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India

The Indian Government is formulating a new national policy to reduce alcohol dependency, particularly among young people.

The proposed policy is being developed by the Social Justice Ministry and discussions are currently taking place with various stakeholders to formulate a comprehensive policy that addresses the challenges of alcoholism and alcohol abuse.

Moldova

In Moldova legislation that reduces the legal blood alcohol concentration (BAC) and breath alcohol concentration (BrAC) limits has come into effect.

Drivers registering a BAC level of 0.3 - 0.5 mg/ml or a BrAC level of 0.15 - 0.3 mg/l will be considered in a state of mild intoxication, while those registering a BAC or BrAC level greater than 0.5 mg/ml or 0.3 mg/l, respectively, will be considered in a state of strong intoxication. Offenders will be liable for significantly increased penalties.

Iraq

In October Iraq's parliament voted to ban the sale, import and production of alcohol as part of a bill on financing municipalities. Those violating the law will be fined between 10 million and 25 million dinars (roughly £7,000 to £17,500). Islam forbids the consumption of alcohol, but it has always been available in Iraq's larger cities. The move has angered many in the country's Christian community who rely on the business, as alcohol is mainly sold from shops run by Christians.

Scotland

The Scottish government has decided not to create a new power for police to search young people for alcohol. It follows a consultation which showed insufficient evidence to support it. Police Scotland phased out a policy of consensual stop-and-search, which was controversial and had no legal basis.

Australia

In Australia, the Turnbull government has begun a review of Australia's safe-drinking guidelines. The five-yearly review of the guidelines, was kicked off by the government in October with the selection of a 14-member panel to scrutinise the guidelines for the National Health and Medical Research Council. The alcohol industry has called on federal Health Minister, Sussan Ley, to rethink the composition of the alcohol working committee – where some members have links to the pro-abstinence temperance movement – before its work starts.

Ivory Coast

The Ivory Coast's government has banned the production, importation and sale of alcohol in sachets on health grounds. The small plastic bags, containing spirits are cheap, costing between $0.35 and $1.65. The ban aims to minimise the impact of alcohol on young people, especially students. Government spokesman Bruno Kone said that these products are mostly smuggled into the country and might constitute a threat to the health of consumers as well as a threat to the country's economy.

In recent years, Cameroon, Malawi and Senegal also banned the sale and production of alcohol sachets.

Is the evidence base really shifting for low risk drinking guidelines?

Creina Stockley, Health & Regulatory Information Manager, The Australian Wine Research Institute

Introduction

There is no single international standard for safe or unsafe alcohol drinking levels. Worldwide, approximately two billion people consume alcoholic beverages such as wine, beer and spirits. Its use is associated with celebrations, business and social functions, and it is consumed in religious and cultural ceremonies. While the highest per capita alcohol consumption is observed in developed countries, it has, however, decreased in most developed countries over the past 25 years. It has correspondingly increased in developing countries and the countries of central and eastern Europe (WHO 1999, 2000, Bloomfield et al. 2003, WHO 2004, WHO 2014).

The mean adult global per capita consumption of 'pure' alcohol is 6.2 L per year, which has not appreciably changed in the past 25 years. This translates into 13.5 g of 'pure' alcohol per day, of which 50% is in the form of spirits, 35% as beer and 8% as wine (WHO 2014). The mainly beer-drinking regions are European, North American and South American countries, while the mainly wine-drinking regions are primarily the wine-producing European and South American countries. Spirits are mainly consumed by the South East Asian and Western Pacific countries.

The pharmacological textbooks list alcohol as a drug that has dose-dependent effects. When the dose is low to moderate, the effect can be considered as a benefit to health but when the dose is high or abusive, the effect is considered as a harm to health, with 200 or more different types of alcohol-related harms having been documented (WHO 2014). Indeed, of those 2 billion people that consume alcoholic beverages worldwide, approximately 76.3 million or 3.9 % have alcohol-related problems due to alcohol abuse (WHO 2011). In addition, approximately 3.3 million people will die from alcohol-related harms, such that harmful alcohol consumption accounts for 5.9 % of all deaths worldwide (WHO 2014).

The burden is not equally distributed among countries, as alcohol consumption is the highest risk factor for disease in low mortality developing countries but only the third highest risk factor in developed countries (WHO 2002). Furthermore, while high-income countries generally have the highest alcohol consumption, it does not follow that high income and high consumption always translate into high alcohol-related problems and high-risk drinking (WHO 2014). Western European countries have some of the highest consumption rates but their net alcohol-attributable mortality rates are relatively low, though their alcohol-related disease burden may be high. Many eastern European countries have the highest consumption, risky patterns of drinking and, accordingly, high levels of alcohol-related deaths and disabilities (WHO 2014).

Key findings from the 2015 Organisation for Economic Co-operation and Development (OECD) report entitled Tackling harmful alcohol use which listed alcohol health policy recommendations (Sassi 2015), included the following:

- Average annual consumption in the 35 OECD countries has reduced in the past 20 years by approximately 2.5%;
- Rates of hazardous drinking (a weekly amount of pure alcohol of 140 grams or more for women, and 210 grams or more for men) and heavy episodic drinking ('binge drinking', defined as five to eight drinks in one session depending on the country) in young people, especially women, have, however, increased in many OECD countries; and
- Approximately four in five drinkers would reduce their risk of death from any cause if they cut their alcohol consumption by one unit per week.

Role of guidelines

Recommendations on drinking levels considered 'minimum risk' for men and women exist in many countries globally. Official guidelines on alcohol consumption are usually produced by a government, public health body, medical association or non-governmental organization, such as the World Health Organization (WHO) to advise on levels of alcohol consumption considered 'safe, 'responsible', or 'low risk'.

The WHO's low risk responsible drinking guidelines of 2010 are:

- Women should not drink more than two 10 g drinks a day on average;
- For men, not more than three 10 g drinks a day on average;

- Try not to exceed four 10 g drinks on any one occasion; and
- Don't drink alcohol in some situations, such as when driving, if pregnant or in certain work situations and abstain from drinking at least once a week. Men or women who consistently drink more than these recommended levels may increase risks to their health.

While the definition for moderate consumption is relatively consistent in the medical literature based on a level above which the risk of all-cause mortality increases (approximately 20 g alcohol/day for both men and women) there are some significant differences between countries' definitions.

Based on this scientific evidence, a consistent message could be expected worldwide. Such differences are less surprising, however, when one also considers other factors. There are numerous possible reasons why government guidelines and recommendations for safe alcohol consumption differ, and why there is not a single international recommendation that is satisfactory for all.

How alcohol drinking guidelines are positioned varies across countries and often reflects prevailing views on the culture and role of alcohol in society, the prevailing government, and broader health promotion efforts (Stockley and Harding 2007). For example, recommendations about alcohol drinking may be part of broader nutritional or dietary guidelines, as is the case in Argentina, China, Denmark, the Netherlands and the USA, for example. There can be stand-alone recommendations that focus exclusively on alcohol such as in Australia, Canada and the United Kingdom (UK), or alcohol consumption can be addressed under the umbrella of a national drugs or addiction strategy such as in India, Poland and Switzerland. In other countries, such as Namibia, Mauritius and Uganda, alcohol drinking guidelines are part of the national strategy to address non-communicable diseases.

Guidelines are usually intended to form the evidence base for developing future policies and community materials on the health effects of alcohol consumption. They also aim to establish clear advice for the general population on how to avoid or minimise the harmful health consequences of drinking too much alcohol. Acting as a resource for a range of groups including health professionals, community groups, industry, professional organisations, schools and educational organisations, they will also inform policy-makers, planners, decision-makers, and those responsible for providing alcohol, who have a broader responsibility to the community.

Changing guidelines

In the past two years, two countries have reviewed and considerably changed their alcohol drinking guidelines, namely, The Netherlands in 2015 and the UK in 2016. The USA also recently reviewed its alcohol drinking guidelines but did not appreciably change them. The primary changes to the Dutch and UK alcohol drinking guidelines are as follows:

New Dutch guidelines

It is now recommended that men and women not drink alcohol, or at least drink no more than one 10 g standard drink per day (70 g/week). The previous guidelines from 2006 recommended limiting alcohol consumption to one standard drink per day for women and two standard drinks for men.

New UK guidelines

It is now recommended that men and women drink up to fourteen 8 g standard drinks per week (112 g/week), and to keep health risks to a low level, spread consumption evenly over three or more days. The previous guidelines from 1995 recommended not regularly drinking more than two to three 8 g units/day for women and three to four 8 g units/day for men; this equates to up to 168 g/week for women and up to 224 g/week for men.

The UK Chief Medical Officers' advice for men and women who wish to keep their short-term health risks from a single drinking occasion to a low level is to limit the total amount of alcohol drunk on any single occasion, to drink more slowly, drink with food, and alternate alcoholic drinks with water, for example.

New US guidelines

The US alcohol drinking guidelines are a part of its Dietary Guidelines for Americans (2015-2020). It currently states that if alcohol is consumed, it should be in moderation—up to one 12 g drink per day for women and up to two 12 g drinks per day for men—and only by adults of legal drinking age; this equates to up to 84 g/week for women and up to 168 g/week for men.

These differences between recommendations suggests that as the scientific evidence is not different in different countries, it may be differently interpreted.

Has the evidence base for guidelines changed?

The scientific evidence relating to both abusive and moderate alcohol consumption is itself not sufficiently consistent to produce precise recommendations for safe drinking for every alcohol consumer. There is no clear scientific evidence that uniformly applies to all population groups. Indeed, the many factors influencing a definition of low risk alcohol consumption for a specific population group include age, body mass index, ethnicity, family history, mental and physical health, and the use of medications.

Rather than the scientific evidence base for alcohol drinking guidelines having changed recently, perhaps it is the focus that has changed. This change could be three-fold as follows:

1. There has been a change in focus away from individual consumer factors and influences on blood alcohol concentration (BAC), such as age, body mass index, gender and associated effects, good and bad, on human health;
2. There has also been change in focus away from pattern of consumption compared to amount; and
3. There has been a change in focus towards risk of death over a lifetime, adding the risk of death from short-term harms together with that from longer-term harms, and the focus of long-term harms has also changed away from cardiovascular diseases towards cancers (Cao and Giovannucci 2016).

The WHO (2016) suggests that the four main non-communicable disease are cardiovascular diseases, cancers, diabetes and chronic lung diseases, and these were responsible for 68% of all deaths globally in 2012. This information is not particularly new. Although cardiovascular diseases are the leading causes of adult deaths worldwide, where there is a clear j-shaped relationship between alcohol consumption and the risk of death from cardiovascular diseases (Bergmann et al. 2013, Dai et al. 2015, Klatsky 2015), cancer is now the second leading cause of death, for example, generally occurring later in life. The gap has also narrowed between the two leading causes of death and the role of alcohol in cancer causation is much less clear.

The overall relationship between alcohol consumption and cancer is complex, and there may be threshold effects in the relationship between alcohol consumption and the risk of cancer (Breslow et al. 2011, Cao and Giovannucci 2016). In a study of cancers of the upper aero-digestive tract (UADT), liver and colorectum, the risk only increased when more than 25 g alcohol/day was consumed (Bagnardi et al. 2015). It has also been suggested that the risk of developing a cancer of the aero-digestive tract is less when alcohol is consumed with food (Dal Maso et al. 2002). A 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 an increased risk for colorectal cancer is only apparent above a threshold of 30 g alcohol/day for both men and women (Bagnardi et al. 2013, Klarich et al. 2015).

It is also known that the cumulative effect of other lifestyle choices associated with drinking contributes to the occurrence of cancer. Of all lifestyle factors related to cancer, the attributable risk for tobacco was 20.1%, physical inactivity 5.6%, body mass 3.9%, and alcohol 3.1% (Begg et al. 2007, Begg et al. 2008).

Two of the most common cancers associated with alcohol consumption are those of the UADT and the female breast. Recent case-control analyses by Anantharaman et al. (2011) and Szymańska et al. (2011) of alcohol and the risk of cancers of the UADT also suggest that tobacco use is the most important factor in the risk of these cancers, and that the risk is enhanced among those who also consume two or more alcoholic drinks per day. Alcohol consumption alone among non-smokers had little effect on the risk, except for oesophageal cancer. Anantharaman et al. (2011) demonstrated that tobacco and alcohol use together accounted for 73% of total UADT cancer burden in the European Union, of which tobacco use alone accounted for 28.7%, alcohol use alone accounted for only 0.4%, but the combination of smoking and drinking accounted for 43.9%, of the population attributable risk. Similar results were reported by Hashibe et al. (2009), where the population attributable risk (PAR) for UADT from tobacco or alcohol was 72% (95% confidence interval 61-79%) for head and neck cancer, of which 4% was due to alcohol alone, 33% was due to tobacco alone, and 35% was due to tobacco and alcohol combined. Indeed, the most recently published study by Dal

Maso et al. (2016) concludes: "Compared to abstainers from both tobacco and alcohol consumption, the combined exposure to ethanol and/or cigarettes led to a steep increase of cancer risk up to a 35-fold higher risk (95% confidence interval 27.30-43.61%) among people consuming 84 g/day of ethanol and 10 cigarettes/day. The highest risk was observed at the highest levels of alcohol and tobacco consumption."

Concerning the relationship between alcohol and breast cancer, it has been suggested that consumption patterns may modify risk (Morch et al. 2007), such that the consumption of four to five drinks consumed per session may increase/double risk by 50% compared to only one drink consumed per session. Paradoxically, alcohol dependence does not increase the risk of breast cancer (Kuper et al. 2000). Dietary folate may play a protective role in carcinogenesis (Lin et al. 2013, Chen et al. 2014, Tio et al. 2014). The concurrent consumption of alcohol and folate (at least 300 mg/day of folate) has been observed to reduce the relative risk (RR) of alcohol-induced breast cancer from 1.24 to 1.05 for women consuming greater than 15 g alcohol/day (equivalent to approximately 1 to 2 standard drinks in different countries), and was reduced to 0.55 for women consuming greater than 600 mg/day of folate. Indeed, in the study by Zhang et al. (1999) the concurrent consumption of folate-containing vitamin supplements reduces the relative risk to 0.74 for women consuming greater than 15 g alcohol/day compared to those not using vitamins.

Boffetta and Hashibe (2006) in a review of alcohol and cancer stated that drinking, especially heavy drinking, increases cancer risk. They concluded, however, that: "Total avoidance of alcohol, although optimum for cancer control, cannot be recommended in terms of a broad perspective of public health, in particular in countries with high incidence of cardiovascular disease."

The association between lifetime alcohol consumption and death from cardiovascular diseases appears to be different from the association observed for alcohol-related cancers, digestive, respiratory, external and other causes (Bergmann et al. 2013). When all-cause mortality is considered, however, the data strongly suggested that light to moderate alcohol consumption reduces the risk of death from all causes (Di Castelnuovo et al. 2006, Howie et al. 2011, Chiva-Blanch et al. 2013, Ferrari et al. 2014). The pattern of alcohol consumption, such as binge drinking, may modify this relationship (Graff-Iversen et al. 2013, Bobak et al. 2016).

Conclusions

It appears that the role of light to moderate alcohol consumption in preventing cardiovascular disease, the leading cause of death throughout the developed world, is currently being down-played in government guidelines. Statements from scientists are carefully selected and many are thus being ignored. This includes that from Roerecke and Rehm (2014) who recently stated that: "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 [ischaemic heart disease] risk when compared to lifetime abstainers. The alcohol-IHD relationship fulfils all criteria for a causal association proposed by Hill."

The definitive experiment to determine association is a double-blind placebo-controlled clinical study but no long-term experimental study of alcohol consumption on risk of any chronic disease has ever been performed. In September 2016, however, the US National Institute on Alcohol Abuse and Alcoholism received funding to conduct such a study, focussing on cardiovascular diseases and diabetes. Its aim is to better determine the strengths of relationships observed to date in epidemiological studies, the results of which will undoubtedly shape subsequent alcohol drinking guidelines.

What is important regarding any risk to human health is BAC, which has been neglected in many countries' recent recommendations to its alcohol consumers. A return to guidelines that enable alcohol consumers to understand what amounts and patterns of alcohol consumption affect and influence their BAC and its associated short- and longer-term benefits and risks to their health, will serve governments and consumers alike well.

References

Anantharaman, D., Marron, M., Lagiou, P., Samoli, E., Ahrens, W., Pohlabeln, H., Slamova, A., Schejbalova, M., Merletti, F., Richiardi, L., Kjaerheim, K., Castellsague, X., Agudo, A., Talamini, R., Barzan, L., Macfarlane, T.V., Tickle, M., Simonato, L., Canova, C., Conway, D.I., McKinney, P.A., Thomson, P., Znaor, A., Healy, C.M., McCartan, B.E., Hashibe, M., Brennan, P., Macfarlane, G.J. 2011. Population attributable risk of tobacco and alcohol for upper aerodigestive tract cancer. Oral Oncol. 47: 725-731.

Bagnardi, V., Rota, M., Botteri, E., Tramacere, I., Islami, F., Fedirko, V., Scotti, L., Jenab, M., Turati, F., Pasquali, E., Pelucchi, C., Galeone, C., Bellocco, R., Negri, E., Corrao, G., Boffetta, P., La Vecchia, C. 2015. Alcohol consumption and site-specific cancer risk: a comprehensive dose–response meta-analysis. Br J Cancer. 112: 580-593.

Bagnardi, V., Rota, M., Botteri, E., Tramacere, I., Islami, F., Fedirko, V., Scotti, L., Jenab, M., Turati, F., Pasquali, E., Pelucchi, C., Bellocco, R., Negri, E., Corrao, G., Rehm, J., Boffetta, P., La Vecchia, C. 2013. Light alcohol drinking and cancer: a meta-analysis. Ann Oncol. 24: 301-308.

Begg, S., Vos, T., Barker, B., Stevenson, C., Stanley, L., Lopez, A. 2007. The burden of disease and injury in Australia 2003. Cat. No. PHE 82. Canberra: AIHW; 2007.

Begg, S., Vos, T., Barker, B., Stanley, L., Lopez, A.D. 2008. Burden of disease and injury in Australia in the new millennium: measuring health loss from diseases, injuries and risk factors. Med J Aust. 188: 36-40.

Bergmann, M.M., Rehm, J., Klipstein-Grobusch, K., et al. (38 authors). 2013.The association of pattern of lifetime alcohol use and cause of death in the European Prospective Investigation into Cancer and Nutrition (EPIC) study. Int J Epidemiol. 42: 1772-1790.

Bloomfield, K., Stockwell, T. Gmel, G., Rehn, N. 2003. International comparisons of alcohol consumption. Alcohol Res Health World. 27: 95-109.

Bobak, M., Malyutina, S., Horvat, P., Pajak, A., Tamosiunas, A., Kubinova, R., Simonova, G., Topor-Madry, R., Peasey, A., Pikhart, H., Marmot, M.G. 2016. Alcohol, drinking pattern and all-cause, cardiovascular and alcohol-related mortality in Eastern Europe. Eur J Epidemiol. 31: 21-30.

Boffetta, P., Hashibe, M. 2006. Alcohol and cancer. Lancet Oncol. 7: 149-156.

Breslow, R.A., Chen, C.M., Graubard, B.I., Mukamal, K.J. 2011. Prospective study of alcohol consumption quantity and frequency and cancer-specific mortality in the US population. Am J Epidemiol. 174: 1044-1053.

Cao, Y., Giovannucci, E.L. 2016. Alcohol as a Risk Factor for Cancer. Semin Oncol Nurs. 32: 325-331.

Chen, P., Li, C., Li, X., Li, J., Chu, R., Wang, H. 2014. Higher dietary folate intake reduces the breast cancer risk: a systematic review and meta-analysis. Br J Cancer. 110: 2327-2338.

Chiva-Blanch, G., Arranz, S., Lamuela-Raventos, R.M., Estruch, R. 2013. Effects of wine, alcohol and polyphenols on cardiovascular disease risk factors: evidences from human studies. Alcohol Alcohol. 48: 270-277.

Dai, J., Mukamal, K.J., Krasnow, R.E., Swan, G.E., Reed, T. 2015. Higher usual alcohol consumption was associated with a lower 41-y mortality risk from coronary artery disease in men independent of genetic and common environmental factors: the prospective NHLBI Twin Study. Am J Clin Nutr. 102: 31-39.

Dal Maso, L., Torelli, N., Biancotto, E., Di Maso, M., Gini, A., Franchin, G., Levi, F., La Vecchia, C., Serraino, D., Polesel, J. 2016. Combined effect of tobacco smoking and alcohol drinking in the risk of head and neck cancers: a re-analysis of case-control studies using bi-dimensional spline models. Eur J Epidemiol. 31: 385-393.

Dal Maso, L., La Vecchia, C., Polesel, J., Talamini, R., Levi, F., Conti, E., Zambon, P., Negri, E., Franceschi, S. 2002. Alcohol drinking outside meals and cancers of the upper aero-digestive tract. Int J Cancer. 102: 435-437.

Department of Agriculture and Department of Health & Human Services. 2015. Dietary Guidelines for Americans, 2015-2020. Available at: https://health.gov/dietaryguidelines/2015/guidelines/appendix-9/

Department of Health. 2016. UK Chief Medical Officers' Low Risk Drinking Guidelines. Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/545937/UK_CMOs__report.pdf

Di Castelnuovo, A., Costanzo, S., Bagnardi, V., Donati, M.B., Iacoviello, L., De Gaetano, G. 2006. Alcohol dosing and total mortality in men and women: an updated meta-analysis of 34 prospective studies. Arch Intern Med. 166: 2437–2445.

Ferrari, P., Licaj, I., Muller, D.C., Kragh Andersen, P., Johansson, M., Boeing, H., Weiderpass, E., Dossus, L., Dartois, L., Fagherazzi, G., Bradbury, K.E., Khaw, K.T., Wareham, N., Duell, E.J., Barricarte, A., Molina-Montes, E., Sanchez, C.N., Arriola, L., Wallström, P., Tjønneland, A., Olsen, A., Trichopoulou, A., Benetou, V., Trichopoulos, D., Tumino, R., Agnoli, C., Sacerdote, C., Palli, D., Li, K., Kaaks, R., Peeters, P., Beulens, J.W., Nunes, L., Gunter, M., Norat, T., Overvad, K., Brennan, P., Riboli. E., Romieu, I. 2014. Lifetime alcohol use and overall and cause-specific mortality in the European Prospective Investigation into Cancer and nutrition (EPIC) study. BMJ Open. 4: e005245.

Graff-Iversen, S., Jansen, M.D., Hoff, D.A., Høiseth, G., Knudsen, G.P., Magnus, P., Mørland, J., Normann, P.T., Næss, O.E., Tambs, K. 2013. Divergent associations of drinking frequency and binge consumption of alcohol with mortality within the same cohort. J Epidemiol Community Health. 67: 350-357.

Hashibe, M., Brennan, P., Chuang, S.-C. I., Boccia, S., Castellsague, X., Chen, C., Curado, M.P., Dal Maso, L., Daudt, A.W., Fabianova, E., Fernandez, L., Wünsch-Filho, V., Franceschi, S., Hayes, R.B., Herrero, R., Kelsey, K., Koifman, S., La Vecchia, C., Lazarus, P., Levi, F., Lence, J.J., Mates, D., Matos, E., Menezes, A., McClean, M.D., Muscat, J., Eluf-Neto, J., Olshan, A.F., Purdue, M., Rudnai, P., Schwartz, S.M., Smith, E., Sturgis, E.M., Szeszenia-Dabrowska, N., Talamini, R., Wei, Q., Winn, D.M., Shangina, O., Pilarska, A., Zhang, Z.F., Ferro, G., Berthiller, J., Boffetta P. 2009. Interaction between Tobacco and Alcohol Use and the Risk of Head and Neck Cancer: Pooled Analysis in the International Head and Neck Cancer Epidemiology Consortium. Cancer Epidemiol Biomarkers Prev. 18: 541–550.

Howie, E.K., Sui, X., Lee, D.C., Hooker, S.P., Hébert, J.R., Blair, S.N. 2011. Alcohol consumption and risk of all-cause and cardiovascular disease mortality in men. J Aging Res. 2011:805062. doi: 10.4061/2011/805062.

Klarich, D.S., Brasser, S.M., Hong, M.Y. 2015. Moderate alcohol consumption and colorectal cancer risk. Alcohol Clin Exp Res. 39: 1280-1291.

Klatsky, A.L. 2015. Alcohol and cardiovascular diseases: where do we stand today? J Intern Med. 278: 238-250.

Klatsky, A.L., Udaltsova, N., Li, Y., Baer, D., Tran, H.N., Friedman, G.D. 2014. Moderate alcohol intake and cancer: the role of underreporting. Cancer Causes Control. 25: 693-699.

Kuper, H., Ye, W., Weiderpass, E., Ekbom, A., Trichopoulos, D., Nyrén, O., Adami, H.O. 2000. Alcohol and breast cancer risk: the alcoholism paradox. Br J Cancer. 83: 949-951.

Lin, H.L., An, Q.Z., Wang, Q.Z., Liu, C.X. 2013. Folate intake and pancreatic cancer risk: an overall and dose-response meta-analysis. Public Health. 127: 607-613.

Mørch, LS.,. Johansen, D., Thygesen, L.C., Tjønneland, A., Løkkegaard, E., Stahlberg, C., Grønbaek, M. 2007. Alcohol drinking, consumption patterns and breast cancer among Danish nurses: a cohort study. Eur J Public Health. 17: 624-629.

Nutrition Center. 2015. Guidelines for Healthy Eating. Available at: www.voedingscentrum.nl/professionals/schijf-van-vijf/naslag-richtlijnen-schijf-van-vijf.aspx

Roerecke, M., Rehm, J. 2014. 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 Med. 12: 182.

Sassi, F. 2015. Tackling Harmful Alcohol Use: Economics and Public Health Policy. OECD Publishing, Paris. Available at: dx.doi.org/10.1787/9789264181069-en

Stockley, C.S., Harding, R. 2007. Communicating through government agencies. Ann. Epidemiol. 17: S98–S102.

Szymanska, K., Hung, R.J., Wunsch-Filho, V., Eluf-Neto, J., Curado, M.P., Koifman, S., Matos, E., Menezes, A., Fernandez, L., Daudt, A.W., Boffetta, P., Brennan, P. 2011. Alcohol and tobacco, and the risk of cancers of the upper aerodigestive tract in Latin America: a case–control study. Cancer Causes Control. 22: 1037-1046.

Tio, M., Andrici, J., Cox, M.R., Eslick, G.D. 2014.Folate intake and the risk of upper gastrointestinal cancers: a systematic review and meta-analysis. J Gastroenterol Hepatol. 29(2): 250-258.

US Departments of Agriculture and Health and Human Services. 2015. Dietary guidelines For Americans (7th ed). Washington DC.

World Cancer Research Fund/American Institute for Cancer Research. 2007. Food, Nutrition, Physical Activity, and the Prevention of Cancer: a Global Perspective. AICR, Washington DC.

World Health Organization. 1999. Global Status Report on alcohol 1999. Substance Abuse Department, Geneva.

World Health Organization. 2000. International guide for monitoring alcohol consumption and related harm. Department of Mental Health and Substance Abuse, Geneva.

World Health Organization. 2002. The World Health Report 2002. Reducing risks, promoting healthy life. Geneva.

World Health Organization. 2004. Global Status Report on alcohol 2004. Department of Mental Health and Substance Abuse, Geneva.

World Health Organisation. 2011. Global status report on alcohol and health. Department of Mental Health and Substance Abuse, Geneva.

World Health Organization. 2014. Global status report on alcohol and health. Department of Mental Health and Substance Abuse, Geneva.

World Health Organization. 2016. The top 10 causes of death in the works 2000 and 2012. Department of Mental Health and Substance Abuse, Geneva. Available at: www.who.int/mediacentre/factsheets/fs310/en/index2.html

Zhang, S., Hunter, D.J., Hankinson, S.E., Giovannucci, E.L., Rosner, B.A., Colditz, G.A., Speizer, F.E., Willett, W.C. 1999. A prospective study of folate intake and the risk of breast cancer. JAMA. 281: 1632-1637.

The association of reported alcohol intake with the risk of subarachnoid haemorrhage: A meta-analysis

Yao X, Zhang K, Bian J, Chen G. Alcohol consumption and risk of subarachnoid haemorrhage: A meta-analysis of 14 observational studies. Biomedical Reports 2016;5:428-436.

Authors' Abstract

The association between alcohol consumption and the risk of subarachnoid haemorrhage (SAH) is inconsistent. Thus, meta-and a dose-response analyses are presented with the purpose of assessing their associations.

A systematic literature search was performed using Pubmed and Embase electronic databases for pertinent observational studies. Random-effects or fixed-effect models were employed to combine the estimates of the relative risks (RRs) with corresponding 95% confidence intervals (CIs). A dose-response pattern was conducted for further analysis. The current meta-analysis includes 14 observational studies reporting data on 483,553 individuals and 2,556 patients.

The combined RRs of light alcohol consumption (<15 g/day) and moderate alcohol consumption (15-30 g/day) compared with teetotal individuals were 1.27 (95% CI: 0.95, 1.68) and 1.33 (95% CI: 0.84, 2.09), respectively, which indicated no significant association between light-to-moderate alcohol consumption and SAH. An increased risk of SAH was noted in heavy alcohol consumption (>30 g/day) when compared with no alcohol consumption, as demonstrated by a result of 1.78 (95% CI: 1.46, 2.17). Dose-response analysis showed evidence of a linear association (P=0.0125) between alcohol consumption and SAH. The risk of SAH increased by 12.1% when alcohol consumption was increased by 10 g/day.

Therefore, heavy alcohol consumption was found to be associated with an increased risk of SAH. Furthermore, the association between SAH and alcohol consumption has clinical relevance with regard to risk factor modification and the primary and secondary prevention of SAH.

Forum Comments

Background: Data from epidemiologic studies are quite consistent for the relation of alcohol consumption with certain types of stroke: for ischemic stroke, there seems to be an inverse association with moderate drinking and a possible increase with heavy drinking (a "j-shaped curve"); for haemorrhagic stroke, there seems to be a direct positive association, although some studies suggest that there may be a threshold level for an increase in risk. Data are mixed on a possible association between the most uncommon type of stroke, subarachnoid haemorrhage (SAH). This may be due partly to the fact that SAH may relate to congenital abnormalities of the cerebral arteries, with the event itself being triggered by hypertension or abnormalities of coagulation. The present meta-analysis seeks to provide additional information on the association of reported alcohol consumption and SAH.

Forum member Stockley summarises the data on alcohol and haemorrhagic stroke, as follows: "The relationship between moderate alcohol consumption and haemorrhagic stroke is less certain than for ischaemic stroke. Some studies have observed a J-shaped relationship while others observed a linear dose-dependent relationship between the amount of alcohol consumed and the risk of haemorrhagic stroke (Klatsky et al, Ariesen et al, Corrao et al, Feigin et al, Patra et al). If the relation is J-shaped, the 'optimal' amount of alcohol is even lower than that for ischaemic stroke. For example, while Corrao et al calculated a significantly increased risk for ischaemic stroke at 100 g alcohol/day, for haemorrhagic stroke this was calculated at 50 g/day, where heavy alcohol consumption in the review paper is considered to be lower again at only >30 g/day, with risk increasing with each additional 10 g alcohol consumed. This difference in risk between stroke types may be associated with an alcohol-induced increase in blood pressure in heavier consumers (Klatsky et al, Iso et al). Also, these observations may reflect the alcohol-induced reduction in blood clotting which decreases the risk of a blood clotting-related events such as a myocardial infarction and an ischaemic stroke, but increases the risk of bleeding or a haemorrhage in the brain (Renaud & de Lorgeril, 1992)."

Other comments by Forum members on present study: This appears to be a well-done analysis using appropriate methodology for a meta-analysis. Non-drinkers were used as the referent group, those consuming < 15 g/day of alcohol were classified as "light" drinkers, and those consuming 15-30 g/day were classified as "moderate" drinkers (which is up to 2 ½ or 3 typical drinks/day, perhaps a little too high for women). An obvious weaknesses of the analysis is that reported alcohol data came from a variety of sources, and were evidently only the average intake over a period of time. There was no information on

the pattern of drinking or on the type of beverage consumed.

When looking at heterogeneity among the studies included, it is noted that except for a few of the cohort studies, the number of cases in each separate study was quite small. It is interesting that the two studies showing marked increases in risk for light and moderate drinking were two studies from the 1980s, those of Donahue et al and Stampfer et al, which had only 32 and 28 cases of SAH, respectively. Most studies showed much less of an effect for other than heavy drinking than these two studies. Reviewer Skovenborg noted that most of the studies included in this analysis were from countries with a track record of binge drinking, and did not include predominantly wine-consuming countries.

While the estimated RR was increased for both light and moderate drinkers, the authors interpret their data as showing no association (as the differences were not statistically significant) for these groups. To members of the Forum, viewing the results overall supports perhaps some adverse effects on risk of even light and moderate drinking, as the estimated risk ratio was above 1.0 for both groups.

Reviewer Goldfinger stated: "This is a nice meta-analysis that I believe is well done. Definitions of mild/moderate/heavy drinking is acceptable. Considering the well-known effects on platelet aggregation and increased blood pressure, the finding of increased SAH in heavy drinkers is not unexpected. However, I do know that previous reports from Renaud, Lanzmann, and their associates (Renaud et al, 2004) have shown that there is decreased cardiovascular mortality for all levels of blood pressure among moderate consumers of wine, when compared with abstainers." Reviewer Skovenborg noted that there were no studies included in the meta-analysis from Mediterranean countries, where wine is the predominant beverage.

Is there a dose-response relation? The total SAH outcomes in these analyses favor a dose-response relation between alcohol intake and SAH, although in many of the comparisons (e.g., looking separately for men, for women, for cohort studies), the highest estimated risk is for moderate rather than the heavier drinkers. The authors used data from seven studies for a formal dose-response analysis and found a significant increase in risk at all levels of drinking; from the figures presented in the paper, the increase in risk appears to be about 10% when relating the risk of those consuming 15 g/day when compared with abstainers.

Overall, this study supports an increase in risk of SAH with alcohol consumption, but it does not permit a good estimation of a threshold level. Also, given the heterogeneity of studies, lack of information on many other risk factors, no information on pattern of drinking or type of beverage, it may not be possible to use these results as the basis of new public health recommendations. Subjects consuming alcohol heavily should obviously be advised to decrease their intake; it is unsure the extent to which such recommendations would affect the overall risk of SAH. Forum members agreed with the closing statement of the authors that "any suggestion regarding alcohol consumption must be tailored to the risk of each individual subject."

Net effects of alcohol consumption on risk of total stroke: These data suggest that alcohol consumption, at least heavy drinking, may relate to an increase in the risk of SAH, which is a relatively rare but serious event. As stated, a similar increase in risk with alcohol has been shown for intracerebral haemorrhagic stroke. However, it should be pointed out that the large majority of strokes in the Western world are ischemic stroke, which shows a decrease in risk with moderate drinking similar to that of ischemic coronary disease. Given the greater risk that a stroke in most of the world will be ischemic rather than haemorrhagic in nature, the overall risk of a person having a stroke (of any type) has been found to be lower for light to moderate drinkers than for abstainers.

References from Forum critique

Ariesen MJ, Claus SP, Rinkel GJ, Algra A. Risk factors for intracerebral hemorrhage in the general population: a systematic review. Stroke 2003;34:2060-2065.

Corrao G, Bagnardi V, Zambon A, La Vecchia C. A meta-analysis of alcohol consumption and the risk of 15 diseases. Prev Med 2004;38:613-619.

Donahue RP, Abbott RD, Reed DM, Yano K: Alcohol and hemorrhagic stroke. The Honolulu heart program. JAMA 1986;255:2311-2314.

Feigin VL, Rinkel GJ, Lawes CM, Algra A, Bennett DA, van Gijn J, Anderson CS. Risk factors for subarachnoid hemorrhage: an updated systematic review of epidemiological studies. Stroke 2005;36:2773-2780.

Iso H, Baba S, Mannami T, Sasaki S, Okada K, Konishi M, Tsugane S, JPHC Study Group. Alcohol consumption and risk of stroke among middle-aged men: the JPHC Study Cohort I. Stroke 2004;35:1124-1129.

Klatsky AL, Armstrong MA, Friedman GD, Sidney S. Alcohol drinking and risk of hemorrhagic stroke. Neuroepidemiology 2002;21:115-122.

Patra J, Taylor B, Irving H, Roerecke M, Baliunas D, Mohapatra S, Rehm J. Alcohol consumption and the risk of morbidity and mortality for different stroke types–a systematic review and meta-analysis. BMC Public Health 2010;10:258.

Renaud S, de Lorgeril M. Wine, alcohol, platelets, and the French paradox for coronary heart disease. Lancet 1992:339:1523-1526.

Renaud SC, Guéguen R, Conard P, Lanzmann-Petithory D, Orgogozo J-M, Henry O. Moderate wine drinkers have lower hypertension-related mortality: a prospective cohort study in French men. Am J Clin Nutr 2004;80:621–625.

Stampfer MJ, Colditz GA, Willett WC, Speizer FE, Hennekens CH: A prospective study of moderate alcohol consumption and the risk of coronary disease and stroke in women. N Engl J Med 1988;319:267-273.

Forum Summary

Data from epidemiologic studies are quite consistent for the relation of alcohol consumption with the different types of stroke: for ischemic stroke, an inverse association with moderate drinking and a possible increase with heavy drinking (a "j-shaped curve"); for haemorrhagic stroke, a direct positive association, although some studies suggest that there may be a threshold level for an increase in risk. Data are mixed on a possible association between the most uncommon type of stroke, subarachnoid haemorrhage (SAH). The present paper presents results of a meta-analysis relating reported intake of alcohol with subsequent risk of SAH. It was based on 14 observational studies reporting data on 483,553 individuals and 2,556 patients.

Forum members agree that this study suggests that alcohol intake, especially heavier drinking, increases the risk of SAH, although there was considerable heterogeneity among studies from different parts of the world, there were no countries from the Mediterranean area included, and there was no accounting for pattern of drinking (binge versus moderate regular) or type of beverage, all of which may affect risk.

The authors concluded that there was no relation between light (<15 g/day) or moderate alcohol consumption (15-30 g/day) compared with abstaining individuals; this was based on statistically insignificant increases in RR of 1.27 (95% CI: 0.95, 1.68) and 1.33 (95% CI: 0.84, 2.09) for these two groups, respectively. However, Forum members suggest that there could be a slight increase in risk even for these two groups. For heavier drinkers (> 30 g/day, about 2 ½ to 3 typical drinks per day), the data indicate an increase in risk: RR=1.78 (95% CI: 1.46, 2.17).

It should be noted that the overall risk of total stroke is decreased from moderate drinking, as the most common type of stroke is ischemic, and moderate drinking has consistently been shown to lower such risk; this is especially related to lowering the risk of atherosclerotic or embolic clots. However, while rare, SAH is often a devastating disease, and the risk may be increased from alcohol consumption through its effects on decreasing coagulation.

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

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Effect of maceration duration on physicochemical characteristics, organic acid, phenolic compounds and antioxidant activity of red wine

Grapes contain a number of nutritional and functional compounds and are rich in phenolic compounds. The total extractable phenolics in grapes are mainly distributed in skin and seeds in comparison to the pulpand it is the phenolics in the skin that are transferred into the final product by the maceration process in red winemaking. In particular, red wine is rich in phenolic compounds, including flavonoids (anthocyanins, flavan-3-ols, proanthocyanidins or condensed tannins and flavanols) and non-flavanoids (hydroxybenzoic and hydroxycinnamic acids and their derivatives, stilbenes and phenol alcohols) based on grape variety, growing techniques (viticulture) and winemaking conditions.

A study investigated the effects of different maceration times (5, 10 and 15 days) on the composition, phenolic compounds and antioxidant activities of red wines made from the Karaoglan grape grown in Malatya in Turkey. Maceration duration changed some chemical constituents and the colour of Karaoglan red wines. A linear relationship was observed between the antioxidant activity of wine and maceration duration. The major organic acid was tartaric acid which was at the highest concentration in wine macerated for 10 days. A total of 25 phenolic compounds were determined in the wine samples. Within these phenolics; procyanidin B2, trans-caftaric acid, gallic acid, trans-caffeic acid, (+) catechin, (–) epicatechin and quercetin-3-O-glucoside were the most abundant phenolics regardless of maceration duration. In general, extended maceration duration resulted in increase in the concentration of phenolic compounds, reflecting the antioxidant activities of wine.

In conclusion, the highest concentrations of total and individual phenolic compounds as well as antioxidant activities were found in wines macerated for 15 days, the authors state.

Source: Effect of maceration duration on physicochemical characteristics, organic acid, phenolic compounds and antioxidant activity of red wine from Vitis vinifera L. Kocabey, N., Yilmaztekin, M. & Hayaloglu, A.A. J Food Sci Technol (2016) 53: 3557. doi:10.1007/s13197-016-2335-4. First Online: 17 September 2016.

Alcohol consumption and risk of fatty liver disease: a meta-analysis

Observational studies have shown inconsistent results regarding alcohol consumption and risk of fatty liver. Researchers performed a meta-analysis of published literature to investigate the association between alcohol consumption and fatty liver disease (FLD).

Medline, Embase, Web of Science, and several Chinese databases were searched to identify studies that reported an association between alcohol consumption and the risk of FLD. A total of 16 studies with 76,608 participants including 13 cross-sectional studies, two cross-sectional following longitudinal studies, and one cohort study met the inclusion criteria.

For light to moderate alcohol consumption, there was a 22.6% reduction in risk of FLD (odds ratio [OR] = 0.774, 95% confidence interval CI [0.695-0.862], P <0.001), and subgroup analysis showed that a greater reduction in risk of FLD was found in the female drinkers (30.2%) and the drinkers with BMI ≥25 kg/m2 (31.3%) compared with the male drinkers (22.6%) and the drinkers with BMI <25 kg/m2(21.3%), respectively. For heavy alcohol consumption, there was no significant influence on risk of FLD (OR = 0.869, 95% CI [0.553-1.364], P = 0.541) in Japanese women, but there was a 33.7% reduction in risk of FLD (OR = 0.663, 95% CI [0.574-0.765], P < 0.001) in Japanese men and a significant increased risk of FLD (OR = 1.785, 95% CI [1.064-2.996], P = 0.028) in Germans.

Light to moderate alcohol consumption is associated with a significant protective effect on FLD in the studied population, especially in the women and obese population, the authors conclude. However, the effect of heavy alcohol consumption on FLD remains unclear due to limited studies and small sample sizes.

Source: Alcohol consumption and risk of fatty liver disease: a meta-analysis. Cao G, Yi T, Liu Q, Wang M, Tang S. PeerJ. 2016 Oct 27;4:e2633. eCollection 2016.

Low to moderate lifetime alcohol consumption is associated with less advanced stages of fibrosis in non-alcoholic fatty liver disease

Moderate alcohol consumption has been associated with a lower risk of disease severity in non-alcoholic fatty liver disease (NAFLD). It is unclear if this reflects current or lifetime drinking, or can be attributed to confounders such as diet and exercise. The authors of a study published in the Scandinavian Journal of Gastroenterology evaluated the impact of lifetime alcohol consumption on fibrosis severity in NAFLD.

120 subjects with biopsy-proven NAFLD were enrolled in the study and through detailed questionnaires, their lifetime alcohol consumption, diet and physical activity were examined. The main outcome measures were odds ratios (OR) for fibrosis stage, calculated through ordinal regression after adjustment for body mass index, diabetes mellitus type 2, smoking and age at biopsy. A biomarker for recent alcohol consumption, phosphatidyl ethanol (PEth) was sampled.

An increase in median weekly alcohol consumption to a maximum of 13 drinks per week was associated with lower fibrosis stage (adjusted OR for each incremental unit, 0.86; 95% CI, 0.76-0.97; p = 0.017). The lowest risk for fibrosis was found with the lowest odds seen in the top quartile of alcohol consumption (aOR 0.23; 95% CI 0.08-0.66; p = 0.006). Adding soft drink and coffee consumptions, and physical activity to the model did not change the estimates. Subjects with PEth >/= 0.3 micromol/L had higher ORs for a higher fibrosis stage (aOR 2.77; 95% CI 1.01-7.59; p = 0.047).

Lifetime alcohol consumption with up to 13 units per week is associated with lower fibrosis stage in NAFLD. Elevated PEth is associated with higher stages of fibrosis.

Source: Low to moderate lifetime alcohol consumption is associated with less advanced stages of fibrosis in non-alcoholic fatty liver disease Hagstrom H, Nasr P, Ekstedt M, Kechagias S, Onnerhag K, Nilsson E, Rorsman F, et al. Scandinavian Journal of Gastroenterology. Published early online 6 October 2016.

Alcohol consumption over time and mortality in the Swedish Women's Lifestyle and Health cohort

A group of researchers prospectively investigated the association between time-varying alcohol consumption and overall and cause-specific mortality among middle-aged women.

48,249 women from the Swedish Women's Lifestyle and Health cohort aged 30–49 years at baseline were included in the study (33,404 at follow-up. Participant provided information on alcohol consumption and multivariable Cox regression models were used to calculate HRs for overall and cause-specific mortality.

During >900,000 person/years, a total of 2,100 deaths were recorded. The median alcohol consumption increased from 2.3 g/day in 1991/1992 (baseline) to 4.7 g/day in 2004 (follow-up). Compared with light drinkers (0.1–1.5 g/day), a null association was observed for all categories of alcohol consumption with the exception of never drinkers. The HR comparing never with light drinkers was 1.46 (95% CI 1.22 to 1.74). There was a statistically significant negative trend between increasing alcohol consumption and cardiovascular and ischaemic heart diseases mortality. The results were similar when women with prevalent conditions were excluded.

In conclusion, in a cohort of young women, light alcohol consumption was protective for cardiovascular and ischaemic heart disease mortality but not for cancer and overall mortality.

Source: Alcohol consumption over time and mortality in the Swedish Women's Lifestyle and Health cohort. dlir Licaj, Sven Sandin, Guri Skeie, Hans-Olov Adami, Nina Roswall, Elisabete Weiderpass. BMJ Open 2016;6:e012862 doi:10.1136/bmjopen-2016-012862. Published 2 November 2016.

Blood test may help identify infants at risk for foetal alcohol spectrum disorders

A blood test on expectant mothers may help identify infants at risk for foetal alcohol spectrum disorders (FASD), according to a new study. Being able to identify infants at risk for FASD might lead to early treatment and better outcomes, the researchers said.

The health and drinking histories of 68 pregnant women in western Ukraine were examined, along with blood samples collected during the second and third trimesters of their pregnancies.

Moderate to high levels of drinking during early pregnancy were associated with major differences in some RNA molecules circulating in an expectant mother's blood. These differences were seen in mothers whose babies showed physical or mental signs of alcohol exposure in the first year of life.

One reason fetal alcohol spectrum disorders can be hard to diagnose is that infants exposed to the same amount of alcohol while in the womb may have much different outcomes, the researchers said.

"Collectively, our data indicate that maternal plasma miRNAs may help predict infant outcomes and may be useful to classify difficult-to-diagnose FASD subpopulations" commented Rajesh Miranda, PhD, professor in the Texas A&M College of Medicine and co-senior author of the study. "If we can reset developmental trajectories earlier in life, it is a lot easier than trying to treat disabilities later in life," he added.

More studies with larger samples of mothers and babies are needed to confirm these findings, the researchers said.

Source: S Balaraman, JJ Schafer, AM Tseng, W Wertelecki, L Yevtushok, N Zymak-Zakutnya, C D. Chambers, RC Miranda. Plasma miRNA Profiles in Pregnant Women Predict Infant Outcomes following Prenatal Alcohol Exposure. PLOS ONE, 2016; 11 (11): e0165081.

Social Inequalities in Health and their determinants'

The report, Social Inequalities in Health and their determinants, was published by the European Social Survey in October. The report compares health attitudes across 21 European countries and shows significant health inequalities within and between countries. The research was based on over 40,000 survey responses gathered across Europe and Israel between 2014 and 2015.

Regarding alcohol consumption, there is strong variation across countries in the percentage reporting frequent consumption, with particularly low percentages in Israel and central and eastern Europe (especially among women). Looking at the quantity of alcohol consumed in all of the countries taking part in the current round of the survey, overall, men consume almost twice as many units as women, and that weekend day consumption is almost twice weekday consumption. The number of units consumed is particularly high in Ireland, the Czech Republic and Hungary. Frequent binge drinking is particularly high in the UK, Portugal and Austria. Frequent binge drinking is rare in northern Europe, and among women in central and eastern Europe.

Source: Social inequalities in health and their determinants: Topline results from round 7 of the European Social Survey' London: European Social Survey ERIC, Eikemo TA; Huijts T; Bambra C; McNamara C; Stornes P; Balaj M; et al, October 2016; 18pp.

europeansocialsurvey.org/docs/about/ESS_-Topline6_Health_FINAL.pdf

		Alcohol > once per week (%)	Units on weekday (mean)	Units on weekend day (mean)	Binge at least weekly (%)
North					
Denmark	M	38.6	4.5	9.3	3.3
	F	22.4	3.1	6.2	1.4
Finland	M	16.9	3.9	9.3	1.4
	F	6.1	2.4	5.8	0.4
Norway	M	20	4.7	9.7	1.1
	F	8.9	2.9	5.9	0.4
Sweden	M	22	4	8.4	2.2
	F	10.6	2.7	5.4	0.8

		Alcohol > once per week (%)	Units on weekday (mean)	Units on weekend day (mean)	Binge at least weekly (%)
South					
Israel	M	10.2	4.3	5.3	4.5
	F	3.1	3.2	3.8	1.3
Portugal	M	47.5	3.8	5	17.5
	F	15.3	1.9	2.9	5.2
Spain	M	40.1	2.2	4.9	6.5
	F	16.7	1.2	2.9	3.2

		Alcohol > once per week (%)	Units on weekday (mean)	Units on weekend day (mean)	Binge at least weekly (%)
West					
Austria	M	37.8	4.2	6.7	9.2
	F	13.4	2.6	4.3	2.4
Belgium	M	38.9	3.7	6.5	3.1
	F	23.6	2	3.8	2.1
France	M	41.7	2.6	5.1	2.9
	F	17.4	1.6	2.9	0.9
Germany	M	36.9	3.2	6.1	4.4
	F	15.1	1.9	3.6	1.7
Ireland	M	22.8	6.3	12.5	5.1
	F	10.7	4	8	2.4
Netherlands	M	44.8	3.1	6.1	4.9
	F	29.2	1.8	3.4	5.1
Switzerland	M	39.8	3.3	5.3	5.5
	F	20.8	1.9	3.2	1.8
UK	M	38.3	5.7	9.5	11.2
	F	25.3	3.6	6.4	4

		Alcohol > once per week (%)	Units on weekday (mean)	Units on weekend day (mean)	Binge at least weekly (%)
Centre/East					
Czech Rep.	M	24.8	6.4	10	4.6
	F	6.7	4.3	6.3	0.6
Estonia	M	17.4	3.9	8.7	3.4
	F	3.7	2.1	4.1	1.1
Hungary	M	22.1	6	11.8	7.2
	F	2.4	3	6.9	1.6
Lithuania	M	19.7	7	13.4	7.5
	F	3.3	3.5	5.9	1.1
Poland	M	17.4	4.9	8.5	3.1
	F	3.5	2	4.3	2.5
Slovenia	M	27.1	3.4	4.7	3
	F	9.5	2	2.5	1.6

Alcohol Education Trust

Mentor
Protecting children from alcohol and drugs

In partnership with Middlesex University London

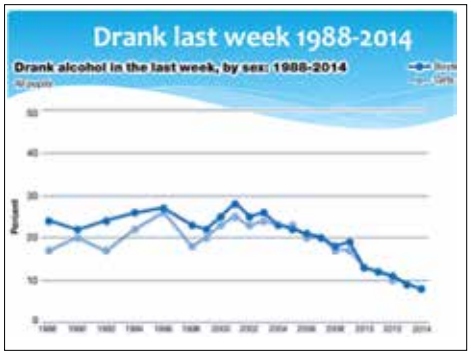
National Alcohol and Drugs Conference

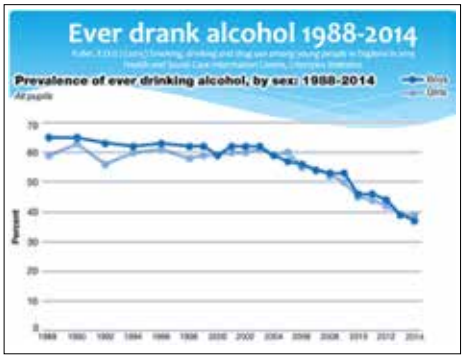
Evidence-based best practice in alcohol and drugs education – Empowering young people to make healthy choices

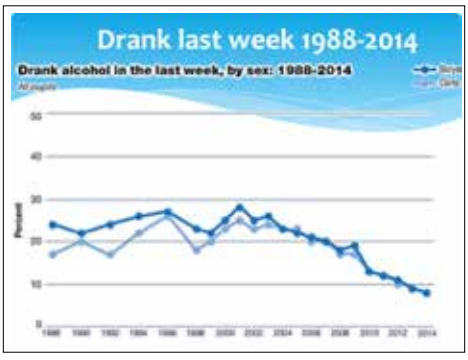
On the 19th October, The Alcohol Education Trust and Mentor held The National Alcohol and Drugs Conference on 'Evidence-based best practice in alcohol and drugs education - Empowering young people to make healthy choices', hosted by the Drug and Alcohol Research Centre at Middlesex University.

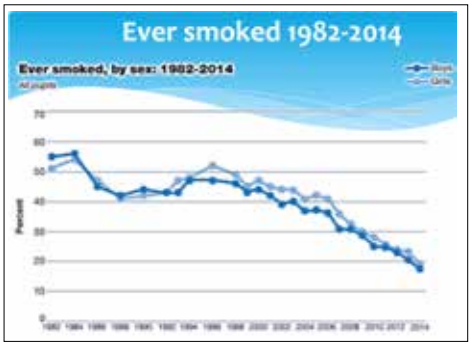
Sarah Newton MP, Parliamentary Under Secretary of State for Vulnerability, Safeguarding and Countering Extremism opened the conference, making her first speech on drug and alcohol policy and priorities for the Home Office and Government since taking up the post in July. She highlighted the importance of using evidence based programmes, in schools and in the community, which build on the principles of building resilience, life skills and social norms based education. Newton said it is equally important to highlight approaches that don't work, such as scaremongering, information only based approaches, highlighting extremes of behaviour or approaches such as ex addicts going into schools. Newton praised the work of Mentor and The Alcohol Education Trust and highlighted the Government's commitment to PSHE, health and wellbeing and the safe guarding of children and young people.

Dr David Regis from The School Health and Education Unit (SHEU). As SHEU has carried out its research into young peoples' health since 1977, David was able to present a fascinating trajectory of how young people's alcohol, drug and cigarette smoking has declined over the last decade. Looking back further, there were spikes in risk taking in the late 1990s . Furthermore, David drilled down into the key motivators for risk taking and of particular interest was how in the past, having high self-esteem led to a higher likelihood of teenage drinking, whereas now it results in greater resilience and a lower likelihood, showing how social norms can move over time.

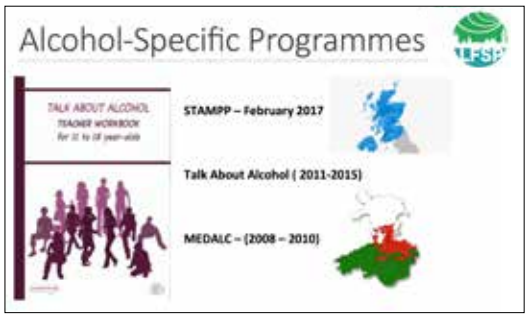






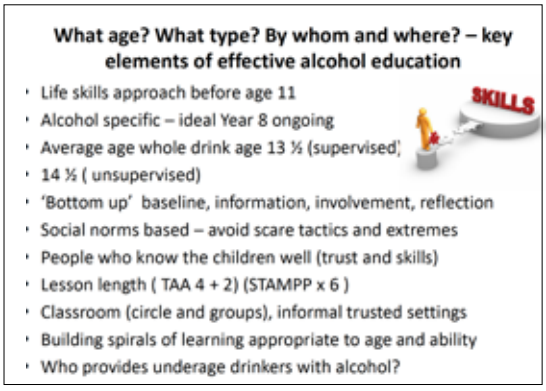


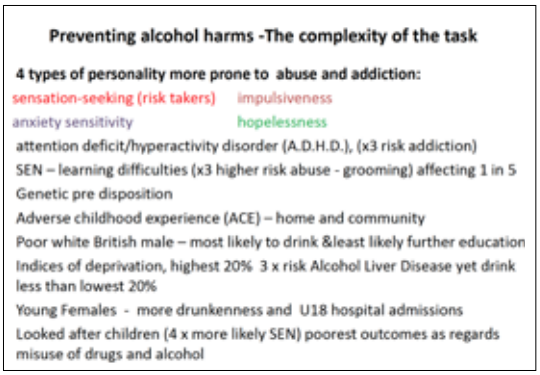
Dr Arrash Arya Yassaee, co-author of 'Investing in the future: Can alcohol education help fix under-age drinking in Europe?' and Think Tank Lead at the Faculty of Medical Leadership and Management, outlined the most effective programmes from published data that statistically and significantly can reduce the misuse of alcohol or drugs with a lasting effect. Arrash highlighted the key elements of those programmes – still remarkably few, EUDAP Unplugged, The Alcohol Education Trust Talk About Alcohol, Botvin Lifeskills, The Good Behaviour Game and The School Health Alcohol Harm Reduction Programme (SHAHRP/STAMPP) with the Strengthening Families programme for a family based approach. Elements for a good programme include it being activity led (i.e. not lecturing or solely information based), not using scare tactics, the importance of teacher training and CPD and the development of skills in young people that enable them to make more responsible choices.

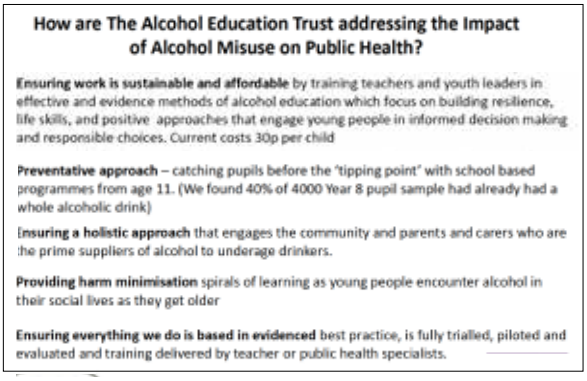


Helena Conibear, CEO of The Alcohol Education Trust highlighted that although under-age alcohol consumption has halved in the last decade and majority of 11-15 year-olds (62%) say they have not tried alcohol, many issues remain that require a careful and multi layered approach to ensure children delay the age they choose to drink as well as the amount, and to influence where and how they may drink alcohol as they get older.

Helena highlighted the segments of youth who are more at risk of harmful alcohol use or addiction with a particular emphasis on children with special educational needs, affecting one in five, and looked after children. Helena then summarised the most effective approaches that schools and communities can use within a manageable time frame and at what age. Age 13 or Year 8 is the 'tipping point' at which 40% of students had already had a whole alcoholic drink making it the ideal year for alcohol education, with spirals of learning in subsequent years. Student feedback on alcohol education provision nationally said they often felt lectured and that it was repetitive and didn't take their worries and concerns into account.





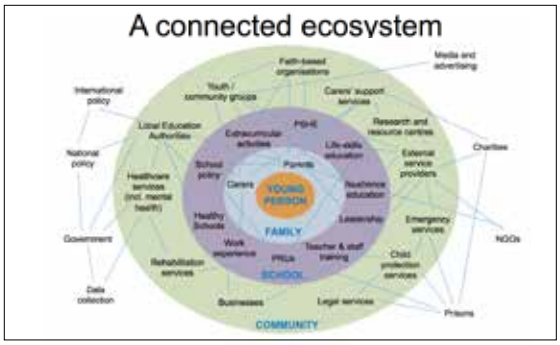


Michael O'Toole, CEO of Mentor emphasised the importance of a holistic approach to alcohol and drugs education for young people both in school and in the community. He also stressed the importance of using evidence based approaches that are shown to really improve young people's outcomes and build their life skills and resilience. He highlighted the increasing recognition of Government that such skills improve academic outcomes for young people and their engagement with school.

"Instilling positive character traits and academic excellence are two sides of the same coin – children that develop resilience are far more likely to succeed, not only in school but in later life, too."

- Edward Timpson, Children & Families Minister

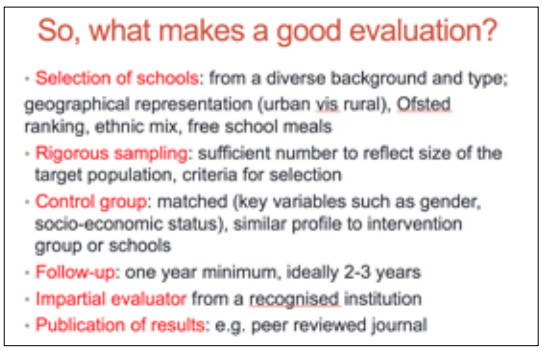
Mentor

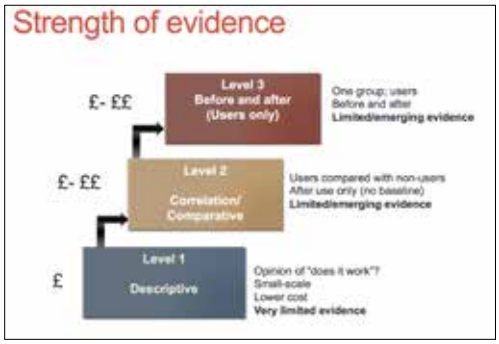


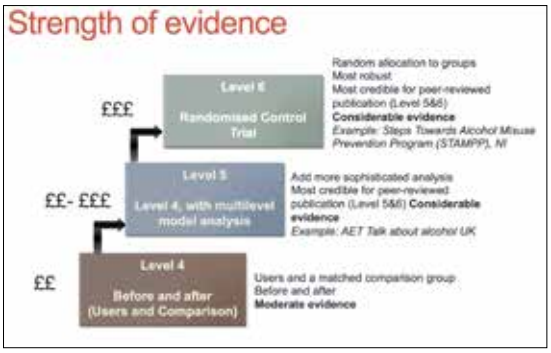
Jamila Boughelaf of Mentor explained how the Alcohol and Drug Education and Prevention Information Service (ADEPIS) is collating the most effective alcohol and drugs programmes for schools (with a summary and links via: mentor-adepis.org/). This builds on the work of The Centre for Analysis for Youth Transitions who, with The Institute of Education and The Institute of Fiscal studies, developed a ranking model to analyse the standard of evaluations (ranked 1-6) and the effect of a programme (ranked 1-3). ADEPIS highlights emerging best practice and holds seminars to raise awareness of some of the most promising programmes from around the world.

Professor Betsy Thom, Head of the Drug and Alcohol Research Centre at Middlesex University highlighted what makes an evaluation that commissioners, local authorities and schools can trust.

In short, an evaluation should be carried out by an impartial expert or institution, it should have a baseline (before the intervention starts), there should be a control group of similar (matched) group of students who don't have the intervention, there should be a follow up at least a year after the intervention has finished to see if its effects were long lasting, there should be fidelity to the programme (i.e. not too many schools dropped out, suggesting it was too long or not fit for purpose) and the size of the cohort (number of pupils followed over time) should be big enough to be able to assess changes in behaviour. Finally, there should be statistical modelling to iron out any confounding factors. The gold standard is a randomised control trial, but the cost (one million pounds for the SHAHRP/ STAMPP and the Good Behaviour game) makes this level of evaluation rare.







The morning concluded with a question panel comprising of Janet Palmer, formerly of Ofsted, Jenny Barksfield, Deputy CEO of The PSHE Association, Professor Harry Sumnall from Liverpool John Moores University, Professor Betsy Thom, Helena Conibear and Michael O'Toole. Many questions from the floor highlighted the desire for PSHE becoming a 'must teach' rather than a 'should teach' subject, and how outstanding, or at least good PSHE was crucial to an outstanding OFSTED inspection and indeed to academic results. The issue of whether the quality and commitment of teachers and PSHE Leads to their students that was more important to students health and well-being than perhaps the programmes themselves, was also raised.

A series of eight workshops took place during the afternoon featuring some of the best evidence based programmes, but also games and activities that can bring alcohol and drugs education to life, special approaches for children with Special Educational Needs (SEN) and the principles of good PSHE. To learn more, email kate@alcoholeducationtrust.org www.alcoholeducationtrust.org/2016-conference/

The Westminster Social Policy Forum Keynote Seminar: What now for alcohol policy?

The Westminster Social Policy Forum Keynote Seminar: What now for alcohol policy? was held on 27th October 2016. Sessions were chaired by Lord Bilimoria, Chairman, Cobra Beer Partnership and Fiona Bruce MP, Chair, All-Party Parliamentary Group on Alcohol Harm.

Ian Wybron, Head of Public Services and Welfare, Demos discussed the statistics on alcohol consumption over the last few years, particularly binge drinking and trends among young adults (16-24 year olds). He also highlighted how decreasing consumption overall tied into a decrease in alcohol related crime, particularly violent crime. However, alcohol related hospital admissions have continued to rise.

Wybron cited the UK governments 2012 Alcohol Policy as responsible for setting policy direction. Of influence more recently have been policies developed at a local level to drive improvements and tackle alcohol related harm, some of which have been very powerful. The public health responsibility deal has brought voluntary initiatives from the industry and finally there has been the publication of the new low risk consumption guidelines. The implications of Brexit on alcohol policy and the affect on the industry is currently uncertain.

He then talked about the recent DEMOS publication Youth Drinking in Transition. In response to trends amongst young people aged 16 to 24, it explored why fewer reported binge drinking and more reported going teetotal. It also explored some of the outstanding challenges to do with that age group, as among some the key case study groups: young workers, students and those not in education, employment or training, there are still pockets of extremely harmful drinking.

Daniel Hodgkiss, Governance Facilitator, Walsall Healthcare NHS Trust and Ruchi Joshi, Clinical Director of Emergency and Acute Care, Walsall Healthcare NHS Trust talked about the issue of frequent attenders to A and E departments. A trial which engaged with these patients, provided individual management plans and shared information across agencies. It provided joined up patient support that addressed the wider problems underlying attendances and resulted in large reductions in A and E attendance.

His Honour John Samuels QC, Chairman, Criminal Justice Alliance explained the concept of problem serving courts which provide defendants with a framework of support and structure in their lives to avoid re-offending. Active supervision of a community penalty by the original sentencer produces positive benefits for offenders. Whether an offender's primary need is for mental health treatment, medical treatment, drug or alcohol treatment, accommodation or employment, the probation service is able to tackle such problems more effectively with a committed Judge standing behind the offender manager to encourage and, in the last resort, to compel the provision of essential services. Such a regime can be more readily be achieved if the original sentencer exercises a continuing reviewing role.

David Wilson, Director of Public Affairs, British Beer & Pub Association said that over the last 10 years, a significant amount of joint working on responsibility campaigns has been successful and some policy measures are clearly working. For the future, "the more we can do together as policymakers and industry, the more effective we can be," he added.

Wilson argued that there is a need to continue to innovate as an industry - more can be done to promote a greater choice of lower strength products. The Beer and Pub Association believes that policy, whether its fiscal policy or regulatory policy, should incentivise and encourage lower strength products. The Department of Health support this, but more could be done to encourage and promote lower strength products supported by the tax system. Brexit does give the UK an opportunity to review its duty system, because a lot of the duty rules are currently governed and restricted by our membership of the EU.

Recently the Beer and Pub association has run a campaign to raise awareness that it is illegal to buy alcohol for someone who is drunk or to serve alcohol to someone who is drunk. A Yougov poll revealed that public awareness was low. Wilson also highlighted the importance of communicating that alcohol consumption in the UK is generally decreasing (64% of the public are not aware of this). "When we talk about peer pressure and the impact that has on consumption, to make sure in communication terms,

that those facts are properly understood, so that people know, if they are choosing to drink less and drink more sensibly, that they are the majority and they are doing what other people are doing too", he added.

Julie Byers, Public Affairs Executive, Association of Convenience Stores told how alcohol is just one of many of the age-restricted products on sale in convenience stores and over 70% of convenience store retailers that are ACS members already have Challenge 25 as their age verification policy in place. The scheme is very popular and it is sometimes forgotten that it's not a Government scheme - it was in fact created by the alcohol industry. The scheme is effective, with more than a quarter of those retailers are refusing sales ten times a week.

Challenge 25 supports retailers to challenge anyone who does not look of age to be sold alcohol or other products. This can be problematic for retailers. The ACS Crime Report found that one of the top triggers for violence and verbal abuse is about confronting someone about an age-restricted sale.

With effective age verification in place, underage people increasingly have to rely on getting friends or parents to buy alcohol for them. Byers explained how ACS and the Wine and Spirits Trade Association are currently looking into what motivates someone to make a proxy purchase. Focus groups have been held with parents, teenagers, enforcement officers, retailers and staff members and the results should be published later this year. One of the key findings from the parents and teenager focus groups is that parents think that they're being responsible, controlling and monitoring their child's alcohol consumption. Byers stressed that there is a need therefore to educate parents that what they thought was responsible, is actually against the law. There has been some great work from local authorities on proxy purchasing campaigns, she added.

Kate Nicholls, Chief Executive Officer, Association of Licensed Multiple Retailers

The Association of Licensed Multiple Retailers is the trade body that represents 90% of managed pubs, bars, nightclubs and branded restaurants. Nicholls emphasised that these businesses have a vested interest in tackling alcohol-related health harms, as they cannot thrive without a safe night time economy. The Home Office crime strategy states that effective partnership working is at the heart of successful management of the evening and night time economy and it urges the police, and local authorities, and health partners to work alongside local businesses to devise local solutions and local strategies to prevent health-related harms.

Nicholls highlighted the need to understand what it is jointly we are seeking to address or solve and to put concerns in context: There is a general perception that alcohol-related harms, or the alcohol-related night time economy is awash with problems, but overall alcohol consumption is down 19% over the last decade and in the on-trade it's down by 26%. Two-thirds of alcohol is now sold and consumed away from those licensed premises. Therefore, top down solutions that focus entirely on the night time economy and on measures to control how alcohol is sold and consumed in the on-trade, will fail to deliver the public policy objectives of tackling alcohol-related crime and disorder, or tackling alcohol-related health harms.

She highlighted that often businesses get top down controls at a local level or a predetermined solution of how to tackle alcohol-related crime, or alcohol-related health harms in the night time economy. Often these cause more problems and impose more bureaucracy and more costs, when the same end objective could be achieved by working in partnership, identifying objectives and working out how to achieve them. e.g., in order to nudge consumers towards lower strength products, retailers are resistant to reducing the strength of house wines, but are happy to sell low alcohol beer or prosecco, which is lower strength and is served in smaller measures, because there is high customer demand. Similarly it is difficult for bar staff to confront drunk people coming into premises, but having a dedicated member of staff to support vulnerable people in the night time economy and making sure that they are taken care of, works well.

Lastly Nicholls argued that a baseline is needed before success can be delivered and it is then important to recognise success. The ALMR have been working with the Government on the LAAA programme to support local solutions and local strategies. The Proof of Age Standards Scheme, and Best Bar None schemes are voluntary partnership schemes that focus on management standards within the premises, making sure that the training is there. The premises themselves are designing out alcohol-related harms, and they do deliver real success.

Henry Ashworth, Chief Executive, Portman Group talked about the responsibility deal, which started under the Coalition Government and has been on pause for a year. The drinks industry made a commitment to remove a billion units of alcohol from the market, but actually the objective was really about helping more people drink within Government guidelines by improving the range of lower ABV products available to them, and looking at the relationship between container size, and the drinks that are being served. The drinks industry also committed to, and then delivered, 80% of all products on shelves carrying agreed health messages from Government, so this was the CMO's guidelines, the number of units in container, a pregnancy warning and the pregnancy warning figures on products, and at point of sale in the off-trade and the on-trade. Ashworth praised the individual companies, and the individuals within those companies that really pushed through some significant changes, which required bringing new products to the market, reformulate well-loved products already on the market, and to challenge the way that their companies had gone about business in the past.

Ashworth talked about Local alcohol action areas, the Home Office initiative, now entering its second round, targeting 40 areas and also the Retail of Alcohol Standards Group, which is for the first time, producing best practice retail guidance. He highlighted the creation of The Life Skills Education and Alcohol Foundation, looking at life skills education in schools whereby the drinks industry supported the setting up of a charity, and the charity then commissioned programmes that were proven by the Department for Education as being effective in terms of supporting young people to make better life skills decisions.

He outlined how local partnerships are acting in coordination to provide an effective response to local issues: "... the schemes that have learnt how to work together have taken on the challenge laid down by Government in terms of targeting their offerings to those parts of the country that need it most, the local alcohol action area, and doing so in a coordinated way". The importance of partnership working is something that is also recognised in the modern crime prevention strategy.

Malcolm Phillips, Regulatory Policy Manager, ASA explained how alcohol advertising is regulated by the ASA. The CAP and BCAP codes are written by the Committee of Advertising Practice, CAP, and the Broadcasting Committee of Advertising Practice, BCAP. These documents delineate the scope of ASA regulation, they provide general rules by which all advertising must abide, and they contain sector specific rules that the ASA may use in more specialised circumstances, such as the case of alcohol advertising. The BCAP code applies to advertising in Ofcom licensed TV and radio services, the CAP code applies to basically everything else that the ASA covers, the press, outdoor director marketers and websites, branded space and social media and some audio visual advertising too. Both codes are subject to public consultation, whenever CAP or BCAP wishes to make a significant change to their rules and in the case of TV and radio, Ofcom also has a role in approving any changes that the BCAP proposes.

These are the specific content rules for alcohol advertising. The codes regulate alcohol advertising by identifying themes and kinds of content that marketers should avoid on the basis that they might appeal to children and young people or encourage irresponsible drinking behaviour. In terms of the protection of younger people, the ASA offer protection through controls on the content of advertising, but also by enforcing rules on where alcohol advertising may appear.

In 2014 the ASA launched a 5 year strategy entitled, having more impact, being more proactive, and one of the main objectives of that strategy is to explore how it can move beyond complaints driven enforcement, using intelligence gathering and a proactive approach to enforcement to concentrate on the areas where it's especially important to act.

James Morris, Director, The Alcohol Academy spoke on education and suggested that simple educational approaches that just give people information often have a limited impact on changing behaviour. For example, the public may be aware of recommended guidelines, but this doesn't necessarily change their behaviour. However, education does play a key role in allowing people to make informed decisions.

Morrison talked about brief interventions for alcohol within primary care and how different incentives exist for different interventions. The alcohol

incentive has been very small compared to some others. Just 6% of risky drinkers recall having a conversation about alcohol, compared to about half of the people who are smokers, so it is still a very low level implementation of brief intervention despite harmful alcohol consumption being considered a priority in terms of prevention. Recent findings from the British Social Attitude Survey found that 95% of people are either comfortable or very comfortable to discuss alcohol use with their doctor, so there's a mismatch between what's happening and what people are open to. There is mixed evidence for brief intervention in other settings beyond healthcare but there's some evidence there and growing evidence for the use of digital or app based interventions.

Kate Winstanley, Director, Community Alcohol Partnerships related how CAP promotes and facilitates the development of local partnerships which are primarily focused on tackling underage drinking. 120 schemes have been set up, funded by the industry, predominantly retailers. CAP encourages a multicomponent programme that looks at both the supply factors of underage drinking, i.e., compliance with the existing laws involving retailers working with the enforcement community, and that also addresses proxy purchase. Programmes also aim to decrease underage drinking by making sure that there are plenty of diversion activities on offer for young people.

CAP places a high value on education there is strong and emerging evidence that good and well managed alcohol education programmes such as Talk About Alcohol from the Alcohol Education Trust programme, the SHAHRP programme and the Good Behaviour Game can and do work. CAP signposts and encourages each of their schemes to look at the Mentor-ADEPIS website of recommended programmes and provides funding if needed for the training of PSHE teachers. Educating parents is also a priority; empowering parents to say no and to stand firm, is incredibly important.

The Community Alcohol Partnerships work by getting together all the agencies who can influence underage drinking, finding a leader and a champion and then together devising a programme that fits their needs, monitoring and evaluating it. Winstanley put CAPs success down to being focussed on young people, having the right people to make a difference, a tight action plan, and focus on outcomes and not outputs. Next month CAP will publish a report showing the outcomes and the impact of the schemes.

Ojay McDonald, Public Policy Manager, Association of Town and City Management gave an overview of the Purple Flag programme which has been run by ATCM for eight years. Purple Flag is, it is about bringing excellence to the management of the evening and night time economy and making the evening and night time economy something which is enjoyable for all the people that want to use it. The success of the programme has been down to partnerships in local businesses, but also Diageo have been really supportive. McDonald stressed that because the issues that surround the excessive use of alcohol are varied, multiple and complex, a multi-agency approach is necessary in order to resolve some of the issues. It's almost impossible to get the Purple Flag status, without a strong diverse partnership.

The morning and afternoon sessions ended with questions and comments from the floor.

www.westminsterforumprojects.co.uk/forums/showpublications.php?pid=1190

Effect of glass markings on drinking rate in social alcohol drinkers

A paper published in the European Journal of Public Health features two studies that explore whether volume information on glassware influences the time taken to consume an alcoholic beverage.

In the first study, 159 male and female social alcohol consumers were randomised to drink 12 fl oz of either low or standard strength lager, from either a curved glass marked with yellow tape at the midpoint or an unmarked curved glass. In the second study 160 male and female social alcohol consumers were randomised to drink 12 fl oz of standard strength lager from either a curved glass marked with ¼, ½ and ¾ volume points or an unmarked curved glass. The primary outcome measure for both studies was total drinking time of an alcoholic beverage.

In the first study, after removing outliers, the total drinking time was slower from the glass with midpoint volume marking [mean drinking times (min): 9.98 (marked) vs. 9.55 (unmarked), mean difference = 0.42, 95% CI: −0.90, 1.44].

In the second study 2, after removing outliers, the total drinking time was slower from the glass with multiple volume marks [mean drinking times: 10.34 (marked) vs. 9.11 (unmarked), mean difference = 1.24, 95% CI: −0.11, 2.59]. However, in both studies confidence intervals were wide and also consistent with faster consumption from marked glasses.

Consumption of an alcoholic beverage may be slower when served in glasses with volume information. Replication in larger studies is warranted the authors comment.

Source: Effect of glass markings on drinking rate in social alcohol drinkers. David M. Troy, Angela S. Attwood, Olivia M. Maynard, Nicholas E. Scott-Samuel, Matthew Hickman, Theresa M. Marteau, Marcus R. Munafò .

eurpub.oxfordjournals.org/content/early/2016/10/20/eurpub.ckw142

'Alcohol Research Grapevine' launched

The Institute of Alcohol Studies and Alcohol Research UK have developed an online alcohol research directory; the Alcohol Research Grapevine. Its primary functions are to allow researchers to upload profiles listing publications and outlining areas of professional interest; to create a searchable database of published, but also ongoing and prospective research; to support collaboration by helping researchers to find colleagues working in similar areas, or to publicise areas of work they are interested in pursuing and to allow researchers to notify colleagues of available data that may benefit from further analysis

alcoholresearchgrapevine.co.uk/

Malta national alcohol policy to focus on drunk driving and underage drinking

In Malta on October 6, the Minister for the Family and Social Solidarity, Michael Farrugia, announced a new National Alcohol Policy that will adopt a multi-sectoral approach to minimising harmful drinking. The policy is now open for public consultation. It contains nine actions to address underage drinking, eight to reduce general alcohol consumption, and seven on drink driving.

Professor Richard Muscat, Chairperson of National Addiction Advisory Board, stressed that the policy has been developed using an evidence-based approach and tailored to suit the needs and experiences of the Maltese population. A number of indicators have been identified and will be used to gauge whether or not the policy is working.

Farrugia said the government's existing policy was in need of significant revision and that alongside policy changes there would be associated educational campaigns and coordination with the Malta Police Force and the Ministry for Education and Employment.

There will also be a push to have alcohol placed in a specific section of supermarkets, increased responsibility on bartenders, and breathalyser tests will be carried out more frequently. The policy will seek to enforce harsher penalties on those who break the law by allowing underage youth entry into certain establishments, as well as those who sell them alcohol, he added.

Teachers' views about alcohol within personal, social and health education (PSHE) in schools

A study published in the journal Drugs and Alcohol Today suggests that there is a lack of evidence for effective school based prevention programmes to reduce alcohol misuse in adolescents. The study canvassed teacher's views about alcohol education in secondary schools in order to inform the subsequent development of new educational and intervention measures.

Semi structured interviews were conducted with nine female teachers from a range of schools who had responsibility for designing and delivering Personal Social and Health Education (PSHE).

Three main themes were identified in an analysis of the interview transcripts. The themes demonstrated the importance of PSHE to these teachers, who faced challenges in delivering a comprehensive enough curriculum. Alcohol unit knowledge and responsible drinking were priorities for the teachers. However, given the many pressures faced by young people, alcohol could be viewed as just one challenge amongst many. Interventions may be seen as too compartmentalised by teachers if they fail to address the wider concerns of adolescents. The research highlights that intervention developers should consider gaining input from teachers on the content of their programmes prior to running a trial to enhance feasibility and acceptability.

There are few studies that have explored what teachers think about alcohol education in general or about the content of specific interventions prior to their implementation. This study adds their voice to the literature, and emphasises the importance of considering views and first hand experiences when developing new alcohol interventions aimed at adolescents.

Source: The monster of the month: teachers' views about alcohol within personal, social and health education (PSHE) in schools, Emma Louise Davies, Drugs and Alcohol Today, (2016) Vol. 16 Iss: 4, pp.

Alcohol drinking in university students matters for their self-rated health status: a cross-sectional study in three European countries

Alcohol drinking has been linked to self-rated health in different populations, but the observed associations are inconsistent. A study examined the association among university students across three European countries with different patterns of drinking.

Data were anaylsed from 2,103 students in three universities, one from each country: Germany (beer dominant), Bulgaria (wine dominant), and Poland (unclassified among youths, spirits dominant in adults). Frequency of drinking and problem drinking (>/= 2 positive responses on CAGE-scale), on the one side, and self-rated health, caring for one's own health, and worsening of health since the last year, on the other side, were assessed by means of self-administered questionnaire. The association between alcohol- (independent) and health-related (dependent) variables was evaluated by means of logistic regression, adjusting for country and sex.

Poor self-rated health and worsened health since previous year were associated with problem drinking OR 1.82 (95% CI1.21-2.73) and 1.61 (95% CI 1.17-2.21), respectively, but not with a higher frequency of drinking. In contrast, not caring for one's own health was associated with frequent drinking OR 1.40 (95% CI 1.10-1.78), but not with problem drinking OR 1.25 (95% CI 0.95-1.63). The results were consistent across the studied countries and for both sexes.

The results suggest that the health status of university students is associated with problem drinking; a high frequency of drinking was associated with the lack of care of own health, but it was not associated with current health status. These associations were independent of the predominant pattern of drinking across the studied countries, the authors add.

Source: Alcohol drinking in university students matters for their self-rated health status: a cross-sectional study in three. European countries. Mikolajczyk RT; Sebena R; Warich J; Naydenova V; Dudziak U; Orosova O. Frontiers in Public Health, Vol 4, Art No 210, 2016, 7pp.

Identifying predictors and prevalence of alcohol consumption among university students: nine years of follow-up

A Cohort study among university students in Spain evaluated the prevalence of alcohol consumption during late adolescence and young adulthood and identified the associated factors.

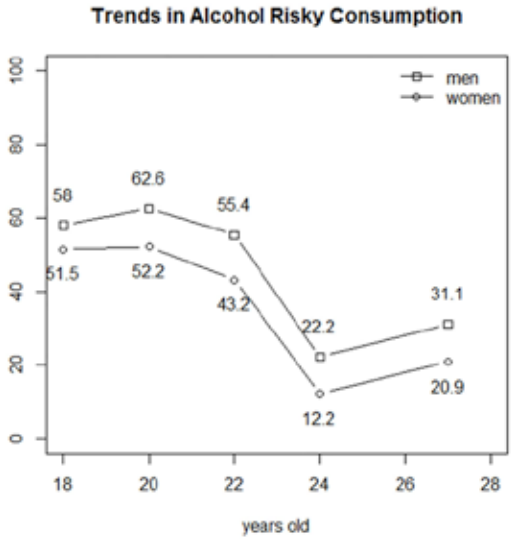
Among 1,382 students, Heavy Episodic Drinking and Risky Consumption were measured with the Alcohol Use Disorders Identification Test (AUDIT) at ages 18, 20, 22, 24 and 27 years. Data on potential factors associated with alcohol use were obtained with an additional questionnaire. Multilevel logistic regression for repeated measures was used to obtain adjusted OR (Odds Ratios).

The rates of prevalence of Risky Consumption were lower, but not statistically significant, in women. The age-related changes in these rates were similar in both genders, and the prevalence of Risky Consumption peaked at 20 years. By contrast, the prevalence of Heavy episodic Drinking was significantly lower in women and peaked at 18 years in women and at 22 years in men. Multivariate models showed that early age of onset of alcohol use (OR = 10.6 and OR = 6.9 for women; OR = 8.3 and OR = 8.2 for men) and positive expectations about alcohol (OR = 7.8 and OR = 4.5 for women; OR = 3.6 and OR = 3.3 for men) were the most important risk factors for Risky Consumption and Heavy Episodic Drinking. Living away from the family home was also a risk factor for both consumption patterns among women (OR = 3.16 and OR = 2.34), while a high maternal education level was a risk factor for Risky Consumption among both genders (OR = 1.62 for women; OR = 2.49 for men).

The authors conclude that alcohol consumption decreases significantly at the end of youth, with higher rates of prevalence and a later peak among men. Prevention strategies should focus on beliefs and expectations about alcohol and on delaying the age of onset. Women are at particular risk for these consumption patterns if they live away from their parents. Belonging to a high-income family is a strong risk factor for Risky Consumption.

Source: identifying predictors and prevalence of alcohol consumption among university students: nine years of follow-up. L. Moure-Rodríguez, M Piñeiro, M Corral Varela, S Rodríguez-Holguín, F Cadaveira, F Caamaño-Isorna. Plos ONE, November 3, 2016 – Open Access.

journals.plos.org/plosone/article/asset?id=10.1371/journal.pone.0165514.PDF



Manchester students win international award for their alcohol patch invention

A group of young scientists from The University of Manchester have won a major international competition for their invention of a cutting-edge alcohol detector.

The 'AlcoPatch' detects alcohol in sweat, and contains a colour patch which indicates the level of alcohol consumed by the wearer. Its inventors hope that the patch will be used in the future as an 'affordable, personal intoxication awareness tool' to test blood alcohol levels.

The group - made up of six biologists, two engineers, a maths student and a linguistics student - perfected their design under the supervision of Professors Eriko Takano and Rainer Breitling at the University's Manchester Institute of Biotechnology (MIB), and then entered the project into October's prestigious iGEM international world championship in synthetic biology in Boston, USA.

They competed against 300 other student teams from around the world and won a gold medal, as well as the special award for 'Best Computational Model' – and were also shortlisted for the 'Best Education and Public Engagement' award.

Scottish Schools Adolescent Lifestyle and Substance Use Survey 2015

The SALSUS 2015 survey, which was published on 25 October 2016, provides national level data on smoking, drinking, drug use and lifestyle issues amongst Scotland's secondary school children.

Among all groups, the proportion of pupils who have ever had an alcoholic drink has decreased again since 2013. However, there has been an increase in the proportion of 13 year old girls and boys who reported being drunk in the past week.

Drinking in the last week has fluctuated since 1990 but has been decreasing, for the most part, since 2002. After a large decrease in prevalence between 2010 and 2013, drinking in the last week has remained unchanged between 2013 and 2015, with the exception of a small decrease among 15 year old boys: 19% drank in the last week in 2013, compared with 16% in 2015.

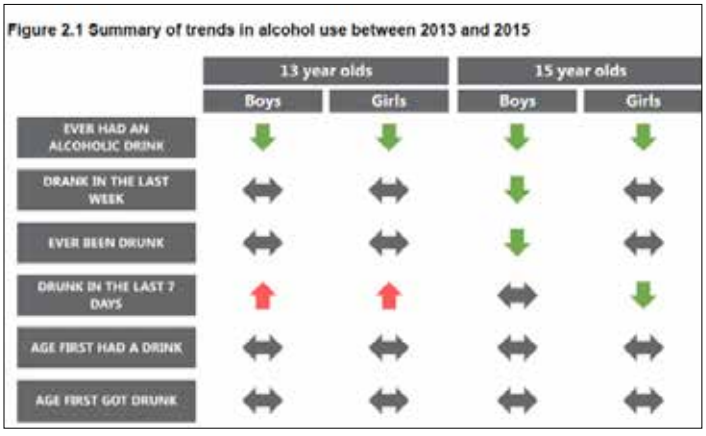
28% of 13 year old pupils and 66% of 15 year olds have ever had an alcoholic drink. In the 7 days prior to completing the survey only 4% of 13 year olds and 17% of 15 year olds had consumed alcohol. The average age that 15 year olds first had a drink was 13 years and 2 months. 45% of 13 year olds and 68% of 15 year olds who had ever had alcohol, had been drunk at least once. The most common drinking location among 13 year olds was at their own home and among 15 year olds was at a party with friends.

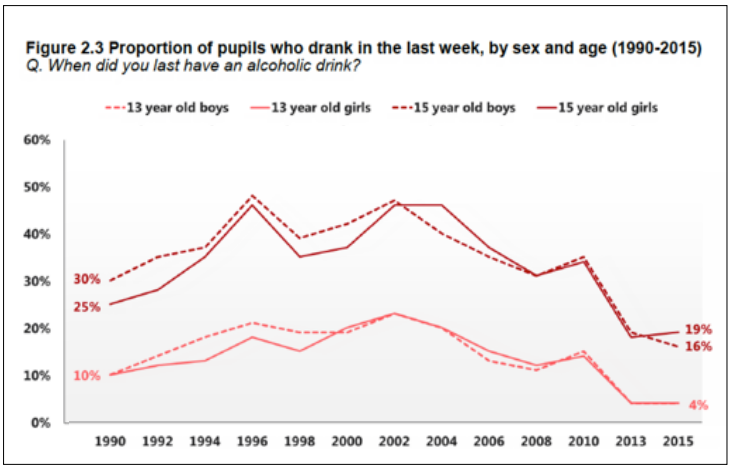
Among 13 year olds, 45% of those who had ever had a drink had experienced one (or more) negative effect as a result of drinking alcohol in the last year, compared with 59% 15 year olds. Among both age groups, the most common negative consequence was doing something they regretted or vomiting.

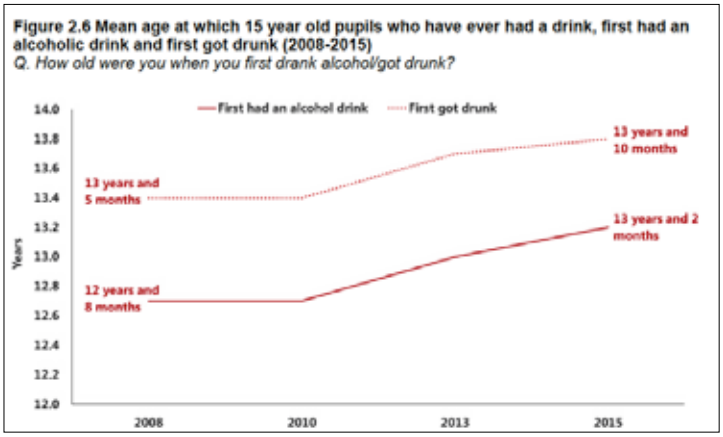
Among both age groups, pupils were most likely to get alcohol from their home, a friend, or a relative. Direct purchase of alcohol from a business was rare. The majority of pupils, who have ever had a drink, have never tried to purchase alcohol from either a 'shop, supermarket or off-licence', or a 'pub, bar or club'. 35% of 13 year olds and 52% of 15 year olds who have ever had a drink, had asked someone else to buy them alcohol in the last 4 weeks.

40% of 13 year olds and 73% of 15 year olds thought that it was 'ok' for someone their age to try drinking alcohol. There has been no change between 2013 and 2015. 9% of 13 year olds thought that it was 'ok' for someone their age to try getting drunk, compared to 38% of 15 year olds. This represents no change between 2013 and 2015 among 13 year olds, and a small decrease among 15 year olds.

gov.scot/Resource/0050/00508470.pdf







NUS Alcohol Impact programme

In the UK, the National Union of Students is running the programme 'Alcohol Impact', which aims to embed the social norms of responsible drinking on campuses, change attitudes towards alcohol, and build healthier, safer, more productive student communities.

By creating a more positive culture of responsible drinking, the programme seeks to make campus life more inclusive for students who don't drink alcohol, and to instill healthy habits for the future.

Alcohol Impact helps to ensure that participating institutions can provide productive places to live and work, by confronting the dangers associated with excessive drinking.

As part of the programme, participating institutions and students' unions work through a list of criteria that range from shaping students' union policy, to working in partnership with local community groups and residents. Each institution also undertakes a number of more ambitious interventions, such as the creation of alcohol-free spaces at social events, or developing free taxi services.

Towards the end of the academic year, an external audit of the institution and students' union assesses their performance in Alcohol Impact. If criteria have been completed to a satisfactory level, the institution is awarded with an accreditation mark.

In 2014/15 Alcohol Impact was externally funded by the Home Office and ran at seven pilot institutions. In 2015/16 fourteen new institutions signed up to the programme on a self-funded basis. By March 2016, a total of 310 criteria have been completed; just under 25,000 students have responded to the central research surveys; and the programme had engaged with 116 sports clubs and societies; reached 100,000 students; engaged with 3,000 students and trained 22 students.

Alcohol Impact has seen some great local results including non-drink focused events doubling in a year, a 40% decrease in students being excluded from venues on campus due to irresponsible drinking; a reduction in noise complaints during welcome weeks from the local community; a decrease in welfare incidents in halls of residence; 76 students developing specific campaigns work on responsible alcohol consumption as part of their academic coursework and landlords changing incentives given to new student tenants to free food vouchers, rather than free alcohol.

alcoholimpact.unioncloud.org

Parental Drinking Inquiry- Call for evidence

The Alcohol and Families Alliance – a coalition led by Adfam and Alcohol Concern – has joined together with the Institute of Alcohol Studies and Alcohol Focus Scotland to work on a new research project into parental drinking and its impact on children.

While there is a significant amount of research on the impact of chronic drinking on families and children, far less is known about the impact of 'moderate' or 'lower risk' drinking. This project aims to address this by investigating the impact of alcohol on children across a range of drinking levels and patterns.

The alliance is now calling for written evidence on this subject from as wide a range of stakeholders as possible. More information, including consultation forms, can be found on the Alcohol and Families Alliance website. The last day for submitting evidence is Wednesday 7th December.

alcoholandfamiliesalliance.org/our-inquiry.html

Preventing Children and Young People's Mental Health and Substance Use Problems

Mentor-Adepis have published a paper that provides teachers, educators and the wider school workforce with practical guidelines on how to prevent children and young people from developing mental health problems as a result of alcohol and drug misuse. Early detection helps teachers, parents and carers identify children's emotional or behavioural challenges and assist in making available the appropriate services and support before their problems worsen and longer term consequences develop.

The briefing paper is part of a series produced by Mentor ADEPIS on alcohol and drug education and prevention, for teachers and practitioners.

mentor-adepis.org/preventing-cyp-mental-health-problems/

Minimum alcohol pricing in Scotland given the go ahead

The Scottish government's plan to introduce a minimum price for alcohol was backed by the Scottish courts on October 21st.

The court of session in Edinburgh rejected a challenge by Scotland's drinks industry, which claimed the plan to set a minimum price at 50p per unit of alcohol was in breach of European law. In its ruling, the Court of Session said: "The advantage of the proposed minimum pricing system, so far as protecting health and life was concerned, was that it was linked to the strength of the alcohol".

"Current EU tax arrangements related to different types of product (wine, spirits, beer and cider, etc.) each of which had a range of alcohol strength.... There was evidence which demonstrated that the alternative of increased tax, with or without a prohibition on below cost sales, would be less effective than minimum pricing."

The Scotch Whisky Association, which had led the challenge against the implementation of a minimum price for alcohol said it would study the judgment and consult its members before deciding on its next steps, including any possible appeal to the UK supreme court.

In the Scottish parliament on 25th October, Shona Robison of the Scottish National Party stated that "The Scottish Government intends to implement minimum unit pricing as soon as possible. The order to bring in minimum pricing must first be laid in draft before the Scottish Parliament for approval before it can be made by the Scottish ministers".

Ireland Alcohol Bill

The Public Health (Alcohol) Bill is before the Seanad where committee stage amendments are being discussed on the legislation which will introduce a minimum unit price and impose obligatory labelling on alcohol detailing calories, ingredients and health warnings. The Bill also restricts advertising of alcohol and imposes segregation of alcohol from other products in supermarkets.

Brian Hayes MEP, speaking in the European Parliament at a specially organised conference on Minimum Unit Pricing (MUP) of Alcohol) said that EU countries should not fear the threat of court action by the drinks industry over implementing a minimum price for alcohol. "The ECJ ruling and the precedence now set by the Scottish Courts is evidence of our right to introduce this legislation," he commented.

Hays added that Ireland is currently in the process of introducing Minimum Unit Pricing as part of the Public Health (Alcohol) Bill and that "Ireland was a European leader in introducing the smoking ban and plain packaging of cigarettes. Many look to us to help work out new solutions in this area."

BBPA report beer sales down in Q3 despite positive trend

According to the latest 'Beer Barometer' quarterly sales tracker from the British Beer & Pub Association, British Beer sales declined in Q3 compared with last year, but the trend is still broadly positive. Beer sales were down 3.4% from July to September when compared with 2015, but the 2015 figures had been given a boost by the Rugby World Cup. Q3 sales figures were up on the same period for 2014.

Quarterly beer sales hit a low in the second quarter of 2013, but have since stabilised after years of decline, and have not dropped below this level since. The change in trend is down to a big change in tax policy, with three beer duty cuts and a freeze in the past four Budgets helping to keep the price of beer affordable for consumers.

According to the BBPA, Beer duty is now 17% lower than it would have been under the previous 'beer duty escalator' policy that was scrapped in 2013. This has stimulated growth and investment in a beer market that is 90 per cent supplied by UK producers, and has encouraged investment in industry-wide campaigns and initiatives, such as 'There's a Beer for That'.

beerandpub.com/statistics

Scottish Government actions to address alcohol intake during pregnancy

Having recently reconfirmed its policy statement that there is no safe level of alcohol intake during pregnancy, The Scottish Government launched the "No Alcohol No Risk" campaign. In addition, a training programmes for midwives and health visitors, focusing on the importance of asking about alcohol intake and use of 'best practice' techniques in asking these questions has been introduced. It promotes the use of the alcohol brief intervention methodology in maternity services; expands screening for alcohol use during pregnancy and referral for help in reducing alcohol intake; and updates the Scottish Women's Handheld Maternity Record and Child Health Surveillance Programme records to ensure routine active recording of maternal alcohol intake.

There is a lack of data about the number of children in Scotland affected by alcohol in utero. The FAS Passive Surveillance Study, a study carried out with paediatricians throughout Scotland, showed that 0.18 per 100 live births were diagnosed with FAS. Paediatricians in the study reported a lack of confidence in making the FAS diagnosis, so over the past 2 years, the Scottish Government, in conjunction with the Royal College of Paediatrics and Child Health, has run a series of educational events for paediatricians and professionals in social care and education, as well as for parents and those working in the voluntary sector in order to raise awareness of the needs of these children, provide guidance on how to best diagnose the condition and support the children and their families.

A web-based FASD diagnostic pathway has been developed and is due to be launched in winter 2016, and paediatricians in most areas of Scotland have received specific training in the diagnostic methodology. A peer support group for clinicians has also been established. A pilot project supported by the Scottish Government is being run in the south west of Scotland to determine the best clinical model. The Scottish Intercollegiate Guidelines Group, Health Improvement Scotland, is developing both diagnostic guidelines for early identification of possible at-risk pregnancies and best practice in the early identification of and support for affected children.

Scotland has a national system for recording children with specific additional needs, the Support Needs System (SNS) to facilitate accurate recording of children with neuro-developmental needs related to alcohol exposure during pregnancy.

FASD Scotland, the FASD Trust United Kingdom, and the NHS Education Services Compassionate Connections Team are working together to help health professionals employ expert communication skills to ensure that children and parents (mothers, in particular) are identified and supported in a non-judgemental way.

It is hoped that with these ongoing developments in Scotland, issues related to alcohol intake during pregnancy will be more openly discussed, and those professionals working to assist affected children will be more effective.

euro.who.int/en/health-topics/disease-prevention/alcohol-use/news/news/2016/10/recent-scottish-government-actions-to-limit-alcohol-intake-during-pregnancy

Alcohol advertising & consumption in Europe factsheet

Spirits Europe have issued a factsheet 'Getting The Facts Right on Alcohol Advertising & Consumption'. It states that advertising for alcoholic beverages is constantly under government scrutiny. Regulating and reducing the visibility of alcoholic beverages is perceived by some as a convincing public health policy measure to reduce alcohol-related harm

The document aims "to provide summary information that may help address questions surrounding alcohol advertising and its effects on consumption by reference to empirical and scientific evidence".

spirits.eu/files/98/cp.as-238-2016-factsheet-advertising-2016.pdf

New Healthy Ireland Survey results

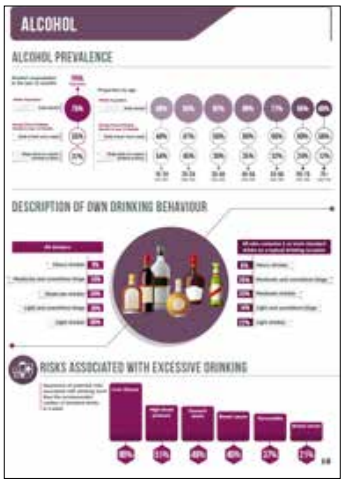
The 2016 Healthy Ireland Survey, a survey of 7,500 people aged 15 and over living in Ireland, gives an up-to-date picture of the health of the nation and reports on many lifestyle behaviours such as smoking, alcohol consumption, physical activity, diet and mental health.

The survey found a low awareness of the potential risks associated with drinking more than the Department of Health/HSE low-risk guidelines for alcohol consumption. (The low-risk guidelines for Ireland are 11 standard drinks (110g pure alcohol) spread out over the week for women, with at least two alcohol-free days and 17 standard drinks (170g pure alcohol) spread out over the week for men, with at least two alcohol-free days).

Three-quarters of the population report that they have drunk alcohol in the past year, remaining fairly static from last years' 2015 Survey, when 24% of the Irish population reported that they did not drink alcohol. 41% of Irish adults drink alcohol at least once a week. Weekly drinking is highest among people aged 55-64 (66%)

Amongst Irish adults, 97% of drinkers consider themselves to be a light or moderate drinker. However, 37% of people who drink in Ireland binge drink on a typical drinking occasion (defined as six or more standard consumed drinks on a single occasion). 55% of men who drink, binge drink on a typical drinking occasion compared to 18% of women.

57% of drinkers aged under 25 consider themselves to be light drinkers despite 54% binge drinking on a typical drinking occasion. This, the authors suggest, potentially highlights a low level of understanding of the recommended low-risk guidelines for alcohol consumption.



The report also highlighted that while the majority of drinkers could identify liver disease as a potential risk associated with excessive drinking, less than half were aware of other risks including cancers and stomach ulcers. 27% of women are aware of the increased risk of developing breast cancer as a result of heavy drinking.

health.gov.ie/blog/publications/healthy-ireland-survey-2016-summary-findings/

European Joint Action on Reducing Alcohol Related Harm - results

The Joint Action Reducing Alcohol Related Harm final conference took place on October 13-14 in Lisbon, Portugal.

Insights from the Workgroups presented at the conference, emphasised the importance of member states cooperating and knowledge sharing, and spanned a wide range of topics on reducing alcohol related harm, future challenges and the impacts on public health policy in Europe.

RARHA is a Member States initiative that resulted from the joint work between the European Commission and the Committee on National Alcohol Policy and Action (CNAPA). RARHA is composed of 32 Associated Partners and 29 Collaborating Partners, including WHO/Europe, EMCDDA, and OECD/ Health Division.

All outputs from the initiative aim to provide new knowledge and tools based on RARHA outcomes in three areas:

- the monitoring of drinking patterns and alcohol related harm;
- low risk drinking guidelines in RARHA partner countries and a common criterion for low risk: and finding good practices examples cross Europe, and
- building a tool kit to reduce alcohol related harm.

rarha.eu/NewsEvents/LatestNews/Lists/LatestNews/Attachments/27/Press%20Release_RARHA_FC_EN.pdf

European Night Without Accident 2016

On the third Saturday of October each year, a major awareness campaign - the European Night Without Accident - runs to dissuade young people from driving under the influence of alcohol and drugs.

The campaign was launched in Belgium in 1995 and was expanded across EU member states while it was backed and conducted by the European Commission from 2003. Since 2013, all 28 EU Member States have participated.

This year, volunteers were stationed at nearly 2,000 nightclub venues across Europe to breath test drivers as part of the EU-wide annual campaign. Prizes were given out to drivers who had not consumed alcohol and alternative travel solutions were found for those who exceeded the legal BrAC limit, in order to help them return home safely.

A report of results from the campaign in Belgium led by the drink driving prevention group Responsible Young Drivers found that approximately 85% of the 1,500 young drivers participating in their events did not register a breath alcohol concentration (BrAC) level greater than the legal BrAC limit when exiting nightclubs.

europeannightwithoutaccident.eu/

Fall observance of National Collegiate Alcohol Awareness Week

In October, college and university students joined with their peers on more than 1,000 campuses across the US to promote National Collegiate Alcohol Awareness Week (NCAAW). During NCAAW, students had the opportunity to participate in a variety of events, all designed by the campus' peer education group, to reinforce personal responsibility and respect for current state laws and school policies regarding the consumption of alcohol beverages.

NCAAW has grown to become the largest single event in all of academia. Students take ownership in designing and implementing this observance for their campus communities. The week gives campuses the opportunity to showcase healthy lifestyles free from the abuse or illegal use of alcohol and to combat negative stereotypes of college drinking behaviour. NCAAW activities vary from campus to campus, but typically include informative presentations and social events that promote responsibility and healthy, safe decisions about alcohol.

NCAAW is promoted by the Inter-Association Task Force on Alcohol and Other Substance Abuse Issues. This coalition of higher education associations is dedicated to promoting education, prevention, research, networking, and national initiatives to help eliminate substance abuse and the problems it causes on US college and university campuses. The BACCHUS Network is one of the member associations of the Task Force.

iatf.org

bacchusnetwork.org

Save the Date

Wine & Health Meeting, Logroño, February, 2017

The Wine and Health 2017 Meeting will be held from Thursday 16 February to Saturday 18 February 2017 in Logroño (La Rioja), Spain. More information regarding this Meeting (website, programme, registrations, submissions, hotel booking) will be available soon.

Increased awareness about safe ride home programmes needed in US: Poll

A new Road Safety Monitor (RSM) poll conducted by the Traffic Injury Research Foundation reveals a low awareness of safe ride home programmes among US drivers. It also indicates that a large proportion of US drivers do not use safe ride home programmes, even when they are available and the drivers are aware of them. The poll found that a proportion of drivers who reported driving while impaired did so because they believed they were okay to drive.

The poll was conducted in October and November 2015 and investigated US driver opinions and behaviours in relation to impaired driving. Results were analysed in accordance with the 10 regions of the country identified by the National Highway Traffic Safety Administration (NHTSA) to gain insight into variations across the US. The online poll was based on a sample of 5,009 drivers, aged 21 years or older and conducted in partnership with TIRF in Canada.

"It is clear that most US drivers understand the overall concerns of driving while alcohol-impaired as evidenced by the 92 percent who reported not driving drunk. However, the majority of those who chose to drive while impaired made this decision because they thought they were capable of driving," commented Casanova Powell, Director of Research at TIRF USA.

Across the US, 41% of respondents reported familiarity with safe ride home programmes, but among those drivers who were familiar with safe ride home programmes, less than 10% reported using them always or almost always. Young adults reported using both safe ride home programs and public transportation options more frequently than older age groups.

49% of drivers reported that they had access to public transportation in their area, and 28% said they did not; 18% of respondents reported that public transportation was only available in urban areas and not in residential areas. Only 7% of drivers who had access to public transportation reported that they always or almost always used it when they consumed alcohol and only 11% reported using it sometimes.

Several regional differences were observed in relation to availability and use of safe ride home programmes, which suggests that some areas may need to do more to ensure drivers are aware of alternatives.

Among the 8% of respondents who reported drinking and driving when they thought they were over the illegal limit, the majority did so because they thought they were okay to drive (44%), or thought that they could drive carefully (12%).

tirf.ca/publications/PDF_publications/RSM-TIRF%20USA-Alternatives%20to%20Alcohol-Impaired%20Driving2016-8.pdf

South Africa National Liquor Amendment Bill published for public review

In South Africa, Trade and Industry Minister Rob Davies has said that the government wants to raise the legal drinking age from 18 to 21 years in order to curb abuse amongst young people and to clamp down on illegal alcohol sales through unlicensed outlets.

The National Liquor Amendment Bill introduces a new clause of civil liability to manufacturers who supply liquor to these unlicensed suppliers. It has been published for public comment alonside the National Gambling Amendment Bill. The public has 45 days to comment on the two bills, which aim to strengthen the enforcement and regulation of the two industries in order to minimise the social ills associated with them.

The Minister cited evidence that the brain of a young person is not fully developed until the mid-20s, and that when it is not fully developed, the impact of alcohol abuse on the brain is much more severe than it is on a developed brain. He also referred to research that showed that in instances where the legal drinking age was raised, incidents such as car crashes and other alcohol related societal ills had decreased.

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

AIM Mission Statement

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

AIM SOCIAL, SCIENTIFIC AND MEDICAL COUNCIL