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**AIM Digest**  
**Frampton House**  
**Frampton, Dorchester**  
**Dorset DT2 9NH**  
 T: +44 (0)1300 320 869  
 E: [info@aim-digest.com](mailto:info@aim-digest.com)

**Websites:**

[www.alcoholinmoderation.com](http://www.alcoholinmoderation.com)  
[www.drinkingandyou.com](http://www.drinkingandyou.com)  
[www.talkaboutalcohol.com](http://www.talkaboutalcohol.com)  
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Please contact [Sherry.Webster@aim-digest.com](mailto:Sherry.Webster@aim-digest.com) for information about AIM's subscription levels.

Please make cheques/drafts in British pounds sterling, dollars or Euros payable to AIM Digest at the above address

Helena Conibear – **Executive Director**  
 T: +44 (0)1300 320 869  
 E: [helena.conibear@aim-digest.com](mailto:helena.conibear@aim-digest.com)

Alison Rees - **Editor**  
 E: [alison.rees@aim-digest.com](mailto:alison.rees@aim-digest.com)

Sherry Webster – **Finance and Subscriptions**

E: [sherry.webster@aim-digest.com](mailto:sherry.webster@aim-digest.com)

Jane Hutchings – **Alcohol Education Outreach**

E: [jane@alcoholeducationtrust.org](mailto:jane@alcoholeducationtrust.org)

Sandra Saint - **Parental Outreach Coordinator**

E: [Sandra@alcoholeducationtrust.org](mailto:Sandra@alcoholeducationtrust.org)

[www.alcoholeducationtrust.org](http://www.alcoholeducationtrust.org)  
[www.talkaboutalcohol.com](http://www.talkaboutalcohol.com)

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## Spain

In Huelva, Spain, authorities partnered with the Spanish Spirits Federation (FEBE) to offer fuel vouchers worth EUR €20 to young designated drivers. Participants submitted to a series of four breath tests throughout the night, and those who registered a zero blood alcohol concentration (BAC) level for each test were presented with a fuel voucher.

## Germany

The Interior Ministers of Germany's Länder states have called for a significant reduction in the legal blood alcohol concentration (BAC) limit for cyclists. The BAC limit is currently 1.6 mg/ml for cyclists, compared to 0.5 mg/ml for motorists and is thought by the ministers to be a contributory factor to the 3,725 alcohol-related cycling accidents recorded in 2011.

## US

Boston University is making it compulsory for all incoming freshmen to take a course about alcohol.

4,000 BU freshmen will log on to a private website and take the class over the summer. It is estimated to take the average student about 2 hours.

The college have offered similar information in the past, but this is the first time it has been required. The purpose of the online course 'AlcoholEdu', according to the administrators, is to dispel myths and help younger students make better decisions.

## Russia

In a recent survey, 67% of Russian consumers said they favoured the introduction of health warning labels on alcohol, with 20% opposed and 13% undecided. Opponents of the proposal asserted that the warnings would either be irritating or ineffective while some supporters favoured a larger font for warning messages and the use of graphic warnings.

Also in Russia, draft amendments to the Administrative Offences Code of the Russian Federation, have been developed to introduce liability for teenagers who buy alcohol. The first purchase is planned to be punished by a RUB 500-1,000 (EUR 12.41-24.81, USD 16-32) fine, with the second one by 10 to 50 hours of community service. In addition, an increase in the minimum age for purchasing alcohol to 21 years is being considered.

## Brazil

In a vote on the new anti-drug bill (Projeto de Lei 7663/10) in Brazil the clause that stated that alcoholic drinks should have labels warning about their potentially harmful properties was removed in a 169-149 vote. Members who voted against the warning believe it should be discussed in a separate bill, and some warned that such a measure, which was to be applied only to drinks manufactured in Brazil, would give an unfair disadvantage to home producers compared to imported products.

## Metabolic and biochemical mechanisms by which alcohol consumption affects health

Whitfield JB, Heath AC, Madden PAF, Pergadia ML, Montgomery GW, Martin NG. Metabolic and biochemical effects of low-to-moderate alcohol consumption. *Alcohol Clin Exp Res* 2013;37:575–586.

### Authors' Abstract

**Background:** Alcohol consumption has multiple biochemical consequences. Only a few of these are useful as diagnostic markers, but many reflect potentially harmful or beneficial effects of alcohol. Average consumption of 2 to 4 drinks per day is associated with lower overall or cardiovascular mortality risk than either lower or higher intake. We have analyzed the dose–response relationships between reported alcohol consumption and 17 biomarkers, with emphasis on intake of up to 3 drinks per day.

**Methods:** Biochemical tests were performed on serum from 8,396 study participants (3,750 men and 4,646 women, aged  $51 \pm 13$  years, range 18 to 93) who had provided information on alcohol consumption in the week preceding blood collection.

**Results:** Gamma glutamyl transferase, alanine aminotransferase, aspartate aminotransferase, carbohydrate-deficient transferrin, urate, ferritin, and bilirubin showed little or no change with alcohol consumption below 2 to 3 drinks per day, but increased with higher intake. High-density lipoprotein cholesterol and albumin showed increasing results, and insulin showed decreasing results, across the entire range of alcohol use. Biphasic responses, where subjects reporting 1 to 2 drinks per day had lower results than those reporting either more or less alcohol use, occurred for triglycerides, glucose, C-reactive protein, alkaline phosphatase, and butyrylcholinesterase. Increasing alcohol use was associated with decreasing low-density lipoprotein cholesterol (LDL-C) in younger women, but higher LDL-C in older men.

**Conclusions:** Some markers show threshold relationships with alcohol, others show continuous ones, and a third group show biphasic or U-shaped relationships. Overall, the biochemical sequelae of low-to-moderate alcohol use are consistent with the epidemiological evidence on morbidity and mortality.

### Forum Comments

The large majority of prospective epidemiologic studies have demonstrated a “J-shaped” or “U-shaped” relation between the consumption of alcohol and the risk of cardiovascular disease. While the average amount of alcohol consumed is generally related to such risk, studies providing data on the pattern of drinking generally show an even greater reduction in

the risk of cardiovascular disease as be associated with light-to-moderate drinking, especially the regular consumption of alcohol without binge drinking.

Numerous mechanisms for the beneficial effects of light drinking have been identified. As well summarised by Brien et al (Effect of alcohol consumption on biological markers associated with risk of coronary heart disease: systematic review and meta-analysis of interventional studies. *BMJ* 2011;342:doi:10.1136/bmj.d636), mechanisms have been shown for alcohol's effects on lipids, coagulation, inflammation, endothelial function, and other metabolic parameters. Many studies have also shown that the polyphenols in wine have additional beneficial effects on risk of cardiovascular and other diseases.

The present paper describes the relation between reported alcohol consumption and a variety of metabolic and biochemical factors among a large number of subjects in a population-based study in Australia. That study focused on genetic factors among twins and their families. The main estimate of alcohol consumption was the reported total number of drinks in the preceding week from a retrospective alcohol diary collected at the time blood was drawn. For most subjects, intake was also assessed from a telephone interview seeking an estimate of the average alcohol intake over the past year; the latter gave a lower estimated average alcohol intake, but essentially the same relation with metabolic and biochemical parameters as the alcohol diary.

The key findings of the study were a linear increase in HDL-cholesterol and a linear decrease in insulin levels with increasing amounts of alcohol. For most other factors (including liver enzymes, triglycerides, blood glucose, and CRP), there was a “J-shaped” relation: lower values with light drinking and higher values with larger amounts of alcohol. For most of these, there was a threshold value at which heavier drinking began to show adverse effects. The lowest (most favourable) values varied by the measure: lowest triglycerides at about 1 to 2 drinks per day, lowest CRP at about 1 drink/day, lowest blood sugar and lowest alkaline phosphatase values at 1 to 3 drinks/day.

The authors conclude that “The pattern of potentially beneficial effects of alcohol on HDL-C and insulin increasing progressively as consumption increases, whereas the negative effects show thresholds, is

consistent with net U- or J-shaped effects of alcohol on health.”

Specific comments by Forum members: Reviewer Puddey considered this to be “a very informative paper, from a well characterised and sizeable cohort, on the potential pathophysiological links between alcohol and either reduced or increased risk of disease. Potential confounding by smoking and obesity is described and has been controlled for in the regression analyses.”

Forum members noted especially the very high percentage of subjects who met DMS-IV criteria for lifetime alcohol dependence (31.5% of men and 15.9% of women). On the baseline questionnaire, most of these subjects reported a high number of drinks in the preceding week; however, such subjects also made up 25.3% of male and 11.3% of females who currently reported no alcohol consumption. As stated by Forum member Lanzmann-Petithory, “Either this population is non-representative, or Australia has a serious problem of alcoholism.”

Forum member Ellison stated: “Given the high frequency of abuse, it is somewhat surprising that most factors were influenced favorably by light drinking. The findings from this study provide support for the epidemiologic results typically found: less cardiovascular disease for light drinking and, in some studies, increased cardiovascular risk for heavier drinkers, those whose consumption exceeds a certain threshold of intake.”

Forum reviewers Waterhouse, Lanzmann-Petithory, and others were disappointed that the authors did not comment on the effects of the pattern of drinking, even though they collected daily consumption data. Further, the authors do not show whether or not there was a relationship between beverage of choice and DSM-IV AD positive rating. That would be most interesting, as prior work by a number of investigators has shown less alcohol abuse among consumers of wine when compared with drinkers of other beverages.

Reviewer Skovenborg stated: “Overall, the metabolic and biochemical responses to alcohol consumption are consistent with previous studies and also consistent with the epidemiological evidence on morbidity and mortality. No big surprises here. An analysis of the potential effects of a binge drinking pattern versus a regular, steady drinking pattern on

the metabolic and biochemical responses to alcohol consumption would have been interesting.” He added: “The markers of liver dysfunction related to alcohol showed little change with alcohol consumption below 2 to 3 drinks per day, confirming their value as markers of heavy consumption.” He, and others, also commented on the very high percentage of subjects with a lifetime history of alcohol dependency, much higher than in other populations. “I wonder whether the study participants are representative of the general population of Australia and whether the external validity of the study results is damaged by the large percentages of alcohol-dependant participants.”

Forum reviewer Van Velden and his associates previously carried out a clinical trial of the effects of wine and brandy, finding that both types of beverage markedly increased HDL-cholesterol, regardless of the presence or absence of the E4 allele of the Apolipoprotein E polymorphism. In their studies, genetic factors modified the relation with triglycerides. Van Velden states: “The problem with most epidemiological observations is that it is presumed that everybody will react the same to a nutritional intervention. With our knowledge of nutrigenetics, we know now that this is not the case. The mild increase in triglyceride concentrations observed with alcohol in some population studies may be relate mainly to people with an HFE mutation-positive abnormality, whereas subjects without this abnormality show little effect.”

Further comments from Forum member Skovenborg: “I agree with the comments of other Forum members about beverage-specific effects, and would add some data from our lab suggesting the importance of distinguishing wine from other alcoholic beverages and the importance of genetic polymorphisms in regulating biochemical markers of alcohol consumption. We carried out a randomised clinical trial in conjunction with investigators in Barcelona and found that both wine and gin showed anti-inflammatory effects by reducing plasma fibrinogen and IL-1alpha levels. However, wine had the additional effect of decreasing hs-CRP, as well as monocyte and endothelial adhesion molecules (Estruch et al. Different effects of red wine and gin consumption on inflammatory biomarkers of atherosclerosis: a prospective randomised crossover trial. Effects of wine on inflammatory markers. Atherosclerosis.

2004;175:117-23). Further, we found that compared to gin intervention, wine intake reduced plasma SOD activity and MDA levels; lag phase time of LDL oxidation analysis also increased 11.0 min (CI, 1.2-20.8; P=0.032) after wine, compared to gin, whereas no differences were observed between the two interventions in oxidation rate of LDL particles. Peroxide concentration in LDL particles also decreased after wine, as did plasma oxidised LDL concentrations (Estruch et al, Moderate consumption of red wine, but not gin, decreases erythrocyte superoxide dismutase activity: a randomised cross-over trial. *Nutr Metab Cardiovasc Dis* 2011; 21:46-53)".

#### Forum Summary

A large study from Australia, that included a high percentage of current or former alcohol abusers, related alcohol consumption with a variety of metabolic and biologic parameters that relate to health. Included were markers of lipid function, inflammation, glucose metabolism, and liver function. As expected, there was a linear increase in HDL-cholesterol with increasing alcohol intake; somewhat surprisingly, there was a linear decrease in insulin levels with increasing alcohol consumption (which may relate to the typical finding of a significantly lower risk of diabetes mellitus among moderate drinkers). Essentially all of the other factors showed a "J-shaped" or "U-shaped" relation with alcohol: a decrease with small to moderate amounts of alcohol and an increase with larger intake.

In their association with alcohol, the lowest (most favourable) values of parameters varied by the measure: lowest triglycerides at about 1 to 2 drinks per day, lowest CRP at about 1 drink/day, lowest blood sugar and lowest alkaline phosphatase values at 1 to 3 drinks/day. Adverse effects on liver enzymes, blood glucose, and inflammatory markers showed a threshold level of intake that varied somewhat by marker. For example, reported non-drinkers had higher values of CRP, triglycerides, and alkaline phosphatase; among drinkers, significant increases were seen only in consumers of 40 or more drinks/week. Unfortunately, the investigators did not report on the pattern of drinking, which usually shows preferable results from regular, moderate intake of alcohol with no binge drinking.

The key findings of the study can be summarised as favorable effects of moderate alcohol intake on HDL-cholesterol and insulin levels, and for most

other factors (including liver enzymes, triglycerides, blood glucose, and the inflammatory marker CRP), a "J-shaped" relation: lower values with light drinking and higher values with larger amounts of alcohol. For most of these, there was either no effect or a favourable effect until alcohol intake exceeded a "threshold value," at which heavier drinking began to show adverse effects.

Forum reviewers agreed with the conclusion of the authors: "The pattern of potentially beneficial effects of alcohol on HDL-C and insulin increasing progressively as consumption increases, whereas the negative effects show thresholds, is consistent with net U- or J-shaped effects of alcohol on health." While actual health outcomes were not evaluated in this study, overall it provides strong support for the results of most prospective epidemiologic studies that show lower rates of cardiovascular and other diseases among light-to-moderate drinkers than among abstainers or heavy drinkers.

\* \* \*

Comments on this critique by the International Scientific Forum on Alcohol Research were provided by the following members:

Giovanni de Gaetano, MD, PhD, Research Laboratories, Catholic University, Campobasso, Italy

R. Curtis Ellison, MD, Section of Preventive Medicine & Epidemiology, Boston University School of Medicine, Boston, MA, USA

Dominique Lanzmann-Petithory, MD, PhD, Nutrition/ Cardiology, Praticien Hospitalier Hôpital Emile Roux, Paris, France

Ian Puddey, MD, Dean, Faculty of Medicine, Dentistry & Health Sciences, University of Western Australia, Nedlands, Australia

Erik Skovenborg, MD, Scandinavian Medical Alcohol Board, Practitioner, Aarhus, Denmark

Arne Svilaas, MD, PhD, general practice and lipidology, Oslo University Hospital, Oslo, Norway

Gordon Troup, MSc, DSc, School of Physics, Monash University, Victoria, Australia

David Vauzour, PhD, Senior Research Associate, Department of Nutrition, Norwich Medical School, University of East Anglia, Norwich, UK

David Van Velden, MD, Dept. of Pathology, Stellenbosch University, Stellenbosch, South Africa

Andrew L. Waterhouse, PhD, Marvin Sands Professor, University of California, Davis; Davis, CA, USA

## Relation of alcohol intake to risk of dying from cancer

Jin M, Cai S, Guo J, Zhu Y, Li M, Yu Y, Zhang S, Chen K. Alcohol drinking and all cancer mortality: a meta-analysis. *Ann Oncol* 2013;24:807-816. doi: 10.1093/annonc/mds508.

### Authors' Abstract

**Background:** Epidemiological studies have suggested an inconsistent relationship between alcohol drinking and risk of all cancer mortality. As far as we know, no meta-analysis has been conducted to explore this issue.

**Patients and Methods:** We carried out a PubMed search to find relevant articles published before April 2012 in English. Categorical and dose-response meta-analyses were conducted to identify the impact of alcohol drinking on all cancer mortality. Potential sources of heterogeneity were detected by meta-regression and stratification analyses. Sensitivity and cumulative meta-analyses were also carried out.

**Results:** Eighteen independent cohort studies met the inclusion criteria. Compared with non/occasional drinkers, the pooled relative risks (RRs) were 0.91 [95% confidence interval (CI) 0.89-0.94] for light, 1.02 (95% CI 0.99-1.06) for moderate, and 1.31 (95% CI 1.23-1.39) for heavy drinkers. Former drinkers presented a higher risk (RR = 1.32, 95% CI 1.15-1.50) than current drinkers (RR = 1.06, 95% CI 0.98-1.16). There was a J-shaped relationship between all cancer mortality and alcohol consumption in males but not in females.

**Conclusions:** This meta-analysis confirms the health hazards of heavy drinking ( $\geq 50$  g/day) and benefits of light drinking ( $\leq 12.5$  g/day). Large-sample, well-designed, prospective epidemiological studies, especially on heavy drinking among women, should be developed in future.

### Forum Comments

There have been many papers relating alcohol intake to specific types of cancer. It is clear that heavy drinking is associated with an increase in the risk of most upper aero-digestive cancers (e.g., cancer of the mouth, pharynx, larynx), and even moderate drinking has been associated with a slight increase in the risk of breast cancer. On the other hand, the risk of thyroid cancer, lymphoma, renal cancer, and certain other cancers has been shown to be lower among moderate drinkers than among abstainers.

There have been few studies describing the relation between varying levels of alcohol consumption and the total risk of cancer. The present paper presents a meta-analysis relating alcohol intake to all cancer mortality, with data on more than 48,000 cancer deaths reported in 18 prospective cohort studies.

Surprisingly, the analyses demonstrated a J-shaped curve for alcohol and cancer. Light drinkers showed a statistically significant 9% lower risk, moderate drinkers showed no effect, and heavier drinkers showed a 32% increased risk of all cancer mortality.

Specific comments by Forum reviewers: Forum member Waterhouse found some troubling inconsistencies in the paper. For example, in one place the risk of cancer for males, comparing non/occasional and "light" drinkers ( $\leq 12.5$  g/day), is reported as a risk ratio (RR) of 0.91 (95% CI 0.87-0.94), while in a separate figure the risk is shown as essentially 1.0 with the 95% CI extending above 1 (suggesting lack of statistical significance). Further, in several places in the text the authors refer to "borderline increased risk" when the calculated RR = 1.00: such a RR indicates no difference between the reference category and light drinkers. Reviewer Svilaas agreed that this meta-analysis has several weaknesses, mainly through a lack of studies with uniform inclusion criteria and purposes.

Reviewer Skovenborg commented: "This meta-analysis of alcohol drinking and cancer mortality is basically a state-of-the-art meta-analysis with strengths and weaknesses depending on the quality of the studies retrieved for the meta-analysis. For example, the cumulative time, frequency, and pattern of alcohol drinking were not analysed comprehensively in the present study due to insufficient data. However, considering that the International Agency for Research on Cancer (IARC) has confirmed alcohol as a Group 1 carcinogen for humans, the results of the meta-analysis are remarkable: a J-shaped relationship between alcohol consumption and cancer mortality."

Skovenborg continued: "Non/occasional drinkers were regarded as the reference group (which may be appropriate); however, subjects consuming 12.6-49.9 g/day were considered to be 'moderate' drinkers. However, this range of alcohol intake is equivalent to 1 - 4 drinks per day, with 4 drinks/day usually not being considered as 'moderate.'" Forum reviewer Finkel stated that he hopes that future studies (and meta-analyses) will focus more on how drinking patterns influence cancer risk, rather than having to focus just on the reported average amounts of alcohol consumed.

While realising that the authors were limited by the published data from previous studies, Forum member Lanzmann-Petithory was disappointed that the authors were not able to differentiate the effects of beer, wine, and spirits on cancer mortality. Wine is a fermented fruit juice, and fruits are considered as protective against cancer. While alcohol is a carcinogen, the polyphenols and other substances in wine may have a different effect on cancer risk than alcohol. If there is a field where the differentiation of alcoholic beverages is essential, it is in relation to cancer.

Reviewer Ellison was surprised to see that the analyses indicated a significant overall decrease in the risk of total cancer for light drinkers. Further, in subgroup analyses, very similar decreases in risk were seen regardless of the degree of adjustment for confounders, among both men and women, for subjects from both population-based and occupation-specific cohorts, and when comparing results by categories of ethnicity. Still, he believed that residual confounding cannot be ruled out as a partial cause for the estimated reduced risk of cancer mortality among light drinkers. And there is the possibility that mistakes in classifying cause of death (e.g., defining a death as due to cancer when it may have been due to cardiovascular disease) may have contributed to such a result.

On the other hand, it is especially important that the only significant increase in risk in cancer mortality (among the almost 50,000 deaths reported in this meta-analysis) was for consumers of 50 grams or more of alcohol. This suggests strongly that the overall risk of cancer mortality related to alcohol consumption is primarily (perhaps almost exclusively) from heavier drinking. Certainly, the findings from this study do not support the premise that “any amount of alcohol increases the risk of dying from cancer.”

#### Forum Summary

This paper presents a meta-analysis that related alcohol consumption to all-cancer mortality; it was based on almost 50,000 deaths reported in the literature from prospective cohort studies. Forum reviewers had some concerns about the conclusions of the paper, based on some discrepancies in the text, the lack of data on drinking pattern, no beverage-specific results, etc. Nevertheless, as expected, the reported average consumption of 50 or more grams of alcohol per day (equivalent to 4 or more typical

drinks each day) was associated with an estimated 32% increased risk of dying from cancer.

However, there was no increase in the estimated risk of cancer death for subjects classified as “moderate” drinkers (defined by the authors using a wide range of intake: 12.6 to 49.9 grams/day, the equivalent of up to approximately 4 or more typical drinks). Further, Forum members were surprised that a slight but statistically significant decrease in cancer mortality risk was seen for “light” drinkers (those reporting an average of  $\leq 12.5$  grams/day, or about one typical drink). Forum members appreciated that misclassification of cause of death or residual confounding could have contributed to this latter result.

It is especially important that the only significant increase in risk in cancer mortality among the almost 50,000 cancer deaths reported in this meta-analysis was for consumers of 50 grams or more of alcohol. This suggests strongly that the overall risk of cancer mortality related to alcohol consumption is primarily (perhaps almost exclusively) from heavier drinking. Certainly, the findings from this study do not support the premise that “any amount of alcohol increases the overall risk of dying from cancer.”

The following members of the International Scientific Forum on Alcohol Research made contributions to this critique:

R. Curtis Ellison, MD, Section of Preventive Medicine & Epidemiology, Boston University School of Medicine, Boston, MA, USA

Erik Skovenborg, MD, Scandinavian Medical Alcohol Board, Practitioner, Aarhus, Denmark

Arne Svilaas, MD, PhD, general practice and lipidology, Oslo University Hospital, Oslo, Norway

Harvey Finkel, MD, Hematology/Oncology, Boston University Medical Center, Boston, MA, USA

Dominique Lanzmann-Petithory, MD, PhD, Nutrition/Cardiology, Praticien Hospitalier Hôpital Emile Roux, Paris, France

Andrew L. Waterhouse, PhD, Marvin Sands Professor, Department of Viticulture, University of California, Davis; Davis, CA, USA

## Preterm birth and small for gestational age in relation to alcohol consumption during pregnancy: stronger associations among vulnerable women?

Inconsistent data on the association between prenatal alcohol exposure and a range of pregnancy outcomes, such as preterm birth (PTB) and small for gestational age (SGA) raise new questions. A project which used data from two large Western European studies aimed to assess whether the association between low-moderate prenatal alcohol exposure and PTB and SGA differs according to maternal education, maternal mental distress or maternal smoking.

Using data from the Amsterdam Born Children and their Development (ABCD) Study (N = 5,238) and the German Health Interview and Examination Survey for Children and Adolescents (KiGGS) (N = 16,301) analyses were performed to examine the association between prenatal alcohol exposure and PTB and SGA, respectively.

No association was found between any level of prenatal alcohol exposure (non-daily, daily, non-abstaining) and SGA. The offspring of daily drinkers and non-abstainers had a lower risk of PTB [ABCD: odds ratio (OR) 0.31, 95% confidence interval (CI) 0.13, 0.77; KiGGS: OR 0.75, 95% CI 0.57, 0.99]. Interactions with maternal education, maternal distress or maternal smoking were not significant.

Although these results should be interpreted with caution, both studies showed no adverse effects of low-moderate prenatal alcohol exposure on PTB and SGA, not even in the offspring of women who were disadvantaged in terms of low education, high levels of distress, or smoking during pregnancy.

Source: Preterm birth and small for gestational age in relation to alcohol consumption during pregnancy: stronger associations among vulnerable women? Pfinder M; Kunst AE; Feldmann R; van Eijsden M; Vrijkotte TG *BMC Pregnancy and Childbirth* Vol 13, Art No 49, 2013, 10pp.

## Aerobic exercise may protect brain of heavy drinkers

Aerobic exercise may help prevent and perhaps even reverse some of the brain damage associated with heavy alcohol consumption, according to a new University of Colorado Boulder study.

The study results suggest that regular aerobic exercise may be associated with less damage to the brain's "white matter" among heavy alcohol users. White matter, along with grey matter, are the organ's two major physical components. White matter is composed of bundles of nerve cells that act as transmission lines to facilitate communication between various parts of the brain.

The study group included 60 people, ranging from moderate drinkers to heavy drinkers. The subjects self-reported levels of drinking, as well as the amount of exercise they were undertaking. Each of the test subjects previously had undergone a modified type of MRI known as Diffusion Tensor Imaging (DTI). The imagery allowed the researchers to track the position and direction of water molecules travelling parallel

to axons, or nerve fibres, in the white matter as they move through the brain. DTI allows researchers to see the orientation of the axons, different colours represented different directions of travel, providing valuable information about the brain's communication superhighways.

The research team targeted several parts of the brain, including the external capsule, a collection of white matter fibres connecting different layers of the brain. They also looked at the superior longitudinal fasciculus, two long bundles of neurons connecting the front and back of the cerebrum, which is the largest part of the brain and is believed to be the place where the origin of thoughts, perception, judgment, decision-making and imagination takes place.

Source: Aerobic Exercise Moderates the Effect of Heavy Alcohol Consumption on White Matter Damage. Hollis C. Karoly, Courtney J. Stevens, Rachel E. Thayer, Renee E. Magnan, Angela D. Bryan, Kent E. Hutchison. Article first published online: 2 APR 2013 *Alcoholism: Clinical and Experimental Research*.

## Risk of second breast cancer diagnosis linked to alcohol consumption and physical activity

Risk of a second breast cancer diagnosis may be reduced by engaging in physical activity and reducing alcohol consumption.

A study investigating how modifiable lifestyle factors may affect the chance of a second breast cancer diagnosis after treatment for ductal carcinoma in situ (DCIS), suggests that increased drinking and declining physical activity may be associated with the risk for a second breast cancer diagnosis.

Among nearly 2,000 DCIS breast cancer survivors first diagnosed from 1997-2006, Dr Newcomb and her colleagues examined the longitudinal association between body mass index (BMI), physical activity, and alcohol intake and risk of a second breast diagnosis from the Wisconsin In Situ Cohort.

During the study's follow-up (approximately six-and-a-half years), the patient interviews reported 162 second breast cancer diagnoses. An increase in post-diagnosis alcohol consumption and increasing BMI and decreasing physical activity were linked to an increasing risk of a second diagnosis. Those women who were treated with ipsilateral mastectomy and increased their physical activity after their diagnosis saw a reduction in the risk for a second diagnosis.

The Investigators state, "Our results suggest that DCIS survivors may reduce their risk of a second diagnosis by engaging in physical activity and reducing their alcohol consumption."

Source: Lifestyle Factors and the Risk of a Second Breast Diagnosis after DCIS in the Wisconsin In Situ Cohort McLaughlin V, Trentham-Dietz A, Hampton JM, Newcomb PA, Sprague BL. *Cancer Epidemiology, Biomarkers and Prevention* March 2013 22; 472.

## Cohort study of risk factors for breast cancer in post menopausal women

The present study assessed more than 800 potential risk factors to identify new predictors of breast cancer and compare the independence and relative importance of established risk factors.

Data were collected by the Women's Health Initiative and included 147,202 women ages 50 to 79 who were enrolled from 1993 to 1998 and followed for 8 years. Analyses performed in 2011 and 2012 used the Cox proportional hazard regression to test the association between more than 800 baseline risk factors and incident breast cancer.

Baseline factors independently associated with subsequent breast cancer (in decreasing order of statistical significance) were breast aspiration, family history, age, weight, history of breast biopsies, estrogen and progestin use, fewer live births, greater age at menopause, history of thyroid cancer, breast tenderness, digitalis use, alcohol intake, white race, not restless, no vaginal dryness, relative with prostate cancer, colon polyps, smoking, no breast augmentation, and no osteoporosis. Risk factors previously reported that were not independently associated with breast cancer in the present study included socioeconomic status, months of breast feeding, age at first birth, adiposity measures, adult weight gain, timing of initiation of hormone therapy, and several dietary, psychological, and exercise variables. Family history was not found to alter the risk associated with other factors.

Alcohol consumption was assessed for different levels of consumption, with the hazard ratio being 1.04, 1.06 and 1.13 for a consumption of <1 drink per month, <1 drink per week, and 1 or more drinks per week respectively. None were statistically significant.

These results suggest that some risk factors not commonly studied may be important for breast cancer and some frequently cited risk factors may be relatively unimportant or secondary.

Source: Cohort study of risk factors for breast cancer in post menopausal women. Hartz AJ, He T. Health Services Research, Huntsman Cancer Institute, University of Utah School of Medicine, Salt Lake City, UT, USA. *Epidemiol Health*. 2013 Apr 30;35:e2013003. doi: 10.4178/epih/e2013003.

[www.ncbi.nlm.nih.gov/pmc/articles/PMC3654090/](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3654090/)

## Alcohol, caffeine and sudden cardiac death

Moderate alcohol and caffeine intake do not play a role in the development of sudden cardiac death (SCD) in women, a study found.

Researchers examined the association between long-term alcohol and caffeine intakes and risk of SCD in women. They examined 93,676 postmenopausal women who participated in the Women's Health Initiative Observational Study. Women were enrolled between 1993 and 1998 and were followed until August 2009. Women completed a food-frequency questionnaire at baseline and again at year 3.

Moderate intake of 5–15 g alcohol a day was associated with a reduced risk of SCD compared with non drinkers 0.1–5 g/d of baseline intake (HR: 0.64; 95% CI: 0.40, 1.02), of cumulative average intake (HR: 0.69; 95% CI: 0.43, 1.11), and of most recent intake (HR: 0.58; 95% CI: 0.35, 0.96), with adjustment for age, race,

income, smoking, body mass index, physical activity, hormone use, and total energy. No association was found between SCD and total caffeine intake (mg/d) or cups of caffeinated coffee, decaffeinated coffee, and caffeinated tea.

The results suggest that about one drink per day (or 5.1–15 g/d) may be associated with a reduced risk of SCD in this population; however, this association was only statistically significant for a model using the most recent alcohol intake. Total caffeine, regular coffee, decaffeinated coffee, and regular tea intake were not associated with the risk of SCD.

Source: Long-term alcohol and caffeine intake and risk of sudden cardiac death in women. Bertoia ML, Triche EW, Michaud DS, Baylin A, Hogan JW, Neuhauser ML, Freiberg MS, Allison MA, Safford MM, Li W, Mossavar-Rahmani Y, Rosal MC, Eaton CB. *Am J Clin Nutr.* 2013 Jun;97(6):1356-63. doi: 10.3945/ajcn.112.044248. Epub 2013 Apr 24.

## Wine polyphenols add to the protection of alcohol against cardiovascular disease

The aim of a review published in *Alcohol and Alcoholism* was to focus on the knowledge of the cardiovascular benefits of moderate alcohol consumption, as well as to analyse the effects of the different types of alcoholic beverages.

The study used human clinical studies and meta-analyses related to moderate alcohol consumption and cardiovascular disease (CVD) from 2000 to 2012. According to the authors, 'Heavy or binge alcohol consumption unquestionably leads to increased morbidity and mortality. Nevertheless, moderate alcohol consumption, especially alcoholic beverages rich in polyphenols, such as wine and beer, seems to confer cardiovascular protective effects in patients with documented CVD and even in healthy subjects.'

The authors conclude that wine and beer (but especially red wine) seem to confer greater cardiovascular protection than spirits because of their polyphenolic content. However, they stress that caution should be taken when making recommendations related to alcohol consumption.

Source: Wine polyphenols add to the protection of alcohol against cardiovascular disease. Chiva-Blanch G, Arranz S, Lamuela-Raventos RM, Estruch R. Preventative effects of wine, alcohol and polyphenols on cardiovascular disease risk factors: Evidences from human studies. *Alcohol Alcoholism* 2013;48:270-277.

## Rare alpine bacteria helps identify one of alcohol's key gateways to the brain

From a rare bacteria that grows only on rocks in the Swiss Alps, researchers at The University of Texas at Austin and the Pasteur Institute in France have identified how alcohol might affect key brain proteins.

The study helps describe the structure of the brain protein, called a ligand-gated ion channel, which is a key enabler of many of the primary physiological and behavioral effects of alcohol.

"Now that we've identified this key brain protein and understand its structure, it's possible to imagine developing a drug that could block the binding site," said Adron Harris, Ph.D., director of the Waggoner Center for Alcohol and Addiction at The University of Texas at Austin.

Source: Structural basis for potentiation by alcohols and anaesthetics in a ligand-gated ion channel. Ludovic Sauguet, Rebecca J. Howard, Laurie Malherbe, Ui S. Lee, Pierre-Jean Corringer, R. Adron Harris & Marc Delarue. *Nature Communications* 4, Article number: 1697.

## Binge drinking more than 2 days per week is associated with insomnia symptoms

A new study suggests that frequent binge drinking is associated with insomnia symptoms in older adults.

The study involved 4,970 community-dwelling adults aged 55 and older from the 2004 wave of the Health and Retirement Study. Participants reported the number of days on which they had “four or more drinks on one occasion” in the prior three months. Responses were used to calculate the mean number of binge drinking days per week. Participants also reported the frequency of difficulty falling asleep, trouble staying asleep, waking too early or feeling unrested in the morning. Those reporting any of these “most of the time” were considered to have an insomnia symptom.

Results show that overall, 26.2% of participants had one or two binge drinking days per week, on average, and 3.1% had more than two days per week, on average. After adjustment for demographic variables, medical conditions, and elevated depressive symptoms, participants who binged on an average of more than two days a week had an 84% greater odds of reporting an insomnia symptom compared to non-binge drinkers.

“It was somewhat surprising that frequent binge drinking, but not occasional binge drinking had a significant association with self-reported insomnia symptoms,” said lead author Sarah Canham, PhD, postdoctoral fellow in Drug Dependence Epidemiology, John Hopkins University, Bloomberg School of Public Health, Department of Mental Health in Baltimore, Md.

The research abstract was published recently in an online supplement of the journal SLEEP, and Canham presented the findings Monday, June 3, in Baltimore, Md., at SLEEP 2013, the 27th annual meeting of the Associated Professional Sleep Societies LLC.

According to the authors, this is the first study to their knowledge that examines binge drinking and its association with insomnia symptoms in older adults.

“Clinicians and health care providers should be aware of and discuss the use of alcohol with their older patients, particularly those who report poor sleep,” said Canham. “Binge drinking behaviours may be an appropriate target for improving poor sleep.”

Source: American Academy of Sleep Medicine (2013, June 10). Frequent binge drinking is associated with insomnia symptoms in older adults.

## Adolescent alcohol use reflects community-level alcohol consumption irrespective of parental drinking

Risk factors for adolescent alcohol use are typically conceptualised at the individual level, and school- and community-level risk factors have received little attention. Based on the theoretical understanding of youth alcohol consumption as a reflection of community social practice, researchers from Denmark analysed whether adolescent drunkenness was related to community-level adult alcohol use (AAC), when taking individual and school-level risk factors for drunkenness into account. The researchers also investigated whether the association between community-level AAC and adolescent drunkenness was attenuated after inclusion of parental drinking.

The study used data from three sources: data about adolescent drunkenness from the Health Behaviour in School-Aged Children 2010 survey (2,911 13- to 15-year-olds in 51 schools); data about community-level AAC derived from the Danish National Health Survey 2010 (177,639 participants); and data on school-level variables from Health Behaviour in School-Aged Children School Leader Survey 2010.

Multilevel logistic regression analysis was performed with data from students nested within school classes and schools.

Overall, 33.5% of students had been drunk twice or more. High community-level AAC was significantly associated with adolescent drunkenness (odds ratio 1.94). Parental drinking was strongly related to adolescent drunkenness but did not attenuate the relationship between community-level AAC and adolescent drunkenness. No association was found between adolescent drunkenness and school-level variables (youth friendly environment, alcohol education, and exposure to alcohol outlets).

The study authors conclude that adolescent drunkenness was associated with community-level AAC and was not explained by parental drinking.

Source: Adolescent Alcohol Use Reflects Community-Level Alcohol Consumption Irrespective of Parental Drinking. Bendtsen P, Damsgaard MT, Tolstrup JS, Ersbøll AK, Holstein BE. *New Dir Child Adolesc Dev.* 2013 Jun;2013(140):37-55. doi: 10.1002/cad.20036.

## Investigating parental monitoring, school and family influences on adolescent alcohol use

Alcohol Research UK have published a report by Dr Kathryn Higgins and colleagues from the University of Belfast. The project investigated the relationship between parental monitoring and alcohol use trajectories and tested the role of peer- and school-level factors in influencing individual drinking trajectories and monitoring. Further, the project examined patterns of parental monitoring and their association with alcohol use change when considering other factors.

The study used data from the Belfast Youth Development Study, a longitudinal study of substance use during adolescence. Between 2000 and 2011, children attending over 40 schools, colleges and special educational programmes were given questionnaires on a range of personal, social, health and substance use issues. Pupils were in their first year of secondary school (around age 11) at the start of the study (academic year 2000/2001), were surveyed annually until 2006/2007 (around age 17) whether they were still attending school, were in a further education college, or no longer in education. They were surveyed again around ten years since they first participated (2011).

This report is based on data from the first five years of the study. The study collected information

from young people about the rates of parental monitoring, parental control, parental solicitation and child disclosure and information on frequency of alcohol use across each year. It also collected information on the quality of the parent adolescent relationship, using the Inventory of Peer and Parental Attachment – parent scale. Further information relating to household affluence, mental health and living arrangements (was also collected to account for other influences on rates of alcohol use.

Key findings from the project are as follows:

- Children whose parents exert greater control over their free time activities tend to drink less frequently. Early control has a lasting influence on alcohol use
- Higher rates of drinking in early adolescence leads to reduced levels of parent-controlled boundaries and limits at home
- Being in a school with a higher proportion of frequent drinkers is a risk factor for frequent drinking
- Girls who attend single-sex post-primary schools tend to drink more than pupils attending co-educational schools or male-only schools.

[alcoholresearchuk.org/downloads/finalReports/FinalReport\\_0103.pdf](http://alcoholresearchuk.org/downloads/finalReports/FinalReport_0103.pdf)

## US Air Force's Alcohol Misconduct Prevention programme

An evaluation suggest that the US Air Force's Alcohol Misconduct Prevention Program (AMPP) may decrease alcohol-related incidents among military trainees. The AMPP is comprised of a group-based brief alcohol intervention with random alcohol breathalyser testing to reduce the personal and financial costs of alcohol-related incidents.

The study tested the AAMP among 10,087 Air Force Technical Trainees at Lackland Air Force Base in San Antonio, Texas 2010 and 2011. There was a significantly reduced number of alcohol-related incidents over the year of the AAMP compared to the previous year. Results showed that the average rate of alcohol-related incidents declined from 7.30 per 1,000 trainees each quarter before the AAMP program was implemented and 4.06 per 1,000 trainees after implementation.

Source: Effect of the Alcohol Misconduct Prevention Program (AMPP) in Air Force Technical Training. Klesges, Robert C et al. *Military Medicine*, Volume 178, Number 4, April 2013, pp. 445-451(7).

## Do college drinkers learn from their mistakes?

A study published in the *Journal of Adolescent Health* examined whether recent alcohol-related consequences affect intentions to use protective drinking strategies. Responses were collected from incoming college freshmen (N = 84,367) at 279 U.S. colleges and universities.

Plans to limit future drinking were significantly lower among students who were male, younger, White, or were in or intending to join a fraternity or sorority. For heavy drinkers, having recently experienced a higher level of external harms predicted increased plans to limit drinking. For all drinkers, a lower level of recent impaired driving predicted increased plans to limit drinking. Limitations and implications are discussed.

Source: Do College Drinkers Learn from Their Mistakes? Effects of Recent Alcohol-Related Consequences on Planned Protective Drinking Strategies among College Freshmen. Nguyen N, Walters ST, Wyatt TM, Dejong W. *J Adolesc Health*. 2013 Jun 11.

## The Westminster Forum on the future of alcohol policy

The Westminster Forum on the future of alcohol policy took place in Whitehall, London on 23 May. Lord Bilimoria chaired the conference and began by speaking of some of India's problems related to alcohol centred around high strength, poor quality, sugar-based flavoured spirit products. Lord Bilimoria stated that these products, often 60% abv "...cause huge social problems and health problems..." he added "quite frankly it's a scourge and one of my ambitions is that Country Liquor should not be allowed to be sold in India at all, and some of the States have already banned it".

**Dr Linda Harris of CIC Public Health England** presented on the public health challenge of alcohol misuse in a reformed NHS. The establishment of Public Health England has resulted in 211 new statutory NHS bodies, commissioning over £65bn of services for local populations across England. Their brief is: commissioning, improving quality, reducing inequality, being efficient, and hence delivering better outcomes within their resources.

Dr Harris outlined the Public Health Outcome Framework. There are five key priorities:

1. helping people to live longer by reducing preventable deaths from conditions such as heart disease, stroke, cancer and liver disease
2. increasing healthy life expectancy by tackling conditions which place a burden on many lives, such as anxiety, depression and back pain
3. protecting the population from infectious diseases and environmental hazards, including emerging risks and the growing problem of antimicrobial resistance
4. supporting families to give children the best start in life, through working with health visitors, Family Nurse Partnerships and the Troubled Families Programme
5. helping employers to facilitate and encourage their staff to make healthy choices.

Dr Harris quoted Duncan Selbie "For the first time in 40 years local authorities will have a legal responsibility for improving the health of their communities. Local

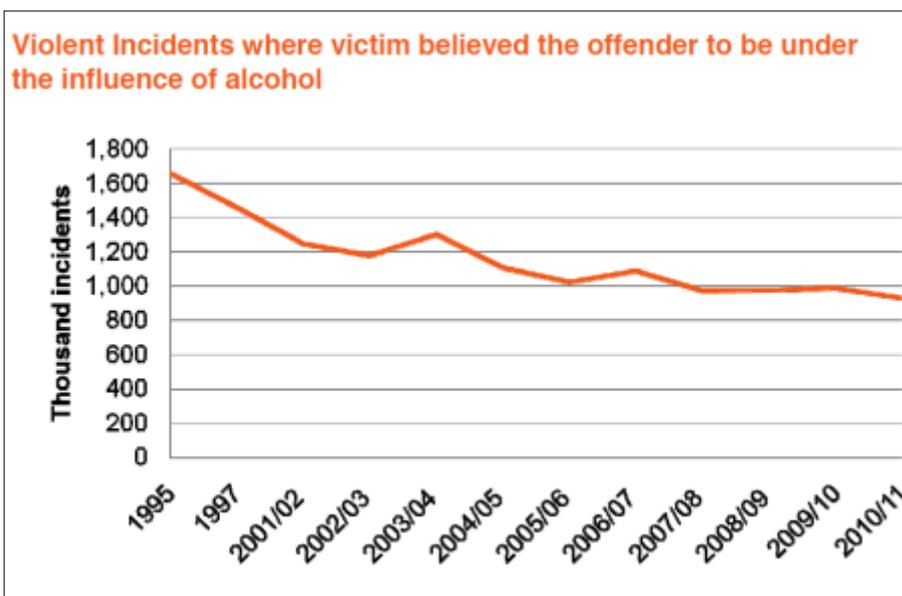
government is the natural leader for this task – they will be able to place health and wellbeing in the wider context of the local economy, housing, leisure, education, crime and community resilience, and have the skills, knowledge and passion to provide public health services designed for the needs of their local population".

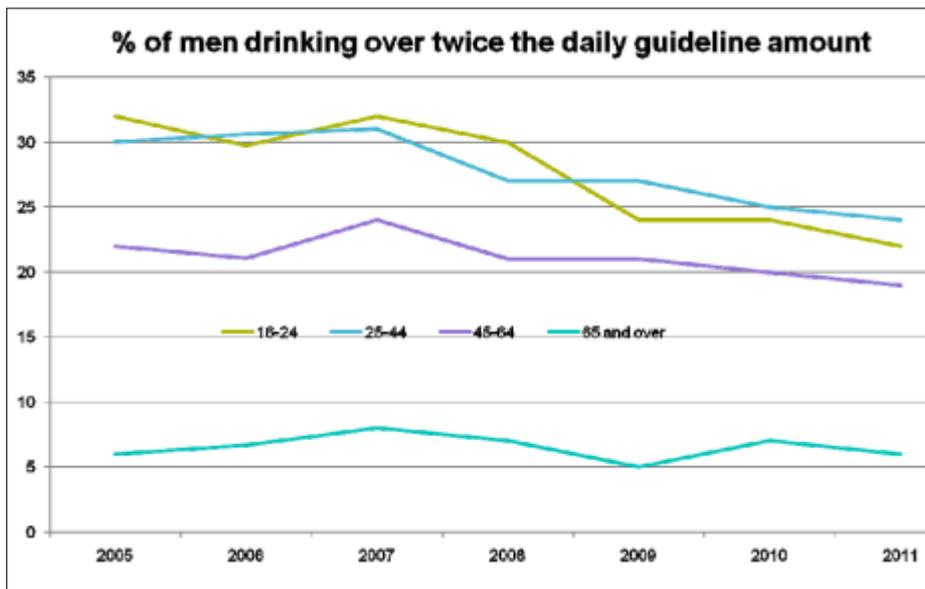
A priority is brief interventions, which 'significantly lower alcohol consumption, compared to no intervention' and Alcohol Liaison Services in hospital, which 'can make a significant contribution to reducing the burden of hospital based care and securing timely intervention to people presenting in crisis'.

Dr Harris concluded "We really do need to act and localities, I think, do want to act, people are living longer with more complex needs, we need to shift from a National Health Service to a National Wellness Service. There probably is an overemphasis on a medical model, and therefore we need to build capacity in our communities to achieve resilience. A great way of being a capacity community is to know how to drink sensibly."

**David Wilson, Director of Public Affairs, British Beer and Pub Association** spoke on public order, licensing and support for the on trade: challenges and strategies. He highlighted the encouraging drop in consumption and binge drinking in the UK as well as alcohol related crime and violence.

Wilson then reported on what the brewers are doing to reduce alcohol related harm, through local partnerships such as Best Bar None, Pub Watch,





Purple Flag and Community Alcohol Partnerships and responsible server training, The Association prefers targeted approaches as opposed to blanket measures for reducing alcohol consumption. He believes a combination of measures are working as consumption has fallen by 16% since 2004 and alcohol related crime by 23%. Partnership and targeted measures are key.

**Effective targeted measures**

- Responsible Pricing
- Mandatory Licensing Conditions
- Ban on Below Cost Selling
- Age Verification
- Unit Awareness
- Make drunkenness 'uncool'
- Lower ABV products
- Enforce against irresponsible traders
- Smaller glass sizes retailing
- Bar staff training
- Enforce Licensing Act
- Individual Licence Reviews

**Henry Ashworth, Chief Executive of the Portman Group** spoke on the Responsibility Deal and the effectiveness of the 'Nudge' policy of removing one billion units of alcohol from annual consumption in the UK without reducing purchase or enjoyment by consumers. With key producers agreeing to reduce alcohol levels in brand leaders, consumers can drink less alcohol without a loss of pleasure - the key is maintaining product quality and consumers on site. He commented "in other words, using the power of brands as a force for good. People are very loyal to brands and where a little bit of alcohol is taken out of an established brand, the consumers, provided that the flavour and the taste remains consistent, will support their favourite brands. It's about thinking about serving sizes, so the Government changed the law last year to allow a schooner, a two thirds of a pint glass to be used, and it's about encouraging bars and pubs to take up schooners... and I think linking the serving size to the alcohol content is an important

thing that we need to be looking at. It's also applicable in terms of how wine is offered, should wine be offered as standard in a 175ml glass, should an organisation be up selling to 250ml glass or a third of bottle in a glass? .... If we go into a restaurant or a bar, we may ask for a glass of house wine, we may ask for a bottle of house wine, we will probably get round to telling them whether we want red or white, we will probably not go any further than that. Is that bottle of wine 14% alcohol, is it 12% alcohol, that's almost a 20% difference in alcohol content. Coming back to nudge, to help people to enjoy a drink, still to enjoy a sociable drink but

remove a little bit of the alcohol they consume. This is all about encouraging more people to drink within Government guidelines, it's about opening up a lower alcohol market, making lower alcohol options easier to find and there's a significant amount of innovation going on across the industry and connecting that at a local level, I think, is a really important area".

**Andy Bruce Head of Tobacco, Alcohol & Diet Scottish Government** told the Forum of the progress of the Bill passed by Scottish Parliament in May 2012, which included a minimum price for alcohol.

The Bill was passed by the Scottish Parliament in May 2012, receiving Royal Assent as an Act about a month later. As the Bill made its way through the Parliament, it was amended to include a sunset clause, which effectively means that the Act will fall off the statute books after 6 years unless the Scottish Parliament make a positive decision to continue it. There is a big evaluation and monitoring framework around the implementation of the minimum price to make sure that as and when it does come into existence, that it is working effectively. The Scottish government also made clear that the preferred minimum unit price was going to be set at 50p and that price would remain fixed for 2 years, giving industry a period to adapt to it. After the initial two year period, any other changes would be adapted according to a policy review.

The Scottish government notified the Draft Order setting that price to the European Commission under the technical standards notification. Following this there was a judicial review from the Scotch Whisky Association and other partners that was heard just after Christmas, and in January 2013. In May

the petition was dismissed by Lord Doherty in the outer house of the Court of Session. The Scottish government have given a voluntary undertaking not to implement minimum pricing until all the legal challenges have been concluded. The Scotch Whisky Association have said they intend to appeal, so the implementation of minimum pricing won't be proceeding until all those challenges have been concluded.

**Dr Ellen Nolte, Director, Health and Healthcare, RAND Europe** presented findings of a study published earlier this year which assessed the exposure to advertising amongst young people in three countries. The study looked at the quantity and the quality of exposure and quality in terms of content. RAND used commercially available data, on viewership and advertising occurrence and brought these together to create or calculate an indicator called incidence rate ratio, which measures the relative exposure of young people to alcohol advertising compared to others, taking viewership patterns into account.

The study found "a positive correlation between alcohol advert intensity and teenage viewership. Juxtaposing what we call the advert intensity against viewership patterns in the age group 10-15, we find that the proportion of viewers in this age group is actually quite small but some of these see a very high number of adverts; the colours indicate the channels, for example, the purple one is Channel 4. We have taken this analysis further by calculating the incidence rate ratio. We show that young people aged 10-15 are 11% more likely to be exposed to alcohol advertising compared to an adult age group, age 25 years plus. We do not see the same phenomenon for children, where exposure is much less than among adults. When we disaggregate by type of beverage, we find that exposure among young people is particularly high for so called alcopops, ready mixed drinks, with young people aged 10-15 50% more likely to be exposed to alcohol advertising'.

The Netherlands showed similar findings, however in Germany young people were not significantly more likely to be exposed to alcohol advertising. "The conclusions from our study showed that adolescents aged 10-15 in the UK were significantly more exposed to alcohol advertising, whereas children under the age of 10 were significantly less exposed to alcohol advertising and the findings suggest that current regulations on advertising do not seem to be

sufficient to protect young people from exposure to alcohol advertising."

[http://ec.europa.eu/health/alcohol/docs/alcohol\\_rand\\_youth\\_exposure\\_marketing\\_en.pdf](http://ec.europa.eu/health/alcohol/docs/alcohol_rand_youth_exposure_marketing_en.pdf)

**Shane Brennan, Public Affairs Director, Association of Convenience Stores**

ACS represents 33,500 shops. These are the smaller shops, not the supermarkets (who are 70-80% of the sales of alcohol in the market). Brennan emphasised that one of the dynamics always important to bear in mind is that whilst 70-80% of alcohol sales stem from 10/12 companies, the rest of that market is tens of thousands of individual businesses, all with their own decision making structures around how they comply with license legislation and how they view some of the issues around responsibility - It's a very different and very disparate part of the market.

In terms of minimum pricing, Brennan said that in England and Wales we often talk about how bad things are and we often forget what the direction of travel is in terms of what we're achieving. In 2004 the previous Government's Alcohol Harm Reduction Strategy identified three specific areas where it wanted to see progress: underage drinkers, 16-24 year old binge drinkers and chronic drinkers. In all three of those areas we've seen substantial success since that Strategy came into place; the number of young people drinking has halved; the number of binge drinkers is down 10% and chronic drinking, more than 5 times a week, is reducing. So what we are doing is working.

Shane Brennan emphasised that there are lots of reasons why success is being achieved. Education has changed hugely: the public think differently about alcohol, things like know your limits, and other education campaigns have had some impact, such as those initiatives being run by the Drinkaware Trust. Ultimately cultural attitudes have changed. Brennan said "I think the way that young people view alcohol today compared to how they did 10 years ago, is increasingly different. And licensing reform, much criticised, much bemoaned as a political argument, has changed the dynamics of the relationship at a local level between retailers, local authorities and the police. Partnership working has come on leaps and bounds from where it was before the 2004 Alcohol Strategy and before the Licensing Act changes in England and Wales".

[www.westminsterforumprojects.co.uk](http://www.westminsterforumprojects.co.uk)

## NHS Statistics on Alcohol - England 2013

This statistical report 'NHS Statistics on Alcohol - England 2013' published on 30th May acts as a reference point for health issues relating to alcohol use and misuse in England, providing information obtained from a number of sources, 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, alcohol related admissions to hospital and alcohol-related costs. The report contains previously published information and also includes additional new analyses.

Main findings:

### Drinking behaviour among adults and children

- 61% of men and 72% of women had either drunk no alcohol in the last week, or had drunk within the recommended levels on the day they drank the most alcohol. This was most common among men and women aged 65 or over.
- 64% of men drank no more than 21 units weekly, and 63% of women drank no more than 14 units weekly.
- 12% of school pupils had drunk alcohol in the last week. This continues a decline from 26% in 2001, and is at a similar level to 2010, when 13% of pupils reported drinking in the last week.

### Drinking related costs, ill health and mortality

Estimates of the number of alcohol-related admissions to hospital are calculated using a method developed by the North West Public Health Observatory (NWPHO) which takes information on patients' characteristics and diagnoses from the Hospital Episode Statistics (HES), together with estimates for the proportion of cases of a particular disease or injury that are caused by alcohol consumption (known as alcohol-attributable fractions (AAFs)).

Within this publication, two main measures are presented:

- a broad measure, which is derived by summing the alcohol attributable fraction associated with each admission based on the diagnosis most strongly associated with alcohol out of all recorded diagnoses (both primary and secondary); and
- a narrow measure, which is constructed in a similar way but counts only the fraction associated with the diagnosis recorded in the primary position.

The attributable fractions represent the likelihood that the *condition* is the result of alcohol consumption, rather than the likelihood that the *admission* is the result of alcohol consumption. The figures based on all diagnoses give an estimate of the number of admissions to hospital caused or affected by alcohol consumption at a particular time or place and hence the pressure put on the health system. Information based only on primary diagnoses allow an uncomplicated picture of trends in alcohol-related admissions over time although will provide an incomplete picture of admissions resulting from or affected by alcohol consumption (as in some cases, the secondary diagnoses will have contributed to the admission to hospital).

- In 2011/12, there were 200,900 admissions where the primary diagnosis was attributable to the consumption of alcohol (the narrow measure). This is a 1% increase since 2010/11 when there were 198,900 admissions of this type.
- In 2011/12, there were an estimated 1,220,300 admissions related to alcohol consumption where an alcohol-related disease, injury or condition was the primary reason for hospital admission or a secondary diagnosis (broad measure). This is an increase of 4% on the 2010/11 figure (1,168,300). Comparisons over time in the broad measure are complicated by changes in recording practices over the period. Adjusted figures show a 1% increase from 1,205,500 in 2010/11.
- In 2012, there were 178,247 prescription items prescribed for the treatment of alcohol dependence in primary care settings or NHS hospitals and dispensed in the community.

[www.hscic.gov.uk/catalogue/PUB10932](http://www.hscic.gov.uk/catalogue/PUB10932)

## UK government policies to reduce alcohol related harm

A summary of the UK government measures to reduce alcohol related harm are available at:

[www.gov.uk/government/policies/reducing-harmful-drinking](http://www.gov.uk/government/policies/reducing-harmful-drinking).

## Department of Transport launches striking THINK! campaign advert

The Department for Transport's THINK! campaign has launched a striking anti-drink driving film targeted at young men. The government's £740,000 campaign will include radio adverts, pub posters and a short online film warning motorists of the heavy costs they face if they drink and drive.

The ad, created by Leo Burnett London, was filmed in a pub toilet in which a bloodied human mannequin slams through the opposite side of a fake mirror in front of punters with road accident sound effects, before asking 'What impact could a drink have on your night out?'

The TV advert will be accompanied by a print and radio campaign, with print ads shot by photographer Seamus Ryan. The images illustrate each step in the process of receiving a drink-driving conviction.



## Extended drink drive checks in UK

The new summer anti-drink-drive campaign will include extra random breath testing. The Association of Chief Police Officers (Acpo) said police would be "stopping and testing thousands more drivers throughout the month of June".

## Project to tackle late onset alcohol misuse in the UK

In June, the Big Lottery Fund announced an investment of £25m into a UK-wide programme, Rethink Good Health, to tackle late-onset alcohol misuse. It is looking for a partner to manage the project, which would establish 15 to 20 individual centres across the country. Peter Ainsworth, the Big Lottery Fund chairman said: "Most older people drink moderately, and nobody is suggesting for a moment that older people should be discouraged from enjoying a well-earned pint or a glass of wine relaxing with family or friends."

## Young encouraged to debate alcohol related issues

A new website hosted by Alcohol Concern is trying to engage young people in alcohol-related discussion and debate. 'It's the Drink Talking' campaign supports children and young people aged 13-24 years old, across England and Wales to:

- Consider and debate the issues that affect their lives and how they could be improved.
- Have a voice in alcohol discussions which often focus on young people but from which they are excluded.
- Campaign to change the decisions and practices that have an impact on young people's lives.

This campaign is different from those that solely raise awareness about the individual risks of alcohol misuse, working with young people to look at the wider issues related to alcohol that impact on society and the individual. It includes issues as wide-ranging as how alcohol is advertised, the impact of parental drinking, to alcohol-related crime and the unequal way alcohol impacts on different social groups, in different areas.

The campaign will coordinate a grassroots network of young people interested creating more positive relationships with alcohol and supporting them to have their voices heard by people in power.

[www.itsthedrinktalking.co.uk](http://www.itsthedrinktalking.co.uk)



"But while it is young people who are often stigmatised for their drinking habits, a silent story is evolving among older people as they experience life-changing events such as retirement, redundancy or bereavement. Today's Big Lottery Fund £25m investment will help call time on this trend by supporting evidence-based preventive approaches to alcohol misuse among older people."

## Launch of Mentor-ADEPIS drug education website

The Alcohol and Drug Education and Prevention Information Service is a new project funded by the Department for Education and run by the drug prevention charity Mentor, in partnership with DrugScope and Adfam. The website has a range of free resources, tips and guidance for schools and others working with children and young people on drug and alcohol education and prevention.

<http://mentor-adepis.org/>

## Responsibility Deal evaluation begins

The Department of Health has funded a research team at the London School of Hygiene & Tropical Medicine to conduct an independent evaluation of the Responsibility Deal.

The initial part of the evaluation involved undertaking a scoping review of existing studies on voluntary agreements between government and business, which has now been published.

The next stage of the evaluation is made up of a number of components, including individual interviews and case studies with Responsibility Deal partners and other key stakeholders, with the purpose of exploring how the Responsibility Deal has been working to date, from the perspectives of a broad range of partners and others.

[www.piru.ac.uk/projects/current-projects/public-health-responsibility-deal-evaluation.html](http://www.piru.ac.uk/projects/current-projects/public-health-responsibility-deal-evaluation.html)

## New public health quality standards announced at NICE 2013

In his keynote speech at the NICE annual conference 2013, Lord Howe, Parliamentary Under Secretary of State for Quality at the Department of Health, announced that NICE, working with experts from Public Health England, will develop new quality standards as part of a public health quality standard programme. The newly referred topics are: reducing tobacco use in the community; preventing harmful alcohol use; and strategies to prevent obesity in adults and children.

Quality standards consist of a prioritised set of specific, concise and measurable statements that, when delivered collectively, should contribute to improving the effectiveness, quality, safety and experience of care for people. NICE already develops public health guidance, but this new programme of work will build on existing guidance and highlight key areas for quality improvement. It is planned that the 2007 guidance on alcohol education for schools will be updated and the suspended guidance on alcohol education and sex and relationship education 2010 will be reviewed and assessed as to whether it needs to be updated before publishing.

Professor Kevin Fenton, Director of Health and Wellbeing at Public Health England, said: "We welcome the launch of this new programme at NICE and the referral of these quality standards, which cover three vitally important areas of public health. I am sure they will be a hugely valuable aid to colleagues in local authorities."

## Localities in England move to ban super strength drinks

Following the launch of the Reducing the Strength campaign in Ipswich, The Dover District Community Safety Partnership has joined with others to implement the project in their town with a view to cutting drink-related anti-social behaviour. Following the success in Ipswich, the six-month trial aims to stop alcohol over 6.5% being sold to street drinkers. There is already an alcohol control zone in the town. Dover District Council, Kent Police, Turning Point, Port of Dover Police, Dover Partnership Against Crime and Dover Town Council are backing the scheme.

In Birmingham the City Council is also to launch a campaign that encourages a 'voluntary super-

strength alcohol ban' as part of a programme to cut down on anti-social behaviour and health problems in the city.

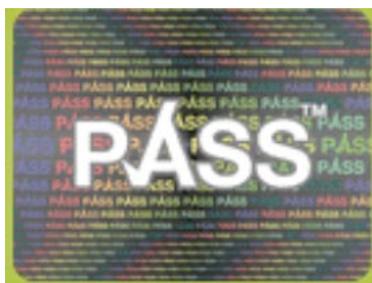
In Nottingham, half of the city centre off-licences have now signed up to a campaign to stop sales of super-strength beers and ciders over 5.6% and under a certain price floor, as Nottingham City Council launched their Super Strength Free campaign. Individual supermarkets and the larger supermarket groups such as Asda, Tesco and Sainsbury's are also considering taking part.

## PASS card campaign

The campaign to 'Make PASS the Standard' seeks to make acceptance of PASS cards the norm, especially within the late night sector where there is evidence that cards are being refused by door supervisors.

Key elements of the campaign will include: Ensuring that staff training covers recognition of the PASS hologram; Ensuring that any contracts with door security firms make clear that PASS cards are acceptable; Making it clear e.g. via Challenge 25/Challenge 21 signage that PASS cards are acceptable; Reciprocal website links with PASS and company websites (operators and door security firms); Working with PASS to provide feedback on refusals where these occur

[pass-scheme.org.uk](http://pass-scheme.org.uk)



## Scotland alcohol related hospital admissions - at a five year low

New figures published reveal just under 26,000 people were admitted to hospital 38,724 times last year with conditions relating to alcohol abuse. Two thirds of patients included in the statistics were admitted for 'harmful use' or 'acute intoxication', while 5,073 were admitted for alcohol addiction treatment.

Despite this, the levels of drink-related patients dealt with by doctors have fallen by 10% since 2007-08, and currently sit at a five-year low.

There were 689 alcohol-related discharges per 100,000 population, a 1% decrease on the previous year and a 13% decrease since 2007-08.

A report by NHS Scotland's Information Services Division said: "The largest decrease was in those aged under 20 years age. For people aged 35-39 and 40-44 the rate increased slightly from 2010-11 to the latest year, although since 2007-08 their rates have dropped as well.

"In all five years, the rate of alcohol-related general acute hospital discharges was around seven times greater for patients in the most deprived areas compared to those in the least deprived areas."

## Scotland's Licensing Act evaluation

An evaluation of Scotland's Licensing 2005 Act has been released, reporting positive impacts such as fewer irresponsible promotions and benefits of an appointed Licensing Standards Officer (LSO) for each council.

Scotland's Licensing Act came into effect in September 2009 and outlawed promotions providing alcohol free of charge, or at a discounted price on the purchase of one or more drinks. It also banned licensed premises from offering happy hours, drinking games or speed drinking deals.

The report also found that mandatory training for LSOs, Board members and trade staff has increased knowledge and standards of professional practice. However the report also identified a number of challenges and less successful aspects, including limited progress on off-sales and the public health objective.

[www.healthscotland.com/documents/21321.aspx](http://www.healthscotland.com/documents/21321.aspx)

## The impact of the Alcohol Act on off-trade alcohol sales in Scotland

Sales of alcohol in Scotland have decreased since the 2010 Alcohol Act was introduced.

The act, implemented in Scotland on 1st October 2011, included a ban on quantity based discounts and restrictions on the display and promotion of alcohol in Scotland's off-trade.

Using time-series analyses of data for a 52-week period post-implementation and a comparison with England & Wales, this NHS Health Scotland report assesses changes in off-trade alcohol sales in Scotland after the introduction of the Alcohol Act.

The results from this study suggest that the introduction of the Alcohol Act reduced off-trade alcohol sales in Scotland by 2.6%, largely driven by a statistically significant decrease in off-trade wine sales on 4%. The Act was also associated with reduced RTD sales, although these account for a very small proportion of total off-trade sales. Similar changes were not observed in England & Wales, where the Act does not apply, which lends weight to the hypothesis that the changes witnessed in Scotland were as a result of the Act rather than due to other unmeasured factors.

Source: Monitoring and Evaluating Scotland's Alcohol Strategy The impact of the Alcohol Act on off-trade alcohol sales in Scotland.

[www.healthscotland.com/documents/21101.aspx](http://www.healthscotland.com/documents/21101.aspx)

## New publicly funded drive to raise awareness of the serious dangers of habitual heavy drinking in Scotland

An initiative to allow experts step in at an early stage to help groups of people who are vulnerable to alcohol addiction has been launched in Glasgow. The scheme will provide support to shift workers for example, who often enjoy a drink after finishing their anti-social shifts, and white-collar professionals who may end a working day by uncorking a bottle of wine. Other groups prioritised include parents, the retired, as ceasing work coincides with an increase in habitual drinking, and young men aged around 18-25, whose cocaine use at the weekend is high, largely to enable them to keep drinking.

The UK-wide Addaction charity, which is receiving £300,000 funding from Greater Glasgow and Clyde Health Board, aims to reduce the number of people who go on to need specialist treatment services. It is taking a "whole-population" approach to the issue, providing brief interventions to those who are drinking more than they should, to enable them to change before their alcohol use becomes a health problem.

The scheme will allow GPs to refer patients who are willing to look at the amount they drink to Addaction's service directly. They will be contacted in a range of ways, including by phone and email, and offered tips to help address their drinking levels. These range from keeping a diary and setting targets to attending motivational interviews.

As well as reducing demand for expensive alcohol dependency services, the scheme will tackle the costs to business and social services of problems such as absenteeism. Between 6% and 15% of employee absences are thought to be alcohol-related, with an estimated cost to the Scottish economy of between £109m and £274m a year. Presenteeism also has its price, with estimates suggesting workers who turn up hung over cost the economy £154m each year. However, levels of drinking in Glasgow are so high that many people – including health professionals – view them as the norm. Asking GPs to re-assess these views will be part of the team's work.

## UK summer road show helps people get to grips with how alcohol affects their reaction times

In a joint venture Alcohol Concern and EN10 Innovations, are running a summer road show tour in the UK to help people to understand how alcohol affects their reaction times. The road show visited Newquay's Run to the Sun Festival over the May Bank Holiday weekend.

According to the organisers, many people aren't aware how long alcohol stays in the body and how, long after the tipsy feeling has worn off, thought processes and reaction speeds are still being affected. Recent surveys show that people are concerned about their reaction times, and not just when they're out on the road. Closer to home, parents feel that their reactions need to be quick when dealing with speedy toddlers, and slowed reactions can also affect sporting prowess.

The road show includes a BATAK challenge, letting people test their own reactions against a BATAK machine, as used by Formula 1 drivers to improve their reactions. EN10 have also developed a mobile app version that can be downloaded free (bechube).

The games hope to highlight the dangers of slowed reactions. In France, for example, alcohol is involved in 20% of skiing accidents, and caused 30 deaths this season alone. Surfers at the Run to the Sun Festival saw a large reduction in reaction times after a heavy first night at the festival and many reported that it made them think about how that could affect not only their surfing but also their drive home. Other roadshows are to focus on the issue of alcohol in the workplace.

<http://en-10.com/>



## The 2nd National Emergency Department survey of alcohol identification and intervention activity

A survey led by Dr Bob Patton, Research Fellow at the National Addiction Centre, and supported by Patricia O'Hara followed up on a previous National Survey in 2006, with more specific questions regarding access to training on screening and brief interventions.

The results of this survey of alcohol identification and brief advice activity show that, compared to the earlier 2006 survey, levels of screening, provision of help / advice and access to AHW / CNS services have all increased significantly. Departments are beginning to identify local alcohol "champions", and this is associated with an increase in the provision of training in both identification and brief intervention. The increased use of formal alcohol screening measures, often applied routinely, suggests that English EDs are beginning to maximise the likelihood of identifying those patients who may benefit from further help

or advice about their alcohol consumption. The four fold increase in access to specialist services for such patients should serve to also ensure that those who require help are exposed to interventions that are both effective and cost effective.

The report concludes that alcohol no longer represents a missed opportunity in the Emergency department. Departments are to be commended upon their progress towards the integration of alcohol IBA into routine practice; this increased focus upon alcohol affords a chance to instigate change for the betterment of the patient, the department and the wider health service.

[alcoholresearchuk.org/2012/11/02/the-2nd-national-emergency-department-survey-of-alcohol-identification-and-intervention-activity/](http://alcoholresearchuk.org/2012/11/02/the-2nd-national-emergency-department-survey-of-alcohol-identification-and-intervention-activity/)

## Drinkaware.ie and Irish Water Safety launch summer campaign

To mark National Water Safety Awareness Week, 27 May–3 June, Drinkaware.ie and Irish Water Safety (IWS) launched a joint campaign to raise awareness ahead of the summer of the dangers of mixing alcohol and water-based activities.

An analysis of drownings recorded by Irish Water Safety nationwide found that alcohol consumption was a contributory factor in a number of these cases, so the message to the public is 'Never ever drink and dive or swim or sail...'

"Thankfully people are now very aware of the dangers of driving under the influence of alcohol, a message that applies equally to water related activities such as boating, fishing, swimming etc," said Minister for the Environment, Community and Local Government Phil Hogan TD. "Drinking alcohol when partaking in activities in or around water increases the risk of getting into difficulties. Don't drink and drive, but equally don't drink and dive."

As part of the campaign, bookmarks informing people of what constitutes one standard drink will be distributed in libraries throughout the country.



## Status Report on Alcohol and Health in 35 European Countries 2013

WHO Europe have produced a report on Alcohol and Health in Europe. The publication covers 35 Member States and includes all European Union (EU) member states, Croatia (which will join the EU on 1 July 2013), EU candidate countries (Iceland, Montenegro, Serbia, the former Yugoslav Republic of Macedonia and Turkey), Norway and Switzerland.

The report is divided into three parts. Part 1 covers consumption and harm. Part 2 covers the policy response in the 10 action areas of the European action plan. Part 3 is a new way of presenting the major steps or milestones in the development of policy and action to reduce alcohol-related harm by country and year from 2006 to 2012. The policy developments are grouped according to the 10 action areas of the European action plan.

[www.euro.who.int/\\_\\_data/assets/pdf\\_file/0017/190430/Status-Report-on-Alcohol-and-Health-in-35-European-Countries.pdf](http://www.euro.who.int/__data/assets/pdf_file/0017/190430/Status-Report-on-Alcohol-and-Health-in-35-European-Countries.pdf)

## Holiday Survival Guide for young people in Ireland

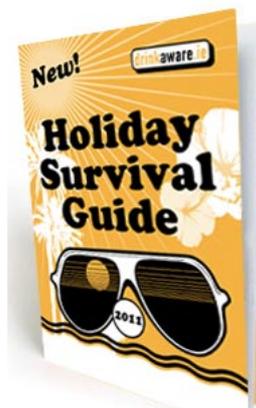
The free [drinkaware.ie](http://drinkaware.ie) Holiday Survival Guide reminds students of the dangers of mixing sun and alcohol during Leaving Cert holidays, whether taking a sun holiday, volunteering, or planning the adventure.

The Department of Foreign Affairs and Trade assisted nearly 1,500 Irish citizens following serious consular emergencies in 2012, and the Holiday Survival Guide contains important advice for young people—especially those who may be going on their first holiday without parental supervision—on what to do if they find themselves in a similar situation. While Consular assistance was provided to Irish citizens in virtually every country in the world, by far the highest number of consular emergencies occurred in Spain, a popular destination for Leaving Cert students. Several

other common spots for Leaving Cert holidays also topped the list, including France, Italy, Greece, and Portugal.

The Holiday Survival Guide includes important travel and safety information from the Department of Foreign Affairs and Trade, essential advice on staying sun-safe from DocMorris Pharmacy, as well as practical advice from [drinkaware.ie](http://drinkaware.ie) to help travellers have a fun but safe holiday.

<http://drinkaware.ie/index.php?sid=13&pid=407>



## Portman Group release the fifth edition of the Code of Practice

On 31st May the fifth version of the Portman Group Code came into force. This version of the code has been developed after full public consultation and discussion with over 100 organisations and individuals from a wide variety of sectors. The fifth code of practice is part of the drinks industry's Responsibility Deal on alcohol, a voluntary agreement signed with the present coalition government.

The revised Code rules clamp down further on inappropriate marketing and give greater protection to under 18s by preventing images of those aged



25 or under being featured prominently in alcohol marketing. In addition, content outside the ASA's remit such as public relations and co-promotional materials and some content online, such as blogs, will be covered by the Portman Group Code to ensure there is a seamless system of self-regulation.

In other changes, the new Portman Code has tightened the rules on linking alcohol to sex. It bans any direct or indirect associations with any sexual activity, in addition to an earlier ban on references to sexual success. For the first time, Portman will also allow producers to make lower alcohol content a dominant theme of their advertising, in recognition of growing consumer demand for lower alcohol beer and wine.

<http://www.portmangroup.org.uk>

## Mediterranean Foods on Health and Disease

In May The World Forum for Nutrition Research emerged as the meeting point of three major events occurring in Spain in 2013: The International Congress of Nutrition (in Granada) organised by the International Union of Nutrition Sciences, the World Congress on Nuts and Dried Fruits (in Barcelona) organised by the International Nut and Dried Fruit Foundation, and the International Congress on Mediterranean Diet (in Barcelona) organised by the Mediterranean Diet Foundation.

The healthy benefits of the Mediterranean Diet are now more than ever before the focus of international interest, with a constant supply of more in depth knowledge based on scientific evidence. The World Forum for Nutrition Research provides the opportunity for a comprehensive overview of the latest research developments in relation to the healthy benefits, as well as other social and cultural aspects, of selected typical Mediterranean food.

[www.karger.com/Article/Pdf/351281](http://www.karger.com/Article/Pdf/351281)

## World Health Organization to tackle non-communicable disease

In May, Non-communicable diseases (NCDs) were among the issues discussed when health officials from the 197 member states of the World Health Organization meet in Geneva for the World Health Assembly (WHA). Following up on the political declaration from the UN High Level Meeting on NCDs in 2011, the WHA is considering a Global Action Plan that has been developed during the last year.

In her opening address the WHO Director-General, Dr Margaret Chan, stated that tackling non-communicable diseases, is not going to be easy:

"Today's health challenges are vastly different from those faced in the year 2000, when the Millennium Declaration was signed. Efforts to safeguard public health face opposition from a different set of extremely powerful forces. Many of the risk factors for non-communicable diseases are amplified by the products and practices of large and economically powerful forces. Market power readily translates into political power. This power seldom impeded efforts to reach the Millennium Development Goals (MDGs). No PR firms were hired to portray the delivery of medicines for HIV and TB as interference with personal liberties by the Nanny State, with WHO depicted as the Mother Superior of all Nannies. No lawsuits were filed to stop countries from reducing the risks for child mortality. No research was funded

by industry to cast doubt on the causes of maternal mortality. Mosquitoes do not have front groups, and mosquitoes do not have lobbies. But the industries that contribute to the rise of NCDs do. When public health policies cross purposes with vested economic interests, we will face opposition, well-orchestrated opposition, and very well-funded opposition."

One of the challenging issues is around alcohol, and the role of the alcohol industry. Dr Chan also touched on this in her speech: "WHO will never be on speaking terms with the tobacco industry. At the same time, I do not exclude cooperation with other industries that have a role to play in reducing the risks for NCDs. There are no safe tobacco products. There is no safe level of tobacco consumption. But there are healthier foods and beverages, and in some cultures, alcohol can be consumed at levels that do not harm health.

I am fully aware that conflicts of interest are inherent in any relationship between a public health agency, like WHO, and industry. Conflict of interest safeguards are in place at WHO and have recently been strengthened. WHO intends to use these safeguards stringently in its interactions with the food, beverage, and alcohol industries to find acceptable public health solutions. WHO will continue to have no interactions whatsoever with the tobacco industry."

[www.euro.who.int](http://www.euro.who.int)

## United Nations – Global Road Safety Week – Regional perspectives on preventing alcohol related crashes involving vulnerable road users

Road traffic injuries are the eighth leading cause of death globally, and the leading cause of death for young people 15 to 29 years old. To mark the launch of the UN Global Road Safety Week, the United Nations Economic Commission for Europe (UNECE) and the International Center for Alcohol Policies (ICAP) hosted the "Regional Perspectives on Drinking and Driving" symposium on the alcohol-related impacts for vulnerable road users such as pedestrians, cyclists, and motorcyclists.

The symposium came just two months after the launch of the WHO Global Status Report on Road Safety showing that about 1.24 million road traffic deaths occur annually on the world's roads, with little observed change since 2007.

The event opened with remarks from Executive Secretary of the UNECE Sven Alkalaj. Experts in road safety and public health from Europe, Australia, Africa, Asia and the Middle East discussed issues that influence alcohol-related road crashes, with forward-looking discussions addressing proven strategies and approaches and the roles of different stakeholders in preventing drink driving and improving road safety.

Approximately 27% of all road traffic deaths occur among pedestrians and bicyclists. In low- and middle-income countries, this figure is closer to a third of all road deaths, and in some countries it is more than 75%.

The presentations and brochure are available at [www.unece.org/trans/roadsafe/2nd\\_grs\\_week/drinking\\_driving.html](http://www.unece.org/trans/roadsafe/2nd_grs_week/drinking_driving.html)

## Parents should talk with children about alcohol early, US campaign

Parents should start talking with their children about the dangers of drinking as early as age 9, according to a new US campaign. The advice follows research that suggests children start to think more positively about alcohol between ages 9 and 13.

The Substance Abuse and Mental Health Services Administration (SAMHSA), which launched the campaign, says about 10% of 12-year-olds have tried alcohol, and half of 15-year-olds have done so. Many teens listen to their parents' advice on drinking. In one study, 80% of teens said their parents were the largest influence on their decision whether or not to drink.

The "Talk. They Hear You" campaign includes a toolkit with templates for a parent-child pledge, and scripts for talking with children about sensitive subjects, such as why it's permissible for parents to drink. Parents are provided with suggested texts they can send, such as, "Have fun tonight. Remember, alcohol can lead you 2 say things and do things u wish u hadn't."

The campaign gives parents advice on topics including never serving alcohol to teens at home, and telling teens they shouldn't drink at parties or get in a car with a driver who has been drinking.

SAMHSA Administrator Pamela S. Hyde said "As our youth and young adults face challenges, we as a community, need to effectively communicate with them in every way possible about the risks of underage drinking so that they have the necessary tools to make healthy and informed choices."



## Denmark-drink driving limit change

In 2012, 175 people died in traffic accidents, the lowest number since 1941, making Denmark one of the countries in the world with the lowest number of traffic-related deaths per capita.

However, the Traffic Safety Commission in its 2020 target report proposes the reduction of blood alcohol content drink driving levels from 0.05 to 0.02. The target report has three main goals: a reduction of injuries to a maximum of 120 people killed in traffic, a maximum of 1,000 seriously injured and a maximum of 1,000 slightly injured. Some 28% of all traffic deaths are solo accidents, many of them occurring in rural areas. Bicyclists account for 12% of traffic deaths, moped drivers 5% and pedestrians 16%.

## The effects of a new traffic safety law in the Republic of Serbia on driving under the influence of alcohol

A study investigated the effects of a new traffic safety law 2 years into its initial implementation, on driving under the influence of alcohol in Serbia. Until the end of 2009, the legal limit for blood concentration for drivers in Serbia was 0.5 g/l; however, the new traffic safety law stipulates the new limit to be 0.3 g/l.

Data was taken collected over a 6-year period (from 2006 to 2011) on the BAC of fatally injured drivers who had died at the scene of the incident, before being admitted to hospital. A total of 161 fatally injured drivers were examined for their blood alcohol concentration. The average age for these drivers was 40.2 +/- 15.4 years, with a significant male predominance of 152 men to 9 women. The study showed no decrease in the ratio of drivers under the influence of alcohol vs. all drivers, nor in the number of drivers under the influence of alcohol, nor a decrease in the mean blood alcohol concentration in drivers.

The conclusion of this study is that the new law has had a limited effect on driving under the influence of alcohol, which still remains one of the major human factors, responsible for road-traffic crashes in Serbia.

Source: The effects of a new traffic safety law in the Republic of Serbia on driving under the influence of alcohol Zivkovic V; Nikolic S; Lukic V; Zivadinovic

## Alcohol policy changes and trends in adolescent drinking in Finland from 1981 to 2011

A study set out to test if changes in national alcohol policy have had an impact on alcohol use among 12- to 18-year-old adolescents in Finland over a 30-year period. Frequencies of drinking any amounts of alcohol and drinking alcohol until really drunk from bi-annual repeated cross-sectional surveys from 1981 to 2011 were examined against a national alcohol policy review using nationally representative samples of 12-, 14-, 16- and 18-year-old adolescents (n = 99,724) in Finland.

Results from the study showed that 12-year-olds' alcohol drinking remained rare throughout the period. Drinking among 18-year-olds generally increased throughout the period. There were significant increases until the late 1990s but thereafter decreases thereafter were observed in 14- and 16-year-olds' drinking patterns. A sharp increase was predicted between 2003 and 2005 as a result of EU-related processes, but instead decrease was observed among 14-16-year-olds. The expected decrease from 2005 to 2011 due to tightening alcohol policy including several tax raises produced mixed results.

The authors conclude that alcohol policy changes between 1981 and 2011 seem not to have had noticeable influence on alcohol drinking or drunkenness among the under-aged in Finland. Conspicuous increases seen in population total consumption in association with EU-related developments have not materialised among adolescents.

Source: Alcohol policy changes and trends in adolescent drinking in Finland from 1981 to 2011 Lintonen T; Karlsson T; Nevalainen J; Konu A. Alcohol and Alcoholism. Published early online 4 June 2013.

## Russia considers ban on larger plastic bottles of alcoholic drinks

Members of the United Russia party introduced the amendments to the law on state regulation of production and turnover of ethyl alcohol, alcoholic and alcohol-containing products to the State Duma. The document imposes a ban on circulation of alcoholic beverages in plastic bottles with over 0.5 litre capacity. According to the party members, production of alcohol (mainly beer) in large bottles encourages excessive alcohol consumption among the population due to lower prices.

## Deaths from alcohol fall in Finland

THE number of Finns dying from alcohol-related causes has fallen over the past several years. In 2009, 2,065 people died from diseases related to alcohol and accidental alcohol poisoning. In 2011, the number was 1,889.

In 2011, 1,447 men died from alcohol-related causes (5.7%), but the situation is improving: in 2009, 6.7 per cent of male deaths, 1,651, were attributed to alcohol. Overall, male deaths attributed to alcohol have fallen 12 per cent over the past two years.

The number of women dying from alcohol is still growing, but the rate of increase has slowed. In 2009, 414 women's deaths were attributed to alcohol. In 2010 it was 426, and in 2011 it was 442.

## Spain: FAD alerts about the dangers of binge drinking

The Spanish organisation working to prevent alcohol addiction, Fundación de Ayuda Contra la Drogadicción (FAD), is carrying out a shock campaign in a bid to alert youths about the effects of binge drinking. FAD wants to raise awareness about the activities people surrender in life due to excessive consumption of alcohol.

The campaign seeks to promote reflection on the negative impact that alcohol abuse can have on personal relationships or daily life.

This, the fifth consecutive campaign organised by FAD, focuses on the problem of binge drinking among youths. The films and ads include the strapline "Every time you get drunk you separate yourself from the things that matter most" and depict youngsters being sick on purpose to bring themselves back to consciousness in a very shocking manner.



## Health Behaviors of Adults: United States, 2008–2010

The ‘Health Behaviors of Adults’ report is the most recent in a series of reports from the Centers for Disease Control and Prevention’s (CDC) National Center for Health Statistics (NCHS) that monitor the prevalence of five key health behaviors for U.S. adults, using data from the National Health Interview Survey. This report presents prevalence estimates for alcohol consumption, cigarette smoking, leisure-time physical activity, body mass index (BMI) (based on self-reported weight and height), and hours of sleep for civilian noninstitutionalized U.S. adults aged 18 and over and for selected population subgroups

The report identifies that the prevention of excessive alcohol use is a public health priority and is the focus of research and public health initiatives across a number of federal agencies. *‘While light to moderate alcohol use has been associated with health benefits for many adults, especially in terms of cardiovascular risk, regular or episodic heavy drinking and binge drinking pose considerable health risks. Any amount of alcohol poses risks for pregnant women and for adults with an alcohol addiction,’* the report states.

The chapter on alcohol within the report presents information on average alcohol use and episodic heavy drinking (that is, five or more drinks in 1 day) for U.S. adults. Nearly two-thirds of adults drink alcohol, with about 5% drinking at levels classified as “heavier”—that is, women drink, on average, more than 7 drinks (14g) per week, and men drink, on average, more than 14 drinks (14g) per week. The prevalence of heavier drinking varies considerably by age, sex, and socioeconomic status. The chapter highlights selected findings for all adults by sex, age, race, Hispanic or Latino origin, education, poverty status, marital status, geographic region, and place of residence.

### All Adults

65% of U.S. adults were current drinkers, 14.3% were former drinkers, 20.9% of adults were lifetime abstainers, and 5.4% of adults were classified as heavier drinkers. About one in four adults had five or more drinks in 1 day at least once in the past year. Among current

drinkers, about one in three had five or more drinks in 1 day in the past year.

### Sex

70.8% of men and 59% of women were current drinkers. 26.5% of women and 14.7% of men were lifetime abstainers. Men (22.7%) were nearly three times as likely as women (8.6%) to be moderate drinkers and somewhat more likely than women to be heavier drinkers.

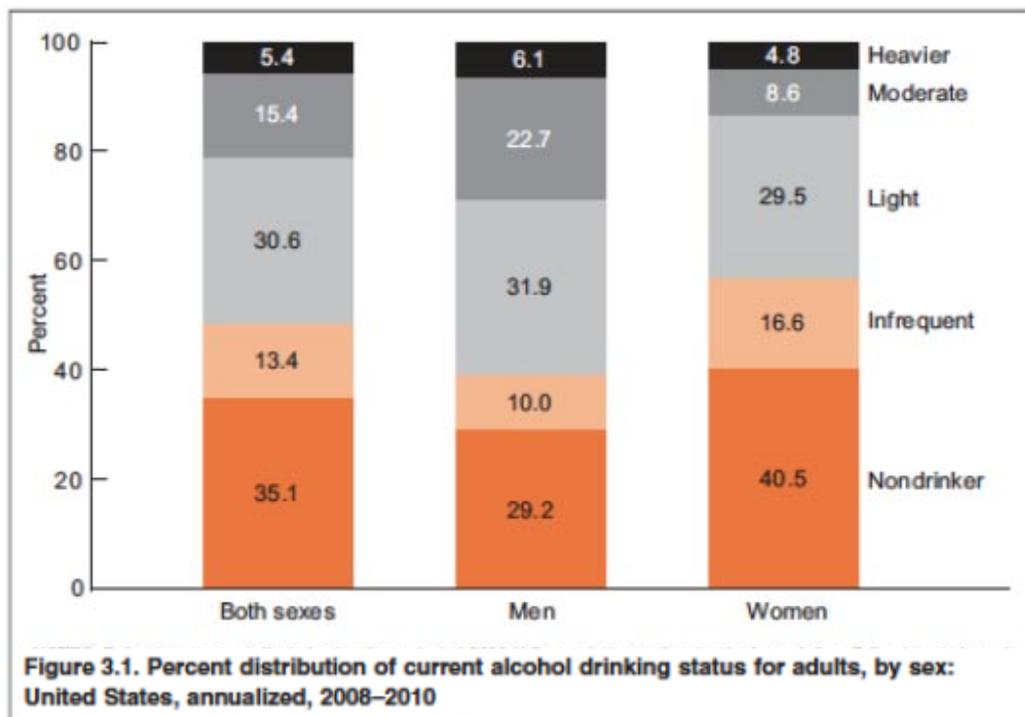
Men were about twice as likely as women to have had five or more drinks in 1 day at least once in the past year and about three times as likely as women to have had this much to drink in 1 day on at least 12 days during the past year.

### Age

Current drinking was most prevalent among adults aged 25–44 (73.1%) and declined with age starting with age group 45–64. Consumption of five or more drinks in 1 day at least once in the past year was strongly associated with age and declined with age from 35.1% among adults aged 18–24 to 2.3% for adults aged 75 and over.

### Race

White adults (67.8%) were more likely than all other single-race groups to be current drinkers. Lifetime abstinence was significantly higher among Asian adults (42.5%) than among most other race groups shown. White adults were more likely than black adults



to be heavier drinkers. White adults (26.0%) were more likely than black adults (14.0%) and about twice as likely as Asian adults (11.2%) to have had five or more drinks in 1 day at least once in the past year.

**Hispanic or Latino Origin and Race**

Non-Hispanic adults (66.6%) were more likely than Hispanic adults (54.4%) to be current drinkers and more likely to be heavier drinkers (5.8% v 3.2%). Non-Hispanic white adults (27.5%) were more likely than Hispanic adults (19.7%) to have consumed five or more drinks in 1 day at least once in the past year.

**Education**

The prevalence of current drinking adults increased with education from at 46.8% for adults with less than a high school diploma to 77.3% for adults with a graduate degree. Adults with less than a high school diploma (8.1%) and those with a General Educational Development high school equivalency diploma (GED) (9.8%) were more than twice as likely as adults who held advanced degrees (3.6%) to be former regular drinkers.

Adults who had earned a GED (7.6%) were more likely to be heavier drinkers than adults who had graduated from high school (5.6%). Adults who had earned a GED (28.9%) were more likely than adults who were high school graduates (22.6%) and adults with less than a high school diploma (19.0%) to have had five or more drinks in 1 day at least once during the past year.

**Poverty Status**

The prevalence of current drinking increased with family income: 48.5% of adults having family incomes below the poverty level were current drinkers compared with 76.5% of adults who had family incomes four times the poverty level or more. Adults with family incomes below the poverty level (32.3%) were more than twice as likely as adults with family incomes four times the poverty level or more (13.6%) to be lifetime abstainers.

Adults in the upper family income groups were more likely to have had five or more drinks in 1 day at least once in the past year than were adults in the lower family income groups. Among current drinkers, adults with family incomes below the poverty level were more likely than those in the highest family income group to have had five or more drinks in 1 day on at least 12 days in the past year.

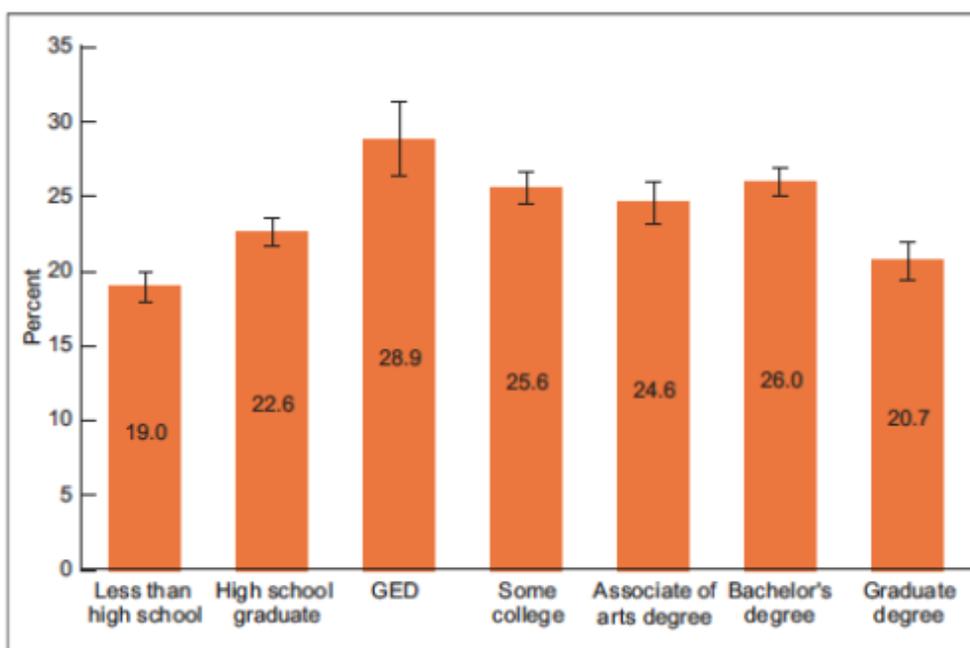
**Marital Status**

The prevalence of lifetime abstention from alcohol was highest among never married adults (26.3%) and widowed adults (29.1%) and lowest among cohabiting adults (10.8%). Cohabiting adults (9.6%) and divorced or separated adults (6.6%) were more likely than married adults (4.1%) to be heavier drinkers. Cohabiting adults (34.3%) were more likely than married adults (20.7%) to have had five or more drinks in 1 day at least once in the past year.

**Geographic Region**

Adults living in the South were less likely to be current drinkers than adults living in the Northeast, the Midwest, or the West. Lifetime abstention was highest among adults living in the South compared with adults living in the other regions.

[www.cdc.gov/nchs/data/series/sr\\_10/sr10\\_257.pdf](http://www.cdc.gov/nchs/data/series/sr_10/sr10_257.pdf)



**Figure 3.8. Percentage of adults who had five or more drinks in 1 day at least once in the past year, by education: United States, annualized, 2008–2010**

## Report to Congress on the prevention and reduction of underage drinking

The executive summary of 'The report to Congress on the prevention and reduction of underage drinking' states that 'Underage drinking and associated problems have profound negative consequences for underage drinkers, their families, their communities, and society as a whole. Underage drinking contributes to a wide range of costly health and social problems, including motor vehicle crashes (the greatest single mortality risk for underage drinkers); suicide; interpersonal violence; unintentional injuries such as burns, falls, and drowning; brain impairment; alcohol dependence; risky sexual activity; academic problems; and alcohol and drug poisoning. On average, alcohol is a factor in the deaths of approximately 4,700 youths in the United States per year, shortening their lives by an average of 60 years'.

Data show meaningful reductions in underage drinking, particularly among younger age groups. From 2004 to 2010, young people ages 12 to 20 showed statistically significant declines in both past-month alcohol use and binge alcohol use. These encouraging results were most significant in the 12-to 17-year-old age group, where past-month alcohol use declined by 22.7% and past-month binge drinking declined by 29.7%.

However, in 2010, 37% of 20-year-olds reported binge drinking (drinking at levels substantially increasing the risk of injury or death) in the past 30 days; and about 14% of 20-year-olds had, in those 30 days, binged five or more times.

[http://store.samhsa.gov/shin/content//PEP12-RTCAD/report\\_to\\_congress\\_2012.pdf](http://store.samhsa.gov/shin/content//PEP12-RTCAD/report_to_congress_2012.pdf)

## US Experts developing framework for responsible marketing of alcohol

The International Chamber of Commerce (ICC) Commission on Marketing and Advertising is developing a new global framework for responsible marketing communications relating to alcohol.

An experts' group convened at the commission meetings in New York on 3-4 June to discuss the draft guide, which identifies existing principles from the Consolidated ICC Code and offers interpretation and further guidance to help marketers and self-regulatory authorities.

"The ICC framework will complement steps already taken by sectoral groups to bolster existing self-regulatory efforts and expand on them in markets where they are lacking," said Brent Sanders, Chair of the Marketing and Advertising Commission, "While the commission's work is oriented to rules for broad business interests and not sectoral codes, we agreed that the interpretive instrument proposed would help self-regulatory bodies implement existing ICC Code articles more effectively and coherently across markets."

"The goal is to increase existing confidence in the self-regulatory approach even further, and ensure that it reaches across all markets," said Oliver Gray, co-Chair of the ICC experts' group drafting the framework and Executive Director of the European Advertising Standards Alliance. "This new initiative will do just that and, by building on the global commitments of the major alcohol beverage companies, will demonstrate responsibility via strong and coherent industry rules". [www.iccwbo.org](http://www.iccwbo.org)

## Tightening of NSW liquor promotion guidelines to include discounting at bottle shops

Discounts at bottle shops offering 50% or more off wine, beer and liquor will be classified as high-risk promotions likely to cause alcohol-related harm under tough draft guidelines by the liquor regulator in New South Wales (NSW). The tightening of liquor promotion guidelines to include discounting at bottle shops for the first time comes amid fierce price competition by the liquor retailers. The classification of the promotions could lead to the ban of such offers.

Under the Liquor Act, the director-general of NSW Trade and Investment can restrict or ban promotions

which it believes risk encouraging the misuse of alcohol, but must first publish guidelines for industry that indicate the types of promotions likely to be deemed risky.

Under 2009 guidelines, price discounts of "50% or higher for consumption on premises" were classed as an unacceptable risk. The Office of Liquor Gaming and Racing has circulated a draft copy of the new guidelines to the liquor industry for feedback. The Liquor Stores Association has reacted by calling on the regulator to produce evidence that discounts of more than 50% cause harm to consumers.

## Sponsor announced for New Year free public transport in Canada

Corby Distilleries have announced a partnership with the Toronto Transit Commission (TTC). For the coming New Year's Eve, from 7pm, and continuing through to 7am on New Year's Day, 2014, Corby will pick up the fare for everyone travelling on the TTC, North America's third largest transit system.

*"This innovative, three-year agreement is a true Canadian first that will raise the profile of this issue in the national discussion,"* said Patrick O'Driscoll, President and CEO of Corby. *"We're proud to partner with the TTC and to show that Corby is ready to take action when it comes to reducing drinking and driving. We know that this is a year-round issue, and the biggest party of the year, New Year's Eve, provides the ideal platform for building awareness about the risks of drinking and driving. It is an invaluable opportunity to remind people about all the safe, responsible transportation options that are available to them - including public transit. In support of these efforts, Corby and the TTC are delighted to say, 'This New Year's, the ride's on us.'"*

## Feds put new rules on wineries' use of social media

Beverage makers selling wine, beer and spirits using the social media are being given guidance by the Alcohol and Tobacco Tax and Trade Bureau.

In new guidelines, the federal government declared that sites like Facebook, Twitter and LinkedIn are essentially new forms of advertising. As a result, companies selling adult beverages on those sites are subject to advertising rules, according to regulators.

*"Social media just exploded in the last few years, and it seems like every week there's a new way to get your message out there,"* said Sara Mann, attorney with Hinman & Carmichael, a San Francisco law firm specialising in the beverage industry. *"I think wineries and other suppliers have been confused and a little unsure about what they can and can't do."*

Now, companies that advertise beverages on social networking sites, blogs, mobile applications and video sharing sites like YouTube will have to include mandatory statements on their profile or brand pages and refrain from making prohibited statements, such as false health claims.

## NYC drink drive campaign

New York City Department of Transportation (DOT) Commissioner Janette Sadik-Khan unveiled "Blotto," a temporary installation by acclaimed artist John Morse that features a thought-provoking inkblot test-inspired design to engage New Yorkers and get them thinking about the dangers of drinking and driving.



The artwork, which has been placed in more than 100 phone kiosks at locations in Queens, Brooklyn and the Bronx where there are high concentrations of drunken driving crashes, is part of DOT's ongoing education efforts to curb instances of driving while intoxicated (DWI), which has contributed to at least 46 deaths on New York City streets and led to more than 19,000 arrests by NYPD in just the past two years.

The posters feature a black and white image that can appear to be two cars colliding into a martini glass. Bold typeface spells the word BLOTTO. Morse selected this word to invoke the outcome of a DWI crash—messy, confusing and destructive.

The DOT will be using the image as part of its broader anti-DWI education initiatives. The image will be printed on limited-edition posters, T-shirts and in materials used by the agency's Safety Education and Outreach team when working with teens and college students this summer and autumn.

DOT also will distribute "Blotto" branded items at the minor league stadiums for the Brooklyn Cyclones and the Staten Island Yankees. Staff will host tables with games and prizes designed to educate New Yorkers about the dangers of drunk driving and the stadiums will also distribute "Blotto" branded coasters and napkins.

"Blotto" will also be promoted via social media and on the DOT's "You the Man" anti-DWI campaign Web site. [YouTheManNYC.org](http://YouTheManNYC.org) provides tools and resources such as the Ride Finder, which uses GPS to connect users to their nearest taxi and livery services across the five boroughs.

## Safer California Universities project

Presenting at the American College Health Association's annual meeting Richard P. McGaffigan, programme director for the Prevention Research Center reported on the progress of the Safer California Universities project, a study involving 14 US universities each supported by a 10-year grant worth up to \$45,000.

The longitudinal study aims to identify where and how students get into trouble with alcohol, then test environmental prevention strategies that have been effective in general settings, on campuses. Incidents are tracked through annual student surveys.

Each university tailored its approach in a risk management plan based on its own student survey results with variations depending on housing, proximity to bars, commuter population, etc. Officials on the campuses learned from one another, adopting practices that work and abandoning those that don't.

The project, funded by the National Institute of Alcohol Abuse and Alcoholism, has found statistically significant reductions in intoxication and incidents at areas where high-risk drinking is frequent. Over all, the study found the following after five years: At each campus, 900 fewer students reported drinking to intoxication at off-campus parties and 600 fewer getting drunk at bars or restaurants during the fall semester. The study projects those figures are equivalent to 6,000 fewer intoxication-related incidents at off-campus parties and 4,000 fewer incidents at bars and restaurants during fall semester.

The campuses that tightened enforcement the most saw the greatest reductions, but no reduction in one area (for example, bars and restaurants) caused an increase in another (say, fraternities and sororities) because of a shift in emphasis.

[www.insidehighered.com/news/2013/05/30/student-health-officials-share-successful-strategies-alcohol-prevention#ixzz2WPi0lwKI](http://www.insidehighered.com/news/2013/05/30/student-health-officials-share-successful-strategies-alcohol-prevention#ixzz2WPi0lwKI)

## Pernod Ricard Responsib'all Day

On June 5, 2013, the 3rd Pernod Ricard Responsib'all Day took place. During this day, 18 800 employees in the Group's 80 subsidiaries across the world, interrupted their daily work so that each employee could become an "in-field" ambassador of Pernod-Ricard's commitments. Direct encounters with customers and consumers, public conferences, distribution of prevention leaflets, etc., were some of the numerous activities implemented by each of the Group's subsidiaries, which in particular included increased visibility for responsible consumption messages on all communication media developed by Pernod Ricard worldwide.

Pierre PRINGUET, Vice-Chairman of the Board of Directors and Chief Executive Officer made a major announcement during Pernod Ricard's Responsib'All Day 2013 – the worldwide application of the logo recommending that pregnant women should abstain from drinking alcohol. With this initiative, Pernod Ricard subsidiaries will affix this logo to the back label of all bottles they produce.

Examples of Pernod Ricard cooperations include: In India, a campaign provided truck drivers with eye and health checkups and education on dangers of driving under the influence. The programme was completed in collaboration with unions and local government. Family photographs were placed in trucks reminding drivers about driving safely back to their families. Close to 1800 checkups were provided.

In Slovakia, bartenders were involved in an interactive and fun way about the challenging issue of serving alcohol to minors. A campaign called "Not 18? Not a chance!", consisting of training managed by sales representatives and online tools including a game to sharpen their skills in distinguishing minors from over 18-year olds. Close to 3000 bartenders have been trained.

[www.pernod-ricard.com](http://www.pernod-ricard.com)



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

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**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

**David Vauzour PhD**, Senior Research Associate, Department of Nutrition, Norwich Medical School, University of East Anglia, Norwich, UK