

### Contents

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

<b>News from around the world</b> .....	2	Parents' perceptions of their children's alcohol consumption .....	18
<b>Medical Feature</b>		Health warnings on alcoholic beverages in Ireland	
The role that alcohol drinking may play in the risk of cancer .....	3	Teenage thinking on teenage drinking: 15- to 16-year olds' experiences of alcohol in Northern Ireland	
<b>Medical Research</b>		Sweden launches new strategy to combat narcotic and alcohol problems .....	19
Can alcohol help the brain remember? Repeated ethanol exposure enhances synaptic plasticity in key brain area, study finds .....	6	French ban on absinthe lifted	
Gene associated with alcohol consumption indentified .....	7	AXA Switzerland encourages customers not to drink and drive	
The effect of mediterranean diet on metabolic syndrome and its components		French riot police tradition of alcohol with their meals threatened	
Following cancer prevention guidelines lowers risk of death from cancer, heart disease and all cause mortality .....	8	EGTA launches dedicated website on responsible alcohol advertising on European broadcast media .....	20
Alcohol intake and risk of acute coronary syndrome and mortality in men and women with and without hypertension		Safe & Sober Exhibition in the European Parliament	
Effects of a large reduction in alcohol prices on mortality in Finland .....	9	Facts on Tap: prevention initiatives for the transition to college in US	
Study suggests lower risk of coronary heart disease from alcohol, even with hazardous drinking .....	10	NHTSA publish Special report on race/ethnicity and impaired driving .....	21
International Scientific Forum on Alcohol Research First Annual Report April 2011 .....	12	Texas Senate Passes Bill giving Immunity to underage drinkers in US	
Alcohol consumption and risk of renal cell cancer: the NIH-AARP Diet and Health Study .....	14	Century Council e-card to warn against drinking on prom night in US	
Response to alcohol's effects predicts future drinking problems		US Century Council celebrates 20th anniversary .....	22
<b>Social and Policy Research and news</b>		Beyond hangovers: understanding alcohol's impact on your health	
Parents drinking habits shape the drinking motives of adolescents .....	15	Alcohol and mental health: booklet from Éduc'alcool .....	23
Evaluation of two web-based alcohol interventions in the US military		Planche pour tes chums	
How children learn to say 'no' in Germany .....	16	Most Americans don't understand AHA drinking guidelines, survey finds	
Pharmacies in Scotland to identify and advise risky drinkers		Budweiser runs responsible drinking campaign in China .....	24
Under the Influence what we know about binge-drinking .....	17	Polish national drink drive education campaign begins	
UK Best Bar None is a 'credible alternative' to regulation		SABMiller endorse responsible drinking in India	
'Taking Alcohol Responsibility Seriously' report			

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## Europe

Figures have been released for The European Traffic Police Network TISPOL's alcohol and drug operation carried out in 27 countries between 13 and 19 December 2010. Police officers conducted 796,812 roadside breath tests for alcohol, 12,030 of which were positive.

Spain recorded the highest number of checks during the TISPOL operation, with more than 170,000 roadside breath tests, followed by France whose police officers stopped nearly 105,600 drivers. Severe winter weather in a number of countries led to the cancellation of many planned alcohol and drug control operations.

## Ireland

Two barmen from the Irish Republic are due to go on trial for the manslaughter of a British man who died from acute alcohol intoxication. It is the first case of its kind under the liquor liability laws in Ireland. In England it is an offence to 'knowingly sell or attempt to sell alcohol to a person who is drunk' but is punishable by a fine only.

## China

A draft amendment to the Law on Road Traffic Safety was submitted to the National People's Congress' Standing Committee of China on 19 April 2011. Convicted drunk drivers will face jail terms of up to six months, while their driving licences would be revoked. They may only take a driving test after a five-year ban. A life-time ban for driving would be imposed on drunk drivers causing "serious traffic accidents".

## Australia

The Australia and New Zealand Food Regulation Ministerial Council are considering whether to ban pre-mixed alcoholic energy drinks. The Ministerial Council will meet in May to receive advice from the Ministerial Council on Drug Strategy, which has been investigating the health risks of pre-mixed alcoholic energy drinks (containing caffeine and taurine for example) on young people. Health groups, including the National Alliance for Action on Alcohol, the Australia Drug Foundation and the Australian Medical Association are campaigning for a ban.

## Norway

Young people would actually like parents to set limits for alcohol consumption according to a new survey done for the Health Directorate in Norway. The survey is part of the campaign 'Setting limits'. The campaign's goal is to make parents aware of their importance as role models and of the need to set limits for teen alcohol use.

In the survey, 66% of the participants aged between 15 and 17 years believe parents should not send or allow young children to a party before they turn 18. 85% also completely or partially agree with the statement: "I think it's good that my parents set limits."

## Russia

Amendments to the law on State control of alcohol market will have their second reading in the state Duma shortly. Amendments are expected to include complete prohibition of drinking beer in public places. The fine for drinking beer in public places is expected to be several thousand rubles.

## The role that alcohol drinking may play in the risk of cancer

Schütze M, Boeing H, Pischon T, et al, Alcohol attributable burden of incidence of cancer in eight European countries based on results from prospective cohort study. *BMJ* 2011; 342:d1584 doi: 10.1136/bmj.d1584 (Published 7 April 2011)

### Authors' Abstract

**Objective** To compute the burden of cancer attributable to current and former alcohol consumption in eight European countries based on direct relative risk estimates from a cohort study.

**Design** Combination of prospective cohort study with representative population based data on alcohol exposure.

**Setting** Eight countries (France, Italy, Spain, United Kingdom, the Netherlands, Greece, Germany, Denmark) participating in the European Prospective Investigation into Cancer and Nutrition (EPIC) study.

**Participants** 109,118 men and 254,870 women, mainly aged 37-70.

**Main outcome measures** Hazard rate ratios expressing the relative risk of cancer incidence for former and current alcohol consumption among EPIC participants. Hazard rate ratios combined with representative information on alcohol consumption to calculate alcohol-attributable fractions of causally related cancers by country and sex. Partial alcohol attributable fractions for consumption higher than the recommended upper limit (two drinks a day for men with about 24g alcohol, one for women with about 12g alcohol) and the estimated total annual number of cases of alcohol attributable cancer.

**Authors results** 'If we assume causality, among men and women, 10% (95% confidence interval 7 to 13%) and 3% (1 to 5%) of the incidence of total cancer was attributable to former and current alcohol consumption in the selected European countries. For selected cancers the figures were 44% (31 to 56%) and 25% (5 to 46%) for upper aero-digestive tract, 33% (11 to 54%) and 18% (-3 to 38%) for liver, 17% (10 to 25%) and 4% (-1 to 10%) for colorectal cancer for men and women, respectively, and 5.0% (2 to 8%) for female breast cancer. A substantial part of the alcohol-attributable fraction in 2008 was associated with alcohol consumption higher than the recommended upper limit: 33,037 of 178,578

alcohol-related cancer cases in men and 17,470 of 397,043 alcohol related cases in women.'

**Authors conclusions** 'In western Europe, an important proportion of cases of cancer can be attributable to alcohol consumption, especially consumption higher than the recommended upper limits. These data support current political efforts to reduce or to abstain from alcohol consumption to reduce the incidence of cancer.'

### Forum Comments

**Overview:** This is a very well-done analysis of data collected from the large EPIC study. The investigators had good follow-up data over a mean of 8.8 years on more than 300,000 subjects. There were large numbers of subjects developing the most common types of cancer, but limited numbers of cases of upper aero-digestive cancer and liver cancer. The authors classified a number of cancers as "alcohol-attributable;" many of these were "alcohol-related," with the latter meaning that other factors (smoking, diet, obesity, etc.) may be more important "causes" of such diseases.

While this is a valuable dataset, the intentions of the authors in the preparation of this paper seem to focus mainly on indicting alcohol as a major cause of cancer. Many important observations that would be very helpful to clinicians (such as the role of moderate drinking, rather than intake greater than recommended, as a cause of cancer) are not presented clearly. For example, the authors give very detailed tables of the proportion of cancer related to alcohol intake, but do not explicitly indicate the numbers of cases that relate just to heavy alcohol intake, even though they state that among men the percentage of cancers related to > 2 drinks/day accounted for 57% to 87% of the total alcohol-attributable fractions; consumption > 1/day accounted for 40% to 98% of the fractions for women. It would have been preferable if they presented data separately for associations with cancer incidence for moderate drinking and for heavier drinking.

It is also unfortunate that the authors do not present stratified data (separately for non-smokers and smokers) to clearly indicate the role that smoking plays in the development of certain cancers. For upper aero-digestive cancers, in particular, it

would be important to demonstrate how smoking, independently and in an interaction with alcohol, relates to such cancers. As stated by one Forum reviewer: "Smoking is a well-known confounder of the alcohol-cancer association. However, the authors do not acknowledge that The Million Women Study<sup>1</sup> found no association between cancers of the upper aero-digestive tract and intake of alcohol in non-smoking women." Another reviewer comments that the authors state that "In the groups of never smokers the number of cases of cancer was limited in the EPIC study, which led to a limited power to assess the association between the consumption of alcohol and risk of cancer in this subgroup." The authors do not comment that this is a serious problem; this raises concerns that the a priori purpose of the study was just to demonstrate an association between any alcohol intake and cancer.

Some results of the study are puzzling. It is hard to understand that 73% of alcohol-attributable liver cancers – a cancer with liver cirrhosis as an essential precursor – are found in men reporting no more than two drinks a day. It suggests either that these subjects were former heavy drinkers or that they grossly underestimated their alcohol intake. Further, the authors have focused on cancers with a causal association with alcohol consumption, and do not mention certain cancers (e.g., renal cancer, thyroid cancer, lymphoma) that are inversely associated with alcohol intake.

A Forum reviewer points out that "the authors assume a linear association between alcohol and risk of cancer among lifetime consumers of alcohol and use regression coefficients to express the risk for cancer incidence per 1g/day increment in alcohol consumption. However, the comprehensive review of more than 7,000 studies on the association of lifestyle factors and cancer that was done by the World Cancer Research Fund (WCRF) in cooperation with the American Institute for Cancer Research<sup>2</sup> had found thresholds for colorectal cancers and liver cancers. For example, the WCRF review states that increased risk of colorectal cancer is only apparent above a threshold of 30g/day of ethanol for both sexes.<sup>2</sup> Further, cirrhosis is an essential precursor of liver cancer caused by alcohol. Morgan et al<sup>3</sup> state that of 100 persons drinking more than 60 grams of alcohol per day, 2 persons on average are going to develop cirrhosis per year. In the large study by

Boffetta et al,<sup>4</sup> the figure illustrating the association between alcohol consumption and mortality suggests a threshold of about 2 units of alcohol per day for alcohol intake and an increase in cancer mortality.

**Net effects of alcohol consumption in the population:** Among the major concerns with this paper are a number of inaccurate statements that relate to the net health effects of alcohol consumption on the population. The investigators state: "... even though light to moderate alcohol consumption might decrease the risk of cardiovascular disease and mortality, the net effect of alcohol is harmful." This statement is clearly in error, and is not consistent with current scientific data: almost all well-done studies have shown reductions in total mortality from moderate alcohol intake. For example, a recent paper from Finland<sup>5</sup> on the effects on increases in alcohol consumption due to lower prices showed that, indeed, there was an increase in deaths from alcohol-related diseases. On the other hand, there were larger decreases in total mortality because the increase in alcohol intake was associated with fewer cardiovascular, pulmonary, and other deaths in the elderly.<sup>5</sup>

It is interesting that the authors acknowledge that "for all cause mortality alcohol consumption is often shown to be associated with a lower risk for up to four drinks a day in men and two drinks a day in women." But then they state: "Thus, alcohol consumption should not be recommended to prevent cardiovascular disease or all cause mortality." They present no data to support such a statement.

Another reviewer comments that "While the authors have such information in this database, they do not present data on diseases other than cancer or on all-cause mortality, and numerous recent studies clearly show that moderate drinking is associated with decreases in risk of total mortality. Such comments add further concern about the intentions of the authors in these very complex analyses." As one Forum reviewer stated: "This paper reflects tunnel vision, looking only at the focus of this particular study, and, once again, neglecting the net benefits of moderate drinking. We all agree that excessive drinking is bad for your health (which is certainly not 'breaking news!') and the paper adds little of clinical importance by not focusing on differences between moderate and heavy consumption."

A Forum reviewer states: “The paper presents and interprets their results as if the authors are adopting a ‘guilt-oriented’ approach to alcohol consumption, far from scientific neutrality. A physician will never suggest to a patient either moderate drinking or abstinence on the basis of such data.” Another reviewer commented that the presentation of results in this paper tends to be misleading: “It presents data in a way that leads to almost complete obfuscation of the real risk of cancer due to alcohol consumption.”

The statement of the authors of this paper that “for cancer, as shown by many studies including ours, there is no sensible limit below which the risk of cancer is decreased” is nonsensical. It is not possible to prove a zero-risk limit for any risk factor by epidemiological studies. However, if most studies find a threshold value, it is reasonable to argue that a threshold is the most probable finding considering the plethora of studies on this topic that have been published.

Professor Giovanni de Gaetano provides an excellent overview of this paper: “The paper’s conclusion is that 10% of total cancer in men and 3% in women are attributable to alcohol consumption; however, the proportion of this that is attributable to ‘moderate drinking’ is very much smaller. This is especially the case for the truly ‘alcohol-attributable’ cancers such as upper aero-digestive cancers and liver cancer, where the risk is appreciably increased only for very heavy drinkers and alcoholics. The authors’ conclusion that these data support the efforts to reduce alcohol consumption in order to reduce the incidence of cancer is formally correct. However, as moderate alcohol consumption reduces cardiovascular disease and — what is more relevant — total mortality, their conclusion that one should totally abstain from alcohol is not justified based on current scientific data. Further, the authors surprisingly conclude that ‘alcohol consumption should not be recommended to prevent cardiovascular disease or all-cause mortality.’ They should more correctly say that heavy alcohol consumption should be avoided as it is associated not only with cancer incidence increase but also with increased fatal and non-fatal cardiovascular events and total mortality.”

### References from Forum review

1. Allen NE, Beral V, Casabonne D, et al. Moderate alcohol intake and cancer incidence in women. *J Natl Cancer Inst* 2009;101: 296-305.
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3. Morgan TR, Mandayam S, Jamal MM. Alcohol and hepatocellular carcinoma. *Gastroenterology* 2004;127:S87-96.
4. Boffetta P, Garfinkel L. Alcohol drinking and mortality among men enrolled in an American Cancer Society prospective study. *Epidemiology* 1990;1:342-348.
5. Hertzum K, Mäkelä P, Martikainen P. An evaluation of the impact of a large reduction in alcohol prices on alcohol-related and all-cause mortality: time series analysis of a population-based natural experiment. *Int J Epidemiol* 2011;40:441-454; doi:10.1093/ije/dyp336.

**Forum Summary:** A large group of distinguished scientists have published a very detailed and rather complex paper describing the association between alcohol consumption and cancer. It is based on data from the EPIC study in Europe, with a mean follow up of 8.8 years for more than 300,000 subjects. The authors describe an increase in risk of many cancers from alcohol intake, but do not give data permitting the detection of a threshold of intake for an adverse effect on cancer risk. The investigators conclude that “In western Europe, an important proportion of cases of cancer can be attributable to alcohol consumption, especially consumption higher than the recommended upper limits.”

Members of the Forum were concerned that the authors did not separate moderate consumption from heavy consumption for their main analyses, ignored the demonstrated benefits of moderate drinking on total mortality, and did not point out other environmental influences (such as smoking, diet, obesity, etc.) that often have much larger effects on the risk of many cancers than does alcohol consumption. The authors make statements such as alcohol has negative effects on total mortality that are not supported by the data presented in their paper, and are contradicted by most large-scale population-based studies. Overall, while this paper supports the well-known association between heavy drinking and an increased risk of upper aero-digestive and certain

other cancers, it adds little information useful for the prevention of most types of cancer.

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

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## Can alcohol help the brain remember? Repeated ethanol exposure enhances synaptic plasticity in key brain area, study finds

Drinking alcohol primes certain areas of our brain to learn and remember according to a study from the Waggoner Center for Alcohol and Addiction Research at The University of Texas at Austin. In a report published in the *Journal of Neuroscience*, author Hitoshi Morikawa explains that the common view that drinking is bad for learning and memory isn't wrong, but it highlights only one side of what ethanol consumption does to the brain.

*"Usually, when we talk about learning and memory, we're talking about conscious memory,"* says Morikawa. *"Alcohol diminishes our ability to hold on to pieces of information like your colleague's name, or the definition of a word, or where you parked your car this morning. But our subconscious is learning and remembering too, and alcohol may actually increase our capacity to learn, or our 'conditionability,' at that level."*

Morikawa's study found that repeated ethanol exposure enhances synaptic plasticity in a key area in the brain. This is further evidence toward an emerging consensus in the neuroscience community that drug and alcohol addiction is fundamentally a learning and memory disorder.

When we drink alcohol (or take drugs), our subconscious is learning to consume more. We also become more receptive to forming subconscious memories and habits with respect to food, music, even people and social situations.

In an important sense, says Morikawa, alcoholics aren't addicted to the experience of pleasure or relief they get from drinking alcohol. They're addicted to

the constellation of environmental, behavioural and physiological cues that are reinforced when alcohol triggers the release of dopamine in the brain.

*"People commonly think of dopamine as a happy transmitter, or a pleasure transmitter, but more accurately it's a learning transmitter,"* says Morikawa. *"It strengthens those synapses that are active when dopamine is released."*

Alcohol, in this model, is the enabler. It hijacks the dopaminergic system, and it tells our brain that what we're doing at that moment is rewarding (and thus worth repeating). Among the things we learn is that drinking alcohol is rewarding. We also learn that going to the bar, chatting with friends, eating certain foods and listening to certain kinds of music are rewarding. The more often we do these things while drinking, and the more dopamine that gets released, the more "potentiated" the various synapses become and the more we crave the set of experiences and associations that orbit around the alcohol use.

Morikawa's long-term hope is that by understanding the neurobiological underpinnings of addiction better, it will be possible to develop anti-addiction drugs that would weaken, rather than strengthen, the key synapses and hence erase the subconscious memory of addiction.

Source: Previous Ethanol Experience Enhances Synaptic Plasticity of NMDA Receptors in the Ventral Tegmental Area Brian E. Bernier, Leslie R. Whitaker, Hitoshi Morikawa. *The Journal of Neuroscience*, 6 April 2011, 31(14):5205-5212; doi:10.1523/JNEUROSCI.5282-10.2011

## Gene associated with alcohol consumption indentified

Researchers, led by scientists at Imperial College London and King's College London have identified a gene that is linked to regulating alcohol consumption. The same gene, Autism susceptibility candidate 2, or AUTS2 has previously been linked to autism and attention deficit hyperactivity disorder.

The study included 12 population-based samples of European ancestry and included nearly 48,000 individuals. Findings suggest that there are two versions of the AUTS2 gene, one three times more common than the other. People with the less common version drink on average 5% less alcohol than people with the more common version. The gene is most active in parts of the brain associated with neuropsychological reward mechanisms, suggesting that it might play a part in regulating the positive reinforcement that people feel when they drink alcohol.

The researchers analysed DNA samples from over 26,000 volunteers to search for genes that appeared to affect alcohol consumption, and then checked their findings in another 21,000 people. Volunteers reported alcohol consumption levels by questionnaire.

Once the researchers had identified AUTS2, they examined how much messenger RNA - a copy of the gene's code that is used to make a protein - was

present in samples of donated human brain tissue. They found that the people with the version of the gene associated with lower alcohol consumption produced more of the messenger RNA, meaning that the gene was more active.

The researchers also investigated strains of mice that had been selectively bred according to how much alcohol they drink voluntarily. They saw differences in the AUTS2 gene activity levels among different breeds of mice that drink more or less alcohol. The researchers also suggest that blocking the effect of a related gene in fruit flies made the flies less sensitive to alcohol. These results indicate that AUTS2 seems to be involved in regulation of alcohol intake in a number of different species.

Researchers state, "In this study we combine genetic studies with investigations of animal behaviour. Since people drink alcohol for very different reasons, understanding the particular behaviour influenced by the gene identified helps us better understand the biological basis of these reasons. This is an important first step towards the development of individually targeted prevention and treatments for alcohol abuse and addiction."

Source: G. Schumann et al. Genome-wide association and genetic functional studies identify autism susceptibility candidate 2 gene (AUTS2) in the regulation of alcohol consumption. Proceedings of the National Academy of Sciences, 2011

## The effect of mediterranean diet on metabolic syndrome and its components

The Mediterranean diet has long been associated with low cardiovascular disease risk in adult population. A meta-analysis of epidemiological studies and clinical trials assessed the effect of a Mediterranean diet, which includes moderate alcohol intake, on metabolic syndrome (MS) as well as its components.

The authors conducted a systematic review and random effects meta-analysis of epidemiological studies and randomised controlled trials. 50 original research studies (35 clinical trials, 2 prospective and 13 cross-sectional), with 534,906 participants, were included in the analysis.

The combined effect of prospective studies and clinical trials showed that adherence to the Mediterranean diet was associated with reduced risk of MS (log hazard ratio: -0.69). Additionally, results from clinical studies revealed the protective role of the Mediterranean

diet on components of MS, like waist circumference (-0.42 cm), high-density lipoprotein cholesterol (1.17 mg/dl), triglycerides (-6.14 mg/dl), systolic (-2.35 mm Hg) and diastolic blood pressure (-1.58 mm Hg), and glucose (-3.89 mg/dl).

The authors maintain that the results are of considerable public health importance, because this dietary pattern can be easily adopted by all population groups and various cultures and cost-effectively serve for primary and secondary prevention of the MS and its individual components.

Source: The Effect of Mediterranean Diet on Metabolic Syndrome and its Components A Meta-Analysis of 50 Studies and 534,906 Individuals Christina-Maria Kastorini, MSc\*, Haralampos J. Milionis, MD, PhD, Katherine Esposito, MD, PhD, Dario Giugliano, MD, PhD, John A. Goudevenos, MD, PhD and Demosthenes B. Panagiotakos, PhD

## Following cancer prevention guidelines lowers risk of death from cancer, heart disease and all-cause mortality

A study of more than 100,000 men and women over 14 years finds nonsmokers who followed recommendations for cancer prevention had a lower risk of death from cancer, cardiovascular disease and all-cause mortality.

Few studies have evaluated the combined impact of following recommended lifestyle behaviours on cancer, cardiovascular disease, and all-cause mortality, and most of those included tobacco avoidance as one of the recommendations. Because 80% of Americans are never or former smokers, researchers wanted to understand more clearly the impact of other recommended behaviours.

For their study, researchers led by Marji McCullough at the American Cancer Society used diet and lifestyle questionnaires filled out in 1992 and 1993 by 111,966 non-smoking men and women in the Cancer Prevention Study (CPS)-II Nutrition Cohort. The participants were scored on a range from 0 to 8 points to reflect adherence to the American Cancer Society (ACS) cancer prevention guidelines regarding body mass index, physical activity, diet, and moderate alcohol consumption (max. of one

daily drink of 14g for women and 2 drinks of 14g for men), with 8 points representing adherence to all of the recommendations simultaneously.

After 14 years, men and women with high compliance scores (7, 8) had a 42% lower risk of death compared to those with low scores (0-2). Risk of cardiovascular disease death were 48% lower among men and 58% lower among women, while the risk of cancer death was 30% lower in men and 24% lower in women.

The researchers conclude that adhering to cancer prevention guidelines for obesity, diet, physical activity, and moderate alcohol consumption is associated with lower risk of death from cancer, cardiovascular disease, and all-causes in non-smokers. They say beyond tobacco avoidance, following other cancer prevention guidelines may substantially lower risk of premature mortality in older adults.

*Source: Following cancer prevention guidelines reduces risk of cancer, cardiovascular disease and all-cause mortality Marjorie L McCullough, Alpa V Patel, Lawrence H Kushi, R Patel, WC Willett, C Doyle, MJ Thun, and S Gapstur early online April 5 2011 in Cancer Biomarkers, Epidemiology, and Prevention*

## Alcohol intake and risk of acute coronary syndrome and mortality in men and women with and without hypertension

Authors of a study assessing the link between acute coronary syndrome and alcohol consumption state that 'although a light to moderate alcohol intake is associated with a lower risk of acute coronary syndrome (ACS), alcohol is also associated with risk of hypertension, which in turn is a strong risk factor of ACS'.

The authors examined whether middle-aged men and women with hypertension also benefit from a light to moderate alcohol intake in relation to risk of ACS and overall mortality. Using data from 57,053 men and women, aged 50-64, who participated in the Danish Diet, Cancer and Health study, researchers analysed information on alcohol intake (amount and frequency) reported by the participants. Hypertension status was assessed at baseline by combining blood pressure measurements and self-reports.

During follow-up, 860 and 271 ACS events occurred among men and women. Irrespective

of alcohol intake, participants with hypertension had a higher risk than participants with normal blood pressure. Alcohol intake was associated with a lower risk of ACS among participants both with and without hypertension and there was no evidence of interaction between alcohol intake and hypertension. Those who drank moderately had a lower mortality than abstainers and those who drank heavily; and for all levels of alcohol intake, participants with hypertension had a higher risk than participants with normal blood pressure. Results were similar for men and women.

Authors argue that the findings demonstrate that a light to moderate alcohol intake has similar effects on the risk of ACS in men and women with and without hypertension.

*Source: Hansen JL; Tolstrup JS; Jensen MK; Gronbaek M; Tjonneland A; Schmidt EB; Overvad K, "Alcohol intake and risk of acute coronary syndrome and mortality in men and women with and without hypertension", European Journal of Epidemiology, Published early online 18 March 2011*



## Effects of a large reduction in alcohol prices on mortality in Finland

Does a reduction in the price of alcohol result in an increase in deaths due to alcohol? This was the subject of a study following a significant reduction in taxes in Finland in 2004 (30% for spirits, 3% for wine). The abolition of import quotas by the EU in 2004 also made it possible to import from other member countries and this led to an increase of approximately 10% in alcohol consumption in Finland. This paper is particularly interesting as it not only reports the effects of reducing costs of alcohol on alcohol-related mortality, but it also reports the effects of such changes on cardiovascular and all-cause mortality.

The authors assessed the impact of a reduction in alcohol prices by analysing the monthly aggregations of deaths for the period 1996–2006.

**Key results of paper:** The key results of the analyses were that for subjects over the age of 50 years, the decrease in the cost of alcohol was associated with an increase in rates of alcohol-related mortality. For men aged 40–49 years and men and women aged 50–69 years, these increases in risk were estimated to be 1.6 to 2.9 additional monthly deaths per 100,000 person-years. On the other hand, the trend was very different for cardiovascular and all-cause mortality rates. For men and women aged 40–49 years and those >69 years, there were clear decreases in mortality from cardiovascular disease, with estimated 19 fewer monthly deaths per 100,000 person-years for men and 25 fewer monthly deaths for women. For ischemic heart disease deaths among subjects >69 years of age, many fewer deaths were estimated. These effects were not different when the investigators included numbers of coronary operations as a control series in the models.

For all-cause mortality, the estimates implied 42 and 69 fewer monthly deaths in the oldest group. The lower all-cause mortality rates relate not only to decreases in CVD deaths but to fewer deaths from pulmonary disease, dementia, and diabetes; there were no changes in cancer death rates. The authors state: “the negative, i.e., beneficial, point estimates found in the current study suggest that cheaper alcohol may... have fostered moderate consumption and its beneficial effects in at least some part of the population.” They quote recent surveys showing that “alcohol consumption in the 2000s has increased among persons aged >65 years and those aged 50–69 years, whose drinking is reported to be primarily

low to moderate’.

**Conclusion:** These results obtained from the time series analyses suggest that the reduction in alcohol prices led to an increase in alcohol-related mortality, except in persons <40 years of age. However, it appears that beneficial effects in older age, when CVD deaths are prevalent, counter-balance these adverse effects, at least to some extent.

International Scientific Forum on Alcohol Research members agreed that both potentially harmful and beneficial effects resulting from changes in alcohol intake should be considered when estimating population effects. They were unsure whether all of the reported effects in the elderly should be attributed to changes in alcohol intake, as decreases in CVD and all-cause mortality rates were occurring prior to the change in alcohol intake.

**Note:** In the same journal issue is a paper by Gustafsson and Ramstedt on changes in alcohol-related harm in Sweden after similar changes in costs; it concluded that “the findings were not consistent with respect to whether alcohol-related harm increased in southern Sweden” after importation from Denmark increased. Also in the same issue is a Commentary by Mark Petticrew that points out the known problems in interpreting data from observational studies (such as the present two). He concludes: that despite problems setting policy based on observational studies, “. . . evaluations of natural experiments have an essential role to play, not just in understanding impacts but also assessing impacts within different contexts, settings, and populations subgroups.”

### References:

Herttua K, Mäkelä P, Martikainen P. An evaluation of the impact of a large reduction in alcohol prices on alcohol-related and all-cause mortality: time series analysis of a population-based natural experiment. *Int J Epidemiol* 2011;40:441-454; doi:10.1093/ije/dyp336.

Gustafsson N-K J, Ramstedt MR. Changes in alcohol-related harm in Sweden after increasing alcohol import quotas and a Danish tax decrease — an interrupted time-series analysis for 2000–2007. *Int J Epidemiol* 2011;40:432-440; doi:10.1093/ije/dyq153.

Petticrew M. Commentary: Sinners, preachers and natural experiments. *Int J Epidemiol* 2011;40:454-456; doi:10.1093/ije/dyr023

To read the full critique: <http://www.bu.edu/alcohol-forum/critique-038-effects-of-a-large-reduction-in-alcohol-prices-on-mortality-in-finland-7-april-2011/>

## Study suggests lower risk of coronary heart disease from alcohol, even with hazardous drinking

Reference: Le Strat Y, Gorwood P. Hazardous drinking is associated with a lower risk of coronary heart disease: Results from a national representative sample. *Am J Addict* 2011;20:257–263.

### Authors' Abstract

The analysis assesses the 12-month prevalence of coronary heart disease (CHD) in individuals according to their category of alcohol use. The 2001–2002 National Epidemiologic Survey on Alcohol and Related Conditions study (the NESARC study,  $n = 43,093$ ) identified 16,147 abstinent individuals, 15,884 moderate consumers, 9,578 hazardous drinkers — defined as exceeding sex-specific weekly limits established by the World Health Organisation, and 1,484 alcohol-dependent subjects. Diagnoses were generated using the Alcohol Use Disorder and Associated Disabilities Interview Schedule-DSM-IV version. Both moderate and hazardous drinking were associated with decreased odds of CHD when compared with abstinence, whereas odds of CHD were not significantly different between alcohol-dependent and abstinent participants. A moderate or even a hazardous consumption of alcohol was associated with a decreased likelihood of CHD after controlling for socio-demographic, psychiatric, and addictive risk factors. Our study shows that alcohol may have cardio-protective effects not only in moderate drinkers, but also in individuals with patterns of use traditionally considered as hazardous.

### International Scientific Forum on Alcohol Research Comments

There were adequate numbers of subjects in most analysis groups, in that 36% of subjects were abstinent in the last year and almost one quarter of subjects were in the group classified as “hazardous drinking.” One Forum reviewer commented: “This exhibition of a rightward extension of the revered J-shaped curve for coronary heart disease (CHD) has been reported before. I find the results acceptable. I wonder, however, what happens to the rates of cirrhosis and other directly alcohol-related disorders and what might be the long-term total mortality experience in this group.” An interesting finding in this study is that participants with CHD were more likely to have lifetime mood disorder, lifetime anxiety disorder, and personality disorder than those without CHD.

If indeed the risk of coronary disease does not increase despite consuming alcohol at a level often classified as “hazardous,” it is possible that the increase in cardiovascular disease from heavy drinking reported in many studies may be due to arrhythmias, cardiomyopathy, or other heart conditions that are not actually coronary artery disease.

**Limitations to paper:** Appropriate socio-economic variables were available for adjustment for confounding, with good assessments for alcohol intake, tobacco use, and drug abuse. However, sick quitters and unhealthy hazardous drinkers dying earlier than the healthy ones may have confounded the results. Further, unmeasured factors such as exercise and diet that were not adjusted for may have led to further confounding.

A key concern of Forum reviewers related to the method used to diagnose CHD in this analysis. Not only was it self-reported, but only 1.0% of cases stated that they had had a myocardial infarction, the primary “hard” criterion for CHD. Most reported angina pectoris, a “softer” criterion for coronary disease. Further, “arteriosclerosis” is a vague term and not one generally used in normal communication with patients. It could have referred to conditions other than CHD.

Most studies have found that frequent, light-to-moderate drinking is the healthiest approach for alcohol intake, and the average amount per week is an inadequate measure of intake. In this study, it is unclear whether or not the frequency of drinking was informative regarding CHD. Further, both rare, occasional, and regular drinkers who did not meet criteria for “hazardous drinking” were included in the “moderate” group, so it is not possible to separate daily drinkers from occasional drinkers.

The authors state that “Hazardous drinking was defined as exceeding sex-specific weekly limits as defined by the NIAAA (men, more than 14 drinks of 14g per week; women, more than 7 drinks per week) or exceeding daily drinking limits (men,  $\geq 5$  drinks per day; women,  $\geq 4$  drinks per day) at least once in the past year.” One possibility is that this definition of “hazardous drinking” is too restrictive, including some people who might better be classified as moderate drinkers. As a Forum reviewer commented:

“The definition of “moderate drinking” is very strict and the subgroup with ‘hazardous drinking’ would include many European drinkers with no alcohol problems. The ‘hazardous’ subgroup includes really hazardous drinking associated with liver disease mortality and detrimental effects on other organs. The heterogeneity of the subgroup of ‘hazardous drinkers’ is a serious problem of the study.”

The authors acknowledge this shortcoming, stating that “...the criteria used for the definition of the ‘hazardous drinking’ subgroup of subjects is too broad. Indeed, women having a little more than one drink every day and men having used five drinks in a single day only once in the previous year are both included in this group. This suggests that alcohol dependence and hazardous drinking should be routinely distinguished, and that a quantitative assessment of alcohol use may be more relevant than a qualitative approach when assessing the risk of cardiovascular disorders.’

**Forum Summary:** Using data from The 2001–2002 National Epidemiologic Survey on Alcohol and Related Conditions study (the NESARC study, n = 43,093), the authors of this paper conclude that alcohol may have cardioprotective effects not only in moderate drinkers, but also in individuals with patterns of use traditionally considered as “hazardous.” While such a finding has been shown in some population studies, there were questions by Forum reviewers as to the adequacy of the method for diagnosing coronary artery disease: self-report, with most subjects listing angina pectoris, a “soft” criterion for coronary disease.

In addition, the categories of drinking used in this study were very broad: rare or only occasional drinkers were combined with regular drinkers up to 7 or 14 drinks per week in the “moderate” category, and the “hazardous category” included a broad range of drinkers, from a minimal increase over the recommended limits to very heavy drinkers. The pattern of drinking (especially the number of days per week that alcohol was consumed) was not reported, making it difficult to separate regular from heavy week-end only drinkers. The effects of heavier drinking on other conditions (such as alcohol-related liver disease, mortality, etc.) were not included in this analysis.

It is physiologically possible that even hazardous use of alcohol, like moderate use, may well lead to

cleaner arteries and therefore lower rates of coronary artery disease. If this is the case, an explanation for the increases in cardiovascular mortality reported for heavy drinkers in many studies may relate not directly to coronary artery disease, but to conditions such as cardiomyopathy or cardiac arrhythmias. However, the rates of accidents, suicide and other morbidity associated with hazardous alcohol use may well overcome any protective effects on coronary disease.

### Contributions to this critique by the International Scientific Forum on Alcohol Research were made by the following members:

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### Round Table: Binge drinking or Art de Vivre or is there anything in between?

12 May 2011 Berlin, Germany

**Prevention of alcohol misuse - Where does the responsibility of the politicians, the wine sector and society start and where does it end?** This controversial topic will be discussed by different stakeholders.

#### Participants of the round table discussion include:

- J. Busse (German Advertising Standards Council, Berlin)
- Dr. S. Etgeton (Federal Consumer Protection Association, Berlin)
- Dr. T. Holzer (Department of the German Drug Commissioner, Federal Ministry of Health, Berlin)
- Dr. R. Nickenig (German Wine Growers' Association, Bonn)
- Prof. N. Worm (University for Prevention and Health Management, Saarbrücken)

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## International Scientific Forum on Alcohol Research First Annual Report April 2011

### Introduction

The Forum, a joint undertaking of the Institute on Lifestyle & Health of Boston University School of Medicine in the United States and Alcohol in Moderation (AIM) of the United Kingdom, was established in April, 2010. Its overall goal is to carry out a surveillance of emerging scientific data related to the effects of the consumption of alcohol on health and disease and to provide scientifically sound and balanced critiques of such reports. The critiques are regularly published on the Forum web-site, accessed via [www.bu.edu/alcohol-forum](http://www.bu.edu/alcohol-forum) or [www.alcoholforum4profs.org](http://www.alcoholforum4profs.org)

The Forum consists of an international group of invited physicians and scientists who are specialists in their fields and committed to balanced and well-researched analysis related to alcohol and health. The Forum includes epidemiologists, statisticians, and basic scientists; cardiologists, hepatologists, neurologists, oncologists, and other medical practitioners; psychologists and social scientists; and specialists in social matters, psychology, and public health. All Forum members serve without compensation.

### Forum Directors

R. Curtis Ellison, MD, Professor of Medicine & Public Health and Director, Institute on Lifestyle & Health, Section of Preventive Medicine & Epidemiology, Boston University School of Medicine; Boston, MA, USA (Co-Director)

Helena Conibear, Executive Director, Alcohol in Moderation, Bath, UK (Co-Director)

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(Links to biographical sketches of Forum members are on the Forum web-site).

### Specific Aims of the Forum

1. Periodically provide on its open web-site timely critiques and comments by Forum members on emerging scientific publications and policy statements related to alcohol and health.
2. Provide an Archive of previous reports on scientific research related to alcohol and health.
3. Provide an opportunity for health editors, journalists, and the public to seek expert opinion on topics related to alcohol and health.

### Functioning of the Forum

The members of the Forum maintain a surveillance of the scientific literature related to alcohol and health; emerging articles that are considered noteworthy are distributed to all members, who are asked to provide critiques on those that relate to their particular expertise. Discussions of the emerging research and the preparation of critiques are closed to all but the scientific members of the Forum until they are released to the public through posting on the website and released via Eureka alerts and Medline to the scientific community. Professor Ellison, a Co-Director, assimilates the input of Forum members and posts the final version of critiques on the Forum web-site, accessed via [www.bu.edu/alcohol-forum](http://www.bu.edu/alcohol-forum) or [www.alcoholforum4profs.org](http://www.alcoholforum4profs.org). The scientists who provide critiques for the Forum do not receive any remuneration for their contributions.

The distribution of press releases to health editors, the medical community, public health agencies, and relevant policy makers describing new critiques on the Forum web-site is carried out by Alcohol in Moderation (AIM) in the UK. AIM's Executive Director,

Helena Conibear, also serves as Co-Director of the Forum. AIM is a non-profit organisation that publishes a journal ([www.alcoholinmoderation.com](http://www.alcoholinmoderation.com)) ten times per year that summarises new information related to the use and misuse of alcohol originating from scientists or governmental organisations, as well as reporting on responsible drinking and alcohol harm reduction campaigns from around the world.

### Critiques Published by the Forum During its Initial Year

Since its establishment in April, 2010, the Forum has released and published 40 critiques on its web-site via: <http://www.bu.edu/alcohol-forum/reviews/> These have covered a variety of topics related to alcohol, health, and disease and are included in the Forum Archive. Papers and policy statements, in the following categories have been reviewed by the Forum in its first year of operation:

- Alcohol and Cardiovascular Disease
- Alcohol and Metabolic Diseases
- Alcohol and Cognitive Function/Dementia
- Alcohol and Cancer
- Alcohol and Liver Disease
- Effects of Alcohol Drinking on Other Diseases
- Alcohol Drinking and Mortality
- Patterns of Drinking/Associated Lifestyle Factors
- Genetic Factors Related to Alcohol Use
- Wine Polyphenols and Health
- Alcohol Drinking During Pregnancy
- Recommendations Regarding Drinking / Alcohol Policy

Finally ISFAR has contributed to both the US and Canadian guideline reviews in 2010/11 and members have submitted responses to scientific journals regarding specific research. Forum members have also contributed to features concerning alcohol and health in many journals and newspapers over the last year including The Daily Mail, Science News on line, Metro (London), Medcompare.com, The New York Daily News, Medscape Medical news, First Science, Health news report, Check Orphan, The Sunday Mirror, The Daily Telegraph and YOU magazine.

For further details or to subscribe to our critiques, please contact [helena@alcoholforum4profs.org](mailto:helena@alcoholforum4profs.org)

## Alcohol consumption and risk of renal cell cancer: the NIH-AARP Diet and Health Study

A study investigating the effect of moderate to heavy drinking (> 30g per day) on renal cell cancer (RCC) has concluded that alcohol is inversely associated with RCC in a dose-response manner, i.e. moderate drinkers had a decreased risk of renal cancer.

The study used data from NIH-AARP Diet and Health Study (n = 49 2187, 1814 cases). Results found that compared with > 0 to < 5g per day of alcohol consumption, the multivariate relative risk (95% confidence intervals) for 15 to < 30g and  $\geq$  30g

per day was, 0.75 (0.63-0.90) and 0.71 (0.59-0.85), respectively, in men and 0.67 (0.42-1.07) and 0.43 (0.22-0.84), respectively, in women.

The authors conclude that the alcohol consumption was inversely associated with RCC in a dose-response manner and that this inverse association may be extended to  $\geq$  30 g per day of alcohol intake.

Source: "Alcohol consumption and risk of renal cell cancer: the NIH-AARP Diet and Health Study", Lew JQ; Chow WH; Hollenbeck AR; Schatzkin A; Park Y, *British Journal of Cancer*, Vol 104, No 3, 2011, pp537-541

## Response to alcohol's effects predicts future drinking problems

Heavy drinkers reported more positive and rewarding effects, while light drinkers reported stronger sedation and sluggishness.

New research suggests that a person's response to alcohol can predict their future drinking behaviour, including their frequency of binge drinking and the risk of developing an alcohol-use disorder. Andrea C. King, Ph.D., professor of psychiatry and behavioural neuroscience at the University of Chicago and colleagues found that heavy drinkers actually experience greater sensitivity to the rewarding and stimulating effects of alcohol, along with lower sedation. This "double whammy" of alcohol effects predicted those who progressed to more severe drinking and alcohol-use disorders over two years of follow-up, researchers discovered.

Researchers recruited nearly 200 subjects between the ages of 21 and 35 and without alcohol dependence, divided into heavy drinker and light drinker groups. Heavy drinkers reported consuming 10-40 drinks on average per week, with at least one weekly binge episode. Light drinkers drank between 1 and 5 drinks on average per week and rarely binged.

The subjects were brought to a living room-like setting in the laboratory on three separate occasions and given one of three drinks: a placebo, a low dose of alcohol, or a high dose of alcohol, each disguised with flavored drink mix. After finishing the drink, subjects filled out survey questions about how they were feeling and took regular breathalyser tests for three hours.

While the light drinkers were more sensitive to the overall effect of the alcoholic drinks than heavy drinkers, how they described the experience was very different. Heavy drinkers reported more positive and rewarding effects, while light drinkers reported stronger sedation and sluggishness.

The researchers then followed their subjects for two years, asking them four times a year to report on past-month drinking behaviour, including the number of times they had engaged in binge drinking behaviour.

Over the 2 years, the heavy drinkers fell into four groups: those that reduced binge drinking ("gradual maturing"), those that maintained a moderate or high frequency of binge drinking, and those who increased binge drinking episodes ("exacerbating"). Subjects in the "exacerbating" group also drank more frequently and in higher quantities, suffered more alcohol-related consequences, and were more likely to qualify for a DSM-IV diagnosis of alcohol abuse or dependence.

The researchers suggest that an individual's initial response could predict later drinking behaviour. Subjects who exacerbated their binge drinking habits were more likely to have reported positive and stimulating effects of alcohol in the laboratory, even though they were unaware at the time of what they were drinking.

The researchers propose a revised theory of alcohol response that may impact how clinicians may spot and pre-empt unhealthy drinking habits.

"If we know more about who's going to become a problem drinker, we may be able to prevent future escalations and intervene earlier, before development of severe alcoholism," King said. "The stimulant-type responder could learn that while such a response pattern may not be their fault, it could put them at risk for longer-term problems and consequences."

Source: Rewarding, Stimulant, and Sedative Alcohol Responses and Relationship to Future Binge Drinking. A. C. King, H. de Wit, P. J. McNamara, D. Cao. *Archives of General Psychiatry*, 2011; 68 (4): 389 DOI

## Parents drinking habits shape the drinking motives of adolescents

Authors of a study in Switzerland state that 'The association between the alcohol use of parents and their offspring is well established. However, little is known about the factors underlying, or mediating, this link'.

The study investigated whether drinking motives mediate the link between the drinking habits of parents and the frequency of their adolescent children's alcohol consumption and drunkenness.

A nationally representative sample of 1,854 13- to 15-year-old students in Switzerland who drink alcohol was analysed.

Researchers found that when drinking motives were included in the model, the previously significant link between the drinking habits of parents and the frequency of their adolescent children's alcohol consumption was reduced and was no longer significant for drunkenness. Thus, parents' drinking habits indirectly affected adolescent alcohol use via

drinking motives, in terms of both the frequency of alcohol consumption and drunkenness. In particular, social, enhancement, and coping motives were prominent mediators in the link between parental drinking and adolescent alcohol consumption, whereas coping and enhancement motives played a key role in the link between parental drinking and adolescent drunkenness.

The authors conclude that the drinking habits of parents are not responsible for the widely reported link between the alcohol use of parents and their offspring, per se. Rather, results suggest that parental drinking shapes the drinking motives of adolescent children, which, in turn, influences adolescent alcohol use.

Source: *Do the Drinking Motives of Adolescents Mediate the Link Between Their Parents' Drinking Habits and Their Own Alcohol Use?* Stefanie Müller, Emmanuel Kuntsche J. Stud. Alcohol Drugs, 72, 429–437, 2011)

## Evaluation of two web-based alcohol interventions in the US military

The US military has traditionally had high rates of alcohol misuse and alcohol-related problems, necessitating effective treatment programmes that minimise participant burden. Web-based interventions have shown promise as efficient treatment options for college students and adults but have not been widely evaluated in the military. A recent study evaluated the efficacy of two web-based alcohol interventions originally created for civilians and then adapted for US military personnel.

Two web-based alcohol interventions, Alcohol Savvy and Drinker's Check-Up, were adapted for use among military populations. The interventions were evaluated using a sample of 3,070 active-duty military personnel at eight installations. Following a baseline survey, participants were assigned to one of three treatment conditions: (a) Alcohol Savvy, (b) Drinker's Check-Up, or (c) control (no programme participation). Follow-up surveys were completed by 1,072 participants 1 month following baseline and by 532 participants 6 months following baseline.

At 1-month follow-up, participants who completed the Drinker's Check-Up intervention had significant reductions in multiple measures of alcohol use relative to controls. Positive outcomes were found for average number of drinks consumed per occasion, frequent heavy episodic drinker status, and estimated peak blood alcohol concentration. These reductions in alcohol use at the 1-month follow-up were maintained at the 6-month follow-up. There were no statistically significant changes in alcohol use for participants who completed Alcohol Savvy.

This study expands the literature on the effectiveness of web-based treatment for alcohol misuse. Findings indicate that web-based programmes (Drinker's Check-Up in particular) can significantly decrease several indicators of alcohol use in US military personnel.

Source: *Evaluation of two web-based alcohol interventions in the US Military.* Pemberton MR, Williams J, Herman-Stahl M, Calvin SL, Bradshaw MR, Bray RM, Ridenhour JL, Cook R, Hersch RK, Hester RK, Mitchell GM. J Stud Alcohol Drugs. 2011 May;72(3):480-9.

## How children learn to say 'no' in Germany

Colleagues from the Institute of Psychology and the Center for Applied Developmental Science of the Jena University, have developed a programme for use in schools that aims to give teenagers basic life skills, but more specifically to reduce teenagers susceptibility to peer pressure and therefore early use of alcohol and cigarettes. The scheme is called IPSY (an acronym for Information and Psychosocial Competence).

Within the IPSY programme pupils learn general skills such as how to deal with stress and anxiety or with their own self image. Pupils they work on interactive learning modules on topics like "School and Me" or "Myself and Others". They discuss their results with classmates and teachers. Role play, movement and relaxation techniques are also used. The programme consists of 15 modules of 90 minutes in the class level 5, followed by a development phase of seven modules in classes 6 and 7.

In cooperation with the Ministry of Education, Science and Culture in Thuringia, IPSY has been introduced in more than 100 Thuringian schools since 2003. The programme aims to target children before their first contact with alcohol and cigarettes.

"Information alone is not good enough" according to Dr Karina Weichold of the Jena University (Germany) Because even children know that alcohol consumption and smoking can cause health damage. "Therefore prevention needs to start somewhere else."

In a study based on about 1700 school children, aged between 10 and 15 years psychologists were able to show how effective their school-based training and information programme was. The Jena scientists presented the results of their study in the Journal of Early Adolescence.

The developmental psychologists headed by Professor Dr Rainer K. Silbereisen state that "The age-typical increase in the consumption of alcohol and cigarettes is lower in the group of pupils who took part in our programme than in the control groups. Moreover, the initiation age is being delayed".

Source: Do Girls Profit More? Gender-Specific Effectiveness of a Life Skills Program Against Alcohol Consumption in Early Adolescence. K. Weichold, A. Brambosch, R. K. Silbereisen. The Journal of Early Adolescence, 2010; DOI: 10.1177/0272431610384489

## Pharmacies in Scotland to identify and advise risky drinkers

High-street chemists in Scotland may soon be inviting customers to assess their alcohol consumption under new proposals to utilise scratch cards to identify and advise risky drinkers.

Community Pharmacy Scotland (CPS), which represents the owners of Scotland's 1225 community pharmacies, is calling on the Scottish Government to give them a greater role in reducing drinking levels – and is proposing adopting the scratch card format as part of a major pilot. It believes that catching people at an idle moment, such as waiting for prescriptions, may get them to answer questions more honestly because they'd be answering themselves rather than being questioned by a doctor.

The scratch card scheme is not intended to reach alcoholics, but people who appear healthy but are drinking enough to trigger medical problems in future. Information on the alcohol unit content of different drinks is given on the cards and users are asked questions taken from an official Department of Health alcohol screening questionnaire: How often do you drink? How much do you drink on a typical

day? How often do you drink more than six units in a session? Scratching off the panels gives users a score and when they flip the card over it tells them if they are putting their health at risk. Based on the result the pharmacist can offer the patient brief advice and a leaflet, a longer consultation to set a goal to reduce their drinking and arrange a follow-up appointment or a referral to more specialist help.

The scheme has already been used in Portsmouth, in one month more than 1700 people were given brief advice, more than 800 in-depth guidance and nearly 30 referred for specialist NHS support as a result of the scratch cards. The city experienced no increase in the level of hospitalisations due to alcohol last year, when the initiative was launched, while the average rise for the region was 7%. In terms of the number of people seen and the people given advice, it is very cost-effective. Pharmacists in Portsmouth were offered £100 for returning more than 100 scratch cards a month and small fees for the advice sessions provided.



## Under the Influence what we know about binge-drinking



Under the Influence- what we know about binge-drinking, by Jamie Bartlett and Matt Grist is an pamphlet prepared as part of a wider project analysing the underlying causes of binge-drinking. A full report will be published later in 2011.

The pamphlet draws upon evidence from 36 binge drinking

interventions selected from the last decade, including quantitative and qualitative studies and meta-reviews.

The authors conclude that any response to binge-drinking should be realistic, targeted, and have three aims: to reduce the frequency and intensity of

binge-drinking episodes and associated behaviours; to reduce costs that stem from binge-drinking; and to encourage a more responsible attitude toward alcohol consumption over the long-term.

The authors argue that, in order to achieve this, the government should develop policy tools that target the social norms that underpin binge-drinking and associated behaviour. A renewed focus on the individual is suggested, including consistent enforcement of public order laws. The authors also propose that environmental changes, such as better trained bar staff and fewer drinks promotions, which could 'nudge' people into responsible drinking habits. Finally, they advocate the long-term development of capabilities, which are personal qualities like self-control, to encourage a generation of responsible drinkers.

Source: Under the Influence- what we know about binge-drinking, by Jamie Bartlett and Matt Grist, Publication Date 2011-04-04, ISBN 978-1-906693-67-1

## UK Best Bar None is a 'credible alternative' to regulation

Best Bar None is becoming a 'credible alternative' to regulation, according to Best Bar None and BII chief executive Neil Robertson.

Robertson said the best practice scheme has 102 successful programmes across England and Scotland at around 3,000 venues. This equates to 10% of all pubs, bars and clubs. Some key results of the programme include 316 fewer alcohol-related incidents in Bournemouth in the last year, an estimated saving to the NHS of £632,000; crime in Cheltenham is down by 16% in the year to December 2010; and crime in

Manchester is down 9%.

Best Bar None's greatest success so far is in Durham which has seen crime drop by 87% with a 40% increase in footfall and a 75% accumulative increase in trade over three years.

Robertson commented "On-trade venues are competitive. Watching another outlet receive an award is a powerful driver... As programmes are locally led, the challenge is to get consistency across the country. It is starting to look like a national scheme."

## 'Taking Alcohol Responsibility Seriously' report

The Portman Group in its latest alcohol responsibility report, demonstrates the range of initiatives undertaken by its member companies to promote responsible drinking.

Member companies have used their marketing activities to commit to and champion sensible drinking messages as well as undertaking local and national projects to help consumers understand the recommended daily government guidelines on responsible drinking.

The report, Taking Alcohol Responsibility Seriously is available to download [www.portmangroup.org.uk/](http://www.portmangroup.org.uk/)

[assets/documents/Taking%20Alcohol%20Responsibility%20Seriously%202011.pdf](http://assets/documents/Taking%20Alcohol%20Responsibility%20Seriously%202011.pdf)



## Parents' perceptions of their children's alcohol consumption

A survey in Wirral secondary schools amongst parents and their children (aged 11-17 years) investigated the influences of parental drinking and perceptions of alcohol consumption.

The report made the following key findings:

- When parents' responses were matched with those of their child, 86% of parents' perceptions of their child's drinking status were correct: 33% rightly assumed their child drank alcohol and 53% rightly assumed that their child did not drink. However, 9% were not aware that their child drank when they did.
- Using the matched responses, 64% of parents correctly assumed no harm had been experienced by their child. However, 19% of children had experienced harm of which their parents were unaware. This was significantly more common in children who reported drinking compared with those who did not (21% and 17% respectively).
- 86% of parents reported having talked to their child about alcohol in the past three months. This was reported by 59% of children.
- Parents who perceived their child as drinking alcohol were significantly more likely to report having introduced at least three of the parenting methods to reduce/prevent alcohol consumption and related harm. (Parenting methods included ensuring their child carried their mobile phone.)
- Parental and child reported drinking was strongly related: children who drank were significantly more likely to report having at least one parent who drank than children who did not.

The report is available from [www.cph.org.uk/publications.aspx](http://www.cph.org.uk/publications.aspx)

## Health warnings on alcoholic beverages in Ireland

The Irish government is preparing legislation that could require manufacturers of wines, beers and spirits to print health warnings on bottles, cans and all promotional material for alcoholic beverages.

The revised labelling policy will not be published until the National Substance Misuse Strategy steering group submits a series of recommendations to Minister for Health James Reilly over the coming weeks.

The steering group is being jointly chaired by the Departments of Health and Community and is examining a wide range of issues in relation to alcohol policy. According to a department briefing note, the proposals will include restrictions on below-cost selling and the introduction of warning labels.

Fionnula Sheenan, Chief Executive of MEAS commented, 'The Irish drinks industry agreed with Government some 4 years ago to print health warning labels on alcohol containers. It was also agreed that consumer research would be undertaken before a decision on what specific warning labels would be introduced. It was also agreed that a statute would be introduced to set out the warning label requirement so as to ensure that all containers, including imported containers, would include this information. (The size of a unit in Ireland is 10g). The new Government's legislative programme makes reference to the development of the necessary legislation later this year.'

## Teenage thinking on teenage drinking: 15- to 16-year olds' experiences of alcohol in Northern Ireland

As part of a study in Northern Ireland, focus groups were conducted with 15-16 year olds to investigate the motivations for alcohol consumption and to reflection specific attitudes towards alcohol and behaviours resulting from alcohol use.

Participants reported greater concern with 'being caught' drinking by parents than with any negative short- or long-term health impact from alcohol use.. Participants reported a desire to engage meaningfully with school teachers and parents concerning their use of alcohol; however, fear of being labelled as problematic by teachers and fear of disappointing

their parents meant that they were more likely to keep their drinking secretive. Participants repeatedly reported that intoxication (or consumption of alcohol, more broadly) could be used to excuse both risky and illegal behaviours.

The authors suggest that interventions with young drinkers might look to address some of the harms and attitudes discussed.

Source: "Teenage thinking on teenage drinking: 15- to 16-year olds' experiences of alcohol in Northern Ireland", McKay MT; Cole JC; Sumnall H, *Drugs: Education Prevention and Policy*, Published early online 8 March 2011

## Sweden launches new strategy to combat narcotic and alcohol problems

On 20th April, the Swedish government launched a new comprehensive strategy to deal with alcohol, drugs, doping and tobacco problems.

*“The strategy’s overall objective is to make Swedish society free from illicit drugs and doping with fewer medical and social damage caused by alcohol and tobacco,”* Maria Larsson, Swedish Minister for Children and Elderly, said in a statement.

Statistics show that 15% of the total disease burden in Sweden is due to the harmful effects that may be linked to the use and abuse of alcohol, drugs, doping and tobacco.

The strategy proposed for 2011-2015 was passed in the parliament at the end of March this year. The government will invest 260 million kronor (about 40 million US dollars) per annum. Targets and a monitoring structure consist of seven long term goals including the protection of children and youth, early intervention, care and treatment and guidelines for cooperation with other countries in the EU and internationally.

*“Continued efforts are needed to improve cooperation between different authorities and between authorities and organisations,”* Larsson said.

## French ban on absinthe lifted

After 96 years, France has lifted its ban on absinthe. The French Senate voted to lift the ban against selling the drink in the country.

Production of absinthe by British brand La Fée recommenced in France in 2000, on the understanding that the spirit would be distilled in France for export abroad. But since 2003, it was possible for absinthe to be sold in France because of a legal loophole if the label states: “Made from absinthe plants”, rather than simply “absinthe”.

La Fée, in association with the Musee de L’Absinthe, presented a dossier of evidence to the French Federation of Spirits Producers to support the case for legalising the spirit in France.

The lifting of the ban will come into effect mid-May.

## AXA Switzerland encourages customers not to drink and drive

AXA Winterthur is encouraging customers to use taxis to get home safely if they have consumed alcohol or are too tired to drive.

The insurance company announced it would reimburse up to three taxi fares for its customers who opt for the free installation of a Crash Recorder. The Crash Recorder is a device which records data in case of a road crash, from the 20 seconds preceding to the 10 seconds following it.

*“Our aim is to convince our customers who drink two or more drinks not to get behind the wheel,”* says Marcel Siegrist, AXA Product Manager Customers.

The Swiss Council for Accident Prevention estimates that one in six fatal accidents is caused by the influence of alcohol. During weekends the proportion rises to one in four. A particularly high number of accidents caused by alcohol occur during the evenings, nights and weekends. In many of these cases fatigue is also combined with alcohol consumption as a contributing factor in road crashes.

## French riot police tradition of alcohol with their meals threatened

French riot police are outraged over plans to end a long-cherished tradition of drinking alcohol with their meals. Under the terms of an interior ministry decree, riot police will no longer be allowed to wash down their lunch with a glass or two of beer or wine.

According to French law alcohol is banned while employees are at work - with the exception of “wine, beer, apple cider and pear cider”, but officials were angered in 2010 when photos emerged of riot police drinking beer while policing a demonstration.

One police union has called for alcohol to be allowed if meals are taken out of the view of the public. Didier Mangione, who heads one French police union, wrote to the interior ministry defending the rights of riot police to drink on duty. Like most other workers in France, officers serving in the Compagnies Republicaines de Securite (CRS) should be entitled to *“a small quarter litre of red to accompany meals on the ground”*, Mr Mangione wrote. *“CRS officers do not have any more or less alcohol problems than anybody else in society. They should be allowed to drink in moderation,”* he said.

## EGTA launches dedicated website on responsible alcohol advertising on European broadcast media



EGTA has developed a dedicated website on responsible audiovisual commercial communications for alcoholic beverages. The website builds upon EGTA's first commitment, as a member of the

EU Alcohol and Health Forum, which was the delivery of a compendium of regulations, self-regulatory standards and industry codes of conducts on audiovisual advertising of alcoholic beverages across the EU. The website fulfils EGTA's second commitment to the EU alcohol and

Health Forum and provides a comprehensive set of resources on responsible advertising including studies and research on broadcast advertising for alcoholic beverages, the latest EU and national news on alcohol advertising regulation, EGTA position papers, and a database on responsible advertising of alcoholic beverages covering EU-wide regulations on TV advertising. The impetus for developing the website was two-fold. It is hoped that it will provide a source of information for advertising professionals from broadcast media and serve as a platform to exchange best practices in the area of responsible alcohol advertising.

To view the website, visit [www.egta.com/alcohol/index.html](http://www.egta.com/alcohol/index.html)

## Facts on Tap: prevention initiatives for the transition to college in US

Facts on Tap and Transitions is administered by the Center on Addiction and the Family (COAF), an affiliate of Phoenix House. It provides two extensive alcohol education, prevention and intervention programmes – one for college students and one for high school students.

A broad range of tools are available for college health professionals to educate students, along with resources to empower parents to help prepare their young adults for the transition to college. Students are encouraged to use the facts provided to develop safe alcohol behaviour.

For more information, visit [www.factsontap.org](http://www.factsontap.org)



## Safe & Sober Exhibition in the European Parliament

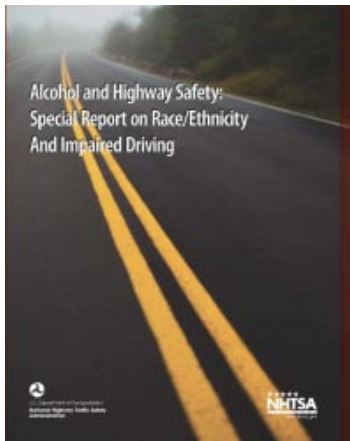
During a three-day exhibition from the 29th to the 31st of March in the European Parliament, the Swedish company MHF and the European Transport Safety Commission (ETSC) discussed and promoted the role of alcohol interlocks in the new EU road safety strategy for 2011-2020.

More European countries are adopting legislation for the use of alcohol interlock devices in rehabilitation programmes, using this punishment instead of driving license withdrawal. Many EU countries voluntarily introduced alcohol interlock technology for vehicles used to transport goods or passengers.

In its Road Safety Policy Orientations 2011-2020, the European Commission specifically mentioned "the possibility of making the use of alcohol interlock devices obligatory in certain cases" quoting professional transport as an example. ETSC hopes now that EU decision makers will coordinate new actions at EU level, thus substantially improving both the effectiveness and efficiency of these new technologies. The event was organised within the framework of ETSC's "Safe and Sober" programme, run in partnership with the VOLVO group. "Safe and Sober" is part of the ETSC's commitments under the Alcohol and Health Forum run by the European Commission.

More information can be found at: [www.etsc.eu/documents/invitation\\_safe&sober\\_FINAL.pdf](http://www.etsc.eu/documents/invitation_safe&sober_FINAL.pdf)

## NHTSA publish Special report on race/ethnicity and impaired driving



According to a report published by the NHTSA on race/ethnicity and impaired driving, 'The racial and ethnic composition of the US population is rapidly evolving and this is of substantial importance to traffic safety specialists because there is extensive evidence that the risk

of involvement in traffic crashes varies significantly across racial and ethnic groups.'

The report argues that the protective and risk factors affecting some groups may not be relevant to others

and that, in order to be effective, safety programmes and educational messages to curb such risks need to be sensitive to the Nation's growing cultural diversity.

The report reviews the state of the knowledge of alcohol-impaired driving among major racial and ethnic groups living in the United States. Although it focuses primarily on impaired driving, it also covers the precursor issue of the differences in ethnic drinking practices. Finally, this report explores the meaning of key concepts that define the problem—for example, the meaning of race, ethnicity, and acculturation; how these concepts are associated with health-related disparities; and how they relate to impaired driving.

The report is available from

[www.nhtsa.gov/staticfiles/nti/pdf/811336.pdf](http://www.nhtsa.gov/staticfiles/nti/pdf/811336.pdf)

## Texas Senate Passes Bill giving Immunity to underage drinkers in US

The Texas Senate has passed a bill that would give immunity to underage drinkers who are seeking medical help in an emergency. The bill is aimed at minors who might be afraid to seek help because they don't want to be charged with underage drinking.

The bill would give immunity from minor-in-possession and consumption of alcohol charges. The measure would require the minor to be the first person seeking medical assistance and to stay with the incapacitated person until help arrives.

The incident that inspired the bill was the death of a college student who died during a fraternity incident.

The student, Carson Starkey, was forced to drink a large amount of alcohol in a short period, subsequently collapsing. Allegedly, some students started to take him to an emergency room but changed their minds. Starkey was found dead the next morning.

The bill would require punishment of people who are convicted of coercing others into drinking alcohol; punishment would include 20 to 40 hours of community service and suspension of the person's driver's license for 180 days. A similar bill is under consideration by a Texas House committee.

## Century Council e-card to warn against drinking on prom night in US

This prom season, the Century Council is running a campaign that looks back at 'awesomely bad prom choices' from the last 4 decades – dresses, hairstyles, choice of transport etc. The campaign message tells high school students across America to have a good time. 'Express yourself. Dress flashy. Take a chance and ask that certain someone to be your date. Just don't drink.'

The Century Council has produced an e-card that features awesomely bad prom choices to enforce the message home to high school students that 'Years from now, you'll grin or laugh when looking back at your prom, but you won't laugh if you faced

disciplinary action, got arrested, or worse.'

For more information, visit

<http://www.centurycouncil.org/blog/all/all/57>



## US Century Council celebrates 20th anniversary



Over the past 20 years, The Century Council has led campaigns and initiatives against drunk driving and underage drinking. Funded by distillers and working in collaboration with multiple partners nationwide, The Century Council has developed and implemented innovative approaches to dealing with these critical issues in the US.

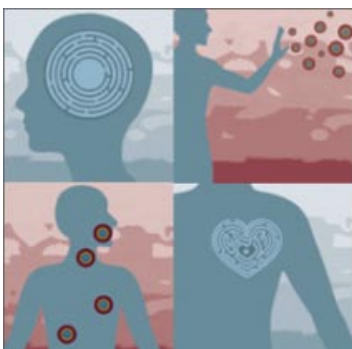
To celebrate, The Century Council have created a 20 year timeline featuring some of their initiatives. In the last two decades, alcohol-impaired driving fatalities have decreased 32% to a record low of 10,839 and underage alcohol consumption has decreased 33% to a historic low of 27%.

A spokesperson commented: 'As we reflect on our accomplishments during the past 20 years we realise that more can be done to improve the safety and health of our communities. We look forward to continued progress in the fight against drunk driving and underage drinking!'

## Beyond hangovers: understanding alcohol's impact on your health

In the US, the National Institute on Alcohol Abuse and Alcoholism (NIAAA) has produced a booklet 'Beyond Hangovers', a guide to determine the role drinking should play in your life with the latest research on alcohol's effect on health.

The publication offers concise facts on the consequences of alcohol on specific parts of the body from the brain to the immune system. Risks for



cancers associated with drinking are specified, and the elevated risk for cancers in those who drink and smoke are highlighted.

The leaflet is available at [pubs.niaaa.nih.gov](http://pubs.niaaa.nih.gov)

## DrinkWise suggest young Australians are trapped by youth drinking culture

DrinkWise Australia's National Youth Forum was held in Canberra on 1 April 2011, as part of National Youth Week. A key insight from the forum was the 'All or nothing' drinking culture faced by young adults in Australia. Participants said they either drank to get drunk or invented some excuse to avoid drinking altogether. Drinking in moderation was not an option because it put them out of sync with the rest of their social group.

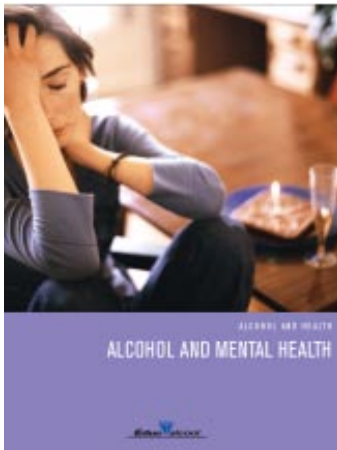
About 100 people were involved in the Forum, including young adults over 18, experts from government and non-government agencies, researchers and communication specialists. Participants highlighted the need for tools to help them deal with group drinking culture. Drinkwise Australia CEO Cath Peachey said it was clear from the forum that the young adults were well aware of the risks associated with excessive alcohol consumption but felt powerless to do much about it.

"Many felt there was no credible alternative and felt compelled to drink at the same rate as their friends or face exclusion from their peer group," said Ms Peachey. "Drinking enables you to be part of the group and this sense of belonging over-rides everything else. If young people wanted to opt out of drinking to get drunk, they needed to come up a reason that was acceptable to the group. Some feigned allergies to alcohol, others claimed they were designated drivers, or that they were taking part in initiatives like 'Hello Sunday Morning' where they had pledged not to drink for a certain period. Drinking in moderation, outside the norms of the group, was the hardest thing for young adults to do."

The Forum critiqued a number of alcohol awareness campaigns but most fell short in the eyes of the participants. Campaigns that show negative consequences were largely considered ineffective because young people knew these things could happen but they didn't think it would happen to them. Instead, because there was greater concern about being excluded from their friendship group, participants suggested that an integrated campaign that took account of their social experience may be more effective. The participants work-shopped ideas about dealing with group-drink culture, coming up with a range of suggestions.

A video is available at [www.drinkwise.com.au](http://www.drinkwise.com.au)

## Alcohol and mental health: booklet from Éduc'alcool



The latest addition to Éduc'alcool's 'Alcohol and Health' series, 'Alcohol and Mental Health,' examines the strong connection between mental health problems and problem drinking. It explains why people who suffer from mental health disorders must be particularly careful about drinking and discusses

how drinking can sometimes even lead to mental disorders. The guide also provides information on

services available to those who need help.

According to Éduc'alcool 'For the vast majority of people, there is no direct relationship between drinking and psychological health, and alcohol causes no particular problems. But for people with mental disorders, drinking can be very problematic. In fact, it's an issue for a large number of Quebecers'. Éduc'alcool hopes that this publication will be useful not only to those who suffer from mental illness, but also to their friends and family and the general public.

'Alcohol and mental health' can be downloaded from [www.educalcool.qc.ca](http://www.educalcool.qc.ca)

## Planche pour tes chums

Éduc'alcool, in cooperation with Esplanade des jeunes, is running a campaign that aims to make young people aged 12 to 17 more aware about excessive drinking. The campaign is designed for all youth groups and organisations in Quebec, and it runs until June 20, 2011.

As part of the initiative, young people have been invited to translate their real-life experiences into short comic strips. How they present their stories is up to them: irony, sarcasm, drama, comedy...everything is allowed. The campaign aims to convey the message that it's possible to have fun without overdoing it.

Using an interactive drawing board, contestants can share scenes and situations in which teens are using

alcohol smartly or stupidly. The drawing board is available at [www.esplanade.org/planche](http://www.esplanade.org/planche) (website in French only).

Voting for the best comic strip has now opened, and anyone visiting the

site can vote. The winners will be announced during the course of the summer.



## Most Americans don't understand AHA drinking guidelines, survey finds

Most Americans believe drinking wine is good for your heart but are unaware of recommended alcohol limits, according to a new survey by the American Heart Association (AHA).

1,000 American adults were surveyed to assess their awareness and beliefs about how wine and salt affect heart health. 76% of participants agreed with the statement that wine can be good for your heart, but only 30% of those surveyed knew the American Heart Association's recommended limits for daily wine consumption.

"This survey shows that we need to do a better job of educating people about the heart-health risks of

overconsumption of wine, especially its possible role in increasing blood pressure," said Gerald Fletcher, MD, AHA spokesperson and professor of medicine - cardiovascular diseases, Mayo Clinic College of Medicine, Mayo Clinic, Jacksonville, Fla.

The AHA recommends that if you drink any alcohol, including wine, beer and spirits, you should do so in moderation, limiting consumption to no more than 2 drinks per day for men (20g) and 1 drink per day for women (10g). This is slightly lower than the USDA guidelines of 28g for men and 14g for women.

Source: American Heart Association

## Budweiser runs responsible drinking campaign in China

Budweiser is running a campaign to encourage designated drivers in China. The 6 month integrated campaign 'Say no to drinking and driving', uses microblogging site Sina Weibo as the main platform and is supported by offline activity including TV adverts, posters and PR events.

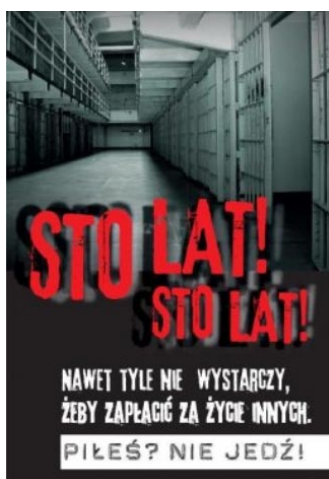
On the campaign site (<http://bud.sina.com.cn/>), drivers are encouraged to make a commitment to not drinking and driving in order to receive a tailor-made Sina Weibo 'I do' badge on their personal page. The goal is for participants to find their favourite designated drivers among their own Sina Weibo friends, willing to drive them home after a night out drinking.

The 'I do' badge is part of a five-level accumulated reward system. Those who reach the top level will

have the chance to enter into a draw for rewards including public transportation cards, cards for free petrol, and a chance to win the services of a personal designated driver with a car for one year. The second phase of the campaign, which started on 1 May, is to encourage participants to invite new friends added on Sino Weibo to get connected in real life for social 'happy hour' events.



## Polish national drink drive education campaign begins



The national Polish social campaign 'Did you drink? Do not drive!' began on 12 April 2011 with a press conference. The campaign aims to inform about the dangers related to driving under the influence of alcohol. Organisers have prepared leaflets which will be handed out to drivers at

roadside controls. Adverts will appear on national TV, in the some cinemas and on the LED screens in 37 universities, in several hundred buses and on the streets.

Information about the campaign will be send to the users of mobile phones with Bluetooth technology in seven cities across Poland. Posters will be appear in the Driver Training Centres, Testing Centres and in public transport vehicles. During the summer, some outdoor events will feature roll-over simulators and simulators with a "drink driving" setting.

## SABMiller endorse responsible drinking in India

SABMiller India's 3 month campaign to endorse responsible drinking runs from March 2011. The firm has erected boardings with creative messages such as, 'Be good to yourself, drink responsibly' and 'Underage drinking ain't cool' at several Metro stations in Delhi including Huda City Centre and MG Road. The hoardings also flash information about the firm's website, [www.talkingalcohol.com](http://www.talkingalcohol.com), which focuses on responsible drinking and alcohol consumption.

Social Organisation for Network Information and Communication (SONIC) a NGO in Puducherry has teamed up with the firm to promote the campaign,

along with Mumbai firm Party Hard Drivers (PHD), who offer transportation to people visiting bars and pubs.





**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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**Stanton Peele PhD**, US Social Policy Consultant

**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

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