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Finland

The Finnish Grocery Trade Association has announced that all customers who appear to be younger than 30 years old will be required to show proof of age to purchase alcohol from January 2013. The current "apparent age" for ID requests is 23 years old, as the legal minimum purchasing age is 18. The association represents the majority of Finland's grocery stores.

Brazil

In Brazil, MP Paul Foletto has submitted a House Bill that would require alcohol producers to include images of road traffic crashes on alcohol products to help reduce drink driving in the country. The proposal is intended to build on an existing policy, which includes mandatory text on labels that discourage excessive alcohol consumption.

Poland

In Poland, the Customs Service has launched a website where consumers can check the legality of bottles of alcohol. This is a reaction to a series of liquor poisonings of unknown origin. www.banderolaakcyzowa.pl portal was developed in cooperation with Polish Security Printing Works and users can verify the authenticity of the excise tax on alcohol containers, as well as tobacco products on the website.

France

The French Government has postponed the introduction of a requirement for all vehicles in France to carry breathalyser kits to March 2013, citing a lack of sufficient supplies in some areas. Motorists would have originally been obliged to carry a disposable breathalyser in their vehicles beginning November 1, 2012 or be liable for a 11 euro fine.

Denmark

The annual autumn anti-drinking campaign is underway in Denmark. The first of October marks the beginning of the annual temperance campaign conducted by the national health board Sundhedsstyrelsen. The media will feature print, broadcast and billboard ads focussing on the societal and individual.

Russia

Russian authorities have introduced a minimum price of RUB 115 rubles for sparkling wine or "shampanskoye," expected to go into effect in November 2012. The Association of Sparkling Wine Producers had been calling for a minimum price since 2011, hoping to reduce the number of imitation products priced below production costs.

China

China's Ministry of Public Security has announced new regulations that will ensure a lifelong driving ban for bus and truck drivers found guilty of drink driving or causing fatal road traffic crashes. According to the Ministry, between 2009 and 2011, coaches or trucks were involved in 70% of all road traffic crashes that resulted in the deaths of 10 or more people.

AIM 21 years in the making

21 years is quite a milestone in terms of alcohol research and our understanding of responsible drinking and corporate social responsibility... indeed it hardly existed in 1991. AIM came about 21 years ago, when my father led a series of conferences on 'the case for moderate drinking' - in Westminster, London, the first debate on such a subject in the EU parliament and across the pond in Washington DC. He brought together politicians, a bishop, a judge, journalists and medical specialists.

The aim was to discuss whether moderate drinking has a rightful place in our society, religions and culture and if so what pattern of drinking or dose could be medically acceptable as moderate? This was in the light of the WHO maxim on alcohol that 'less is better', France's introduction of the Loi Evin and the Surgeon General's health warning on back labels in the US. The most important catalyst however was the lumping together of alcohol, drugs and tobacco in misuse strategies and policies - where the latter messages are patently ones of no use.

21 years later the same debate continues, as does AIM's remit in the light of continuous emerging evidence, both good and bad, as to the effects of drinking on us as individuals, on other people, to our communities and society. The key as far as alcohol is concerned is pattern and dose. For healthy adults, drinking in moderation can form part of a balanced diet and lifestyle. There are notable exceptions when drinking, even in moderation, cannot be deemed responsible - such as if planning to drive, if pregnant and in many work situations. There are some medical exceptions too, if consumers are on certain medications, if there is a history of mental illness, addiction or genetic predisposition to breast cancer for example.

For most healthy adults, however, drinking alcohol in moderation is not only relaxing and convivial, but the evidence base was emerging clearly at that time, that those who drank little and often, and preferably with food, lived longer and had less heart disease than those who abstained or drank heavily - what we all know now as 'the j shaped curve'. Our understanding of these 'protective mechanisms' of small and regular doses (as little as 10g) for post menopausal women and men over 40 deepens all the time and is why we can have daily low risk responsible drinking guidelines rather than a message of 'don't drink'.



'And so to the future - AIM has always trod a difficult road, belonging neither to the industry or to public health - we strive, independently, to bring balance and accuracy to the polarisation between each - often similar outcomes are sought, it is the measures and solutions offered that differ... Our job at AIM, whose 21st birthday it is this year, is to expand our understanding of such complexities, to help build and critique the emerging and existing evidence base on social, medical and scientific findings on alcohol - and to draw together people from different backgrounds and approaches to ensure balance and exposure of best - practice. We will continue to champion the case for moderation for as long as we are supported and encouraged!'

So, has the debate changed much over the last 21 years?

Certainly the understanding of responsible drinking by consumers has changed in that time. There weren't any consumer campaigns or communications in 1991 and indeed AIM, with the help of Waitrose pioneered the first consumer website on responsible drinking for consumers in the UK in 1999/2000. This was followed with www.drinkingandyou.com on line advice for France, Canada, Sweden, Spain, Germany the US and Canada.

As our global portal www.drinkingandyou.com shows, many countries across the world now have drinking guidelines and consumer advice sites - some increasingly important markets such as China and India do not... and there are still no international definitions of a drink or guidelines. Each country's vary making the comparison of studies and statistics difficult!

How we communicate has also changed beyond all recognition over twenty years - AIM was a paper based quarterly Digest of new studies and commentary on alcohol, health and social issues for a decade – each of the 2000 issues manually stuffed into an envelope and posted worldwide... Now nearly all our communications are on line - we publish ten times a year and update and catalogue our research on line each month via the free access www.alcoholinmoderation.com

In this era where immediate responses are demanded, AIM realised a rapid response to important studies was needed to balance the 'flip flop' of health editors articles on alcohol and health, rarely put in context with other research. AIM, in cooperation with Boston University Medical School therefore founded The International Scientific Forum on Alcohol Research in 2009.

This group of 40 medics and professors, led by Professor R Curtis Ellison MD (epidemiologist) and myself issue rapid response critiques to emerging papers that are released via medline and eureka alert presswires to thousands instantaneously – forming an important on line critiqued evidence base for those conducting online searches.

Thank you to Curt and to the members of ISFAR and AIM's Social Scientific and Medical Council whose voluntary participation make these outreaches possible – AIM truly wouldn't exist without you.

In the 1990s we used to refer to the trade suffering from 'the ostrich syndrome' not realising that if marketing, promotional and advertising standards weren't raised then legislation would quite rightly ensue, I don't think the word corporate social responsibility even existed then!

Now, self regulatory codes championed by groups such as The Portman Group or DISCUS, or by individual or groups of companies are the norm, and any main stream producer or retailer sees it's CSR Department as an integral part of the reputation of the company – in the early days CSR was seen by many as an impediment to the sales team.

AIM has played its small part here too, with the Wine and Spirit Education Trust's commitment to educating those working in the beverage alcohol business about the importance of responsible sales and marketing through the distribution of our Wise Drinkers Guide to over 500 centres in 57 countries,

with over 45,000 students taking one or more of the WSET courses globally each year.

The final step in our coming of age, has been our desire to give something back,

We hosted our first Forum on alcohol education in 2004, (one of many subjects covered in various conferences in our history) and by 2009 it looked as though in the UK that alcohol education would become compulsory in school as part of Personal Social and Health Education (PSHE).

As international evidence showed us that a parental component is essential to alcohol education being successful, AIM, thanks to the support of Constellation (now Accolade) launched the Talking to kids about alcohol programme for parents via schools in the UK. So it was a natural step to set up a bespoke charity, The Alcohol Education Trust (AET) with specialist teachers as Trustees, when PSHE was dropped from the Alcohol Education Bill in 2009.

The AET has put itself at the heart of the alcohol education debate in the UK and shares best practice at EU level with 8 other programmes. Our interim evaluation is looking very positive, having scored 5 out of a possible 6 for evaluation design and 1 out of a possible impact score of 3 at interim stage when submitted by the Department for Education to the Centre for Analysis of Youth Transitions (CAYT). CAYT are creating a data bank of quality assured studies that assess the impact of programmes and services for young people. We must thank the European Forum for Responsible Drinking for their support in financing a world class evaluation of the Trust's work.

And so to the future – AIM has always trod a difficult road, belonging neither to the industry or public health – but tries, independently, to bring balance and accuracy to the polarisation between each – often similar outcomes are sought, it is the measures and solutions offered that differ... Our job at AIM, whose 21st birthday it is this year, is to expand our understanding of such complexities, to help build and critique the emerging and existing evidence base on social, medical and scientific findings on alcohol - and to draw together people from different backgrounds and approaches to ensure balance and exposure of best – practice. We will continue to champion the case for moderation for as long as we are supported and encouraged.

The complex association between moderate alcohol consumption and breast cancer

Brooks PJ, Zakhari S. Moderate alcohol consumption and breast cancer in women: From epidemiology to mechanisms and interventions. *Alcohol Clin Exp Res* 2012; pre-publication: DOI: 10.1111/j.1530-0277.2012.01888.x.

Authors' Abstract

Epidemiologic studies indicate that moderate alcohol consumption increases breast cancer risk in women. Understanding the mechanistic basis of this relationship has important implications for women's health and breast cancer prevention. In this commentary, we focus on some recent epidemiologic studies linking moderate alcohol consumption to breast cancer risk and place the results of those studies within the framework of our current understanding of the temporal and mechanistic basis of human carcinogenesis.

This analysis supports the hypothesis that alcohol acts as a weak cumulative breast carcinogen and may also be a tumor promoter. We discuss the implications of these mechanisms for the prevention and treatment of alcohol-related breast cancer and present some considerations for future studies. Moderate alcohol consumption has been shown to benefit cardiovascular health and recently been associated with healthy aging. Therefore, a better understanding of how moderate alcohol consumption impacts breast cancer risk will allow women to make better informed decisions about the risks and benefits of alcohol consumption in the context of their overall health and at different stages of their life. Such mechanistic information is also important for the development of rational clinical interventions to reduce ethanol-related breast cancer mortality.

Forum Comments

Most epidemiologic studies have shown a slight increase in the occurrence of breast cancer among women who report alcohol consumption, even among those consuming an average of only seven drinks per week. The present study utilises data from recent well-done epidemiologic studies and mechanistic studies to evaluate two separate hypotheses that may explain the alcohol-breast cancer association: (1) alcohol acts as a promoter of breast cancer progression (it may increase growth of a pre-existing cancer so that it becomes clinically evident); and (2) long-term alcohol use serves as a weak cumulative breast carcinogen.

Key points of paper: The authors make several important points at the onset: alcohol intake is usually under-reported by subjects (which could exaggerate the harm associated with light drinking,

or even lead to spurious associations at lower levels of consumption). Further, most epidemiologic studies are not able to adjust for the pattern of drinking, and usually include binge drinkers and regular moderate drinkers who have similar total weekly alcohol consumption within the same category. Given that the blood alcohol level may be the most important mechanism for effects on cancer risk, the pattern by which a woman consumes a given amount of alcohol is especially important in interpreting associations.

Alcohol as a promoter of progression of a previously existing breast cancer: Another point of the authors is that the development of breast cancer requires many years, and is much longer than the observational periods of almost all epidemiologic studies. Hence, any breast cancer that may be initially diagnosed during the follow-up of such studies was presumably present long before the study began, and if an increase is found for consumers of alcohol it must be due to promotion of growth of an already existing tumor. Estrogen has been proposed as a mechanism by which alcohol consumption could increase the risk of detectable breast cancer, but the authors emphasise that research data indicate that moderate drinking does not increase estrogen levels in post-menopausal women. The authors conclude: "Therefore, the observed relationship between daily consumption of 10 g of alcohol and breast cancer risk in postmenopausal women cannot be explained by a mechanism involving increased serum estrogen levels." The authors state that there is the possibility that alcohol could stimulate epithelial-mesenchymal transition (EMT) or global DNA methylation, which could increase risk, but current data are insufficient to evaluate these mechanisms.

Alcohol as a weak cumulative breast cancer carcinogen: Current epidemiologic data are insufficient to test the validity of the second hypothesis: that chronic alcohol use over the lifetime may act as a weak cumulative breast carcinogen. Most studies have limited data on the long-term alcohol exposure of subjects; most use "baseline" data, usually when the women are in middle-age or older, to estimate their alcohol exposure. Given that cancer develops over many decades, the baseline exposure may be important only to the degree that it reflects previous intake. The authors describe recent

data on the effects that varying levels of alcohol dehydrogenase (ADH) could have on blood levels of aldehyde, a known carcinogen. Further, alcohol-inducible CYP2E1 could be another mechanism by which alcohol affects risk; higher levels of blood alcohol concentration (as after binge drinking) would be expected to have the most effect. If either of these mechanisms turns out to be key, this raises the possibility of novel approaches for the prevention of breast cancer using specific medications to block such effects.

The net effect on health of alcohol consumption:

The authors also point out that scientific data strongly indicate that regular moderate drinking in post-menopausal women is associated with a much lower risk of diseases much more common than breast cancer, especially cardiovascular disease and diabetes. Further, moderate alcohol consumption is associated with a decrease in disability in old age and in total mortality. Thus, advice to women will vary according to age, to genetic factors (currently poorly understood), and to many environmental factors. Physicians are somewhat limited at present in being able to provide the best advice to individual patients, but the results of further research to help better define the hypothetical mechanisms described in this paper could be critical.

Specific comments by Forum members: Forum members considered that this paper provided a very balanced and thorough review of the topic. Said reviewer Skovenborg: "I find the paper sound with plausible hypotheses and an intelligent discussion of the two hypotheses. The only thing I am missing in the discussion of drinking pattern is the influence of drinking with food on the blood alcohol level, which is considerable and too often forgotten."

Forum reviewer Finkel also liked the paper and thought that the authors exhibited both command and competence in their discussions of this complex subject. "The authors consider many essentials, all of which complicate their job, but which make it all the more valid: cytokinetics, hormonal interactions, drinking patterns, the possible role of binge drinking in the midst of what might appear to be moderation, the health benefits of drinking, the need to refine drinking pattern understanding, possible practical applications, and the value and limitations of epidemiology. True, they pose more

questions than answers, but isn't that the beginning of understanding, particularly of such a confused and conflicted subject?" Finkel adds "Not touched on are the differential effects, if any, of various beverages, the role of folic acid, or genetic susceptibilities, among other factors, but it's too much to ask as yet. This is a most complex set of relationships, no doubt encompassing a number of subsets of people afflicted with breast cancer."

Forum reviewer Gretkowski believed that this article offers a concise review of the contemporary opinion on the ethanol/breast carcinogenesis issue. "Drinking amounts, patterns that could effect alcohol elimination or cumulative toxicity of free radicals, are all treated as co-models within a model of estrogen elevation/tumor initiator or promoter model."

She continues: "Arguably, estrogen levels might need to be followed over a prolonged period of time with very sensitive assay to determine no absolute estrogen level increase actually occurs. On the other hand, the idea of measuring serum estrogen levels is quite simplistic and not surprising that it is not through pure measurement of levels that we could discern a dose-dependent effect. Differences in bound vs unbound hormone, as well as dihydroepiandrosterone conversion levels peripherally, and subsequent estrogen levels or receptor occupation levels may hold more information. This could all shed light on the higher incidence of recurrence in ER+ patients who consume alcohol in moderation, with alcohol clearly fitting a different lock than tamoxifen or aromatase inhibitors."

Reviewer Ellison emphasises the statements of the authors regarding future directions of research. "It may be especially important to judge the effects of the pattern of drinking on cancer risk, with the assumption that the effects of regular consumption of small amounts of alcohol will be quite different from those of binge drinking leading to high blood alcohol levels. Further animal studies of the effects of the long-term administration of small amounts of alcohol in terms of breast cancer risk would also be important."

Reviewer Van Velden adds a further element that needs consideration: "This is a well written and balanced paper. What we really miss is the nutrigenetic aspects of alcohol and breast cancer, as well as the protective effects of folic acid. Alcohol may switch

on certain carcinogenic genetic polymorphisms; diet does play a very important role in the promotion of breast cancer.”

Forum reviewer Ursini thought that the authors may have been over zealous in their speculations and conclusions. “While attempts to find mechanisms for the carcinogenic effect of alcohol are important, we know too little about the overall underlying causes of cancer. This issue is not so easy to achieve, even for compounds that are by far much more efficient than alcohol in increasing an epidemiologically detectible risk. In this respect, and in light of the minimal increase in risk associated with alcohol intake, searching for or discussing the mechanism on the basis of the limited available biological data may not be scientifically sound.

“Also, the suggestion that pre- or post-menopausal drinkers will accept or reject a potentially harmful habit does not appear well founded, particularly in view of the demonstrated effects of abstinence on increasing cardiovascular disease and total mortality. By no means can the speculations such as those reported in this paper be used to support women abstaining from alcohol to prevent breast cancer.”

Forum Summary

An excellent review article from two scientists at the National Institute on Alcohol Abuse and Alcoholism describes the epidemiologic and basic scientific evidence linking alcohol consumption to the risk of breast cancer. The authors point out deficiencies in the epidemiologic data, especially that the pattern of drinking (regular moderate versus binge drinking) has generally not been taken into consideration (and the latter pattern can be associated with much higher blood alcohol concentrations). Further, epidemiologic studies usually provide data for only a short period of time, while the development of cancer may relate to exposures over many decades. The authors also comment upon the effect that under-reporting of alcohol by study participants could exaggerate effects

on cancer risk from light drinking. They discuss two hypotheses that could relate alcohol to breast cancer risk: alcohol as a breast tumor promoter, and alcohol as a weak cumulative breast carcinogen, and present evidence from epidemiology and basic science that would relate to each hypothesis.

Overall, Forum reviewers were enthusiastic about this review paper, considering that it clearly outlined some of the difficulties scientists have in determining the causes of cancer. They agreed with the authors’ statements regarding the necessity to consider the overall net effects of moderate drinking, including reductions in the risk of cardiovascular disease and total mortality. They also agreed that future epidemiologic studies should focus on the pattern of drinking (and not just the average weekly amount of alcohol), and with their suggestions for future animal studies. One Forum reviewer cautioned that our understanding of the causes of breast cancer is still very incomplete, limiting our ability to provide well-founded recommendations to the public regarding moderate drinking as it relates to breast cancer risk.

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

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Is moderate alcohol consumption associated with an increased risk of atrial fibrillation among patients with cardiovascular disease?

Liang Y, Mente A, Yusuf S, Gao P, Sleight P, Zhu J, Fagard R, Lonn E, Teo KK; for the ONTARGET and TRANSCEND Investigators. Alcohol consumption and the risk of incident atrial fibrillation among people with cardiovascular disease. *CMAJ* 2012. DOI:10.1503/cmaj.120412.

Authors' Abstract

Background: Moderate alcohol consumption may reduce cardiovascular events, but little is known about its effect on atrial fibrillation in people at high risk of such events. We examined the association between moderate alcohol consumption and the risk of incident atrial fibrillation among older adults with existing cardiovascular disease or diabetes.

Methods: We analyzed data for 30,433 adults who participated in 2 large antihypertensive drug treatment trials and who had no atrial fibrillation at baseline. The patients were 55 years or older and had a history of cardiovascular disease or diabetes with end-organ damage. We classified levels of alcohol consumption according to median cut-off values for low, moderate and high intake based on guidelines used in various countries, and we defined binge drinking as more than 5 drinks a day. The primary outcome measure was incident atrial fibrillation.

Results: A total of 2,093 patients had incident atrial fibrillation. The age- and sex- standardised incidence rate per 1000 person-years was 14.5 among those with a low level of alcohol consumption, 17.3 among those with a moderate level and 20.8 among those with a high level. Compared with participants who had a low level of consumption, those with higher levels had an increased risk of incident atrial fibrillation (adjusted hazard ratio [HR] 1.14, 95% confidence interval [CI] 1.04–1.26, for moderate consumption; 1.32, 95% CI 0.97–1.80, for high consumption). Results were similar after we excluded binge drinkers. Among those with moderate alcohol consumption, binge drinkers had an increased risk of atrial fibrillation compared with non-binge drinkers (adjusted HR 1.29, 95% CI 1.02–1.62).

Interpretation: Moderate to high alcohol intake was associated with an increased incidence of atrial fibrillation among people aged 55 or older with cardiovascular disease or diabetes. Among moderate drinkers, the effect of binge drinking on the risk of atrial fibrillation was similar to that of habitual heavy drinking.

Forum Comments

Background: Results from previous studies are mixed on the effects of light to moderate drinking on the risk of atrial fibrillation (AF), a common condition that increases the risk of stroke. The present study evaluates the development of AF among subjects

who have been diagnosed with CVD or diabetes according to their alcohol consumption following diagnosis of their underlying condition.

Comments on the present study: This study was done only among subjects who already have cardiovascular disease (CVD) or diabetes, so the results may not be applicable to the general population. Further, using such subjects raises questions about the characteristics of the subjects – those who developed CVD despite being drinkers may be different from those that were never drinkers who developed CVD. (Discussed below under “Index event bias.”)

The authors apparently used 12-15 grams of alcohol as a “drink.” The range of “low” alcohol was less than 1 drink per week, so this group included non-drinkers and occasional drinkers. The large majority of subjects were in the low group (n=18,775) or moderate groups (n=11,139). There were only 519 subjects in the high group. Drinkers in the high group were predominantly male and smokers, were much more likely to have peripheral vascular disease, less likely to have hypertension or diabetes, and much more likely to be in studies from Europe or Australia/Asia than from the Americas.

The authors report that the risk of death among their subjects during follow up was 12.5% of those in the low alcohol group, 9.9% of those considered to be moderate drinkers, and 10.6% of those in the high alcohol group. In comparison with subjects in the low alcohol group, the fully adjusted hazard ratios for death in the moderate group was 0.79 (CI=0.73, 0.85) and for those in the high-consumption group it was 0.84 (CI=0.64, 1.10). When adjusting for such competing risks in a regression model, the hazard ratio for AF was 1.16 (CI=1.05, 1.27) for the moderate group and 1.33 (CI=0.98-1.92) for the high-alcohol group. Thus, these results suggest that even moderate drinkers may have a slightly increased risk of AF.

Binge drinking was associated with higher risk of AF. Most subjects who could be classified as binge drinkers (n=1,204) were included in the moderate or high groups (which totaled 10,454), but the authors mainly present their binge/no binge comparisons for the moderate and high groups combined. The authors state that the estimated hazard ratios (HR) for AF when binge drinkers were excluded were very different for moderate drinkers (HR=1.13) than

for heavy drinkers (1.54), so combining them into a single comparison group seems unusual.

While this appears to be a well-done study by respected scientists, Forum reviewers had two major concerns about the paper: the wide range of alcohol consumption referred to as “moderate,” and potential bias in the results by a phenomenon known as index event bias.

Range of alcohol consumption considered to be “moderate” drinking:

Of concern to reviewers is the wide range chosen by the authors for the category of “moderate” drinking, which included subjects reporting from 1 drink/week up through those reporting 21 drinks/week for men and 14 drinks/week for women. It would have been preferable to have results given for subjects reporting no more than 14 drinks/week for men and 7 drinks/week for women, as these are the guidelines for “moderate” or sensible drinking in the United States and many other countries. As pointed out by Forum reviewer Stockley, the upper level of alcohol consumption considered to be “moderate” in this paper also exceeds such limits in Australia. There is a conspicuous absence of data in this paper on the effects on the risk of AF of subjects consuming “moderately” by these more common drinking guidelines.

Reviewer Svilaas commented: “The results (and conclusions) are weakened by the wide ‘moderate’ definition of alcohol consumption. Those patients with higher consumption also were more frequent current/former smokers. This might also affect the outcome, despite the statistical adjustment for smoking.” He adds: “A strength of the study is the high number of study participants. However, as the participants already have cardiovascular disease and/or diabetes, the results cannot be applied to a healthy population of the same age.”

Forum reviewer Djoussé comments: “Given the likelihood of under-reporting of alcohol use, the ‘moderate’ group might include a substantial number of heavy drinkers. Despite sound statistical methods utilised by the authors, this generous classification of moderate drinking dilutes the clinical and public health utility of the results, as most investigators agree that heavy drinking has more harmful than beneficial effects, whereas light-to-moderate drinking is generally found to confer primarily health benefits.”

Index event bias: There was also concern by Forum reviewers that the results of these analyses may suffer from what is known in epidemiology as index event bias or collider bias. Since the exposure being evaluated (alcohol) affects the development of CHD and diabetes, it is likely that the subjects in this study (of whom 77% had coronary artery disease and 37% had diabetes at baseline) differed according to their previous alcohol intake (being either a drinker or a non-drinker prior to developing CVD or diabetes). This is an epidemiologic problem that has increasingly become recognised and discussed. This topic was well described recently by Dahabreh and Kent,¹ who point out problems when evaluating a risk factor (e.g., alcohol) among subjects selected for follow up of a particular disease in which not only the occurrence of the disease is affected by the risk factor but the course of the disease (e.g., including the development of AF) may also be affected by the same risk factor.

This is analogous to findings that have shown that while obesity is an important risk factor for the development of CVD, it may have the opposite effect on the subsequent course among subjects who have already developed CVD (the “obesity paradox”).² Similarly, among other diseases showing such an effect, an “aspirin paradox” has been described in that aspirin tends to decrease the risk of developing coronary disease initially but not for cardiovascular events subsequent to the development of coronary disease.³

Forum reviewer Zhang comments on this phenomenon as follow: “If moderate alcohol consumption reduces the risk of CVD and diabetes (as has been shown in almost all studies), subjects in this analysis who drank alcohol moderately and still developed CVD or diabetes presumably had other genetic or environmental risk factors that contributed to their disease. If these other factors also cause AF and were not appropriately adjusted for, then index event bias could occur. In general, this type of bias would attenuate any protective effect of moderate alcohol towards the null, but magnify the potential harmful effect away from the null; even effects in the opposite direction could occur.”

The interpretation of the results of this study depends on our clear understanding of the causal pathway of the effects of moderate alcohol consumption on CVD and diabetes, as well as on AF. The implications of

the present study will be better defined after further research on alcohol and AF among subjects who have already developed CVD and/or diabetes.

There is very strong and consistent scientific data on the effects of heavy bouts of alcohol consumption resulting in AF as part of the “holiday heart syndrome.”⁴ While the arrhythmias in this syndrome can sometimes be serious, they are usually transient, and clear after a short period of abstinence. In terms of the effects on the risk of AF of moderate drinking (especially when “moderate” refers to most common drinking guidelines), Forum reviewers believe that problems in the present study weaken the conclusions of the authors. The association of truly light-to-moderate drinking with the risk of AF remains unclear.

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Forum Summary

An analysis of the association of alcohol consumption with the development of atrial fibrillation (AF) among subjects with coronary heart disease, stroke, diabetes, or other manifestations of cardiovascular disease (CVD) was based on subjects in two large antihypertensive drug treatment trials. Previous research in the general population has suggested an increase in the risk of the development of AF for heavy drinkers, and the present study shows such an association among subjects who already have CVD.

Among subjects in this study (all of whom had previous CVD), the authors also report that even “moderate” drinkers had a higher risk of AF than low-alcohol consumers, although the risk of death during follow up of moderate drinkers (9.9%) was lower than that of subjects reporting low-levels

of drinking(12.5%). Excluding binge drinkers, the estimated risk of AF was about 13% higher in moderate drinkers than among subjects classified as low-alcohol consumers.

While the multiple analyses in this paper were done appropriately, Forum reviewers were concerned about two aspects of this study. First, there was concern about the wide range the authors chose for the category of “moderate” drinkers, which included subjects reporting from 1 drink per week up through those reporting 21 drinks per week for men and 14 drinks per week for women. It would have been useful to present results also for subjects who met more common definitions for moderate drinking: no more than 14 drinks/week for men and 7 drinks/week for women, the values used to define moderate drinking in the United States, Australia, and many other countries. Unfortunately, there is a conspicuous absence of data in this paper of the effects on the risk of AF of subjects consuming alcohol “moderately” by these standards.

Another major concern about these analyses relates to potential bias in the estimates from what is known as index event bias or collider bias. Given that alcohol intake prior to enrollment in this study may well have related to subjects’ development of cardiovascular disease, it is problematic to judge the effects of alcohol after a cardiovascular event on the subsequent risk of AF, a condition frequently associated with CVD.

All subjects in these analyses had already developed CVD (the prerequisite for being in the present study). Thus, the study included those who consumed alcohol prior to the diagnosis of CVD or diabetes and those who did not drink prior to these diagnoses. Given that moderate alcohol consumption has been shown to reduce substantially the risk of both CVD and diabetes, it can be assumed that subjects in this study who developed CVD despite being drinkers had other risk factors contributing to the disease that overcame any “protection” afforded by alcohol consumption. Unless adjusted for, these other risk factors could well affect the subsequent course of subjects following the onset of CVD, including the development of AF. A similar phenomenon has been seen for obesity (the “obesity paradox”), aspirin use (the “aspirin paradox”), and other exposures, where the associations with CVD seen prior to the initial development of the disease differ from those seen after the development of CVD.

It is clear from many previous studies in the general population that heavy alcohol intake and binge drinking increase the risk of developing atrial fibrillation. This cardiac arrhythmia is a common component of the “holiday heart” syndrome that may occur after very heavy bouts of drinking. As for the effects on the risk of atrial fibrillation from moderate drinking, as studied in this paper, there were a number of concerns from Forum reviewers about the analyses and results. They raise questions about the conclusions of the authors that even “moderate” drinking results in an increased risk of atrial fibrillation after the development of cardiovascular disease. Especially when defined as no more than 14 drinks per week for men or 7 drinks per week for women, the association between “moderate” alcohol consumption and atrial fibrillation remains unclear.

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

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Inverse association between triglycerides-to-HDL-cholesterol ratio and alcohol drinking in middle-aged Japanese men

Triglycerides-to-high-density-lipoprotein cholesterol ratio (TG/HDL-C ratio) has been proposed to be a useful predictor of cardiovascular disease. Habitual alcohol drinking causes elevation of triglycerides and HDL cholesterol levels. A study by Ichiro Wakabayashi sought to determine how the TG/HDL-C ratio is influenced by alcohol intake.

The study subjects were 21,572 Japanese men (age range: 35–60 years) who were divided into non-, light (<22 g ethanol/day), heavy (≥22 but <44 g ethanol/day), and very heavy (≥44 g ethanol/day) drinkers. The relationship between alcohol intake and TG/HDL-C ratio was investigated by using analysis of covariance and logistic regression analysis.

The log-transformed TG/HDL-C ratio was significantly lower in light, heavy, and very heavy drinkers than in nondrinkers and was lowest in light drinkers. Odds ratios for high TG/HDL-C ratios in light and heavy drinkers versus nondrinkers were significantly lower than a reference level of 1.00 (light drinkers: 0.63,

95% CI [0.57, 0.71], $p < .01$); heavy drinkers: 0.75, 95% CI [0.69, 0.81], $p < .01$). Odds ratios for high waist-to-height ratio of subjects with versus subjects without high TG/HDL-C ratios were significantly higher than the reference level in non-, light, heavy, and very heavy drinkers and were significantly lower in heavy and very heavy drinkers than in nondrinkers (nondrinkers: 3.84 [3.42, 4.31]; light drinkers: 3.65 [2.97, 4.48]; heavy drinkers: 3.17 [2.84, 3.54], $p < .05$ compared with nondrinkers; very heavy drinkers: 2.61 [2.29, 2.97], $p < .01$ compared with nondrinkers).

Ichiro Wakabayashi concludes that alcohol drinking is inversely associated with TG/HDL-C ratio and confounds the relationship between TG/HDL-C ratio and obesity.

Source: Inverse Association Between Triglycerides-to-HDL-Cholesterol Ratio and Alcohol Drinking in Middle-Aged Japanese Men. Ichiro Wakabayashi. *Alcohol and Drugs* Volume 73, 2012 > Issue 6: November 2012.

The association of alcohol and tobacco with age at diagnosis among subjects with pancreatic cancer

Anderson MA; Zolotarevsky E; Cooper KL; Sherman S; Shats O; Whitcomb DC; Lynch HT; et al. Alcohol and tobacco lower the age of presentation in sporadic pancreatic cancer in a dose-dependent manner: A multicenter study. *Am J Gastroenterol* 2012; advance online publication, doi: 10.1038/ajg.2012.288

Authors' Abstract

Objectives: The objective of this study was to examine the association between tobacco and alcohol dose and type and the age of onset of pancreatic adenocarcinoma (PancCa).

Methods: Prospective data from the Pancreatic Cancer Collaborative Registry were used to examine the association between age of onset and variables of interest including: gender, race, birth country, educational status, family history of PancCa, diabetes status, and tobacco and alcohol use. Statistical analysis included logistic and linear regression, Cox proportional hazard regression, and time-to-event analysis.

Results: The median age to diagnosis for PancCa was 66.3 years [95 % confidence intervals (CIs), 64.5 – 68.0]. Males were more likely than females to be smokers (77% vs. 69%, $P = 0.0002$) and heavy alcohol and beer consumers (19% vs. 6%, 34 % vs. 19%, $P < 0.0001$). In univariate analysis for effects on PancCa presentation age, the following were significant: gender, alcohol and tobacco use (amount, status and type), family history of PancCa, and body mass index. Both alcohol and tobacco had dose-dependent effects. In multivariate analysis, alcohol status and dose were independently associated with increased risk for earlier PancCa onset with greatest risk occurring in heavy drinkers (HR 1.62, 95 % CI 1.04 – 2.54). Smoking status had the highest risk for earlier onset pancreatic cancer with a HR of 2.69 (95 % CI, 1.97 – 3.68) for active smokers and independent effects for dose ($P = 0.019$). The deleterious effects for alcohol and tobacco appear to resolve after 10 years of abstinence.

Conclusions: Alcohol and tobacco use are associated with a dose-related increased risk for earlier age of onset of PancCa. Although beer drinkers develop pancreatic cancer at an earlier age than nondrinkers, alcohol type did not have a significant effect after controlling for alcohol dose.

Forum Comments

Background: Pancreatic adenocarcinoma (PancCa) is a deadly disease, with essentially 100% mortality. Screening for the early detection of such cancer has not been shown to be feasible, and is currently not advised for asymptomatic people.¹ Except for a genetic link for a small percentage of patients who have familial disease, the causes of PancCa are not known. Among environmental factors that have been implicated in some studies are smoking, alcohol

use, high-fat diet, excessive intake of carbonated soft drinks, obesity, chronic pancreatitis, and diabetes.

Previous epidemiologic studies have had conflicting results, with some showing an increase in risk among consumers of alcohol, especially among heavy drinkers,^{2,3} but most showing no significant effect of moderate drinking.^{2,4} A monograph from IARC in 2009 concluded that there was insufficient evidence to support a role of alcohol in pancreatic cancer development.⁵

The present study does not evaluate the etiology of PancCa, as it deals only with cases of the disease and has no normal controls. Instead, it reports the age of onset of PancCa according to exposures to tobacco and alcohol. It concludes that smokers and drinkers, especially heavy drinkers, have the onset of disease at an earlier age than do non-smokers and non-drinkers. Subjects who had stopped smoking or alcohol consumption for more than 10 years had the same age at onset of their cancers as lifetime non-smokers and non-drinkers.

Specific comments on the paper: Overall, 32% of subjects were never drinkers; 26% of subjects were never smokers. The authors used the following cutpoints for alcohol consumption categories: "mild" = ≤ 13 grams of alcohol/day (about 1 typical US drink); "moderate" ($>14 - 39$ g/day, up to about 2 or 3 drinks); "heavy" (> 39 g of alcohol/day, more than about 3 drinks/day by US standards or 4 drinks/day by UK standards). Unfortunately, the authors were not able to evaluate the effects according to the pattern of drinking.

The analyses appear to be appropriate. Most of the results presented are based on univariate associations, not adjusted for confounding. In multivariate analysis there was a tendency for the age at diagnosis of PancCa to be earlier for obese subjects (HR=1.42; CI 1.06, 1.89) and for current smokers and ex-smokers who had stopped less than 10 years earlier. In comparison with never smokers, past smokers within < 10 years of stopping had an estimated 64% increase in risk of earlier diagnosis of cancer while the calculated hazard ratio was more than doubled (HR=2.69; CI=1.97, 3.68) for active smokers. Interestingly, subjects who had stopped smoking for more than 10 years had the same risk as lifetime non-smokers.

In terms of alcohol consumption, in comparison with never drinkers the estimated hazard ratios (HR) for an earlier diagnosis of cancer were 0.95 (CI=0.54, 1.68) for ex-drinkers who had quit drinking more than 10 years earlier, 1.27 (CI =0.66, 2.43) for ex-drinkers who had stopped drinking fewer than 10 years earlier, and 1.62 (CI=0.96, 2.81) for subjects reporting that they were consuming alcohol at entry into the study (when their cancer was diagnosed). In multivariate analysis, the authors state that the only statistically significant finding was comparing heavy versus mild or moderate drinking, where the HR=1.62, CI=1.04, 2.54. For beverage-specific analyses, with adjustment for total alcohol consumed, there were no significant effects (HRs were 1.06 for beer, 0.88 for wine, 0.90 for spirits).

Potential bias in assigning a specific time for diagnosis of pancreatic cancer: As pointed out by several Forum members, the clinical onset of pancreatic cancer is a very soft event in the natural history of the disease, localised or metastatic. Thus, the point in time when the diagnosis is made in a patient who has developed PancCa could well be affected by socioeconomic, educational, and other lifestyle factors. For example, more affluent persons (who, especially in the southern and mid-western American sites involved in this study, are more likely to consume alcohol) may seek investigation of mild symptoms much earlier than would be sought by poor people with limited access to medical care. In addition, subjects who are heavy smokers or heavy drinkers are much more likely (than non-smokers and non-heavy drinkers) to be admitted to hospital for other diseases, and thus would be more likely to have medical investigations (x-rays, CT scans, MRI exams, etc.) carried out that might lead to the diagnosis of a previously undetected PancCa. Such scenarios could bias the estimates of the age of onset of cancer according to alcohol consumption reported in this paper.

Other limitations of the study: Forum reviewers agreed with the many limitations of the study that were acknowledged by the authors. These include not having normal controls (that prevents evaluation of alcohol and smoking as causative factors of these cancers), and their inability to evaluate other potential factors such as coffee exposure, exposure to second-hand smoke, specific origin of tumor in the pancreas, or a history of chronic pancreatitis.

Forum reviewers were especially concerned that the authors did not have the ability to judge the effects of the pattern of drinking. The calculated weekly average of “drinks per day” includes subjects primarily binge drinking on the week-end as well as subjects with regular moderate intakes. Typically, even when the average weekly intake of alcohol may be the same, blood alcohol levels are much higher following binge drinking than with regular moderate drinking. Because of this and other limitations, one Forum reviewer concluded that **“This study is likely to have only a small impact on clinical gastroenterology.”**

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Forum Summary

This analysis from a group of distinguished scientists supports previous research showing that smoking is associated with an earlier onset of pancreatic adenocarcinoma. Other research has shown that smoking may also be a causative factor in the development of this type of cancer. For alcohol, this study shows that heavy drinking also appears to be associated with earlier diagnosis; previous research from some epidemiologic studies has suggested further that heavy intake of alcohol may be associated with the development of pancreatic cancer.

Forum reviewers were concerned, however, about potential bias in regards to the time of diagnosis of such cancer, and about many other limitations of the study. For example, the inability to separate drinkers by the pattern of drinking (binge drinking versus regular, moderate intake), by the socioeconomic status of subjects, and by a lack of information on

chronic pancreatitis, a known risk factor, weaken the implications of this paper. Forum members do not think that the results of this study will have a large impact on clinical practice, or on measures for the prevention of pancreatic cancer.

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

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Wine compound found to extend life in bee study

The July, 2012 issue of the journal *Aging* reported the results of research involving honey bees which revealed an ability for resveratrol to reduce food intake and extend life. Resveratrol, a compound found in red grapes and wine, has been found to provide some of the benefits of calorie restriction. Previous studies have shown that resveratrol lengthens the lives of yeast, worms, fruit flies and mice, but this study is the first to evaluate the effect of the compound in honey bees.

The research team compared the effects of an unenhanced honey bee diet to diets containing two different concentrations of resveratrol. The lower concentration of resveratrol was associated with a 38% increase in average lifespan and the higher concentration with a 33% increase under normal oxygen conditions. Maximum lifespan, which defines the longest lived members of a species (in contrast with average life expectancy) also increased in resveratrol-fed bees. Exposure of the bees to a high oxygen environment designed to generate oxidative stress eliminated these effects.

In an effort to uncover the mechanisms involved in resveratrol's benefits, the researchers examined the compound's effect on appetite. In comparison with bees that did not receive resveratrol, those given

the compound had less interest in consuming sugar solutions unless the sugar was highly concentrated. Resveratrol was also found to reduce food consumption in bees allowed to eat as much as they liked of diets containing carbohydrate and protein. "Surprisingly, the bees that received the antioxidant compound decreased their food intake," Dr Rascón reported. "The bees were allowed to eat as much as they pleased and were certainly not starving--they simply would not gorge on the food that we know they like. It's possible resveratrol may be working by some mechanism that is related to caloric restriction – a dietary regimen long known to extend lifespan in diverse organisms."

The authors state that the study demonstrated that resveratrol significantly affected gustatory responsiveness and prolonged lifespan in wild-type honey bees under normal oxygen conditions. They anticipate that subsequent projects in honey bees will focus on using pharmacological agents to explore whether there is a SIRT1-dependence for the lifespan and neurophysiological effects noted here.

Source: The lifespan extension effects of resveratrol are conserved in the honey bee and may be driven by a mechanism related to caloric restriction. Rascón B, Hubbard BP, Sinclair DA, Amdam GV. *Aging*. 2012 Jul;4(7):499-508.

Study explores cardiovascular benefits of wine versus vodka

Rhode Island Hospital researcher Frank Sellke MD, Chief of cardiothoracic surgery at Rhode Island and The Miriam hospitals, and colleagues studied the effects of red wine and vodka on pigs with high cholesterol.

"We wanted to test the effects of both wine and vodka in conjunction with high cholesterol as those who would be in this at-risk patient population typically have other medical issues, such as high cholesterol," said Sellke, the study's principal investigator. "What we found is that moderate consumption of both alcohols may reduce cardiovascular risk, but that red wine may offer increased protection due to its antioxidant properties."

The study involved three groups of swine that had been fed a high fat diet. One group continued on the diet alone, the second was supplemented daily with red wine, and the third was supplemented daily with vodka. The wine and vodka was mixed with the pigs' food, and the dosages were selected to provide equal amounts of alcohol to both treated groups.

After seven weeks, it was determined that the subjects that had been given wine or vodka had significantly increased blood flow to the heart, with the red wine having the larger cardiovascular benefit. Additionally, it was determined that HDL, or good cholesterol, was significantly increased in the two alcohol-treated groups while total cholesterol levels were unaffected. HDL (good) cholesterol transports LDL (bad) to the liver where it is metabolised, which may assist in preventing hardening of the arteries, or atherosclerosis, and other cardiac issues.

Through this study, researchers determined that while both red wine and vodka can benefit the heart, they do so differently. Red wine dilates blood vessels, while vodka caused more collateral vessels to develop. These findings shed new light on the mechanisms by which moderate alcohol intake might reduce cardiovascular risk. Whether these beneficial effects are also seen in humans remains to be seen.

Source: FW Sellke et al. Effects of Red Wine and Vodka on Collateral-Dependent Perfusion and Cardiovascular Function in Hypercholesterolemic Swine. Circulation, 2012.

Mothers drinking habits may affect their children's consumption long term

According to a new study, children follow their mothers' drinking habits in adulthood while the amount their father drinks does not have any effect. UK-based think-tank DEMOS tracked the drinking patterns of 18,000 people over three decades and found that at the age of 16, teenagers were mainly influenced by their peers in how much they drank, while their parents' attitudes towards alcohol appeared to show little impact. Yet by the age of 34, likelihood of people 'binge drinking' rose in line with how much they had thought, as a child, that their mother drank.

As teenagers, the group were asked to assess whether their parents drank never, sometimes, often or always. Researchers found that with each step that mothers rose on the four-point scale, the chance that their adult children were drinking above the recommended limits rose 1.3 times. However, the study found no relationship between the drinking habits of fathers, and the later behaviour of their adult children. It appears that among parents who drank, it seemed fathers were likely to do more of their drinking outside the home, often in pubs, while drinking by mothers was more likely to be witnessed by children, and therefore hold more influence.

"What we found really interesting was this delayed effect; the impact of what teenagers perceived about their mothers' drinking habits doesn't show an impact at the time, but decades later," commented Jonathan Birdwell, head of Demos' Citizens Programme. He added that the 'cultural acceptability' of male drinking might also reduce the influence of fathers on their children's attitudes to alcohol.

The study found that teenagers were least likely to binge drink if they categorised their upbringing as one in which strict discipline was combined with high levels of parental warmth. It also suggested those whose parents separate or divorce before the age of five were more likely to become binge drinkers.

The Demos research is part of an ongoing project overseen by an independent steering committee of public health experts, academics, advocacy groups and industry representatives. The first report, entitled *Under the Influence*, found that parenting style has a significant impact on whether children binge drink at 16 and later in life at 34. This second report, presented at the DEMOS conference held in Birmingham on 9th October, looks more closely at families where at least one parent has a problem with alcohol.

Authoritative mothers influence behaviour of teenagers' friends

A longitudinal study of teens, their friends, and their friends' families showed those with friends with authoritative mothers were less likely to binge drink (RR 0.49) or drink to the point of drunkenness (RR 0.46) compared with friends whose mothers were classed as 'neglectful', according to Holly Shakya, PhD, of the University of California San Diego, and colleagues.

The authors studied whether the "benefits of good parenting spill over" between members of an adolescent's social network through alcohol, cigarette, and marijuana use outcomes by following 1,386 high school students and looking at over 2,000 (n=2,003 to 2,066) social connections and their social connections' families over a 3-year period.

Participants were drawn from the National Longitudinal Study of Adolescent Health. Style of parenting was assessed in a seven-question survey and quantified by measures of control - how much a parent intervened in their child's life - and warmth - how much positive affect a parent showed their child. These measures determined which category of parenting style a parent had, including authoritarian parents, who "exert control while lacking warmth"; authoritative parents, who are warm, communicate, and "exert appropriate control"; permissive parents, who show warmth but no control; and neglectful parents, who show neither warmth nor control.

Students involved in the study were asked to name five male and five female friends. A subgroup of those were selected and followed-up in depth with questionnaires assessing social networks, health behaviours, family dynamics, and emotional

development outcomes. Outcomes were controlled for age, race, sex, and mother's self-reported income and education.

Participants who had friends with authoritative mothers were significantly less likely to drink to the point of drunkenness or binge drink than teens whose mothers were neglectful. The same benefit was seen with cigarette smoking and marijuana use. When controlled for age, sex, race, and mother's education and income, as well as school-level fixed effects, authoritative parenting from a friend's mother retained a significant protective effect against binge drinking (aRR 0.62) smoking cigarettes (aRR 0.61), and drinking to drunkenness (aRR 0.60), and had a protective association against marijuana consumption (aRR 0.57).

The authors state that, in addition to the positive effects on substance use and abuse, the authoritative parenting style was superior to others due to long-term benefits for the child, including academic success, positive peer relationships, minimal delinquent is, risk avoidance, and positive psychosocial adjustment, as well as a peer network that is less likely to be delinquent. They concluded that "positive parenting may benefit an adolescent's friendship network either through a buffering effect via the adolescent's positive psychological outcomes and behaviours and/or a direct contact effect with the friend's parent."

Source reference: Shakya HB, et al "Parental influence on substance use in adolescent social networks" Arch Pediatr Adolesc Med 2012; DOI: 10.1001/archpediatrics.2012.1372.

Cost-of-alcohol studies as a research programme

A prominent alcohol expert argues that estimates that drinking imposes billions of pounds of costs on society are so value-laden and imprecise that their main value is as propaganda. Policies like increasing the price of drink may be justified on other grounds, but not by a misleadingly appealing total cost or cost reduction figure.

This analysis by K Mäkelä argues that estimates of the cost imposed on society by drinking are often grossly inflated because (among other things) they assume that hazardous drinking must be irrational consumption, that crime benefits no one, that

drinking has no social, psychological or indirect business benefits, and that productivity losses are not counter-balanced by benefits elsewhere and by non-alcohol impaired workers taking over the jobs of the impaired. These assumptions are, it is contended, based on value judgements sometimes not made explicit, and lend the results of calculations based on those values a spurious appearance of objectivity and precision.

Source: Cost-of-alcohol studies as a research programme. Mäkelä K. Nordic Studies on Alcohol and Drugs: 2012, 29, p. 321-343.

Determinants of pregnant women's compliance with alcohol guidelines: a prospective cohort study

In 2009, Australian alcohol guidelines for pregnancy changed from low to no alcohol intake. Previous research found a high proportion of pregnant Australian women drank during pregnancy; however, there has been limited investigation of whether pregnant women comply with 2009 alcohol guidelines. The purpose of this study was to provide an assessment of pregnant women's compliance with 2009 Australian alcohol guidelines and identify predictors of such compliance, including previous drinking behaviour.

Cross-sectional analysis of prospective data from the 1973-1978 cohort of the Australian Longitudinal Study on Women's Health was conducted. Women aged 30-36 years who were pregnant at the 2009 survey and had data on alcohol use were included (n = 837). Compliance with 2009 alcohol guidelines for pregnancy was defined as no alcohol intake. Predictors of compliance were analysed using multivariate logistic regression.

72% of pregnant women did not comply with the 2009 alcohol guidelines and 82% of these women drank less than seven drinks per week, with no more than one or two drinks per drinking day. The odds of complying with abstinence increased by a factor of

3.48 (95% CI 2.39-5.05) for women who previously complied with the 2001 alcohol guidelines and decreased by a factor of 0.19 (95% CI 0.08-0.66) if household incomes were \$36,400 or more. In other models the odds of complying were lower for women who consumed alcohol before pregnancy at least weekly (OR = 0.40, 95% CI 0.25-0.63) or binged (OR \geq 0.18, 95% CI 0.10-0.31) and were higher for those who abstained (OR = 45.09; 95% CI 8.63-235.49) prior to pregnancy.

The authors conclude that most pregnant women did not comply with alcohol guidelines promoting abstinence. Prior alcohol behaviour was the strongest predictor of compliance during pregnancy, suggesting alcohol use should be addressed in women of child-bearing age. The study is limited by the relatively short timeframe between the official introduction of the 2009 guidelines and the date the surveys were sent out. They suggest that widespread dissemination of the guidelines may be necessary to help increase guideline compliance by pregnant women.

Source: Anderson AE; Hure AJ; Powers JR; Kay Lambkin FJ; Loxton DJ, *Determinants of pregnant women's compliance with alcohol guidelines: a prospective cohort study*, *BMC Public Health*, published early online 13 september 2012.

Drinking concordance and relationship satisfaction in New Zealand couples

A study examined alcohol consumption patterns in New Zealand couples and the associations of these patterns with time spent drinking together and the level of satisfaction with the relationship.

A cross-sectional survey of a nationally representative sample of New Zealand residents aged 18-70 on the combined electoral roll in 2007 was carried out. Using reports of the respondents' own drinking patterns and their reports of their partners' drinking, couples were classified as concordant, mildly discordant or discordant for both their drinking frequency and quantity of alcohol consumed per typical drinking occasion. The level of concordance was compared by demographic characteristics and relationship type. Ordinal logistic regression models were used to examine the associations between levels of concordance and both time spent drinking as a couple and level of happiness in the relationship (both reported by the respondent).

The largest proportion of couples was classified as concordant for both frequency and quantity of alcohol consumed per typical drinking occasion regardless of the relationship type. For both drinking frequency and quantity per occasion, couples identified as discordant or mildly discordant were less likely to report having spent a large amount of time drinking with their partner (odds ratio 0.2-0.5). Reported level of happiness with the relationship was also associated with the degree of concordance of both drinking frequency and quantity. The authors conclude that drinking frequency and quantity of alcohol consumed per typical drinking occasion are concordant in most intimate partnerships and that discordance in either is associated with a lower level of happiness within the relationship.

Source: *Drinking concordance and relationship satisfaction in New Zealand couples*. Meiklejohn J, Connor JL, Kypri K. *Alcohol Alcohol*. 2012 Sep-Oct;47(5):606-11.

UK government response to Health Select Committee inquiry on the Alcohol Strategy

The Government has published its response to the House of Commons Health Select Committee inquiry on the Government's Alcohol Strategy.

The report provides further details on the Government's response to individual recommendations. The Committee gave a positive welcome overall to the Government's Alcohol Strategy and it welcomed the decision to introduce a minimum unit price for alcohol. The Government will consult on the level of minimum unit price and on other proposals set out in the Strategy during the autumn.

www.wp.dh.gov.uk/publications/files/2012/09/Cm-8439-Accessible.pdf

Drinkaware appoints new Chief Executive

Drinkaware has appointed Elaine Hindal as its new Chief Executive.

Hindal, who will take up her new post in January, brings experience from both the charity and commercial sectors. She has been Director of Advocacy and Communication at The Children's Society since 2009. Prior to that, her international marketing and commercial strategy experience includes senior positions at Nokia, Cadbury Schweppes PLC and The Coca-Cola Company. She is also a Trustee of the Brain Research Trust.

Hindal will join in time to play a key role in shaping Drinkaware's strategic plans for the coming years.

The Drinkaware strategy for the next phase of its life will be launched in the first quarter of 2013.

Alcohol as part of compulsory PSHE curriculum?

Diana Johnson MP has made a bid to make lessons about drugs, alcohol and relationships compulsory in classrooms. The Relationship, Drug and Alcohol Education (Curriculum) Bill requires the Secretary of State for Education to include relationships, drug and alcohol education in the National Curriculum. The Bill was introduced by Johnson in the House of Commons on Wednesday 17 October under the Ten Minute Rule Bill procedure.

The Government's long-awaited Personal Social and Health Education (PSHE) review has been delayed for many months and indications are that Ministers are unlikely to make PSHE compulsory. Diana Johnson MP's Bill would make relationships, drug and alcohol education compulsory in all schools, including academies and free schools.

Johnson has chosen to focus on relationships, drug and alcohol issues in this Bill because she feels that young people often face difficult choices relating to all three issues. Young adults need to be better informed on whether and how much to drink, risks with the growing range of new drugs and how to establish healthy relationships.

These decisions are often made in difficult circumstances and under pressure. The Hull North MP believes that education has a key role to play in equipping young people to make informed decisions and to resist peer pressure.

Teaching in this area would draw on successful Life Skills Programmes, helping young people to evaluate complex information, build up self confidence, make wise personal choices and resist risky behaviour.

Diana Johnson wants drugs and alcohol education to give practical information such as the growing dangers from 'legal highs', the alcoholic content of different drinks and the health implications of drinking from an early age, alongside what a person should expect from healthy relationships.

The Bill's objective is for relationships education to complement compulsory sex education, where the existing focus is solely on the basic biological facts, reproduction and the spread of infections and viruses. There is currently no requirement to teach about healthy relationships, or about building self esteem and body confidence. The Labour MP wants schools to help young people to avoid and resist being pressurised into situations with which they feel uncomfortable, and to be aware of unacceptable behaviour such as sexual exploitation and domestic violence.

The Bill has cross-party backing in the House of Commons but is likely to run out of time and therefore not be taken further.

Young people admit to being hungover when at work in UK survey

New research from Drinkaware reveals that 78% of 18-24 year olds say they think it's acceptable to get drunk in front of workmates. However, 61% admit they have done something they regret as a result of drinking too much after work.

The research by ICM found that 66% of young men say they drink more than they intended at after-work drinks, compared to 55% of young women. While many say they go for after-work drinks to get to know their colleagues, 40% reported going because they didn't want to miss out on a good night. 57% of those who reported feeling pressure to buy a round said they go for after-work drinks every week.

Drinkaware is calling on young adults to adopt simple tips to make sure they get noticed for the right reasons. Having something to eat before drinking, alternating alcoholic drinks with soft drinks and avoiding the pressure to drink in rounds can help them stay in control.

Encouragingly many 18-24 year olds in the UK are already making attempts to display good work drinks

etiquette, particularly young women: 55% of young women stop drinking when they've had enough versus just 42% of young men; 47% of young women make sure they eat a good meal before going out compared to just 37% of young men and 35% of young women try to drink slowly versus 29% of young men.

Less positive findings were that 52% of those surveyed admit getting 'very drunk' with colleagues at least once in the last month and 83% say they have seen a colleague do something embarrassing as a result of drinking to excess after work. Over half (54%) of young adults admit they have been hungover at work at least once in the last month because of a heavy drinking session with people from work. Young adults confess they regretted a variety of drunken displays in front of colleagues - being sick, falling asleep, kissing a colleague and criticising their boss.

www.drinkaware.co.uk

Process evaluation and feasibility study of In:tuition, a life skills education programme for young people aged 9-14 years

In November 2011 CSN, a community interest company, was appointed by Alcohol Research UK to undertake an initial, independent process evaluation and feasibility study of the implementation of In:tuition.

In:tuition is a life skills education programme for young people aged 9-14, developed for Drinkaware. The programme consists of 10 primary lessons and 11 secondary lessons. Subjects include: self awareness; attitudes and behaviour; advertising, branding and the media; personal choices; emotions, communication skills and assertive behaviour; the influence of peers; goal setting and confidence.

In:tuition is digitally based and home learning tasks are included to encourage discussion with parents/carers and promote consistent messages to young people at home and school.

The evaluation of the pilot looked at the implementation of the programme in the classroom, how it was used, the extent to which it was

implemented as intended, its acceptability to staff and students; its relevance and appropriateness, barriers to implementation and any requirements for additional support or training.

Schools provided initial information regarding their plans for piloting the programme. Feedback was collected from staff and pupils through online questionnaires, school visits, teacher interviews and pupil focus group discussions.

The programme had some promising feedback from primary schools who recommend it should be rebranded as a lifeskills programme.

Secondary schools found the lessons too long and onerous, digital access a problem and the majority of secondary schools recruited therefore failed to deliver the programme finding it unsuitable to their needs.

http://alcoholresearchuk.org/downloads/insights/AlcoholInsight_0101.pdf

Portman Group – revised code of practice

The Portman Group has announced that it will publish its revised Code of Practice for responsible alcohol marketing on November 8, 2012. The code applies to all beverage alcohol marketing in the United Kingdom, whether producers are Portman Group members or code signatories or not. The announcement of the revised code follows a recent review which posed questions on topics including sponsorship and advertisement content.

<http://www.portman-group.org.uk>



Switzerland considers alcohol ban for spectators at sports events

Swiss law enforcement officials want to ban the consumption of alcohol by spectators in the stands for “high-risk” football and ice hockey games, although there will be no limits on alcohol consumption in VIP boxes.

The proposal, which also seeks to limit the alcohol content of beer served at regular games to three percent, was made by the conference of cantonal justice and police departments (KKJPD) at a recent meeting. A decision whether to proceed with the restrictions is expected in November. Philippe Guggisberg, General Secretary of the Swiss Football League said that the police and the football league are both in agreement.

Self-reported drink and drug driving: Findings from the Crime Survey for England and Wales

The latest Crime Survey for England and Wales (CSEW) included questions asking people whether they have driven whilst over the legal alcohol limit, or under the influence of illegal drugs, since 2009. This UK department for Transport report presents data from the 2009/10 and 2010/11 waves of the survey.

In both 2009/10 and 2010/11, an estimated 8% of adult drivers who had consumed alcohol in the last year reported driving at least once or twice within the last 12 months whilst they thought they were over the legal alcohol limit.

In 2010/11, an estimated 19% of adult drivers who had taken illegal drugs in the last year reported driving at least once or twice within the last 12 months whilst they thought they were affected by or under the influence of illegal drugs. This was similar to 2009/10, where an estimated 17% reported driving at least once or twice within the last 12 months whilst under the influence of illegal drugs.

Drink driving

In both 2009/10 and 2010/11, 8% of respondents reported having driven at

least once or twice in the last 12 months when they thought they were over the legal alcohol limit, of which 1% reported having driven over the legal alcohol limit once or twice a week.

Provisional figures released in August 2012 by the Department of Transport indicate that the number of fatalities resulting from drink and drive accidents increased for the first time in many years by from 250 in 2010 to 280 in 2011, and serious injured casualties rose from 8,210 to 8,430.

www.dft.gov.uk/statistics/releases/reported-road-casualties-great-britain-annual-report-2011/

RAS51102: Percentage reporting driving whilst thinking they are over the legal alcohol limit at least once in last 12 months, by sex and age (2009/10 and 2010/11)

	Numbers / percentages			
	Unweighted base for 2009/10	Unweighted base for 2010/11	2009/10	2010/11
All adults	18330	9358	8%	8%
Males	9014	4621	11%	10%
Females	9316	4737	5%	4%
Age 16-19	535	256	13%	10%
Age 20-24	1075	555	9%	9%
Age 25-29	1722	875	10%	9%
Age 30-39	4717	2399	8%	7%
Age 40-49	5607	2886	7%	7%
Age 50-59	4674	2387	7%	7%

Base: Respondents who have both drunk alcohol within the last 12 months AND driven within the last 12 months

Northern Ireland to ban 'all you can drink' pub promotions

Northern Ireland is to ban 'all you can drink' promotions. Nelson McCausland, social development minister, said the move will ban promotions that offer unlimited drinks for a fixed price. The ban is likely to take effect from January 2013. Pubs of Ulster welcomed the move. The group said the ban would put an end to irresponsible practices, although such promotions are rare. The ban follows a public consultation. A move to ban retailers from offering consumers discounts on bulk purchases was rejected by McCausland.

ERSC campaign 'Do you want to save 30,000 Lives?'

The European Road Safety Charter has just released the '30 000 Lives To Save' campaign with the key message: "No more victims on the roads". The campaign, that anyone can support by joining the pledge through an integrated application on Facebook (causes.com), invites citizens to follow its cause by clicking on a single button: the 'I take the pledge'. The objective is to reach 30 000 individual participations who believe that road safety should be a priority for all.

Road Safety is a major societal health issue. In 2011, an estimate of more than 30,000 people died on the roads of the European Union, 25% of which are thought to be alcohol related. This is why the European Road Safety Charter wants to take a step further and encourage a more active participation of citizens in road safety related topics.

The European Road Safety Charter has contributed to saving more than 40,000 lives by bringing together 2,300 entities that commit to specific, measurable, and free road safety related activities. Banners, infographics and the platform to subscribe the campaign mention repeatedly that youth is especially at risk, since road accidents are the leading cause of death for teenagers. Among other facts, the campaign also highlights that for every death in Europe's roads there is an estimated 4 permanently disabling injuries such as brain damage or spinal cord damage, 8 serious injuries and 50 minor injuries. "Over 78,000 lives were saved through the EU's 2001-2010 road safety programme", confirms Martine Aitken, project manager, who adds that this meant that the number of deaths were reduced by 43%.

Health In Europe: information and data Interface (HEIDI) WIKI

Heidi wiki (Health in Europe: Information and Data Interface), launched in May 2012 by the EC DG SANCO, is an internet based wiki tool for European health information and data. It aims to offer a broad spectrum of articles and data, relating to health status, diseases, determinants, health systems and policies. Heidi provides a tool for sharing, comparing and developing information across Europe.

Heidi is a dynamic platform in which users can correct existing information and publish new data quickly. They can also give feedback and discuss the quality or the usefulness of the data. The editors have direct access to write text on_line. Access to edit and update articles in Heidi wiki is reserved to health experts recognized in their field at European level. The European Commission grants access rights to experts to write and edit the Heidi articles, following an on-line application.

https://webgate.ec.europa.eu/sanco/heidi/index.php/Main_Page

EU Youth Report 2012 prioritises health and well-being

The 2012 Youth Report calls for stronger actions on employment, social inclusion, health and well-being of young people. Specifically, the report states that "At EU level, young people are a particular target group of EU health initiatives put in place to tackle smoking, alcohol related harm, nutrition, obesity and drug-use. All but two Member States report that they have taken concrete measures to follow up the Council Resolution on the Health and Well-being of Young People. Many Member States mention initiatives that focus on specific issues, such as alcohol, tobacco and healthy nutrition, or emphasise the value of peer-to-peer education in promoting healthy lifestyles.

If adopted by the Council (November 2012), the new priorities will apply from 2013-2015.

Ireland's plans to restrict alcohol sponsorship

Alcohol sponsorship of sports events could last until 2020 as part of new plans under consideration by the Irish Government. Some ministers argue that a gradual phasing-out period ending in 2016 would be too soon, but other ministers are concerned that the delay will lose the opportunity to positively impact youth.

European Night Without Accident

The annual European Night Without accident ran on Saturday 20th of October 2012. The goal of the initiative is to meet young drivers 'in their own world' to directly communicate with them.

Volunteers, all between 17 and 29, settled outside the nightclubs, where they encouraged each group of youngsters as they arrived to choose a designated driver. The designated driver agrees to commit him/herself to stay sober all night long. If they want to participate, they are given a bracelet to be recognizable as a symbol of their commitment.

When the designated drivers leave the nightclub, they can voluntarily take a breath analysis and/or a drug test to check if they are still allowed to drive according to country's regulation, and to see therefore if they have honoured their commitment. If the analysis was under the legal limit, the "designated drivers" were rewarded with presents offered by the partners and sponsors. If not, the volunteers were encouraged to

leave their car or to hand over the keys to a friend who did not drink any alcoholic beverage or take drugs.

The Night Without Accident was first launched in Belgium in 1995. Since 2003, the action was extended to other European countries thanks to the support of the European Commission. In 2011, 800 volunteers were present in 200 nightclubs located in 26 countries: 82.2% of drivers who committed to remain sober all night passed the breathalyser test.

www.europeannightwithoutaccident.eu



Global Be(er) Responsible Day

Global Be(er) Responsible Day is an annual event, launched by AB InBev in 2010. On September 21, 2012, all AB InBev brewery communities participated in activities ranging from public education efforts to initiatives that work toward meeting the global responsible drinking targets. AB InBev's work to promote responsible drinking is one of three core pillars of the company's Better World plan, alongside commitments to lighten the company's impact on the environment and to give back to the communities in which the company operates. In 2011, more than 27,000 employees participated in Global Be(er) Responsible Day, a 60% increase from 2010's inaugural celebration.



Swedish monopoly to introduce home delivery for alcohol

The Swedish government has agreed to allow Systembolaget to deliver to homes in six locations across Sweden on a trial basis.

"In the trial we want to explore whether home delivery is possible while maintaining the regulatory framework which Systembolaget has today," said Minister for Children and the Elderly Maria Larsson. "We want to see if it can be done in a responsible manner without contributing to increased consumption."

Systembolaget's CEO Magdalena Gerger explained that the move was in response to the increasing popularity of internet retail. To ensure that the legal minimum drinking age is observed the home delivery service will operate a three stage check. Firstly prospective customers will be required to open an account, approve conditions of service and divulge their personal identification number. Secondly the buyer must produce a valid ID when receiving the goods; and thirdly the ID will be scanned by Systembolaget's employee.

The home delivery option is set to be launched in October and will be charged at what Systembolaget claims to be cost price - around 250 kronor (\$38) per delivery.

Fewer USA youth trying alcohol and cigarettes before age 13

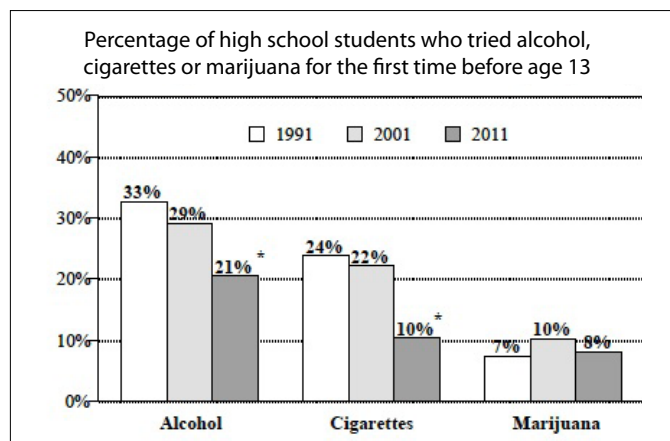
The percentage of high school students who first tried alcohol or cigarettes before the age of 13 has declined considerably since 1991, with much of the decline occurring in the past decade, according to recently released data from the national Youth Risk Behavior Survey (YRBS).

In 1991, 33% of high school students reported drinking more than a few sips of alcohol before age 13, compared to 29% in 2007 and 21% in 2011.

The percentage reporting smoking a whole cigarette for the first time before age 13 also declined, from 24% in 1991 to 10% in 2011. Marijuana initiation before age 13, however, did not change significantly over the same period.

While the decreases in early alcohol and cigarette use are encouraging, one in five students still try alcohol and one in ten try cigarettes before age 13.

These findings were adapted by The center for substance abuse research (CESAR) at the University of Maryland from the Centers for Disease Control and Prevention, 1991-2011 High School Youth Risk Behavior Survey Data.



Vital Signs: Drinking and driving among high school students aged ≥16 in the United States, 1991–2011

The prevalence of self-reported drinking and driving among high school students aged ≥16 years declined by 54% between 1991 and 2011 in the US.

The national YRBS, a component of CDC’s Youth Risk Behavior Surveillance System (YRBSS), used independent, three-stage cluster samples for the 1991–2011 surveys to obtain cross-sectional data representative of public and private school students in grades 9–12 in all 50 states and the District

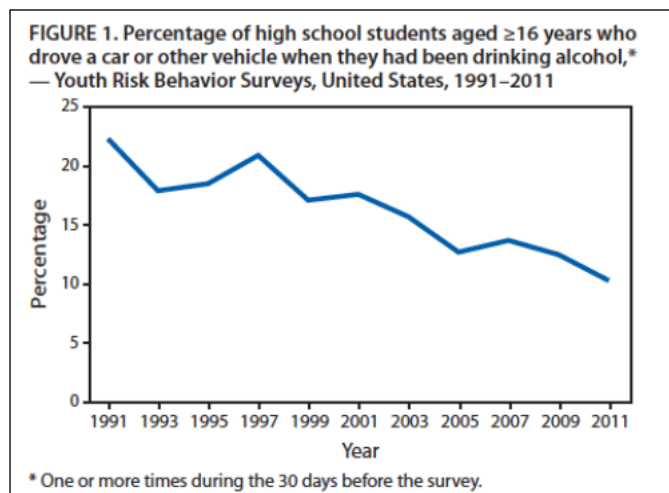
CDC analyzed data to describe the trend in prevalence of drinking and driving (defined as driving one or more times when they had been drinking alcohol during the 30 days before the survey) among U.S. high school students aged ≥16 years. The 2011 national YRBS data were used to describe selected subgroup differences in drinking and driving, and 2011 state YRBSs data were used to describe drinking and driving prevalence in 41 states.

During 1991–2011, the national prevalence of self-reported drinking and driving among high school students aged ≥16 years declined by 54%, from 22.3% to 10.3%. In 2011, 84.6% of students who drove after drinking also binge drank. Drinking and driving prevalence varied threefold across 41 states, from 4.6% in Utah to 14.5% in North Dakota; higher prevalences were clustered among states in the upper Midwest and along the Gulf Coast. In 2011, 10% of high school students aged ≥16 years reported

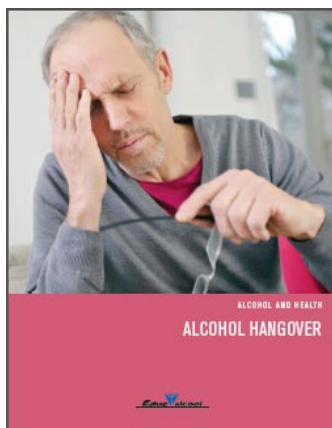
drinking and driving during the past 30 days. 85% of students who drove after drinking also binge drank during the past 30 days. 81% of teen drivers with positive (>0.00%) blood alcohol concentrations (BACs) who are involved in fatal crashes have BACs of ≥0.08%, the level designated as illegal for adult drivers.

The authors conclude that substantial progress has been made during the past 2 decades to reduce drinking and driving among teens, in 2011. However, one in 10 students aged ≥16 years still reported driving after drinking during the past 30 days. Most students who drove after drinking alcohol also binge drank.

www.cdc.gov/Vitalsigns/pdf/2012-10-vitalsigns.pdf



Éduc'alcool publication on Alcohol Hangover



Éduc'alcool have launched a report on alcohol and hangovers, the latest publication in the Alcohol and Health series.

“After a bout of heavy drinking, discomfort and distress occur when blood alcohol content begins to drop. Symptoms peak when

blood alcohol content is back to zero,” said Hubert Sacy, Director General of Éduc'alcool. The new Éduc'alcool report is intended to demystify the phenomenon of the hangover and separate myth from fact about this other unpleasant consequence of excessive drinking.

The report discusses symptoms, causes and risk factors, and briefly reviews the complications and often underestimated consequences of a hangover. It concludes with information on prevention.

A hangover can be dangerous

When you have a hangover, you can feel terrible. And a headache, the shakes, sweating, and difficulty concentrating and seeing clearly can be just as dangerous as being drunk. Under such circumstances, it is ill-advised and irresponsible to drive, operate machinery or tools, engage in dangerous physical activity, assume responsible for the safety of others or making important decisions.

This warning applies to all drinkers, but young people should be particularly careful. Young people tend to get drunk more often than older people and they report hangover symptoms more frequently. Many young people also have seasonal jobs that involve physical activity or supervising the safety of others: think camp counsellors, sports instructors and lifeguards, for example. In such situations, a hangover is not just unpleasant, it is serious and dangerous. It may also be criminal.

“Therefore, if you want to remain in full possession of your faculties, you really must stick to the low-risk drinking guidelines and understand clearly that there are serious problems associated with excessive drinking, even if it’s only occasional. It is far better to drink a little bit regularly than a great deal occasionally,” added Hubert Sacy, noting that it was

the Lifesaving Society that brought to Éduc'alcool’s attention the need to make people more aware of the problems related to hangover.

Acetaminophen and ibuprofen: not always the best solution

While headache is a symptom reported by almost 90% of people suffering from hangover, Éduc'alcool notes that it may not always be wise to take acetaminophen (Tylenol) for the pain. Acetaminophen is fine for occasional drinkers who drink too much on a particular occasion, but it is strictly contraindicated for people with an alcohol dependency (alcoholics) who already have liver problems. In such individuals, the interaction between alcohol and acetaminophen significantly increases the risk of liver toxicity and may cause liver lesions, even when the medication is taken the next day.

Depending on individual sensitivity, combining alcohol with acetylsalicylic acid (ASA, Aspirin) or ibuprofen (Advil, Motrin) may also be a bad idea. In people who are prone to gastro-intestinal problems, these medications can exacerbate the irritating effects of alcohol.

“The only safe way to treat the pain and discomfort of a hangover is to practice healthy living: exercise to increase oxygen supply, rehydrate by drinking plenty of water, and eat lightly. After that, only time will help,” concluded Hubert Sacy.

Statistics tell the story: one in ten drinkers is affected

Among Quebecers aged 12 and over, 26% of men and 11% of women have had five drinks or more on a single occasion at least once in the last year. The percentages are significantly higher among young people. 40% of 18 to 24-year-olds say they have drunk at this level in the last year.

With the latest research showing that approximately 75% of those who drink to excess will have a hangover, we can estimate that, here in Quebec, almost one in ten drinkers has a hangover relatively regularly. On the other hand, about 25% of drinkers do not display hangover symptoms, even after drinking heavily. The difference would appear to be primarily genetic, but the data is not conclusive.

<http://educalcool.qc.ca/en/alcohol-and-you/health/alcohol-hangover/>

Global beer, wine and spirits CEOs back new initiatives to reduce harmful use of alcohol at Washington DC conference

Global Actions: Initiatives to Reduce Harmful Drinking, an international conference hosted by the International Center for Alcohol Policy (ICAP), reported on the industry actions in support of the WHO Global Strategy to Reduce the Harmful Use of Alcohol. The conference also launched Commitments on digital marketing, underage drinking, retail activities and drink driving.

Building on their longstanding commitment to public health, the producers of beer, wine and spirits agreed to a new series of actions in five key areas that are designed to strengthen and expand existing efforts to reduce the harmful use of alcohol. Ten targeted actions over the next five years include: Reducing underage drinking, via enforcement of current laws and encouraging governments to introduce and enforce minimum purchase ages; Continuing to strengthen and expand marketing codes of practice which avoid encouraging excessive and irresponsible consumption, with a particular focus on digital marketing; Making responsible product innovations and developing easily understood symbols or equivalent words to discourage drinking and driving and consumption by pregnant women and underage youth; Reducing drinking and driving by collaborating with governments and non-governmental organisations to educate and enforce existing laws; and enlisting the support of retailers to reduce harmful drinking and create 'guiding principles of responsible beverage alcohol retailing'.

The commitments will be implemented over a five-year time period beginning in 2013; a professionally qualified third party will audit the companies' compliance throughout this time. In addition, participating companies will report progress to the global community on an annual basis.

ICAP member companies making the commitments include: Anheuser-Busch InBev; Bacardi; Beam; Brown-Forman; HEINEKEN; Molson Coors; Pernod Ricard and SABMiller.

The commitments build on the signatory companies' efforts to discourage harmful drinking through initiatives and partnerships around the world, especially in low- and middle-income countries. Many programmes are already underway to address critical issues in developing nations such as drink driving, strengthening codes of responsible marketing of

alcohol, and studying the health and economic impact of the production of illicit alcohol.

ICAP also published a report in October, showing that members of the alcohol beverage industry – including producers, distributors and sellers - have undertaken more than 3,600 initiatives to reduce harmful drinking over the past several decades. The report finds that the industry has been active throughout the world in partnering with local governments and non-profit organisations in undertaking a range of efforts to reduce underage drinking, drink driving, establish national standards for responsible alcohol advertising and to address the growing issue of counterfeit alcohol production.

"In compiling this report, we were struck by not only the sheer volume of initiatives being implemented, but also the broad range of approaches and the high level of industry engagement with local stakeholders," said ICAP President *"The efforts we studied demonstrate how seriously alcohol producers take their role in working to reduce harmful drinking, and they show promise for future progress and evaluation of these efforts moving forward."*

The report finds that the majority of industry initiatives have addressed four issues: Drink driving (30%), Underage drinking (27%), Sales (17%) and Marketing (14%).

www.icap.org/LinkClick.aspx?fileticket=3SazTLuU5ho%3D&tabid=36

Smoking, drinking habit among South Korean students

In South Korea 20% of secondary school students consume alcohol, and 10% smoke tobacco. A poll of 75,643 high and elementary school students carried out by the South Korean Ministry of Education, found that 20.6% of respondents had consumed more than a glass of alcohol over the past month. Almost half of the students who drank were grouped as high-risk, with female students drinking more than three shots of Soju, a popular Korean Liquor, and male students drinking five shots of Soju at a time. According to previous polls, the proportion of high-risk drinking adolescents rose from 44.6% in 2008 to 47.2% in 2010. Around 2.8% of students smoked more than 10 cigarettes in a day. 6.1% of the polled secondary school students are daily smokers (2.8% females and 9.1% male).

2011 National Survey on Drug Use and Health: Summary of findings

This report presents a first look at results from the 2011 National Survey on Drug Use and Health (NSDUH), an annual survey of the civilian, non-institutionalised population of the United States aged 12 years old or older. The report presents national estimates of rates of use, numbers of users, and other measures related to illicit drugs, alcohol, and tobacco products. The report focuses on trends between 2010 and 2011 and from 2002 to 2011, as well as differences across population subgroups in 2011.

Alcohol use in 2011

- 51.8% of Americans aged 12 or older reported being current drinkers of alcohol, remaining static since 2010. This translates to an estimated 133.4 million current drinkers in 2011.
- 22.6% of participants participated in binge drinking (defined as having five or more drinks on the same occasion on at least 1 day in the 30 days prior to the survey), was down from 23.1% in 2010. This equates to about 58.3 million people.
- Heavy drinking was reported by 6.2% of the population aged 12 or older, or 15.9 million people, down from 6.7% in 2010. Heavy drinking is defined as binge drinking on at least 5 days in the past 30 days.
- Among young adults aged 18 to 25, the rate of binge drinking was 39.8% and the rate of heavy drinking was 12.1%, down from 13.5% in 2010.
- The rate of current alcohol use among youths aged 12 to 17 was 13.3%. Youth binge and heavy drinking rates in 2011 were 7.4 and 1.5%, respectively. These rates were all down slightly from those reported in 2010 (13.6, 7.9, and 1.7%, respectively).
- An estimated 11.1% of participants drove under the influence of alcohol at least once in the past year. This percentage was lower than in 2002,

when it was 14.2%. The rate of driving under the influence of alcohol was highest among persons aged 21 to 25 (21.9%).

- There were an estimated 9.7 million underage (aged 12 to 20) drinkers in 2011, including 6.1 million binge drinkers and 1.7 million heavy drinkers.
- Past month, binge, and heavy drinking rates among underage persons declined between 2002 and 2011. Past month alcohol use declined from 28.8 to 25.1%, while binge drinking declined from 19.3 to 15.8%, and heavy drinking declined from 6.2 to 4.4%.
- In 2011, 57% of current underage drinkers reported that their last use of alcohol occurred in someone else's home, and 28.2% reported that it had occurred in their own home. 30.3% paid for the alcohol the last time they drank, including 7.7% who purchased the alcohol themselves and 22.4% who gave money to someone else to purchase it. Among those who did not pay for the alcohol they last drank, 38.2% got it from an unrelated person aged 21 or older, 19.1% from another person younger than 21 years old, and 21.4% from a parent, guardian, or other adult family member.

Most (82.9%) of the 4.7 million past year alcohol initiates in 2011 were younger than 21 at the time of initiation.

In 2011, 75.1% of youths aged 12 to 17 reported having seen or heard drug or alcohol prevention messages from sources outside of school, which was lower than in 2002 (83.2%). The percentage of school-enrolled youths reporting that they had seen or heard prevention messages at school also declined during this period, from 78.8 to 74.6%.

www.samhsa.gov

Taiwan - increased prison sentence for drunk drivers

In Taiwan, an amendment to the Criminal Code was approved by the Executive Yuan (Cabinet) of Taiwan on 4 October 2012. Under the amended law, drunk drivers who cause death in accident will be given a jail term of three to ten years, from the current penalty of one to seven years. And additional fine of TWD 200,000 (EUR 5,244.79 USD 6,825.66) will be imposed on drunk drivers, who will also receive a jail term of

between two months and two years. Drivers with blood alcohol content of 0.11% and a breath alcohol level of 0.55 grams of alcohol per litre or above are categorised as drunk drivers under the amended law. Meanwhile, a two-year driving license suspension will be imposed on drunken drivers who are caught transporting young passengers aged below 12, from 15 October 2012 onwards.

Lighter wines given spotlight by Australian retailer

Australian wine brand Lindeman's and retail giant Woolworths are championing the growth of wines lighter in alcohol and in calories. The two have joined forces to assist shoppers in selecting these wines, which will now be allocated their own space in 350 Woolworths Liquor stores across Australia. The joint initiative will include selected in-store tastings, enabling customers to taste the wines before purchase.

Steve Donohue, Woolworths Liquor Group General Manager for Merchandise, said: "When these wines were first introduced to the market five years ago,

they were included in the traditional layout of our stores, which is arranged by variety and region. What we have found over time is that demand for these varieties is so high that customers are specifically seeking out these wines.

"Our customers have told us that they want to make healthier choices, but that sometimes they find it difficult to do so. (By creating) a lighter in alcohol and lower calorie section in each store, we are making it easier for our customers to make those healthier choices."

Australian youth get their say on alcohol and drug policy

Young Australians' opinions on responses to alcohol and other drug use are currently being sought in a new research study.

The Australian National Council on Drugs (ANCD) has commissioned the Drug Policy and Modelling Program (DPMP) and the Youth Support and Advocacy Service to survey 16 to 25 year-olds. The online survey aims to uncover young Australians' thoughts on policies and programs designed to reduce the harms caused by alcohol, tobacco and illicit drugs.

The ANCD is the Council appointed by the Prime Minister to give advice to government on drug and alcohol issues. DPMP research associate Dr Francis Matthew-Simmons is leading the project.

"The survey covers a vast array of topics, from policy options like decriminalisation and raising the legal drinking age, to services and interventions like detoxification clinics and supervised injecting rooms," Dr Matthew-Simmons said. "We want to hear from young people all over Australia about these drug and alcohol related issues. It doesn't matter if they live rurally or in a city, or whether or not they've tried alcohol and illicit drugs, we want everyone's input."

The survey is available at www.youthdrugsurvey.com.au and takes approximately 15 minutes to complete. It will remain open until 5 December 2012.

Wine industry adopting health warnings

In Australia, the wine industry is adopting health warnings on labels, including warnings about the risks to pregnant women of drinking alcohol. The Winemakers Federation said it wanted to extend the labelling push in a partnership with the organisation DrinkWise Australia.

"[It] will give all winemakers the opportunity to get involved quickly and at no cost," Federation president Tony D'Aloisio said. The Federation is giving the nation's 2,500 winemakers free access to logos and other material. Mr D'Aloisio said messages on the labels would be backed by a campaign at retail outlets and even cellar doors.

The Federation said evidence-based data on alcohol consumption would be available on the DrinkWise website, to help people make informed choices about drinking.

The Federation said changing wine labels was a complex issue because of the delays in production, bottling, cellaring and eventual sale of the many vintages involved, but major wine firms, Accolade, Treasury Wine Estates and Premium Wine Brands, had joined the campaign and others in the wine industry would now be encouraged to get involved.

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

AIM Mission Statement

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

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