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AIM Subscription Levels:

Individual: GBP £ 900-

USD \$1,250-

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Silver: GBP 1,500-

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Russia

The Russian Supreme Court has confirmed a ban on the sale of alcohol "by remote ways," including Internet sales. The prohibition comes after a sharp increase of online companies offering local alcohol deliveries during hours beyond those permitted under new restrictions on alcohol sales.

Netherlands

On 7 October, the new self regulatory Advertising Code for Alcoholic beverages was presented at the annual STIVA Symposium in the Netherlands. New in the Code is an article on digital marketing and social media. There are also tighter restrictions relating to minors, sports and work.

UK

A ban on the sale of alcohol below a minimum price will be introduced in England and Wales from 6 April 2012. The pledge to ban the sale of alcohol below cost price was part of the coalition agreement and will mean that drinks must cost more than the rate of duty plus VAT. This is likely to equate to 38p for a can of weak lager or beer and £10.71 for a litre of spirits.

New Zealand

Police in New Zealand say that they are impressed by the number of young drivers demonstrating awareness of the country's new legal blood alcohol concentration (BAC) limit of zero for drivers under the age of 20 years old. The new law, which went into effect in August 2011, was highly publicised via social media.

Hungary

The Hungarian Government plans to increase its so-called "chips tax" on certain foods and beverages, and to extend the tax to coffee and alcohol products. The current tax applies to products with excessive salt, sugar, carbohydrates, and caffeine, such as potato crisps, chocolate bars, and energy drinks. The government expects to collect HUF 30 billion forint in additional 2012 revenue from the tax.

Scotland

New plans to introduce a minimum price for a unit of alcohol in Scotland are set to be announced by ministers. An initial attempt to push through a similar price proposal failed during the last parliament when the SNP minority government proposed setting the minimum price at 45p per unit. Key points are:

The price will be brought forward in secondary regulations (speculated to be in the New Year).

The sunset clause set out in the Alcohol (Scotland) Act is to be repealed by this legislation.

The objective of the Act is stated as to reduce consumption and in turn reduce harm.

The date when the Act will come into force is to be set by Scottish Ministers.

Dr Morris Edward Chafetz

"For most of my professional life, I have been involved in the study of an emotionally charged subject: people's relations with alcoholic beverages. I have seen what an emotional investment in a subject can do to anyone's objectivity. I have seen alcohol researchers literally shout each other down with conflicting interpretations of the same data. I have seen the preliminary results of small, uncontrolled research studies blazoned across the front pages of newspapers as incontrovertible fact".

Dr Morris Chafetz, founding Director of the National Institute on Alcohol Abuse and Alcoholism



Dr Morris Edward Chafetz died October 14, 2011, at his home in Georgetown. Dr Chafetz was born in Worcester, Massachusetts on April 20, 1924. He served in the Medical Corps during World War II and earned the M.D. in Psychiatry at Tufts Medical School in Boston in 1948.

Chafetz served two years as clinical and research fellow in Psychiatry at Massachusetts General Hospital as well as a research fellow in Psychiatry at Harvard Medical School, 1952-54. During the 1970s and 1980s, Chafetz was involved with a number of national boards and conferences, among them a presidential appointment to the White House Conference for a Drug-Free America and as a member of the executive committee of the National Commission against Drunk Driving Board of Directors, as well as Chairman of its Committee on Education and Prevention.

Chafetz went on to be appointed Clinical Professor of Psychiatry and Behavioral Science, Medical University of South Carolina, and Adjunct Professor, Center for Metropolitan Affairs and Public Policy at the College of

Charleston. He was also founding Director of the National Institute on Alcohol Abuse and Alcoholism, Alcohol, Drug Abuse, and Mental Health Administration. Chafetz was named Principal Research Scientist at the Johns Hopkins University Center for Metropolitan Planning and Research from 1975-1984. His memberships include the District of Columbia Mayor's Advisory Task Force on Drunk Driving, The National Conference of Parents and Teachers, Pan American Health Organization, Institute for Study and Prevention of Alcoholism in Zagreb, Yugoslavia, the American Psychiatric Association Task Force on Alcoholism, the American Medical Association Committee on Alcoholism and Drug Dependence, among others. Finally, he founded the Health Education Foundation in Washington and its journal.

Morris joined AIM Alcohol in Moderation as a Council member in 1999, offering valued peer review and commentary for a decade.

As quoted in the Washington post obituary: *'The author of 14 books and more than 200 articles on health and alcoholism, Chafetz leaves behind a legacy of three children and six grandchildren in addition to thousands of people who with his help learned to consume and enjoy alcohol beverages responsibly'.*

www.legacy.com/obituaries/washingtonpost/obituary.aspx?n=morris-e-chafetz&pid=154209242.

Alcohol and allergic reactions

Speaking at the annual scientific meeting of the American College of Allergy, Asthma and Immunology in Boston, Allergist Dr Sami Bahna, Chief of Allergy and Immunology at Louisiana State University Medical School in Shreveport explained that although rare, allergies to alcohol can cause symptoms such as red itchy eyes, nasal congestion, upset stomach and breathing problems.

According to Bahna, reactions can be triggered by naturally occurring ingredients in beer and wine, including barley, ethanol, grapes, histamine, hops, malt, oats, tryptamine, tyramine, wheat and yeast. Other potential allergens may be introduced to beer and wine during processing, including egg whites, which are sometimes used as a filtering agent and

sulfites, which occur naturally in wine but also may be added as a preservative.

In most cases, simply understanding what triggers the allergic reaction will help the person find an alternative drink to enjoy. Bahna said in a statement. *"Individuals can be allergic to the alcohol itself or an added ingredient, but even when people are not allergic, they may not realise that alcohol can worsen existing allergy symptoms, particularly food allergies."*

Allergic reactions to alcohol can produce minor symptoms such as rash, or life-threatening reactions including asthma attacks and anaphylaxis, Bahna said. Wine, particularly red wine, contains chemicals called tyramines that commonly cause headache, he added.

www.acaai.org/Pages/default.aspx

Wine drinkers have higher bone density in the spine and the hip than non-drinkers

Authors of a British study state that the effect of diet on bone mineral density (BMD) remains controversial, mainly because of difficulties in isolating dietary factors from the confounding influences of age, lifestyle, and genetic factors. The aim of this study was to use a novel method to examine the relation between BMD and diet.

A co-twin control study design with linear regression modeling was used to test for associations between BMD and habitual intakes of calcium, vitamin D, protein, and alcohol in addition to 5 previously identified dietary patterns in postmenopausal women from the TwinsUK registry. This approach exploited the unique matching of twins to provide an estimate of an association that was not confounded by age, genetic background, or shared lifestyle.

In more than 2000 postmenopausal women (BMD data on 1019, 1218, and 1232 twin pairs at the hip neck, hip, and spine, respectively), researchers observed a positive association between alcohol intake (from wine but not from beer or spirits) and

spine BMD ($P = 0.01$) and a negative association with a traditional 20th-century English diet at the hip neck ($P = 0.01$). Both associations remained borderline significant after adjustment for mean twin-pair intakes ($P = 0.04$ and $P = 0.055$, respectively). Other dietary patterns and intakes of calcium, vitamin D, and protein were unrelated to BMD.

The results showed that diet has an independent but subtle effect on BMD; wine intake was positively associated with spine BMD, whereas a traditional (20th-century) English diet had a negative association with hip BMD.

The authors conclude that this diet and bone mineral density study in postmenopausal women from the TwinsUK registry shows a negative association with a traditional English dietary pattern and a positive association (protective) with wine.

Source: SJ Fairweather-Tait, J Skinner, GR Guile, A Cassidy, TD Spector and AJ MacGregor. Diet and bone mineral density study in postmenopausal women from the TwinsUK registry shows a negative association with a traditional English dietary pattern and a positive association with wine. *Am J Clin Nutr* November 2011 94: 5 1371-1375.

Alcohol consumption patterns, beverage type, and long-term mortality among women survivors of acute myocardial infarction

Although moderate alcohol drinkers have lower rates of incident coronary artery disease than abstainers, much less is known about the health effects of different patterns of alcohol use in women with established coronary artery disease. In the Determinants of Myocardial Infarction Onset Study, 1,253 women hospitalised for acute myocardial infarction (MI) at 64 centers nationwide from 1989 to 1996 were followed for mortality through December 31, 2007. Of the women, 761 (61%) reported abstinence in the year before their MIs, 280 (22%) reported consumption of <1 serving/week, 75 (6%) reported consumption of 1 to 3 servings/week, and 137 (11%) reported consumption of ≥ 3 servings/week. Using Cox proportional-hazards models, the associations between total weekly volume of consumption, drinking days per week, drinks per drinking day, and beverage type with 10-year mortality were investigated, adjusting for clinical and socioeconomic potential confounders.

Compared with abstinence, adjusted hazard ratios were 0.66 (95% confidence interval 0.50 to 0.86) for <1 serving/week, 0.65 (95% confidence interval 0.38 to 1.11) for 1 to 3 servings/week, and 0.65 (95% confidence interval 0.38 to 1.11) for ≥ 3 servings/week (p for trend = 0.008). No differences were found by beverage type, and generally inverse associations of drinking frequency and quantity with mortality were found.

In conclusion, in women who survive MI, moderate drinking is associated with a decreased risk for mortality, with no clear differences on the basis of pattern or beverage type. These results suggest that women who survive MI need not abstain from alcohol.

Source: Alcohol Consumption Patterns, Beverage Type, and Long-Term Mortality Among Women Survivors of Acute Myocardial Infarction. Joshua I. Rosenbloom MPH, Kenneth J. Mukamal MD, MPH, Lauren E. Frost MD, Murray A. Mittleman MD, DrPH. *Am J Cardiol*. 2011 Oct 17.

Link between alcohol and harm is stronger in Estonia, Latvia, Lithuania, and Sweden than in Italy, study suggests

Past studies indicate a dose-response relationship between alcohol and health issues such as cirrhosis of the liver and also a link between increased drinking and greater problems such as interpersonal violence. A study investigated the larger, cultural context of drinking in several European countries and assessed what impact this might have on the relationship between drinking and harm. The study found that this relationship is stronger in the Baltic countries and Sweden than Italy.

Jonas Landberg, a researcher at the Centre for Social Research on Alcohol and Drugs and sole author of the study used data collected from two general-population surveys of approximately 1,000 respondents from each country: Sweden, Italy, and the three Baltic countries. The data were analyzed for the risk of experiencing alcohol-related problems in relation to self-reported volumes of alcohol consumption in each country. This method has only once before been used for cross-national comparisons.

“My findings showed that most people who increased their consumption were at risk of experiencing some form of alcohol-related problems, but also that people who live in countries where drinking occasions often lead to intoxication -- for example, Sweden and the Baltic countries -- more often experience alcohol-

related problems when they increase their alcohol consumption when compared to people who live in Italy, where the drinking primarily takes place with meals and less often leads to intoxication.”

These differences might depend on several factors, added Landberg. *“The most important one is probably related to cultural differences in drinking patterns, that is, people in the northern part of Europe usually drink in a way that more often results in alcohol-related problems compared to people in southern Europe,”* he said. *“However, the results may also reflect cultural differences in how people regard alcohol and harm. For example, in a country like Sweden, where drinking is seen as problematic, alcohol often gets blamed for problems when someone has been drinking, while on the other hand, people may be less likely to blame problems on alcohol in a country like Italy, where alcohol is not regarded as problematic, but rather as a part of day-to-day life.”*

Norström suggested that the alcohol-harm relationships tend to be stronger in the northern part of Europe due to the higher prevalence of heavy episodic drinking or “binge drinking” in northern Europe compared to southern Europe.

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

No link found between alcohol consumption and bladder cancer risk

A study investigating the risk of bladder cancer at different levels of alcohol consumption conducted a meta-analysis of epidemiological studies. 16 case-control and 3 cohort studies were identified with a total of 11,219 cases of bladder cancer, satisfying the inclusion criteria for this meta-analysis. Moderate alcohol intake was defined as < 3 drinks per day (i.e. < 37.5 g of ethanol per day) and heavy intake as ≥ 3 drinks/day. Pooled estimates of the relative risks (RR) and the corresponding 95% confidence intervals (CI) were calculated using random effects models.

Compared with non-drinkers, the pooled RRs of bladder cancer were 1.00 (95% CI 0.92-1.09) for moderate and 1.02 (95% CI 0.78-1.33) for heavy alcohol drinkers. The authors conclude that this meta-analysis of epidemiological studies provides definite evidence on the absence of any material association between alcohol drinking and bladder cancer risk, even at high levels of consumption.

Source: Alcohol drinking and bladder cancer risk: a meta-analysis Pelucchi C; Galeone C; Tramacere I; Bagnardi V; Negri E; Islami F; Scotti L; Bellocco R; Corrao G; Boffetta P; La Vecchia C *Annals of Oncology*, published early online 29 October 2011.

A new analysis from the Nurses' Health Study on the association of alcohol with risk of breast cancer

The Nurses' Health Study on the association of alcohol with risk of breast cancer

Chen WY, Rosner B, Hankinson SE, Colditz GA, Willett WC. Moderate alcohol consumption during adult life, drinking patterns, and breast cancer risk. *JAMA* 2011;306:1884-1890.

Authors' Abstract

Context: Multiple studies have linked alcohol consumption to breast cancer risk, but the risk of lower levels of consumption has not been well quantified. In addition, the role of drinking patterns (ie, frequency of drinking and "binge" drinking) and consumption at different times of adult life are not well understood.

Objective: To evaluate the association of breast cancer with alcohol consumption during adult life, including quantity, frequency, and age at consumption.

Design, Setting, and Participants: Prospective observational study of 105,986 women enrolled in the Nurses' Health Study followed up from 1980 until 2008 with an early adult alcohol assessment and 8 updated alcohol assessments.

Main Outcome Measures: Relative risks of developing invasive breast cancer.

Results: During 2.4 million person-years of follow-up, 7,690 cases of invasive breast cancer were diagnosed. Increasing alcohol consumption was associated with increased breast cancer risk that was statistically significant at levels as low as 5.0 to 9.9 g per day, equivalent to 3 to 6 drinks per week (relative risk, 1.15; 95% CI, 1.06-1.24; 333 cases/100,000 person-years). Binge drinking, but not frequency of drinking, was associated with breast cancer risk after controlling for cumulative alcohol intake. Alcohol intake both earlier and later in adult life was independently associated with risk.

Conclusions: Low levels of alcohol consumption were associated with a small increase in breast cancer risk, with the most consistent measure being cumulative alcohol intake throughout adult life. Alcohol intake both earlier and later in adult life was independently associated with risk.

Forum Comments

Background: A large percentage of observational prospective studies have shown that women who consume alcohol show an increase in their risk of developing breast cancer. In general, the relation seems to be stronger for women who drink in binges, are also taking post-menopausal hormonal therapy,

and/or have low intakes of dietary folate. Most studies have shown that heavier drinkers are at the greatest risk.

The present analysis is from the Nurses' Health Study, which is one of the first prospective studies to point out an association between alcohol consumption and breast cancer. It attempts to determine if both the amount of alcohol and the frequency of drinking affect risk, and also whether the cumulative alcohol intake over the adult years relates to the risk of breast cancer.

Comments on present paper: As is usual from the Nurses' Health Study, the present analyses are very well done. Theoretically, the repeated assessments of consumption over time should provide a better estimate of long-term alcohol intake. It is interesting, however, that in these analyses, the risks of cancer associated with alcohol were almost the same whether based on the amounts of alcohol consumed at baseline in 1980 or on the cumulative average based on repeated assessments of intake through the years.

When adjusting for the cumulative lifetime consumption, there was no effect of the frequency of consumption (1-2, 3-4, or 5-7 days per week). This is different from the usual findings for the association between alcohol intake and cardiovascular disease, where more frequent intake is associated with greater protection.

Again, when adjusting for cumulative intake, there was only a weak relation with cancer from the reported maximum number of drinks per day; While there was not a clear trend, the highest risk ratio (RR = 1.21, CI 0.99-1.47) was for women reporting 6 or more drinks/day.

Both for the reported intake between ages 18 and 40 (based on recall) and the intake after age 40, the adjusted estimate of cancer risk showed a sharp increase at 10-19.9 g/day, although an increase in risk was present to a lesser degree in both age groups at 5 - 9.9 g/day. There was little difference in the effects of intake before 40 years and intake thereafter. No differences in association with breast cancer risk were seen according to type of beverage consumed.

Several reviewers pointed out that observational studies report “associations,” and often provide hypotheses to explain their findings; but “causation” cannot be proved from such studies alone. As one Forum reviewer stated: “The authors correctly present data as associations. Sometimes, the general population, health authorities, and the media automatically assume that an association clearly identifies a cause, and often advise very stringent measures based on such observational data.”

Modification of breast cancer risk associated with alcohol consumption by folate: A primary concern of several Forum reviewers was that the investigators did not evaluate folate intake as a potential confounder, even though the Nurses’ Health Study has extensive dietary data on its subjects. Previous reports from this study suggest that the excess risk of breast cancer associated with alcohol consumption may be reduced (or eliminated) by adequate folate intake.^{1,2} These investigators had previously reported that the risk of breast cancer associated with alcohol intake was strongest among women with total folate intake of less than 300 µg/d (for alcohol intake >15 g/d versus less than 15 g/d, multivariate RR 1.32, CI 1.15-1.50). For women who consumed at least 300 µg/d of total folate, the multivariate RR for intake of at least 15 g/d of alcohol versus less than 15 g/d was 1.01 (CI 0.92-1.20).

Similarly, Baglietto et al³ reported that the estimated hazard ratio for breast cancer of an alcohol consumption of 40 g/day or more was 2.00 (CI 1.14-3.49) for women with intakes of 200 µg/day of folate and 0.77 (0.33-1.80) for those with intakes of 400 µg/day of folate. Further, Beilby et al⁴ observed marked reductions in odds ratios for breast cancer among women with higher levels of serum folate, as have many others.⁵⁻¹⁰

Tjønneland et al¹¹ also reported that an association between alcohol intake and risk of breast cancer was present mainly among women with low folate intake. A RR of 1.19 (CI 0.99-1.42) per 10 g average daily alcohol intake was found for women with a daily folate intake below 300 µg, while among women with a folate intake higher than 350 µg, they could not show an association between the alcohol intake and the breast cancer incidence rate (e.g., for folate intake >400 µg, the RR was 1.01, CI 0.85-1.20). On the other hand, Feigelson et al¹² found no evidence of

an interaction between levels of dietary folate and alcohol and associations with breast cancer risk.

One reviewer stated: “This is a well conducted cohort study, with good assessment of the exposure variable and good assessment of the outcome variable. While a number of potential confounders have been considered and controlled for, it is unfortunate that diet as a potential confounder has not been taken into account.”

Another reviewer commented: “The results are plausible from the pathophysiological point of view: alcohol intake increases estrogen levels and this means that women have a slightly lower risk for osteoporosis and a slightly higher risk for breast cancer. When we tell the public that current data suggest small to moderate amounts of alcohol protect against cardiovascular disease, osteoporosis, diabetes mellitus, and vascular dementia, we should also state that breast cancer risk in women is slightly increased.”

He adds that the authors of this paper put their findings into perspective when they conclude: “An individual will need to weigh the modest risks of light to moderate alcohol use on breast cancer development against the beneficial effects on cardiovascular disease to make the best personal choice regarding alcohol consumption.”

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Forum Summary

In a well-done analysis using prospectively collected data from the Nurses' Health Study, the risk of breast cancer was found to be modestly increased among consumers of alcohol, even those whose total alcohol consumption was reported to be in the range of 3 to 6 drinks/week. Similar small increases in the risk of breast cancer have been found from alcohol consumption in the majority of previous studies observational studies. A strength of this study was the very large number of subjects, permitting the investigators to attempt to determine if both the amount of alcohol and the frequency of consumption were important in this association; strong effects were not found for either. A weakness is the failure to report the effects of folate intake on the association between alcohol and cancer; the same investigators have previously shown that folate is a potential moderator of the effects of alcohol on breast cancer risk.

The authors describe well the dilemma that women face regarding alcohol intake, which may increase slightly the risk of breast cancer but markedly decrease the risk of other more common diseases, especially cardiovascular conditions. Given that the National Cancer Institute has estimated that a woman's lifetime risk of breast cancer is 12%, it must be appreciated that even if there were a 15% increase in the relative risk of breast cancer from moderate drinking, the absolute risk would increase only to 13.6%. Other studies show that the increase associated with consuming one drink/day is more in

the range of 7 to 10%, suggesting that the absolute increase in risk from such alcohol consumption is even less. Indeed, the authors of this paper state that regarding breast cancer, "We did find an increased risk at low levels of use, but the risk was quite small."

Forum members agree with the statement of the authors that "An individual will need to weigh the modest risks of light to moderate alcohol use on breast cancer development against the beneficial effects on cardiovascular disease to make the best personal choice regarding alcohol consumption."

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

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A detailed synopsis of the most recent findings concerning breast cancer and alcohol consumption is featured as a separate attachment to this edition and is also available on the members area of the website via www.aim-digest.com/pages/members/bcstockley.pdf

Association of quantity of alcohol and frequency of consumption with cancer mortality

A paper from the National Institutes of Health in the United States has evaluated the separate and combined effects of the frequency of alcohol consumption and the average quantity of alcohol drunk per occasion and how that relates to mortality risk from individual cancers as well as all cancers. The analysis is based on repeated administrations of the National Health Interview Survey in the US, assessing more than 300,000 subjects who suffered over 8,000 deaths from cancer. The research reports on total cancer deaths and deaths from lung, colorectal, prostate, and breast cancers.

The overall message of this analysis is that light to moderate alcohol intake does not appear to increase the risk of all-site cancer (and light drinking was shown in this study to be associated with a significant decrease in risk). Similarly, light to moderate consumption was not associated with site-specific cancers of the lung, colorectum, breast, or prostate.

As quantity consumed increased from 1 drink on drinking days to 3 or more drinks on drinking days (US drinks are 14g), risk of all-site cancer mortality increased by 22% among all participants. For total alcohol consumption (frequency x quantity), the data indicate a significant reduction in the risk of all-site cancers (RR=0.87, CI 0.80-0.94). Moderate drinking consistently shows no effect in the analysis, and only heavier drinking was associated with an increase in all-site cancer risk. For site-specific cancers, an increase in risk of lung cancer was seen for heavier drinkers, with a tendency for less cancer among light drinkers. There was no evidence of an effect of total alcohol consumption on colorectal, prostate, or breast cancer.

The authors excluded non-drinkers in a second analysis in which they used categories of usual daily quantity and of frequency of consumption in an attempt to investigate their separate effects. For all-site cancer and for lung cancer, these results again show an increase in risk only for drinkers reporting greater amounts of alcohol. The data also show an increase in cancer risk from more frequent drinking among women but not among men. For colorectal, prostate, and breast cancer, there is no clear pattern of an increase in risk from quantity of alcohol consumed. For frequency of drinking, again there

is a suggestion of an increase in mortality risk with more frequent drinking, although the trends are not statistically significant.

Heavier drinking (three drinks or more per occasion) is known to be associated with a large number of adverse health effects, including certain cancers, as was shown in this study. When considering cancer, alcohol consumption should not be considered in isolation, but in conjunction with, other lifestyle behaviours (especially smoking when considering aero digestive tract and lung cancers). We agree with the authors that both quantity and frequency of consumption need to be considered when evaluating the relation of alcohol to cancer; further, beverage-specific effects need to be further evaluated.

Reference: Rosalind A. Breslow RA, Chen CM, Graubard BI, Mukamal KJ. Prospective study of alcohol consumption quantity and frequency and cancer-specific mortality in the US population. *Am J Epidemiol* 2011; DOI: 10.1093/aje/kwr210.

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For the detailed critique of this paper by the International Scientific Forum on Alcohol Research, go to www.bu.edu/alcohol-forum and click on Recent Reports.

The reduction in risk of coronary heart disease from alcohol consumption may involve mechanisms other than an increase in HDL-cholesterol

Magnus P, Bakke E, Hoff DA, Høiseth G, Graff-Iversen S, Knudsen GP, Myhre R, Normann PT, Næss Ø, Tambs K, Thelle DS, Mørland J.

Controlling for High-Density Lipoprotein Cholesterol Does Not Affect the Magnitude of the Relationship Between Alcohol and Coronary Heart Disease. *Circulation* 2011;124: DOI: 10.1161/CIRCULATIONAHA.111.036491

Authors' Abstract

Background: This study tested the hypothesis that moderate alcohol intake exerts its cardio protective effect mainly through an increase in the serum level of high-density lipoprotein cholesterol.

Methods and Results: In the Cohort of Norway (CONOR) study, 149,729 adult participants, recruited from 1994 to 2003, were followed by linkage to the Cause of Death Registry until 2006. At recruitment, questionnaire data on alcohol intake were collected, and the concentration of high-density lipoprotein cholesterol in serum was measured. Using Cox regression, the authors found that the adjusted hazard ratio for men for dying from coronary heart disease was 0.52 (95% confidence interval, 0.39–0.69) when consuming alcohol more than once a week compared with never or rarely. The ratio changed only slightly, to 0.55 (0.41–0.73), after the regression model included the serum level of high-density cholesterol. For women, the corresponding hazard ratios were 0.62 (0.32–1.23) and 0.68 (0.34–1.34), respectively.

Conclusions: Alcohol intake is related to a reduced risk of death from coronary heart disease in the follow-up of a large, population-based Norwegian cohort study with extensive control for confounding factors. Our findings suggest that the serum level of high-density cholesterol may not be an important intermediate variable in the possible causal pathway between moderate alcohol intake and coronary heart disease.

Forum Comments

Background: Most epidemiologic studies have shown that higher levels of high-density lipoprotein cholesterol (HDL) are strongly associated with a lower risk of coronary heart disease.^{1,2} Alcohol consumption has been shown to be a key lifestyle factor associated with HDL levels in the general population.³ The present study is unusual in finding that while alcohol consumption was associated with a markedly lower risk of death from coronary heart disease, changes in HDL appeared to not be an important explanation for the lower risk.

Comments on the present paper: As stated by the authors, very low levels of alcohol consumption were

reported by the subjects in this study. Whether this represents under-estimation of intake or actually reflects very low intake is unclear. It is noteworthy that the never or rarely drinking group had the highest level of systolic blood pressure, further suggesting that even subjects in the highest category of drinking were not consuming much alcohol (as most studies show an increase in blood pressure with greater intake of alcohol). It would have been useful to have had more information provided on the pattern of alcohol consumption and the type of beverage consumed.

In this population the low-level drinkers had higher levels of physical activity and lower BMI, blood pressure, triglycerides, and cholesterol in comparison with rare or never drinkers; these, as well as higher educational levels may have resulted in over-adjustment in the analyses and thus lower estimated effects of HDL. Accounting for them in the model when there is potential for a high level of inter-correlation may well have precluded the isolation of any additive effect of alcohol on HDL as an explanation for the reduction of coronary mortality with increasing alcohol consumption. For example, it would have been interesting to see the contribution of HDL without having triglycerides in the model because of the strong inverse association between HDL and triglycerides that is usually found.

It is suggested that the extensive data included in the meta-analysis by Brien et al⁴ dealing with the effect of alcohol consumption on biological markers may provide a better measure of the role that changes in HDL associated with alcohol intake may play in affecting coronary disease risk.

Do changes in HDL-cholesterol relate to changes in cardiovascular risk? It is unclear the extent to which changes in HDL levels affect the subsequent risk of cardiovascular disease. A Forum reviewer pointed out a meta-analysis by Briel et al⁵ that investigated the association between treatment-induced change in HDL and total death, coronary heart disease death, and coronary heart disease events in trials of lipid modifying interventions. The meta-regression analysis included 108 randomized trials involving 299,310 participants at risk of cardiovascular events. All analyses that adjusted for changes in low density lipoprotein (LDL) cholesterol showed no association

between treatment-induced change in HDL and risk ratios for coronary heart disease deaths, coronary heart disease events, or total deaths. With all trials included, change in HDL explained almost none of the variability (<1%) in any of the outcomes.

On the other hand, Nichols et al⁶ recently reported that among 30,000 subjects with diabetes among whom two measures of HDL were measured 6 months to 24 months apart, subjects showing an increase in HDL subsequently showed fewer hospitalizations for cardiovascular disease (over a mean follow-up period of 55 months). In contrast, those subjects whose HDL decreased showed a 11% increased risk of hospitalisations.

Further, using data from the Framingham Heart Study, Grover et al⁷ evaluated the risk of a cardiovascular event associated with changes in blood lipid levels among individuals who started lipid therapy. The independent effect of HDL levels on future cardiovascular risk (average follow-up, 8 years) was estimated after adjustment for changes in low-density lipoprotein cholesterol, plasma triglycerides, and pretreatment blood lipid levels. Potential confounders (e.g., smoking status, weight, and the use of beta-blockers) were then added to the model. These investigators found that the change in HDL level was a strong independent risk factor for cardiovascular events (hazard ratio, 0.79 per 5-mg/dL increase; 95% CI, 0.67-0.93) after adjustment for the other lipid changes associated with treatment

As there is not yet a widely used drug that specifically increases HDL, there have not been controlled trials to determine the effects of changes in HDL on cardiovascular risk. Further, while observational studies have shown that subjects who begin to consume alcohol tend to have lower subsequent risk of cardiovascular disease, there have not been clinical trials to evaluate the role that an increase in HDL from alcohol may play in the effects on cardiovascular disease outcomes.

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Forum Summary

In a prospective, observational study of approximately 150,000 Norwegians, the investigators found that alcohol consumption was associated with a large decrease in the risk of death from coronary artery disease. For men, the fully adjusted hazard ratio for cardiac death was 0.52 (95% CI 0.39 – 0.69) when comparing subjects reporting more than one drink/week in comparison with those reporting never or rarely drinking; for women, it was 0.62 (0.32–1.23). There was little change in the hazard ratio when HDL-cholesterol (HDL) was added to the model, suggesting that very little of the lower risk of heart disease was due to an increase in HDL from alcohol consumption.

Forum members considered this a well-done analysis. They were surprised at the very low amounts of alcohol intake reported by the subjects, with only 16% of males and about 8% of females reporting more than one drink/week. It is possible that the low levels of drinking, or perhaps over-adjustment in the multivariable analysis, led to the lack of effect of HDL. Most other studies have shown a much larger proportion of the effect of alcohol on heart disease risk to be associated with an increase in HDL.

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

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What place, if any, does information on cardioprotective effects of moderate alcohol use have in safer drinking guidelines?

The majority of alcohol epidemiologists believe that the lower coronary heart disease mortality observed in moderate drinkers is probably evidence for a protective effect of moderate drinking. In his paper Wayne Hall critically discusses the debate about what type of information, if any, should be provided to the public about the putative (acknowledged) coronary heart disease benefits of moderate alcohol use.

According to Hall, most opposition to informing the public about these putative benefits is based on the fear that such advice will increase per capita alcohol consumption and therefore alcohol-related harm. It is unclear how well-based these concerns are. In the interim, the cardio protective effects of moderate alcohol have been communicated to the public.

Hall concludes that there is a case for including some information on these putative benefits in specific safer drinking guidelines for middle-aged and older drinkers that: clearly conveys the remaining uncertainty about the benefits of moderate drinking, emphasises the conditional nature of any such benefits, and stresses the need to balance the potential benefits against the increased sensitivity of older adults to other adverse effects of alcohol, and the increased risk of interactions between alcohol and other medications used by older adults.

Source: Hall W. What place, if any, does information on putative cardioprotective effects of moderate alcohol use have in safer drinking guidelines? *Drug Alcohol Rev* first published online: 29 Sep 2011

Doctors who drink more themselves are more liberal in their advice to patients on alcohol consumption

Research in Sweden from the Sahlgrenska Academy at the University of Gothenburg has found that Doctors who drink set higher thresholds for what is harmful when advising their patients.

The study, which took the form of a questionnaire also found that gender plays a role. Where men and women present with the same health problem and consume comparable amounts of alcohol, male heavy drinkers are often advised to cut down on their drinking, while female heavy drinkers are urged to stop drinking altogether. Men were less likely to be referred for treatment, especially if the doctor is a man.

“Doctors who drink more have a more liberal view of alcohol, but their attitude is also coloured by high consumption among men being the social norm,” says Magnus Geirsson, doctoral student at the Unit of Social Medicine at the Sahlgrenska Academy and himself a family doctor in Skaraborg.

Suprisingly, Nine out of ten doctors in the study set the limit for safe alcohol consumption below the Swedish National Institute of Public Health (FHI) recommendations of 14 units for men and nine for women. Doctors who had the most alcohol-related training set higher limits, but they were still below the FHI recommendations.

“This may be because doctors feel that the FHI sets the limits too high, but it could also be that doctors who feel less confident in this area prefer to be more cautious,” says Geirsson.

His thesis also shows that the training activities carried out as part of the government’s five-year Risk Drinking Project, which aimed to make alcohol-related issues a natural part of health care, have probably not led to the desired effects of increasing the numbers of patients being advised on alcohol, in spite of a considerable increase in the numbers of GPs and nurses that consider themselves to be more skilled in giving such advice.

Source: Alcohol prevention in Swedish primary health care. Staff knowledge about risky drinking and attitudes towards working with brief alcohol intervention. Where do we go from here, Geirsson, Magnus University of Gotenburg Doctoral Thesis.

Alcohol consumption and gastric cancer risk in the European Prospective Investigation into Cancer and Nutrition (EPIC) cohort

Gastric cancer (GC) is the second leading cause of cancer death worldwide. The association between alcohol consumption and GC has been investigated in numerous epidemiologic studies with inconsistent results. A recent study evaluated the association between alcohol consumption and GC risk.

A prospective analysis was conducted in the European Prospective Investigation into Cancer and Nutrition (EPIC) cohort, which included 444 cases of first primary gastric adenocarcinoma. HRs and 95% CIs for GC were estimated using multivariable Cox proportional hazards regression for consumption of pure ethanol in grams per day, with stratification by smoking status, anatomic subsite (cardia, noncardia), and histologic subtype (diffuse, intestinal). In a subset of participants, results were further adjusted for baseline *Helicobacter pylori* serostatus.

Heavy (compared with very light) alcohol consumption (≥ 60 compared with 0.1-4.9 g/d) at

baseline was positively associated with GC risk (HR: 1.65; 95% CI: 1.06, 2.58), whereas lower consumption amounts (up to 60 g a day) were not. When GC risk was analysed by type of alcoholic beverage, there was a positive association for consumption of beer at above 30g a day (≥ 30 g/d; HR: 1.75; 95% CI: 1.13, 2.73) but not for wine or spirits. Associations were primarily observed at the highest amounts of drinking in men and limited to noncardia subsite and intestinal histology; no statistically significant linear dose-response trends with GC risk were observed.

The authors conclude that heavy (but not light or moderate) consumption of alcohol at baseline (mainly from beer) is associated with intestinal-type noncardia GC risk in men.

Source: Alcohol consumption and gastric cancer risk in the European Prospective Investigation into Cancer and Nutrition (EPIC) cohort Duell, E. et al. Am J Clin Nutr November 2011.

Moderate alcohol consumption is associated with small intestinal bacterial overgrowth

Moderate alcohol could lead to small intestinal bacterial overgrowth (SIBO) and subsequently cause gastrointestinal symptoms like bloating, gas, abdominal pain, constipation and diarrhea, according to the results of a study unveiled at the American College of Gastroenterology's (ACG) 76th Annual Scientific meeting in Washington, DC.

The retrospective review, "[Moderate Alcohol Consumption is Associated with Small Intestinal Bacterial Overgrowth](#)," looked at the charts of 198 patients who underwent lactulose hydrogen breath testing (LHBT) to determine the presence of SIBO, and found that any current alcohol consumption was significantly associated with the presence of SIBO. (Neither smoking nor use of heartburn drugs were associated with an increased risk of SIBO).

Small intestinal bacterial overgrowth is a condition where abnormally large numbers of bacteria grow in the small intestine. Normally the small intestine contains a relatively low number of bacteria in contrast to the large intestine, which should contain a larger number of bacteria. In patients with SIBO, the abnormally large numbers of bacteria in the small intestine use for their growth many of the nutrients that would otherwise be absorbed.

As a result, a person with small bowel bacterial overgrowth may not absorb enough nutrients and become malnourished. The breakdown of nutrients by the bacteria in the small intestines can also produce gas as well as lead to a change in bowel habits.

While previous studies have focused on alcoholics, who were found to have high rates of SIBO, this study by Scott Gabbard, MD and colleagues at the Dartmouth-Hitchcock Medical Center and the Mayo Clinic, is one of the first to look at the relationship between moderate alcohol consumption and SIBO.

Dr. Gabbard, noted that "[These findings are significant because we now know that any bit of alcohol consumption--not just the amount consumed by alcoholics -- is a strong predictor of a positive lactulose hydrogen breath testing and small intestinal bacterial overgrowth](#)," he said. "While typical treatment for SIBO has been antibiotics, probiotics or a combination of the two, the question now becomes what is the exact association between moderate alcohol consumption and SIBO and whether alcohol cessation can be used as a treatment for this potentially harmful condition."

Source: American College of Gastroenterology (2011, October 31). Moderate alcohol consumption is associated with small intestinal bacterial overgrowth.

Scientific symposium In vino sanitas? Wine in the focus of medicine

In September 2011, approximately 130 physicians followed the invitation of the Deutsche Weinakademie (DWA, Mainz, Germany) and the internationally renowned German Heart Centre Berlin (DHZB) for a continuing education seminar at the campus of the Virchow hospital.

The medical director of the DHZB, Professor Roland Hetzer, welcomed the participants and with reference to the ambivalence of the seminar topic and a similar event in 1997, he said: "Once again, we have dared to cover this topic". Hetzer, who is one of the internationally renowned authorities on heart surgery, emphasised that scientific expertise and perception are necessary when talking about the positive effects of alcoholic beverages, otherwise it is easy to be misunderstood. Enough epidemiological and pharmacological facts exist and it is understood that any recommendation has to be based on scientific evidence.

Heart surgeon Dr Rufus Baretta (DHZB) who moderated the half day seminar, was pleased with the "full house" and apologised that not everyone on the waiting list could be considered. "It shows the enormous interest among physicians in this topic!" he said.

Wine for the heart?

Professor Markus Flesch, head of the cardiology department of the hospital in Soest, explained the influence of polyphenols on the heart, endothelial function and vascular proliferation. Epidemiological studies indicate that the life prolonging effect of moderate consumption of alcoholic beverages has not only been observed in healthy subjects but, with some restrictions, also in individuals with diabetes, hypertension and coronary heart disease.

The scientific discussion, whether wine protects better than other alcoholic beverages is never ending. Good pharmacological arguments for wine and its ingredients exist. Flesch gave the example of the anti-oxidant and LDL-reducing effects of the wine phenols as well as their preventive action on the aggregation of thrombocytes. He also referred to the positive effects of wine phenols on the endothelial cells where tannins and phenols help to relax the blood vessels by releasing nitric oxide.

Beneficial when "used as intended"

In his talk, Professor Kristian Rett, head of the department of endocrinology and diabetology at the hospital Sachsenhausen, Frankfurt, analysed the benefits and risks of a moderate intake of alcoholic beverages stringently. For such an analysis, all direct, indirect and combined effects of the wine ingredients need to be considered. Small amounts of ethanol itself influence the liver and electrolyte metabolism as well as the hormone situation. Independent of insulin, alcohol also prevents lipolysis and oxidation of lipids and increases the uptake of glucose into the muscle cells. The polyphenols promise an added value. From the vast amount of non-alcoholic substances, Rett used resveratrol as an example. The polyphenol with anti-oxidative action is the main activator of SIRT1, a substance from the group of sirtuins, which in animals, mediates a life prolonging effect similar to that of caloric restriction.

Considering the existing uncertainties and the potential for addiction, Rett summed up that health benefits of alcoholic beverages only exist when "used as intended", that is, in moderate amounts.

Wine for diabetic individuals?

Nutritionist Professor Nicolai Worm emphasized the important effects of moderate wine consumption on risk factors for the metabolic syndrome and diabetes. The reason for this metabolic disorder of epidemic dimensions is the insulin resistance where insulin receptors need increasing amounts of insulin to transport glucose into the cells, which in turn leads to a permanent stress of the pancreas.

For prevention and therapy, the insulin sensitivity needs to be improved. Weight loss and exercise are effective, however, compliance and long-term success are not very promising. This is why other measures such as enough sleep and sunlight and a regular and moderate intake of alcoholic beverages need to be considered. In fact, up to 35 g of alcohol per day improves insulin sensitivity, with up to 15 g per day, the blood pressure decreases. If alcohol replaces an isocaloric amount of carbohydrates, even the VDDL and triglyceride levels decrease. Depending on the dose, alcoholic beverages increase HDL cholesterol and LDL cholesterol often decreases slightly.

Worm explained that in population studies, a significantly reduced risk of the metabolic syndrome and type 2 diabetes as well as a lower heart attack and total mortality rate have been observed in moderate consumers of alcoholic beverages. He concludes that by now, moderate wine consumption is recognized as part of a healthy lifestyle.

The wine tasting takes place in the brain

Oenologist and food chemist Professor Ulrich Fischer from the Dienstleistungszentrum Ländlicher Raum Rheinpfalz in Neustadt an der Weinstraße illustrated how a glass of wine, can become an enjoyable experience. Wine, this “magic mix of chemical substances” which is influenced by the climate, terroir (characteristics of the vineyard), processing of the grapes, fermentation and storage, will be perceived initially by the human sensory organs. But only the interpretation of these inputs in the orbi-frontal cortex turns it into a pleasurable experience. This area behind the forehead decides whether the green, astringent, flowery, fruity or smoky flavour of a wine will be liked or not. Additional information from areas of the brain that are responsible for award, memories and emotions will also be integrated into this taste sensation.

In the European TYPIC project, it was possible to identify the characteristics of some wines that are preferred by consumers and buyers. However, the acceptance of a wine is also influenced by the label, price and design.

Wine in moderation

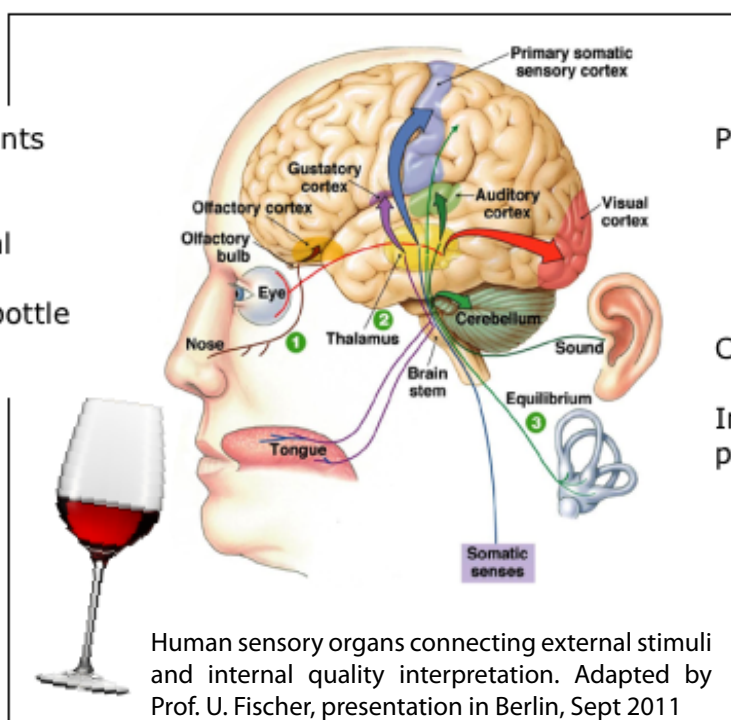
“Only moderate wine consumption can provide health benefits”, emphasised Monika Reule, director of the Deutsche Weinakademie (DWA). This is the reason why the wine sector is engaged in the initiative “Wine in Moderation”. It’s the fourth year now that this Europe-wide information and prevention programme is being successfully implemented in Germany by the DWA.

The experts concluded that based on the scientific data, moderate wine consumption can have many positive effects, however, they also warned that excessive consumption of alcoholic beverages can result in detrimental health consequences. The lively discussion showed the big interest of these health professionals in the subject. This seminar was certified by the local medical association as continuing education for physicians.



Dr. R. Baretti, Prof. U. Fischer, Prof. N. Worm, Prof. K. Rett, Prof. M. Flesch (left to right)

- Colour pigments
- Aroma
- Flavour
- Chemestetical stimuli
- Price, label, bottle design



Human sensory organs connecting external stimuli and internal quality interpretation. Adapted by Prof. U. Fischer, presentation in Berlin, Sept 2011

- Perception
- Colour
 - Aroma
 - Taste
 - Mouthfeel

Communication

- Interpretation and of the perception and recognition of
- Grape variety
 - Origin
 - Producer

Drinkaware campaign targets parents

In October, Drinkaware began rolling out a new campaign encouraging parents to talk to their children about alcohol. Aimed at delaying a child's first alcoholic drink, 'Your kids and Alcohol' highlights the importance of talking to pre-teens (9-12 years old) and promotes new resources available for parents.

Because the majority of children say they would go to their parents first for advice, Drinkaware's campaign provides parents with the tools they need to have meaningful conversations with their children about alcohol from an earlier age. The objective is to prompt parents to confidently start a conversation with their children about alcohol before their peers do.

Through the website and The leaflet 'Your kids and alcohol', parents can access age appropriate advice, simple facts and information about the influence their own drinking has. There is also a new Parents section on the drinkaware website.

Drinkaware held a blogger event in London where 14 respected parenting bloggers were given the opportunity to review the new leaflet and web content. The bloggers also discussed their parenting experiences with a guest panel.

Throughout November parents will be targeted with a digital advertising campaign across key parenting and lifestyle sites. Parenting website Mumsnet, who are also working with 'Family Talk', a programme launched recently in the UK, after many years of success in the US, by ABINBEV to encourage parents to engage with their children about alcohol, are promoting the campaign through its online forums and by carrying digital banner ads.

Portman Group publishes alcohol responsibility report in move towards greater transparency

The Portman Group, which monitors and stipulates self regulation of the alcohol industry has published its first annual report on alcohol responsibility measures.

The aim of the Annual Alcohol Responsibility Report 2011 is to demonstrate how the industry regulates its marketing and how the measures it takes help to reduce alcohol misuse. The report also shows the latest trends in alcohol consumption and alcohol-related harm.

Henry Ashworth, the new Chief Executive of the Portman Group said: "The report highlights our commitment to increase transparency around how we regulate alcohol marketing. We should be proud that the UK's alcohol marketing regulations are already recognised as a model of good practice by other European countries and industries. They can become more effective if more consumers know how to complain about products and promotions they find irresponsible... As well as publishing today's report, we have launched a 3 month public consultation to review our code of practice. We want people to help us maintain the right balance between protecting children and removing irresponsible products from the market whilst still allowing responsible companies to communicate with adult consumers when they choose what to drink".

The report will be produced each year and is available to download at www.portmangroup.org.uk

BBC clip on 'What is a unit of alcohol'

The BBC has launched a clip which seeks to clarify for consumers what a unit of alcohol is and to highlight that on a night out people are probably drinking more than they think. According to science reporter Rebecca Morelle, drinks have in recent years become stronger and the serving measures larger, so most people find it hard to keep track of how many units they are consuming. Morelle visits the Science Museum's Dana Centre cafe to explain what an alcohol unit is.

www.bbc.co.uk/news/health-15501779



Schools Health Education Unit report in UK

A study by the Schools Health Education Unit based on data collected from more than 83,000 pupils in Years Six, Eight and ten across the UK found that 4% of the 12 to 13-year-olds surveyed drank 28 or more units of alcohol and 11% of Year 10 pupils drank more than 10 units of alcohol in the last week.

Beer, lager and cider are popular choices with boys, while girls are opting for wine and spirits. Almost a third of the Year 10 boys questioned drank at least a pint of beer or lager in the last seven days, while one in five had consumed one or more pints of cider. Of the Year 10 girls questioned, one in five drank at least one measure of spirits in the last week, while 16% had consumed one or more glasses of wine. Around a quarter of all the Year 10s said they had got drunk at least once in the last seven days, with about 15% getting drunk more than twice in the week.

These figures are much higher than those reported in the annual smoking and drinking behaviours of 11-15 year olds in England, which has recorded significant declines in the consumption of alcohol by young people, showing that 55% of 11-15 year olds have not consumed alcohol for example, with just 1% of 11 year olds drinking weekly and 14% of 15 year olds drinking weekly.

Most of the pupils are drinking at home or the house of a friend or relation, with only a small number buying alcohol from a supermarket, nightclub or off-licence.

To read the full report: sheu.org.uk/content/page/young-people-2011

The age 21 minimum legal drinking age law revisited in US

The US Department of Education's Higher Education Center for Alcohol, Drug Abuse, and Violence Prevention (HEC) has updated its online resources for those responding to questions about the merits of current laws in States that prohibit the purchase of alcohol by persons below the age of 21. The HEC factsheet was revised in September 2011 and provides links to documents from Federal agencies and other sources.

higheredcenter.ed.gov/files/prevention_updates/september2011.pdf

Drinkaware recommends alcohol-free days to give liver time to recover

Current government advice, issued by the UK Chief Medical Officers, recommends that men should not regularly drink more than 3-4 units of alcohol a day and women should not regularly drink more than 2-3 units a day. The guidelines explain that 'regularly' means drinking every day or most days of the week, and that people should also take a break for 48 hours 'after a heavy session' to let the body recover.

Writing on the Drinkaware website, Dr Nick Sheron, an academic clinical hepatologist at University of Southampton and head of the liver unit at Southampton General Hospital, says that the guidelines imply that it is OK to drink every day or nearly every day. He argues, however, consumers should include some alcohol free days in their week because the liver needs time to recover even from small amounts of alcohol, and so that tolerance to alcohol is not built up and psychological dependence on alcohol is avoided.

www.drinkaware.co.uk/alcohol-and-you/health/should-you-take-a-break-from-alcohol

One-in-five independent off-licences found to be selling counterfeit alcohol

Counterfeit alcohol has been found at 20% of all independent off licences in Staffordshire during a three-week trading standards operation. Home-brew vodka was shown to contain high levels of methanol – which can cause vomiting, dizziness, blurred vision and in extreme cases blindness.

Following reports of people's throats burning after drinking certain types of vodka, Staffordshire County Council's trading standards team launched an investigation. Trading standards officers visited each of the county's 400 independent off licences. Counterfeit, bootleg or non duty paid alcohol was found in 73 stores – totalling around 1,800 bottles.

The public is being urged to look out for and report counterfeit alcohol. Tell-tale signs include unheard of brands, suspect labelling which can include spelling mistakes and differing fill levels within the same brands.

Competition challenges students to explore home drinking trends

The Dare2bdrinkaware.ie film and multimedia competition for third-level students has been run on an annual basis for the past five years. For the 2012 competition, students are being invited to submit film and multimedia entries on the theme of 'drinking in a home environment' whilst promoting the responsible use of alcohol and / or challenging anti-social drinking behaviours.

"Home drinking now constitutes more than 50% of alcohol consumption in Ireland, up from 30% a few years ago," said Fionnuala Sheehan. "Students – who are usually living off limited budgets – have always had a tendency to favour home drinking, or to combine having a few drinks at home with a night out in the pub. They consider it cheaper to drink at home than to drink in a bar".

Entrants have until 25th November to complete a short proposal, outlining the idea behind their entry. They will then have until March 2012 to develop and complete their multimedia or film project. Entries are judged by a high-profile panel of industry experts, and there is a prize fund of €5,000.

Further information and an application form for entrants, are available on the competition website, www.dare2bdrinkaware.ie.



Low alcohol market hits 1 million mark

Low and no-alcohol wine sales are growing rapidly from a small base and getting close to 1 million cases across the UK, according to the latest figures from Nielsen.

The sector, which ranges from alcohol-free wines up to 5.5% abv, grew around 60% by value in the year to the end of September, and by some 50% by volume.

"It could get to 5 million cases in five years, providing the taste doesn't disappoint – that is key," commented Nielsen analyst Stewart Blunt. He said the sector is helped by people looking for lower-alcohol

Ireland new lower drink- driving limits

As new lower drink-driving limits came into force in Ireland on 26 October, Drinkaware.ie reminded people of the importance of remembering the 'morning after'.

Under the Road Traffic Act 2010 lower alcohol limits and mandatory testing were introduced at midnight on Thursday 27th October. The legal blood alcohol limit was reduced from 80mg to 50mg per 100ml of blood while professional drivers and learner drivers will face a 'virtually zero' rate of 20mg per 100ml of blood.

Fionnuala Sheehan, drinkaware.ie Chief Executive said, "With the arrival of the new lower drink-driving limits, it has never been more important to remember the morning after. The reality is that many of us still do not think about what we drank the night before when we get in the car the following morning. 'The secret to sobering up is time – no amount of coffee, energy drinks, cold showers or breakfast rolls will speed up the process. You might feel better afterwards, but that doesn't mean you're fit to drive. The message from drinkaware.ie is to take responsibility for your drinking, do the maths the morning after and if you think that you are not ok to drive, then don't risk it. Equally, the message to passengers is not to get in a car with anyone who you think is not safe to drive".

To find out more about the new lower drink-driving limits log on to www.drinkaware.ie, there is also a His & Hers Drinks Calculator.

alternatives to their regular bottle of wine – and because it is cheaper than full-strength products. First Cape's 5.5% abv range Café Collection is now worth £18 million and is growing at 152% by value, according to distributor Brand Phoenix.

Rosser said First Cape's lighter-style sparkling wines are the fastest-growing sparkling wine brand in the market – and sparkling wines are doing well within the growing sector. German producer Reh Kendermann has launched a 5.5% abv brand – B by Black Tower. A white and a pink version will be priced at £4.99.

Change4Life three year social marketing strategy to include alcohol



The Department of Health has released the 'Change4Life Three Year Social Marketing Strategy' which includes commitments to new alcohol messages. The strategy describes

how the Change4Life social marketing programme will support national obesity ambitions as well as promoting other lifestyle.

The alcohol harm reduction campaign will be brought more fully under the Change4Life umbrella, embracing not only the calorific content of alcohol but also the wider health harms of alcohol for adults in mid-life.

The strategy cites 'a programme of qualitative proposition research' with adults who were drinking to increasing or higher risk levels. The document proposes including stepping up the alcohol-related communications by:

- re-running the 'Alfie' commercial (to reintroduce the [alcohol subject matter])
- introducing new communication that focuses on the health harms of alcohol
- encouraging parents to talk to their children about alcohol and alcohol health harms and to delay initiating their children into alcohol consumption until they are 15 (as recommended by the Chief Medical Officer for England).

Change4Life, marketing will support the alcohol health harms strategy by:

- including messaging on binge drinking within the youth programme
- providing bespoke information for people living with conditions (as part of the activity targeting older people)'.

www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_130488.pdf

Wine in Moderation and art de vivre on facebook

The European Wine sector's Wine in Moderation has joined forces with Friends of Glass to spread the word about drinking responsibly. The 'Wine in Moderation, Art de Vivre' message is featured as part of a Facebook recycling game called 'Pass the Bottle' where friends are invited to recycle their glass bottle, after sharing a virtual drink with each other.

The Pass the Bottle Campaign uses a Facebook game to bring people together to play and learn about environmental and socially responsible behaviour in a funny and rewarding way. The game promotes the recycling of glass as the only material that can go through the bottle-to-bottle closed loop recycling chain.

The game winners are crowned 'recycling champions' and those over 18 can win a real bottled product of their choice among a variety of prizes. Winners opting for the wine are invited to read and apply the guidelines provided by the Wine in Moderation platform inviting to a moderate and responsible wine consumption.



NIAAA practitioners guide

Alcohol Screening and Brief Intervention for Youth: A Practitioner's Guide is now available from the National Institute on Alcohol Abuse and Alcoholism (NIAAA), part of the National Institutes of Health (NIH). Developed in collaboration with the American Academy of Pediatrics, clinical researchers, and health practitioners,

This new tool was designed to allow busy practitioners who manage the health and well-being of children and adolescents to conduct fast, effective alcohol screens and brief interventions."

pubs.niaaa.nih.gov/publications/Practitioner/YouthGuide/YouthGuideOrderForm.htm

French licensed premises supportive of electronic breathalysers

A survey by the association Entreprise & Prevention, has found that nearly three quarters of the premises equipped with the "C KI KI CONDUIT?" electronic breathalyser terminal think that it deters drink driving.

The survey found that 73% of premise managers thought that the terminal had a deterrent effect on drivers with a positive blood alcohol: 50% of them thought that the terminal had often deterred customers from driving over the limit, and 23% very often.

- 71% of respondents thought the terminal was considered a good investment and 86% would recommend it to other institutions .
- 81% of managers emphasised a customer interest in the terminal and its use.
- 96% of heads of institutions have found the installation of the terminal easy and 91% said it was easy to use, or very easy (35%).
- 96% of respondents are implementing additional preventive measures, such as posters or flyers (in addition to the terminal).
- 75% of establishments call the tips needed to test for free.



Military Safe Rides Home Programme in US

Diageo and Southern Wine & Spirits are sponsoring the Military Safe Rides Home programme provides a free taxi ride to soldiers and sailors from six participating locations in Norfolk and Virginia Beach. Safe rides home are available to military personnel who are at least 21 years old, are picked up at one of the participating establishments and are driven to a home or military base within 30 miles of the starting location.



'Youth in Europe' drug prevention programme sees youth drinking drop from 42% to 9%

The Youth in Europe (YIE) drug prevention programme has released research tracking the incidence of smoking (daily), drinking and cannabis experimentation amongst 15 to 16-year-old students in Iceland from 1998 to 2011. The results appear to be dramatic, showing that the number of young people who got drunk within the last 30 days has dropped from 42% in 1998 to just 9% in 2011. The level of youngsters smoking on a daily basis has decreased from 23% to 5%, and those experimenting with cannabis from 17% to 3%.

YIE is considered by many to be the biggest health promotion project targeting youth substance abuse across Europe. This evidence-based, international programme was initiated by European Cities Against Drugs (ECAD) and is carried out in cooperation with major European cities. Taking a broadly holistic approach, its aim is to decrease the likelihood of substance use among young people. The city of Reykjavik, Iceland, serves as the chair and provides management for this programme, while research is conducted by the Icelandic Centre for Social Research and Analysis (ICSRA).

Claudio Albrecht, CEO of Actavis said: "The research shows that spending time with parents is important in decreasing the likelihood of substance misuse, while having friends who misuse substances can increase the likelihood. Adolescents who participate in sports, organised youth work and extra-curricular activities in school, are less likely than other adolescents to use drugs. This means that we need to activate all at once, the family, the peer group, the school, those who organise youth activities and authorities in order to succeed in fighting substance use."

The programme's principal sponsor Actavis has announced that it will be extending its backing of the programme until 2016.

CDC report on alcohol impaired driving in the US

Alcohol-impaired driving crashes account for nearly 11,000 crash fatalities, or about one third of all crash fatalities in the United States.

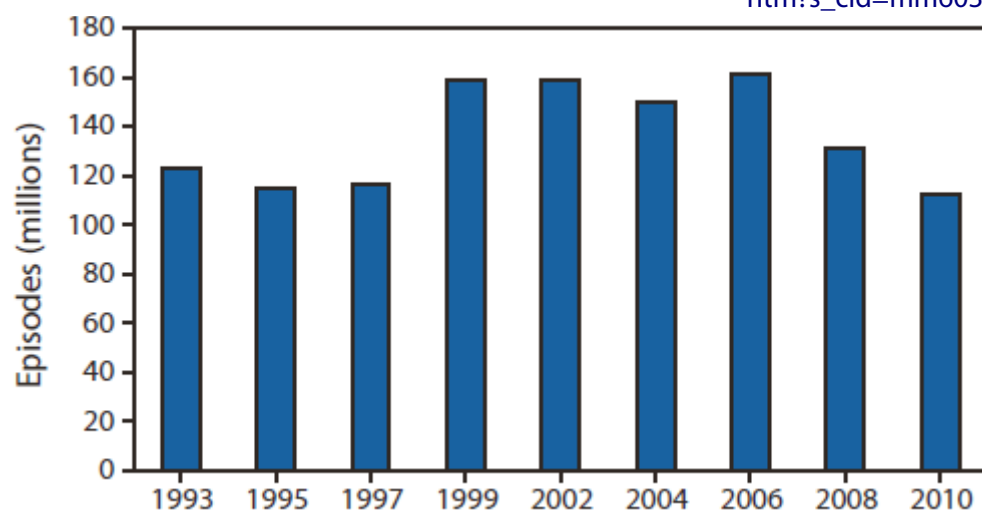
CDC analysed data from the 2010 Behavioural Risk Factor Surveillance System survey to obtain the prevalence, episodes, and rates of alcohol-impaired driving (defined as driving "when you've had perhaps too much to drink" in the past 30 days) among US adults aged ≥ 18 years who responded to the survey by landline telephone.

In 2010, an estimated 4 million US adult respondents reported at least one episode of alcohol-impaired driving, for an estimated total of approximately 112 million alcohol-impaired driving episodes or 479 episodes per 1,000 adult population. From a peak in 2006, such episodes decreased 30% through 2010. Men accounted for 81% of all episodes with young men aged 21--34 years accounting for 32% of all episodes. Additionally, 85% of alcohol-impaired driving episodes were reported by persons who also reported binge drinking, and the 4.5% of the adult population who reported binge drinking at least four

times per month accounted for 55% of all alcohol-impaired driving episodes. Episode rates were nearly four times higher among persons who reported not always wearing seatbelts compared with persons who reported always wearing seatbelts.

The authors conclude that rates of self-reported alcohol-impaired driving have declined substantially in recent years. However, rates remain disproportionately high among young men, binge drinkers, and those who do not always wear a seat belt. The Authors recommend that states and communities should continue current evidence-based strategies, such as sobriety checkpoints and enforcement of 0.08 g/dL blood alcohol concentration laws to deter the public from driving while impaired. Additionally, all states should consider requiring ignition interlocks on the vehicles of all persons convicted of alcohol-impaired driving. States without primary seatbelt laws should consider enacting them to reduce fatalities in alcohol-impaired driving crashes.

www.cdc.gov/mmwr/preview/mmwrhtml/mm6039a4.htm?s_cid=mm6039a4_w



Number of self-reported episodes of alcohol-impaired driving among adults - Behavioral Risk Factor Surveillance System, United States, 1993-2010

Hong Kong alcohol action plan

The government in Hong Kong is being urged to take a tougher stance on a growing youth drinking problem by reinstating a wine duty or imposing age restrictions. A Health Department working group on alcohol and health published an 'Action Plan to Reduce Alcohol-Related Harm in Hong Kong' on 24 October.

At a seminar on alcohol and health on the same day, Director of Health Dr Lam Ping-yan, said it was hoped

the plan would help people make more informed choices when drinking.

Even though no one under the age of 18 can legally consume alcohol in restaurants and bars, there is no age limit on the sale of alcoholic beverages outside venues with liquor licences. However, whilst alcohol sales to young people in supermarkets and convenience stores are legal, many vendors impose their own restrictions.

SAMHSA releases new underage drinking data

Results from the National Survey on Drug Use and Health revealed good news in terms of underage drinking. The annual study sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA) reported three out of four persons under 21 years of age are not drinking.

Reaching new record low levels in 2010, an estimated 10 million 12-20 year olds (26% of this age group) reported drinking alcohol in the past month down from 10.4 million (27%) in 2009. Rates of binge drinking (17%) and heavy drinking (5%) were also down among 12-20 year olds in 2010. Furthermore, the rates of current, binge, and heavy drinking among underage persons continued to show signs of a decline over the long term after concerns of leveling off in 2009. From 2002 to 2010 current alcohol consumption among 12-20 year olds declined 9% while binge drinking dropped 12% and heavy drinking declined 18%. The average age of first alcohol consumption among those who drank prior to being 21 or older was 16.1, which is slightly higher than the 2009 estimated average of 15.9.

TIPS launches alcohol seller training programme for casinos

Health Communications, Inc. (HCI) has unveiled TIPS for Gaming 2.0, an alcohol server training and certification programme designed specifically for casinos, riverboats, and gambling centres.

TIPS for Gaming, Version 2.0, introduces improved ways of addressing alcohol-related service concerns to casino personnel. In addition to preventing the illegal sale of alcohol, casino employees learn how to handle individuals who have had too much and keep them from harming themselves, the property, and others. Taught by certified TIPS Trainers, the training challenges casino employees to evaluate and re-evaluate the way they manage their customers.

"Promoting responsible consumption in a casino environment comes with its own set of challenges; therefore, it requires a specifically designed program to address those unique challenges," remarked Adam Chafetz, President and CEO of HCI (the providers of the TIPS programme).

To learn more about TIPS, visit www.gettips.com

Underage males continue to outdrink their female peers. The variance in gender among males and females aged 12 to 20 was noticeable in reported rates of current drinking (28% v. 24%), binge drinking (20% v. 14%) and heavy drinking (7% v. 4%).

Among current underage drinkers who consumed alcohol in past 30 days, the majority reported that they drank alcohol in their own home (30%) or someone else's home (55%). Additionally, among these underage drinkers less than one-third paid for the alcohol themselves; among those who did not pay for the alcohol the most frequently cited source for alcohol was an unrelated person aged 21 or older (49%).

Among youth 12 to 17 years of age who believed their parents would strongly disapprove of them drinking alcohol were less likely to drink than youths who believed their parents would somewhat disapprove or neither approve nor disapprove. Similarly, binge drinking was lower among those youth who reported that their parents monitored their behaviours compared to those whose parents did not.

<http://www.samhsa.gov/>

Letter released highlighting President Obama's 2011 Drug Control Strategy

Office of National Drug Control Policy Director Gil Kerlikowske and the US Secretary of Education Arne Duncan released a letter to higher education institutions on 23 September highlighting President Obama's 2011 National Drug Control Strategy (Strategy).

The 2011 Strategy supports two of President Obama's goals for our Nation - reducing illegal drug use by 10% within 5 years and having the highest proportion of college graduates in the world by 2020. Because the consequences of substance use on academic performance are significant, the 2011 Strategy emphasises the importance of responding to illegal drug use and high-risk drinking on college campuses and the Department of Education's continued efforts to incorporate alcohol and other drug abuse prevention into higher education.

Century Council showcases student campus initiatives

The Century Council and its partnering colleges and universities were on Capitol Hill for an briefing on student-run efforts to fight binge drinking on their campuses.

The event showcased programmes developed by students, for students and was designed to imitate a college campus – ‘The Century Council University.’ Each college and university had a section of ‘The Century Council University’ where they presented the college binge drinking programmes currently in place or being developed on their individual campuses. Each of the programmes was created in order to discourage binge drinking and to encourage responsible consumption. The showcased programmes included:

- **Emergency Medicine Foundation:** This groundbreaking research project examines the feasibility of using text messaging as a way to further reduce risky drinking in college students.
- **Fisher College:** With the support of the International Association of Chiefs of Police, Fisher College’s Center for Leadership in Public Service explored the role, challenges, and effectiveness of student life and law enforcement personnel in addressing dangerous over-consumption of alcohol on campus.
- **The George Washington University:** “You Know. Be There.” This student generated campaign seeks to remind students that they intuitively know when their friends are on a path toward dangerous over-consumption and encourages them to act on their instincts to help prevent dangerous consequences.
- **National Judicial College:** This research project explores students’ perceptions of the various phases of the college disciplinary process and its effectiveness in reducing recidivism for alcohol policy violations.

- **Syracuse University:** “The Stupid Drink.” This student-led project seeks to reduce binge drinking by getting people talking about where the line is between “drinking” and “drinking too much” in order to reduce premature deaths, hospital visits and a long list of other negative consequences that occur on college campuses.
- **Texas Christian University:** “Vitals” VITALS is an acronym that stands for Vomiting, Incoherence, Temperature, Absence of Color, Low breathing and Seizure and is an offshoot of the PROOF campaign presented by TCU’s team at the 2009 American Advertising Federation’s National Student Advertising Competition to educate students on the signs of alcohol poisoning.
- **University of Alabama:** “Less Than U Think” This campus wide campaign is based on a strategy geared towards empowering student drinkers to change their behavior. The team developed a series of tactics to reach them on campus, at home and at the point of consumption.
- **University of Minnesota:** “The Other Hangover” This student generated initiative realistically depicts the important social consequences of alcohol overconsumption on students’ reputations, friendships and image.
- **Ohio University:** “College: You Don’t Want to Miss This” This project provided students with information and focused on two key areas: off-campus housing and local taverns, bars and restaurants.

“College binge drinking is a big problem on our nation’s college campuses,” said Ralph Blackman, President and CEO of The Century Council. “Our hope is that by helping students to create campaigns for their peers, we will be able to reach more college students and continue to change the culture of dangerous overconsumption on campuses.”

Change to underage drinking laws in Victoria, Australia

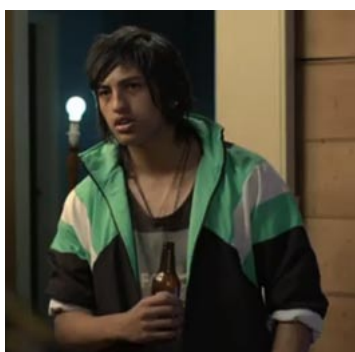
The Victorian Government law bans the supply of alcohol to children in private homes without parental consent. Geoff Munro from the Australian Drug Foundation says it removes a legal loophole that allowed minors to access alcohol without their parents knowledge.

Munroe commented that the law recognises the damage alcohol can cause to developing brains.

“The earlier children start drinking the bigger the risk they have of developing an early alcohol problem, so it’s only fair that parents have control over their children’s access to alcohol,” he said. We’re aware of many instances where children have been hurt when they’ve been supplied with large amounts of alcohol by people other than their parents and without their parents knowledge.

New Zealand – Be a Bloody Legend

A new TV advert for the New Zealand Transport Agency aims to encourage young people to speak up if they feel someone they know is about to drive when drunk.



The impact of saying nothing is played out in the ad tongue-in-cheek style as a young man comes to terms with all the things that will happen to him should his friend be killed in an accident. The man winces at the fact that he will probably have to live with his friend's family and that his friend's ghost will no doubt be on his case.

The message is delivered, unusually for a drink driving campaign, with plenty of humour. But the campaign comes out of some fairly blunt statistics that the NZTA has for drink driving in New Zealand – and is the reason that the cast largely features Maori actors.

According to the NZTA, over 40% of all drink-driving crashes involve drunk drivers under the age of 24 years. In all fatal or serious injury-related crashes in 2008-2010, 82% of the drinking drivers in those crashes are male. 34% of all drinking drivers in those crashes, and 38% of the young drivers, are Maori. One in five (19%) of all drinking drivers in crashes are aged 15-19, another 24% are 20-24.

Community effort brings lasting drop in smoking, delinquency, drug use

Communities That Care is a prevention system developed by University of Washington researchers that supports communities to adopt prevention programmes known to work.

A recent study used survey results from students followed from fifth grade through the end of tenth grade, a year after external support for Communities That Care ended. For five years, Hawkins and his colleagues tracked the behaviours of 4,407 youths growing up in 24 small- to moderate-size towns in Colorado, Illinois, Kansas, Maine, Oregon, Utah and Washington. Half of the towns had been randomly assigned to receive training in the Communities That Care system and were compared with towns of similar size and demographics that were not using the system.

In Communities That Care towns, young people in fifth through ninth grades participated in programmes aimed to mitigate risk factors such as family conflict, low commitment to school and academic difficulties. The programmes were chosen by a community coalition in each town from a list of preventive interventions known to work.

Teens growing up in the towns using the prevention system had half the odds of ever having smoked a cigarette by tenth grade and had 21% lower odds of currently smoking in tenth grade compared with teens growing up in the towns without the system. They also had 38% lower odds of ever trying alcohol and 21% lower odds of initiating delinquent behaviour by tenth grade. The tenth graders in the Communities That Care towns also reported 17% lower odds of engaging in delinquent behaviour, such as stealing, vandalism and selling drugs, and 25% lower odds of engaging in violence, including physical fights.

“What’s exciting about this paper is that these decreases in alcohol use, smoking and violence were apparent even after outside support for the Communities That Care system ended. It shows that community coalitions can make a sustained difference in their youngsters’ health community-wide,” said J. David Hawkins, lead author and director of the study and founding director of the UW’s Social Development Research Group, affiliated with the UW School of Social Work.

The study was published online Oct. 3 in *Archives of Pediatrics & Adolescent Medicine*.

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

AIM Mission Statement

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

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