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## Russia

Russian President, Vladimir Putin, has signed a law introducing administrative liability for driving under influence of alcohol if it is detected not only in exhaled air but also in the blood of a driver. The bill will introduce a legal blood alcohol concentration (BAC) and blood testing guidelines from June 2018. The BAC limit is likely to be set at 0.3 grams of absolute ethyl alcohol per liter of blood, in addition to the existing legal breath alcohol concentration (BrAC) limit of 0.16 mg/L.

## Holland

Two of the main Dutch employers organisations, VNO-NCW and MKB-Nederland, have called for changes to the privacy laws to allow companies to test staff for alcohol and drugs. Currently only employees in certain professions such as pilots or train drivers - can be tested for alcohol and drugs, but the employers organisations argue that, testing in more industries such as companies working with chemicals and radioactive products, is desirable to ensure safety.

## Ireland

New figures from the Revenue Commissioners suggest that alcohol consumption in Ireland fell in 2017.

The latest figures on alcohol consumptions from Revenues clearance data show that the average per adult consumption of alcohol in 2017 declined by approximately 1.4%. This continues a long-running trend of alcohol consumption falling in Ireland.

## Serbia

IN Serbia, Nebojsa Stefanovic, the Serbian interior minister has announced that the upcoming amendments to the Law on Traffic Safety will change the blood alcohol content (BAC) limit for drivers. The limit will be reduced from 0.3 mg/ml to 0.2 mg/ml. The penalty for exceeding the new BAC limit while driving will be from 30 to 60 days in prison or from 240 to 360 hours of community service, as well as 14 to 16 punitive points on a driver's licence and a nine-month-ban from driving.

## Oman

Providing a minor with alcohol could lead to imprisonment and a fine of up to OMR1,000, according to Oman's Legal Network. The legal age to consume alcohol in Oman is 21 years. The Sultanate's official legal network stated that "Anyone that provides a person under the age of 18 with an alcoholic drink, shall be punished by imprisonment for a period not less than one month and not more than one year and a fine not less than OMR 100 and not more than OMR 1,000."

## Kenya

The Kenya Revenue Authority has introduced an App to fight counterfeits beer products. KRA marketing surveillance chief manager Caxton Masudi said the Soma Label App will help identify counterfeited products in the market. Alcoholic Beverages Association of Kenya chairman Gordon Mutugi said importation of fake products has become a big problem in the country.



## A meta-analysis on lifestyle factors, cardiovascular disease, and total mortality for a very large number of middle-aged and elderly women

Colpani V, Baena CP, Jaspers L, van Dijk GM, Farajzadegan Z, Dhana K, Tielemans MJ, Voortman T, Freak-Poli R, Veloso GGV, Chowdhury R, Kavousi M, Muka T, Franco OH. Lifestyle factors, cardiovascular disease and all-cause mortality in middle-aged and elderly women: a systematic review and meta-analysis. *European Journal of Epidemiology* 2018; pre-publication. <https://doi.org/10.1007/s10654-018-0374-z>

### Authors' Abstract

Cardiovascular disease (CVD) risk factors, incidence and death increases from around the time of menopause comparing to women in reproductive age. A healthy lifestyle can prevent CVD, but it is unclear which lifestyle factors may help maintain and improve cardiovascular health for women after menopausal transition. We conducted a systematic review and meta-analysis of prospective cohort studies to evaluate the association between modifiable lifestyle factors (specifically smoking, physical activity, alcohol intake, and obesity), with CVD and mortality in middle-aged and elderly women.

Pubmed, Embase, among other databases and reference lists were searched until February 29th, 2016. Study specific relative risks (RR) were meta-analyzed using random effect models. We included 59 studies involving 5,358,902 women. Comparing current versus never smokers, pooled RR were 3.12 (95% CI 2.15–4.52) for CHD incidence, 2.09 (95% CI 1.51–2.89) for stroke incidence, 2.76 (95% CI 1.62–4.71) for CVD mortality and 2.22 (95% CI 1.92–2.57) for all-cause mortality. Physical activity was associated with a decreased risk of 0.74 (95% CI 0.67–0.80) for overall CVD, 0.71 (95% CI 0.67–0.75) for CHD, 0.77 (95% CI 0.70–0.85) for stroke, 0.70 (95% CI 0.58–0.84) for CVD mortality and 0.71 (95% CI 0.65–0.78) for all-cause mortality. Comparing moderate drinkers versus non-drinkers, the RR was 0.72 (95% CI 0.56–0.91) for CHD, 0.63 (95% CI 0.57–0.71) for CVD mortality and 0.80 (95% CI 0.76–0.84) for all-cause mortality. For women with BMI 30–35 kg/m<sup>2</sup> the risk was 1.67 (95% CI 1.24–2.25) for CHD and 2.3 (95% CI 1.56–3.40) for CVD mortality, compared to normal weight. Each 5 kg/m<sup>2</sup> increase in BMI was associated with 24% (95% CI 16–33%) higher risk for all-cause mortality.

This meta-analysis suggests that physical activity and moderate alcohol intake were associated with a reduced risk for CVD and mortality. Smoking and higher BMI were associated with an increased risk of these endpoints. Adherence to a healthy lifestyle may substantially lower the burden of CVD and reduce

the risk of mortality among middle-aged and elderly women. However, this review highlights important gaps, as lack of standardized methods in assessing lifestyle factors and lack of accurate information on menopause status, which should be addressed by future studies in order to understand the role of menopause on the association between lifestyle factors and cardiovascular events.

### Forum Comments

Most epidemiologic studies have been consistent in demonstrating that subjects who do not smoke, are not obese, are physically active, and consume small to moderate amounts of alcohol have significantly less cardiovascular disease (CVD) and have a lower risk of total mortality. The beneficial effect of each is usually highly significant, and the net health effect of all such factors is remarkable. The majority of studies have included younger subjects, and more often the studies have been based on males. There are much less data on the effects of lifestyle on elderly women.

The present paper reports a well-done meta-analysis on a very large number of middle-aged or elderly women, based on studies that total more than five million subjects. It concludes that significant and large lowering of risk occurs among women who do not smoke, are not obese, are physically active, and drink alcohol moderately. It emphasizes how lifestyle factors can play a major role in terms of the risk of CVD and death for middle-aged/elderly women.

Comments by individual Forum members: Reviewer Ellison pointed out some strengths of the analysis: "It is based only on cohort studies, essentially all of which were classified as high-quality studies; it provides a large amount of data for women following menopause, when their risk of CVD increases markedly; and there was a very large number of cases of CVD within the cohort: more than 10,000 subjects developed CVD, almost 28,000 had coronary disease, more than 15,000 had a stroke, and total mortality was recorded for almost 200,000 women.

"To help assure that the effects were applicable for post-menopausal women, the authors carried out sub-analyses limited to women 50 or more years of



age; the results in more than 200,000 such women who were moderate drinkers showed very similar results as those reported for the total group of subjects." Reviewer Thelle stated: "I support these comments. I would add that the main purpose of the paper was not just about alcohol, women and coronary heart disease (CHD), but a more general attempt to elucidate CVD risk factors and behaviours regarding women and cardiovascular risk." Reviewer Finkel added: "This paper reports again on the benefits and liabilities of common lifestyle factors, with the expected conclusions. The focus on women in their second half of life is helpful, and politically comforting, though I don't know that it adds to our basic understanding of the association."

As for the effects of alcohol on CVD and mortality, Forum members noted that in their comparisons with non-drinkers, the authors used < 98 g/week (about one drink/day) as the upper limit of "moderate," and > 98 g/week of alcohol as "high intake;" they later report that "high intake" was 98-322 g/week of alcohol in their studies. Thus, their definition of "moderate" falls within the US Dietary Guidelines of no more than an average of one drink/day for women. The authors report that, within the total studies reviewed, 17 articles evaluated alcohol intake, comprising 880,834 women. Compared with non-drinkers, moderate drinkers had a reduced risk of 0.72 for fatal and non-fatal CHD, 0.63 for CVD mortality, and 0.80 for all-cause mortality; all relations were statistically significant. For about 90,000 women who were reported to have "high alcohol intake," the authors state that two studies showed 30% higher CVD mortality (not significant) and one study showed 7% lower all-cause mortality (also not significant).

Forum member Skovenborg commented: "The authors do not mention the possible effect of alcohol consumption on median age at menopause, which has been described by Taneri et al and Kinney et al. The latter noted: 'The estimated median age at menopause was 2.2 (95% CI 0.5, 3.9) years later for women who drank alcohol 5-7 days/week (13% of the sample) than for women who did not drink alcohol (54%). For women who drank at least 1 day/week, the estimated shift was 1.3 (95% CI 0.2, 2.3) years.'" It is unclear to what extent the differences in age at

menopause may have affected the results in the present study.

Other research on the effects of a "healthy lifestyle": Forum member Stockley described a number of specific previous studies on a healthy lifestyle that support the findings of the present analysis. She states: "For example, Ford et al's study of 16,958 US individuals followed for 18 years by the US Centers for Disease Control and Prevention (CDC) examined the relationship between four low-risk behaviors and mortality where 'moderate consumption of alcohol' ( $\leq 2$  drinks/day for men and  $\leq 1$  drink/day for women) was considered as one of 'four healthy lifestyle behaviors that exert a powerful and beneficial effect on mortality.' The other low-risk behaviors were non-smoking, eating a healthy diet, and physical activity. Ford et al stated that: 'The number of low-risk behaviors was inversely related to the risk for mortality.' Compared with participants who had no low-risk behaviors, which included abstinence from alcohol as well as excessive alcohol consumption, those who had all four experienced significantly reduced all-cause mortality and had an average lifespan of 11.1 years longer!

"An earlier study by Chiueve et al also included light-to-moderate alcohol consumption (5 to 30 g/day) as one of five low-risk behaviors associated with a reduced risk of coronary heart disease irrespective of concurrent medication for hypertension or hypercholesterolemia. These behaviours was based on the Healthy Eating Index (HEI), created by the US Department of Agriculture; the HEI defined moderate alcohol consumption of 1.5 to 2.5 drinks/day as ideal servings for men and 0.5 to 1.5 drinks/day as ideal for women on the basis of the lower risk of cardiovascular disease associated with moderate alcohol consumption (McCullough et al).

"A similar, little publicised Australian study of 7989 individuals aged 65-83 years followed for five years showed consistent results with this CDC study (Spencer et al). The eight selected low-risk behaviors included having no more than two alcoholic (total 20 g alcohol) drinks/day. Individuals with five or more of the selected low-risk behaviors had a lower risk of death from any cause within five years compared with those having less than five. In addition, Lee et al showed



that although light-to-moderate drinkers may have better risk factor profiles than non-drinkers, including higher socioeconomic status and fewer functional limitations (such as activities of daily living, instrumental activities of daily living and mobility), which explain some of the survival advantage associated with alcohol consumption, light-to-moderate drinkers still maintain their survival advantage even after adjustment for these factors.

“Further, Sun et al showed that in addition to lower mortality, women who were moderate alcohol consumers surviving to age 70 years and older generally had less disability and disease, and more signs of ‘successful ageing.’ For ‘regular’ light-to-moderate alcohol consumers (on 5-7 days/week), there was an approximately 50% greater chance of such successful ageing compared with non-drinkers.”

Do changes in alcohol consumption result in increase/decrease in risk of CVD or other diseases? Forum member Waterhouse noted: “This study confirms the general effect of alcohol on CVD observed in numerous other reports, but is interesting because of the focus on post-menopausal women. However, the authors state that they undertook the study in order to provide this population with data on the value of healthy lifestyle decisions, presumably to encourage change towards beneficial practices. Unfortunately, these recommendations are compromised because they did not look at how changing drinking, smoking, or exercise would affect outcomes. I understand that such data would be much more sparse or not available, but my concern stands. I think it would be appropriate to suggest that future studies look at how changes in lifestyle factors alter health outcomes after some time has passed.”

Other Forum members agreed that it would be important to evaluate changes in alcohol during middle-age or later for their effect on health; however, change is more difficult to assess in epidemiological studies, and the reason that certain people increase or decrease their alcohol intake is rarely known.

Ellison noted that many animal experiments demonstrate that the administration of alcohol, wine, or wine polyphenolics modify CVD risk factors

in the expected direction. As for short-term clinical trials in humans, an early paper by Rimm et al in 1999 summarized trials of alcohol administration, and showed that alcohol resulted in increased HDL-cholesterol, apolipoprotein A, and showed a tendency for improvement in coagulation factors. A later, large meta-analysis of intervention studies by Brien et al had similar conclusions: “Moderate alcohol consumption had favourable effects on levels of high density lipoprotein cholesterol, apolipoprotein A1, adiponectin, and fibrinogen.” Both studies concluded that such trials support the observational findings that alcohol consumption is a causative factor in reducing the risk of CVD.

As for effects of changes in alcohol intake on blood pressure, in a meta-analysis of clinical trials Xin et al reported: “Overall, alcohol reduction was associated with a significant reduction in mean systolic and diastolic blood pressures of  $-3.31$  mmHg and  $-2.04$  mmHg, respectively. Effects of intervention were enhanced in those with higher baseline blood pressure.” In fact, these authors also state: “The participants in the 15 trials we studied tended to be fairly heavy alcohol drinkers ( $\geq 3$  drinks/d). Therefore, we were not able to examine the effect of moderate alcohol consumption on BP.”

For observational data from cohort studies, changes in intake among healthy people who do not abuse alcohol are limited. In the Health Professionals’ Study, Joosten et al reported from repeated assessments for more than 400,000 subject-years of follow up, stating: “A 7.5 g/day (approximately half a glass) increase in alcohol consumption over 4 years was associated with lower diabetes risk among initial nondrinkers (HR 0.78) and drinkers initially consuming  $< 15$  g/day (HR 0.89), but not among men initially drinking  $\geq 15$  g/day (HR 0.99).”

In the ARIC study, King et al reported: “Of 7,697 participants who had no history of cardiovascular disease and were non-drinkers at baseline, within a 6 year follow-up period 6.0% began moderate alcohol consumption (2 drinks per day or fewer for men, 1 drink per day or fewer for women) and 0.4% began heavier drinking. After 4 years of follow up, new moderate drinkers had a 38% lower chance of developing cardiovascular disease than did their persistently non-drinking counterparts.



This difference persisted after adjustment for demographic and cardiovascular risk factors (OR 0.62, 95% CI 0.40-0.95).” For total mortality in this study, there was a similar decrease in risk between the new drinkers and persistent non-drinkers (OR 0.71, CI 0.31-1.64), but the difference was not statistically significant. In another study (Roerecke et al) alcohol abusers who reported a reduction in alcohol consumption showed a lower risk of death, as would be expected.

Confirmation of observational studies by clinical trials: Skovenborg also noted that the authors do not mention one of the most commonly cited examples of why some believe that results from observational studies should not be trusted, as their results may not be confirmed by intervention trials. He referred to a 2018 publication in the British Medical Journal, in which Mozaffarian and Forouhi state: “One of the most commonly cited examples of why observational studies should not be trusted comes outside nutrition. Observational studies found lower rates of heart disease in women taking hormone replacement therapy, but the Women’s Health Initiative trial found the opposite. This was widely thought to show insurmountable limitations of observational research. Yet, additional follow-up in the trial showed benefit in younger women (who were most representative of the observational cohorts) and not in older women who had been enrolled to increase statistical power because of their higher risk of heart disease. This concordance between observational and interventional findings, which was also striking for other clinical endpoints, has been largely overlooked. Systematic comparisons, including up to 1,583 meta-analyses of 228 conditions, find similar close concordance between randomised trials and observational studies (Concato et al, Anglemyer et al).”

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### Forum Summary

Overall, Forum members considered this to be a well-done paper that provides additional information on alcohol's effects on CVD and mortality among a very large number of middle-aged or elderly women. Although women markedly increase their risk of CVD following menopause, this is a group of women for whom data are sparse. Weaknesses of the analysis include a lack of information on the pattern of drinking (binge versus regular), type of beverage, and drinking alcohol with or without food. It is of note that in some of the studies included in the meta-analysis, factors such as HDL-cholesterol and fibrinogen were adjusted for in the study; given that these are mechanisms of alcohol's effects, overall results will surely underestimate the effects. Further, as the authors point out, this study provides little information on the physiologic mechanisms of alcohol's effects on health.

Forum members praised the authors for this meta-analysis of a very large dataset. It strengthens previous analyses that show that each of the lifestyle factors considered – not smoking, not becoming obese, being physically active, and regularly consuming small to moderate amounts of alcohol – benefit health. The more healthy lifestyle factors a subject has, the greater the benefit.

It will be especially important that future research evaluates what happens if subjects change their lifestyle habits, as such results would help target specific behavioral changes. There are very limited data available on this at present, but such studies that have been done suggest that the onset of moderate drinking among non-drinkers,

or a slight increase in alcohol consumption among light drinkers, have beneficial effects on health. Still, it is appreciated that moderate alcohol consumption is only one of a number of factors making up a “healthy lifestyle,” which is clearly associated with less cardiovascular and other diseases and a much lower risk of mortality.

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

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

Susan J van Rensburg, PhD, Department of Pathology, Stellenbosch University, Tygerberg, South Africa

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Erik Skovenborg, MD, specialized in family medicine, member of the Scandinavian Medical Alcohol Board, Aarhus, Denmark

Harvey Finkel, MD, Hematology/Oncology, Retired (Formerly, Clinical Professor of Medicine, Boston University Medical Center, Boston, MA, USA)

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



## Is it the alcohol or other substances in wine that lead to its beneficial health effects?

Fragopoulou E, Cholevaa M, Antonopoulou S, Demopoulos CA. Wine and its metabolic effects. A comprehensive review of clinical trials. *Metabolism Clinical and Experimental* 2018;83:102-119.

### Authors' Abstract

The introduction of the term "French Paradox" motivated an extensive and in-depth research into health benefits of moderate wine consumption. The superiority of wine is thought to be attributed to its micro-constituents and consequent effort was made to isolate and identify these bioactive compounds as well as to elucidate the mechanisms of their action.

Controlled trials offer more concrete answers to several raised questions than observational studies. Under this perspective, clinical trials have been implemented, mainly in healthy volunteers and rarely in patients, in order to investigate the acute or chronic effect of wine consumption on metabolism and physio-pathological systems, which are mainly associated with cardiovascular diseases.

The aim of this review is to update the knowledge about the acute and long term effect of wine consumption on lipid and glucose/insulin metabolism as well as on the inflammatory and haemostatic systems, based on the reported data of controlled clinical trials. In conclusion, the most repeated result of wine consumption is on lipid metabolism, attributed mainly to ethanol, while wine micro-constituents seem to have an important role mainly in haemostatic and inflammatory/endothelial systems.

### Forum Comments

Forum members agreed that this was an excellent paper, summarizing potential differences between health effects associated with wine in comparison with those related just to the alcohol in wine and other alcoholic beverages. Among the effects on lipids, data suggest that it is the alcohol in wine that primarily affects HDL-cholesterol, as essentially all studies show that this lipid is increased among consumers of all types of alcoholic beverage.

For the effects on glucose metabolism, a number of studies report that effects specific to wine are found especially in older or diabetic subjects; some suggest that it may occur only among subjects with slow ethanol metabolism. Such effects are probably related to both alcohol and the polyphenols present in wine.

For hemostatic system effects, Forum members agree with the authors' conclusion that both red and white wines have more favorable effects on platelet aggregation, and on many other coagulation factors, than alcohol itself. A number of studies suggest separate beneficial effects of both alcohol (Booyse et al, 1999) and certain wine polyphenols on fibrinolysis, a critical factor for the development of cardiovascular disease. As stated by Booyse et al in 2007, "Our research has identified and defined a molecular mechanism by which moderate levels of alcohol or individual wine components (i.e., principal red wine polyphenols, catechins, and quercetin) induce increased t-PA expression, resulting in increased endothelial cell-induced fibrinolysis. However, the authors of the present paper concluded that it is alcohol, and not other wine constituents, that has the primary effect. As for inflammatory markers, the authors consider that CRP is lowered by both alcohol and wine, but certain other factors (e.g., adhesion molecules) appear to be better reduced by wine.

The authors also report on post-prandial, short-term effects from intervention studies, but it appears that the small numbers of subjects studied, and differences in study design, make it difficult to make firm conclusions. As stated, HDL effects are mainly from alcohol, but studies often do not clearly separate wine effects from alcohol effects. For adiponectin, inflammation, and endothelial function, however, it appears that wine has definite advantages over alcohol alone. (It is appreciated that in observational studies it is often difficult to separate the effects of the multiple constituents of wine in comparison with the effects only of alcohol, as alcohol may enhance the absorption or physiologic effects of the various constituents.)

Specific comments by Forum members: Forum member Finkel found the paper "very attractive," but commented: "The protective effect of wine was reported long before 1979, as stated by the authors. Nevertheless, this paper can be an important resource, a stepping stone to further our understanding in a still embryonic field."



Reviewer Waterhouse referred to a quotation from a paper by Klatsky for a much earlier reference to wine and cardiovascular disease and the "French Paradox." According to Klatsky et al, "In 1819 Dr. Samuel Black, an Irish physician interested in angina pectoris was perceptive about epidemiologic aspects of wine and disease. Noting much angina in Ireland but observing little discussion in the writings of French physicians, his explanation of the presumed disparity was due to 'the French habits and modes of living, coinciding with the benignity of their climate and the peculiar character of their moral affections.'" Forum member de Gaetano suggests that the first observation that moderate wine consumption can have beneficial health effects is much earlier: "It is reported in Homer's Odyssey that when Odysseus (Ulysses) escaped the cavern of Polyphemos, it was thanks to an important difference between the two – Odysseus was able to drink wine in moderation, while Polyphemos was not and passed out from drunkenness." (And was subsequently blinded by Odysseus.)

Reviewer Goldfinger wrote: "I too like this paper a lot. It addresses, but certainly doesn't answer the question of, mechanistic differences between wine and other alcoholic beverages. The authors approach the topic honestly, concluding, 'It is difficult to distinguish the action of ethanol from the one of wine micro-constituents.' I also like their touching on the subject of trials comparing wine to dealcoholized wine, raising concern of likely different pattern of absorption of non-alcohol components.

"It has been my understanding that important polyphenolic compounds have enhanced absorption in combination with ethanol. This publication lends credibility to the presumption that wine is the better alcoholic beverage for health, although teasing this out has always been a difficult task, as ethanol itself is robust. I believe it was Serge Renaud who published the observation that alcohol reduced ischemic strokes, but increased hemorrhagic strokes, and, reduced heart attack risk (a thrombogenic event), but not necessarily angina pectoris (an endothelial/supply-demand event) identifying specific mechanisms attributed to alcohol. The present paper has no definitive answers, but excellent intellectual discussion."

Waterhouse noted: "I think we can say that since fruit consumption is related to reduced cardiovascular disease, and fruit is the major dietary source of phenolics (wine is made from grapes), then it is reasonable to infer that those same substances in wine will have a similar health benefit (Zhao et al). Further, wine is high in glycerol, approaching 1%, and the impact of wine on lipid metabolism might be related to its presence as well as that of ethanol (Xue et al)."

Forum member Mattivi wrote: "This review is a dense, comprehensive compendium of present knowledge on the effect of wine consumption on several clinical parameters or accepted proxies. It is lacking insight on the mechanistic aspects, in particular for those associated with so-called wine micro-constituents. As the authors correctly state in their conclusion, 'Future research should be directed towards the identification of wine micro-constituents' catabolites.' I would emphasize that this latter aspect is absolutely due, since virtually none of the wine micro-constituents circulates in the human biofluids in their native form.

"Some vascular effects are a clear example of that. Wine's micro-constituents other than ethanol seem to be responsible for the endothelial function improvement and this effect closely mirrors the demonstrated (and accepted from EFSA) effect of the metabolites of cocoa procyanidins, which are also in the pool of the main microbial catabolites of wine, proanthocyanidins. Some of the common effects of wine and our plant food are likely mediated by the same pool of (mostly microbial) metabolites."

Forum member Van Velden stated: "These results resonate with our research on the cardioprotective effects of wine on cardiovascular disease and diabetes. We agree that the effect on lipid metabolism is due to ethanol that raises the HDL-C fraction. In wine the glucose (sucrose) is fermented into alcohol, hence the beneficial effects for diabetic patients. With the emphasis on the low carb / high fat diet, wine does not increase the triglycerides as much as grape juice does. It is in tune with the recommendation to limit the intake of refined sugars in the diet, and to allow moderate amounts of saturated fat (butter and animal fat) in the prudent diet.



"The polyphenolic compounds such as resveratrol and quercetin are responsible for the anti-coagulant effects of wine. The important thing about the Mediterranean diet, is that it is a lifestyle incorporating wine with more fruit and vegetables, less meat, more fish with omega-3 fatty acids, and exercise. Our research comparing wine and brandy confirmed the findings of this study; wine is better!"

Forum member de Gaetano also stated that their own studies strongly support the findings in this review article: "We found that wine (30 g/daily for 30 days) was anti-inflammatory and inhibited inflammatory cell adhesion and function in healthy volunteers, while gin (30 g/daily) did not. Both beverages however, similarly reduced lipid parameters (Badia et al; Estruch et al). Further, in animal experiments and in vitro studies, wine and de-alcoholated wine stimulated the production of nitric oxide (NO) — a potent vasodilator and platelet aggregation inhibitor, and the basis of the drug, Viagra — by endothelial cells (Wollny et al; Gresele et al)."

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### Forum Summary

While epidemiologists have long noted that consumers of wine tend to have better health outcomes than consumers of other alcoholic beverages, it has always been of concern that we were comparing drinkers, and not the drink itself. In recent years, many basic scientists have evaluated the non-alcoholic constituents in wine, and most studies show beneficial health effects from polyphenols and other components in wine as well as beneficial health effects from the alcohol in wine.

The present study provides an excellent review of clinical trials that compared the effects of wine versus no intervention or versus the effects of other alcoholic beverages. The specified outcomes related to effects on lipids, glucose/insulin metabolism, hemostatic mechanisms, and inflammatory/endothelial systems. The authors conclude that "The most repeated result of wine consumption is on lipid metabolism, attributed mainly to ethanol, while wine micro-constituents seem to have an important role mainly in haemostatic and inflammatory/endothelial systems." Forum members cite several other important effects of wine micro-constituents, including demonstrated effects of such components at the cellular, molecular, and gene levels to sustain increased fibrinolytic activity, which is closely related to the development of cardiovascular disease.

Forum members were unanimous in considering that this was an excellent review of human clinical



trials on the topic; the paper does not, however, comment on the mechanisms by which micro-constituents may operate to improve health. Given that since virtually none of the wine micro-constituents circulates in the human biofluids in their native form, it is especially important that the catabolites of wine micro-constituents be better defined and evaluated.

Overall, current data indicate that wine may be especially effective in lowering the risk of cardiovascular disease not only through the alcohol it contains, but also from a number of its key polyphenols. Forum members also point out that, for beneficial health effects of any type of alcoholic beverage, the pattern of drinking is especially important: the consumption of small or moderate amounts on a regular basis, and preferably with food.

The following members provided input for this critique by the International Scientific Forum on Alcohol Research:

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## Associations between alcohol and obesity in more than 100,000 adults in England and Scotland

A cross-sectional study explored the association between alcohol and obesity using data from 106,182 adults in England and Scotland.

Trained interviewers asked participants about alcohol intake. Obesity was defined as BMI  $\geq 30$  kg/m<sup>2</sup>. Potential confounders included age, sex, smoking, physical activity, longstanding illness, psychological distress and socioeconomic status.

Compared with those who drank at least five times a week, obesity risk was 1.21 (95 % CI 1.15, 1.27) in those who drank one to four times a week, 1.53 (95 % CI 1.43, 1.62) in those who drank one to two times a month, 1.61 (95 % CI 1.52, 1.71) in those who drank less than once every couple of months, 1.34 (95 % CI 1.23, 1.47) in those who were former drinkers, and 1.03 (95 % CI 0.95, 1.11) in those who were never drinkers.

Compared with those who drank a harmful volume, obesity risk was 0.78 (95 % CI 0.68, 0.90) in those who drank within guidelines, 0.69 (95 % CI 0.54, 0.88) in former drinkers and 0.50 (95 % CI 0.40, 0.63) in never drinkers; and, these associations were biased away from the null after adjustment for drinking volume. Abstinence was associated with increased risk of obesity in women.

The study authors say that these data suggest that the association between drinking frequency and obesity is bell-shaped, with obesity risk not significantly different in those who drink most often and never drinkers. Drinking volume has a positive confounding effect on the association between drinking frequency and obesity, which may help explain the conflicting findings of other studies

Source: Associations between alcohol and obesity in more than 100,000 adults in England and Scotland. O'Donovan G, Stamatakis E, Hamer M *British Journal of Nutrition* Vol 119, No 2, 2018, pp222-227. [10.1017/S000711451700352X](https://doi.org/10.1017/S000711451700352X)



## Moderate alcohol consumption is associated with reduced pain and fibromyalgia symptoms in chronic pain patients

Little research has focused on alcohol's effects on chronic pain. A study assessed associations between pain, fibromyalgia symptoms, and moderate alcohol use in a large chronic pain sample.

A total of 2,583 new chronic pain patients presenting at a university pain clinic reported alcohol use and completed validated measures; 592 (23%) patients reported drinking, with 502 (85%) classified as moderate drinkers (females  $\leq 7$  and males  $\leq 14$  drinks/wk). General linear models (GLM) assessed the effects of moderate drinking on pain and symptom outcomes. The sample was stratified by gender and fibromyalgia (FM) status in secondary analyses.

Moderate alcohol users reported significantly lower FM symptoms (widespread pain and symptom severity), pain severity, interference, anxiety, depression, and catastrophising, and they reported higher physical function. Similar findings

were observed in gender-stratified analysis, minus associations with FM symptom severity in females and anxiety in males. In patients meeting FM criteria, moderate drinking was associated with lower pain severity, interference, and depression, and higher physical function. Results in non-FM patients were similar to the total sample.

Moderate alcohol consumption in chronic pain patients was associated with decreased pain severity and interference, fewer painful body areas, lower somatic and mood symptoms, and increased physical function. A similar effect was observed in non-FM patients, but to a lesser extent in FM patients, suggesting chronic pain patients with less centralized forms of pain may benefit most from moderate alcohol consumption.

Source: Moderate Alcohol Consumption Is Associated with Reduced Pain and Fibromyalgia Symptoms in Chronic Pain Patients. J Ryan Scott, Afton L Hassett, Andrew D Schrepf, Chad M Brummett, Richard E Harris, Daniel J Clauw, Steven E Harte. *Pain Medicine*, 13 March 2018. doi.org/10.1093/pm/pny032

## Impact of alcohol intake and drinking patterns on mortality from all causes and major causes of death in a Japanese population

Using a large-scale prospective study in Japan, researchers examined the associations of alcohol consumption and liver holidays with all-cause mortality and with mortality due to cancer, heart disease, cerebrovascular disease, respiratory disease, and injury.

102,849 Japanese who were aged between 40 and 69 years at baseline were followed for 18.2 years on average, during which 15,203 deaths were reported. Associations between alcohol intake and mortality risk were assessed using a Cox proportional hazards model, with analysis by the number of liver holidays (in which a person abstains from drinking for several days a week).

A J-shaped association was observed between alcohol intake and total mortality in men (nondrinkers: reference; occasional drinkers: hazard ratio [HR] 0.74; 95% confidence interval [CI], 0.68-0.80; 1-149 g/week: HR 0.76; 95% CI, 0.71-0.81; 150-299 g/week: HR 0.75; 95% CI, 0.70-0.80; 300-449 g/week: HR 0.84; 95% CI, 0.78-0.91; 450-599 g/week: HR 0.92; 95% CI, 0.83-1.01; and  $\geq 600$

g/week: HR 1.19; 95% CI, 1.07-1.32) and in women (nondrinkers: reference; occasional: HR 0.75; 95% CI, 0.70-0.82; 1-149 g/week: HR 0.80; 95% CI, 0.73-0.88; 150-299 g/week: HR 0.91; 95% CI, 0.74-1.13; 300-449 g/week: HR 1.04; 95% CI, 0.73-1.48; and  $\geq 450$  g/week: HR 1.59; 95% CI, 1.07-2.38).

In current drinkers, alcohol consumption was associated with a linear, positive increase in cancer, and cerebrovascular disease in both men and women, but not heart disease in men. Taking of liver holidays was associated with a lower risk of cancer and cerebrovascular disease mortality in men.

Alcohol intake showed J-shaped associations with the risk of total mortality and three leading causes of death. However, heavy drinking increases the risk of mortality, which highlights the necessity of drinking in moderation coupled with liver holidays, the study authors conclude.

Source: Impact of Alcohol Intake and Drinking Patterns on Mortality From All Causes and Major Causes of Death in a Japanese Population. Saito, Eiko et al. *Journal of Epidemiology* 28.3 (2018): 140-148. PMC. Web. 7 Apr. 2018. 10.2188/jea.JE20160200



## Alcohol consumption is positively associated with handgrip strength among Japanese community-dwelling middle-aged and elderly persons

Alcohol consumption is an important lifestyle factor for a variety of health problems, a research team investigated whether alcohol consumption is associated with handgrip strength (HGS), which is a useful indicator of sarcopenia, among Japanese community-dwelling persons.

The present study included 764 men aged 70 (69–70) years and 955 women aged 70 (69–70) years from a rural village. Daily alcohol consumption was measured using the Japanese liquor unit in which a unit corresponds to 22.9 g of ethanol, and the participants were classified into never drinkers, occasional drinkers, daily light drinkers (1–2 units/day), and daily moderate drinkers (2–3 units/day).

HGS were significantly correlated with age in both men and women. HGS increased significantly with increased daily alcohol consumption in both genders, and in men HGS in daily moderate drinkers were significantly greater than those in never, occasional, and daily light drinkers. In

women, HGS in daily light and moderate drinkers were significantly greater than those in never drinkers. In men, Multivariate-adjusted HGS were significantly greater in daily light {mean: 33.4 (95% confidence interval: 32.3–34.5) kg} and moderate drinkers {33.6 (32.8–34.0) kg} than in never drinkers {31.7 (30.8–32.7) kg}, and in women multivariate-adjusted HGS in occasional drinkers {21.5 (21.0–22.1) kg} was significantly greater in never drinkers {20.7 (20.5–21.0) kg}.

These results suggest that alcohol consumption may have a protective role in aging-associated decline in muscle strength in community-dwelling persons.

Source: Alcohol Consumption is Positively Associated with Handgrip Strength Among Japanese Community-dwelling Middle-aged and Elderly Persons. Ryuichi Kawamoto; Daisuke Ninomiya; Kensuke Senzaki; Teru Kumagi. *International Journal of Gerontology*. Available online 22 March 2018 open access. doi.org/10.1016/j.ijge.2018.03.005

## Alcohol consumption and incidence of proteinuria

Previous studies report conflicting results of a dose-dependent association between alcohol consumption and incidence of chronic kidney disease. Only a few studies have assessed the clinical impact of high consumption of between 45–65 g/day and chronic kidney disease.

This retrospective cohort study included 88,647 males and 88,925 females with dipstick urinary protein  $\leq \pm$  and estimated glomerular filtration rate  $\geq 60$  mL/min/1.73 m<sup>2</sup> at their first annual health examinations between April 2008 and March 2010 in Japan. The exposure was the self-reported alcohol consumption. The outcome was proteinuria defined as dipstick urinary protein  $\geq 1+$  or  $\geq 2+$ .

During median 1.8 years (interquartile range 1.0–2.1) of the observational period, 5416 (6.1%) males and 3262 (3.7%) females developed proteinuria defined as dipstick urinary protein  $\geq 1+$ . In males, a U-shape association between alcohol consumption and proteinuria was observed in a

multivariable-adjusted Poisson regression model [incidence rate ratio (95% confidence interval) of rare, occasional, and daily drinkers with  $\leq 19$ , 20–39, 40–59, and  $\geq 60$  g/day: 1.00 (reference), 0.86 (0.79–0.94), 0.70 (0.64–0.78), 0.82 (0.75–0.90), 1.00 (0.90–1.11), and 1.00 (0.85–1.17), respectively], whereas a J-shape association was observed in females [1.00 (reference), 0.81 (0.75–0.87), 0.74 (0.64–0.85), 0.93 (0.78–1.11), 1.09 (0.83–1.44), and 1.45 (1.02–2.08), respectively]. Similar associations with dipstick urinary protein  $\geq 2+$  were shown in males and females.

Moderate alcohol consumption was associated with lower risk of proteinuria in both males and females. High alcohol consuming females (60 g/day or more) were at higher risk of proteinuria, whereas males were not.

Source: Alcohol consumption and incidence of proteinuria: a retrospective cohort study. Y Kimura, R Yamamoto, M Shinzawa et al. *Clin Exp Nephrol* (2018). doi.org/10.1007/s10157-018-1568-0



## Iso- $\alpha$ -acids, bitter components of beer, prevent obesity-induced cognitive decline

Dementia and cognitive decline have become worldwide public health problems, and it was recently reported that life-style related diseases and obesity are key risk factors in dementia.

Iso- $\alpha$ -acids, hop-derived bitter components of beer, have been reported to have various physiological functions via activation of peroxisome proliferator-activated receptor  $\gamma$ . In a paper published in *Science Reports*, the authors demonstrate that daily intake of iso- $\alpha$ -acids suppresses inflammations in the hippocampus and improves cognitive decline induced by high fat diet (HFD).

Body weight, epididymal fat weight, and plasma triglyceride levels were increased in HFD-fed mice, and significantly decreased in iso- $\alpha$ -acids supplemented HFD-fed mice. HFD feeding enhances the production of inflammatory

cytokines and chemokines, such as TNF- $\alpha$ , which was significantly suppressed by iso- $\alpha$ -acids administration. HFD-induced neuroinflammation caused lipid peroxidation, neuronal loss, and atrophy in hippocampus, and those were not observed in iso- $\alpha$ -acids-treated mice. Furthermore, iso- $\alpha$ -acids intake significantly improved cognitive decline induced by HFD-feeding.

Iso- $\alpha$ -acids are food derived components that suppress both lipid accumulation and brain inflammation, thus iso- $\alpha$ -acids might be beneficial to a reduction in risk of dementia that is increased by obesity and lifestyle-related diseases, the authors state.

Source: Iso- $\alpha$ -acids, bitter components of beer, prevent obesity-induced cognitive decline. Ayabe T, Ohya R, Kondo K, Ano Y *Sci Rep*. 2018 Mar 19;8(1):4760. doi: [10.1038/s41598-018-23213-9](https://doi.org/10.1038/s41598-018-23213-9).

## Beer effects on postprandial digestive symptoms and gastroesophagic physiology

Beer has been related to gastroesophageal reflux (GER) and dyspepsia, based on its alcohol and gas content. A study evaluated the association between moderate consumption of traditional and alcohol-free beer and upper digestive symptoms, gastric accommodation and GER.

The study included healthy adults without frequent gastrointestinal symptoms and GER. The intervention involved administration of traditional beer to 10 subjects (substudy 1) and alcohol-free beer to 20 (substudy 2); control intervention entailed administration of water. The study duration was 2 weeks.

Postprandial gastric accommodation was assessed through the maximum tolerated volume during a nutrient drink test after the ingestion of water (day 1) and beer (day 8), in which symptoms of dyspepsia were evaluated every 5 minutes. An impedance-pH monitoring assessed 24 hours and post-NDT GER (days 1 and 8). Symptoms were evaluated daily during the study. The defined

variables were compared between visits and weeks using a nonparametric test for paired data.

Dyspepsia symptoms showed a progressive increase during the NDT for both interventions in the 2 substudies, though no significant differences were detected in the MTV analysis. No differences were detected in the sum of weekly symptoms. The analysis of impedance-pH monitoring did not show any differences between intervention and control visits for both interventions.

Moderate consumption of traditional and alcohol-free beer does not increase dyspeptic symptoms or GER in healthy subjects, whether in a controlled-intake or real-life situation, the authors conclude. Neither gastric accommodation nor reflux episodes are modified in this context.

Source: Beer effects on postprandial digestive symptoms and gastroesophagic physiology. Serrano Falcón B, Megía Sánchez M, Ruiz de León A, Rey E. *Neurogastroenterol Motil*. 2018 Mar 15. doi: [10.1111/nmo.13325](https://doi.org/10.1111/nmo.13325).

## Lifetime and baseline alcohol intakes and risk of pancreatic cancer in the European Prospective Investigation into Cancer and Nutrition study

Recent evidence suggested a weak relationship between alcohol consumption and pancreatic cancer (PC) risk. In this study, the association between lifetime and baseline alcohol intakes and the risk of PC was evaluated, including the type of alcoholic beverages and potential interaction with smoking.

Within the European Prospective Investigation into Cancer and Nutrition (EPIC) study, 1,283 incident PC (57% women) were diagnosed from 476,106 cancer-free participants, followed up for 14 years. Amounts of lifetime and baseline alcohol were estimated through lifestyle and dietary questionnaires, respectively. PC hazard ratios (HR) and their 95% confidence interval (CI) were estimated.

The results indicated that heavy alcohol intake was positively associated with PC risk in men. Associations were mainly driven by extreme alcohol levels, with HRs comparing heavy drinkers (>60 g/day) to the reference category (0.1-4.9 g/

day) equal to 1.77 (95% CI: 1.06, 2.95) and 1.63 (95% CI: 1.16, 2.29) for lifetime and baseline alcohol, respectively. Baseline alcohol intakes from beer (>40 g/day) and spirits/liquors (>10 g/day) showed HRs equal to 1.58 (95% CI: 1.07, 2.34) and 1.41 (95% CI: 1.03, 1.94), respectively, compared to the reference category (0.1-2.9 g/day).

In women, HR estimates did not reach statistically significance. The alcohol and PC risk association was not modified by smoking status.

Findings from this large prospective study suggest that baseline and lifetime alcohol intakes were positively associated with PC risk for heavy alcohol consuming men, with more apparent risk estimates for beer and spirits/liquors than wine intake.

Source: Lifetime and baseline alcohol intakes and risk of pancreatic cancer in the European Prospective Investigation into Cancer and Nutrition study. Sabine Naudin, et al. *Int J Cancer*. 2018 Mar 9. doi.org/10.1002/ijc.31367.

## Role of the innate immune system in the neuropathological consequences induced by adolescent binge drinking

Authors of a study published in the *Journal of Neuroscience Research* state that 'adolescence is a critical stage of brain maturation in which important plastic and dynamic processes take place in different brain regions, leading to development of the adult brain. Ethanol drinking in adolescence disrupts brain plasticity and causes structural and functional changes in immature brain areas (prefrontal cortex, limbic system) that result in cognitive and behavioral deficits. These changes, along with secretion of sexual and stress-related hormones in adolescence, may impact self-control, decision making, and risk-taking behaviors that contribute to anxiety and initiation of alcohol consumption. New data support the participation of the neuroimmune system in the effects of ethanol on the developing and adult brain'.

Their article reviews the potential pathological bases that underlie the effects of alcohol on the adolescent brain, such as the contribution

of genetic background, the perturbation of epigenetic programming, and the influence of the neuroimmune response. Special emphasis is given to the actions of ethanol in the innate immune receptor toll-like receptor 4 (TLR4), since recent studies have demonstrated that by activating the inflammatory TLR4/NFκB signaling response in glial cells, binge drinking of ethanol triggers the release of cytokines/chemokines and free radicals, which exacerbate the immune response that causes neuroinflammation/neural damage as well as short- and long-term neurophysiological, cognitive, and behavioral dysfunction. Finally, potential treatments that target the neuroimmune response to treat the neuropathological and behavioral consequences of adolescent alcohol abuse are discussed.

Source: Role of the innate immune system in the neuropathological consequences induced by adolescent binge drinking. Pascual M, Montesinos J, Guerri C. *J Neurosci Res*. 2018 May;96(5):765-780. doi: 10.1002/jnr.24203.



## Heart rate increases with higher alcohol consumption

Research presented at EHRA 2018 Congress in March finds that alcohol raises the heart rate.

Binge drinking has been linked with atrial fibrillation, a phenomenon called "the holiday heart syndrome". The connection was initially based on small studies and anecdotal evidence from the late 1970s.

The Munich Beer Related Electrocardiogram Workup (MunichBREW) study was conducted by researchers from the LMU University Hospital Munich Department of Cardiology. It was the first assessment of the acute effects of alcohol on electrocardiogram (ECG) readings. The study, published in 2017, included more than 3,000 people attending the 2015 Munich Oktoberfest. Participants were, on average, 35 years old and 30% were women. The average breath alcohol concentration was 0.85 g/kg. Increasing breath alcohol concentration was significantly associated with sinus tachycardia of more than 100 beats per minute in 25.9% of the cohort.

The current analysis of the MunichBREW study looked in more detail at the quantitative ECG measurements in 3,012 participants. The researchers investigated the association between blood alcohol concentration and four ECG parameters: excitation (heart rate), conduction

(PR interval, QRS complex), and repolarisation (QT interval).

Increased heart rate was associated with higher breath alcohol concentration, confirming the initial results of the MunichBREW study. The association was linear, with no threshold. Alcohol consumption had no effect on the other three parameters. The researchers are currently investigating whether the increase in heart rate with alcohol consumption could lead to heart rhythm disorders in the longer-term.

Dr Moritz Sinner, another lead author, said: "We cannot yet conclude that a higher heart rate induced by alcohol is harmful. But people with heart conditions already have a higher heart rate, which in many cases triggers arrhythmias, including atrial fibrillation. So it is plausible that the higher heart rate following alcohol consumption could lead to arrhythmias."

The authors speculated that alcohol creates an imbalance between the sympathetic (fight or flight) and parasympathetic (rest and digest) nervous systems. They are currently investigating how it does this.

[escardio.org/The-ESC/Press-Office/Press-releases/drinking-alcohol-makes-your-heart-pace?hit=wireek](http://escardio.org/The-ESC/Press-Office/Press-releases/drinking-alcohol-makes-your-heart-pace?hit=wireek)

## Association between changes in lifestyle and all-cause mortality: the health and lifestyle study

The combined influence of changes in physical activity, diet, smoking and alcohol consumption on all-cause mortality were examined in a study published in the March edition of the Journal of Epidemiology and Community Health.

Health behaviours were assessed in 1984/1985 and 1991/1992 in 8123 adults from the UK (4666 women, median age 41.0 years). An unhealthy lifestyle score was calculated, allocating one point for smoking, fruits and vegetables <3 times a day, physical activity <2 hours a week and >14 units (women) or >21 units of alcohol (men) per week.

There were 2003 deaths over a median follow-up of 6.6 years (IQR 5.9–7.2) following the resurvey. The modal change in the unhealthy lifestyle

score was zero, 41.8% had the same score, 35.5% decreased and 22.7% increased score between surveys. A one unit decrease in the unhealthy lifestyle score was not associated with a beneficial effect on mortality (HR 0.93; 95% CI 0.83 to 1.04). A one unit increase in the unhealthy lifestyle score increased the risk of mortality (adjusted HR 1.09; 95% CI 1.01 to 1.18).

In this general population sample, the adoption of an unhealthy lifestyle was associated with an increased risk of mortality.

Source: Association between changes in lifestyle and all-cause mortality: the Health and Lifestyle Survey. White J, Greene G, Kivimaki M, et al. J Epidemiol Community Health, published online 30 March 2018. doi: 10.1136/jech-2017-210363



## Tackling multiple unhealthy risk factors - Emerging lessons from practice

In previous research, The King's Fund has shown that unhealthy behaviours cluster in the population. Around seven in ten adults do not follow guidelines on tobacco use, alcohol consumption, healthy diet or physical activity, yet most behaviour-change services address these behaviours separately, not reflecting the reality of people's lives.

The King's Fund's latest report focuses on how some services are developing a response to the reality that most people experience risk factors in combination. Developing approaches to tackling multiple risk factors is crucial for three reasons:

These risk factors – poor diet, physical inactivity, excessive alcohol consumption and smoking – are linked to ill health and premature death.

There is an inequalities aspect to multiple risk factors, where those in lower socio-demographic groups are more at risk.

Despite clear evidence of the prevalence and harm of combinations of risk factors, most of our

tools for supporting behaviour change tend to be designed for tackling single risk factors.

In their report, we describe some local authority and NHS health and wellbeing services that are thinking about how the problem of multiple unhealthy risk factors can be addressed head on.

'Tackling multiple unhealthy risk factors: Emerging lessons from practice' shares learning and insight from services that are using innovative ways to address the problem of multiple unhealthy risk factors in their populations. It draws on interviews and information from eight case studies in local authorities and the NHS and updates the evidence base on tackling multiple unhealthy risk factors.

The report makes recommendations on how services can develop and share evidence, and for how the Department of Health and Social Care and Public Health England can support further innovation in such services.

[kingsfund.org.uk/sites/default/files/2018-02/Tackling-multiple-unhealthy-risk-factors-summary.pdf](http://kingsfund.org.uk/sites/default/files/2018-02/Tackling-multiple-unhealthy-risk-factors-summary.pdf)

## The within- and between-person effects of peer- and self-reported status in the drinking group on alcohol-related outcomes

A longitudinal study, explored within- and between-persons effects in the relationship between university students' status in their drinking group and alcohol-related behaviour. In addition, the study examined the role of self-perceived and peer-reported status, with the hypothesis that only when students' peers reported them as of a higher status, and they were aware of their high status (via self-report), would they experience increased heavy episodic drinking (HED).

118 University students (60.2% women), with a mean age of 19.40 were recruited in their natural drinking groups (N = 27). All group members completed surveys at 3 time points during the school year, each 2 months apart. The researchers fitted a taxonomy of multilevel growth curve models predicting students' self-reported HED and the extent to which they encouraged other group members to consume alcohol (peer-reported). Between-persons results demonstrated that

students who reported higher status compared to their group members experienced more HED on average and students who were peer-reported as of a higher status relative to their group members played a more salient role in encouraging others to drink. Notably, and consistent with hypotheses, a within-person interaction revealed that at time points when students were higher in peer-reported status relative to their average, and they were aware of their increase in status (via self-reports), they also engaged in more HED.

The researchers state that these results emphasise the importance of considering within-person effects and highlight the need for university alcohol-prevention programming to focus on students' status-related motives and concerns.

Source: If you're high status and you know it: Teasing apart the within- and between-person effects of peer- and self-reported status in the drinking group on alcohol-related outcomes. Dumas TM, Davis JP, Merrin GJ, Puccia M, Blustein D. *Psychol Addict Behav.* 2018 Mar 26. doi: 10.1037/adb0000352.



## Alcohol consumption, masculinity, and alcohol-related violence and anti-social behaviour in sportspeople

There is no research examining alcohol-related aggression and anti-social behaviour in UK or European sportspeople (athletes), and no research has examined relationships between masculinity, alcohol consumption, and alcohol-related aggression and antisocial behaviour in sportspeople (athletes). A study published in the *Journal of Science and Medicine in Sport* addresses this gap.

A sample of over 2,000 sportspeople who were enrolled at UK universities completed measures of masculinity, alcohol consumption, within-sport (on-field) violence, and having been the perpetrator and/or victim of alcohol-related violent/aggressive and antisocial behaviour (e.g., hit/assaulted, vandalism, sexual assault). Logistic regressions examined predictors of alcohol-related violence/aggression and anti-social behaviours.

The study found significant bivariate relationships between masculinity, within-sport violence, alcohol consumption, and alcohol-related aggression and anti-social behaviour were found for both men and women

Higher levels of masculinity and alcohol consumption in men and women were related to an increased odds of having conducted an aggressive, violent and/or anti-social act in the past 12 months when intoxicated. Odds ratios were largest for relationships between masculinity, alcohol consumption, within-sport violence, and interpersonal violence/aggression. A similar pattern of results was found for having been the victim of aggression and anti-social behaviour.

Alcohol-related aggression and anti-social behaviour appear to be problematic in UK university sportspeople, and is related to masculinity and excessive drinking. The authors suggest that interventions that reduce excessive alcohol consumption, masculine norms and associated within-sport violence, could be effective in reducing alcohol-related aggression and antisocial behaviour in UK sportspeople.

*Source: Alcohol consumption, masculinity, and alcohol-related violence and anti-social behaviour in sportspeople. O'Brien KS, Forrest W, Greenlees I, Rhind D, Jowett S, Pinsky I, Espelt A, et al. Journal of Science and Medicine in Sport, vol 21, No 4, 2018, pp335-341. doi.org/10.1016/j.jsams.2017.06.019*

## National Alcohol & Drugs Education Conference

**Empowering youth through prevention and education: Empowering young people to make healthy choices in the classroom and beyond**

On 21st June 2018 two charities, The Alcohol Education Trust and Mentor, are bringing together a group of experts to showcase evidence-based and effective good practice that can be used in education and youth settings across the UK for alcohol and drugs education and prevention.

<http://alcholeducationtrust.org/2018-conference/>



### Keynote speakers:

Andy Burnham, Former Health Secretary and Mayor of Greater Manchester

And Parliamentary Under Secretary of State Victoria Atkins

Other speakers and panel members to include:

Professor Harry Sumnall – Professor in Substance Use at the Centre for Public Health and ACMD Member

Dr David Regis – The Schools Health Education Unit on trends in childrens risk taking and mental health

Dr John Macaulney on what is normative education and what part does it play in PSHE?

Vicky Gent Head of Children's services Lancashire on improving outcomes for vulnerable children in school

Helena Conibear – CEO, The Alcohol Education Trust on the 11 evidenced components of preventative education

Michael O'Toole – Chief Executive, Mentor on targeting vulnerable children

## Change in college students' perceived parental permissibility of alcohol use and its relation to college drinking

The authors of paper published in the journal *Addictive Behaviors* state that college students who perceive their parents to hold permissive views about their alcohol use engage in heavier drinking. However, few studies have assessed perceived parental permissibility of alcohol use (PPP) longitudinally across the later college years, and few have assessed variation in changes in PPP and whether or not these changes differentially predict drinking. While other research has looked at how parent permissibility affects how much their children drink, most studies only looked at these factors at one point in time, often in the last year of high school or early in college. The researchers said that measuring how parent permissibility and drinking changed over time would give a better picture of how the two were related.

This study assessed whether PPP changed across college and used two approaches to determine whether PPP predicted binge drinking frequency and peak drinking.

The researchers used surveys from 687 Penn State students that asked about the students' drinking habits and how much they believed their parents would approve of them drinking, gathering data at regular check points across four years of college. Perceived parental permissibility of alcohol use increased from the last year of high school through the third year of college with males reporting significantly higher PPP by the third year of college. From 12th grade through the third year of college, between-person differences in mean PPP were positively associated with binge drinking

frequency and peak drinking, and patterns of PPP change differentially predicted both drinking outcomes through fourth year. These findings suggest that PPP is a dynamic construct that may evidence important developmental changes across college and the transition to adulthood. More broadly, the results indicate that aspects of the parent-child relationship continue to change after high school and may be important as they are linked with college student risk behaviors.

Brian Calhoun, graduate student in human development and family studies and first author of the paper commented that while the study found an association between how much students thought their parents approved of drinking and how much students drank, it isn't possible to say for sure that parent permissibility actually causes increased drinking. He added that it's possible that parents only become more permissive after learning their kids are already drinking regularly. Still, Calhoun said, the study does offer evidence that parents' attitudes toward drinking matter.

"We're seeing that parenting still matters during the college years," Calhoun said. "It's still not exactly clear what parents should be saying to college students about drinking, but what they're saying seems to be linked with college students' behaviour."

Source: [Change in college students' perceived parental permissibility of alcohol use and its relation to college drinking](#). Calhoun BH, Maggs JL, Loken E. *Addict Behav.* 2018 Jan;76:275-280. doi.org/10.1016/j.addbeh.2017.08.025

## Nigeria raises excise duties on wine, beer and spirits

Nigerian president Muhammadu Buhari has confirmed an increase in excise duty on both tobacco and alcohol.

Taking effect from 4 June, for alcohol, the standard 20% rate has been replaced by a tax per centilitre, set at specific rates for beer, wine and spirits. Overall, beer will see the smallest levy, followed by wine and spirits.

The country's minister of finance Kemi Adeosun announced that the increased tax will be introduced over a three year period to 2020, to moderate the impact on prices of the products.

The minister said the move would have "a dual benefit of raising the government's fiscal revenues and reducing the health hazards associated with tobacco-related diseases and alcohol abuse".



## Effects of a multi-component intervention on improving adherence to, and knowledge of, alcohol legislation in a UK nightlife setting

A study assessed the association between the implementation of a community-based multi-component intervention (Drink Less Enjoy More) and sales of alcohol to pseudo-intoxicated patrons along with nightlife patron awareness of associated legislation.

The Drink Less Enjoy More intervention included three interacting components: community mobilisation and awareness raising; responsible bar server training; and active law enforcement of existing legislation prohibiting sales of alcohol to, and purchasing of alcohol for, a person who appears to be intoxicated with alcohol.

The study focussed on one UK municipality with a large night-time economy. And included over 70 Licensed premises and over 200 nightlife patrons. The primary outcomes were alcohol service refusal to pseudo-intoxicated patrons and nightlife patron knowledge of alcohol legislation (illegal to sell alcohol to, and purchase alcohol for, intoxicated people), adjusted for potential confounders including characteristics of the area, venue, test purchase, and nightlife patron.

Pre-intervention, 16.4% of alcohol sales were refused, compared with 74.0% at follow-up. In

adjusted analyses, the odds of service refusal were higher at follow-up (adjusted odds ratio [AOR] 14.6,  $p < 0.001$ ). Service refusal was also associated with server gender and patron drunkenness within the venue. Amongst drinkers, accurate awareness of alcohol legislation was higher at follow-up (for sales 44.5% initially, compared to 66.0% at follow up; and for purchase, 32.5% initially, compared to 56.0% at follow-up). In adjusted analyses, knowledge of legislation was higher at follow-up (sales: AOR 2.7,  $p < 0.001$ ; purchasing: AOR 2.7,  $p < 0.001$ ). Knowledge of legislation was also associated with participant age (purchasing) and expectations of intoxication (sales).

The study concludes that the Drink Less Enjoy More community-based multi-component intervention was associated with a reduction in sales of alcohol to pseudo-intoxicated patrons in on-licensed premises in a UK nightlife setting and an improvement in nightlife patron awareness of associated legislation.

Source: Drink Less Enjoy More: effects of a multi-component intervention on improving adherence to, and knowledge of, alcohol legislation in a UK nightlife setting. Quigg Z, Hughes K, Butler N, Ford K, Canning I, Bellis MA. *Addiction*. 2018 Mar 25. doi: 10.1111/add.14223.

## What is going on in underage drinking?

Alcohol use has decreased among Finnish adolescents in the past decade. A study using data from the Finnish European school survey project on alcohol and other drugs data 1999-2015 assessed: (i) time trends in alcohol use, heavy episodic drinking (HED) and potential explanatory variables among adolescents; (ii) the relationship between trends of explanatory variables and trends in alcohol use and HED; and (iii) which of the explanatory variables can account for the temporal change in alcohol use and HED.

The analyses were based on European School Survey Project on Alcohol and Other Drugs data collected from 15- to 16-year-old Finnish adolescents in 1999, 2003, 2007, 2011 and 2015.

The decline in alcohol use and HED among underage youth in Finland is associated with at least three factors: obtaining alcohol has become

more difficult; parents know better than before where their children are, when they are out; and (iii) the risk attached to going out with friends drinking has decreased.

The authors say that formal policy measures and adults' attitudes have probably affected the availability of alcohol for adolescents, and thus they partly explain the decline in youth drinking. This decline coincides with the introduction of new digital technologies, new forms of interaction within families and peer groups, and more conscientious teenagers. All these changes are not necessarily causes of the decline but are part of a similar broader change in adolescents' lives.

Source: What is going on in underage drinking? Reflections on Finnish European school survey project on alcohol and other drugs data 1999-2015. Raitasalo K, Simonen J, Tigerstedt C, Mäkelä P, Tapanainen H. *Drug Alcohol Rev*. 2018 Mar 23. doi: 10.1111/dar.12697.



## Adolescents drink less: How, who and why?

A literature review was carried out to find possible explanations for the decline in teenage drinking using studies published between 2005 and 2017. Research from wealthier parts of the world provided evidence of less alcohol use by youth since the millennium shift. Some studies show that this is reflected at all levels of consumption, but there are also indications that the heaviest drinkers have not reduced their drinking. The decrease is predominately seen in underage youth, and has been larger for boys than for girls in several countries. Teenagers across social strata drink less, but some disadvantaged subgroups have not followed the downward trend. Underage drinkers have apparently not become a more deviant group as the prevalence of drinking has dropped, indicating no hardening of the group. The major gap in the literature pertains to the issue of underlying driving forces. The researchers

found no evidence in support of the widespread assumption that the digital revolution has been of importance. A decline in parenting practices that are conducive to underage drinking has occurred in several countries, but studies examining whether these changes have contributed to less alcohol use by youth are almost non-existent.

The authors suggest that to inform alcohol policy and prevention, it is imperative to find out why teenage drinking has decreased in a fairly consistent way across numerous countries. Future research into the issue of falling prevalence rates of youth drinking should focus on possible explanatory factors at the population level rather than at the individual level.

Source: Adolescents drink less: How, who and why? A review of the recent research literature. Hilde Pape, Ingeborg Rossow, Geir Scott Brunborg First published: 24 March 2018. [doi.org/10.1111/dar.12695](https://doi.org/10.1111/dar.12695)

## The increased trend of non-drinking in adolescence: the role of parental monitoring and attitudes toward offspring drinking

The proportion of adolescents who do not drink alcohol has increased during the last decade in many European countries, the USA and Australia. Few studies have addressed why this positive trend has occurred. A study examined associations between parenting factors, peers' alcohol use and non-drinking among 15- to 16-year-old adolescents over time, from 2003 to 2015, and to evaluate potential gender differences.

Data was drawn from the Swedish subsample of European School Survey Project on Alcohol and Other Drugs were used. Data were available for 2003, 2007, 2011 and 2015 in nation-based samples with responses from 11,531 adolescents in total.

The proportion of non-drinkers increased from 23.2% in 2003 to 48.7% in 2015. For each year, indicators of especially restrictive attitudes toward offspring drinking were robustly associated with an increased probability of non-drinking. However, neither indicators of parental monitoring nor

parental attitudes toward offspring drinking were associated with the increase in the proportion of non-drinkers that occurred from 2003 to 2015. Two indicators of parental monitoring were more strongly associated with non-drinking among girls than among boys, while paternal restrictive attitudes toward offspring drinking were more strongly associated with non-drinking among boys than girls.

Parenting characteristics are important for adolescents who do not use alcohol, which has implications for prevention strategies. However, the increased trend of non-drinkers could not be attributed to parental factors, the authors conclude.

Source: The increased trend of non-drinking in adolescence: the role of parental monitoring and attitudes toward offspring drinking. Larm P, Livingston M, Svensson J, Leifman H, Raninen J. Drug and Alcohol Review. Published early online 22 February 2018. [10.1111/dar.12682](https://doi.org/10.1111/dar.12682)



## Multiple “Lower BAC” offenders - remedial interventions

In 2009, legislation was enacted in Ontario, Canada that enabled police to issue roadside license suspensions to individuals caught driving with BAC between 0.05% and 0.08%, known as the “warn range”. Multiple warn range (MWR) offenders are required to attend the Back on Track (BOT) remedial measures programme. This study aimed to provide: a preliminary characterisation of MWR drivers charged under warn range legislation; and an initial assessment of outcomes associated with BOT participation among MWR offenders.

A subsample of 727 MWR offenders was drawn from programme records, and compared to samples of 3,597 first-time Criminal Code (CC) offenders (those caught driving with a BAC of 0.08% or higher) and 359 second-time CC offenders. To provide an initial assessment of outcomes associated with BOT participation, another subsample consisted of 394 MWR participants from whom pre- and post-workshop questionnaires were collected and successfully matched.

Similarities in demographic profile and driving history between MWR and first-time CC

participants were apparent. MWR offenders scored higher on risk of problem drinking and drink-driving recidivism than either of the CC offender groups. Second-time CC offenders scored higher on these measures than first-time CC offenders. Following BOT participation, MWR participants demonstrated positive change including improved knowledge of and intentions to avoid drink-driving.

The study concludes that multiple warn range offenders share a similar demographic profile to that of first-time criminal code offenders and they report significantly higher risk of problem drinking and recidivism. Multiple warn range offenders may include high-functioning problem drinkers who are likely to continue drink-driving and who may escalate to a criminal code offense. Like criminal code offenders, multiple warn range offenders benefited from BOT participation.

Source: Multiple “Lower BAC” offenders: Characteristics and response to remedial interventions, Christine M. Wickens, Rosely Flam-Zalcman, Gina Stoduto, Chloe Docherty, Rita K. Thomas, Tara Marie Watson, Justin Matheson, Kamna Mehra, Robert E. Mann. *Accident Analysis & Prevention*, Volume 115, 2018, Pages 110-117. doi.org/10.1016/j.aap.2018.02.019.

## STAMPP: a school-based and community-based cluster randomised controlled trial

Research published in the BMJ Open assesses the effectiveness of the Steps Towards Alcohol Misuse Prevention Programme (STAMPP), a combined classroom curriculum and parental intervention. The study compared the effectiveness of the STAMPP programme in reducing self-reported heavy episodic drinking (HED) and alcohol-related harms (ARHs) relative to adolescents who were given alcohol education as normal (EAN). The study included year 8 pupils in 105 high schools in Northern Ireland (NI) and in Scotland.

Primary outcomes were the prevalence of self-reported HED in the previous 30 days and the number of self-reported ARHs in the previous 6 months.

At 33 months, data were available for 5,160 intervention and 5,073 control students (HED outcome), and 5,234 and 5,146 students (ARH

outcome), respectively. Fewer students in the intervention group reported HED compared with EAN (17% vs 26%; OR=0.60, 95% CI 0.49 to 0.73), with no significant difference in the number of self-reported ARHs (incident rate ratio=0.92, 95% CI 0.78 to 1.05). Although the classroom component was largely delivered as intended, there was low uptake of the parental component. There were no reported adverse effects.

Results suggest that STAMPP could be an effective programme to reduce HED prevalence. While there was no significant reduction in ARH, it is plausible that effects on harms would manifest later.

Source: Steps Towards Alcohol Misuse Prevention Programme (STAMPP): a school-based and community-based cluster randomised controlled trial. McKay M, Agus A, Cole J, et al. *BMJ Open* 2018. dx.doi.org/10.1136/bmjopen-2017-019722



## Cycling injuries and alcohol

A study examined cycling accidents and injuries involving alcohol in particular in Finland. The authors state that most of the cycling accidents that occur in Finland do not end up in the official traffic accident statistics, so there is minimal information on these accidents and their consequences, particularly in cases in which alcohol was involved.

The study collected data over a two year period from June 1, 2004 to May 31, 2006 on patients visiting the emergency department at North Kymi Hospital because of a cycling accident. Blood alcohol concentration (BAC) was measured on admission with a breath analyser. The severity of the cycling injuries was classified according to the Abbreviated Injury Scale (AIS).

A total of 217 cycling accidents occurred. A third of the injured cyclists were involved with alcohol at the time of visiting the hospital. Of these, 85% were males. A blood alcohol concentration of  $\geq 1.2$  g/L was measured in nearly 90% of all alcohol-related cases. A positive BAC result was more common among males than females and head injuries were more common among cyclists where alcohol was

involved (AI) (60%) than among sober cyclists (29%). 64% of the cyclists with AI were not wearing a bicycle helmet. The figure for serious injuries (MAIS  $\geq 3$ ) was similar in both groups. Intoxication with an alcohol level of more than 1.5 g/L and the age of 15 to 24 years were found to be risk factors for head injuries. The mean cost of treatment was higher among sober cyclists than among cyclists with AI (€2143 vs. €1629), whereas in respect of the cost of work absence, the situation was the opposite (€1348 vs. €1770, respectively).

The main conclusions of the study were that cyclists involved with alcohol were, in most cases, heavily intoxicated and were not wearing a bicycle helmet. Head injuries were more common among these cyclists than among sober cyclists. As cycling continues to increase, it is important to monitor cycling accidents, improve the accident statistics and heighten awareness of the risks of head injuries when cycling under the influence of alcohol, the authors argue.

Source: Cycling injuries and alcohol. Airaksinen NK, Nurmi-Lüthje IS, Kataja JM, Kröger HPJ, Lüthje PMJ. *Injury*. 2018 Mar 3. pii: S0020-1383(18)30110-4. doi: 10.1016/j.injury.2018.03.002.

## Educational differences in alcohol consumption and heavy drinking

Low socioeconomic status (SES) has been associated with lower alcohol consumption, but also higher rates of alcohol-related harm. To explain this contradictory relationship, researchers examined SES differences in drinking patterns from an age-period-cohort (APC) perspective.

The research used data are from seven waves of the US National Alcohol Surveys from 1979 to 2010. Educational attainment was used as a proxy for SES. Past-year alcohol volume was calculated from frequency and usual quantity. Past-year frequency of heavy episodic drinking was labelled as total days of 5+ drinks.

Significant APC effects by education were found, but the direction varied by alcohol measure. Education and total volume were positively associated across APC. Cross-over effects for age occurred with a positive education-heavy drinking relationship in young adulthood and negative relationship in mid-adulthood. Cohort-

by-education effects showed greater heavy drinking among less educated women in 1956-60 cohort and more educated men and women in younger cohorts (post-1976).

The researchers found that higher SES is consistently associated with total volume across age, period, and cohort, but less consistently with heavy drinking. While there are currently significant intervention efforts to reduce heavy drinking in young adulthood, the researchers suggests the need for age-specific strategies targeting lower-SES groups in mid-adulthood and cohort-specific strategies for lower-SES women in the baby boomer cohort and higher-SES men and women in younger birth cohorts.

Source: Educational differences in alcohol consumption and heavy drinking: An age-period-cohort perspective. Lui CK, Kerr WC, Mulia N, Ye Y. *Drug Alcohol Depend*. 2018 Mar 7;186:36-43. doi: 10.1016/j.drugalcdep.2017.12.046.



## Shopping under the influence research

A survey of 2,000 UK adults, commissioned by [finder.com/uk](http://finder.com/uk) and carried out by onepoll during February 2018, found that the British spent an estimated £4.46 billion on spontaneous drunk purchases last year.

45.80% of those surveyed, who regularly drink alcohol, admitted to making a purchase while under the influence. On average, these people spent £291.07 each annually. The survey also found that men spent more on average than women, (£364.72 compared to £213.41). 60% of Millennials said they had made purchases after drinking, but Gen X shoppers were likely to spend the most, with their average total spend at £374.45, compared to £182.39 for millennials and £317.09 for baby boomers.

Overall, 23% bought food while drunk and 14% bought shoes, clothes and accessories. 10% gambled and 8.5% purchased cigarettes.

[finder.com/uk/drunk-shopping](http://finder.com/uk/drunk-shopping)

## Alcohol Research UK and Alcohol Concern merger consultation

Alcohol Research UK and Alcohol Concern are consulting on the future direction of their merged charity and are seeking responses from those involved in the alcohol sector.

Stakeholders are being invited to share their thoughts and ideas by completing an online form, making a comment on their discussion board, or mentioning them on social media @AlcoResearchUK and @AlcoholConcern. The consultation closes on 27 April 2018.

Whilst the two organisations share the same broad objectives of reducing alcohol-related harms, Alcohol Research UK have primarily delivered this through funding of research and other activities. Alcohol Concern have largely been a campaign and advocacy organization. The consultation should consider how the delivery of research activities and advocacy or campaign related work may be prioritised and delivered as a single organisation.

## Deposit return scheme in fight against plastic

The government has announced plans for a deposit return scheme to reduce plastic pollution. In a memo, The Rt Hon Michael Gove MP, Department for Environment, Food & Rural Affairs stated that a deposit return scheme to increase recycling rates and slash the amount of waste polluting our land and seas will be introduced subject to consultation later this year.

UK consumers use an estimated 13 billion plastic drinks bottles a year, but more than three billion are incinerated, sent to landfill or left to pollute our streets, countryside and marine environment. To address this issue, the government has confirmed it will introduce a deposit return scheme in England for single use drinks containers (whether plastic, glass or metal), subject to consultation later this year. The consultation will look at the details of how such a scheme would work, alongside other measures to increase recycling

rates. The UK government hopes to talk to the devolved administrations about the scope for working together on this issue.

Similar schemes already operate in countries such as Denmark, Sweden and Germany. A deposit return scheme sees consumers pay an up-front deposit when they buy a drink, ranging from 8p in Sweden to 22p in Germany, which is redeemed on return of the empty drink container. This is often done through a network of 'reverse vending machines', where you insert your plastic or glass bottle or can and the machine returns your money. Once a bottle is returned, businesses are then responsible for making sure they are effectively recycled – a move that has led to a 97% recycling rate in Germany. Possible variants of a deposit return scheme include cash rewards for returning drinks containers without an upfront deposit.

## Fifth review planned for Portman Group Code of Practice

The Portman Group will launch a full public consultation in Spring 2018 on the fifth edition of its Code of Practice on the Naming, Packaging and Promotion of Alcoholic Drinks to ensure it remains fit-for-purpose and responsive to the evolving marketing landscape. The code of practice was first introduced in 1996. The regulator will be seeking a wide range of views from producers, retailers, public health professionals, charities and all other interested parties. The consultation will focus on some key areas likely to include:

- Defining “immoderate consumption” - the removal of daily guidelines from the Chief Medical Officers’ lower risk drinking guidelines has impacted on assessing complaints about irresponsible sampling promotions or packaging such as a single-serve, non-resealable containers;
- Strengthening the code to prohibit direct or indirect links with alcohol and any illegal activity;

- Introducing a new rule with supporting guidance addressing serious and widespread offence, such as sexism in marketing.

Respondents will also be able to identify other issues for consideration in the consultation process.

Commenting on the forthcoming review, John Timothy, Chief Executive of the Portman Group, said “Alcohol producers are serious about their leadership role in tackling misuse and ensuring that their products are marketed responsibly. We know that self-regulation works, driving up standards and holding producers to account – but to make sure it continues to do so the Code must evolve with new issues and challenges”.

The Portman Group is inviting people to register their early interest in the consultation process and being alerted when the consultation launches by emailing [info@portmangroup.org.uk](mailto:info@portmangroup.org.uk) or tweeting @portmangroup.

## Supporting nurse mentors to reduce the barriers to implementing alcohol Interventions and Brief Advice (IBA) in primary care

A report published in February by Alcohol Research UK states that an estimated nine million people in England regularly drink above the Government’s previous low risk drinking guidelines and that alcohol, together with obesity and smoking are the three biggest lifestyle risk factors for disease and death in the UK.

There is a wealth of evidence that supports alcohol Identification and Brief Advice (IBA) in primary care as both effective and cost effective in reducing the risks associated with drinking alcohol and National Institute of Health and Care Excellence (NICE) guidance suggests that such prevention should be prioritised as ‘invest to save’ measures. On average 1 in 8 higher or increasing risk drinkers receiving the intervention will reduce their alcohol consumption to lower risk

levels, reducing the potential for alcohol-related harm. However, barriers to implementation of this relatively simple intervention in primary care remain.

This report indicates that by supporting nurse mentors in leading on the implementation of IBA there is potential for reducing alcohol-related harm within the existing resources of the surgery. This could support primary care in the practical implementation of an evidence-based cost effective intervention, which has experienced patchy uptake.

[guidelinesfornurses.co.uk/public-health/supporting-nurse-mentors-to-reduce-the-barriers-to-implementing-alcohol-interventions-and-brief-advice-iba-in-primary-care/454047](http://guidelinesfornurses.co.uk/public-health/supporting-nurse-mentors-to-reduce-the-barriers-to-implementing-alcohol-interventions-and-brief-advice-iba-in-primary-care/454047). article

## Low alcohol and alcohol-free drinks labelling in the UK

On 7 March politicians from all parties in the UK called for new, clear regulation on the labelling of low alcohol and alcohol-free drinks. The All-Party Parliamentary Group (APPG) on Alcohol Harm was joined by charity Alcohol Research UK and Club Soda, the mindful drinking movement.

Alcohol alternatives are increasing in popularity, but the way these drinks are labelled is confusing, primarily because the regulations surrounding their labelling are unclear – and is due to expire. The organisations believe if these are not replaced with better regulations, consumers will be left in the dark.

In a survey of more than 500 consumers, conducted by Alcohol Research UK and Club Soda, 86% of respondents said they bought these products because they were looking to reduce their overall alcohol consumption. However, many were confused by the labels, and found it hard to make sense of terms such as ‘alcohol-free’, ‘low alcohol’, ‘dealcoholised’ and ‘non-alcoholic’ – all of which currently have a different legal definition. Some products also use the term ‘light’ or ‘lite’ to mean low alcohol, where others use it to refer to calories.

Fiona Bruce, chair of the APPG on Alcohol Harm, said: “In the UK an increasing number of us are choosing to drink low alcohol and alcohol-free alternatives. But labelling is lagging behind consumer demand. “The Department of Health must give us common-sense regulations around

the labelling of alcohol alternative drinks, so that we can make informed choices about our health.”

Dr Richard Piper, chief executive of the new charity formed by the merger of Alcohol Concern and Alcohol Research UK, added: “We are joined by MPs from across the political spectrum in calling for the Department of Health to improve the regulations to ensure #ClarityForConsumers on low alcohol and alcohol-free products.

“For us to reap the benefits of increasing choice in adult drinks, we need new regulations that are clear, consistent, and comprehensible. Critically, these regulations must be strongly influenced by what consumers themselves say they want and need,” he added.

On 15 Mar 2018 the UK Government opened a consultation on how best to continue to communicate information to the public about low alcohol drinks, so that adults can make informed choices when they purchase drinks, including alcohol.

The consultation hopes to gather views on the introduction of recommended low alcohol descriptors through guidance rather than legislation and the current set of low alcohol descriptors and whether new ones should be added. The consultation closes on 10 May 2018.

[assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/690516/low\\_alcohol\\_descriptors\\_consultation\\_document.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/690516/low_alcohol_descriptors_consultation_document.pdf)

## Welsh minimum price for alcohol

The Welsh Government’s Public Health (Minimum Price for Alcohol) (Wales) Bill has passed the first stage of its journey through the assembly and will now go on to detailed consideration by assembly committees.

A total of 47 assembly members backed the general principles of the bill, with six against and one abstention.

Health Secretary Vaughan Gething said evidence from other countries showed a link between price and consumption. He told assembly members

in a Senedd debate that a minimum price for alcohol would help end “the sad spectre of people who die from drink”. He warned, however, that minimum pricing would not work “in isolation” and promised an extra £1m for health boards to tackle substance misuse. He said he would consult on a proposed price which would then be put before the Assembly for assembly members to agree on.

If passed by the assembly later in 2018, the measure should take effect 12 months after the bill’s royal assent.



## Domestic abusers could be electronically tagged and banned from drinking alcohol under new proposals

In the UK, unprecedented new civil orders will expand the potential restrictions courts and police can impose on perpetrators, in what the Home Secretary described as a “once-in-a-generation opportunity” to change the Government’s approach to the crime in England.

A Government consultation on the plans, published on International Women’s Day, said

that courts in the UK will be given express powers to impose electronic monitoring and prohibition on drinking alcohol as conditions of proposed Domestic Abuse Protection Orders. Criminals who torment partners could be required to attend parenting programmes or drug and alcohol treatment to reduce the risk of them carrying out further abuse.

## Dutch to implement tougher approach for drink-driving

In the Netherlands in 2017, over 17,000 drivers were apprehended with a blood alcohol content (BAC) of 0.8 or more and the Institute for Road Safety Research (SWOV) estimated that there were 75–140 fatalities on the road in 2015 as a consequence of driving under the influence of alcohol.

The Dutch government has announced that it wants to adopt a much tougher approach to drink-driving in order to reduce the number of drink-drivers and the number of people killed or injured in road accidents as well. In a letter to the House of Representatives, Minister of Justice and Security, Ferdinand Grapperhaus, and Minister of Infrastructure and Water Management, Cora van Nieuwenhuizen outlined the measures that they intend to implement.

Grapperhaus has formulated a legislative proposal to increase the maximum penalties for serious traffic offences, including driving under the influence. A consultation was to be held on this legislative proposal in March.

In consultation with the Central Office for Motor Vehicle Driver Testing Van Nieuwenhuizen will be lowering the limit for the fitness to drive test. For experienced drivers the limit is currently set at 1.8 per mille and this might be lowered to 1.3 per mille. For drivers who have previously been caught, the limit might be lowered from 1.3 per mille to 1.0 per mille. The lower the limit, the more likely it is that a driver’s licence will be revoked and the faster he will face a driving ban. The plan is currently being fleshed out and will be implemented this spring.

## Alcohol minimum unit pricing could be delayed by Brexit and North’s political crisis

In Ireland, the introduction of minimum unit pricing for alcohol could be delayed because of Brexit and the failure to re-establish the Northern Ireland Executive.

The Irish government hoped to introduce the measure at the same time as in the North to ensure the same price per unit of alcohol on both sides of the border. But Minister of State for Health Catherine Byrne said “we are all aware of the difficulties facing Northern Ireland, not only in terms of restarting its administration but also the possible impacts of Brexit”.

Responding at the end of the second stage or introductory Dáil debate on the Public Health (Alcohol) Bill, Ms Byrne said Brexit and the difficulties in restarting the North’s Administration “were not envisaged at the time of the Government decision therefore we will need to reflect further at the enactment of the Bill before deciding on the timing of the commencement of this provision”.

The Bill now goes to the Health committee for debate on amendments.

## Cancellation of alcohol interlock programme in Switzerland

The Swiss parliament has voted to cancel the planned introduction of alcohol interlocks for drink-driving offenders in Switzerland.

The alcohol interlock programme, part of Switzerland's Via sicura road safety plan (which had previously received parliamentary support) – would have allowed people whose driving license had been withdrawn because of repeated drink-driving to get back behind the wheel, but the measure now faces cancellation before it has been introduced. The decision follows a governmental recommendation last year to cancel the scheme following a review of the Via sicura programme.

Ahead of the parliamentary debate on the issue Brigitte Buhmann, director of ETSC's member organisation, the Swiss Council for Accident Prevention (bfu) said: "The abandonment of this Via sicura measure would give a very bad signal in terms of road safety. According to an evaluation

by the BFU carried out in 2012, the introduction of such a system would prevent up to 5 deaths and 60 serious injuries on Swiss roads each year."

Buhmann is also concerned that the removal of promising measures such as the alcohol interlock will make Swiss road safety targets harder to achieve. "If we want less than 100 deaths and 2,500 serious injuries a year on our roads by 2030, it is imperative to implement measures such as the alcohol interlock," she added.

Antonio Avenoso, Executive Director of ETSC said "It's very hard to understand the reasons for this decision. Alcohol interlocks have been introduced in several countries and have proven to be effective at tackling the notoriously difficult problem of repeat drink-driving. For a road safety leader like Switzerland, it's especially disappointing."

## Latvia: "Party with style"

Although, the consumption of alcohol in Latvia is decreasing, binge drinking remains prevalent. The Latvian spirits producers (LANA) have launched a programme that aims to reduce risky drinking behaviour in young adults.

The programme consists of two parts. The first part is to provide information during the biggest summer festivals in Latvia i.e. "Positivus" and "Laba daba".

Information about drinking guidelines (how much is too much, and when not to drink), plus a reminder to alternate alcoholic drinks with water are distributed around the festivals. Promotional materials such as cups with the "Party with Style" logo are handed out and participants have the opportunity to get a "Party with Style" logo stamp on their hand. A virtual game on safe drinking advice is used at the festivals to engage people with the messages.

The second part is a social media campaign aimed at the target group showing the damage of excessive drinking, with special emphasis on the loss of social status, which the target group care

about. The campaign also refers to the Latvian responsible drinking website and the LANA Facebook page for further information.

More than 50,000 people were reached at both festivals last summer, 3,000 paper cups with still water in them were given out during the festivals and 2,300 festival goers got a "Party with Style" stamp on their hand. Up to November 2017, the social media campaign had reached 63,000 people and 2 printed publications and 15 internet publications have spread the information. The responsible drinking website had a 28% increase in traffic, and new users have visited the LANA social responsibility page.

As a result of the campaign, both festivals recorded less binge drinking casualties and press articles on the Positivus festival reported better behaviour than previous years, even though some cases of underage drinking were reported.



## Responsible drinking initiatives: 2017 implementation report

In March, Spirits Europe published their 2017 implementation report for responsible drinking initiatives.

Since the launch of the European Alcohol and Health Forum (EAHF) in June 2007 the European spirits sector has funded, supported, monitored and evaluated 457 responsible drinking initiatives. There are currently 133 initiatives on-going. 14 new initiatives started in 2017 focusing on promoting responsible drinking, reducing drink driving and tackling underage drinking in the Czech Republic, Denmark, Estonia, Ireland, Latvia, Lithuania, Malta, Poland, Portugal and the UK. Each of these initiatives are reported on [www.drinksinitiatives.eu](http://www.drinksinitiatives.eu).

The campaigns in the implementation report 2017 cover areas mentioned in the Charter establishing

the EAHF inspired from the 2006 EU strategy to support Member States in reducing alcohol related harm such as curbing underage drinking (e.g., enforcement of age limits for selling and serving alcohol); provide consumers information on the effect of harmful drinking (drink-driving; drinking during pregnancy, drinking illicit product) but also on promoting responsible drinking patterns. The spirits industry continue to deliver these actions even after the suspension of the EAHF meetings.

[spirits.eu](http://spirits.eu)



## Italian brewery asked to withdraw 'highly inappropriate' Ganesh beer

The president of the Universal Society of Hinduism is calling on Italian brewery Baffo to discontinue its Ganesh beer and issue an apology, calling the brew "highly inappropriate".

Baffo's Ganesh IPA carries an image of the multi-armed Hindu deity Ganesha holding a beer bottle. In a statement, president of the Universal Society of Hinduism, Rajan Zed, said linking an alcoholic beverage with a Hindu deity was "very disrespectful".

As well as Baffo Brewery, Zed is also pressurising Mexican brewery 8-Bit Brewers to remove its Cerveza Premium IPA Ganesh beer bottle and Texan brewery New Braunfels Brewing Co. to discontinue its Shiva's Tears beer. The Hindu society president

has a track record of challenging the actions of brewers. For example, Zed urged The Musketeers Brewery in Flanders to withdraw its Jack's Precious IPA which featured an image of Ganesha on the label in September 2016. In February 2014, he urged AB InBev to change the name of its "Brahma" beer calling it "highly inappropriate" as it shares its name with a Hindu deity and in November 2013, he also called for the removal of labels featuring Ganesha on Sydney-based Brookvale Brewery's alcoholic ginger beer.



## Belgium - alcolock implementation

From 1st of July 2018 a driver caught in Belgium with more than 1.8 per mille alcohol in the blood will be forced to use an alcolock for a minimum of one year, costing 3,400 euro annually. Repeat offenders, caught within three years with 1.2 per mille, will also be forced to install an alcolock. The Belgian federal parliament voted through the new amendments in February.

The alcolock has been available as a punishment since 2012, but police judges hesitated to enforce

it because of being 'too expensive and too easy to get around'. Between 2012 and 2017 the alcolock was imposed in only 53 cases. As from July 1st the judges will be forced to impose it in the most severe cases.

There are some exceptions though. Bus and truck drivers will get the alcolock in their personal car and can continue to do their job without it in the bus or truck. Every driver has the choice to turn in his driver's license for the period, if he doesn't have the money to pay for the alcolock.

## Alcohol consumption in Denmark

Young people in Denmark drink less than in the past, while more young people also think alcohol consumption amongst their demographic is too high, according to a report.

Denmark suffers from one of the highest binge drinking cultures in Europe, especially among younger drinkers. However, according to a new report by the Danish Cancer Society and TrygFonden charities, Danes between the ages of 15 and 25 drink less than in previous years,

The survey, carried out by Epinion on behalf of the two charities, was based on data collected from 1,000 people between the ages of 15 and 25. Four out of five people in that age range do not get drunk each weekend. The percentage of young people who get drunk every weekend has fallen from 27% in 2014 to 12% in 2017.

Young people in Denmark also appear to be keen to change the country's drinking culture, with over half of those asked in the study responding that alcohol consumption amongst young people is generally too high.

Though the trend points towards less drinking amongst young Danes, the Scandinavian country is still ahead of many of its European neighbours in the area. Alcohol consumption, including binge drinking, remains high in Denmark, according to the report.

A second consumer survey by GlobalData, a data and analytics company, revealed that drinkers in Denmark are actively seeking to moderate and reduce their alcohol consumption.

The company's Q4 2016 consumer survey showed that 72% of the population in Denmark are attempting to curb their drinking habits. The desire to moderate alcohol consumption appears to increase with age, with older cohorts showing a considerable amount of interest in moderation.

Among 15-16 year olds, 32% reported having been drunk in the past 30 days, compared to the European average of 13%, according to World Health Organization in 2017.

The Global Data report comments that rules, availability and prices are all factors which have contributed to the amount of alcohol consumed in this region; to purchase alcohol that's above 1.2% you must be 16 or older. Charles Sissens, Consumer Analyst at GlobalData, commented: "It is crucial retailers across Denmark's FMCG landscape capitalize on the increase in demand for healthier beverages, thus allowing consumers to mitigate health concerns. For instance, on-trade channels can increase their selection of low/non-alcoholic beverages and adult soft drinks, thus resonating with health-conscious consumers. In addition, retailers must ensure the correct nutritional and calorie information is clearly displayed, therefore communicating these options successfully."

## Quebec government target sugary, high alcohol beverages

The Quebec government will move to ban sales of sugary, high-alcohol beverages in convenience and grocery stores in an attempt to prevent younger consumers from buying them.

Public Security Minister Martin Coiteux said that he will introduce an amendment to a bill seeking to modernise the province's alcohol and gaming legislation that would see such drinks taken off the shelves. It comes amid calls for government action following the death of a 14-year-old who reportedly consumed such a product last month before going missing. She was found dead in a stream behind her high school.

Under the proposed measures, Coiteux said beverages that contain more than seven per cent

alcohol would be available only at Quebec liquor commission outlets and that it would be up to the Crown corporation to decide whether to stock the items.

Coiteux said Quebec will maintain pressure on Health Canada, which is reviewing various products on the market with the Quebec authorities and the Canadian Food Inspection Agency to assess their safety.

Public Health Minister Lucie Charlebois added that a prevention and education campaign — for substance abuse in general — would be part of the Quebec government response in the near future.



## Bills to increase access to alcohol in Louisiana

Louisiana lawmakers have been considering two different bills that would make alcohol more accessible. One aimed to make illegal for those under 21 to drink, while another would allow alcohol to be delivered to homes.

Ville Platte Democrat Eric LaFleur sponsored legislation in Senate Bill 429 that would allow people ages 19 and 20 to buy and drink alcohol without their parents being present. But first they would have to get their parent’s consent to take a class about the risks of alcohol.

“We just ignore the fact that population - age group - is actually in restaurants, in bars and drinking. You can drink at age 17, 18, 19, 20 with the consent of your parents. The big caveat here is this bill would say you can do it with the permission of your parents,” LaFleur said, adding that the bill would give training to those under 21 who are likely already drinking.

LaFleur withdrew his proposal on Tuesday 4 April—amid fears that the state could lose federal highway Because the bill would not technically lower the drinking age, LaFleur said he did not think meeting federal highway fund requirements would be a problem. But several committee members and Juana Marine-Lombard, the Louisiana Office of Alcohol and Tobacco Control, voiced concerns over whether the federal government would pull those funds.

Another bill before the Legislature would allow you to have alcohol delivered to homes from restaurants bars or liquor stores. The alcohol would have to be in a manufactured sealed container - like a bottle of wine - and not in an open container like an already mixed drink and the delivery driver would have to be 18 or older and carry a server’s permit. A third party or a mobile app would also be able to deliver the alcohol for the business.

### “Virtual Bar” app provides tool enhanced for Alcohol Responsibility Month

The Foundation for Advancing Alcohol Responsibility (Responsibility.org) released an updated version of its Virtual Bar app and website in April, which allows users to explore different factors that affect their blood alcohol concentration (BAC). The newest version of the Virtual Bar demonstrates how popular foods affect an individual’s BAC. The update coincides with Alcohol Responsibility Month.

“The Virtual Bar is a useful tool that shows how factors like height, weight, age and food consumption impact blood alcohol concentration,” said Ralph Blackman, president and CEO of Responsibility.org. “Our latest technology, backed by research, shows that eating before drinking alcohol is an essential component of being a responsible drinker. Our updated app helps users

to understand how different foods affect their BAC.”

In April of 2015, Responsibility.org released the Virtual Bar to educate people about the factors that impact their BAC. The app allows users to input their stats, and the Virtual Bar uses a complex algorithm to estimate the individual’s BAC. With the latest update, users can now compare how a double cheeseburger with fries will affect their BACs compared to a beef burrito with chips. The app also allows users to compare Chinese food items and pizza.

“Food can have a profound impact on an individual’s BAC,” said Dary Fiorentino of DF Consulting and Alliant International University, creator of the Virtual Bar algorithm. “This new and advanced model is another way to help promote responsible drinking decisions, especially as people explore how foods they are likely to consume when out drinking effect alcohol absorption and thus their peak BAC level.”

Responsibility.org maintains that the Virtual Bar is solely an estimation for education purposes and should not take the place of someone’s responsible decisions when it comes to drinking alcohol, or about whether it is safe to drive.

[www.responsibility.org/virtualbar](http://www.responsibility.org/virtualbar).



## Victorian Government Alcohol Reforms will help protect children from harms

In March, the Victorian Government revealed reforms to the Liquor Control Reform Act 1998 that include banning alcohol advertising within 150m of schools.

Minister for Gaming and Liquor Regulation Marlene Kairouz announced the restriction as part of major reforms to the Liquor Control Reform Act 1998 which will also:

- remove a loophole that allows minors accompanied by a parent or guardian to be served alcohol with a meal on licensed premises
- require delivery drivers to check identification before leaving alcohol with a person who appears underage
- introduce fines of more than \$19,000 for the delivery of alcohol to a minor.

The reforms will also allow people to take away their unfinished open bottles of liquor from licensed cafes and restaurants, and reduce red tape for businesses by reducing the time taken to transfer liquor licences following the sale of a business and eliminating the need for multiple licences for spirit producers.

The changes are part of an ongoing review of the Liquor Control Reform Act, which has included consultation with the public and the industry.

The Alcohol Policy Coalition (APC) has welcomed the Victorian Government's announcement of reforms to Victoria's liquor laws that will protect children from alcohol advertising and strengthen laws around the sale and supply of alcohol to children.

## Captain Morgan partners with Lady Leshurr for responsible drinking campaign

Diageo has launched a new campaign to reduce alcohol misuse and change people's attitudes towards alcohol using a music video from grime star Lady Leshurr.

Captain Morgan's new #LiveLikeACaptain music video follows Lady Leshurr as she navigates the typical scenarios of a night out, narrating the potential pitfalls of excessive drinking. Half way through the song, she rewinds the night using her lyrics to tell an alternate story of a better night out where the fun is remembered because more positive choices were made.

The lyrics in #LiveLikeACaptain were written by Lady Leshurr and produced by grime producer Swifta Beater. Carolyn Panzer, Global Alcohol in Society Director, Diageo said "Captain Morgan is a fun brand that also takes responsible drinking seriously. We know people want us to talk about moderation in a way that feels relevant to them, so partnering with influencers like Lady Leshurr is a great way to create authentic conversations on responsible drinking. We have a global goal of reaching 200 million people around the world with messages on moderation from our brands by 2025, and this campaign is a powerful example of one of our biggest brands helping us to achieve this"

#LiveLikeACaptain has launched alongside information to educate consumers about responsible drinking to help them make more positive choices. This online hub - [www.likeacaptain.com](http://www.likeacaptain.com) - encourages consumers to interact with tips and tools.

[youtube.com/watch?v=ZvoB2a4mmgk&feature=youtu.be](https://youtube.com/watch?v=ZvoB2a4mmgk&feature=youtu.be)



## Canada: Drink Driving Regulations

The Federal government has withdrawn proposals to lower the legal BAC limit. Minister of Justice and Attorney General Jody Wilson-Raybould proposed in mid-2017 to reduce the national blood alcohol concentration (BAC) limit from 0.8 mg/ml to 0.5 mg/ml, and opened discussions on the topic with her provincial and territorial counterparts and other stakeholders.

A spokesperson for Wilson-Raybould has since confirmed that while “lowering the federal limit would better respond to the danger posed by impaired drivers, by sending a strong message through the criminal law and by changing drivers’ behaviour, there are no plans at this stage to introduce legislation to do so.”

The Department of Justice will instead focus on progressing the government’s current impaired driving bill, which will be introduced in tandem with draft legislation that would legalize recreational marijuana.

A Senate committee is currently reviewing the bill, which would empower police officers to require blood or breath samples from drink- or drug-driving suspects, and the spokesperson expressed confidence that “Bill C-46” will be “highly effective in changing driver behaviour.”

While there were various stakeholder concerns regarding the proposal, a briefing package on regional authority and stakeholder concerns prepared for Wilson-Raybould at the end of 2017 advised that the change would create an additional burden of the justice system.

The heavily-redacted document, obtained through a freedom of information (FOI) request, also stated that the reduced BAC limit would be unlikely to increase the number of prosecutions as it was “unlikely that police will be able to process significantly more criminal impaired driving cases, as they have a finite amount of time per shift to process cases and lay charges.”

## Northern Territory to be first jurisdiction in Australia with minimum floor price on alcohol

The Northern Territory will become the first Australian jurisdiction to put a floor price on alcohol.

In February, the NT Government unveiled its response to a wide-ranging alcohol review commissioned by former NT Supreme Court chief justice Trevor Riley, and said it would implement a minimum \$1.30 floor price per standard drink for all alcoholic beverages.

The major recommendations of the Riley Review include

- The NT Liquor Act be rewritten
- Immediate moratorium on takeaway liquor licences
- Reduce grocery stores selling alcohol by phasing out store licences
- Floor price/volumetric tax on alcohol products designed to reduce availability of cheap alcohol
- Shift away from floor size restrictions for liquor outlets and repeal 400-square-metre restrictions

- Reinstating an independent Liquor Commission
- Legislating to make it an offence for someone to operate a boat or other vessel while over the limit
- Establish an alcohol research body in the NT
- Trial a safe spaces programme where people can manage their consumption and seek intervention.

Mr Riley made 220 recommendations, of which the NT Government supported all but one, refusing to ban Sunday liquor trading.

186 of the recommendations will be implemented in full, with in-principle support for a further 33 recommendations, NT attorney-General Natasha Fyles said. She added that the NT Labor Government was working through the recommendations and would be consulting the community and the alcohol industry.

The increase in the cost of alcoholic beverages will benefit alcohol retailers, as it is not a tax.



## World leaders join new drive to beat non communicable diseases

The World Health Organization has announced a new high-level commission, comprised of heads of state and ministers, leaders in health and development and entrepreneurs. The group will propose bold and innovative solutions to accelerate prevention and control of non-communicable diseases (NCDs) such as heart and lung disease, cancers, and diabetes.

The WHO Independent High-level Commission on NCDs is co-chaired by President Tabaré Vázquez of Uruguay; President Maithripala Sirisena of Sri Lanka; President Sauli Niinistö of Finland; Veronika Skvortsova, Minister of Healthcare of the Russian Federation; and Sania Nishtar, former Federal Minister of Pakistan.

Seven in 10 deaths globally every year are from NCDs, the main contributors to which are tobacco use, harmful use of alcohol, unhealthy diets, and physical inactivity. More than 15 million people between the ages of 30 and 70 years die from NCDs annually. Low- and lower-middle income countries are increasingly affected, with half of premature deaths from NCDs occurring in those countries. Many lives can be saved from NCDs through early diagnosis and improved access to quality and affordable treatment, as well as a whole-of-government approach to reduce the main risk factors.

"NCDs are the world's leading avoidable killers but the world is not doing enough to prevent

and control them," says Dr Vázquez. "We have to ask ourselves if we want to condemn future generations from dying too young, and living lives of ill health and lost opportunity. The answer clearly is 'no.' But there is so much we can do to safeguard and care for people, from protecting everyone from tobacco, harmful use of alcohol, and unhealthy foods and sugary drinks, to giving people the health services they need to stop NCDs in their tracks."

Mr Michael R. Bloomberg, WHO Global Ambassador for Noncommunicable Diseases and Commission member, said: "For the first time in history, more people are dying of non communicable diseases, such as heart disease and diabetes, than infectious diseases. This loss of human life spares no one ... and it imposes heavy economic costs on nations. The more public support we can build for government policies that are proven to save lives - as this Commission will work to do - the more progress we'll be able to make around the world."

The new Commission was established by WHO Director-General Dr Tedros Adhanom Ghebreyesus and runs until October 2019. It will provide actionable recommendations to contribute to the Third United Nations General Assembly High-level Meeting on NCDs scheduled for the second half of 2018. This will include the submission of its first report to Dr Tedros in early June.

## South Africa: Advertising Regulations

In South Africa, following a long consultation period, the Liquor Amendment Bill is now in front of cabinet, and is expected to be passed through parliament within the coming weeks. If the bill is passed, it is expected that alcohol ads on TV and radio will be banned from 6am to 10pm and the age limit for drinking will be increased from 18 to 21.

Other proposed changes include:

- Banning the supply of liquor and methylated spirits to persons under the age of 21, including any and all alcoholic advertisements which are aimed at people under the age of 21.
- The prohibition of the manufacturing, distribution or retail sale of liquor in both rural and urban communities, on any location that is less than 500 metres away from schools, places of worship, recreational facilities, rehabilitation or treatment centres, residential areas, public institutions and other like amenities.
- Manufacturers and suppliers of alcohol to illegal or unlicensed outlets will effectively be liable for all damages caused by their unlawful distribution.

## Mexico alcohol-related road deaths fall after breathalyser implementation

Road accident fatalities have dropped 43% since the implementation of breathalyzer tests in Mexico City 14 years ago, according to the Secretariat of Health.

The information was included in a report to the Senate by health authorities on the success of a nationwide breathalyzer program, in which it reaffirmed a commitment to expand the program further.

It has already been implemented in 155 municipalities in 31 states, where 3,631 people have been trained in the use of the breathalyzer,

part of a broader program called Conduce sin Alcohol (Drive without Alcohol).

Traffic accidents continue to be the primary cause of death for people aged between 15 and 29. Alcohol or drugs are a factor in 12% of traffic fatalities, the Health Secretariat said.

The administrative coordinator of the Health Secretariat's National Commission Against Addictions (Conadic) said there were 11,356 deaths related to drinking and driving in 2016, of which 5% were teenagers.

## Brewers Association launches Myanmar's first responsible drinking

The Brewers Association of Myanmar in April launched the nation's first ever responsible drinking campaign to help consumers better understand the importance of responsible consumption.

Dubbed "The Upside Down Effect," the campaign encourages people to consider how their personality or actions can be affected when they drink beyond their limits.

The coming Thingyan (Burmese New Year Festival) usually brings hundreds of deaths across the country, many involving alcohol-fuelled fights and alcohol poisoning.

"The goal is to reach people with an engaging message via social media and start conversations on this very important topic," said a brewers

association spokesperson.

The spokesperson said moderate beer consumption can be "part of a balanced lifestyle" but everyone "has a responsibility to know their own limits." The association comprises HEINEKEN Myanmar, Myanmar Brewery and Carlsberg Myanmar.

Supporting the campaign are Myanmar celebrities Kyaw Kyaw Bo, Sofia Everest, Phyo Pyae Sone and Kyaw Htet Aung. A Facebook app for over-18 year olds will also launch to allow people to share their messages of support with their friends. Singer Sophia Everest said, "In particular I like that this campaign shares the message of responsible drinking in a positive and fun way which I hope my fans will support."

## Drink Don't Drive' campaign agreement signed in Cambodia

The Transport Ministry in Cambodia signed a memorandum of understanding with the Asia Pacific International Wines and Spirits Alliance, with \$100,000 going toward the promotion of the "Drink Don't Drive" campaign in an effort to reduce traffic accidents in Cambodia.

APIWSA director Cyril Sayag said the alliance was giving \$100,000 for a one-year campaign that included awareness-raising activities, training in schools, social media activities and responsible marketing activations at points of sale.

Through the collaboration, the MoU partners hope to reduce fatalities related to drunk driving

by creating awareness and training stakeholders. According to Mr Sayag, traffic accidents are one of the main causes of death in the Kingdom, and many fatalities are related to extensive alcohol consumption.

A recent report conducted by APIWSA shows that almost 60% of the surveyed population has driven after consuming alcohol over the past 12 months.

"We are glad that we can contribute to this cause, which is very important. We hope our work will contribute to the reduction of road crashes in Cambodia," Mr Sayag said.



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

### **AIM Mission Statement**

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

### **AIM Social, Scientific And Medical Council**

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

**Professor Alan Crozier**, Research Associate, Department of Nutrition, UC Davis, US

**Professor R. Curtis Ellison**, Chief, Emeritus, Section of Preventive Medicine & Epidemiology; Professor of Medicine, Boston University School of Medicine, US

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

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

**Giovanni de Gaetano, MD, PhD**, Head of the Department of Epidemiology and Prevention, IRCCS Istituto Neurologico Mediterraneo NEUROMED, Pozzilli, Italy

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

**Professor Dwight B. Heath**, Anthropologist, Professor Emeritus of Anthropology, Brown University, US

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**Arthur Klatsky MD**, adjunct investigator at the Kaiser Permanente Northern California Division of Research, US

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

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