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## US

The number of bicyclists killed in motor vehicle crashes on US roads increased by 16% between 2010 and 2012. Failure to wear a helmet and alcohol impairment were contributing factors in the bicyclists deaths. In 2012, 28% of cyclists killed who were 16 and over had blood-alcohol levels above the legal limit.

## Iceland

New research carried out by Fréttablaði newspaper reveals that 67 per cent of Icelanders are opposed to introducing new laws that allow the sale of wine and beer in grocery stores. 30 per cent are in favour. Currently in Iceland, alcohol is only sold in special liquor stores run by the state.

## Nigeria

In October, Sen. Enyinnaya Abaribe, Chairman of the Senate Committee on Information, Media and Public Affairs committed to making laws that will promote the responsible consumption of alcohol in Nigeria. Speaking at the 3rd Alcohol Beverage Marketing Conference in Abuja, he said that there was a need for effective regulation of advertising alcoholic beverages to protect minors

## Russia

Russia's State Duma is considering legislative amendments that would permit the use of images of people and animals in beer advertisements. Duma Committee on Economic Policy Chair Viktor Zvageľskii said that it is illogical that brand names referring to people or animals are permitted, while any related imagery is prohibited in their marketing.

## UK

The British Government is to introduce pre-paid benefit cards to stop claimants spending their money on alcohol, drugs or gambling habits. Work and Pensions Secretary Iain Duncan Smith said it would help those "on the margins break the cycle of poverty".

## India

In India, the Ministry of Information and Broadcasting's Central Board of Film Certification (CBFC) have introduced a new regulation requiring all films to show a health warning for alcoholic drinks adverts on screen.

## Qatar

Qatar's sports minister has addressed some of the challenges facing the country in hosting the 2022 World Cup in an interview. Remaining vague on whether alcohol will be sold inside stadiums, Salah bin Ghanem bin Nasser al-Ali said merely said that the country is trying to come up with a "creative solution" to the issue.

## Estonia

The Health Committee of Tallinn City Council has proposed a ban on selling alcohol in Tallinn on Sundays. Mayor Edgar Savisaar said that authorities cannot stop people from drinking, but they can make it harder to buy and consume alcoholic beverages. The Health Committee plans to appeal to City Council to ban the sale of all alcoholic beverages in shops on Sunday, institute restrictions within a 300-metre radius of all schools and children's centers, and mandate the closing of restaurants by 24:00 on Sundays.

## Commentary on Simons LA. Alcohol intake and survival in Australian seniors: the Dubbo Study. *Nutrition & Ageing* 2014;2:85-90 by Creina Stockley

The Dubbo Study is a longitudinal community study of senior citizens born before 1930 living in the Dubbo region of central Australia, investigating patterns and predictors of mortality, hospitalisation and the need for residential care. Established in 1987, it has involved 2,805 non-institutionalised Dubbo residents (1,233 men and 1,572 women). The mean age at entry was approximately 70 years. Investigators are continuing to explore the biomedical and social dynamics of healthy ageing, service use, and the onset of disability and diseases including cardiovascular diseases and dementia. Life expectancy for Australians has increased significantly and evidence is mounting that older people can also increase the quality of later life. Key threats to quality of life are heart disease, dementia and nursing home admission.

Independent predictors of coronary heart disease or stroke include hypertension, advancing age, LDL cholesterol, smoking, diabetes and impaired peak expiratory flow, where diagnosis of metabolic syndrome provides additional prediction of coronary heart disease events, stroke and total mortality. Managing cholesterol and blood pressure in senior citizens has been shown in clinical trials to reduce the risk of heart disease and stroke.

In analyses, alcohol consumption was arbitrarily grouped into four categories: nil, low, moderate and heavy, which did not distinguish between beverage type. 78% of men and 52% of women reported some alcohol intake. Most men reported consumption of 1-14 drinks/week, most women 1-7 drinks/week; 87% of male drinkers and 44% of female drinkers predominantly consumed beer and the remainder consumed wine and/or spirits. Over 20 years to 2008, 66% of men and 53% of women died; 64% of male drinkers died versus 72% of non-drinkers; 46% versus 60% in females. Moderate alcohol consumption (less than 14 10g drinks per week) in the elderly was found to be associated with significantly longer survival in men up to the age of 74 and in all elderly women. Men taking any alcohol lived on average 7.6 months longer, and women on average 2.7 months, compared with non-drinkers. In men there was no evidence

of a differential effect between one to two drinks on a given day and an intake of five or more drinks on a given day. Overall, any alcohol consumption added 12 months survival time in men and women over the follow-up period. In addition, the study has also shown that just one alcoholic drink per day may reduce the risk of dementia by 35 per cent.

Constant proportional hazard over the 20 years was demonstrated for all predictors, indicating similar relative hazard of all-cause mortality during long-term or short-term follow up. There was significant prediction of all-cause mortality by current smoking (hazard ratio 1.96, 95% confidence interval 1.57-2.43 in men; 1.67, 1.32-2.10 in women), high blood pressure (1.37, 1.03-1.81; 1.41, 1.07-1.86), diabetes (1.46, 1.17-1.82; 1.83, 1.43-2.34), impaired peak expiratory flow (1.39, 1.15-1.69; 1.80, 1.47-2.21), coronary heart disease at study entry in men (1.33, 1.13-1.57), physical disability (1.38, 1.13-1.68; 1.45, 1.17-1.79) and moderate alcohol intake (0.82, 0.69-0.97; 0.77, 0.66-0.89 respectively).

Indeed, in a multivariate model, all-cause mortality was related to quantity of alcohol intake in the familiar 'U' shaped relationship, being 20% and 28% reduced in the low and moderate intake categories respectively, compared with nil consumption. This relationship was similar in men and women, and with intake of beer or wine/spirits. The overall Dubbo results are not unique, but are applicable to senior citizens.



## A new meta-analysis on the relation of alcohol consumption to the risk of ischemic heart disease

Roerecke M, Rehm J. Alcohol consumption, drinking patterns, and ischemic heart disease: a narrative review of meta-analyses and a systematic review and meta-analysis of the impact of heavy drinking occasions on risk for moderate drinkers. *BMC Medicine* 2014;12:182.

### Authors' Abstract

**Background:** Alcohol consumption is a major global risk factor for mortality and morbidity. Much discussion has revolved around the diverse findings on the complex relationship between alcohol consumption and the leading cause of death and disability, ischemic heart disease (IHD).

**Methods:** We conducted a systematic search of the literature up to August 2014 using Preferred Reporting Items for Systematic Reviews and Meta-Analyses guidelines to identify meta-analyses and observational studies examining the relationship between alcohol drinking, drinking patterns, and IHD risk, in comparison to lifetime abstainers. In a narrative review we have summarized the many meta-analyses published in the last 10 years, discussing the role of confounding and experimental evidence. We also conducted meta-analyses examining episodic heavy drinking among on-average moderate drinkers.

**Results:** The narrative review showed that the use of current abstainers as the reference group leads to systematic bias. With regard to average alcohol consumption in relation to lifetime abstainers, the relationship is clearly J-shaped, supported by short-term experimental evidence and similar associations within strata of potential confounders, except among smokers. Women experience slightly stronger beneficial associations and also a quicker upturn to a detrimental effect at lower levels of average alcohol consumption compared to men. There was no evidence that chronic or episodic heavy drinking confers a beneficial effect on IHD risk. People with alcohol use disorder have an elevated risk of IHD (1.5- to 2-fold). Results from our quantitative meta-analysis showed that drinkers with average intake of <30 g/day and no episodic heavy drinking had the lowest IHD risk (relative risk = 0.64, 95% confidence interval 0.53 to 0.71). Drinkers with episodic heavy drinking occasions had a risk similar to lifetime abstainers (relative risk = 1.12, 95% confidence interval 0.91 to 1.37).

**Conclusions:** Epidemiological evidence for a beneficial effect of low alcohol consumption without heavy drinking episodes is strong, corroborated by experimental evidence. However, episodic and chronic heavy drinking do not provide any beneficial effect on IHD. Thus, average alcohol consumption is not sufficient to describe the risk relation between alcohol consumption and IHD. Alcohol policy should try to reduce heavy drinking patterns.

### Forum Comments

Epidemiologic studies for decades have demonstrated that regular, moderate drinkers tend to have considerably lower risk than non-drinkers of developing ischemic heart disease (IHD), another name for coronary heart disease. Despite an immense amount of observational and experimental data, and limited clinical trial evidence, that support this association, a number of scientists continue to have difficulty in accepting that this relation might be causal. Numerous papers have attempted to "explain" the inverse association between moderate drinking and heart disease by suggesting confounding by other lifestyle factors, errors in studies, the inclusion of ex-drinkers in the referent group, etc.

The present paper is from authors who have tended in most of their previous work to focus on the dangers of alcohol consumption. Hence, it is surprising that in the present paper they present what Forum members consider to be a balanced appraisal of the relation of alcohol to IHD.

**Specific comments on this paper:** Forum reviewers considered this to be a well-done study. Most epidemiologists and Forum members have been stating for many years that simply taking the average amount of alcohol consumed per week to characterize a person's alcohol intake is inadequate, and it is reassuring that the authors of this paper agree that the assessment of drinking pattern is also important. As stated by reviewer Skovenborg, "What is new is the acknowledgement of these authors of a J-shaped relation between alcohol consumption and IHD, which is supported by high quality epidemiological evidence and short-term experimental data."

Skovenborg also stated that it was somewhat surprising that the following two statements by the authors were on the same page: "For drinkers having one to two drinks per drinking day without episodic heavy drinking, there is substantial and consistent evidence from epidemiological and short-term experimental studies for a beneficial association with IHD risk when compared to lifetime abstainers. The alcohol-IHD relationship fulfills all criteria for a causal association proposed by Hill." However, the authors then state: "Alcohol consumption should be as low as possible; no amount of consumption is safe."

Reviewer Finkel commented on this as well: "The first sentence is from the scientific brains, the second sentence from the puritanical souls of the authors, showing great stress of internal conflict." Forum member de Gaetano and others agreed with this assessment, and reviewer Ursini added: "When soul conflicts with brain, the risk of killing science is not irrelevant, and eventually also a freedom is at risk." Reviewer Stockley considered this paper to reflect "a huge turn-around for these authors who recently have been extremely negative about the beneficial effects of alcohol on cardiovascular disease." She suggested that the disparate messages from these two sentences of the authors may indicate "an internal struggle of the authors in their conclusions."

Reviewer Ellison thought it was interesting that the authors included a separate analysis of the relation of alcohol with IHD for Russia, but not for other countries. It appears that they wanted to emphasize the dangers of alcohol, and separately reporting on Russia tends to do this. It is well known that alcohol abuse remains rampant in Russia, and is a leading cause of death.

Forum member Lanzmann-Petithory had some interesting observations: "In Russia, alcoholism is a scourge (primarily with vodka); I tend to think as always that the J-shape in much of Europe is largely due to the consumption of wine and beer, and not only to the drinking pattern." She adds: "The data showing the large difference in effect between consumption by moderate drinkers who are not episodic heavy drinkers and those who are episodic heavy drinkers is striking. I wonder what would be the risk for a moderate regular drinker who only occasionally binge drinks? Maybe somewhere between the two? Unfortunately, by using data based only on the average intake, the authors include in the same group regular moderate drinkers and binge drinkers; in other words, combining people who drink in what has been described as the typical French pattern (regularly, moderate consumption, usually of wine) with those who drink in the pattern frequently seen in Northern Europe: heavy episodic consumption." (As described in Lanzmann-Petithory, 2013.)

She continues: "In the discussion about the confounding factors, age, smoking, physical activity, BMI etc., they did not mention at all the different alcoholic beverages that can modulate the relation between alcohol consumption and CHD risk. You

cannot find the words wine or beer or spirits in the paper; only pure alcohol is considered. Moreover, the type of alcoholic beverage interacts probably with drinking pattern (less binge drinking among typical wine consumers)."

Reviewer Van Velden stated "This is a well-balanced view of the health implications of alcohol consumption. It also mentions that the etiology of IHD is multi-factorial, and other lifestyle factors have to be taken into consideration before a causal relationship can be found. Responsible drinkers usually have a healthy lifestyle, and we must make adjustments for confounding. It is interesting to see that subjects reporting episodic heavy drinking occasions had a risk similar to that of lifetime abstainers."

Reference from Forum critique: Lanzmann-Petithory D. Commentary on Kerr et al. The French Paradox versus binge drinking. *Addiction* 2013;108:1049-1050. doi:10.1111/add.12211.

### Forum Summary

This meta-analysis is from authors who in the past have tended to argue that the demonstrated inverse association between moderate alcohol consumption and ischemic heart disease (IHD) shown in most studies is due to confounding by other lifestyle factors. However, in this paper, they come to the conclusion (in their words): "Results from our quantitative meta-analysis showed that drinkers with average intake of < 30 g/day and no episodic heavy drinking had the lowest IHD risk (relative risk = 0.64, 95% confidence interval 0.53 to 0.71). Drinkers with episodic heavy drinking occasions had a risk similar to lifetime abstainers (relative risk = 1.12, 95% confidence interval 0.91 to 1.37)."

The conclusions of the authors thus not only support a "J-shaped" curve for alcohol consumption and IHD but provide additional support suggesting that the effect may be causal, i.e., related to the alcohol consumption and not to other associated lifestyle factors. They state: "For drinkers having one to two drinks per drinking day without episodic heavy drinking, there is substantial and consistent evidence from epidemiological and short-term experimental studies for a beneficial association with IHD risk when compared to lifetime abstainers. The alcohol-IHD relationship fulfills all criteria for a causal association proposed by Hill."

It is clear from epidemiologic studies that moderate drinkers may exhibit moderation in other lifestyle factors (such as not smoking, eating a healthy diet, etc.). Indeed, there is aggregation of healthy lifestyle factors that must be considered when judging how a single factor (such as moderate drinking) relates to disease outcomes. This meta-analysis suggests that other lifestyle factors do not explain the lower risk of IHD found to occur among moderate drinkers. In fact, increasingly, moderate drinking is found to be an independent (and rather important) lifestyle factor that lowers the risk of cardiovascular disease, regardless of other factors. Such protection is not seen when drinking is more than moderate, defined in this paper as an average of 30 grams or more of alcohol per day, the equivalent of about 2 \_ to 3 typical drinks.

Comments on this critique have been provided by the following members of the International Scientific Forum on Alcohol Research:

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## Resveratrol increases bone mineral density and bone alkaline phosphatase in obese men

Metabolic syndrome (MetS) is associated with low-grade inflammation, which may harmfully affect bone. Resveratrol (RSV) possesses anti-inflammatory properties, and rodent studies suggest bone protective effects. A study conducted at Aarhus University Hospital sought to evaluate effects of RSV treatment on bone in men with MetS. It assessed changes in bone turnover markers, bone mineral density (BMD), and geometry.

The study population comprised 74 middle-aged obese men with MetS recruited from the general community. They were divided into three groups and were given either an oral treatment with 1.000mg RSV (RSVhigh), 150mg RSV (RSVlow), or a placebo daily for 16 weeks.

The results showed that BAP increased dose dependently with RSV ( $R = 0.471$ ,  $P < .001$ ), resulting in a significantly greater increase in BAP in the RSVhigh group compared with placebo at all time-points (week 4,  $16.4 \pm 4.2\%$ ,  $P < .001$ ; week 8,  $16.5 \pm 4.1\%$ ,  $P < .001$ ; week 16,  $15.2 \pm 3.7\%$ ,  $P < .001$ ). Lumbar spine trabecular volumetric bone mineral density (LS vBMDtrab) also increased dose dependently with RSV ( $R = 0.268$ ,  $P = .036$ ), with a significant increase of  $2.6 \pm 1.3\%$  in the RSVhigh group compared with placebo ( $P = .043$ ). In addition, changes in BAP and LS vBMDtrab were positively correlated ( $R = 0.281$ ,  $P = .027$ ). No consistent changes were detected in bone density at the hip.

The authors conclude that high-dose RSV supplementation positively affects bone, primarily by stimulating formation or mineralization. Future studies of longer duration comprising populations at risk of osteoporosis are needed to confirm these results.

Source: Resveratrol Increases Bone Mineral Density and Bone Alkaline Phosphatase in Obese Men: A Randomized Placebo-Controlled Trial. Marie Juul Ørnstrup et al. *Journal of Clinical Endocrinology & Metabolism*, October 2014 DOI: 10.1210/jc.2014

[press.endocrine.org/doi/pdf/10.1210/jc.2014-2799](http://press.endocrine.org/doi/pdf/10.1210/jc.2014-2799)

## The association of alcohol consumption with the risk of death from colorectal cancer

Cai S, Li Y, Ding Y, Chen K, Jin M. Alcohol drinking and the risk of colorectal cancer death: a meta-analysis. *European Journal of Cancer Prevention* 2014;23:532–539.

### Authors' Abstract

A causal link between alcohol consumption and colorectal cancer (CRC) was established only recently by the International Agency for Research on Cancer. However, the quantitative association between alcohol drinking and CRC mortality is still an open question. We performed a systemic review and meta-analysis on epidemiological studies to quantify the risk for CRC mortality at different levels of alcohol consumption. A literature search was carried out in PubMed and Web of Science to identify all relevant studies published from January 1966 to June 2013. The pooled relative risk (RR) and the corresponding 95% confidence interval (CI) were estimated by categorical meta-analysis. A dose–risk relation was also analyzed. Nine cohort studies exploring the association between CRC mortality and alcohol drinking were identified.

Compared with non/occasional drinkers, the pooled RR was 1.03 (95% CI, 0.93–1.15) for any, 0.97 (95% CI, 0.86–1.10) for light ( $\leq 12.5$  g/day of ethanol), 1.04 (95% CI, 0.94–1.16) for moderate (12.6–49.9 g/day of ethanol), and 1.21 (1.01–1.46) for heavy drinkers ( $\geq 50$  g/day of ethanol). For heavy drinkers, the pooled estimate was apparently higher for men (RR=1.28; 95% CI, 1.13–1.46) than for women (RR=0.79; 95% CI, 0.40–1.54; Pheterogeneity= 0.007). The dose–response analysis showed a J-shaped relationship between alcohol consumption and CRC mortality. The present meta-analysis provides the evidence for an association between heavy alcohol drinking ( $\geq 50$  g/day of ethanol) and CRC mortality.

### Forum Comments

Data from prospective cohort studies on a possible association between alcohol consumption and the occurrence of colorectal cancer (CRC) are conflicting, with some suggesting an increase in risk while others failing to show such an effect. Given that CRC is such a common type of cancer, it would be important to determine if there is, or is not an effect, and especially the extent to which the amount of alcohol consumed relates to the association. As for the association of alcohol consumption to mortality related to CRC, there are very little data.

The present study is based on a meta-analysis of data from nine cohort studies (with more than two million subjects) to judge how the level of alcohol intake relates to CRC mortality. A total of almost 4,000 deaths from CRC were recorded. The conclusions of

the authors are that the consumption of  $\geq 50$  grams of alcohol per day (about 4 typical drinks or more) increases the risk of death from CRC modestly [RR 1.21 (95% CI 1.01, 1.46)], but “light” drinking ( $\leq 12.5$  g/day) or “moderate” drinking (12.6–49.9 g/day) do not increase the risk of CRC death.

**Specific comments on the present study:** This study provides considerable evidence that heavy drinking may increase the risk of death from a specific cancer, CRC, but that light to moderate alcohol intake does not increase the risk. The authors suggest that their results indicate a J-shaped curve for the association of alcohol with CRC mortality.

**Reviewer Finkel commented:** “Colorectal cancer is, in fact, a subtly diverse set of diseases, the distribution of which in different populations may help explain differences noted in the present study between Asians and North Americans. Unfortunately, from this meta-analysis we can learn nothing about differential effects related to the type of beverage or the pattern of drinking. Further, we learn nothing about the relation of the state of folate repletion of the subjects to their risk of disease. The sex difference is puzzling. In my opinion, the data are inadequate to clearly establish a J-shaped relation.”

**Reviewer Stockley stated:** “A recent comprehensive review of more than 7,000 peer-reviewed papers on the association of lifestyle factors and cancer undertaken by the World Cancer Research Fund in cooperation with the American Institute for Cancer Research (2007) reports that there is a threshold effect for alcohol for colorectal cancer. That review reports: ‘Increased risk is only apparent above a threshold of 30 g/day of ethanol for both sexes.’ The results of the present meta-analysis support such a threshold effect of alcohol in relation to death from colorectal cancer.”

Reviewer Van Velden believed that the present analysis adds little to what we already know about an increased risk of cancer from heavy drinking. The fact that light-to-moderate intake may ‘protect’ against certain diseases has repeatedly been demonstrated, often resulting in a “J” shaped curve. He stated: “It is important that we realize that alcohol can be a promoter of cancer (specifically in breast cancer) especially when there is a folate deficiency. It is also dependant on the genetic blueprint of the

individual. The cause of cancer is multifactorial, and cannot be found in meta analyses of studies based on epidemiological observations only."

Reviewer Di Gaetano agreed that this was a good study and that "It supports the common finding that alcohol consumption shows a "J-shaped" relation with many diseases – this is unlike the relation with cigarette smoking, in which the effect tends to be a linear increase in disease with use." He also agreed with comments from Forum member Ursini, in that "There is a great need to understand the mechanisms of the apparent protection against cancer deaths and total mortality from moderate drinking – they are not yet clear. The role of inflammation could certainly be a factor."

**Differences in effects of alcohol on cancer incidence and mortality:** Forum member Skovenborg had some interesting comments on this paper: "A number of studies have related alcohol to CRC incidence. The recent meta-analysis by Fedirko et al includes 31 cohort and 34 case-control studies; combined, the 53 studies included more than 207,00 CRC cases. The present meta-analysis is the first to study the association between alcohol consumption and CRC deaths; it includes data from 9 cohort studies with a total of 3,976 CRC deaths. A comparison of the meta-analyses of CRC incidence and CRC mortality illustrate some similarities and some differences. In both meta-analyses, the association between alcohol consumption and CRC incidence and mortality is stronger in men and in Asian populations. Several plausible explanations for those findings are suggested.

"However, the most important difference between cancer incidence and cancer mortality studies may be the finding of a linear dose-response association between alcohol drinking of >1 drink and CRC incidence and a J-shaped relationship between alcohol consumption and CRC mortality. This study shows that the consumption of  $\geq 50$  grams of alcohol per day increases the risk of death from CRC modestly, but neither "light" drinking nor "moderate" drinking increases the risk of CRC death.

"The explanation for the different effects on cancer incidence and mortality is not obvious; however, similar results have been reported regarding the association between breast cancer incidence and mortality. A recent meta-analysis of 29,239 cases of breast cancer found little evidence that pre- or

post-diagnosis alcohol consumption is associated with breast cancer-specific mortality for women with ER-positive disease (Ali et al). There was weak evidence that moderate post-diagnosis alcohol intake is associated with a small reduction in breast cancer-specific mortality in ER-negative disease." Reviewer Ellison added: "Such a decrease in risk of total mortality could relate to the protective effects of alcohol on cardiovascular diseases, which are such common causes of death, even among subjects with cancer."

### References from Forum comments

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

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### Forum Summary

Data from prospective cohort studies on the association between alcohol consumption and the occurrence of colorectal cancer (CRC) are conflicting, with some suggesting an increase in risk while others failing to show such an effect. There are little data on the effects of alcohol consumption on the risk of mortality from CRC. The present study is based on a meta-analysis of data from nine cohort studies (with a total of more than two million subjects) to judge how the level of alcohol intake relates to CRC mortality. A total of almost 4,000 deaths from CRC were recorded. The conclusions of the authors are that the consumption of  $\geq 50$  grams of alcohol (about 4 typical drinks or more) per day increases the risk of death from CRC modestly [RR 1.21 (95% CI 1.01, 1.46)], but "light" drinking ( $\leq 12.5$  g/day) or "moderate" drinking (12.6-49.9 g/day) do not increase the risk of CRC death. In fact, they state that their data support a "J-shaped" relation between alcohol intake and CRC mortality (i.e., a slight decrease in mortality associated with light drinking but an increased risk with heavier drinking).

Forum members considered this to be a well-done analysis. They noted the inability of the authors to evaluate differences in effect according to type of beverage consumed, the pattern of drinking, or the underlying folate levels of subject, all of which probably modify such a relation. The results are in line with earlier reports on alcohol and breast cancer, where alcohol appears to increase the incidence of the disease but does not increase mortality. For most diseases, including colorectal cancer, there may be a J-shaped effect on mortality: a reduction in risk for light-to-moderate drinking but an increase with heavier drinking.

Overall, the present meta-analysis supports a finding of increased risk of death from colorectal cancer from heavy drinking. However, it shows rather convincingly that light to moderate amounts of alcohol do not increase the risk of death from this disease, probably because of the protective effects of moderate drinking on cardiovascular disease, a more common cause of mortality.

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

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## Alcohol intake and the risk of age-related cataracts

Epidemiologic studies assessing the relationship between alcohol consumption and the risk of age-related cataracts (ARCs) have led to inconsistent results. A meta-analysis was performed to address this.

Eligible studies were identified via computer searches and reviewing the reference lists of these obtained articles. Pooled estimates of the relative risks (RR) and the corresponding 95% confidence Intervals (CI) were calculated using random effects models.

Seven prospective cohort studies involving a total of 119,706 participants were ultimately included in this meta-analysis. Pooled results showed that there is no substantial overall increased risk of ARC due to heavy alcohol consumption. The estimated RRs comparing heavy drinkers versus non-drinkers were 1.25 (95% CI: 1.00, 1.56) for cataract surgery, 1.06 (95% CI: 0.63, 1.81) for cortical cataracts, 1.26 (95% CI: 0.93, 1.73) for nuclear cataracts, and 0.91 (95% CI: 0.32, 2.61) for posterior subcapsular cataracts (PSCs), respectively.

No significant associations between moderate alcohol consumption and cataracts were observed. The pooled RRs comparing moderate drinkers versus non-drinkers were 0.90 (95% CI: 0.64, 1.26) for cataract surgery, 0.97 (95% CI: 0.75, 1.25) for cortical cataracts, 0.91 (95% CI: 0.76, 1.08) for nuclear cataracts, and 0.97 (95% CI: 0.49, 1.91) for PSCs, respectively.

This meta-analysis suggests that there is no substantial overall increased risk of ARC due to alcohol intake. Because of the limited number of studies, the findings from our study must be confirmed in future research via well-designed cohort or intervention studies, the authors state.

Source: Alcohol intake and the risk of age-related cataracts: a meta-analysis of prospective cohort studies. Wang W, Zhang X. PLoS One. 2014 Sep 19;9(9):e107820. doi: 10.1371/journal.pone.0107820. eCollection 2014.

## Does drinking alcohol influence the relationship between obesity and hyperglycemia?

Previous studies have shown that light-to-moderate alcohol consumption might reduce the risk of type 2 diabetes, for which obesity is a primary risk factor. A study investigated whether drinking alcohol influences the relationship between obesity and hyperglycemia.

The relationships of adiposity indices with hyperglycemia were compared among middle-aged Japanese men (N = 12,627) who were non-, light-to-moderate (< 22 g ethanol/day), heavy ( $\geq$  22 and < 44 g ethanol/day), and very heavy ( $\geq$  44 g ethanol/day) drinkers.

There were significant positive correlations of hemoglobin A1c with body mass index (BMI) and waist-to-height ratio (WHtR), which were significantly weaker in light-to-moderate and heavy drinkers than in non-drinkers, but were not significantly different in very heavy drinkers compared with nondrinkers.

Odds ratios (ORs) for hyperglycemia in subjects with, versus those without high BMI or WHtR, were significantly higher than the reference level of 1.00 in all the drinker groups and significantly lower in light-

to-moderate and heavy drinkers compared with nondrinkers; but not significantly different in very heavy drinkers compared with nondrinkers.

ORs of the interaction term consisting of alcohol drinking and high adiposity index were significantly lower than the reference level in the light-to-moderate and heavy drinkers (OR with 95% confidence interval: For high BMI, 0.61 in light-to-moderate drinkers and 0.64 in heavy drinkers; for high WHtR, 0.57 in light-to-moderate drinkers and 0.66 in heavy drinkers) but were not significantly different from the reference level in very heavy drinkers (high BMI, 0.90; high WHtR, 1.04).

The associations between obesity and hyperglycemia were weaker in light-to-moderate drinkers than in non-drinkers, the authors conclude. Thus, light-to-moderate drinking may reduce the impact of obesity on the risk for diabetes.

Source: Light-to-moderate alcohol drinking reduces the impact of obesity on the risk of diabetes mellitus. Ichiro Wakabayashi. *Journal of Studies on Alcohol and Drugs*, 75,1032-1038, 2014

[www.jsad.com/jsad/link/75/1032](http://www.jsad.com/jsad/link/75/1032)

## The effects of alcohol consumption and the metabolic syndrome on 10-year incidence of diabetes: The ATTICA study

A prospective study investigated the effect of alcohol consumption on the 10-year diabetes incidence. In 2001-2002, a random sample of 1,514 men (18-89 years old) and 1,528 women (18-87 years old) was selected to participate in the ATTICA study (Athens metropolitan area, Greece). Among various other characteristics, average daily alcohol intakes (abstention, low, moderate, high) and type of alcoholic drink were evaluated. Diabetes was defined according to American Diabetes Association criteria. During 2011-2012, the 10-year follow-up was performed.

The 10-year incidence of diabetes was 13.4% in men and 12.4% in women. After making various adjustments, those who consumed up to 1 glass/day of alcohol had a 53% lower diabetes risk (RR=0.47; 95% CI: 0.26, 0.83) compared with abstainers, while trend analysis revealed a significant U-shaped relationship between quantity of alcohol drunk and diabetes incidence (P<0.001 for trend). Specific

types of drinks were not associated with diabetes incidence; however, a one-unit increase in ratio of wine/beer/vodka vs. other spirits was associated with an 89% lower risk of diabetes (RR=0.11; 95% CI: 0.02, 0.67). The protective effect of low alcohol consumption on diabetes incidence was more prominent among individuals with stricter adherence to the Mediterranean diet (RR=0.08; 95% CI: 0.011, 0.70) and without the metabolic syndrome (RR=0.34; 95% CI: 0.16, 0.70).

The authors state that this work revealed the protective effect of modest alcohol consumption of particularly wine and beer against the long-term incidence of diabetes, possibly due to their pleiotropic health effects.

Source: Effects of alcohol consumption and the metabolic syndrome on 10-year incidence of diabetes: The ATTICA study. Koloverou E, Panagiotakos DB, Pitsavos C, Chrysohoou C, Georgousopoulou EN, Metaxa V, Stefanadis C; the ATTICA Study group. *Diabetes Metab*. 2014 Sep 1. pii: S1262-3636(14)00111-6.

## Effects of alcohol, caffeine, and tobacco use on male fertility and sexual function

Researchers presenting at the 70th Annual Meeting of the American Society for Reproductive Medicine have identified some surprising effects that alcohol, caffeine, and tobacco use can have on male fertility and sexual function.

A group from the University of Rochester Medical Center in Rochester, New York found that infertile men who smoke tobacco are more likely to experience sexual or erectile dysfunction, but those who drink alcohol are less likely to report sexual or erectile problems.

Between 2003 and 2011, men being seen at the infertility clinic completed 753 surveys on their drinking and smoking habits and their sexual health and satisfaction. Their average age was 35; 16% of them used tobacco and 73% used alcohol.

Drinkers reported better sexual function than teetotalers. Men who did not consume alcohol were more likely to report deficiencies in their erections and ability to complete intercourse. However, there was no difference in sexual satisfaction reported by drinkers and non-drinkers. (O-264 Levey et al, "Substance Use Among Infertile Men Correlates with Sexual Dysfunction").

Boston researchers analysing data from the Environment and Reproductive Health Study found interesting connections between male partners'

beverage consumption and clinical pregnancy rates after IVF. Male alcohol consumption appeared to enhance a couples' chances of achieving a clinical pregnancy while high male caffeine consumption appeared to reduce their chances.

Men who underwent IVF at Massachusetts General Hospital between 2007 and 2013 provided information on their pre-treatment diet, including alcohol and caffeine, which was analysed, adjusting for male and female age and BMI, infertility diagnosis, male smoking, male nutrient intake, and female caffeine and alcohol intake. Couples with male partners whose caffeine intake was in the study's highest range (more than 265 milligrams a day- or about three eight ounce cups of coffee) were only half as likely to have a clinical pregnancy as couples where the male consumed less than 88 mgs of caffeine a day. For couples whose male partner consumed alcohol, the chances of clinical pregnancy increased with consumption levels. (O-19 Karmon et al, "Male Caffeine and Alcohol Intake in Relation to In Vitro Fertilization Outcome Among Fertility Patients").

ASRM President Rebecca Z. Sokol, MD, MPH noted, "These studies provide new information that can help men make healthy choices for themselves, their partners, and their future children."

[www.asrm.org/ASRM2014/](http://www.asrm.org/ASRM2014/)

## Binge drinking in young men linked with increased risk of hypertension

Binge drinking in early adulthood is associated with an increased likelihood of high blood pressure in males, while low to moderate alcohol use in early adulthood is associated with a decreased likelihood of hypertension in females. The findings come from a study that will be presented at ASN Kidney Week 2014 November 11-16 at the Pennsylvania Convention Center in Philadelphia.

While studies have found that drinking alcohol can raise blood pressure in adults, little is known about the links between alcohol use during adolescence and hypertension. Researchers led by Sarah Twichell, MD, from Boston Children's Hospital, analysed data from the Growing Up Today Study (GUTS), a study of children who were 8 to 14 years old in 1996 and were followed with detailed surveys every 1 to 2 years. The team examined information on 8,605 participants who completed the 2010 survey.

Among the major findings:

- In young adult men, frequent binge drinking over the past year was associated with a 1.7-times increased likelihood of developing hypertension.
- In young adolescent males, there was no significant association between binge drinking or quantity of alcohol use and hypertension after they entered adulthood.
- In young women, binge drinking was not associated with hypertension.
- Light and moderate alcohol use in young adult women was associated with a significantly reduced likelihood of hypertension.

"Further study of alcohol use in young adulthood may provide insights into the early development of hypertension," said Twichell.

Study: "Adolescent Alcohol Use and the Development of Hypertension in Early Adulthood" (Abstract SA-PO156) October 21, 2014. American Society of Nephrology (ASN).

## Effects of alcohol consumption on cognition and regional brain volumes among older adults

Researchers from the University of Texas Medical Branch (UTMB) in Galveston, the University of Kentucky and the University of Maryland collaborated on a study, published in the *American Journal of Alzheimer's Disease and Other Dementias*.

The study used data from more than 660 patients in the Framingham Heart Study Offspring Cohort. These patients completed surveys on their alcohol consumption and demographics and neuropsychological assessments. The presence or absence of the genetic Alzheimer's disease risk factor APOE e4 was also identified and brain MRIs were performed.

The researchers found that light and moderate alcohol consumption in older people is associated with higher episodic memory and is linked with larger hippocampal brain volume. Amount of alcohol consumption had no impact on executive function or overall mental ability.

Findings from animal studies suggest that moderate alcohol consumption may contribute to preserved hippocampal volume by promoting generation of new nerve cells in the hippocampus. In addition, exposing the brain to moderate amounts of alcohol

may increase the release of brain chemicals involved with cognitive, or information processing, functions.

*"There were no significant differences in cognitive functioning and regional brain volumes during late life according to reported midlife alcohol consumption status,"* said lead author Brian Downer, UTMB Sealy Center on Aging postdoctoral fellow. *"This may be due to the fact that adults who are able to continue consuming alcohol into old age are healthier, and therefore have higher cognition and larger regional brain volumes, than people who had to decrease their alcohol consumption due to unfavorable health outcomes."*

Although the potential benefits of light to moderate alcohol consumption to cognitive learning and memory later in life have been consistently reported, extended periods of abusing alcohol, often defined as having five or more alcoholic beverages during a single drinking occasion is known to be harmful to the brain.

*Source: Effects of alcohol consumption on cognition and regional brain volumes among older adults. Brian Downer, et al., American Journal of Alzheimer's Disease and Other Dementias, doi: 10.1177/1533317514549411, published 7 September 2014.*

### Obituary: Dr Elizabeth Whelan

It is with sadness that we announce that Dr Elizabeth M Whelan, member of the AIM Social, Scientific and Medical Council, died 11 September 2014.

Elizabeth Whelan was an epidemiologist who crusaded against what she called junk science by starting a national organization to question conventional wisdom on food, chemicals and the environment.

With graduate degrees from Yale and Harvard, Beth believed that much research concerning complicated health questions lacked proper scientific underpinning, and in 1978 she started her organization, the American Council on Science and Health, to remedy this perceived deficiency.

The nonprofit's mission is to enable and promote scientists and policy experts in all fields relevant to

public health to speak out. Relying on a panel of more than 350 scientists who volunteer their time, the council encourages credible scientists to mount the media podium and challenge those who exploit science for their own benefit.

Beth wrote hundreds of articles, along with over 20 books and she spoke out for sound science on countless TV and radio shows, she has been an invaluable member of AIM's Social Scientific and Medical Council for 20 years and will be sorely missed.



## Results of the Michigan DWI court/ignition interlock programme evaluation

Research has shown that ignition interlocks are effective in reducing DWI recidivism while the devices are on the vehicles. However, interlock installation compliance rates are frequently quite low and once the devices are removed from vehicles, recidivism rates eventually return to levels comparable to those of offenders who did not utilise interlocks.

The Michigan legislature has married DWI Courts to ignition interlocks. Repeat DWI offenders in Michigan can secure broad restricted licenses by participating in any of Michigan’s DWI Courts, if they place ignition interlocks on their vehicles. The findings for the third year of the research project have been released.

The study showed that 98.2% of programme participants who were ordered by the DWI Court judge to install the interlock on their vehicles complied.

The study also compared recidivism rates between five DWI Courts whose participants have interlocks on their vehicles with restricted licenses (DWI Court Interlock Group), and participants in the same five DWI Courts for the year prior to the start of the DWI Court/Ignition Interlock programme (DWI Court Non-Interlock Group). Finally, they were compared to repeat DWI offenders demographically matched to the other groups who are on standard probation (Standard Probation Group).

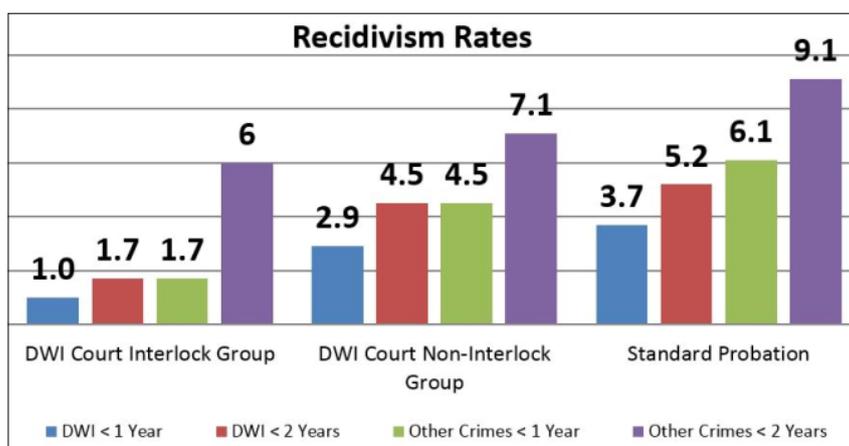
The DWI Court Interlock Group outperformed the other groups with significantly lower recidivism in both DWI

convictions and all convictions. Of most significance are the numbers relating to the new DWI convictions after two years in the programme (people no longer on probation). The DWI Court Interlock Group has a DWI recidivism rate of 1.7% as compared to the DWI Court Non-Interlock Group with 4.5% and Standard Probation at 5.2%.

The programme failure rate (people who do not successfully complete DWI Court) for people in the DWI Court Interlock Group is 10%. The rate for the DWI Court Non-Interlock Group is 34%.

The DWI Court Interlock Group had a positive screen rate of 1.0%, compared to 6.5% for the DWI Court Non-Interlock Group. This may indicate that the more highly motivated Interlock Group participants are taking steps to make other aspects of their lives more manageable, the authors suggest.

[www.thecochranelibrary.com/userfiles/ccoch/file/Safety\\_on\\_the\\_road/CD004168.pdf](http://www.thecochranelibrary.com/userfiles/ccoch/file/Safety_on_the_road/CD004168.pdf)



## Why does society accept a higher risk for alcohol than for other voluntary or involuntary risks?

A discussion paper published in the BMC argues that a higher mortality risk from alcohol than from other risk factors is currently accepted by people in high income countries.

According to the authors, societies tend to accept much higher risks for voluntary behaviours, those based on individual decisions (for example, to smoke, to consume alcohol, or to ski), than for involuntary exposure such as exposure to risks in soil, drinking water or air. In high-income societies, an acceptable risk to those voluntarily engaging in a risky behaviour seems to be about one death in 1,000 on a lifetime basis. However, drinking more than 20 g pure alcohol per day over an adult lifetime exceeds a threshold of

one in 100 deaths, based on a calculation from World Health Organization data of the odds in six European countries of dying from alcohol-attributable causes at different levels of drinking. It should be noted that the threshold of 20g a day for women is in line with responsible and low risk drinking guidelines, whereas for men it is usually approximately 30g, which is associated with a one and half percent increase in mortality risk according to this study.

Source: Why does society accept a higher risk for alcohol than for other voluntary or involuntary risks? Rehm J; Lachenmeier DW; Room R. BMC Medicine Vol 12, Art No 189, 2014, 6pp.

[www.biomedcentral.com/1741-7015/12/189](http://www.biomedcentral.com/1741-7015/12/189)

## New study shows women have higher risk of injury than men after excess alcohol

A new study of emergency department patients in 18 countries, in the scientific journal *Addiction*, shows that the risk of injury caused by acute alcohol consumption is higher for women compared with men. While the risk of injury is similar for both men and women up to three 'standard' drinks (containing 16 ml or 12.8 g of pure ethanol), the risk then increases more rapidly for women, becoming twice the risk to men around 15 drinks and three times the risk to men around 30 drinks. In this study the drinks were reportedly consumed within six hours prior to injury.

The risk of violence-rated injury is consistently larger than the risk of other types of injuries and has a steeper dose-response relationship than other types of injuries, meaning the risk of injury from violence increases more rapidly as the volume of alcohol consumed increases.

The 'standard' drink used in this study equals less than a 350 ml glass of 5% ABV beer, a 150 ml glass of 12% ABV wine, or a 44 ml glass of 80-proof spirit, each of which contains approximately 18 ml of pure ethanol. In this study, one 750-ml bottle of 12% wine equals 5.6 drinks.

The study looked at over 13,000 injured patients from Argentina, Belarus, Brazil, Canada, China, Czech Republic, Dominican Republic, Guatemala, Guyana, India, Ireland, Korea, Mexico, New Zealand, Nicaragua, Panama, Sweden, and Switzerland.

Source: Relative risk of injury from acute alcohol consumption: modeling the dose-response relationship in emergency department data from 18 countries. Cheryl J. Cherpitel, Yu Ye, Jason Bond, Guilherme Borges and Maristela Monteiro. *Addiction*, published online.

## Norm perceptions among parents of adolescents

A team of researchers investigated the associations between parents' supply of alcohol, their attitudes concerning the supply of alcohol (personal norms), and their beliefs about other parents' attitudes and behaviour (injunctive and descriptive social norms).

A web-based survey was completed by 490 parents of 12- to 18-year-olds from Australia (n = 251) and Canada (n = 239). Path analysis was used to test a conceptual model of the relationships between social norm constructs and supply of alcohol at home and for unsupervised consumption.

Personal norms (parents own drinking habits) were found to be the most important factor in parents' decisions to supply alcohol to adolescents for consumption both at home and in unsupervised settings. Descriptive and injunctive proximal norms (what they think their kids friends parents are doing) were directly associated with supply of alcohol at home. Injunctive and descriptive proximal norms were indirectly associated with unsupervised supply through their positive association with personal norms.

The team states that the path models identify personal norms relating to adolescent alcohol consumption as the variable most strongly associated with decisions to supply alcohol to adolescents both at home and in unsupervised settings, with associations between injunctive and descriptive norms operating via this pathway. Proximal norms have a more powerful influence on parents' personal norms than do distal norms.

These associations have important implications for the design of interventions to reduce parental supply of alcohol and adolescent risky drinking.

This study demonstrates the importance of informing parents of the statistics showing the true figures around youth drinking as, certainly in the UK, parents overestimate the percentage and amount that teenagers drink.

Source: 'Everybody else is doing it' - norm perceptions among parents of adolescents. Gilligan C; Thompson K; Bourke J; Kypri K; Stockwell T. *Journal of Studies on Alcohol and Drugs*, Vol 75, No 6, 2014, pp908-918.

[www.jsad.com/jsad/link/75/908](http://www.jsad.com/jsad/link/75/908)

## Improving taste of alcohol-free beer with aromas from regular beer

The alcohol in beer acts as a solvent for a variety of aromatic compounds; therefore, when it is eliminated, as in non-alcoholic beers, the final product loses aromas and some of its taste. It is difficult to recover these compounds, but researchers from the University of Valladolid have done just this using a pervaporation process and a panel of tasters has confirmed its effectiveness.

*“This technique consists in using a semipermeable membrane to separate two fractions from alcoholic beer: one liquid phase in which alcohol is retained, and another gaseous phase, where the aromatic compounds come in,”* Carlos A. Blanco, one of the authors explained. *“Then, this gaseous phase can be condensed, the aromatic compounds extracted and added to non-alcoholic beer.”*

To conduct the study, the scientists used a special beer (with 5.5% alcohol) and another reserve beer (6.5%) from which they extracted three aromatic compounds: ethyl acetate, isoamyl acetate and isobutyl alcohol. They then added these substances to two ‘almost’ alcohol-free beers on the market: low-

alcohol beer (less than 1% ABV) and alcohol-free beer (less than 0.1% ABV).

A panel of experts tasted them. 90% of tasters preferred enriched low-alcohol beer instead of their original factory counterparts, and 80% for alcohol-free beer.

*“In light of these results, we conclude that the taste is improved, and thus the quality of this ‘alcohol-free’ beer, as the majority of panellists preferred the beer with aromas to the original,”* Blanco confirms.

The researchers recognise that this technique cannot yet capture all the aromas and tastes associated with alcoholic beer, but it does show progress in making ‘alcohol-free’ varieties more palatable for the consumer.

*Source: Pervaporation methodology for improving alcohol-free beer quality through aroma recovery. Álvaro del Olmo, Carlos A. Blanco, Laura Palacio, Pedro Prádanos, Antonio Hernández. Journal of Food Engineering, 2014; 133: 1 DOI: 10.1016/j.jfoodeng.2014.02.014.*

## Relationships between social host laws and underage drinking

In the US, many states and local communities have enacted social host laws to reduce underage drinking in private settings. However, little is known about whether such laws are effective. A study examined relationships between city Social Host laws and underage drinking in general and at parties in private settings.

Social Host policy data were collected for 50 California cities in 2009, and Social Host policies were rated for comprehensiveness and stringency. Annual telephone interviews were conducted with a cohort of 1,483 adolescents (ages 13–16 at Wave 1) from 2009 to 2011 to assess past-year alcohol use, heavy drinking, and drinking at parties. Multilevel analyses were first conducted for the total sample to examine relationships between State Host laws and adolescents’ past-year drinking, with other city and individual characteristics controlled for. Parallel analyses were then conducted for a subsample of 667 youth who had reported any past-year drinking.

Social Host policy ratings were unrelated to any of the past-year drinking outcomes for the total sample of adolescents. However, among past-year drinkers, a stronger SH policy was inversely related to drinking at parties ( $\beta = -.06, p < .05$ ) but was unrelated to past-year alcohol use and heavy drinking in general. There were no moderating effects of SH policy on change in adolescents’ past-year drinking over the 3-year period.

The authors conclude that local Social Host policies that include strict liability and civil penalties that are imposed administratively may be associated with less frequent underage drinking in private settings, particularly among adolescents who have already initiated alcohol use.

*Source: Relationships Between Social Host Laws and Underage Drinking: Findings From a Study of 50 California Cities. Mallie J. Paschall, Sharon Lipperman-Kreda, Joel W. Grube, Sue Thomas. J. Stud. Alcohol Drugs, 75, 901–907, 2014.*

## Alcohol in pregnancy warning labels increase in the UK

In the UK, a report carried out by Campden BRI group, highlighted that 90.7% of alcoholic products now carry alcohol and pregnancy warnings, compared to 17.6% in 2008.

Royal College of Midwives professional policy advisor Janet Fyle said *"The RCM has been consistent in saying that women who are pregnant or are thinking of becoming pregnant should avoid drinking alcohol... Midwives will continue to provide women with clear, unbiased information and advice on this issue and the potential consequences of alcohol consumption during pregnancy... It is then up to the woman to make her own informed decision."*

In 2011, 92 drinks companies promised to improve health labelling of alcohol as part of the UK government's Responsibility Deal. The companies pledged that 80% of their combined product labels must carry 'clear unit content, NHS guidelines and a warning about drinking when pregnant' by December 2013.

The final evaluation report was carried out by Campden BRI and examined a sample of over 500 products on sale in the UK from a range of national, regional and independent supermarkets and off-licences.

The report concluded:

Industry has achieved 79.3% compliance with the pledge elements as measured by products on shelf (Stock Keeping Units SKUs). This is just shy of the 80% target by 0.7%.

Comparing labels from 2008 on a like-for-like basis unit information has increased by 46% since the Responsibility Deal pledge; and on a like for like basis 91% of products on shelf now carry alcohol and pregnancy warnings (18% in 2008) and 75% show the Chief Medical Officers' lower risk daily guidelines (6% in 2008).

Welcoming the efforts made by drinks' producers Public Health Minister Jane Ellison said *"It is fantastic to see the surge of companies proactively placing these labels on their products and highlighting important health messages in pregnancy. I congratulate industry partners who have taken part, and urge others to follow suit."*

[responsibilitydeal.dh.gov.uk/wp-content/uploads/2014/11/Campden-BRI\\_Audit-of-PHRD-labelling-compliance-2014-\\_FINAL-report\\_October2014-final.pdf](http://responsibilitydeal.dh.gov.uk/wp-content/uploads/2014/11/Campden-BRI_Audit-of-PHRD-labelling-compliance-2014-_FINAL-report_October2014-final.pdf)

## RSPH call for calorie labelling for alcohol

In the UK, The Royal Society for Public Health (RSPH) is calling on the drinks industry and newly appointed EU Health Commissioner to introduce calorie labelling for alcoholic drinks. The call follows newly released research from the RSPH which shows strong public backing for the move, and a general lack of awareness among consumers about the calories contained in alcoholic drinks.

The European Commission has already publicly committed to make a decision by December 2014 on extending nutrition labelling (including calorie labelling) on alcoholic products. Alcoholic beverages are currently not recognised as food and are therefore exempted, under existing European legislation, from normal food labelling.

Shirley Cramer CBE, Chief Executive of RSPH said: *"Calorie labelling has been successfully introduced for a wide range of food products and there is now a clear public appetite for this information to be extended to alcohol to help individuals make informed choices"*.

The RSPH research found that:

- 67% of the public actively support the addition of

calorie labels on packaging of alcohol drinks;

- Over 80% of the public did not know or incorrectly estimated the calorie content of a large glass (250ml) of wine;
- Almost 90% did not know or incorrectly estimated the calories in a pint of lager.

Ms Cramer added that: *"While we continue to back unit labelling for alcoholic drinks, we believe that many people find calorie labelling easier to translate into their everyday lives. We know that the EU Commission is due to publish it's findings on extending nutritional labelling to alcohol in December and would be extremely surprised if they didn't back this measure to improve the public's health."*

RSPH also conducted an experiment in a pub to find out if displaying calories on drinks menus changed drinking behaviour. Those presented with calorie information each consumed on average 400 calories less than those who were oblivious to the calorie content of their drinks. While only a small scale experiment, the participants did use the calorie information to inform their drink choices.

## How gender and BMI relate to the consumption of alcohol

A study used self-reports of alcohol consumption to identify how gender and body mass index (BMI) might relate to the overconsumption of alcohol in a college population.

For both men and women, the number of drinks consumed was positively associated with BMI. Although men consume more drinks than women at all BMI levels, women show a higher rate of increase in the number of drinks consumed as BMI increases than men.

The study suggests that increasing awareness of the two-way relationship between BMI and the number of drinks consumed may represent an effective step towards curbing alcohol consumption, with significant implications for individuals who are overweight.

Source: Mindless drinking: How gender and BMI relate to the consumption of alcohol. Smarandescu L, Walker D, Wansink B. *Int J Drug Policy*. 2014 Sep 6. pii: S0955-3959(14)00232-1.

## New legislation introduced to cut Scotland's drink drive alcohol limit

In Scotland, Justice Secretary Kenny MacAskill has introduced an order in Parliament which, subject to approval, will reduce the drink-drive limit from December 5, 2014, in time for the festive period. Under the plans, Scotland's blood alcohol limit will be reduced from 80mg in every 100 ml of blood, to 50 mg, bringing Scotland into line with most other European countries.

The Scottish Government previously announced the intention to reduce the limit following a consultation which found almost three quarters of respondents believed the drink-drive limit should be reduced. The consultation responses suggested the likely benefits of a lower limit would be fewer road accidents and fewer casualties. In 2012, there were 174 people

killed on Scotland's roads involving drivers who had been drinking and driving.

The SNP Justice Secretary Kenny MacAskill said: "We are now a step closer to bringing in a lower drink drive limit for Scotland, making our roads safer and saving lives. You are six times more likely to be involved in a fatal accident between the present limit and the planned new lower level compared with having no alcohol in your system... This is about changing people's behaviour. Evidence from countries such as Ireland show that a lower limit actually reduces the number of convictions, as more people get the message that you should never drink and drive."

A multi-media marketing campaign to raise awareness of the new lower limit will be launched in the coming weeks.

## Ad watchdog backs self-regulation on alcohol marketing

The chief executive of the Advertising Standards Authority has told an influential parliamentary committee that self-regulation offers better hope than legislation in tackling rogue online marketing activity on alcohol.

Guy Parker said during a hearing of the House of Lords home affairs, health and education committee that self-regulation is "particularly suited to responding quickly to an upheaval in the media landscape".

He added: "The speed of evolution and revolution and of technological development argues for more rather than less self-regulation."

The Advertising Standards Authority has included regulation of the digital world in its rules since 2011 and Parker said complaints about online advertising activity – including brands' own websites and blogs

that blurred the boundaries between editorial and advertising – now accounted 40% of its work.

Parker told the committee that all 22 countries within the EU that have an ASA or equivalent body now had advertising codes that cover online activity, compared with just two in 2008.

He was speaking at a session of the committee's inquiry into a forthcoming new EU alcohol strategy.

He told the committee that the UK had one of the most robust codes to regulate overall alcohol advertising in Europe.

"We've got one of the strictest regimes where there aren't absolute bans on advertising," Parker said.

"We've got a very good reputation for administering the code strongly. A few companies would say we administer it too strongly."

## Public Health England reports

A Public Health England (PHE) report, **Alcohol Treatment in England 2013-14**, published 29 October, shows that the alcohol treatment system is working well. There has been a 5% increase in the number of people in treatment and 6% more overcoming their dependency than last year. Waiting times also continue to fall – with 93% waiting less than three weeks to start treatment.

According to PHE, 1.6 million adults show some signs of dependence. Structured alcohol treatment plays a vital role along with less intensive support in preventing and reducing harm and promoting recovery.

[www.nta.nhs.uk/uploads/adult-alcohol-statistics-report-2013-14.pdf](http://www.nta.nhs.uk/uploads/adult-alcohol-statistics-report-2013-14.pdf)

**New licensing guidance for local public health teams** has been released by Public Health England (PHE) and the Local Government Association (LGA). The guidance aims to help Directors of Public Health (DPH) and licensing roles to understand how public health can contribute to the licensing regime and how licensing can contribute to public health. It includes a number of relevant case studies from across the country.

[www.nta.nhs.uk/uploads/phe-licensing-guidance-2014.pdf](http://www.nta.nhs.uk/uploads/phe-licensing-guidance-2014.pdf)

**'From evidence into action: opportunities to protect and improve the nation's health'**, published 23 October, identifies seven priorities where efforts are to be focussed to protect and improve the nation's health, one of which is reducing harmful drinking and alcohol-related hospital admissions.

The report states that over the next 18 months, PHE will:

- use alcohol as the trailblazer for a new whole system approach that establishes what works and is clear on the return on investment, enabling government, local authorities and the NHS to invest with confidence in evidence based policies, prevention and treatment interventions
- produce an independent report for government on the public health impacts of alcohol and on evidence-based solutions
- produce a framework on liver disease outlining public health actions to tackle liver disease, including alcohol
- expand the Longer Lives web tool to include

indicators on alcohol treatment and recovery, and to identify variations in performance

- launch Liver Disease Profiles to support local authority health and wellbeing boards to understand liver disease and its risk factors in their area and, in turn, design effective local population level interventions
- continue to set out the evidence base for the introduction of a minimum unit price for alcohol
- consider the evidence for the inclusion of health as a licensing objective.

[www.gov.uk/government/publications/from-evidence-into-action-opportunities-to-protect-and-improve-the-nations-health](http://www.gov.uk/government/publications/from-evidence-into-action-opportunities-to-protect-and-improve-the-nations-health)

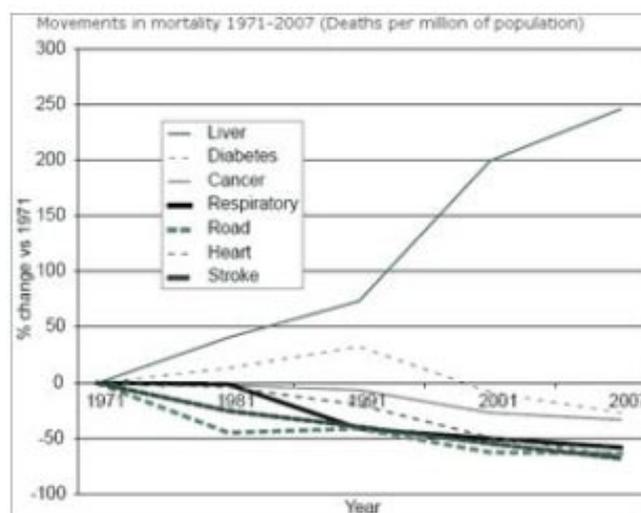
### Liver disease profiles highlight alcohol's role in premature deaths

New liver disease profiles have been released by Public Health England (PHE) detailing the local and regional impact of liver disease. PHE highlight liver disease is the only major cause of mortality increasing in England, despite it decreasing in Europe. Liver deaths in England increased 40% between 2001 and 2012.

Alcohol accounts for 37% of all liver disease deaths, although over 90% are due to one of the three main risk factors: alcohol, viral hepatitis and obesity. One in ten people who die in their forties die of liver disease and 90% of people who die from liver disease are under 70 years old.

The profiles highlight stark disparities across England, largely reflecting health inequalities.

[www.gov.uk/government/news/phe-launches-local-authority-liver-disease-profiles](http://www.gov.uk/government/news/phe-launches-local-authority-liver-disease-profiles)



## Drinkaware launch joint campaign to address sexual harassment in the night-time economy in Nottingham

Drinkaware has joined forces with the Nottingham Crime & Drug Partnership to run an advertising campaign as part of the Home Office Local Alcohol Action Areas (LAAAs) scheme. The campaign uses the strapline: 'You wouldn't ... sober, you shouldn't drunk'.

The project will be introduced to club licensees to Nottingham and Mansfield outlets, which aim to enhance the feeling of customer safety in the night-time economy.

The project, which has the potential to be rolled out nationally, was launched following a strategic review commissioned by Drinkaware last year, which revealed that 31% of young women and 11% of young men aged 18-24 said they received inappropriate or unwanted physical attention or touching on a drunken night out.



## UK alcohol related harm map

A map of alcohol harm published in October by Alcohol Concern suggests that the total number of alcohol-related NHS admissions, including inpatient, outpatient and A&E visits, hit almost 10 million in England during 2012-13, more than 10 times higher than any other estimates. The map was made in collaboration with pharmaceutical firm Lundbeck which markets a pill called Selincro and has made donations to Alcohol Concern of £68,000.

[www.alcoholconcern.org.uk/for-professionals/alcohol-harm-map/](http://www.alcoholconcern.org.uk/for-professionals/alcohol-harm-map/)

## International Alliance for Responsible Drinking (IARD) established

The International Centre for Alcohol Policies (ICAP) has merged with the Global Alcohol Producers Group (GAPG) to form the International Alliance for Responsible Drinking (IARD). Ann Keeling will serve as CEO of IARD which will build on the work of both ICAP and GAPG to encourage responsible drinking and alcohol related reduce harm.

## New drinkaware campaign targets parents of 10-13 year olds

Following on from their 'Talk' campaign in 2013, the latest drinkaware campaign was launched on 3 November and will run for 6 weeks until 14th December. It continues to tackle the harm associated with underage drinking and focuses on the pivotal role parents have in influencing the relationship their child develops with alcohol.

The objective of the campaign is to increase parents' awareness of the risks associated with underage drinking and to support parents to have well informed conversations about the risks of alcohol and underage drinking. The core target for the campaign is parents with children aged 10 to 13 years. The activity is focused regionally in Wales, Scotland, the North, West and South West of England.

Activities involve outdoor, radio, digital advertising, and advertising in doctor's surgeries.

A section of the website was relaunched to provide medically approved information, facts, video resources and guides. There will also be a webinar on 27th November for parents to ask any questions on issues surrounding underage drinking.

The campaign will be evaluated through a pre and post campaign online survey with YouGov. The findings will be published in late January 2015.

[www.drinkaware.co.uk/underagedrinking](http://www.drinkaware.co.uk/underagedrinking)



## 50th anniversary THINK! campaign is launched

On the 50th anniversary of the first public information film, new research from THINK! shows how much attitudes have changed to drink driving in the last half century. Of those surveyed, 91% agreed drink driving was unacceptable and 92% of people said they would feel ashamed if they were caught drinking and driving.

In 1979, over half of male drivers and nearly two thirds of young male drivers admitted drink driving on a weekly basis. Through a combination of road safety campaigning and better enforcement, road deaths due to drink driving have fallen from 1,640 in 1967 to 230 deaths in 2012. But, the UK government is sending out a clear message there is still a long way to go. The new advert reminds people that 1 death on our roads is too many.

Transport Secretary Patrick McLoughlin said: "The change in attitudes to drink driving over the last 50 years is a huge success story. It is hard to imagine now how shocking and ground-breaking the first drink drive campaigns were when they launched. Clearly THINK! has had a significant impact".

Most of us understand drink driving wrecks lives but there is further to go. In 2012, 230 people were killed in drink driving accidents – 230 too many. This makes the THINK! campaign as relevant as ever.

In the current survey 88% of people say that they would think badly of someone who drinks and drives and almost half of respondents say they would prefer to tell their partner they watch pornography regularly

than confess to being caught drink driving (45%). The survey also showed that (61%) would rather reveal their internet search history to their employer than admit to a drink drive conviction, with 24% rather tell their partner they've had a sexually transmitted infection (STI).

Shaun Helman, Head of Transport Psychology at the Transport Research Laboratory says:

Compared with 50 years ago, drink-driving is now very much minority behaviour. This change has been achieved through firm laws, highly visible enforcement, and a sea-change in public attitudes; drink driving is now frowned upon by the vast majority of people.

No-one working in road safety is complacent though; through a commitment to catching drink-drivers, and through harnessing peer pressure, we will continue to reinforce the message that drink driving is completely unacceptable.

[think.direct.gov.uk/video-drink-drive-50years.html](http://think.direct.gov.uk/video-drink-drive-50years.html)



## Alcohol Education Trust Dryvember Challenge

Some of the staff and trustees at The Alcohol Education Trust enjoying tea and cake as part of the November dryvember Christmas Pretox Challenge campaign. The Trust is hoping to raise £26,000 in November to achieve match funding from The Childhood Trust. For every £1 given The Trust will receive £4. If you would like to support the campaign, you can text 'DRY £' followed by the amount you would like to donate, to 70660 or via [www.alcoholeducationtrust.org/dryvember/donate/](http://www.alcoholeducationtrust.org/dryvember/donate/) More information about the programme is available at [www.thebiggive.org.uk/](http://www.thebiggive.org.uk/)



## The International Meeting On Alcohol And Global Health - IMAG Conference

The 38th IMAG conference was organised by ERAB: the European Foundation for Alcohol Research in Amsterdam on 13th and 14th October 2014.

An open invitation attracted some 75 delegates. The speakers had been selected to provide expert overviews of key biomedical and psychosocial topics of relevance to both the medical community and ERAB's sponsors.

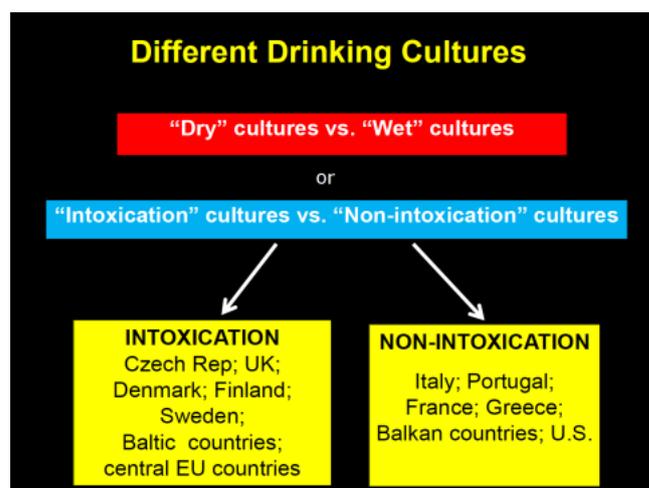
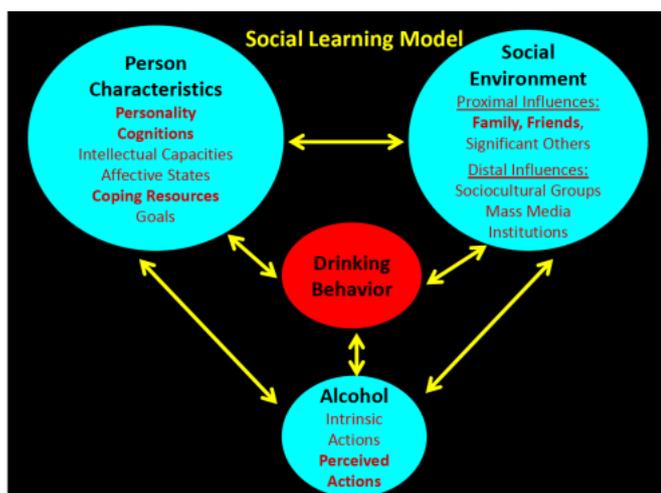
The four topics were "Drivers of Behaviour", "All Cause Mortality", "Individual Versus Population Prevention" and "The Health Effects of Moderate Consumption of Beer, Wine and Spirits".

Helen White introduced the Session on Drivers of Behaviour briefly discussing patterns of drinking in the United States and Europe. A social learning model was presented to explain how people learn to drink. This model proffers that drinking behaviour is based on a reciprocal interaction of alcohol effects, person characteristics, and social environmental factors.

Alcohol effects include both actual and perceived effects. Person characteristics include personality factors, motivations for drinking, intellectual capacity, mood, coping resources, and goals. Many of these person characteristics are influenced by genetic factors and neuropsychological functions. Social environmental factors include proximal influences, such as parents and peers, and distal influences, such as cultural norms and mass media effects.

Marianne van den Bree discussed genetic influences on drinking behaviour and how they interact with environmental factors to impact drinking among youth and Anneke Goudriaan discussed neuropsychological factors and how they affect and are affected by drinking behaviour. Finally, Jon Nelson covered the social environment and specifically how advertising influences drinking behaviour as well as cognitions regarding drinking.

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



## Alcohol policy is one of the priorities for the Latvian Presidency of the EU

The Latvian Presidency of the Council will take place during the first half of 2015. Latvia will take over the Presidency from Italy and pass it to Luxembourg. The Latvian Presidency has launched working on healthy lifestyle as one of their priorities for the spring 2015, and alcohol policies are one of the concrete actions mentioned.

The priorities are:

1) Reach an agreement with the EP on the proposal for Regulations on medical devices

2) Reach a general approach on the Regulation on psychoactive substances.

3) Continue discussions on healthy lifestyle, including facilitating the discussions on the future of the alcohol policy/-ies in the EU.

[www.vm.gov.lv/en/what\\_is\\_new/](http://www.vm.gov.lv/en/what_is_new/)



## Too young to drink international campaign

A communication campaign to raise awareness of the risks of drinking alcohol during pregnancy was launched On September 9, the 9th day of the 9th month, at 9:09am, on the occasion of the International Fetal Alcohol Spectrum Disorders Day. The EUFASD (European FASD Alliance) presented Too Young To Drink, an international communication campaign conceived by Fabrica, the Benetton group's communication research center, to raise awareness of the risks of FASD (Fetal Alcohol Spectrum Disorders), a range of problems caused by prenatal exposure to alcohol which can include birth defects, learning disorders, behavioral problems and mental illness.

Nearly 60 organizations in 30 countries joined together to promote Too Young To Drink: banners and posters showed an image depicting a real newborn baby in a bottle of an alcoholic drink, as a visual warning of the risks of drinking in pregnancy. The campaign, which is multi-subject and multi-language, also includes a video spot and a short backstage film that shows the parents of this baby and their reasons for supporting the campaign. The message will be spread with the hashtag #TooYoungToDrink.



The major aims of the Too Young To Drink campaign are:

- To raise awareness of the dangers of drinking during pregnancy among the child-bearing aged population and in the community;
- To spread accurate, research-based information on the risks of using alcohol during pregnancy;
- To empower women to make their own choices, and encourage friends, families and the society to support alcohol-free pregnancies.

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

## ICAP Alcohol Education Guide

ICAP has launched the Alcohol Education Guide, created to aid in the crafting of robust alcohol education programmes. The Guide is intended for a wide range of users, and places. Emphasis is not only on design and execution, but also on the proper evaluation of process, outcomes, and impact. This effort will help in building the evidence base around the effectiveness of alcohol education programmes.

With the assistance of a Steering Group comprised of education experts and practitioners, the Guide relies on examples of good practice in the alcohol education field, and includes a compendium of examples of successful and well evaluated interventions that can serve as models for creating new programmes.

In support of the Commitments made by producers of beer, wine, and spirits, the first area covered by the Alcohol Education Guide is the prevention of underage drinking. Other areas are being developed and will be added to the resource over time.

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

## Social debates on alcohol-related harm in Poland

The Polish Spirits Industry has launched social debates regarding local alcohol related problems. The aim is to gather key local decision-makers, public authorities and economic operators together to look for concrete and effective solutions at municipality and district level.

The first debate took place on 15 September in Lublin and covered issues of alcohol availability and effective prevention of alcohol-related harm. The second took place on 19 September in Cracow focusing on safe city, public disorder and underage access to alcohol. International experts contributed to the event, including Kate Winstanley presenting the Community Alcohol Partnerships (CAP) running in 82 communities in UK towns and involving multiple local stakeholders. CAP evaluation has consistently shown a positive effect on underage alcohol misuse and anti-social behaviour.

## Diageo Hackathon challenge

Diageo hosted a two-day “hackathon” challenging technical experts from throughout Europe to create “easy-to-use” digital tools that will promote responsible drinking.

The event took place on 8-9 November. 60 participants were tasked with creating digital tools that “blend into the social flow of people’s lives”, and allow them to avoid excessive drinking and drink driving. It is the first event to take place under the drinks firm’s global innovation programme, Diageo Technology Ventures.

“We can’t overstate the role and value of technology in creating the breakthroughs that will shape the future of our industry,” said Syl Saller, chief marketing officer of Diageo and hackathon judge.

“We started Diageo Technology Ventures to experiment and innovate with emerging

technologies, and we are bringing the same innovation mind-set to encourage people to drink alcohol responsibly.

“Gathering the best brains from the technology world and combining them with Diageo’s expertise, is one of the many strands of our strategy to help ensure people drink responsibly. Who know what that solution will look like, but that’s what the hackathon is for. It’s such an exciting project to be a part of.”

A panel of judges comprising Saller, Ivan Menezes, Diageo chief executive officer, and Nicola Mendelsohn, non-executive director of Diageo and vice president of Facebook EMEA, are in charge of choosing the winning team. The winners will then have the chance to pitch their idea to Diageo Technology Ventures on 21 November with the possibility of seeing their plans through to fruition with a US\$100,000 pilot with Diageo.

## ‘Parents are Key’ to success of National Teen Driver Safety Week in the US

In the US, National Teen Driver Safety Week commenced Oct 20. The Centers for Disease Control and Prevention hopes its “Parents are Key” campaign will help parents encourage safe driving habits.

Among the tools for parents on the CDC’s website: a “Parent-Teen Driving Agreement,” designed to be posted on refrigerators and serve as a daily safety reminder. The site also provides an opportunity for parents to learn about common danger zones and state driving laws.

Also the National Highway Traffic and Safety Administration (NHTSA) ran its “5 to Drive” campaign, urging parents and guardians to discuss one safety topic each day, Monday through Friday.

These include: no cell phone use or texting while driving, no extra passengers, no speeding, no alcohol, and no driving or riding without a seatbelt.

“Despite a declining trend, young drivers remain the largest percentage of crashes and deaths on our roads and we must all do more to change that,” US Transportation Secretary Anthony Foxx commented.

Nearly one million high school teens drank alcohol and drove in 2011, according to the CDC.

[www.cdc.gov/parentsarethekey/parents/index.html](http://www.cdc.gov/parentsarethekey/parents/index.html)



## Lower alcohol limit for drivers in New Zealand

With just a month to go until a new lower alcohol limit for adult drivers comes into effect in New Zealand on 1 Dec 2014, police and road safety agencies are reminding drivers of the impending change.

Assistant Commissioner of Road Policing, Dave Cliff, said from this week, police staff across the country would be handing out information to drivers about the new lower limits, and would be continuing to talk with motorists about the coming change.

The blood alcohol limit will reduce from 80mg of alcohol per 100ml of blood (0.08), to 50mg (0.05). This means that adult drivers who commit an offence between 251-400mcg of breath will face an infringement penalty of \$200 and receive 50 demerit points. Drivers who accumulate 100 or more demerit points from driving offences within two years will receive a three month driver licence suspension. For drivers under 20, the limit stays at zero.

Police efforts will be supported by a nationwide NZ Transport Agency public information campaign beginning in the coming weeks, including television, radio and bus shelter advertising, along with posters and coasters in pubs and other licensed premises.

## New Zealand Navy tightens controls on alcohol consumption

Royal New Zealand Navy chief Rear Admiral Jack Steer has announced a slew of new alcohol rules for the service.

Ships, at sea and docked, will go dry and during working hours, no sailor will be allowed to drink alcohol without express permission.

Steer commented that *“These changes are about changing our culture and championing an environment where our people take responsibility and behave like ambassadors for our navy and nation.”*

Steer wanted to remove social pressures to drink, emphasizing get-togethers are about people, not booze. Other changes include raising the price of alcohol in messes and doing away with alcohol-related prizes. The navy will increase its education and awareness programmes and ban all alcohol advertising from its bases.

## A-League drops anti-alcohol sponsorship stance in Australia

The A-League has dropped a ban on clubs being sponsored by alcohol brands, prompting accusations from health experts that it is more interested in money than principles.

Football Federation Australia had banned clubs from signing sponsorship deals that conflicted with its support from the Australian National Preventive Health Agency. But when the Abbott government stripped the agency of funding in the May budget clubs were freed up to fill the gap with companies that were previously barred.

Two clubs have since signed alcohol sponsorship deals understood to be worth more than \$250,000 - reigning premiers Brisbane Roar with Lion's Hahn Super Dry and Wellington Phoenix with Danish beer company Carlsberg.

Australian Drug Foundation chief executive John Rogerson said that the shift comes little more than a year after the A-League was part of an anti-binge-drinking campaign with other sports that refused alcohol sponsorship, during which a “strong enough to say enough” video on screens during A-League games.

The A-League policy reversal angered health groups, which have campaigned against the high levels of alcohol and junk food advertising across most Australian sports.

## France reveals anti-binge drinking crackdown

France unveiled details of its plan to stamp out binge drinking and drunkenness among young people with a proposal to make inciting minors to drink excessively an offence punishable by up to a year in prison and a €15,000 fine.

A draft bill was launched by Health Minister Marisol Touraine. The draft legislation aimed also to prevent “inciting people to drink on the Internet”, in an apparent reference to the global craze “Neknomination”. Anyone who incites someone else to “drink until drunk” will be liable to six months in prison and a fine of €7,500.

The parameters of the law were not specified nor was it immediately clear how it would be enforced. If approved by the cabinet, the bill will go to the French parliament for debate and a vote.

## Not Beersies New Zealand campaign

In New Zealand, the next phase of the alcohol moderation campaign 'Say Yeah, Nah' was launched on 2 November. This phase promotes water as a spoof beer brand.

The campaign supports the work that has already been done to provide people with a language to ease up - Say Yeah, Nah - and to discourage pushing alcohol on others - 'They're not saying no to you, they're saying no to the beersies'.

Water is a healthy alternative to alcohol and can reduce levels of intoxication when used to help pace drinking. When marketed in the light hearted humorous style of the Say, Yeah Nah campaign, it should be seen as a fun and socially acceptable way for people to ease up.

It is hoped that Not Beersies, rather than water, will contribute to popularising and normalising the drinking and serving of water in social situations offering a way for people ease to up and still be part of the group. It is a way to moderate alcohol intake by providing people with something they can do when they refuse a drink.

Marketing will take place in the lead up to Christmas and during the summer drinking season - November to January. The six television commercials are parodies of classic beer advertisements. Not Beersies

advertising will also be seen in outdoor media (such as billboards, street posters and adshels), in bars across the country, online and in liquor stores. Some merchandise will be made available and HPA will be working with communities to embed the messaging at a local level.

The target audience is those aged 18 to 35 who drink at medium to high-risk levels and are open to change. Secondary audiences are mates of medium and high-risk drinkers, hosts of private functions or parties and licensed premises hosts including bar staff, managers, owners and large event organisers to reach drinkers in the venues where they drink.

The Sale and Supply of Alcohol Act 2012 states that licensed venues must provide free drinking water and vessels.

[www.alcohol.org.nz/alcohol-activities-services/campaigns-communication-work/not-beersies](http://www.alcohol.org.nz/alcohol-activities-services/campaigns-communication-work/not-beersies)



## Water Angel initiative

In West Sussex, pubs, clubs and bars are being encouraged to become 'water angels' to help cut alcohol-related harm, including anti social behavior and Alcohol and Emergency hospital admissions. The Water Angels campaign urges venues to make it as easy as possible for 18-24 year olds on a night out to get access to free drinking water.



The Water Angel scheme was launched 28 October by West Sussex County Council's Public Health team ahead of Alcohol Awareness Week, 17-23 November, following a pilot at Moka nightclub in Crawley, which saw models dressed in angel wings handing shots of water from water packs to clubbers.

Smaller venues are being asked to introduce water coolers to give customers access to water.

The authority said recent local health research found that 18-24 years olds often forget to drink water on nights out and that it was sometimes seen as a sign of weakness by their peers. It said surveys also showed that having to queue at the bar for water was another barrier.

[www.water-angel.co.uk](http://www.water-angel.co.uk)

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

### **AIM Mission Statement**

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

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

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

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

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

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

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

**Professor OFW James**, Emeritus Professor of Hepatology, Newcastle University, UK

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

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

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

**Ellen Mack MD**, Oncologist

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