

### Contents

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

<b>News from around the world</b> .....	2	Health Minister in UK congratulates alcohol industry regarding their commitment to improving public health and reducing alcohol related harm across the UK .....	18
<b>Medical Research</b>		DISCUS issue guidelines for digital marketing in US ..	20
Alcohol intake and 'successful ageing' .....	3	Diageo criticised over deal with facebook	
Lifestyle factors and risk for new-onset diabetes - a population-based cohort study .....	4	JRF report: Young people, alcohol and the media .....	21
Role of alcohol intake and smoking on upper aerodigestive cancers .....	5	UK parents want schools to support their children's social and emotional development	
Asthma risk may be reduced by alcohol .....	6	Drinkaware's 'Why let Good Times Go Bad' campaign returns	
Smoking and heavy drinking leads to increase in women with kidney stones		New Europe-wide report on European beer taxes	
'Responsible drinking within the Mediterranean diet and Italian lifestyle', Pontignano, Italy		Statistical Handbook - A compilation of statistics in 2011 from British Beer and Pub Association .....	22
Differences in effects on atherosclerosis of regular moderate drinking .....	7	Overview of the 2008-2011 Scottish health surveys .....	24
Relation of alcohol consumption to colorectal cancer .....	8	'E-course' to help hospital staff assist alcohol users .....	25
A misguided statement on alcohol and health from a coalition in Australia .....	10	Italian initiative raises awareness of drinks alcohol strength	
Heavy drinking occasions in relation to ischaemic heart disease mortality .....	11	Challenge 25 in Scotland	
Heavy drinking may impair the body's ability to fight off viral infection		Drinkaware.ie joins forces with USI to launch Student Survival Guide	
<b>Social and Policy News</b>		Swedish app prompts heavy drinkers to reconsider their habits .....	26
The Alcohol Education Trust and www.talkaboutalcohol.com celebrate their first Birthday .....	12	Europe's brewers welcome conclusions of 6th Beer and Health Symposium	
Significant report from UK think Tank DEMOS reaffirms parents as having the most influence .....	13	Ab Inbev launches the Family Talk programme in Holland	
Few parents believe that their children drink alcohol .....	15	US programme's success in helping parents talk with their children .....	27
Family talk on alcohol launched with Mumsnet on facebook		Working Group on DWI System Improvements in US/Canada	
Teens more likely to drink when they have large networks of friends .....	16	Joint initiative from Éduc'alcool and Lettres En Main .....	28
Those living alone have increased risk of dying from alcohol-related causes		Australian parents campaign	
Eating together, family structure and risk behaviour		Policymakers discuss measures to reduce alcohol related damage to the unborn child	
New charity, Alcohol Research UK launched .....	17	AB InBev announces three-year global goals .....	29
		EU lawmakers propose that new drivers should not drink alcohol	
		Evaluation of Global Actions on harmful drinking	

**AIM Digest**  
**Frampton House**  
**Frampton, Dorchester**  
**Dorset DT2 9NH**

T: +44 (0)1300 320 869

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

**Websites:**

[www.alcoholinmoderation.com](http://www.alcoholinmoderation.com)

[www.drinkingandyou.com](http://www.drinkingandyou.com)

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

[www.alcholeducationtrust.org](http://www.alcholeducationtrust.org)

**AIM Subscription Levels:**

**Individual:** GBP £ 900-

USD \$1,250-

Euro 900-

**Silver:** GBP 1,500-

USD \$3,000-

Euro 2,300-

**Gold:** GBP £3,000-

USD \$5,000-

Euro 4,500-

**Platinum:** available on request.

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

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

**Helena Conibear – Executive Director**

T: +44 (0)1300 341601

E: [helena.conibear@aim-digest.com](mailto:helena.conibear@aim-digest.com)

**Alison Rees – Editor**

E: [alison.rees@aim-digest.com](mailto:alison.rees@aim-digest.com)

**Sherry Webster – Finance and Subscriptions**

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

**Jane Hutchings – Alcohol Education Outreach**

E: [jane.hutchings@aim-digest.com](mailto:jane.hutchings@aim-digest.com)

[www.alcholeducationtrust.org](http://www.alcholeducationtrust.org)

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

The publisher takes reasonable care to ensure the accuracy of quotations and other information contained herein, but is not responsible for any errors or omissions. Opinions and recommendations quoted herein are usually excerpted, digested or condensed, may be edited for continuity, and are only part of the opinions and recommendations expressed in the original sources, which should be consulted for details.

© AIM Digest 2001. All rights reserved. Material may be reproduced with attribution to AIM.

## Estonia

A number of interest groups and government representatives gathered at the Ministry of Social Affairs in Estonia on September 23 to develop a new strategy for the implementation of an alcohol policy.

Consumption in Estonia is just under 10 litres per person per year. Social Affairs Minister Hanno Pevkur said that the target was to reduce this to under 8 litres per capita.

It is hoped that the discussion between manufacturers, sellers and economists and public health experts will lead to the production of a "Green Book" before the end of the year, to serve as the basis for government action.

Pevkur noted that in some cases, manufacturers have already agreed on restrictions (such as advertising) stricter than the ones codified in the Alcohol Act.

## India

In Delhi 13,000 drink drivers have been fined or jailed so far this year -- the highest for any year in the city's history -- due to an aggressive drive which police claim has paid high dividends with the reduction in the number of accidents.

According to Delhi Police statistics, over 12,900 people were caught driving under the influence of alcohol till September 20 this year, a figure which has already surpassed last year's figure of 11,388.

Driving licences have been suspended in nearly 2,000 cases, and 2,250 offenders have been sent to prison.

## Northern Ireland

In Northern Ireland, it is proposed that the legal alcohol limit for motorists is reduced, bringing it in line with most other European countries. The present limit of 80mg of alcohol per 100ml of blood would be cut to 50mg. For inexperienced drivers and those who drive for a living, such as ambulance and taxi drivers, the limit would be 20mg. The proposed road safety legislation will also see the introduction of random breath testing by police.

## South Africa

Legislation in South Africa governing alcohol advertising could be finalised by the end of November. Social Development Minister Bathabile Dlamini confirmed that the government was going ahead with measures which included bans on some alcohol advertising marketing. The measures are being taken in a bid to reduce violent crime.

## Spain

In Spain a manifesto outlining initiatives to help reduce under age drinking has been signed by NGOs, parent and consumer associations, companies, workers unions and the media. This includes efforts to avoid linking advertising and commercial promotion of alcohol to success in other areas of life, a commitment to educate on healthy lifestyle habits and the provision of information on the consequences of drinking.

## Alcohol intake and 'successful ageing'

Sun Q, Townsend MK, Okereke OI, Rimm EB, Hu FB, Stampfer MJ, Grodstein F. Alcohol consumption at midlife and successful ageing in women: A prospective cohort analysis in the Nurses' Health Study. *PLoS Med* 8(9): e1001090. doi:10.1371/journal.pmed.1001090

### Authors' Abstract

**Background:** Observational studies have documented inverse associations between moderate alcohol consumption and risk of premature death. It is largely unknown whether moderate alcohol intake is also associated with overall health and well-being among populations who have survived to older age. In this study, we prospectively examined alcohol use assessed at midlife in relation to successful ageing in a cohort of US women.

**Methods:** Alcohol consumption at midlife was assessed using a validated food frequency questionnaire. Subsequently, successful ageing was defined in 13,894 Nurses' Health Study participants who survived to age 70 or older, and whose health status was continuously updated. "Successful ageing" was considered as being free of 11 major chronic diseases and having no major cognitive impairment, physical impairment, or mental health limitations. Analyses were restricted to the 98.1% of participants who were not heavier drinkers (> 45 g/day) at midlife.

**Results:** Of all eligible study participants, 1,491 (10.7%) achieved successful ageing. After multivariable adjustment of potential confounders, light-to-moderate alcohol consumption at midlife was associated with modestly increased odds of successful ageing. The odds ratios (95% confidence interval) were 1.0 (referent) for nondrinkers, 1.11 (0.96–1.29) for  $\leq 5.0$  g/d, 1.19 (1.01–1.40) for 5.1–15.0 g/d, 1.28 (1.03–1.58) for 15.1–30.0 g/d, and 1.24 (0.87–1.76) for 30.1–45.0 g/d. Meanwhile, independent of total alcohol intake, participants who drank alcohol at regular patterns throughout the week, rather than on a single occasion, had somewhat better odds of successful ageing; for example, the odds ratios (95% confidence interval) were 1.29 (1.01–1.64) and 1.47 (1.14–1.90) for those drinking 3–4 days and 5–7 days per week in comparison with nondrinkers, respectively, whereas the odds ratio was 1.10 (0.94–1.30) for those drinking only 1–2 days per week.

**Conclusions:** These data suggest that regular, moderate consumption of alcohol at midlife may be related to a modest increase in overall health status among women who survive to older ages.

### Forum Comments

**Background:** Numerous studies have indicated that moderately drinking adults are a considerably lower risk of cardiovascular diseases, are at lower risk

of dementia, and have lower risk of total mortality. This study developed a definition of "successful ageing" that consisted of survival to age 70 years, not having a major chronic disease (such as coronary disease, cancer, stroke, diabetes), and having no major cognitive impairment, physical impairment, or mental health problems. Their results indicate that moderate drinkers, especially those consuming wine and drinking regularly (especially those drinking on 5 or more days per week) were more likely to exhibit such successful ageing.

**Comments on this paper:** In this cohort of American female nurses, there were almost 14,000 women with data in middle age who were alive and furnishing further data an average of 16 years later. (More than 5,000 women had died before reaching age 70.) Excluded from the analyses were 130 women who had a previous diagnosis of alcohol dependence or chronic liver disease, 674 who stated that they had substantially reduced their intake, and 268 subjects reporting more than 45 g/day of alcohol. Hence, the results relate to moderate drinkers.

The investigators used the amount of alcohol reported on two separate occasions (at an average age of 58 years) for estimating alcohol use, and carried out appropriate analyses, including sensitivity analyses. Sub-analyses included evaluations when subjects dying before the age of 70 were included and when analyses were limited to non-smokers.

There were few differences between results when analyses were adjusted only for age and for a large number of lifestyle variables. To avoid reverse causation (women stopping drinking due to the development of illness), there was a lag period averaging 16 years between the assessments of alcohol intake and the evaluation of the components of successful living.

The key findings of the study indicate that, in comparison with nondrinkers, consumers of 5.1–15.0 (up to a little over 1 typical drink/day) and 15.1–30g of alcohol per day (between 1 and 2½ drinks per day) had 19% and 28%, respectively, greater chance of exhibiting successful ageing. In sub-analyses, the findings of successful ageing were particularly seen for those consuming alcohol on 3–4 days per week (OR = 1.29) and 5–7 days per week (OR = 1.47). Women reporting drinking on only 1 to 2 days per week showed an OR of 1.10 (not statistically

significant) for successful ageing, in comparison with nondrinkers. Further, the favourable effects on successful ageing were primarily among consumers of wine (but the authors state that the large majority of subjects consumed wine, so there may not have been adequate numbers of consumers of other beverages to provide reliable results).

One Forum reviewer commented: "The paper is well written, and strengths and limitations are described. Despite the necessary adjustments for confounding factors in the multivariate models, confounding remains a possibility, as 'successful agers' tend to be healthy in many ways – are leaner, have less hypertension, and lower cholesterol values. However, the study supports what has been shown repeatedly: regular, moderate drinking, especially of wine, is associated with beneficial health outcomes among women."

Another reviewer stated: "This is a good and interesting study with valuable information for women in middle age: regular and moderate drinking is associated with overall benefits in spite of possible increased risks from alcohol of cancers such as breast cancer."

#### Comments on definition of 'successful ageing'.

One Forum reviewer took issue with the definition used in this paper of 'successful ageing'. "Only 10 percent of the study group met the requirements of successful aging. I know I am quibbling about semantics, but it would be more accurate, not to mention diplomatic, to use other words." He continued: "Many great minds of this world and leaders (including Einstein, Churchill, Presidents John Adams and Abraham Lincoln) prospered despite life-long disabilities that would disqualify them from being deemed successful agers. A more important mark of success, however defined, might include achievement despite obstacles."

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

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

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

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

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

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

## Lifestyle factors and risk for new-onset diabetes - a population-based cohort study

Epidemiologic data on the combined influence of several lifestyle factors on diabetes risk are rare, particularly among older adults.

A study that is part of the National Institutes of Health (NIH)–AARP Diet and Health Study examined how combinations of lifestyle risk factors relate to the 11-year risk for incident diabetes.

The population-based prospective cohort study included 114 996 men and 92 483 women, aged 50 to 71 years in 1995 to 1996, without evidence of heart disease, cancer, or diabetes.

A comprehensive survey of demographic characteristics and lifestyle factors, including dietary intake, body weight and height, physical activity, smoking, and alcohol consumption at baseline (1995 to 1996). Low-risk groups were formed by dichotomising each lifestyle factor. Incident self-reported, physician-diagnosed diabetes was identified with a follow-up survey in 2004 to 2006.

11 031 men (9.6%) and 6969 women (7.5%) developed new-onset diabetes. For each additional lifestyle factor in the low-risk group, the odds for diabetes were 31% lower (odds ratio [OR], 0.69 [95% CI, 0.68 to 0.71]) among men and 39% lower (OR, 0.61 [CI, 0.60 to 0.63]) among women. Men and women whose diet score, physical activity level, smoking status, and alcohol use were all in the low-risk group had ORs for diabetes of 0.61 (CI, 0.56 to 0.66) and 0.43 (CI, 0.34 to 0.55), respectively. When absence of overweight or obesity was added, the respective ORs were 0.28 (CI, 0.23 to 0.34) and 0.16 (CI, 0.10 to 0.24) for men and women. Results did not differ by family history of diabetes or level of adiposity.

The authors conclude that healthy lifestyle factors, including moderate drinking, when considered in combination, are associated with a substantial reduction in risk for diabetes.

Source: Lifestyle Factors and Risk for New-Onset Diabetes - A Population-Based Cohort Study - Jared P. Reis, PhD; Catherine M. Loria, PhD; Paul D. Sorlie, PhD; Yikyung Park, PhD; Albert Hollenbeck, PhD; and Arthur Schatzkin, MD, PhD

## Role of alcohol intake and smoking on upper aerodigestive cancers

Anantharaman D, Marron M, Lagiou P, Samoli E, Ahrens W, Pohlabein H, et al. Population attributable risk of tobacco and alcohol for upper aerodigestive tract cancer. *Oral Oncology* 2011;47:725–731.

### Authors' Abstract

Tobacco and alcohol are major risk factors for upper aerodigestive tract (UADT) cancer and significant variation is observed in UADT cancer rates across Europe. The authors estimated the proportion of UADT cancer burden explained by tobacco and alcohol and how this varies with the incidence rates across Europe, cancer sub-site, gender and age. This should help estimate the minimum residual burden of other risk factors to UADT cancer, including human papillomavirus.

The authors analysed 1981 UADT cancer cases and 1993 controls from the ARCAGE multi-centre study and estimated the population attributable risk (PAR) of tobacco alone, alcohol alone and their joint effect. Tobacco and alcohol together explained 73% of UADT cancer burden of which nearly 29% was explained by smoking alone, less than 1% due to alcohol on its own and 44% by the joint effect of tobacco and alcohol. Tobacco and alcohol together explained a larger proportion of hypopharyngeal/laryngeal cancer (PAR = 85%) than oropharyngeal (PAR = 74%), esophageal (PAR = 67%) and oral cancer (PAR = 61%). Tobacco and alcohol together explain only about half of the total UADT cancer burden among women. Geographically, tobacco and alcohol explained a larger proportion of UADT cancer in central (PAR = 84%) than southern (PAR = 72%) and western Europe (PAR = 67%). While the majority of the UADT cancers in Europe are due to tobacco or the joint effect of tobacco and alcohol, the results support a significant role for other risk factors in particular, for oral and oropharyngeal cancers and also for UADT cancers in southern and western Europe.

### Forum Comments

**Background:** A recent case-control analysis from subjects living in areas of South America had results similar to those in the present study.<sup>1</sup> That study showed that both alcohol consumption and smoking tended to increase the risk of such cancers, but the predominant cause was the combination of smoking and alcohol consumption. The effects on risk were greater for smoking than for alcohol: for non-smokers, there was little effect of alcohol on risk. An especially important finding in that study was that, among ex-drinkers and former smokers, the increased risks associated with alcohol and tobacco use decreased steadily as the time since quitting increased. (A detailed critique of the earlier paper can be accessed at [www.bu.edu/alcohol-forum](http://www.bu.edu/alcohol-forum); under Recent Reviews, select Critique 049 from 1 August 2011.)

**Comments on the present paper:** This was a case-control analysis, which is usual for uncommon types of cancer. Controls were matched on age, gender, and area of residence, but some of the analyses also adjusted for educational level. Forum members thought it unusual that the investigators considered as “ever drinkers” only subjects reporting 2 or more drinks per day; in most countries, the majority of light-to-moderate drinkers would be classified as never drinkers by this definition. The data presented do not permit an evaluation of effects for lower levels of alcohol intake. However, given that even at 2 or more drinks per day the effects of alcohol alone on population attributable risk were very small, it could be assumed that lighter drinking may have even less of a direct effect on the risk of these cancers.

No information was available on diet (e.g., fruit and vegetable intake) or other lifestyle habits that may affect cancer risk. Thus, it is not possible to judge whether subjects who were both smokers and drinkers may have had other unhealthy lifestyle habits as well. Smoking and drinking might be just two visible markers of subjects with many unhealthy lifestyle habits.

**Differences by type of beverage:** One Forum reviewer commented that differences on health between wine/beer consumers and those reporting spirits/liqueur suggest we should be careful speaking about “alcohol” in general. The observation that “tobacco and alcohol explained a larger proportion of UADT cancer in central (PAR = 84%) than in southern (PAR = 72%) and western Europe (PAR = 67%) might be related to the type of alcoholic beverages more frequently consumed in different countries. Data on women in Southern Europe go in the same direction. The fact that among women, the PAR of tobacco was higher than that due to the joint effects of tobacco and alcohol in all geographic locations might be due to a protective role of the small quantities of alcohol (generally wine) usually consumed by women.

### Reference from Forum review

1. Szyma\_ska K, Hung RJ, W\_nsch-Filho V, Eluf-Neto J, Curado MP, Koifman S, Matos E, Menezes A, Fernandez L, Daudt AW, Boffetta P, Brennan P. Alcohol and tobacco, and the risk of cancers of the upper aerodigestive tract in Latin America: a case-control study. *Cancer Causes Control* (2011) 22:1037–1046. DOI 10.1007/s10552-011-9779-7

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

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

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

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

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

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

## Asthma risk may be reduced by alcohol

A study by Danish researchers found that drinking 1-6 units of alcohol a week could reduce the risk of developing Asthma.

The research examined 19,349 twins between the ages of 12 and 41 yrs of age. All participants completed a questionnaire at the start and end of the study to compare alcohol intake with the risk of developing asthma over 8 yrs.

Results showed that the lowest risk of asthma was seen in the group which had a moderate intake of alcohol, as less than 4% of those who drank 1-6 units per week developed asthma. The highest risk of asthma was observed in people who drunk rarely or never, as they were 1.4-times more likely to develop the condition. Heavy drinkers also had an increased risk of asthma development and were 1.2-times more likely to develop asthma.

Previous studies have found a link between excessive intake of alcohol and asthma attacks; however, this is the first study of its kind to show a link between alcohol intake and the onset of asthma for adults over a long period of time.

Sofie Lieberoth, from the Bispebjerg Hospital in Denmark, said: "Whilst excessive alcohol intake can cause health problems, the findings of our study suggest that a moderate intake of 1-6 units can reduce the risk of developing asthma. By examining all the factors linked with the development of asthma, we can understand more about what causes the condition and how to prevent it."

The study was presented at the European Respiratory Society's Annual Congress, Amsterdam 25 Sept.

## Smoking and heavy drinking leads to increase in women with kidney stones

A rise in bad habits such as smoking and binge drinking is behind the dramatic increase in the number of women getting kidney stones according to a leading expert from Barts Hospital presenting at the European Section of Urolithiasis (EULIS) Stone Conference. Urology Consultant Mr Noor Buchholz said the number of women undergoing kidney stone surgery at Barts Hospital had doubled compared to five years ago.

Kidney stones can be caused by a number of factors including a diet of too much meat and salt, having a sedentary lifestyle and smoking and drinking excessively.

Mr Buchholz stated: "Forty years ago, men used to be three times more likely to require kidney stone treatment than women. But since then, there has been a seven-fold increase in the number of women undergoing treatment- a fact which many experts attribute to the rise, which began in the seventies, in women picking up the same bad habits as men including smoking and drinking...One in eight people in this country will develop kidney stones at some point. Traditionally they were seen as a man's disease, but that is no longer the case with women fast catching up with men."

[www.bartsandthelondon.nhs.uk](http://www.bartsandthelondon.nhs.uk)

## 'Responsible drinking within the Mediterranean diet and Italian lifestyle', Pontignano, Italy

The European Journal of Nutrition has published the abstracts presented at the Scientific Seminar "Responsible drinking within the Mediterranean diet and the Italian lifestyle" held on June 10-11, 2011 in Pontignano, Italy. This meeting was sponsored by the "Umberto Pallotta Vino e Salute" Group of the Italian Academy of Grapevine and wine, the Academy of Georgofili, the Catholic University of Campobasso, the Universities of Ancona and Siena and partially financed by the Enoteca Nazionale di Siena and Federvini, and was under the patronage of the Italian Ministries of Agriculture and Health and of the Italian Society of Human Nutrition.

[www.moli-sani.org/downloads/Corsi/abstract\\_pontignano\\_EJN.pdf](http://www.moli-sani.org/downloads/Corsi/abstract_pontignano_EJN.pdf)

## Differences in effects on atherosclerosis of regular moderate drinking

Liu W, Redmond EM, Morrow D, Cullen JP. Differential effects of daily-moderate versus weekend-binge alcohol consumption on atherosclerotic plaque development in mice. *Atherosclerosis* 2010, doi:10.1016/j.atherosclerosis.2011.08.034

### Authors' Abstract

**Objectives:** The authors examined the effect of daily-moderate (2 drinks/day, 7 days/week) and weekend-binge (7 drinks/day, 2 days/week) patterns of alcohol consumption on plasma lipid levels and physiological parameters of atherosclerotic plaque development. **Methods:** ApoE k/o mice were fed (1) 'daily-moderate' (blood alcohol content: 0.07%) or (2) 'weekend-binge' (blood alcohol content: 0.23%), or (3) an isocaloric cornstarch mix. Then, to induce atherosclerotic plaque formation, all groups underwent partial carotid artery ligation, started on an atherogenic diet and continued on the alcohol feeding regimen. After 2 weeks plasma lipid levels and atherosclerotic plaque formation were assessed.

**Results:** While there was an increase in HDL-C levels in both binge and moderate groups, LDL-C levels were significantly decreased in the daily-moderate drinking mice and significantly elevated in the weekend-binge drinking mice. In the daily-moderate alcohol group there was a decrease in atherosclerotic plaque volume, concomitant with an increase in lumen volume and decreased macrophage accumulation, when compared to no alcohol mice. In contrast, after 4 weeks of weekend-binge alcohol there was an increase in plaque volume, concomitant with a decrease in lumen volume and increased deposition of macrophages.

**Conclusion:** These findings demonstrate a differential effect of daily-moderate vs. weekend-binge alcohol consumption on atherosclerotic plaque development and highlight the importance of patterns of alcohol consumption, as opposed to total amount consumed, in relation to the cardiovascular effects of alcohol.

### Forum Comments

**Background.** Epidemiologic studies are increasingly showing that regular moderate consumption of alcohol has considerable beneficial effects on the risk of cardiovascular disease and on the risk of many other chronic diseases of ageing. On the other hand, the consumption of even similar amounts of alcohol but on only one or two days per week (a binge-drinking pattern), is not associated with benefits and is often associated with adverse effects on health. Some have argued that these differences according to drinking pattern are not due to the frequency of drinking, but are associated with differences in type

of beverage or other lifestyle habits among drinkers (i.e., regular moderate drinkers tend to smoke less, exercise more, eat a healthier diet, etc., while binge drinkers do not have these characteristics). The present study is important as it demonstrates similar results as seen in humans when comparing different drinking patterns among experimental animals.

There have been previous studies of effects of alcohol in ApoE k/o mice, and not all have found such dramatic effects as reported in the present study. For example, Bentzon et al<sup>1</sup> concluded that "neither ethanol nor red wine polyphenols reduced mature atherosclerosis or changed the content of collagen in plaques in apolipoprotein E-deficient mice." However, the Bentzon et al study was not comparing different drinking patterns. Further, that study added alcohol to the drinking water of the animals, so the specific amounts consumed by each animal varied, and only a minority of animals in the alcohol group showed detectable alcohol in the blood.

Other studies have shown beneficial effects on atherosclerosis in such mice from red wine polyphenolics. Stocker and Halloran<sup>2</sup> reported that "Dealcoholized red wine contains polyphenolic compounds capable of synergising with vitamin E, and long-term moderate consumption can decrease atherosclerosis in apolipoprotein E gene deficient mice." Also, Waddington et al<sup>3</sup> found that "lipid deposition is independent of lipid oxidation and that the protective action of red wine polyphenols is independent of any antioxidant action of these compounds." It would be of interest to determine if the beneficial effects of alcohol (shown in the present study) and of polyphenols from wine are similar, and if they are perhaps additive in their effects on the development of atherosclerosis.

**Comments on the present study:** Forum reviewers were impressed with the implementation and results of this study; in fact, some thought the results were "too good." For example, such a big difference in LDL-cholesterol among the two groups of animals was "almost incredible" and is hardly reproducible in humans. It is hoped that these dramatic effects can be duplicated in further studies. The authors' discussion focuses on the implications of this experiment for human studies, but provides a limited amount of comparison with previous studies of alcohol/wine effects in ApoE k/o mice.

In the present study, animals were given ethanol by oral gavage, so there is little question about the amount of alcohol ingested in each animal. It is not possible to determine whether results would have been different between the administration of different types of alcoholic beverage: beer, wine, or spirits, as only ethanol was given. Also, the timing of the administration of alcohol to food ingestion is not given; in humans, blood alcohol levels are much reduced when alcohol is administered in close proximity to the ingestion of food. While very detailed information on effects on lipids were presented, it would have been useful if the investigators also reported the effects of the different alcohol patterns on CRP or other markers of inflammation, as well as on liver enzymes. We are still far from understanding the mechanism of action, although inflammation may contribute to the effect, as denoted by the presence of macrophages in this study.

One Forum reviewer stated: "This is a very nice study, confirming in an animal model the biphasic nature of the effect of alcohol on progression of atherosclerosis. We are still far from tempting to suggest realistic mechanisms. On the other hand, the evidence perfectly fits the usual hormetic mechanism, where

low doses regularly supplied are protective while high doses in a single shot are worsening the progression of disease." Another reviewer stated: "By controlled experiment it gives crisp and clear-cut results that are useful and intuitive when considering what we thought we knew, and what we may indeed do know. Cheers to the brave mice!" Still another Forum reviewer thought that it is good to have confirmation in a controlled experiment of what has been shown in epidemiologic studies. "It is nice to not have to agonize over smoking and other lifestyle factors that may confound results in human observational studies — none of the mice were smokers."

## References

1. Bentzon JF; Skovenborg E, Hansen C, Møller J, Saint-Cricq de Gaulejac N, Proch J, Falk E. Red wine does not reduce mature atherosclerosis in Apolipoprotein E-deficient mice. *Circulation* 2001;103:1681-1687.
2. Stocker R, O'Halloran RA. Dealcoholized red wine decreases atherosclerosis in apolipoprotein E gene-deficient mice independently of inhibition of lipid peroxidation in the artery wall. *Am J Clin Nutr* 2004;79:123-130.
3. Waddington E, Puddey IB, Croft KD. Red wine polyphenolic compounds inhibit atherosclerosis in apolipoprotein E-deficient mice independently of effects on lipid peroxidation. *Am J Clin Nutr* 2004;79:54-61.

## Relation of alcohol consumption to colorectal cancer

Fedirko V, Tramacere I, Bagnardi V, Rota M, Scotti L, Islami F, et al. Alcohol drinking and colorectal cancer risk: an overall and dose-response meta-analysis of published studies. *Annals of Oncology* 22: 1958-1972, 2011, doi:10.1093/annonc/mdq653

### Authors' Abstract

**Background:** The International Agency for Research on Cancer (IARC) concluded that alcohol consumption is related to colorectal cancer (CRC). However, several issues remain unresolved, including quantification of the association for light ( $\leq 1$  drink/day) and moderate (2-3 drinks/day) alcohol drinking, investigation of the dose-response relationship, and potential heterogeneity of effects by sex, colorectal site, and geographical region.

**Methods:** Twenty-seven cohort and 34 case-control studies presenting results for at least three categories of alcohol intake were identified from a PubMed search of articles published before May 2010. The summary relative risks (RRs) were estimated by the random effects model. Second-order fractional polynomials and random effects metaregression

models were used for modeling the dose-risk relation.

**Results:** The RRs were 1.21 [95% confidence interval (CI) 1.13-1.28] for moderate and 1.52 (95% CI 1.27-1.81) for heavy ( $\geq 4$  drinks/day) alcohol drinking. The RR for moderate drinkers, compared with non-/occasional drinkers, was stronger for men (RR = 1.24, 95% CI 1.13-1.37) than for women (RR = 1.08, 95% CI 1.03-1.13; Pheterogeneity = 0.02). For heavy drinkers, the association was stronger in Asian studies (RR = 1.81, 95% CI 1.33-2.46; Pheterogeneity = 0.04). The dose-risk analysis estimated RRs of 1.07 (95% CI 1.04-1.10), 1.38 (95% CI 1.28-1.50), and 1.82 (95% CI 1.41-2.35) for 10, 50, and 100 g/day of alcohol, respectively.

**Conclusions:** This meta-analysis provides strong evidence for an association between alcohol drinking of  $>1$  drink/day and colorectal cancer risk.

### Forum Comments

Forum members considered this to be a well-done analysis, using appropriate statistical methodology. However, they had three major concerns that may limit somewhat the implications of the study:



1. The definition of “moderate” drinking: Defining up to 49.9 grams of alcohol (up to 4 typical drinks) per day as “moderate drinking” is not in line with most national guidelines. It would have been more informative if results were presented by 1 to 2 drinks/day, 2 to 3 drinks/day, etc., since most guidelines consider more than 15 to 24 g/day for women and more than 24 to 30 g/day for men as exceeding moderate or sensible levels. One reviewer pointed out that “A quick read of the abstract gives the impression that any amount of alcohol leads to higher risk of colorectal cancers. In the text and tables, however, the risk of these cancers for drinkers averaging up to one drink/day is the same as that of non-drinkers.”

2. The failure to describe results by type of beverage: For many health outcomes, consumers of wine, or sometimes wine/beer, tend to have very different results than do consumers of other beverages. The authors state that few studies report differences by type of beverage, but do not give results for those that did provide such data. As one Forum reviewer stated: “The real question to be answered, and of great interest to the epidemiologist and clinician alike, is whether we can differentiate between alcohol types and cancer risk. The authors state that more than mild drinking may be associated with other unhealthy lifestyle factors such as poor diet, sedentary lifestyle, and smoking; however, most studies have shown that consumers of wine have better lifestyle factors than do non-drinkers.” Future studies should focus on the type of beverage consumed.

3. No data on pattern of drinking: It is increasingly clear that regular moderate drinking has many health benefits, and fewer adverse effects, than consumption on only one or two days per week, or binge drinking. Again, it would have been helpful for the authors to indicate any differences they found among the studies that did provide such information.

In addition, a Forum reviewer pointed out that the authors state in their introduction that “It has been estimated that in 2002, 5.1% and 1.3% of all cancer deaths were attributable to alcohol drinking worldwide in men and women, respectively.” It would have been useful for the authors to use their data to estimate the disease burden generated by alcohol when consumed by what most studies and agencies consider to be “moderate” or “sensible” drinking.

Several Forum reviewers raised questions about using meta-analyses to reach answers upon which to base clinical decisions. One stated: “Meta-analysis is a retrospective tool, and either positive or negative changes of RR risk of less than 2.0 in the retrospective analysis of heterogeneous papers can only suggest the characteristics of prospective investigations that take into consideration other risk factors and other clinical outcomes.”

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

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

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

Tedd Goldfinger, DO, FACC, Desert Cardiology of Tucson Heart Center, Dept. of Cardiology, University of Arizona School of Medicine, Tucson, Arizona, USA

Francesco Orlandi, MD, Department of Gastroenterology, Università degli Studi di Ancona, Italy

Creina Stockley, clinical pharmacology, Health and Regulatory Information Manager, Australian Wine Research Institute, Glen Osmond, South Australia, Australia

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

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

Fulvio Ursini, MD, Dept. of Biological Chemistry, University of Padova, Padova, Italy

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

## A misguided statement on alcohol and health from a coalition in Australia

To read the full critique: <http://www.bu.edu/alcohol-forum/critique-058-a-misguided-statement-on-alcohol-and-health-from-a-coalition-in-australia-28-september-2011/>

A group known as the Alcohol Policy Coalition in Australia has released a document entitled 'Cancer, Cardiovascular Disease and Alcohol Consumption'. Forum members agree that excessive alcohol use has many adverse effects on the individual and on society, and efforts to reduce alcohol related harm are paramount. On the other hand, the 40 medics and scientist who are members of the International Scientific Forum on Alcohol Research (ISFAR) were disturbed that the coalition statement was limited almost exclusively to the effects of abusive drinking, was based primarily on extremely limited sources of information (mainly position statements by other organizations, and not publications based on sound medical research), and indicated a strong bias against all alcohol use.

Forum members contend that the Australian report misrepresents the extensive scientific data available on alcohol and health. The report specifically ignores scientific data indicating that in all developed countries, moderate consumers of alcohol are at much lower risk of essentially all of the diseases of ageing: coronary heart disease, ischemic stroke, diabetes, and dementia. And conspicuously absent from the Australian report is a description of the lower total mortality among middle-aged and elderly people associated with moderate alcohol consumption, a finding that has been found consistently throughout the world since the first research papers by St Leger and Klatsky et al published in the 1970's indicated a protective effect from regular low doses of alcohol. Further, there is no mention in the report of the key relevance of the pattern of drinking, although regular moderate drinking (versus binge drinking only on week-ends, even when the total volume of alcohol is the same) has been shown to be a strong determinant of beneficial effects of alcohol consumption.

Scientific data over many decades have shown that while excessive or irresponsible alcohol use has severe adverse health and societal effects, regular moderate drinking is associated with beneficial effects on health.

And a very large number of experimental studies, including results from human trials, have described biological mechanisms for the protective effects of both alcohol and the polyphenolic components of some alcoholic beverages.

There have been a number of comprehensive meta-analyses published that Forum members believe can provide much more accurate, up to date, and scientifically balanced views of the current status of the health effects of alcohol consumption. Such documents are better sources of data upon which policy decisions should be based. A full list of references on which this statement has been based can be obtained by emailing [helena.conibear@aim-digest.com](mailto:helena.conibear@aim-digest.com)

Reference: Alcohol Policy Coalition Position Statement. "Cancer, Cardiovascular Disease and Alcohol Consumption." Released in Australia, September 2011.

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

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

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

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

Francesco Orlandi, MD, Dept. of Gastroenterology, Università degli Studi di Ancona, Italy

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

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

Tedd Goldfinger, DO, FACC, Desert Cardiology of Tucson Heart Center, Dept. of Cardiology, University of Arizona School of Medicine, Tucson, Arizona, USA

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

Ulrich Keil, MD, PhD, Institute of Epidemiology and Social Medicine, University of Münster, Münster, Germany

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

## Heavy drinking occasions in relation to ischaemic heart disease mortality

The relationship between alcohol consumption and ischaemic heart disease (IHD) risk is complex and several issues remain unresolved because many studies used rather crude exposure measures often based on one or two questions. The objective of this study was to investigate the association between heavy drinking occasions and IHD mortality while controlling for average daily alcohol intake and separating former drinkers from lifetime abstainers.

Cox regression analyses were used with IHD mortality as the outcome in a sample of 9934 participants of the US National Alcohol Surveys conducted in 1984 and 1995.

To the end of 2006, 326 deaths from IHD were recorded in the 11- to 22-year follow-up period. Any past heavy drinking occasions in former drinkers [hazard ratio (HR) = 2.06; 95% confidence interval (95% CI): 1.10–3.85] compared with former drinkers without such drinking occasions, and any heavy drinking

occasion in current drinkers at baseline (HR = 2.05; 95% CI: 1.03–3.98) compared with current drinkers with average daily intake of one to two drinks, were associated with higher IHD mortality in men and any heavy drinking occasions among drinkers of up to 1 drink average consumption in women with similar effect size. Confounding effects from age, race, education, employment, income, marital status, geographical region, depression score, survey period or other drug use were small.

Authors conclude that amongst former and current drinkers, heavy drinking occasions should be taken into account when examining the complex association of alcohol consumption on IHD mortality risk.

Source: Heavy drinking occasions in relation to ischaemic heart disease mortality— An 11–22 year follow-up of the 1984 and 1995 US National Alcohol Surveys. Michael Roerecke, Thomas K Greenfield, William C Kerr, Susan Bondy, Joanna Cohen and Jürgen Rehm. *International Journal of Epidemiology*.

## Heavy drinking may impair the body's ability to fight off viral infection

Excessive alcohol consumption is known to worsen the effects of disease, resulting in longer recovery period after trauma, injury or burns. It is also known to impair the anti-viral immune response, especially in the liver, including response against Hepatitis C (HCV) and HIV. New research suggests that alcohol modulates the anti-viral and inflammatory functions of monocytes and that prolonged alcohol consumption has a double negative effect of reducing the anti-viral effect of Type 1 interferon (IFN) whilst increasing inflammation via the pro-inflammatory cytokine TNF $\pm$ .

Gyongyi Szabo, MD, PhD, Associate Dean of clinical and translational sciences, professor of gastroenterology at the University of Massachusetts Medical School and colleagues examined the effect of alcohol on monocytes collected from the blood of healthy volunteers. The study focussed specifically on two disease related pathways - the first (Toll-like receptor 8 - TLR8) stimulated by single strand RNA viral attack and the second (TLR4) is involved in recognising bacteria.

Their results suggest that activation of these pathways resulted in an increase in the levels of the anti-viral cytokine IFN. However, this was reduced

by treatment with alcohol equivalent to four or five drinks a day for seven days. Similarly, stimulation of these pathways resulted in an increase in the levels of the pro-inflammatory cytokine TNF $\pm$ . While a single treatment with alcohol decreased the amount of TNF $\pm$ , prolonged treatment increased levels of inflammation.

Dr Szabo said "Alcohol has a profound effect of inhibiting IFN production in monocytes regardless of whether the danger signal is intracellular (TLR8) or surface-derived (TLR4). Such a reduction would impair the body's ability to fight off infection. Additionally, the fact that Type I IFN production is depressed despite increased levels of the pro-inflammatory cytokine TNF $\pm$ , due to chronic alcohol exposure suggests that prolonged alcohol misuse must change the immune balance of monocyte activation and impair host response to single-stranded virus infection like hepatitis C".

Source: Inhibition of TLR8- and TLR4-induced Type I IFN induction by alcohol is different from its effects on inflammatory cytokine production in monocytes. Maoyin Pang, Shashi Bala, Karen Kodys, Donna Catalano and Gyongyi Szabo. *BMC Immunology* 2011, 12:55doi:10.1186/1471-2172-12-55

## The Alcohol Education Trust and [www.talkaboutalcohol.com](http://www.talkaboutalcohol.com) celebrate their first Birthday

The Alcohol Education Trust has a very simple remit - the provision of alcohol education in different ways, to pupils age 11–16 and their parents, and to provide coherent and up to date accurate resources and lesson plans for teachers.

There are over 3,700 maintained secondary schools in the UK, with over 3,650,00 pupils, hence the job of ensuring that these children are provided with up to date, non preachy and effective materials to help ensure they make responsible decisions regarding alcohol as they get older is no easy task.

The Alcohol Education Trust charity was set up by a group of teachers last year to address the gap between the obligation to provide alcohol education as part of PSHE by schools and the lack of curriculum materials available as it is a non compulsory subject. The result of this 'gap' was Ofsted finding alcohol education to be inadequate in 50% of the secondary schools it surveyed regarding PSHE provision in 2010.

Over the last year, The Alcohol Education Trust has supplied 40,000 pupils with alcohol education materials on how to stay safe, avoid peer pressure and make them aware of both the short and long term risks associated with getting drunk and binge drinking, many thousands more have used [www.talkaboutalcohol.com](http://www.talkaboutalcohol.com) in lessons and the downloadable materials. At the same time the programme reassures kids that drinking is not the norm amongst 11 – 16 year olds – just 1% of 11 year olds drink regularly in England and 55% of 11 – 15 year olds have never drunk alcohol. Over 300 schools are using its teacher workbook to date across the UK., and thanks to a 'BIG Impact grant from Drink AWARE , 1000 schools will receive a free teacher work of lesson plans, games and worksheets together with a DVD this academic year.

To date, 35,000 parents have been engaged by schools and been briefed on how to talk to their kids about alcohol. A chatty publication is complemented by a detailed website [www.talkaboutalcohol.com](http://www.talkaboutalcohol.com) which parents can explore with their children. Schools are also offered an opportunity to host a 'talk about alcohol' parents evening in school involving a short DVD and Q and A session. Parents are encouraged to

set boundaries – and a good example, to know where their kids are and are made aware that they are the key suppliers of alcohol to those under 18 (60%), as well as exerting the most influence on their attitudes and behaviour to drinking.

Teachers have their own dedicated website of lesson plans, worksheets, film clips, games and 'conversation starters' via: [www.alcoholeducationtrust.org](http://www.alcoholeducationtrust.org) - here they can browse and 'pick and mix' topics by subject, such as units and guidelines or staying safe and access the most recent facts and figures.

Gordon Redley, retired Head of Dorchester Middle School and Chair of Trustees of The Alcohol Education Trust commented at the AGM this week "We are amazed how much the trust has achieved in its first year and the hunger for this information. As a career teacher, I understand the relief a teacher feels at finding everything they need to teach a topic, together with useful links and further sources of information in one place.. The Alcohol Education Trust does just that.. via its publications, websites, its DVD and teacherworkbooks".

Helena Conibear, Director of the Alcohol Education Trust commented, "We are now working with 10% of secondary schools across the UK and there is much to be done.. the engagement by different partners involved in delivering alcohol education with us is what I have found most gratifying.. ranging from PCT's, police officers, youth workers, teacher training colleges, family support groups and community alcohol partnerships not to mention the teachers themselves".

For further information or to obtain a copy of the AET annual report, please contact Jane Hutchings via: [jane.hutchings@aim-digest.com](mailto:jane.hutchings@aim-digest.com) or Helena Conibear via: [helena.conibear@aim-digest.com](mailto:helena.conibear@aim-digest.com)



## Significant report from UK think Tank DEMOS reaffirms parents as having the most influence

Figure 3 Odds of excessive drinking at age 34 by parenting style when child was age 10

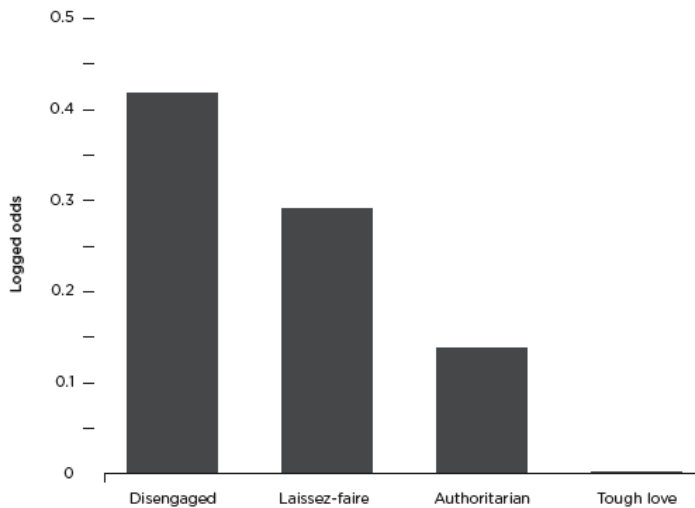


Figure 4 Odds of excessive drinking at age 16 by parenting style when child was age 16

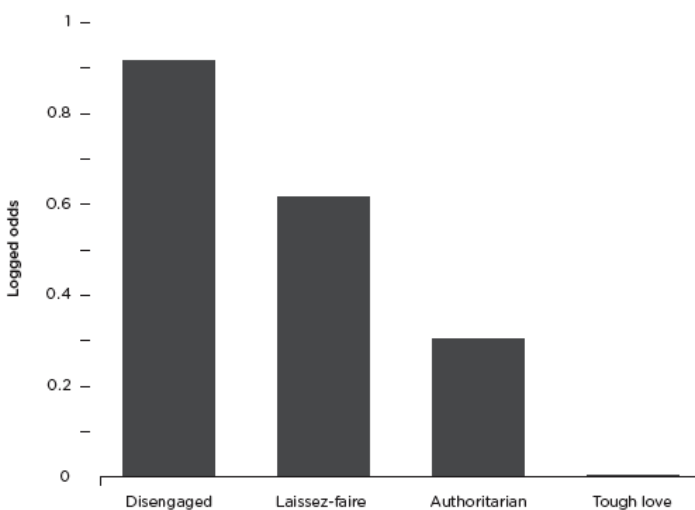
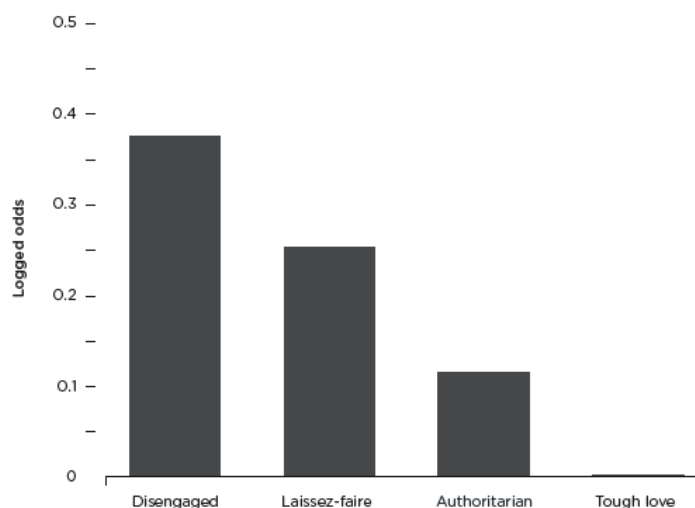


Figure 5 Odds of excessive drinking at age 34 by parenting style when child was age 16



As reported in last month's edition, a significant report from UK think Tank DEMOS reaffirms parents as having the most influence on both teenage and adulthood relationships with alcohol in their offspring.

The report states 'This research offers a largely positive story for parents: that their efforts do make a long-term, significant difference to the relationship their children will have with alcohol – especially in adolescence when peer pressure is often at its most acute. Indeed, serious excessive alcohol consumption in the UK is still the preserve of the few not the many, which illustrates how well parents are already doing... Our findings also fit broader theories from neuroscience. There are two important periods of vulnerability and rapid change in brain development – the early years (0–5) and the teenage years. During both these periods good parenting is crucial to optimal development. In the early years strong warmth is important for cognitive and emotional functions; whereas in the teenage years young people's brains have been shown to be far less mature than was once thought, with deficiencies in how risk is assessed and long-term consequences considered. Our findings fit this picture – with warmth and attachment important in the early years and supportive discipline in the teenage years.'

The study analysed two separate data sets of longitudinal data – the Avon Longitudinal Study of Parents and Children (ALSPAC) and the Birth Cohort Study (BCS). The ALSPAC contains data on 14,062 babies born in Avon, England between April 1991 and December 1992 (4,000 children used on this study). The BCS began in 1970 when data were collected for 17,694 babies born one week of the year from all across the UK. The study compared how their parents raised them against the child's drinking habits when they become an adolescent (age 16) and an adult (age 34).

### Style of parenting at age 10

The report found that strong parental warmth to the child yields a large, significant reduction in the likelihood of the child drinking excessively at 16. Interestingly, discipline did not appear to have an effect. The authors found that disengaged parenting at age 10 makes the child twice as likely to drink excessively at age 34, compared with a child who

has 'tough love' parents. At this age, the likelihood of the child becoming an excessive drinker at 34 increases by 30% for every decrease in parental style within the typologies. Interestingly, the model shows that parenting at age 10 makes little difference to whether or not the child will drink excessively at age 16: the effect appears to be deferred until they reach adulthood.

### Style of parenting at age 16

Disengaged parenting at age 16 makes the child over eight times more likely to drink excessively at that age. At age 16, parenting style was both the strongest and the only statistically significant predictor of whether the child will drink excessively at 16 in the study models. The risk of drinking excessively at age 16 is 836% higher if a child's parents are 'disengaged', compared with showing 'tough love', at that age. Disengaged parenting at age 16 also increase the risk of drinking excessively at 34 by 240% versus children with 'tough love' parents at age 16.2%. This finding held, even when controlling for drinking levels at 16, and parental style at age 10.

High levels of warmth until the age of 10 and strict discipline (of either the authoritarian or tough love kind) at the age of 16 are the best parenting approaches to reduce the likelihood a child will drink excessively in adolescence and adulthood.

Interestingly, the research shows that different aspects of parenting style are important at different stages of the child's life. At ages 21 months to 5 years, and age 10, parenting warmth is a strong and significant safeguard against excessive drinking at age 34, but discipline is not. However, by the age of 16, it is discipline not warmth that is having the strongest effect on whether the child will drink excessively at age 16 and at age 34.

Children with parents who are separated or divorced at age 21 months to 5 years are more likely to have problematic drinking behaviours when they reach 16 than children with both parents married or cohabiting.

### Male versus female traits

Males are more likely to have concerning alcohol-related behaviours, such as being sick or extremely drunk, at age 16 than females, but not necessarily higher overall levels of consumption. Females were found to have a 70% less risk of drinking excessively at age 34 than males.

### Recommendations for parents

#### Warmth during the early years (0–5) and up to the age of 10.

*Most parents will develop a warm and loving relationship in the early years of their children's lives. Here we simply reiterate the importance of such a relationship for developing a number of extremely important life skills, including responsible drinking in later life (even if it does not always appear to make a difference in adolescence).*

#### Discipline and supervision at age of initiation (15–16).

*Strict discipline and supervision are extremely important at this age for teaching children personal responsibility over the long term, as well as protecting them from alcohol use and misuse in the short term. This holds true for both general parenting and alcohol specific techniques. The evidence suggests that parents should not take a relaxed attitude to under-age consumption; should discuss alcohol with their children within the context of setting firm boundaries; should avoid being drunk around their children; and should actively ensure that their children develop sensible and responsible expectations of alcohol consumption.*

**Careful monitoring of alcohol access.** *Easy access to alcohol in the home is one of the key predictors of alcohol consumption and drunkenness among teenagers. Ensuring that alcohol in the home is monitored and teenagers do not have access to it is an important element of a 'tough love' approach.*

### Recommendations for Government

**Enforcement of under-age drinking law.** *Discipline at 16 is an important mitigating factor against excessive alcohol consumption, even if it is not parent-led. By taking a strong line on enforcing the law of sales and proxy sales of alcohol to underage drinkers, the government can help parents enforce alcohol boundaries by making it much harder for children to obtain alcohol. Such enforcement also helps strengthen the social norm that under-age drinking is not acceptable. Research shows that young people who buy their own alcohol are especially at risk of becoming problem drinkers.*

**Local partnerships to target trouble areas.** *Enforcement schemes can be effective if they are part of a broad local partnership of police, the local authority and retailers. Community alcohol partnerships, business improvement districts and Pub Watch are all examples of multi-component responses, where police, local retailers, local authorities and others work together to solve specific local alcohol-related problems such as under-age drinking or anti-social behaviour. The forthcoming alcohol strategy must contain a commitment to help these schemes.*

**Investment in alcohol-related school programmes that involve parents.**

### Becoming parents

Having children at the age of 34 reduces the risk of drinking excessively by 22%.

The report fails to find why exactly parenting appears to be significant for excessive alcohol consumption, but finds convincing evidence for parenting that combines discipline and warmth - finding it fosters self-control, autonomy, self-confidence and social responsibility in children. These qualities are associated with many positive outcomes, including responsible drinking. Moreover, the fact that parenting style at age 10 does not affect drinking at 16 but does at 34 implies that good parenting, among other things, builds durable personal qualities that take time to be realised.

The authors state that 'We know that information provision on alcohol and its dangers is not enough on its own to change drinking behaviour. However, if the parents are involved, and the intervention deals with general life skills such as sociability, autonomy, application and so on, school-based programmes can be effective. The forthcoming alcohol strategy should ensure resources for school based activities are targeted on these types of programmes.'

The report concludes: The results show that, even when accounting for income, education, ethnicity, gender, parents' drinking and more, parenting style is enormously important. Overall, if a set of parents spends a lot of time with the child, while also enforcing rules and discipline, the child is less likely to drink excessively as an adolescent and as an adult, compared with children whose parents did not.

Access the full report at: [www.demos.co.uk/files/Under\\_the\\_Influence\\_-\\_web.pdf?1316105966](http://www.demos.co.uk/files/Under_the_Influence_-_web.pdf?1316105966)

### Few parents believe that their children drink alcohol

The latest CS Mott Children's Hospital National Poll on Children's Health from the University of Michigan finds that few parents (10%) believe their own teens, ages 13 to 17 years old, have used alcohol in the last year and even fewer (5%) believe their own teens have used marijuana in the last year.

Those levels are substantially below what teens themselves reported in the latest Monitoring the Future study, where 52% of 10th graders reported drinking alcohol in the last year and 28% of 10th graders reported using marijuana in the last year.

"There's a clear mismatch between what parents are reporting in terms of their children's possible use of substances and what teenagers report themselves," says Bernard Biermann, MD, PhD, Assistant Professor in the Department of Psychiatry and Medical Director of the Child/Adolescent Inpatient Unit at the University of Michigan.

In the poll, Biermann and other researchers also found that parents of teens are very likely to believe that at least 40% of 10th graders used marijuana in the last year and that 60% of 10th graders drank alcohol in the last year. In other words, parents are more likely to expect marijuana and alcohol use by teenagers other than their own.

"The results of this poll indicate the potential value of educational campaigns for the public about teen substance use - reaching out to teens, parents and other adults to encourage better communication and shared information," says Matthew Davis, MD, MAPP, Director of the C.S. Mott Children's Hospital National Poll on Children's Health and Associate Professor in the Child Health Evaluation and Research Unit at the U-M Medical School.

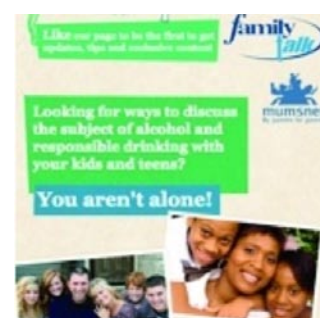
Full report: [www.med.umich.edu/mott/npch/pdf/091211substanceuse.pdf](http://www.med.umich.edu/mott/npch/pdf/091211substanceuse.pdf)

### Family talk on alcohol launched with Mumsnet on facebook

Following more than a decade of success in the US with Family Talk and College talk - programmes that encourage parents to talk to their kids about alcohol in the US, AB/INBEV have launched 'family talk' in the UK in association with Mumsnet. The series of short video clips, message board and dialogue is aimed at 'starting conversations' among parents, and

to encourage them to talk early and openly to their children without exaggeration.

[www.facebook.com/FamilyTalkUK](http://www.facebook.com/FamilyTalkUK)



## Teens more likely to drink when they have large networks of friends

Teenagers are more likely to start drinking alcohol when they have large networks of friends, according to a study published in *Academic Pediatrics*.

The findings suggest that, in addition to well-established demographic risk factors like age, race, and team sports, adolescents are at heightened risk of alcohol use onset because of their position in the social network. The study also found that closer proximity to more popular individuals was a factor in drinking initiation.

*"In this study, adolescents in higher density school networks were more likely to initiate alcohol use,"* according to Marlon P. Mundt, PhD, Department

of Family Medicine, School of Medicine and Public Health, University of Wisconsin, Madison. *"More dense networks exhibit more interconnected clusters that magnify the spread of influence. Notably, the results come to light in view of computer simulations showing that more dense networks amplify the dynamics of influence cascades,"* he added

The findings suggest that potentially limiting the size of adolescent groupings may have a positive effect on delaying alcohol initiation.

Source: *The Impact of Peer Social Networks on Adolescent Alcohol Use Initiation*, Marlon P. Mundt PhD, *Academic Pediatrics*. Available online 26 July 2011.

## Those living alone have increased risk of dying from alcohol-related causes

Living alone substantially increases a person's risk of dying from alcohol-related causes, a new study from Finland has found. The researchers say it is impossible to tell whether living alone is a cause or a consequence of alcohol abuse. The study found that of the 18,200 people who died of alcohol-related causes over a six-year period in Finland, two-thirds lived alone.

Between 2000 and 2003, men living alone were 3.7 times more likely to die of liver disease than married men or men who lived with someone. Between 2004 and 2007, they were 4.9 times more likely to die of liver disease.

Women who lived alone were 1.7 times as likely to die of liver disease between 2000 and 2003, and 2.4

times as likely between 2004 and 2007, compared with women who lived with someone.

Loneliness has long been recognized as both a contributor to and a consequence of alcohol abuse, the researchers say. But until now there have not been any large, population-based studies on the association between living alone and alcohol-related death.

Source: *Living Alone and Alcohol-Related Mortality: A Population-Based Cohort Study from Finland*. Kimmo Herttua, Pekka Martikainen, Jussi Vahtera, Mika Kivimäki. September 2011 Issue of *PLoS Medicine*.

## Eating together, family structure and risk behaviour

Family structure is associated with a range of adolescent risk behaviours, with those living in both parent families generally faring best. A recent study described the association between family structure and adolescent risk behaviours and assessed the role of the family meal. Data from the 2006 Health Behaviour in School-Aged Children survey were modelled for six risk behaviour outcomes. Significantly more children from 'both parent' families ate a family meal every day and fewer 'hardly ever or never' did. Family structure was associated with boys' and girls' smoking, drinking, cannabis use and having sex and with girls' fighting. Frequency of eating a family meal was associated with a reduced likelihood of all risk behaviours among

girls and all but fighting and having sex among boys. Eating a family meal regularly nullified the association between family structure and drinking alcohol for boys and girls and cannabis use for boys and reduced the effect size of alternative family structures on boys having sex and smoking. The family meal, associated with a reduced likelihood of many adolescent risk behaviours, reduces or eliminates the association with family structure and may therefore help to overcome inequalities in adolescent risk behaviours.

Source: *Adolescent risk behaviours and mealtime routines: does family meal frequency alter the association between family structure and risk behaviour?* Kate A. Levin, Joanna Kirby and Candace Currie. *Health Educ. Res.* (2011) doi: 10.1093/her/cyr084. First published online: September 7, 2011



## New charity, Alcohol Research UK launched

Following the dissolution of the Alcohol Education Research Council as a 'quango' by the conservative government, a new charity, using the £13 million invested by the AERC has been established 'Alcohol Research UK'.

The charity's launch began with a very interesting presentation on the history of alcohol research over the last 200 years by Professor Virginia Berridge, Professor of History of Public Health at London school of Hygiene and Tropical Medicine. The beginnings of alcohol research began with the temperance movement in the mid C19th with the expansion of the industrial revolution, keen to disprove the efficacy of using alcohol in medicine and being seen as a 'food'. The focus of the first research was its effect on work output. Therefore non drinking bricklayers were compared with those who were drinking alcohol and their efficiency compared. Similar studies were carried out with labourers at harvest time. Every year a 'drinks bill' was published showing how many man hours were wasted through 'drinking on the job'!

By the late C19th social science investigations begin as well as studies on the pharmacology and physiological impact of alcohol, especially hereditary traits and alcoholism. This was called the inheritance of acquired characteristics. A book called 'Alcohol and the human body' was published in 1907 and was full of experimental work. A society for the study of inebriety was established and the debate began between the merits of moderation versus abstinence.

With the advent of World War 1 a central control board was set up to control the licensed trade and opening hours to ensure that workers and soldiers stayed sober. There was an effect on criminal justice with convictions for public disorder falling – this would largely be due to eligible young men being off at war however. Prohibition was introduced in Russia and was held partly accountable for the Revolution.

Post the first world war, the interest in alcohol and economic output died away, especially with the great depression of 1929. A focus began to look at blood alcohol concentration and the issue of drink drive. The US entered its long experiment with Prohibition in 1919, through to 1939 and for the first time studies on alcohol were published quarterly by Jellinck at Yale, who later went on to The World Health Organisation. New ideas were discovered by Bacon and Pittnet and the concept of alcoholism established.

In 1967 the Addiction Research unit was established in

the UK with a concentration on the idea of providing a cure for addiction. Archie Cochraine moved the debate onto a call for a general focus on evidence in the 1970s. Ketil Bruun introduced the idea of alcohol control policies to reduce alcohol related harm in the 1975 and the Lederman hypothesis was introduced. This theory expounded that if everyone drinks less, then alcohol related harm will reduce accordingly, irrespective of whether those drinking at harmful levels are addressed or moderate drinkers. Similarly, if consumption rises, alcohol related harm will increase. The first moves to influence public policy were established, and so to the present day and to the many thousands of studies that are published concerning alcohol and its physical, social, behavioural and psychological effects each year.

Robin Davidson, a clinical psychologist and chair of the newly launched charity, then called for more government action on the rising consumption of alcohol and its negative health consequences. He stated in his opening address that "The price of this drug is obscenely low." The ARC is therefore helping to produce an evidence base to prove the case for a minimum price to support the regional assemblies of Scotland, Northern Ireland and Wales.

Ian Gilmore, consultant at Royal Liverpool Hospital and member of the Alcohol Health Alliance, said that moderate or non-drinkers are "almost certainly currently subsidising the heavy drinker in the supermarket. All the hooks to get people into supermarkets are drinks adverts – they're subsidising and discounting alcohol instead of fruit and vegetables. If there was no discounting of alcohol, it's likely that the shopping basket would be cheaper for people who do not drink heavily."

Contrary to universal figures (ONS, NHS Information Centre, GHS) which show that alcohol consumption is declining in the UK, Gilmore and Davidson claim that the problems with alcohol abuse are increasing in the UK. Gilmore has seen a huge increase in alcohol-related illnesses. "3 in 100 of the men of Liverpool are admitted to the Royal Liverpool Hospital with an alcohol-related illness. Peak deaths are between ages 45 and 64 – unlike smoking, alcohol kills people in the most productive period of their life."

In a study published earlier this year in the Lancet, Gilmore suggests that if the UK reduced its overall consumption of alcohol to match European counterparts in France, Spain and Italy, the country

could prevent more than 250,000 deaths from liver disease in the next 20 years. Alcohol consumption per capita in the UK at 7.5 litres is actually lower than in France (9.8 litres), or Spain, (8.9 litres), but marginally higher than Italy at 6.8 litres in 2009. Spain, Italy and France have all lowered consumption from much higher levels however since 1970 (France 17.2 litres, Spain 12 litres and Italy 16 litres) of pure alcohol per capita at that time, when liver disease was much more prevalent.

Martin Hagger, a psychologist at Curtin University in Australia, said that introducing a minimum price of 50p per unit of alcohol would reduce alcohol consumption in the UK by about 7%, according to modelling carried out by the University of Sheffield. "That same modelling data suggests we can save up to £10bn in costs associated with excess alcohol consumption," he said. "Things like reducing the costs of treating alcohol-related harm but also the costs of managing the night-time economy, funding accident and emergency as a result of people being intoxicated on Friday nights."

Funded by Alcohol Research UK, Curtin carried out a study where he interviewed 217 people in 28

focus groups around the north of England about their attitudes to minimum prices for alcohol. All participants were carefully briefed about what a minimum price entailed. "In concordance with our expectations, participants did express negative views of the minimum price per unit," said Hagger. "They were sceptical of its effects. They found the idea unfair to sensible drinkers and perceived that it might create or exacerbate other social problems – increases in crime or drug abuse where people who were heavily dependant might turn to crime to fund their alcohol abuse."

Alcohol Research UK now plans to carry out more work looking at the effects of minimum pricing of alcohol when it comes into force in Scotland.

"There's a lot of anecdote and bias in this debate and we're funding [a project] to look at the effect of minimum pricing when it's introduced in Scotland on the drinking habits of highly dependent drinkers," said Davidson. "The urban myth is that, if the price of alcohol goes up, the moderate drinkers are going to stop but the alcoholics will find a way to fund their addiction. We know that's probably not true and we're going to fund a major flagship project to explore that."

## Health Minister in UK congratulates alcohol industry regarding their commitment to improving public health and reducing alcohol related harm across the UK

On the 14th September, Andrew Lansley addressed the Wine and Spirit Trade Association conference, held at BAFTA.

The Minister congratulated the industry for engaging so effectively with The Department of Health, NGO's and other partners – enabling measurable pledges to be made that could potentially lead to behaviour change in the UK regarding responsible drinking.

The Minister in no way understated the issues that need to be addressed in the UK, such as 7% of men drinking more than 50 units a week and that there are 15,000 deaths due to alcohol each year. His aim is to try and reduce the 9 million adults who currently exceed the responsible daily drinking guidelines of 2-3 units (8g) for women and 3-4 for men in the UK. He believes that partnership is far more effective than more regulation. He does not believe that finger wagging and blaming is effective in improving the situation, but advocates partnership between

Government, industry communities and public health, and measuring outcomes.

Lansley highlighted simple effective measures that 'nudge' change, such as Heneiken's pledge to reduce the alcohol by volume of one of its leading brands. Hence, consumers don't have to drink less, and sales are not lost and yet millions less units of alcohol will be consumed as a result. The Community Alcohol Partnership was similarly singled out for praise for lowering underage sales and associated public nuisance and violence at local level in communities across the UK. ASDA was praised for its £1 million contribution to the work of the charity Addaction.

Lansley detailed the three other strands of the Responsibility Deal still being worked on, namely pledges surrounding the improvement of the low alcohol sector, pledges surrounding the delivery of alcohol education with a particular focus on raising the age of onset of regular drinking in the UK, and

pledges around retail practices.

The Minister was unable to give much detail concerning the awaited Alcohol Strategy, but did confirm that the work stream would be across departments with an emphasis on local implementation. The strategy will also look to understand and address alcohol abuse and chronic dependence better.

When asked to comment on the effectiveness of introducing a minimum price for alcohol, the Minister said he had not seen evidence to show that the poorest families who did not drink to excess would not be unfairly penalised. He felt their more targeted approach to date of raising tax on super strength beer and reducing tax on low alcohol beer was fairer. He would like strategies based on evidence based policy making so potential 'unforeseen consequences' and behavioural responses can be properly analysed.

Lansley's address was followed by an update by Jeremy Beadles, Chief Executive of the WSTA. He confirmed that the Community Alcohol Partnership (CAP) <http://www.wsta.co.uk/cap.html> is now established as a community interest company with separate funding for three years. It's challenge is to grow the 36 existing partnerships into 110 over three years. As part of CAP's commitment, it will provide resources from The Alcohol Education Trust into all secondary schools in the intervention CAP's for the three year period. This includes a teacher workbook, DVD and advice and information leaflets for parents and older teenagers. Schools will also be encouraged to invite parents into school for a 'talk about alcohol' informal advice seminar. See [www.alcoholeducationtrust.org](http://www.alcoholeducationtrust.org) and [www.talkaboutalcohol.com](http://www.talkaboutalcohol.com)

Beadles went on to state how the WSTA now sees the break up of the UK from a single market, with separate agenda in Scotland and Northern Ireland in particular.

### Legislative agenda

The WSTA does not expect the duty escalator of RPI plus 2% to change before 2014. The ban on below cost selling at duty plus VAT is drafted and ready but will not be rushed as there is little evidence of trading activity. The late night levy remains an area of concern. The alcohol strategy is awaited and the WSTA are asking for a new tax band for wines which will encourage development in the lower alcohol

sector. A lower duty rate for wines of between 5.5% and 8.5% would kick start this potential growth sector and responsibility deal focus.

Scotland will see restrictions on promotional activity for alcohol and a social responsibility levy on licensed premises and perhaps more. A minimum price for alcohol, although it may be challenged as to its legality at EU level is expected to be implemented at 45 or 50p a unit (of 8g).

### UK research shows consumer concerns over lower alcohol products

Beadles also highlighted research commissioned by the WSTA suggesting that the wine industry needs to address concerns about quality and taste of lower alcohol wines if it is to attract more consumers to the category. Research by YOU Gov found that concerns were strongest amongst existing wine drinkers: 55% of red wine drinkers (51% of white wine drinkers) said they had concerns about the taste of lower alcohol wines; 41% of red wine drinkers (36% of white wine drinkers) had concerns about the product quality of lower alcohol wines.

The findings emerge from the YouGov Omnibus Panel (August 2011) and are based on a sample of 1,693 British adult drinkers.

When asked what would encourage them to buy lower alcohol wines, satisfaction about product quality and the ability to taste and compare before buying emerged as the main priorities among wine drinkers, but price and choice also registered: satisfaction that product quality is the same as standard wine: (39% of red wine drinkers, 34% of white wine drinkers); ability to taste and compare before buying (32% of red wine drinkers, 28% of white wine drinkers).

Interestingly, only 12% of red wine drinkers, 16% of white wine drinkers and 22% of rosé drinkers said they would buy lower alcohol wines if were a lot cheaper (ie between 11-20% cheaper than standard wine).

Commenting on the research, WSTA Chief Executive Jeremy Beadles said that "these figures will be of interest to both the wine trade and to policymakers who are looking at ways of encouraging a wider range of lower alcohol products. While there's plenty of evidence to suggest consumers are interested in lower alcohol drinks these findings suggest there's work to do to convince drinkers about the taste and quality of products coming onto the market."

## DISCUS issue guidelines for digital marketing in US

The Distilled Spirits Council of the US (DISCUS) and EFRD have collaborated to develop guidelines for responsible alcohol advertising and marketing. Effective from September 30, the guidelines apply to branded digital marketing and communications, including social networking sites, websites, blogs, mobile communications and other applications.

The guidelines require:

- 'Age-gating' before direct dialogue between advertisers and consumers
- Privacy policies to ensure protections regarding data collection and use of personal information
- Regular monitoring of brand pages and sites and removal of inappropriate user-generated content
- Clearly identifying brand marketing as such in digital marketing communications/ product promotions such as blogs
- Visible instructions urging individuals to forward

downloadable digital content only to adults of legal drinking age

The guidelines will be reviewed regularly and updated as technology evolves.

DISCUS president Peter Cressy said: "Social media has become an increasingly important marketing channel to reach adult consumers of legal purchase age." These new digital guidelines reflect our companies' strong commitment to extend their responsible marketing practices to these emerging media platforms."

Under the code, beverage alcohol advertising and marketing should be placed in media only where at least 71.6% of the audience is reasonably expected to be of the legal purchase age. According to DISCUS, the most recent Nielsen online syndicated data (August 2011) showed Facebook's audience was 82% 21 years of age or older; that Twitter's audience was 87% 21 plus; and that YouTube's was 81% 21 and over.

## Diageo criticised over deal with facebook

Concerns have been raised that a multimillion-dollar deal agreed between Facebook and drinks company Diageo will expose increasing numbers of young people to alcohol marketing.

Announcing the deal, Diageo said Smirnoff had become "the number one beverage alcohol brand on Facebook worldwide" and that its brands in the US had enjoyed a 20% increase in sales "as a result of Facebook activity". The deal will, said Diageo, "drive unprecedented levels of integration and joint business planning, and experimentation between the two companies". 950 of Diageo's marketers have been trained in "Facebook boot camps" to build their social media capabilities and the company now claims to be recording "significant returns on investment" across a number of its brands.

Health experts and alcohol campaigners say the impact will be felt in teenage drinking. Dr Nick Sheron, a liver specialist at Southampton hospital, believes the attraction of Facebook is the youth of its users, with half under the age of 24 and many under the legal drinking age of 18. Facebook argues that pages set up by alcohol advertisers are "age-gated",

and therefore only accessible to those who are over 18. But Sheron argues that many younger people do not disclose their true age on Facebook; one-quarter of UK children aged 8-12 have a Facebook or similar account and the majority of these accounts are hidden from parents.

Facebook said it was very hard to control the age group who access any internet site, but insisted that it does all it can. "At Facebook we have a clear policy – if you want to use the site, you should be at least 13 years old," said a spokesperson.

Diageo said it was working within the rules. "Our collaboration with Facebook is subject to our internal global marketing code which mandates that we must comply with all applicable laws, regulations and industry codes, such as the codes for responsible marketing of the Portman Group, Ofcom and the ASA [Advertising Standards Authority]," it said.

It was also announced in August that Heineken, has signed a landmark partnership with Google. Heineken ads will be concentrated on Google's YouTube and will involve homepage takeovers and pre-roll ad slots.

## JRF report: Young people, alcohol and the media

A study by The Centre for Public Health at Liverpool John Moores University for the Joseph Rowntree Foundation (JRF) explores media representations of alcohol and their influence on teenage drinking.

Young people, alcohol and the media shows that, compared with the influence of friends, young people's exposure to media coverage of alcohol usage and their attachment to celebrities were not important risk factors for their own alcohol consumption. Instead, estimates of their friends' drinking and the perceived acceptability of drinking by friends were found to be much better predictors. Key findings include:

- alcohol was the most prominent substance and beverage portrayed in TV programmes watched by young people;
- when the effects of alcohol were shown, they

- tended to focus on intoxication and extreme effects such as violence and alcohol dependence;
- young people were critical of celebrities who were depicted drinking to intoxication; and
- neither young people nor media professionals thought that health-related messages about alcohol were newsworthy or of entertainment value.

The authors conclude that the media can help to set 'healthy' norms for drinking behaviour. However, policies to restrict media representations of alcohol need to be part of wider strategies involving families, friends and media professionals. Promoting better understanding of how and why alcohol messages are presented may help to improve young people's health literacy and reduce alcohol-related problems.

The report can be viewed at [www.jrf.org.uk/publications/young-people-alcohol-and-media](http://www.jrf.org.uk/publications/young-people-alcohol-and-media)

## UK parents want schools to support their children's social and emotional development

A report has just been launched: 'A New Conversation With Parents: How Can Schools Inform and Listen in a Digital Age?', presenting research into what parents would like schools to provide for their children. The report shows that parents attach great importance to qualities like confidence, self-esteem, respect for others and practical skills such as budget management, understanding nutrition, health and personal hygiene.

[familylives.org.uk/docs/family\\_lives\\_pearson\\_final.pdf](http://familylives.org.uk/docs/family_lives_pearson_final.pdf)

## Drinkaware's 'Why let Good Times Go Bad' campaign returns

Drinkaware has re-launched its 'Why let good times go bad?' campaign to tackle binge drinking amongst young adults. Messages will be displayed on billboards, poster sites and in stations, with supporting campaign activity taking place in pubs, clubs, bars and supermarkets' to ensure that young adult drinkers are targeted at every stage of their night out'. The campaign includes 3 main tips: 'It's not a race, remember to pace'; 'Have something to eat to stay on your feet'; 'Try to make every third drink a soft one'.

For more information, visit [www.drinkaware.co.uk](http://www.drinkaware.co.uk)

## New Europe-wide report on European beer taxes

Britain's beer drinkers are paying 40% of the entire European Beer Tax bill, according to a new report from global accountancy firm Ernst & Young, commissioned by the European brewing industry.

Despite having only 12% of the EU population and 13% of total beer consumption, the UK Beer Tax bill has now reached £3.2 billion per year – over five times as much tax as the total paid by German beer drinkers, who drink twice as much beer as the British.

Other findings in the report will raise concerns about current tax policies across Europe. In recent years, 15 EU countries have raised beer taxes as part of the struggle to balance their books – yet this has not brought in more revenues.

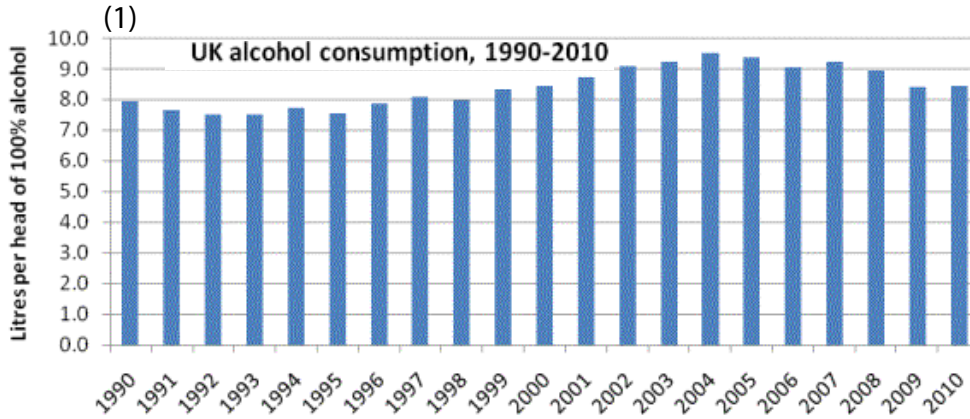
The UK is still a leader in the brewing sector, with the second highest number of breweries in Europe's £106 billion beer market, topped only by Germany. And Britain's pubs still account for a higher proportion of on-trade beer sales in Britain than on the continent – 51% of British beer is consumed in pubs, bars, hotels and restaurants, as opposed to 37% in Europe.

[http://www.brewersofeurope.org/docs/flipping\\_books/contribution\\_report\\_2011/index.html](http://www.brewersofeurope.org/docs/flipping_books/contribution_report_2011/index.html)

# Statistical Handbook - A compilation of statistics in 2011 from British Beer and Pub Association

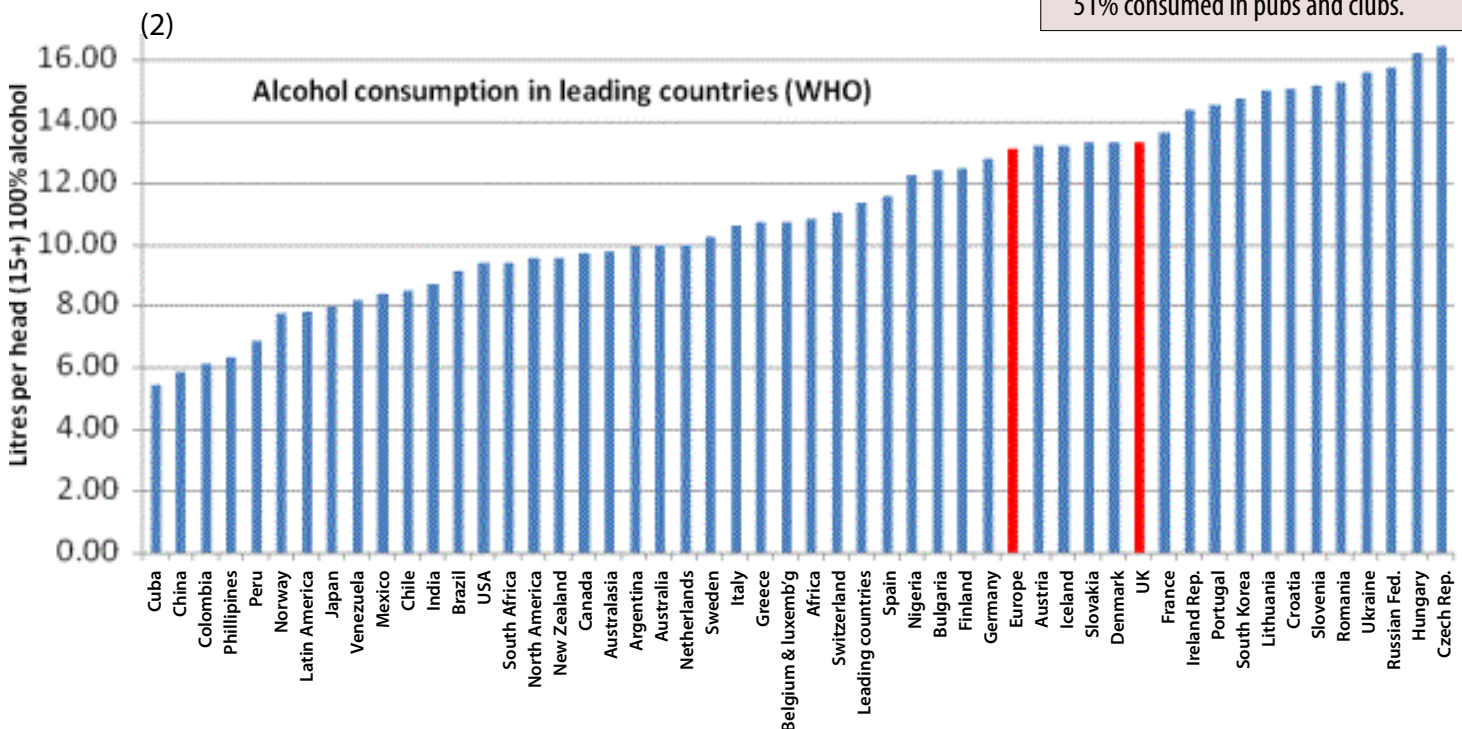
## Alcohol consumption in the UK - BBPA statistical handbook 2011

The data below gives a summary of BBPA analysis of Customs clearances over the last twenty years.



## UK consumption in a worldwide context

Collection of data in the UK is fairly advanced and available compared to a number of countries around the world. The BBPA Statistical Handbook has a timeline of data that pulls together data from a number of sources, predominantly trade bodies and government sources around the world. The other recognised source is the World Health Organisation who publish a Global Status Report on Alcohol and Health (see comparative tables 2 & 3 below). The first table presents BBPA data for 2009 for leading countries around the world, for which data was available. There is a wide range in consumption from country to country. The table excludes a number of countries where alcohol consumption is not prevalent or well recorded, particularly in Asia and Africa. Continental averages are shown where there is sufficient data. The data for the majority of the countries refers to beer, wine and spirits. The UK figure additionally includes cider and alcopops.



### Summary

- The proportion of abstainers has increased marginally since 1997, resulting in a marginally higher per capita consumption for those that do drink.
- UK alcohol consumption (7.5l /person) is lower than European average. Data ranges from 6 to 13 litres per head within the EU.
- UK beer consumption (76l /person) similar to European average (78l/person). Data ranges from 28 to 159 litres per head within the EU.
- As with overall consumption, 'binge drinking' falling across all age groups and both genders (men 28% in 2004 and 20% in 2009, women 16% in 2004, 13% in 2009).
- Harmful drinking has nearly halved in last decade, with 5% considered in this category.
- Average alcohol consumption is higher among higher income households (the richest consume 50% more than those with the lowest incomes).
- Young people trying alcohol has fallen by 27% over twenty years.
- 67% of alcohol consumption is alcohol purchased from supermarkets/shops. This has increased from 53% in 2000. However this does vary by drink e.g. for beer with 51% consumed in pubs and clubs.

Chart 3 goes on to look at alcohol consumption as reported by the World Health Organization. This includes both reported and unreported (illicit) alcohol consumption, and is based on the 15+ population so the numbers are higher. Using this data puts the UK higher in relative consumption terms, and ahead of the EU average. The accuracy and timeliness of some of this data is questionable. The data does again show that European consumption is higher than in most other areas.

**Excessive drinking in the UK**

There is data available for every year from 1998 to 2009 (with the exception of 1999). Amongst the male population the numbers drinking twice or more the guideline amounts rose slightly from 1998 to 2003, before beginning a fairly steep decline. The fall in proportion of male drinkers in this category fell by about 30%.

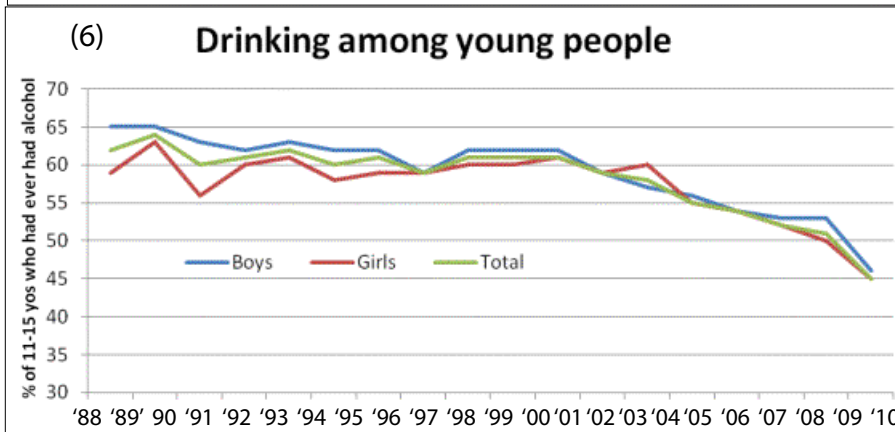
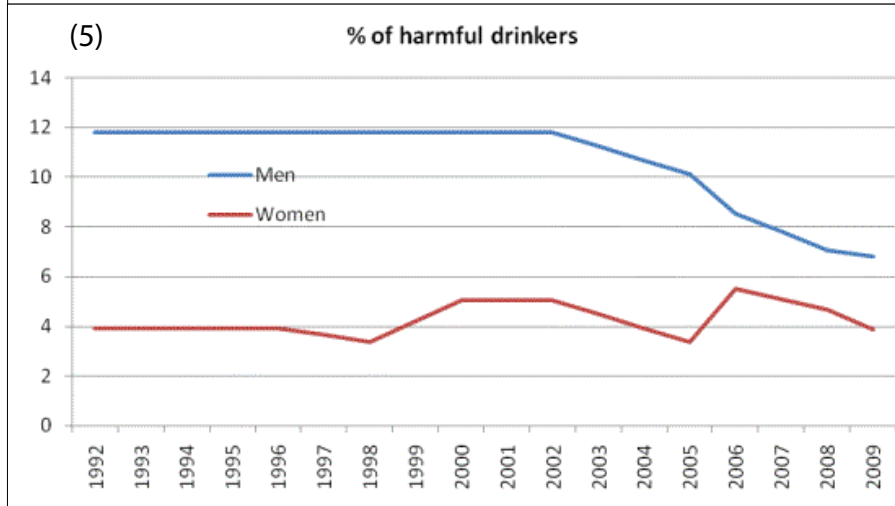
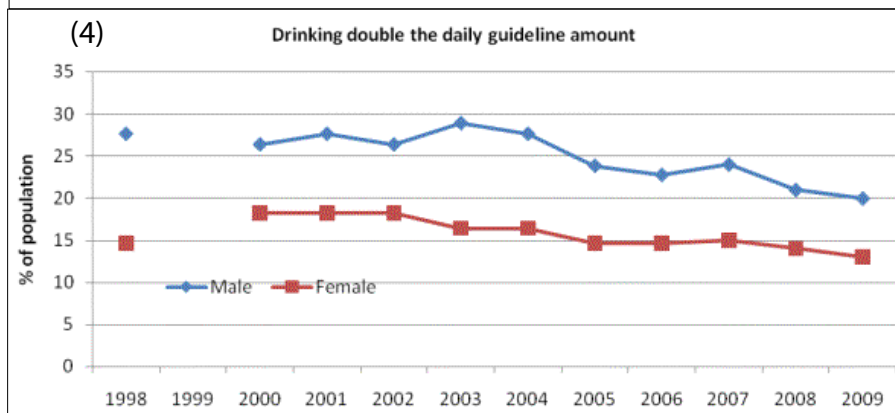
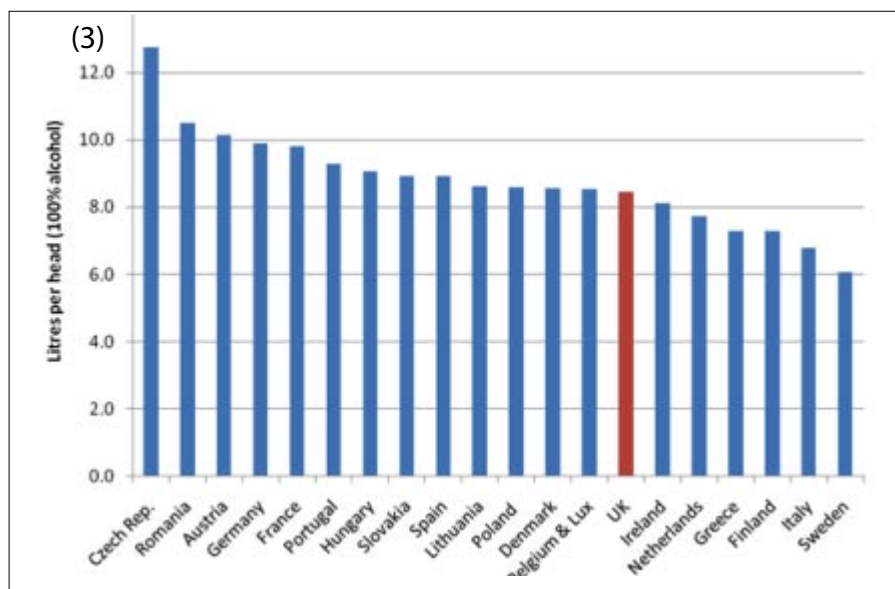
Amongst women the data is not as clear. Those classified as 'binge-drinkers' has fallen significantly from the year 2000 – about the same level of decline as amongst males from 2003.

Amongst the male population there has been a fall in the incidence of 'binge drinking' amongst all age groups. The most pronounced fall is actually amongst the youngest drinkers, with the rate nearly halving.

Another measure of consumption is the number of people that exceed a given number of units per week. For men this is 51 units or more, and for women it is 36 units or more, and this is defined as 'harmful' drinking. This data is shown in chart 5.

For men there has been a significant downward trend in 'harmful' drinking since 2002. Women's patterns of harmful consumption have been more volatile, but are at comparable levels to the early 1990s.

Chart 6 shows the % of 11 to 15 year olds who have ever had an alcoholic drink. Clearly, this shows a prolonged decline in those that have consumed alcohol, by about 27% over twenty years.



## Overview of the 2008-2011 Scottish health surveys

The 2008-2011 Scottish Health Survey was commissioned by the Scottish Government Health Directorates. It is the continuation of a series of surveys aimed at monitoring health in Scotland.

The current report analysis is based on a pooled dataset drawing on both the 2008 and 2010 surveys combined.

Main findings from the report were:

- Mean weekly alcohol consumption among adults aged 16 and over declined from 14.1 units in 2003 to 11.6 units in 2010. (Men 19.8 units in 2003 to 16.0 units in 2010, women 9.0 units in 2003 to 7.6 units in 2010).
- The proportions of adults drinking in excess of recommended weekly limits also declined between 2003 and 2010, from 28% to 22% (33% to 27% of men and from 23% to 18% of women).
- 43% of men and 33% of women (38% of all adults) drank more than the recommended regular daily limit (4 units for men or 3 units for women), while 26% of men and 16% of women (21% of all adults) drank more than twice the recommended daily limit (more than 8 units and more than 6 units respectively).
- The proportion of men exceeding the recommended daily limits was similar in the 2003-2010 period (43%-45%), but the proportion of women exceeding their recommended limits declined from 37% in 2003 to 33% in 2010.
  - \* 42% of adults in 2010 drank within both the weekly and daily recommended guidelines (39% of men and 45% of women).
  - \* 49% of men 49% and 38% of women drank outside the recommended guidelines.
- Half of adults aged 16-54 drank outside the weekly or daily guidelines (49%-50%). This then declined to 41% of those aged 55-64, 30% of those aged 65-74, and 17% of those aged 75 and over. Similar patterns by age were seen for men and women, though compared with men the proportion of women drinking outside the guidelines declined from an earlier age and the decline was steeper.
- Adults in more socio-economically disadvantaged groups tended to be more likely to be non-drinkers or ex-drinkers than their more advantaged counterparts, and were less likely to drink outside the recommended limits. For example, 60% of men in the highest income households drank outside the guidelines compared with 43-44% in the three lowest income groups. 46%-49% of women in the two highest income groups drank outside the guidelines compared with 29% in the lowest income group. Similar patterns were evident with area deprivation.
- Current drinkers answered questions designed to measure possible problem drinking. Among all adults aged 16-74, the proportion reporting two or more problems rose from 9% in 1998 to 13% in 2008, and was 12% in both 2009 and 2010. The proportion reporting no problem indicators declined from 77% in 1998 to 70% in 2010.
- People who reported two or more problem indicators drank more units per week than those with one or no problems, though men and women who reported only one problem still drank more units per week than is advised for their sex.
- 45% of adults who reported no problems drank outside the recommended limits compared with 78% who reported one problem and 84% who reported two or more.
- 88% of adults who drink within the daily and weekly guidelines report no problem indicators compared with 59% of those who drink outside them. People who drink outside the guidelines were much more likely than those who drink within them to report one problem drinking indicator (24% versus 9%), or two or more (17% versus 4%).

[www.scotland.gov.uk/  
Publications/2011/09/27084018/21](http://www.scotland.gov.uk/Publications/2011/09/27084018/21)



## 'E-course' to help hospital staff assist alcohol users

An online alcohol awareness course has been developed to help medical staff assist patients to choose healthier drinking behaviour.

The "e-learning" course was created for hospital staff in Portsmouth and is now available nationally on the Alcohol Learning Centre website.

The course, which has been developed in partnership with the Department of Health's alcohol policy team and e-Learning for Healthcare, aims to help health professionals identify those individuals whose drinking might be impacting on their health and deliver advice.

Dr. Paul Edmondson-Jones, director of public health and primary care for Portsmouth Hospitals NHS Trust, said: "We recognise the impact alcohol misuse has on patients in Portsmouth and are keen to do all we can to reduce alcohol problems in the future."

## Italian initiative raises awareness of drinks alcohol strength

EtilOk is an initiative of the Veronesi Foundation with Federfarma, to raise awareness of alcohol strength amongst young people.



A package containing 3 single use breathalysers and a information guide prepared by the Observatory on Youth and Alcohol Permanent is on sale in September 2011 in Italian pharmacies.

"We are really pleased that other hospital staff around the country will also benefit from this training."

In Portsmouth at least 4,000 people a year are admitted to hospital due to their drinking, costing the NHS an estimated £10m per year, says Portsmouth City Council.

The council says the majority of this "avoidable health harm" is incurred by those who are not alcohol dependent, but who are drinking above lower-risk levels.

## Challenge 25 in Scotland

Challenge 25 became a mandatory condition for all of Scotland's licensed premises on 1 October 2011 under the terms of the Alcohol etc (Scotland) Act 2010.

All premises in Scotland must have an age-verification policy in place, which will require operators and their staff to ask customers who look 25 years old or younger, to produce identification proving that they are aged 18 or over.

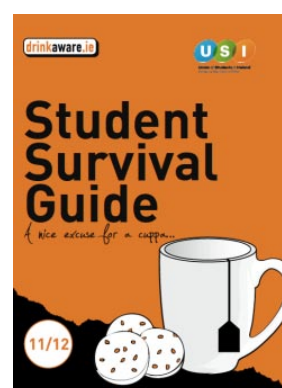
The SPBA is sending around 25,000 Challenge 25 posters to 5,000 pubs in Scotland. There are also 55,000 badges and thousands of guide documents being distributed to support the introduction.



## Drinkaware.ie joins forces with USI to launch Student Survival Guide

Drinkaware.ie has joined forces with the Union of Students in Ireland (USI) to launch the first Student Survival Guide. The Guide is packed full of useful tips on college life, moving out, managing your money (including some money-saving tips), finding your feet with new friends, joining clubs and socs, surviving those nights in and out, avoiding hangovers, looking after your health, studying, as well as details of a variety of support organisations who are available to help students throughout the year.

Supporting the Guide, USI President Gary Redmond said "It's fantastic to see a guide created by



drinkaware.ie that covers so many important issues for students, such as what to do if you're feeling low, how to look after your sexual health and how to prepare for exams. I would encourage students to read this guide as it is a great resource to have and will assist them on their journey through college."

The Student Survival Guide is available to download from [www.drinkaware.ie](http://www.drinkaware.ie).

## Swedish app prompts heavy drinkers to reconsider their habits

Swedes can now record their drunken behaviour with a new iPhone app launched in August. The new app, Fyllekameran ('booze-camera'), is the brainchild of IQ, a wholly-owned subsidiary of the state-owned alcohol monopoly Systembolaget.

The Fyllekamera app consists of an alarm that users set before they head out for a night out. When the alarm sounds, users are prompted to click 'OK', at which point their iPhone camera records the behaviour of the user and his or her friends after a few drinks.

"When the film is recorded, I'm sure it will be fun and hilarious," said Jägerskog, but twelve hours after recording is completed, however, another alarm sounds, giving users, who having since sobered up, a chance to relive their intoxicated antics through more sober eyes.

The app was developed based in part on the findings of a study carried out by IQ involving 510 people aged 18-35 which revealed that six of ten respondents believed their friends would be 'negatively surprised' if they saw themselves drunk on film. 29% of respondents also thought that they would be negatively surprised if they saw a film of themselves recorded when they were intoxicated.

According to Jägerskog "The point is to help people develop a smarter view about alcohol so that people don't drink too much or too often," he said. "Hopefully some people will have moved to reflect on their alcohol consumption and change their habits."

The app blocks users from uploading their drunken videos to the internet or share them with friends.



## Europe's brewers welcome conclusions of 6th Beer and Health Symposium

The Brewers of Europe have welcomed the outcomes of the 6th Beer and Health Symposium where top European scientists and researchers reiterated that moderate beer consumption among adults can be consistent with a healthy adult lifestyle.

The Symposium highlighted the potential health benefits of moderate beer consumption ranging from a lower risk for cardiovascular disease to positive effects on bone mineral density to benefits accrued from nutrients specific to beer.

"Research presented at the Symposium shows that moderate consumers have a lower risk of mortality than both abstainers and excessive consumers" commented Prof. Frans Kok, head of the Division of Human Nutrition at Wageningen University, Chair of the Symposium, "It is important to emphasise that beneficial effects are conferred only by moderate consumption and that the pattern of consumption and the associated diet and lifestyle are also important." Prof. Kok stated that misunderstandings about the health impact of beer persist among citizens and said, "As scientists active in researching these areas, we have a role to play in addressing these myths, supported by the latest scientific findings."

Welcoming the scientific conclusions, Pierre-Olivier Bergeron, Secretary General of The Brewers said, "It is important for policymakers to have the full picture when considering approaches to tackling alcohol misuse." He added, "EU citizens, who are exposed daily to stories of alcohol abuse and often misinformation about moderate beer consumption's relationship to health, should also be informed of the benefits, not just risks."

Key Outputs and presentations from the Symposium are available from [www.beerandhealth.eu](http://www.beerandhealth.eu).

## Ab Inbev launches the Family Talk programme in Holland

In September AB InBev launched the Family Talk Programme to encourage parents to talk to their children about alcohol in Holland.

The programme gives parents six tips for discussing drinking alcohol with their children through

open and honest communication and gives some sample conversations that might help.

The programme is at [familytalkonline.nl](http://familytalkonline.nl)



## US programme's success in helping parents talk with their children

A new study in the US demonstrates the success of a prevention programme that educates and equips parents and other caregivers to be better able to deal with their teens on drug and alcohol issues. Its results were announced by The Partnership at Drugfree.org.

The programme, Parents360 Plus, is the latest innovation in PACT360, the law enforcement-led community education initiative developed by The Partnership at Drugfree.org with grant funding from the Bureau of Justice Assistance, Office of Justice Programmes, US Department of Justice.

During the study, parents in the intervention group attended a one-hour instructional presentation that provided information about why kids use drugs and alcohol, tips on communicating with them, how to spot drug and alcohol use, and what to do when they find it. Parents were given a video - depicting real stories of teens who have dealt with substance abuse - to view with their child at home, and a discussion guide to help them talk with their teens about what they learned. A baseline survey questionnaire was administered to both intervention and control parents prior to the intervention presentation, and both groups received follow-up questionnaires one month and three months after the baseline test.

Parents in the intervention group reported that they talked with their children about substance abuse once or twice in the last 30 days, expressed strong disapproval for their children using any type of drug, and indicated they practiced monitoring behaviors regularly to stay aware of their children's whereabouts and activities. 88% of parents who attended the presentation also planned some of the suggested activities, with the vast majority of parents and teens reporting watching the programme's video together.

"The bottom line is that Parents360 Plus further enhances our efforts to provide local law enforcement and all community stakeholders with information and tools to help families avoid the pitfalls of drug and alcohol abuse," Steve Pasierb, president and CEO of The Partnership at Drugfree.org said. "Parent involvement is key to this effort. Our research has consistently shown us that kids who learn about the dangers of drugs at home from a caring adult are up to 50% less likely to use."

The full study report is available for download at [www.drugfree.org/newsroom/research-publications](http://www.drugfree.org/newsroom/research-publications).

## Working Group on DWI System Improvements in US/Canada

A group of experts on impaired driving met to discuss progress and key performance measures that are crucial to identifying gaps and closing loopholes in the nation's DWI system.

Led by the Traffic Injury Research Foundation (TIRF), the Working Group on DWI System Improvements is a coalition of senior representatives from 15 leading criminal justice organisations working to close gaps in the DWI system and strengthen the development and implementation of drunk driving initiatives. Since 2004, the Working Group has met annually to address priority issues in the criminal DWI system that were identified during a comprehensive system review that involved more than 5,000 justice professionals across the United States in 2003.

This year's meeting focussed on performance measurement and the need to expand baseline measures and track progress throughout the entire DWI system in order to better evaluate programme successes in areas such as enforcement, prosecution

and treatment.

"Much has been learned about effective strategies, programmes and interventions to deal with drunk drivers in the past decade," said Robyn Robertson, project lead and TIRF President and CEO. "However, less emphasis has been given to the execution of these tools, current barriers and measures of success. By sharing this knowledge and increasing the understanding and execution of effective and proven strategies - and methods to maximise their effectiveness - we can continue to prevent drunk driving deaths on American roadways."

Carl Wicklund, executive director of the American Probation and Parole Association, agrees a comprehensive approach is needed to improve system outcomes and ensure a more coordinated total system response to drunk driving. To learn more about the Working Group, please visit our Working Group on DWI System Improvements website, [www.dwiwg.tirf.ca](http://www.dwiwg.tirf.ca).

## Joint initiative from Éduc'alcool and Lettres En Main

Éduc'alcool and Lettres En Main have published a new booklet on alcohol intended for free distribution to those struggling with literacy and the organisations that support them.

Just under half (49%) of Quebecers are considered functionally illiterate, meaning that they cannot understand a moderately complex text. However, such people are over-represented among populations at high risk for alcohol-related problems.

The new booklet draws on content from a number of Éduc'alcool's Alcohol and Health publications. It provides basic information about alcohol and its effects, raises awareness about mixing alcohol and other substances, and reviews the principles of low-risk drinking, among other topics.

The booklet was written entirely by Lettres en main personnel, with active involvement by the literacy students themselves. A first version was read in the literacy classes to make sure everyone understood the material. Éduc'alcool's scientists then reviewed the content to make sure it was accurate.

The booklet, L'alcool, published in French only can be downloaded from the Éduc'alcool website at the Publications page.

## Australian parents campaign

Under Your Influence (UYI) is a campaign in Australia that focuses on the crucial role parents and influential adults play in shaping how children will drink in the future. Supported by DrinkWise Australia and Sport Australia Hall of Fame, the campaign is about parents leading by example and engaging with their children on the issues associated with alcohol.

Research conducted for DrinkWise revealed that parents want 'help' to be better parents – more information and advice about what is the right thing to do. Also, contrary to 'popular opinion', young people actually saw their parents as number one role models.

UYI is a positive response to this, enabling parents to share videos, tips, experiences and the very latest research; concerning responsible drinking and setting the right example.

Cath Peachey, CEO, DrinkWise Australia said "If we are going to change our drinking culture, we need parents, influential adults and the wider community to have their say and get engaged in the issue. This campaign provides the opportunity to shape what the future might look like by influencing how, when or even if our kids choose to drink."

<http://www.underyourinfluence.org.au>

## Policymakers discuss measures to reduce alcohol related damage to the unborn child

Policy makers gathered in Brussels in September to discuss the risks posed by alcohol abuse to unborn children and urged the EU to introduce mandatory warning labels on bottles and cans.

At present, EU governments are pursuing a wide variety of policies on alcohol abuse. In France, all alcohol bottles and cans must carry labels warning of the dangerous consequences of drinking when pregnant, but many countries have no specific requirements.

"On unborn children, we have a long way to go," admitted John Dalli, the EU commissioner in charge of health and consumer policy, conceding that he was surprised to learn that there is no accurate EU-

wide information available on the extent of foetal alcohol syndrome.

"We have an EU strategy and forum for reducing alcohol-related harm, but more can be done, especially to protect children from drinking in the home," the commissioner said.

### Wide support for labelling

Dalli said the Commission's role was to coordinate action at EU level, facilitate exchange of best practice between those working in the field and encourage member states to introduce warning labels. "Support is high among EU citizens for labelling on the dangers of alcohol consumption for unborn babies. We have not yet done all we can," he stated.

## Anheuser-Busch InBev announces three-year global goals

Anheuser-Busch InBev has announced a challenging set of three-year global goals to drive and measure the impact of its responsible drinking programs around the world. Core among the goals are commitments to promote responsible drinking and discourage the harmful use of alcohol, including drunk driving and underage drinking. The company aims to reach all of the following global goals by the end of 2014:

- Reach at least 100 million adults with programs developed by subject matter experts that help parents talk with their children about underage drinking;
- Provide ID-checking materials and other educational information to at least half-a-million bars, clubs, restaurants and grocery stores to help them prevent sales to minors;
- Provide training on responsible alcohol beverage sales to at least 1 million bartenders, waiters, grocery store clerks, and others who serve and sell alcohol;

- Reach at least half-a-billion legal-age consumers to increase awareness of the importance of using a designated driver or safe-ride home;
- Invest at least 300 million USD in advertising and programmes to help remind and educate consumers about the importance of responsible drinking; and
- Celebrate Global Be(er) Responsible Day annually to promote the importance of responsible drinking among our employees, retail customers and consumers.

In addition, the company will continue to train all of their sales and marketing employees on the AB InBev Commercial Communications Code on an annual basis and support enforcement of industry advertising and marketing self-regulatory codes.

These goals were announced on the second annual celebration of Global Be(er) Responsible Day, the yearly company-wide promotion of best practices in responsible drinking. (23 September).

## EU lawmakers propose that new drivers should not drink alcohol

On 27th September EU lawmakers proposed that newly qualified motorists in Europe should not be allowed to drink any alcohol before driving until two years after they have passed their test. Also under the proposals, people with more than one drink-driving conviction would have 'alco-locks' installed on their vehicle and residential area speed limits would be cut to 30kph.

*"We can only achieve safer streets if we take the same measures at all levels -- Europe, member states and as individuals,"* said Dieter-Lebrecht Koch, the German

who tabled the motion that won the backing of a majority in the European Parliament.

Blood alcohol limits in the EU range from 0.9 milligrams per millilitre in Cyprus to zero in Estonia, Malta, Romania, Slovakia, Czech Republic, and Hungary. 30% of accidents are caused by young male drivers and another 15% by young female drivers.

Following the vote, it is now up to the European Commission to decide if it will draft a law, which then needs the blessing of countries to be introduced.

## Evaluation of Global Actions on harmful drinking

Channel Research is to conduct comprehensive evaluation studies over a three-year time frame (2010-2012) of Self-Regulation, Drink Driving, and Non-commercial Alcohol initiatives. The overall objective of this evaluation is to generate a knowledge base to help support current and future efforts to reduce harmful drinking through local actions around the world.

The evaluation effort entails a three-tier focus:

- \* To inform alignment of the initiatives with best practices;

- \* To sustain the credibility of the work undertaken by providing information according to accepted methodologies; and

- \* To strengthen the monitoring and evaluation functions of each initiative as a result of evaluation visits, as well as the development of internal processes for future reporting.

To learn more about the evaluation methodology or the mid-term evaluation report, contact [info@global-actions.org](mailto:info@global-actions.org).

**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

### **AIM SOCIAL, SCIENTIFIC AND MEDICAL COUNCIL**

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

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

**Professor R Curtis Ellison**, Chief of Preventative Medicine and Epidemiology/Director of The Institute Lifestyle and Health, Boston University School of Medicine

**Harvey Finkel MD**, Clinical Professor of Medicine (oncology and haematology), Boston University School of Medicine

**Giovanni de Gaetano, MD, PhD**, Professor of Biomedical sciences, Director, “RE ARTU” Research Laboratories, “John Paul II” Catholic University, Camposso, Italy

**Tedd Goldfinger FACC, FCCP**, Cardiologist, Desert Heart Foundation, Tucson, University of Arizona

**Professor Dwight B Heath**, Anthropologist, Brown University, US

**Professor OFW James**, Head of Medicine, University of Newcastle

**Professor Adrian Furnham**, Professor in Psychology and occupational psychology, University College London

**Arthur Klatsky MD**, Senior Consultant in Cardiology, Kaiser Permanente Medical Research Center

**Lynn Gretkowski MD**, Obstetrics and Gynaecology, Faculty member Stanford University

**Dr Philip Norrie PhD**, GP

**Ellen Mack MD**, oncologist

**Professor JM Orgogozo**, Professor of brain science, Institut de Cerveau, University of Bordeaux

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

**Arne Silvaas MD, PhD**, Chief Consultant, Lipid Clinic, Oslo University Hospital, Oslo, Norway.

**Dr Erik Skovenborg**, Scandinavian Medical Alcohol Board

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

**Dr Thomas Stuttaford**, Medical Correspondent to The Times and Author

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