert summer's major events. This includes advice on last-minute study from past Leaving Cert students, having a social life during the exams, holiday and festival tips, gap year information, dealing with results and rechecks, and everything in-between.

Fionnuala Sheehan, Chief Executive of drinkaware.ie, explains, "We looked at what Leaving Cert students really want to know, and made that the starting point for this guide. Our goal was to create something of value – not just a booklet that tells people to study harder. It's designed to be a practical source of hints and tips which will not only help students with the next two weeks, but will remain useful right up to the end of the summer".



Alcohol ban threat for Scotland's under 21s

People under the age of 21 could be prevented from buying alcohol from many off-sales, corner shops and supermarkets under new powers to be introduced across Scotland later this year.

Local authorities will be able to ban individual outlets from selling alcohol to people aged between 18 and 21 where the stores have previously fallen foul of the law by selling to under 18s, or where there is a problem with teenage drinking. Draft guidance on the incoming Alcohol Etc (Scotland) Act 2010 states that while licensing boards cannot impose blanket bans on sales to under 21s, they can do so on a case-by-case basis.

The Scottish Government had claimed local authorities have had the power to vary the conditions of a licence, including restricting sales by age, since 2009. However, licensing officials claim this has only now been made clear and point out no age restrictions have been applied anywhere in Scotland. News of the development comes as the SNP Government announces it is to revisit plans to ban the sale of alcohol at supermarket self-service tills, amid concerns young people use them as a means to obtain drink.

Experts agree on new European action plan on alcohol

WHO/Europe organised a meeting of national experts on alcohol policy in Zurich, Switzerland on 4–5 May 2011 to discuss the draft European alcohol action plan. Attendees considered a series of planned surveys on alcohol and health and exchanged information on developments in policy making.

Agreement was reached on a new draft alcohol action plan, to be discussed further by the sixty-first session of the WHO Regional Committee for Europe in September 2011. The action plan provides information on the harmful use of alcohol and

proposes many evidence-based options for action, including protecting young people, increasing the capacity and quality of health services for disorders arising out of alcohol use, and taxing and limiting the availability of alcohol products.

A survey will be conducted to update European information systems on alcohol and health. Its results will contribute to a new WHO/Europe report on alcohol consumption, harm and policy, to be launched in early 2012.

Moves to reduce road deaths in France

French road safety officials met in Paris on 11 May (the launch day for UN World Decade for Action for Road Safety). They agreed to a series of radical changes to crack down on speeders and drunk drivers. The meeting followed the release of figures in April that showed a sharp increase in road fatalities. Eurostat figures show that France has the second highest number of road deaths of all European countries in 2009 with 4,273 killed, behind Poland (4,500) and followed by Italy (just over 4,000).

The actions agreed at the meeting by the Interministerial Committee for Road Safety aim to fight against the increase in road deaths.

Without waiting for the implementation of these measures, the Prime Minister asked the Minister of the Interior, Overseas, local authorities and immigration to implement tighter controls on the roads, especially during the long weekends of June.

The ability to conduct a blood test for the alcohol or the presence of drugs following a positive test conducted by law enforcement will be extended to nurses. Using a alcolock be made compulsory for all transport of people with a alcolock. Driving with a bac level of more than 0.08 will be punished by the withdrawal of 8 points, (previously it was 6).

LCBO's "Deflate the Elephant" summer responsible entertaining tips



With the recent Victoria Day weekend and warmer weather marking the "unofficial" start of summer, LCBO has been encouraging Ontarians to plan ahead, travel safely and celebrate responsibly throughout the season.

LCBO President and CEO Bob Peter emphasised "We encourage everyone to have a safe summer season by drinking responsibly and to never drink and drive or boat... We can help hosts plan ahead and entertain safely by offering responsible hosting advice through our store staff and online tools."

'Deflate the Elephant' LCBO's social responsibility campaign, urges Ontarians to speak up to help prevent someone from drinking and driving. The website (www.deflatetheelephant.com) enables visitors to download responsible hosting tips, entertaining checklists and other Mocktail recipes. The website also features an interactive hosting challenge, the free iPhone "Speak Up!" app and information about the Deflate the Elephant Facebook site.

The Cool Spot Carnival: Teaching teens about alcohol

NIAAA's "Cool Spot Carnival" has been touring in the US showing children of all ages how alcohol alters the brain.

The Carnival is based on material from the NIAAA Web site for kids, www.thecoolspot.gov. It features two flip-chart boards: "Reality Check," which dispels the myth that everybody is drinking, and "Pick Your No's," which gives practical, evidence-based advice on how to say "no" to alcohol.

At the heart of the exhibit is the football-toss game. Children line up to try their hand at throwing a football at a target while wearing "Fatal Vision" goggles. The goggles distort hand-eye coordination, creating a sense of diminished control and balance similar to

alcohol intoxication. Exhibit staff use the opportunity to drive home the idea that alcohol changes your brain, much like the goggles change your ability to hit the target with the ball.

Recently, the Carnival exhibited at the NBC4 Health and Fitness Expo and the American Association for the Advancement of Science (AAAS) Family Science Days.



US Colleges band together to fight high-risk drinking

Fourteen US colleges and universities are to band together to fight binge drinking. The institutions, including Dartmouth, Cornell, Duke, Boston University, Northwestern, Princeton and Stanford, plan to test and measure new strategies and share their results with other colleges.

The initiative, called the Learning Collaborative on High-Risk Drinking, will begin meeting this summer. Dartmouth President, Jim Yong Kim, says he hopes at least 20 colleges will be a part of the collaborative by then.

One of the participating institutions, Frostburg State University in Maryland, has long fought its reputation as a party school. The school starts its

campaign against drinking even before students enroll. Prospective students at open houses are told that Frostburg is not a party school. That message is reinforced again at freshman orientation, as well as during an online alcohol education class for incoming students. Police break up off-campus parties and when students have an alcohol-related infraction and their parents are notified.

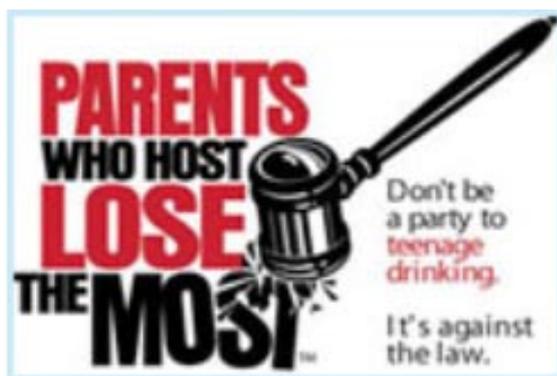
A 2009 survey of students found 43% said they participated in binge drinking in the previous two weeks, down from 59% in 1997. They reported drinking less overall and the university reports fewer students are getting into trouble for alcohol-related incidents more than once.

Parents Who Host, Lose The Most campaign in Ohio

To coincide with the prom and graduation season, Clark Kellogg (US basketball star and national sports commentator) kicked off the Parents Who Host, Lose the Most: Don't be a party to teenage drinking Campaign (a programme of Drug-Free Action Alliance) by addressing a group of high school students and their parents on the subject of underage drinking.

Kellogg talked about the important and influential role parents play in their children's decisions surrounding alcohol. He discussed both the health and safety issues that accompany underage drinking and encouraged parents to talk to their children so that they, in turn, may be empowered to make healthy and responsible choices for themselves.

For more information, visit www.DrugFreeActionAlliance.org.



New in Times Square!

A 15-second digital ad encouraging parents to 'Talk Early, Talk Often, Get Others Involved' to prevent underage drinking is now playing on the CBS Super Screen in New York City's Times Square. During April-June, this ad will be shown 1,638 times.



Alcohol-ban to be imposed at Thai factories

A new ban on alcohol trade and consumption at factories during working hours will soon be imposed across Thailand to promote a healthy workforce and reduce alcohol-related problems.

Wichai Poonkamnerd, chairman of Nam Jai Sampan Labour Union of Otani Tyres Co. Ltd, said the alcohol ban at factories, proposed by the National Board of Alcoholic Beverage Control, was now awaiting final approval from the Prime Minister's Office.

Under your influence campaign in Australia

DrinkWise Australia has joined with the Sport Australia Hall of Fame to develop 'Under Your Influence', a campaign that picks up on the importance of parents and other influential adults as role models. The campaign encourages parents to embrace the opportunity they have to model responsible drinking behaviours and to engage with their children on the issues associated with alcohol.

Videos featuring ambassadors of The Sport Australia Hall of Fame and medical experts will be used to foster a national conversation about the role of parents in influencing their children's attitudes and behaviours toward drinking. Central to this strategy is video content featuring the Ambassadors and their views on being role models and the influence they have as parents.

For more information, visit <http://underyourinfluence.org.au>



South Africa take action over drink drive

Drivers in South Africa could soon be banned from drinking any alcohol if they are driving. John Motsatsing, Chief Director of road transport regulation in the Department of Transport, said the government was considering a zero alcohol limit for all drivers.

The Road Traffic Management Corporation estimate that almost half of all weekend motor vehicle crash victims at public hospitals are injured as a result of abuse of alcohol and in metropolitan roadblocks, one in every 10 drivers tested is above the legal alcohol limit. Reports show that 57% of drivers tested positive for alcohol in 2008, an increase of 16% from 2002. The number of people who died in traffic accidents while they had alcohol in the bloodstream increased by 6% between 2002 and 2008.

India - moves to curb drinking amongst young adults

In an attempt to discourage youngsters from consuming alcohol, the government of Maharashtra state is raising the minimum age for beer from 18 to 21 and for hard liquor from 21 to 25. Wine is not included in the new legislation.

Chief Minister Prithviraj Chavan said that the decision was unanimously taken by the state cabinet and that the move was intended to increase awareness and to encourage the public to take personal responsibility for controlling their alcohol consumption.

'One of the major areas of concern is to control the consumption of illegal liquor which kills people. If sale of illegal liquor is found anywhere, the police and excise chief will be held responsible,' Chavan warned.

He said the government would launch a campaign to curb liquor consumption, especially amongst youngsters, by releasing advertisements and publicity through different media, even in school textbooks.

In a related move, women have been 'empowered' in the liquor control programme – 25% of women voters in a city ward or a village panchayat can seek closure of any liquor shop in their locality.

Robin Carlisle, Western Cape Transport MEC, said the plan was "bold and dramatic", but "wishful thinking". He said while close to 700 people had been killed on the country's roads as a result of drunkenness last month, the government needed to get the basics right first. "The emphasis should be on those who drive drunk, not those who have a drink and drive."

Caro Smit, director of South Africans Against Drunk Driving, said her organisation understood that it was difficult to have total zero but that they would support a 0.02 limit which allows some sort of reasonable leeway for measurement error "We feel strongly that the alcohol limit should be lowered drastically," she said. "However, it is no use lowering the limit if authorities are not going to catch those who drink and drive... we still do not have enough testing..."

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

Helena Conibear, Executive and Editorial Director, AIM-Alcohol in Moderation

Professor Alan Crozier, Professor of Plant Biochemistry and Human Nutrition, University of Glasgow

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Dr Erik Skovenborg, Scandinavian Medical Alcohol Board

Creina S Stockley MSc MBA, Health and regulation, The Australian Wine Research Institute

Dr Thomas Stuttaford, Medical Correspondent to The Times and Author

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