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## Hungary

The Government of Hungary has abolished the legal blood alcohol concentration (BAC) limit for cyclists. The decision, signed by Prime Minister Victor Orban and published in the official gazette, modifies previous regulations that prohibited cyclists from riding on major roads with a BAC higher than 0.5 mg/ml, which had been punishable by a fine of HUF 30,000 forints.

## UK

Four London boroughs are trialing a programme that requires repeat offenders convicted of alcohol-related crimes to wear ankle monitoring devices. Courts will require up to 150 offenders to wear the devices during the year-long pilot programme, to ensure that they abstain from alcohol consumption. The pilot programme is the first of its kind in the United Kingdom.

## US

US New York Senator, Charles Schumer is proposing legislation to ban powdered alcohol. He is also urging retailers to boycott the product's sale, which could commence as early as September.

In May, Schumer urged the Food and Drug Administration to prevent sales of the substance. Schumer says powdered alcohol can be mixed with water, sprinkled on food or even snorted and easily concealed. The parent company for the product, called Palcohol, disagrees, saying it would be painful to snort and that it would be sold under the same restrictions as liquid alcohol.

## Tonga

Tonga's parliament has passed a law to raise the drinking age from 18 to 21 years. It cited escalating violence among teenagers as the main reason for the change. Drew Havea, president of the Tongan National Youth Congress, said young people need more warnings about the effects of alcohol. "Something we really need to look at is how to educate, not just young people, but older people," he added. The Tongan drinking age is now in line with the age they can first vote in parliamentary elections.

## Taiwan

In partnership with the Bartender Association of Taiwan (BAT), Health Communications, Inc. (HCI) has announced the launch of the TIPS (Training for Intervention Procedures) programme in Kaohsiung, Taiwan.

In April, the TIPS Program was introduced in Singapore and there are additional plans to bring the training to several other Southeast Asia countries in the coming months.

## India

In the Southern Indian state of Kerala, the High Court has approved plans for a total prohibition on alcohol, forcing the immediate closure of 750 bars.

Every bar in the state has been issued with a 15-day notice period to close from 12 September and from April 2015 only sixteen luxury hotels will be able to serve alcohol.

Of the 388 state-owned liquor shops, 10% will close each year leading to an eventual total alcohol ban by 2023.

## Alcohol consumption and brain structure on MRI scans

Gu Y, Scarmeas N, Eaton Short E, Luchsinger JA, DeCarli C, Stern Y, Manly JJ, Schupf N, Mayeux R, Brickman AM. Alcohol intake and brain structure in a multiethnic elderly cohort. *Clinical Nutrition* 2014;33:662e667.

### Authors' Abstract

**Background & aims:** Evidence suggests that consuming light-to-moderate amounts of alcohol reduces the risk of dementia and is associated better cognitive function and less cardiovascular disease, relative to those consuming no or heavy alcohol. There are only minimal data on the association between alcohol and brain magnetic resonance imaging (MRI) markers. This study aimed to examine the association between alcohol and brain structure measured with MRI.

**Methods:** In this cross-sectional study, high-resolution structural MRI was collected on 589 multi-ethnic community residents of New York aged  $\geq 65$  with available alcohol intake assessments via a food frequency questionnaire. Total brain volume (TBV), white matter hyperintensity volume (WMHV), and presence of infarcts were derived from MRI scans with established methods. We examined the association of alcohol intake with these imaging markers using regression models adjusted for demographic, clinical, and vascular risk factors.

**Results:** Compared to non-drinking, light-to-moderate total alcohol ( $b = 0.007$ ,  $p = 0.04$ ) or wine ( $b = 0.008$ ,  $p = 0.05$ ) intake, but not beer or liquor intake, was associated with larger TBV. Further analysis showed a dose-response association between alcohol ( $p$ -trend = 0.03) or wine ( $p$ -trend = 0.006) and TBV. Overall, alcohol intake was not associated with WMHV or brain infarcts.

**Conclusions:** Our study suggests that among older adults in the community, light-to-moderate alcohol intake, in particular wine, is associated with larger TBV. These findings suggest that light to moderate alcohol consumption is potentially beneficial for brain aging, but replication is needed.

### Forum Comments

While many epidemiologic studies have suggested that light-to-moderate drinkers have a lower risk of developing Alzheimer's Disease or other types of dementia, limited data are available relating alcohol intake to measurements of brain size and structure. Anstey et al (2006) reported: "In men, weekly alcohol consumption had a positive linear association with ventricular volume and gray matter and a negative linear association with white matter. In women, weekly alcohol consumption had a nonlinear relationship with cerebrospinal fluid and white matter. Alcohol consumption was not associated with white matter

hyperintensities, corpus callosum size, hippocampal or amygdala volumes in analyses adjusting for confounding variables."

A number of other studies (e.g., de Bruin et al, den Heijer et al) have shown that at least some groups of subjects have favorable effects on brain structure associated with alcohol consumption. In contrast, others reports (e.g., Mukamal et al, Fukuda et al) showed that alcohol intake was inversely associated with indices of brain structure. However, in terms of net effects of alcohol on the risk of clinical dementia, many studies show a protective effect. For example, from the long-term follow up of a population-based cohort in Australia, the Dubbo Study, Simons et al found that alcohol consumption and regular exercise (including gardening and daily walking) were the two lifestyle habits that were most strongly associated with a lower risk of developing dementia.

The present study was based on a large population-based, multi-ethnic population in New York City. A brain MRI was obtained when subjects were an average of 80.1 years of age. Alcohol intake was assessed, at the time of the brain MRI, by a food-frequency questionnaire that was administered twice 2 months apart (and showed no significant differences between the two administrations). A total of 180 (31%) of subjects reported light-to-moderate alcohol intake; 409 reported no alcohol intake. Overall, 14% reported beer intake, 21% wine intake, and 13% liquor intake.

In multivariable analyses, potential confounders or modifiers of effect included age, sex, education, caloric intake and BMI, and a history of diabetes, hypertension, heart disease, or clinical stroke. Subjects were also categorised by ApoE genotype, smoking status, and race; supplemental analyses were done among subject reporting no alcohol intake to exclude subjects with a history of previous alcohol intake and previous heavy drinking. Because of few heavy drinkers in this cohort, comparisons were done only between non-drinkers and "light-to-moderate" drinkers ( $>0 - \leq 30$  drinks/month for women and  $>0 - \leq 60$  drinks/month for men).

Key results showed that subjects reporting a total alcohol intake in the light-to-moderate range had larger total brain volumes (i.e., less brain atrophy) than non-drinkers in the basic adjusted analyses ( $p=0.05$ ), but this was attenuated when the subject gave a



previous history of heart disease, hypertension, or diabetes, and when adjusted for BMI. There was a significant trend ( $p=0.03$ ) indicating that increase in total alcohol consumption was associated with increase in brain volume; when type of beverage was considered, only wine consumption was associated with increased brain volume. Alcohol intake did not relate to white matter hyperintensity volume or the presence of brain infarcts.

Specific comments on paper by Forum members: Reviewer Ellison commented that this is not a very large study, and the differences in brain size and structure according to alcohol intake were not large. Further, it is based on a cross-sectional analysis, so it is possible that people with larger brains to begin with were more likely to consume wine or total alcohol (rather than their alcohol intake increasing their brain size).

Reviewer Waterhouse pointed out that the only assessment of alcohol intake was "over the past year," at the time of the MRI. "I would presume that differences in brain volume might take time to evolve, so that the current snapshot might not be the best assessment of the relevant alcohol exposure, if there was to be any relationship. I agree that any association is weak at best for increasing brain volume, but this also means that there would be a weak association with any effect on brain volume."

Forum member Skovenborg comments: "As a cross-sectional study the link between association and causation is weak, and there are indications of residual confounding in the present study, e.g., the diet of wine drinkers vs beer and spirits drinkers. Anyway the association of moderate alcohol intake with larger brain volumes in elderly people is reassuring."

Should the elderly be encouraged or discouraged to consume some alcohol? Reviewer Keil listed some reasons why instructing the elderly to refrain from light-to-moderate amounts of alcohol may not be wise: "First, with increasing age the relative risk of a risk factor or a protective factor may diminish, because the risk factor age is overwhelming other risk factors, but the absolute risk is increasing; this means that an intervention may have a greater impact in older people as compared with younger people. Even for an important risk factor such as hypertension, with increasing age the relative risk of hypertension for CVD or all-cause mortality declines, but the absolute risk increases." In addition, Keil notes that "We have

overwhelming epidemiologic data showing that in people above age 55, alcohol has clear beneficial effects. The explanation is easy: In younger people with a low risk of dying from cardiovascular disease (CVD), light to moderate amounts of alcohol cannot protect against a risk which hardly exists, while in elderly and older people CVD risk increases exponentially, and in those people small to moderate amounts of alcohol can exert their beneficial effect. The overall net result is overwhelmingly positive in favour of alcohol consumption."

Reviewer Finkel noted: "I have long believed that too much concern is expressed about the susceptibility of the elderly to drinking, particularly to moderate drinking. In fact, it has appeared to me that the elderly both tolerate and may preferentially benefit from moderate drinking. Maybe we are seeing in this study part of the reason." Finkel added: "The very wise Michel de Montaigne wrote, '... drinking is the almost last pleasure that the years steal from us.'"

Given the inconsistencies in previous reports on the effects of alcohol on brain size, we must conclude that this study suggests that there might be a weak positive association between alcohol (especially wine intake) and brain size, but an association is not definitive. An inverse relation between moderate drinking and clinical evidence of dementia has received support from a large number of epidemiologic studies and may be a better association for us to use when advising the public regarding alcohol consumption.

#### References from Forum review

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### Forum Summary

While numerous prospective epidemiologic studies have provided evidence that light-to-moderate amounts of alcohol reduce the risk of dementia and heavy drinking increases the risk, there are few studies on the effects of alcohol on brain structure assessed by magnetic resonance imaging (MRI). The present study is a cross-sectional evaluation between reported alcohol intake and MRI-assessed brain structure among 589 multi-ethnic community residents of New York. Total brain volume (TBV), white matter hyperintensity volume (WMHV), and presence of infarcts were derived from MRI scans when subjects were, on average, 80 years of age.

A key finding of this analysis is that, in comparison with non-drinkers, light-to-moderate alcohol intake (up to an average of 1 drink/day for women or 2 drinks/day for men, which was reported in 31% of their subjects) was associated with larger TBV (i.e., less brain atrophy). The effect was primarily among consumers of wine rather than of beer or liquor. Significant associations were not found for alcohol or for specific beverages for other measures of brain structure (WMHV or presence of infarcts).

Forum reviewers considered this to be an appropriate analysis that was able to consider many of the potential confounders of such an association. On the other hand, it was not a large study and was based on a cross-sectional analysis; thus it cannot be used to judge causation (e.g., it is possible that people with larger brains to begin with were more likely to consume wine or total alcohol, rather than their alcohol intake increasing their brain size).

Data from many previous studies have shown that moderate alcohol intake lowers the risk of developing clinical signs of cognitive decline and of dementia. Such a finding has led Forum members to be of the opinion that instructing the elderly to refrain from light-to-moderate amounts of alcohol may not be wise. Although prospective studies may show that the decrease in the risk ratio for dementia (comparing drinking with abstainers) tends to be less among

the elderly than among middle-aged subjects, the absolute risk of dementia increases markedly with age. Thus, any intervention that lowers the risk of cognitive impairment will have a much greater impact in older people as compared with younger people.

Given the inconsistencies in previous reports on the effects of alcohol on brain structure, we must conclude that while this study suggests that there might be a beneficial association between alcohol (especially wine intake) and brain size, such a relation is not definitive. An inverse relation between moderate drinking and clinical evidence of dementia, however, has received support from a large number of prospective epidemiologic studies; it may be a better association for us to use when advising the elderly regarding alcohol consumption.

Overall, scientific data indicate that, for elderly subjects without contraindications to alcohol, small amounts of wine or other alcoholic beverage consumed regularly may reduce the risk of dementia and other diseases of ageing. As stated by Michel de Montaigne many centuries ago: ". . . drinking is the almost last pleasure that the years steal from us."

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

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## Alcohol consumption and risk of endometrial cancer

Je Y, DeVivo I, Giovannucci E. Long-term alcohol intake and risk of endometrial cancer in the Nurses' Health Study, 1980–2010. *British Journal of Cancer* 2014;111:186–194; doi: 10.1038/bjc.2014.257.

### Authors' Abstract

**Background:** Previous epidemiologic studies have shown inconsistent results for the association between alcohol intake and endometrial cancer risk. Most of the studies, however, assessed alcohol intake after cancer diagnosis, or measured alcohol intake at baseline only.

**Methods:** We prospectively examined the association between alcohol intake and endometrial cancer risk in the Nurses' Health Study with 68,067 female participants aged 34–59 years in 1980. Alcohol intake was measured several times with validated dietary questionnaires. We calculated cumulative average alcohol intake to represent long-term intakes of individual subjects. Using Cox proportional hazards models, we estimated incidence rate ratios (RRs) and 95% confidence intervals (CIs) for endometrial cancer risk after controlling for several risk factors simultaneously.

**Results:** We identified a total of 794 invasive endometrial adenocarcinoma from 1980 to 2010. We found an inverse association among alcohol drinkers (multivariable RR=0.81; 95% CI: 0.68–0.96) compared with nondrinkers. Women with light alcohol intake of <5 g per day (one-half drink per day) had a 22% lower risk of endometrial cancer (multivariable RR=0.78; 95% CI: 0.66–0.94). Higher intake of alcohol, however, did not provide additional benefits against endometrial cancer: multivariable RRs for 5–14.9 g (~ 1 drink), 15–29.9 g (~ 2 drinks), or ≥ 30 g (≥ 2 drinks) versus 0 g per day were 0.88, 0.83, and 0.78 (95% CI: 0.49–1.25), respectively. The lower risk among drinkers (~ half drink per day) appeared to be stronger for obese women, but no significant interaction by body mass index was found.

**Conclusions:** This study provides prospective evidence for an inverse association between light alcohol intake (~ half drink per day) in the long term and endometrial cancer risk, but above that level no significant association was found.

### Forum Comments

A recent meta-analysis by Friberg et al, studying the relation of alcohol consumption to the risk of endometrial cancer, demonstrated a J-shaped curve, with a significantly reduced risk of cancer for light drinkers and an increase in risk for heavier drinkers. Another meta-analysis by Sun et al showed an increase in risk for spirits but no effect on risk of uterine cancer for consumers of beer or wine.

The present well-done analysis is of importance because it is based on the very large Nurses' Health Study, with data collected prospectively (rather than after the diagnosis of cancer). With repeated assessments of data on alcohol consumption, it was possible for the investigators to estimate long-term average alcohol intake. Further, there were a large number of cases (n=794) of invasive uterine cancer.

The study showed that no category of drinkers had a relative risk as high as that of abstainers, and there was a statistically significant approximately 20% reduction in risk of uterine cancer for consumers of an average of no more than one-half drink per day (with similar risk ratios for the other categories). While the estimated risk for the highest drinking category remained below 1.0, there were few heavy drinkers in the cohort, and a possible increase in risk for greater alcohol intake could not be adequately assessed. The RR for wine drinkers was slightly lower than that of other drinkers, but there were no significant differences according to type of beverage consumed.

Forum member Van Velden commented: "This a well done study that supports the potential protective effects of moderate alcohol consumption. Of special importance, is the fact that the researchers identified the association of alcohol and the metabolic syndrome with insulin resistance. Alcohol intake has been associated with reduced fasting insulin concentrations and improved insulin sensitivity and thus may lower the risk of endometrial cancer by relieving chronic hyperinsulinaemia. Taking into consideration the inverse association between alcohol consumption and obesity, and the inverse association of alcohol with type 2 diabetes, this finding is of great relevance in view of the epidemic of obesity. Insulin can stimulate the growth of endometrial cells, increasing the risk of endometrial cancer. This may explain the mechanism of protection of moderate alcohol consumption and uterine cancer." Forum member de Gaetano agreed and added: "The relevance of the data to the obesity epidemic is of particular interest." Reviewer Gretkowski agreed that this was an excellent analysis; she pointed out that "Most of these women were in the overweight BMI range, confounding this study. Breakdown of dietary constituents in this group (Mediterranean-type diet?) should be considered due to issues related to chronic hyperinsulinemia."



Reviewer Finkel agreed that this is a well-done study. He did wonder whether the small differences in effect between wine and spirits drinkers suggested by the data may be of importance. Could other (non-alcohol) components of wine play a role in this association?

Forum reviewer Skovenborg stated: "I agree with other reviewers that this is a well-done study with important and biologically plausible results." He added, "A question worthy of consideration: The inverse associations were attenuated after multivariable adjustment – and BMI was a primary confounder. In a previous Nurses' Health Study, Colditz et al demonstrated a clear inverse relation between moderate alcohol consumption and body mass index; a similar association has been described by Arif et al and by many others. A causal association between moderate alcohol consumption and reduced BMI in women might be a part of the biological mechanism of effect, and not a real confounder."

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Friberg E, Orsini N, Mantzoros CS, Wolk A. Alcohol intake and endometrial cancer risk: a meta-analysis of prospective studies. *Br J Cancer* 2010;103:127–131.

Sun Q, Xu L, Bo Zhou, Wang Y, Jing Y, Wang B (2011) Alcohol consumption and the risk of endometrial cancer: a meta-analysis. *Asia Pac J Clin Nutr* 2011;20:125–133.

#### Forum Summary

Most epidemiologic studies have shown that moderate alcohol consumption does not increase the risk of uterine cancer, and some have suggested an inverse or J-shaped relation. In a new analysis from the Nurses' Health Study, with 68,067 female participants aged 34–59 years in 1980, investigators have related repeatedly assessed long-term alcohol intake, and related the cumulative average intake over time to the risk of invasive uterine cancer. A total of 794 cases of invasive endometrial adenocarcinoma were identified over a 30 year follow-up period.

The authors report an inverse association among alcohol drinkers (multivariable RR=0.81; 95% CI: 0.68–0.96) compared with nondrinkers. Women with an intake of <5 g per day (an average of approximately

one-half drink per day) had a 22% lower risk of endometrial cancer (multivariable RR=0.78; 95% CI: 0.66–0.94), with no further decrease evident from larger amounts of alcohol. In comparison with non-drinkers, the relative risk was similarly reduced for consumers of more than 30 grams of alcohol per day, but the number of subjects in this category was small, and a potential increase in risk from heavy drinking could not be adequately assessed in this study.

Forum members considered this to be a very well-done prospective study, with clear and biologically plausible results. By having repeated assessments of alcohol, an estimate of long-term average consumption was possible. The approximately 20% lower risk of uterine cancer among subjects with light alcohol intake remained statistically significant after multivariate adjustments for known potential confounders. Reviewers agreed with the authors that a potential mechanism for the association could be a reduction in insulin concentrations and improved insulin sensitivity that have been shown to occur with moderate alcohol consumption. Further, the frequently demonstrated inverse relation for alcohol with obesity may also play a mechanistic role. Overall, this study adds to accumulating scientific data showing that moderate drinking does not increase the risk of uterine cancer, and probably is associated with a reduction in risk

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

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## Alcohol and the risk of abdominal aortic aneurysm

Stackelberg O, Björck M, Larsson SC, Orsini N, Wolk A. Alcohol Consumption, Specific Alcoholic Beverages, and Abdominal Aortic Aneurysm. *Circulation* 2014;130:646-652.

### Authors' Abstract

**Background**—Studies investigating the role of alcohol consumption in the development of abdominal aortic aneurysm (AAA) are scarce. We aimed to examine associations between total alcohol consumption and specific alcoholic beverages and the hazard of AAA.

**Methods and Results**—The study population was made up of 44 715 men from the Cohort of Swedish Men and 35 569 women from the Swedish Mammography Cohort who were 46 to 84 years of age at baseline in 1998. Cox proportional hazards models were used to estimate hazard ratios with 95% confidence intervals for the associations between alcohol consumption, assessed through a food frequency questionnaire, and AAA, identified by means of linkage to the Swedish Inpatient Register and the Swedish Vascular Registry (Swedvasc). Over the 14-year follow-up until December 2011 (1 019 954 person-years), AAAs occurred in 1020 men and 194 women. Compared with the consumption of 1 glass of alcohol per week (12 g of ethanol), the hazard ratio of AAA among men who consumed 10 glasses per week was 0.80 (95% confidence interval, 0.68–0.94). The corresponding hazard ratio among women who consumed 5 glasses per week was 0.57 (95% confidence interval, 0.40–0.82). Among participants free from cardiovascular disease, total alcohol consumption did not seem to be associated with hazard of the disease. The most commonly consumed alcoholic beverages, beer among men and wine among women, were inversely associated, whereas no association was observed for liquor.

**Conclusions**—Moderate alcohol consumption, specifically wine and beer, was associated with a lower hazard of abdominal aortic aneurysm. The associations between higher doses of alcohol and risk of the disease remain unknown.

### Forum Comments

While there have been a huge number of studies on the effects of alcohol consumption on the risk of coronary heart disease and stroke, and a considerable number on the effects on the risk of heart failure, few studies have related alcohol intake to the development of abdominal aortic aneurysm (AAA). Such studies have had inconsistent results.

The present study is based on very large population-based cohorts, followed prospectively for the development of AAA. In their cohorts, there were a

total of more than 1,200 cases of AAA, of which about 20% had rupture of their aneurysms.

The results of this study suggest that moderate drinking is associated with a lower risk of AAA, with the beneficial effect primarily among consumers of beer or wine. There were too few heavy drinkers to ascertain if large amounts of alcohol may increase risk.

Specific comments from Forum members: Forum member Skovenborg considered this to be “A fine study, well planned and well executed, with trustworthy results on risk reduction and reasonable suggestions of biological mechanisms.” Reviewer Finkel agreed: “This seems to me a straight-forward study, without prejudice or methodological pitfalls. With all the evidence supporting coronary and ischemic stroke risk reduction associated with moderate drinking, it certainly is consistent that the risk of AAA, another manifestation of atherosclerosis, would also be reduced.”

Reviewer de Gaetano had similar comments: “This is a well performed study. It supports findings that wine polyphenols are anti-inflammatory, anti-oxidant, anti-platelet compounds; there seem to be few differences in epidemiologic studies between wine and beer in cardiovascular protection. To my knowledge no study has compared the cardiovascular protective effects of non-alcoholic components of wine and beer. One must presume that a combined effect of alcohol and non-alcoholic substances is responsible for the comparable cardiovascular protection offered by wine or beer. Spirits do not share this combined effect.”

Forum member Goldfinger stated: “Mechanistically, the authors speak to the potential of reduced atherosclerotic burden and reduced vascular inflammation as possible mechanisms for the decreased incidence of AAA. Yet, little is mentioned of hypertension, which is a well-known consequence of alcohol, if not the most important instigator of AAA.”

Goldfinger noted the report by Renaud et al on alcohol and hypertension “which showed the predictable increase in blood pressure from alcohol consumption but a reduced incidence of coronary heart disease even among hypertensives who were wine drinkers.” The Renaud et al study reported that



moderate wine drinkers had significantly lower risks of death from all causes than did abstainers. Even for the highest quartile of blood pressure, moderate wine drinkers were protected from all-cause mortality; no significant reduction in all-cause mortality was seen in relation to systolic blood pressure in consumers of other beverages containing alcohol. Goldfinger suggests that “this may be attributed to the robust salutary vascular benefits that red wine has on vascular biology. This however might not be expected to protect against AAA though, as aneurysm of the abdominal aorta is strongly related to elevated blood pressure, and there is little argument that alcohol raises blood pressure.”

Goldfinger continued: “The authors report an unexpected low incidence of hypertension in their study population. It looks like the mean age of the study group was about 60 years with an incidence of hypertension of about 25%. The CDC in the US reports incidence of hypertension among ages 55 – 64 at 54% in men and 53.3% in women, with about one half of these persons have controlled hypertension. Could this have affected their results?”

Reviewer Lanzmann-Petithory questioned the finding of similar effects of beer and wine, stating that beer actually has much lower levels of polyphenols than wine. She believed that increasing polyphenol intake from fruit and vegetables may be a more appropriate comparison with wine if polyphenols play an important role in preventing AAA. In addition, she pointed out that the consumption of wine increased markedly in Sweden during the follow-up period. Many of the subjects reporting beer at baseline may well have been consuming more wine during follow up.

The relation of alcohol consumption to blood pressure: In response to questions as to whether even moderate alcohol consumption raises blood pressure, Forum reviewer Powell contended that “The relationship between wine consumption and blood pressure is linear; it is steeper for systolic than for diastolic blood pressure. However, the elevation in blood pressure for moderate drinkers is small and not clinically significant. This is one of the few cardio-metabolic risk factors that does not follow the J-shaped distribution.”

Reviewer Ellison pointed out that “While blood pressure has long been recognized to increase with alcohol consumption, a number of large prospective

studies have suggested that light drinking may not increase blood pressure, and may even relate to a small decrease. The Kaiser-Permanente Study has shown that blood pressure increases linearly with alcohol only after about 2 drinks/day. Klatsky et al reported in the New England Journal of Medicine that, ‘As compared to nondrinkers, blood pressures of men taking two or fewer drinks per day were similar. Women who took two or fewer drinks per day had slightly lower pressures.’ Similarly, the Atherosclerosis Risk in Communities Study (Fuchs et al) found that for white men and women and African-American women, an increase in blood pressure was only seen for people reporting more than 210 g of alcohol per week (the equivalent of about 2 \_ to 3 typical drinks per day); only African-American males showed an increased risk of hypertension with lower intake. Kannel et al reported similar results from the Framingham Heart Study: an increase in the risk of hypertension only among heavier drinkers.”

Forum member Estruch stated that he and his colleagues (Chiva-Blanch et al) evaluated blood pressure and nitric oxide levels in a clinical trial of gin, wine, and wine phenolics. He stated: “After a one-month intervention with 30 g of ethanol as gin or red wine, as well as the same amount of polyphenols as dealcoholized red wine, we found the following:

1. Dealcoholized red wine significantly decreased blood pressure and increased plasma NO;
2. Red wine decreased blood pressure but the decrease did not achieve statistical significance;
3. Gin (alcohol) did not modify blood pressure.

Thus, according to our results, the final effects of moderate drinking on blood pressure depend on the polyphenolic content of the alcoholic beverages.”

The differences in effect according to the type of beverage shown in the Chiava-Blanch et al report could help explain the findings in the present paper of a decrease in AAA only among consumers of beer or wine. However, reviewer Skovenborg added, “The lack of effect of spirits might also be due to residual confounding or due to a limited number of spirits drinkers reporting more than small amounts of alcohol.”

### References from Forum review

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Renaud SC, Guéguen R, Conard P, Lanzmann-Petithory D, Orgogozo JM, 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.

### Forum Summary

The large majority of prospective epidemiologic studies on the effects of alcohol consumption and the risk of coronary heart disease and stroke have shown a significant reduction in risk for moderate drinkers. There have been few studies relating alcohol intake to the development of abdominal aortic aneurysm (AAA), and results have been inconsistent. The present study is based on two very large population-based cohorts in Sweden that were followed prospectively for the clinical development of AAA (identified by radiography, surgical repair, or death resulting from rupture). There were more than 1,200 cases identified during a 14-year follow-up period. The results of this study suggest that moderate drinking is associated with a lower risk of AAA, with the beneficial effects primarily among consumers of beer or wine.

Forum reviewers were unanimous in considering this to be a well-done analysis, with unbiased estimates of effect of alcohol on the risk of aneurysm. The reduced risk of AAA among moderate drinkers was similar to that seen for common manifestations of atherosclerosis, especially coronary heart disease and ischemic stroke. Reviewers were uncertain why only consumers of wine and beer showed a beneficial effect, but not consumers of spirits: this could be explained by the polyphenols present in wine, and to a less extent in beer, that have been

shown to be anti-inflammatory, anti-oxidant, and anti-platelet aggregation (all mechanisms that may relate to the development of AAA). However, residual confounding could also play a role.

It was noted that the percentage of the population with hypertension, probably the most important risk factor for AAA, was much lower than is common in most industrialized countries, but the degree to which this affected the results cannot be known. While alcohol is known to increase blood pressure, some large studies suggest that an increase occurs only with more than light-to-moderate drinking. Further, there were few very heavy drinkers (the highest category of alcohol was an average consumption of  $\geq 1$  drink/day among women and  $\geq 2$  drinks/day among men), so this study could not assess whether or not large amounts of alcohol might increase risk of AAA.

There have been a very limited number of studies on alcohol intake and aortic aneurysm. While this study suggests a slight decrease in occurrence of AAA with moderate wine and beer intake, it will be important for other large studies to evaluate this association. Additional studies on polyphenol intake and occurrence of AAA will also be useful.

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

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Ramon Estruch, MD, PhD, Department of Medicine, University of Barcelona, Spain

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

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

## The effect of energy drinks on the urge to drink alcohol in young adults

A study from Australia National University provides evidence that the combination of energy drinks with alcohol increases people's desire to keep drinking more than if they drank alcohol alone.

Study authors assigned 75 participants (46 women, 29 men) aged 18 to 30 years were assigned to an alcohol-only group or alcohol + energy drink group. In the double-blind randomised pre- versus post-test experiment, participants received a cocktail containing either 60 ml of vodka and a Red Bull® Silver Edition energy drink (n=36) or 60 ml of vodka with soda water (n=39); both cocktails also contained 200 ml of a fruit drink.

The primary outcome measure was the Alcohol Urge Questionnaire that was taken at pre-test and 20 minutes later at post-test. Other measures taken at post-test were the Biphasic Alcohol Effects Questionnaire, the Drug Effects Questionnaire, and breath alcohol concentration (BAC).

The alcohol+energy drink group showed a greater pre- versus posttest increase in the urge to drink

alcohol compared with the alcohol-only group. Participants in the alcohol+energy drink group had significantly higher ratings on liking the cocktail and wanting to drink more of the cocktail, and lower BACs, than the alcohol-only condition. When examined at specific BACs, the effect of the energy drink on the pre- to posttest increase in the urge to drink was largest and only significant at BACs of 0.04–0.05. There were no significant differences in stimulation, sedation, feeling the effects of the cocktail, or feeling high.

The authors conclude that combining energy drinks with alcohol increased the urge to drink alcohol relative to drinking alcohol alone. They recommend that more research is undertaken to understand what factors mediate this effect and whether it increases subsequent alcohol consumption.

Source: *The effect of energy drinks on the urge to drink alcohol in young adults*. Rebecca McKetin, Alice Coen. *Alcoholism: Clinical & Experimental Research*, published online: 17 Jul 2014.

## Alcohol consumption and physical functioning among middle-aged and older adults in Central and Eastern Europe

Light-to-moderate drinking is apparently associated with a decreased risk of physical limitations in middle-aged and older adults. A study investigated the association between alcohol consumption and physical limitations in Eastern European populations.

The cross-sectional survey included 28,783 randomly selected residents (45–69 years) in Novosibirsk (Russia), Krakow (Poland) and seven towns of Czech Republic.

Physical limitations were defined as <75% of optimal physical functioning using the Physical Functioning (PF-10) Subscale of the Short-Form-36 questionnaire. Alcohol consumption was assessed by a graduated frequency questionnaire, and problem drinking was defined as ≥2 positive responses on the CAGE questionnaire. In the Russian sample, past drinking was also assessed.

The study found that the odds of physical limitations were highest among non-drinkers, decreased with increasing drinking frequency, annual consumption and average drinking quantity and were not associated with problem drinking. The adjusted

odds ratio (OR) of physical limitations in non-drinkers versus regular moderate drinkers was 1.61 (95% confidence interval: 1.48–1.75). In the Russian sample with past drinking available, the adjusted OR in those who stopped drinking for health reasons versus continuing drinkers was 3.19 (2.58–3.95); ORs in lifetime abstainers, former drinkers for non-health reasons and reduced drinkers for health reasons were 1.27 (1.02–1.57), 1.48 (1.18–1.85) and 2.40 (2.05–2.81), respectively.

This study found an inverse (protective) association between alcohol consumption and physical limitations. The authors comment however, that the high odds of physical limitations in non-drinkers may be explained by poor health of former drinkers. They suggest that the apparently protective effect of heavier drinking maybe partly due to less healthy former heavy drinkers who moved to lower drinking categories.

Source: *Alcohol consumption and physical functioning among middle-aged and older adults in Central and Eastern Europe*. Yaoyue Hu, Hynek Pikhart, Sofia Malyutina, Andrzej Pajak, Ruzena Kubinova, Yuri Nikitin, Anne Peasey, Michael Marmot and Martin Bobak. *Age Ageing*, published online June 30, 2014.



## Disinhibition of olfaction: Human olfactory performance improves following low levels of alcohol

Recent research suggests that a modest amount of alcohol boosts your sense of smell. It is hypothesised that true human olfactory abilities are obscured by cortical inhibition. Alcohol reduces inhibition. Researchers therefore tested the hypothesis that olfactory abilities will improve following alcohol consumption.

Olfaction was measured in 85 subjects, 45 in a between-subjects design, and 40 in a repeated-measures within-subjects design before and after consumption of alcoholic or non-alcoholic beverages. Subjects were also assessed using neurocognitive measures of inhibition. Following alcohol consumption, blood alcohol levels ranged from 0.005% to 0.11%.

Across subjects, before any consumption of alcohol, it was found that individuals who were less inhibited had lower (better) olfactory detection thresholds ( $r = 0.68, p < 0.005$ ). Moreover, after alcohol consumption, subjects with low alcohol levels could make olfactory discriminations that subjects with 0% alcohol could not make (chance = 33%, alcohol =  $51.3 \pm 22.7\%$ ,

control =  $34.7 \pm 31.6\%$ ,  $t(43) = 2.03, p < 0.05$ ). Within subjects, it was found correlations between levels of alcohol and olfactory detection ( $r = 0.63, p < 0.005$ ) and discrimination ( $r = -0.50, p < 0.05$ ), such that performance was improved at low levels of alcohol (significantly better than baseline for detection) and deteriorated at higher levels of alcohol. Finally, levels of alcohol-induced improved olfactory discrimination were correlated with levels of alcohol-induced cognitive disinhibition ( $r = 0.48, p < 0.05$ ).

The authors state that although they cannot rule out alternative non-inhibitory alcohol-induced routes of influence, they conclude that improved olfaction at low levels of alcohol supports the notion of an inhibitory mechanism obscuring true olfactory abilities.

Source: Disinhibition of olfaction: Human olfactory performance improves following low levels of alcohol. Endevelt-Shapira Y, Shushan S, Roth Y, Sobel N. Behav Brain Res. 2014 Oct 1;272:66-74. doi: 10.1016/j.bbr.2014.06.024. Epub 2014 Jun 25.

## Moderate wine consumption is associated with lower hemostatic and inflammatory risk factors over 8 years

Moderate wine consumption has been associated with reduced cardiovascular (CV) risk, but most investigations have been conducted in Caucasian populations. To investigate the relationship of wine consumption to CV risk markers, researchers studied a multi-ethnic sample of middle-aged, healthy women (N = 2900; 48% white, 28% black, 7% Hispanic, 8% Chinese, 9% Japanese) participating in the Study of Women's Health Across the Nation (SWAN) over 7 years with repeated assessments of CV risk factors.

Consumption of wine was stable and common with 20% reporting none, 69% light (< 1/day), 7% moderate (= 1/day), and 4% heavy (>1/day). To guard against underreporting, the researchers took the maximum reported wine consumption over 7 years as the predictor.

The relationship between wine consumption and CV risk factors was assessed with moderate consumption as the reference. Longitudinal models were adjusted for ethnicity, age, and time-varying menopausal

status, hormone therapy use, overall alcohol consumption, high density lipoprotein (HDL), statin use, and a healthy lifestyle score based on physical activity, not smoking, and weight maintenance.

Interactions of wine consumption with time were not significant. Moderate wine consumers had significantly lower levels of C-reactive protein (CRP,  $p < .001$ ), fibrinogen ( $p < .001$ ), factor VII ( $p < .01$ ), and plasminogen activator inhibitor (PAI-1,  $p < .05$ ) than women who drank no or little wine. These associations were independent of significant effects of healthy lifestyle and overall alcohol consumption and similar across ethnic groups. Moderate wine consumption may protect against CVD via inflammatory and clotting pathways, the researchers conclude.

Source: Janssen I; Landay AL; Ruppert K; Powell LH, Nutrition and Aging Vol 2, No 2-3, 2014, pp91-99 Paper presented at the WineHealth 2013 International Wine and Health Conference, held 18-20 July 2013 in Sydney, Australia.

## Alcohol and risk of breast cancer in postmenopausal women

Alcohol consumption is an established risk factor for breast cancer. Whether associations vary by specific tumor characteristics independent of other characteristics is unclear.

Researchers evaluated the association between alcohol consumption and breast cancer risk in the Prostate, Lung, Colorectal, and Ovarian Cancer Screening Trial cohort (54,562 women aged 55-74 years recruited at 10 US screening centers between 1993 and 2001; median follow-up, 8.9 years; 1,905 invasive breast cancer cases).

Hazard ratios and 95% confidence intervals for subtypes defined by histological type and estrogen receptor (ER)/progesterone receptor (PR) status were calculated with standard Cox models. A novel 2-stage Cox model assessed heterogeneity in risk for individual tumor characteristics while adjusting for others.

Significant trends across categories of alcohol consumption were observed, with hazard ratios for those consuming 7 or more drinks per week versus never drinkers as follows: for estrogen receptor-positive (ER+) cancer, 1.48 (95% CI: 1.19, 1.83); for progesterone receptor-positive (PR+) cancer, 1.64 (95% CI: 1.31, 2.06); for ER+/PR+ cancer, 1.63 (95% CI: 1.30, 2.05); and for mixed ductal/lobular cancer, 2.51 (95% CI: 1.20, 5.24). For ER+ and PR+ cancers, trends were significant for ductal and mixed ductal/lobular types. PR status explained the positive association with ER status (for ER status, P heterogeneity = 0.70 after adjustment for PR status).

Alcohol consumption was not associated with all breast cancer subtypes. Future work should emphasise large collaborative studies, precise definition of subtypes, and adjustment for correlated tumor characteristics, the authors state.

Source: Alcohol and risk of breast cancer in postmenopausal women: an analysis of etiological heterogeneity by multiple tumor characteristics. Falk RT; Maas P; Schairer C; Chatterjee N; Mabie JE; Cunningham C; Buys SS; Isaacs C; Ziegler RG. *American Journal of Epidemiology*, published early online 22 August 2014.

## Harmful and beneficial relationships between alcohol consumption and subclinical atherosclerosis

Arterial stiffness and increased intima-media wall thickness are two of the main predictors of cardiovascular disease (CVD). A study evaluated whether brachial-ankle pulse wave velocity (baPWV) and common carotid artery intima-media wall thickness (CCA-IMT) are correlated with alcohol consumption in a cross-sectional study among Korean men and women aged 40 years and over.

The study included 5539 subjects (2121 men and 3418 women) drawn from the Multi-Rural Communities cohort (MRcohort) study, a part of the Korean Genome Epidemiology Study (KoGES). It was found that baPWV was positively correlated with alcohol consumption in men (p for trend < 0.0001). Age (middle-aged versus elderly) modified the effect of alcohol consumption on PWV. On the other hand CCA-IMT decreased with alcohol consumption in men. There was no favorable zone of alcohol consumption in terms of baPWV and CCA-IMT. Adjustment for lipid profiles substantially attenuated the relationship between alcohol consumption and CCA-IMT. There was no clear relation between alcohol consumption and baPWV/CCA-IMT in women.

Along with a linear harmful relationship between alcohol consumption and arterial stiffness in men there may also be a beneficial relationship between alcohol consumption and carotid intima-wall thickness, the authors conclude. The effect of alcohol on arterial stiffness may be slightly stronger in elderly men, and the effect of alcohol on CCA-IMT may be mediated by lipid factors.

Source: Harmful and beneficial relationships between alcohol consumption and subclinical atherosclerosis. Kim MK; Shin J; Kweon SS; Shin DH; Lee YH; Chun BY; Choi BY. *Nutrition Metabolism and Cardiovascular Diseases*, Vol 24, No 7, 2014, pp767-776.

## Using smartphone technology to compare in-vivo and retrospective recorded alcohol consumption

A research project published by Alcohol Research UK explored how smartphone technology can be used to provide a real-time measurement of alcohol consumption, and how such in-vivo reporting compares with memory-dependent accounts of alcohol consumption. Researchers also assessed the contextual factors which might mediate accuracy of self-reported alcohol consumption.

Overall results suggest that in-vivo and retrospective reports of alcohol consumption are not consistent with each other. Participants' reports about their previous day's drinking were significantly lower than the accounts supplied during that day (in-vivo responses). This effect was also apparent when participants were asked to recall their previous week's consumption.

Daily retrospective reports for beer/cider, wine, and spirits all appeared to be significantly under-reported when compared with in-vivo accounts. This effect was particularly apparent in certain environmental contexts (bars/pubs/blubs, parties, other's homes), whilst reports from other environmental contexts (home and work) did not appear to be associated with significant retrospective under-reporting in comparison to in-vivo assessment.

For weekly drinking reports the observed difference between in-vivo and retrospective reports, the amount of beer or cider reportedly consumed was significantly lower retrospectively, whilst other drink types (wine, spirits, other) did not appear to vary significantly between report periods.

Follow up and qualitative reports from participants indicate that participants enjoyed taking part in

the research and found the application easy to use. However, they reported that the task of recalling their past drinking was difficult (both the day and the week after in-vivo assessment), and suggested that there may have been some degree of guessing. These qualitative data appear to corroborate the quantitative findings.

The authors conclude that retrospective self-reports regarding personal alcohol consumption may not provide a reliable account of in-vivo alcohol consumption, a problem which is evident in both daily and weekly retrospective accounts. Recalling one's alcohol consumption from the previous day may be particularly difficult when drinking has occurred in certain environments such as bars and parties. Caution may therefore be warranted with regards to the extent to which retrospective alcohol consumption measures are reliable, or when such reports form the basis of clinical categorisation.

They argue that the alcohol research community has been overly reliant on retrospective self-report measures which appear to differ from consumption levels measured in real time. The use of smartphone technology offers a viable and contextually sensitive solution to measuring real-time alcohol consumption. By introducing novel cost effective ways of measuring alcohol consumption, this research possibly constitutes a first-step towards the development of more robust alcohol measurement techniques, they state.

Source: "I have no clue what I drunk last night" Using smartphone technology to compare in-vivo and retrospective recorded alcohol consumption. Rebecca L. Monk, Derek Heim, Alan Price (Edge Hill University). Alcohol research UK Alcohol Insight Number 113.



## Wine and headache

It has long been thought that migraine attacks could be triggered by food and drinks. Red wine in particular has been acknowledged as a migraine trigger since antiquity. Wine is beverage most commonly implicated as a cause of headaches. A review presents and discusses the available literature on wine and headache.

A Medline search with the terms headache, migraine, and wine was performed. Data available on books and written material about wine and medicine as well as abstracts on alcohol, wine, and headache available in the proceedings of major headache meetings in the last 30 years were reviewed. In addition, available technical literature and websites about wine, grapes, and wine making were also evaluated.

The reviewers found that full papers specifically on headache and wine are scarce. General literature related to medicine and wine is available, but scientific rigor was found to be typically lacking. The few

studies on wine and headache were mostly presented as abstracts despite the common knowledge and patients' complaints about wine ingestion and headache attacks. These studies suggest that red wine, but not white and sparkling wines, do trigger headache and migraine attacks independently of dosage in less than 30% of the subjects.

The reviewers found that wine, and specifically red wine, is a migraine trigger. Non-migraineurs may have headache attacks with wine ingestion as well. The reasons for that triggering potential are uncertain, but it is thought that the presence of phenolic flavonoid radicals and the potential for interfering with the central serotonin metabolism are probably the underlying mechanisms of the relationship between wine and headache. Further controlled studies are necessary to enlighten this traditional belief.

Source: Wine and headache. Krymchantowski AV; Jevoux CD. Headache, Vol 54, No 6, 2014, pp967-975.

## Interactions between parental alcohol-specific rules and risk personalities in the prediction of adolescent alcohol use

A study from Holland examined the impact of an important alcohol-specific parental rules and risky personality traits and their interaction on prospective adolescent drinking.

252 adolescents, 67.9% female, between 13 and 16 years-old were included on the study. Data were collected via online assessments during 2 years with four time points of assessments. The researchers examined membership of alcohol use trajectories as a function of parental alcohol-specific rules, moderated by risk-associated personality traits.

The study found that permissive parental rules predicted early onset and trajectories of heavy

drinking. High scores on Sensation Seeking and Hopelessness also predicted early onset and heavy drinking, but there was no evidence for moderation.

The authors conclude that the influence of parental rule setting and risk personality was confirmed, but no evidence was found that the impact of risk personality on adolescent drinking is moderated by parental rules. Implications of these findings, and limitations of the study, are discussed.

Source: Interactions between Parental Alcohol-Specific Rules and Risk Personalities in the Prediction of Adolescent Alcohol Use. Tim Janssen, Helle Larsen, Margot Peeters, Thomas Pronk, Wilma A.M. Vollebergh and Reinout W Wiers. Alcohol and Alcoholism, Vol 49, Iss 5.

## Event presentations: Skills Consortium annual conference

The 3rd annual conference of the Substance Misuse Skills Consortium 'From Alcohol... Medicines: Are we competent?' took place on 26 June. Presentations from the day are now available and include:

Emily Robinson (Alcohol Concern) - Alcohol strategies

Emily Finch (South London and Maudsley NHS Trust) - Skills for the future

Lauren Booker (Alcohol Concern) - Alcohol media campaigns

Marcus Roberts (Drugscope) - Drug and alcohol policy trends and developments

Mike Ashton (Findings) - Drug and alcohol findings

Gemma Lousley (Drugscope) - Tackling substance misuse in older people

Steve Brinksman - Addiction to medicines

Sam Crymble - Older people and alcohol

[www.skillsconsortium.org.uk/presentations.aspx](http://www.skillsconsortium.org.uk/presentations.aspx)

## Italy between drinking culture and control policies for alcoholic beverages

This paper focuses on whether the on-going dramatic decrease in alcohol consumption in Italy, especially of wine, during 1961-2008, was associated with parallel sociodemographic and economic changes and with alcohol control policies.

The study, using both time series (TS) and artificial neural network (ANN)-based analyses, documents that its selected sociodemographic and economic factors, and particularly urbanisation, had a definite connection with wine consumption decrease, spirits decrease, and the increase in beer consumption over time.

Control policies showed no effect on the decline in alcohol consumption, since no alcohol control policy existed in Italy between 1960 and 1987. A few policies introduced since 1988 (BAC and sale restrictions during mass events) may have contributed to reducing or to maintaining the on-going reduction. Study limitations are noted and future needed research is suggested.

Source: Italy Between Drinking Culture and Control Policies for Alcoholic Beverages. Allamani A, Voller F, Pepe P, Baccini M, Massini G, Cipriani F. *Subst Use Misuse*. 2014 Aug 14.

## Big drinkers: How BMI, gender and rules of thumb influence the free pouring of wine

An observational study with young adults investigated how BMI and gender affect free-pouring of wine over a variety of pouring scenarios, and how rules-of-thumb in pouring affect the quantities of alcohol poured by men and women across BMI categories.

For men, the amount poured was positively related to BMI. However, BMI did not affect pours by women. The use of the "half glass" rule-of-thumb in pouring reduced the volume of wine poured by over 20% for both men and women. Importantly, this rule-of-thumb substantially attenuated the pours by men at high BMI levels.

The researchers comment that an increasing awareness of pouring biases represents an early and effective step toward curbing alcohol consumption among men, and especially those who are overweight. Additionally, using a simple "half glass" rule-of-thumb may be an effective way to curb overpouring, despite non-standard glass sizes.

Source: Big drinkers: How BMI, gender and rules of thumb influence the free pouring of wine. Laura Smarandescu, Doug Walker, Brian Wansink. *International Journal of Drug Policy*.

## Stronger drunk driving laws lead to safer roads in British Columbia

Changes to British Columbia's laws against driving while impaired have reduced motor vehicle crashes, a University of British Columbia study finds.

Researchers concluded that harsher penalties for impaired driving and speeding instituted by the B.C. government in September 2010 reduced crashes related to drinking and driving. Automobile crashes declined 21%, crash-related hospital admissions dropped 8% and crash-related ambulance calls fell by 7.2%. There were an estimated 84 fewer fatal crashes, 308 fewer hospital admissions and 2,553 fewer ambulance calls for road trauma each year.

Lead author Jeffrey Brubacher said "Our findings add to the growing evidence that the new laws, although controversial to some, were associated with marked improvements in road safety... We hope that other jurisdictions will follow B.C.'s lead in implementing similar laws designed to deter dangerous driving."

Under the changes B.C. imposed in 2010, first-time offenders with a blood alcohol content (BAC) of .05

- .08% had their driver's licence suspended for three days, paid a \$600 fine and, at police discretion, had their vehicle impounded for three days. Drivers with a BAC higher than .08 per cent face even stiffer penalties.

The study notes that there was a drop in fatal crashes in B.C., but there was no decline in fatal crashes in Washington state or Saskatchewan, where laws remained constant during the study period. There was a significant drop in Alberta, but the researchers attribute that to a "spillover" effect of media coverage, and the fact that Alberta began debating and then approved changes similar to B.C.'s during the study period.

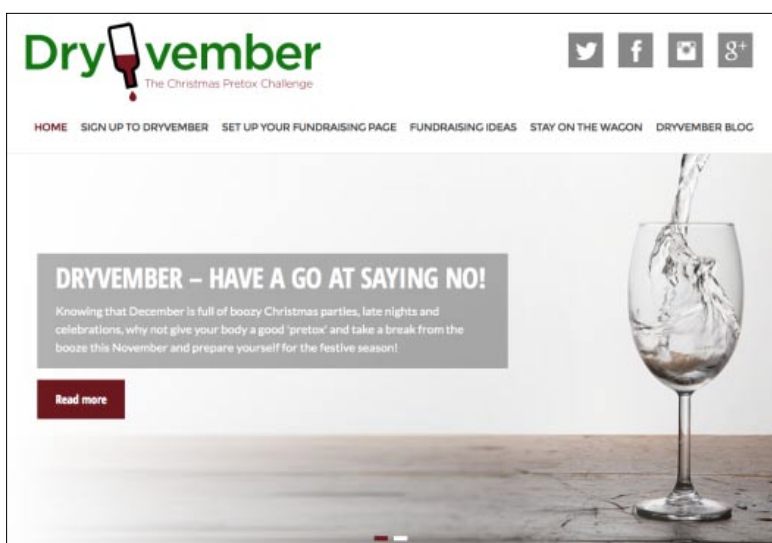
Source: Reduction in Fatalities, Ambulance Calls, and Hospital Admissions for Road Trauma After Implementation of New Traffic Laws. Jeffrey R. Brubacher, Herbert Chan, Penelope Brasher, Shannon Erdelyi, Edi Desapriya, Mark Asbridge, Roy Pursell, Scott Macdonald, Nadine Schuurman, Ian Pike. *American Journal of Public Health*, 2014; e1 DOI: 10.2105/AJPH.2014.302068.

## Dryvember – have a go at saying no!

The Alcohol Education Trust is launching its Dryvember campaign to raise funds for a special rollout of its educational programme to 13 and 14 year-olds in 100 schools across deprived areas of London.

Knowing that December is full of Christmas parties, late nights and celebrations, the challenge is for participants to give their body a good 'pretox' and take a break from the alcohol this November in preparation for the festive season!

Participants can sign up for a week, a half marathon of 13 days or the full monty of 26 days. As well as any money raised from sponsorship or special fundraising events, participants will be encouraged to donate the money they save by not drinking alcohol: *"Donating the cost of the bottle of wine you are not going to drink ( £5-10), or for dad's the cost of a round at the pub with mates ( £20-30?), or the cab that you won't need now that you're not drinking (£15) or you could ask your mates to make a donation if you're giving them a life home!"*



The Dryvember website will be live at the end of September to help people sign up for the challenge and optimise their fundraising.

The fundraising target is £25,000. Donations can be quadrupled by making donations through the Big Give on the 4th, 5th and 6th of December. The money donated will help The Alcohol Education Trust make a real difference in schools across Britain.

Find out more via: [secure.thebiggive.org.uk/charity/view/10465](https://secure.thebiggive.org.uk/charity/view/10465)

## Portman Group research reveals parents lack awareness of downturn in alcohol consumption by 11-15 year-olds

Few parents in England are aware of the decline in alcohol consumption among 11-15 year-olds in the past 10 years, according to research published by the Portman Group.

The Portman/YouGov poll of more than 1,000 parents found that 96% of them were unaware of this sustained decline. However, when informed of the trend and asked what they thought were the reasons for it, 57% said pubs and shops had become stricter against underage drinking.

Other reasons cited by parents included the rise of social media and new technologies providing other things for young people to do (25%); increasing diversity in the UK among ethnic groups who do not drink alcohol (20%); increased use of alcohol labels and public health messaging, information and education (15%) and young people are rebelling against their parents' generation, which had a more liberal approach to drinking alcohol (12%).

According to government statistics, 75% of 11-15 year-olds get alcohol from family or friends. 19% obtain alcohol from strangers and only 5% cite pubs or shops. Parents' perceptions about where children source alcohol from were broadly in line with this.

Portman Group chief executive Henry Ashworth said, *"Our research highlights the huge gap between the perception of parents and the reality of a significant cultural shift in underage drinking. We now need to improve our understanding of why this positive culture change is taking place, and what is fuelling the misunderstanding of parents."*

*"We're particularly pleased to see shops and pubs are recognised by parents as not being sources of alcohol for young people, showing the success of industry schemes such as Challenge 25 and Challenge 21 in preventing drinks sales to minors."*



## Local partnerships key to falling alcohol-related crime

A YouGov poll has found that members of the public and the police attribute falling rates of alcohol-related crime to better town centre management, better partnership working and our society becoming less tolerant to anti-social behaviour.

According to the Crime Survey for England and Wales (ONS) all crimes involving alcohol are falling in every region across the country. Violent crime linked to alcohol has fallen by 32% since 2004, and by 47% since 1995. Department of Transport data also shows alcohol related road traffic accidents have fallen by 44%, fatal accidents by 53% and roadside breath test failures by 19% since 2000.

Responding to the decline in alcohol-related crime, the British public most commonly cited better town centre management (40%), a society less tolerant of anti-social behaviour (38%) and more effective partnership working between police, local authorities, communities and businesses (31%) as reasons for the decline.

Public respondents to the poll were most likely to name the police as being contributors to partnerships tackling alcohol-related crime in their local area (57%), followed by bars, pubs and restaurants (45%) and local authorities (36%).

The poll also surveyed a sample of police officers in England and Wales, who agreed that the police force

contributes to this partnership (77%), followed by local authorities (53%) and licensed premises such as bars, pubs and restaurants (51%).

The police officers surveyed cited better town centre management as the leading reason for the reduction in anti-social behaviour (42%), followed by police, local authorities, communities and businesses working together more effectively (41%) and society becoming less tolerant to anti-social behavior (34%). 64% said that they felt effective partnership working between police, local authorities and licensed premises had increased over the last decade.

Alcohol-related crime has declined by 21% in England and across all regions. The steepest decline is in the north east (33%), Yorkshire and the Humber (29%) and East Midlands (28%).

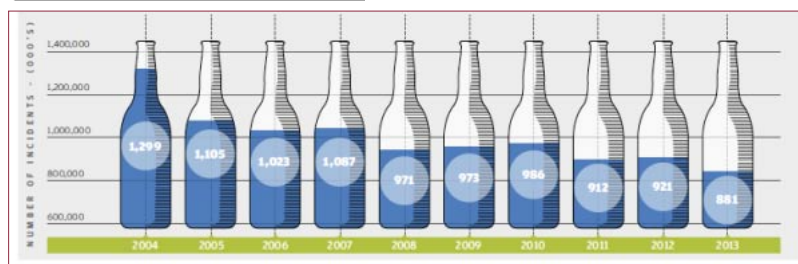
Responding to the regional variations in alcohol-related crime, the police officers surveyed cited lower standards of living (60%), weaker local economy e.g. limited employment opportunities (57%), a lack of education/ information about the risks of alcohol abuse (39%) and lack of an effective partnership between police, local authorities, communities and businesses (26%), as reasons for the higher rates of alcohol related crime in certain regions.

Henry Ashworth, Portman Group Chief Executive, said:

*"This research confirms what those on the front line in combating alcohol harms have believed for years – that local partnerships are key to tackling crime and anti-social behaviour.*

*"It is in all our interests to continue to invest in partnerships and support these positive cultural shifts."*

ALCOHOL RELATED VIOLENT CRIME IS FALLING



## Drinkaware links up with British racing to promote responsible drinking

Drinkaware has linked up with the Racecourse Association (RCA) to promote responsible drinking at major horse racing events across the country in a bid to address the growing problem of heavy consumption at some racing venues.

The partnership will be promoted across the country with a poster campaign carrying the message "Pace Yourself", encouraging racegoers to consume alcohol responsibly in order to maintain a friendly and relaxed atmosphere.

The "Pace Yourself" message will also feature in

adverts broadcast via racecourse CCTV and will be printed on racecards.

Lizzie Worth, partnerships manager at Drinkaware, said "Drinkaware is looking forward to working with the Racecourse Association. It has shown a great desire to display responsible drinking messages at their racecourses and this link will continue to help people make informed choices, and support them to change their drinking behaviour for the better."

[www.britishracecourse.org/the-inside-track/responsible-drinking/](http://www.britishracecourse.org/the-inside-track/responsible-drinking/)

## Scottish Government to reduce drink-drive limit

The Scottish Government intends to reduce the drink-drive limit following a consultation in which 74% of those who responded backed a cut.

Almost nine in 10 of those who endorsed the change agreed with the Scottish Government's proposal to lower the blood-alcohol limit from 80mg of alcohol in 100ml of blood down to 50mg. This is likely to mean that Scotland and England will have different drink-drive limits.

Justice Secretary Kenny MacAskill said the consultation response allowed the government to move to formal discussions with the police and with the UK Government on the recalibration and testing of drink-drive enforcement devices to ensure that prosecutions were as robust as possible.

*"Before a lower limit is introduced we will also consider issues such as how motorists driving into Scotland from England will be made aware of the lower limit,"* he added.

The Scottish BMA welcomed the news and said the move could prevent up to 30 deaths a year. No date has yet been set for implementation of the change.

## UK Q2 beer sales grow in both pubs and off-licences

According to the latest UK Quarterly Beer Barometer from the British Beer & Pub Association. UK beer sales increased at the highest rate since the quarterly survey began in 1997. There was growth in both the on- and off-trade, with April to June bringing pubs their first quarterly beer sales increase in over two years.

Pub beer sales increased 2.6%. A combination of a later Easter and the World Cup is believed to have helped boost trade, along with a duty cut in the Budget.

Beer sales in off-licences and supermarkets increased by 16.9% on the same quarter in 2013. It also represents the first twelve month period where off-trade sales of beer were higher than on-trade sales.

## Scots lead the way for drinking alcohol-free beer

A new survey in Scotland suggests that non-alcoholic beer is increasingly socially acceptable, with 48% of adults in Scotland having tried alcohol-free beer compared to the national average of just 43%. The market for non-alcoholic beers has risen sharply. Sales in supermarkets and off-licences have risen by almost 10% in the past year.

A recent ComRes survey for AB InBev UK found that 49% of British adults believe alcohol-free beer is more socially acceptable than it was five years ago. This research is backed up by industry data showing an 8.4% growth during 2013-14.

43% of British adults have tried alcohol-free beer, of these, 54% were men. 59% said they would feel comfortable ordering alcohol-free beer in front of friends in a pub or restaurant.

The most likely reasons for trying alcohol-free beer were that they were driving (46%) or they were curious (39%).

## Alcohol Awareness Week

Alcohol Awareness week in 2014 will run from 17-23 November. This year's theme is "Facing our alcohol problem: Taking back our health and high streets". During Alcohol Awareness Week Alcohol Concern's Annual Conference will give delegates the chance to hear from leading experts on a broad range of topics including CCG commissioning, alcohol advertising, older people and veterans, advocacy and behaviour change.

Confirmed speakers:

Andy Burham MP, Shadow Secretary of State for Health

Dr Steve Hood, Liverpool Community Alcohol Service

Sir Bruce Keogh, NHS England

Professor Gerard Hastings, University of Stirling

Allison Pearson, The Telegraph

Professor Linda Bauld, University of Stirling

Suzanne Costello, Alcohol Action Ireland

[www.alcoholconcern.org.uk/consultancy-and-training/consultancy-training/the-annual-alcohol-conference-2014](http://www.alcoholconcern.org.uk/consultancy-and-training/consultancy-training/the-annual-alcohol-conference-2014)

## Smoking, Drinking and Drug Use Among Young People in England – 2013

Figures released in July by the ONS and HSCIC reveal the rate of underage drinking has fallen to the lowest level since 1988, when records first began.

The Smoking, Drinking and Drug Use Among Young People in England report contains results from an annual survey of secondary school pupils in England in years 7 to 11 (mostly aged 11 to 15). 5,187 pupils in 174 schools completed questionnaires in the autumn term of 2013.

The 2013 annual survey found that:

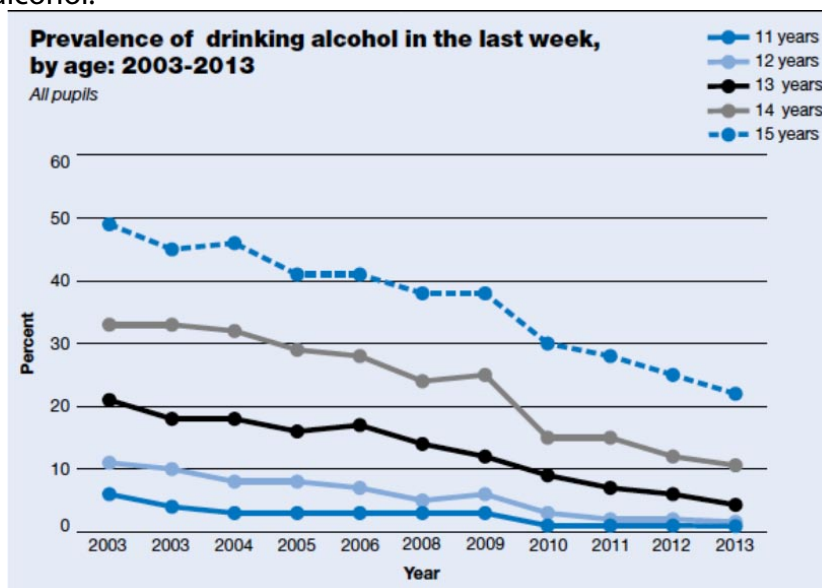
- 39% of pupils said they had drunk alcohol at least once. This continues the downward trend since 2003, when 61% of pupils had drunk alcohol, and is lower than at any time since 1988. Boys and girls were equally likely to have ever consumed alcohol.

The proportion of pupils who have had an alcoholic drink increased with age from 6% of 11 year olds to 72% of 15 year olds.

- 9% of pupils had drunk alcohol in the last week. This proportion has fallen from 25% in 2003. 53% of pupils thought it was OK for someone of their age to try drinking alcohol. The proportions of pupils who drank alcohol in the last week increased from 1% of 11 year olds to 22% of 15 year olds.
- 74% of pupils who drank alcohol in the last week did so on one day only.

- Pupils who drank alcohol in the last week drank a mean of 8.2 units of alcohol, the lowest average amount since 2007, when the current method of calculating units was introduced. Boys and girls drank similar amounts.
- Most pupils who drank alcohol in the last week consumed more than one type of alcoholic drink.
- Boys drank 63% of their intake of alcohol in the form of beer, lager or cider with spirits accounting for 16% and alcopops 13%. Girls' intake was more diverse, being divided more evenly between beer, lager and cider (30%), wine (25%), spirits (22%) and alcopops (20%).

[www.hscic.gov.uk/catalogue/PUB14579](http://www.hscic.gov.uk/catalogue/PUB14579)



### Alco Gates in Sweden

Sweden was one of the first EU member states to introduce alcohol interlocks as part of rehabilitation programmes for drink drivers in 1999. In 2013, Sweden went a step further and ran a pilot project to introduce a fast-moving automated 'Alco Gate' at the Port of Gothenburg.

A briefing paper has been published that explores the background to the project and its results, which the authors argue could have positive future implications for drink driving policy in Sweden and across Europe.

[etsc.eu/wp-content/uploads/2014\\_06\\_smart\\_factsheet\\_alco\\_gate\\_sweden.pdf](http://etsc.eu/wp-content/uploads/2014_06_smart_factsheet_alco_gate_sweden.pdf)

### Inclusion of a pregnancy icon on labelling in the Netherlands

2013 saw the start of a voluntary effort by the alcohol industry in the Netherlands to include a pregnancy icon on the labels of alcoholic beverages. The current application rate for pregnancy icons on the labelling and packaging of alcoholic beverages in the wine sector is 67%, the beer industry is 64%, and the spirits sector scores 50%.

This has been achieved through the organisations SpiritsNL, Dutch Brewers, KVNW and the Foundation for Responsible Alcohol STIVA. The alcohol industry is well ahead of schedule in respect of the achievement of the application rates of the pregnancy icon on packaging. The target is for the icons to appear on 70% of wine 90% of beer and 60% of spirits by 2016.



## Holland – heavy drinking decreases

In Holland, the Health Survey 2013 shows that the number of heavy drinkers fell from 12.9% in 2012 to 12.4% in 2013. (Heavy drinking is defined as at least 6 glasses or more once a week for men and at least four drinks or more for women).

In the age group of 16 to 20 years, the number of heavy drinkers decreased from 23.8% in 2012 to 18.1% in 2013, a decrease of 24%. Also, in this age the excessive drinking declined from 9.4% in 2012 to 7.3% in 2013. The percentage of young people aged 12 to 16 who do not drink rose from 75.3% in 2012 to 80.7% in 2013.

In the age group of 50 to 55, the number of heavy drinkers increased by 27%. In 2012 the percentage was 11.9% and 15.1% in 2013. This increase is not observed in the older age groups: in all age groups of 55 years and older, the percentage of heavy drinking actually declined.

Peter Wolf, Director Foundation Responsible Alcohol Consumption: *“STIVA is pleased with the decrease in the number of heavy drinkers, and hopes that this positive development will continue in the coming years. It seems that the message that you need to drink more and more people responsible is arrested”.*

## Drink-driving prosecutions down 60% since 2006 in Ireland

There has been a 60% drop in prosecutions for drink-driving and a 40% fall in dangerous driving cases since 2006 in Ireland, according to official figures.

The Courts Service has released details of an analysis into traffic offences over the last eight years. It shows:

A 42% reduction in court orders relating to dangerous driving cases — from 6,721 in 2006 to 3,886 in 2013.

A 60% fall in drink driving orders — from 27,836 to 11,329.

A marginal 1% increase in the total number of traffic cases — from 198,412 (2005) to 200,786.

The Courts Service said that while the overall number of cases had increased slightly, the type of offences had changed greatly. Drink-driving prosecutions have dropped by 39% over the last two years and 46% over the last three years.

4,000 fines were handed down for drink-driving in 2013 and almost 4,200 defendants were disqualified from driving. A further 165 people were imprisoned, 220 were given suspended sentences and 63 were ordered to undertake community service.

## Drinkaware launches mobile app

Drinkaware has launched a mobile app, which enables people to track their alcohol consumption, calculate units and calories and set goals to help moderate their drinking or to stop drinking, if they wish.

The free mobile app, available initially on iPhone, allows users to track their alcohol consumption using an extensive database of alcohol brands, set personal goals based on their drinking habits and unlock achievements when making positive changes. It also has a unique pinpoint location function to provide that extra support in the places that are identified as ‘weak spots’, such as your favourite pub or the local off-licence.

Other features include:

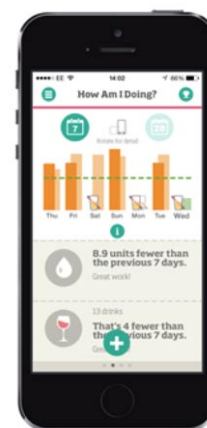
Support with regular customised feedback on progress to help users meet their goals.

- Graphs, charts and other visual aids to show users weekly, daily and monthly alcohol consumption in relation to the level of harm it could have on their health.

- Food equivalents based on users alcohol and calorie intake
- Information on the amount of exercise needed to burn off calories consumed
- Track progress against anonymous data showing how the rest of the Drinkaware online community is getting on

Ben Butler, Head of digital at Drinkaware, says:

*“We are delighted to be launching our new mobile app for iPhone. We know that while lots of people recognise the need to cut back on their alcohol intake, many lack the support to actually make a change.”*



## Pernod Ricard reports on growing number of social responsibility projects

Pernod Ricard has drawn up a first review of the action plans implemented since the signing of the five commitments made by all industry players in October 2012. This review highlights the progress made based on performance indicators developed by Accenture Sustainability Services and certified by KPMG Sustainability.

### Reduce underage drinking

Pernod Ricard Nordic and The Absolut Company participate in a prevention and education programme on alcohol at school, which delays the age alcohol is consumed for the first time and prevents binge drinking. More than 5,000 teachers and 250,000 students have taken part in the "Prata Om Alkohol" programme. Given the results achieved, the programme has been extended to Denmark, Finland and Estonia.

### Reduce drinking and driving

In 2012/13, 76% of subsidiaries carried out at least one drink driving awareness programme. For example, Pernod Ricard China is running initiatives in partnership with the Chinese road safety authority, Pernod Ricard India is developing a project in cooperation with the truck drivers trade unions and Pernod Ricard UK created the Accept Responsibility campaign in partnership with the Automobile Association.

### Strengthen and expand marketing codes of practice

Since 2005, an Internal Approval Panel of 5 individuals, independent of marketing, ensures that the Code for Commercial Communications is properly applied. It reviews and approves all the advertising campaigns of the Group's 18 strategic brands. In 2013, this control was extended to the 18 local brands and to innovations. In 2012/13, 99.6% of the campaigns reviewed complied with the Code.

### Provide consumer information and develop responsible product innovations

Pernod Ricard is committed to informing women about the risks of drinking alcohol during pregnancy and recommends "zero alcohol". In 2006, the Group proactively affixed the "pregnant woman" prevention symbol, mandatory in France, to bottles distributed in Europe. In 2013, the Group went a step further by affixing this logotype to all bottles sold by the Group worldwide.

### Enlist the support of retailers to reduce harmful drinking

In Slovakia, in partnership with the PSR Slovakia Forum (association of producers, distributors and importers of alcoholic beverages), Pernod Ricard has developed dedicated tools to help bar staff be more responsible. The objective is to make them genuinely proactive in combatting excessive alcohol consumption among minors and deny them access to bars. The "Not 18? Not a chance!" programme trained a total of 2,914 bar staff in 1,094 premises.

### Trinidad and Tobago government develop an alcohol policy

The Trinidad and Tobago Ministry of Health has begun to formulate a national alcohol policy to review the advertising and marketing of alcoholic beverages to the public. Health Minister Dr Fuad Khan said the results of a recent survey on substance abuse and addiction were responsible for the latest move. "The high incidence of young people abusing legal drugs has caused the ministry to review its policies. We are producing a national alcohol policy which is being done right now to look at curtailing the sale of alcohol to young people," Khan said.

He added that the policy would be developed much in the same way as the tobacco policy, which led to the Tobacco Control Act of 2009, and sought to prevent tobacco use by children, regulate tobacco use by individuals, enhance public awareness of the hazards of tobacco use and ensure individuals were provided with information to make more fully-informed decisions about using tobacco.

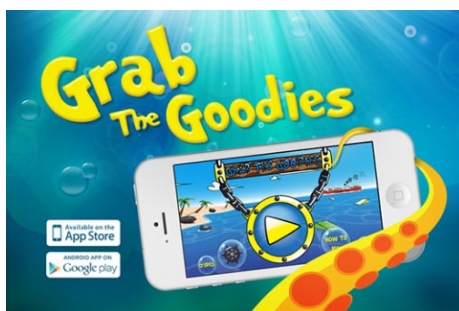
### WSTA guidance on new EU Food Information Regulations

The WSTA has issued guidance on the revised EU-wide food labelling rules that will come into effect from 13 December 2014. The new guidance relates to most of the measures contained in EU Regulation 1169/2011 on the provision of food information to consumers (FIR). The guidance outlines the main changes to the current labelling regime and how the new rules will apply to the beverage alcohol sector. The WSTA is seeking clarification on a couple of issues and will keep the guidance under review.

## FAAR - Educational gaming app

The Foundation for Advancing Alcohol Responsibility (Responsibility.org) released a gaming app, "Grab the Goodies," to help parents to keep educated their kids about alcohol in an entertaining way.

"Grab the Goodies" is an interactive application with distinct learning outcomes and is one of the new ways parents (and teachers) can use technology to deliver important learning experiences to their kids. This educational app, developed by Responsibility.org and the George Mason University's Simulation



& Game Institute, enables young children (6- to 9-year-olds) to learn about the negative consequences of underage drinking and empowers them to make healthy lifestyle decisions.

As the players go through the levels, they are prompted to answer questions about how alcohol affects their bodies, the basics of good nutrition and the impact of healthy decisions. The correct answer gives them extra points and allows them to proceed to the next level. Ralph Blackman, President and CEO of the Foundation for Advancing Alcohol Responsibility. "For nearly 25 years, we've produced effective and fun ways to engage parents and their children and enable them to start the conversation about the dangers of underage drinking. This app is yet another tool for parents to use to encourage their kids to make responsible and healthy decisions."

Grab The Goodies is available in both the Apple and Google Play app stores.

## Jamaica Alcohol Policy

The Jamaican government will be developing an alcohol policy to control the consumption of alcohol as part of measures to prevent abuse of hard liquor. Jamaica's Minister of Health, Dr Fenton Ferguson has said that the proposed alcohol policy will be enacted following consultation with industry players

"We will be consulting with various stakeholders, including the alcohol industry. We understand that this is a business, and we are really referring to the type of drinking that is detrimental to health and has negative consequences," Dr Ferguson said at the annual general meeting of the Jamaica Association of Professionals in Nutrition and Dietetics on August 22.

"I have stated that this is not about reducing the

production of alcohol, or putting in sanctions to the alcohol industry and their core business, or stopping consumers from purchasing alcoholic products. I am simply concerned about the health effects of irresponsible drinking," the Minister said.

According to Ferguson a control mechanism must be put in place to protect health, as alcohol abuse causes many challenges to family members when heavy drinkers develop non-communicable diseases (NCDs), and when it results in road accidents.

"We know of some of the road crashes that force our health institutions to be cancelling one out of three surgeries, because of these emergencies, many of which are driven by alcohol use," he said.

## 18+ initiative in South Africa

South African Breweries (SAB) has launched a new education campaign aimed at encouraging parents and adults to take an active role in preventing underage drinking. The "18+" initiative emphasises the influence parental behaviour has been shown to have on underage drinking, and calls on adults to serve as positive role models and engage with youth about alcohol.

South African adults are invited to participate in the campaign by visiting [www.sabstories.co.za](http://www.sabstories.co.za), where

they can pledge support by adding the 18+ logo to their social media profile pictures, read additional information about underage drinking, and find conversation guides for parents.





## Ivrotexto for teens: a tool to raise awareness of the dangers of alcohol

Éduc'alcool has created a chat application Ivrotexto for youth aged 12 to 16 years to raise awareness of the effects of alcohol abuse.

Ivrotexto uses educational means, such as scenarios and animations, as well as chat functions to delay the age of onset of use, encourage social interaction with friends and devalue alcohol abuse.

Éduc'alcool hope that many young people will install ivrotexto on their phones, tablets and other mobile devices, and that the organization can continue to convince them that moderation is always in good taste.

[ivrotexto.ca/](http://ivrotexto.ca/)



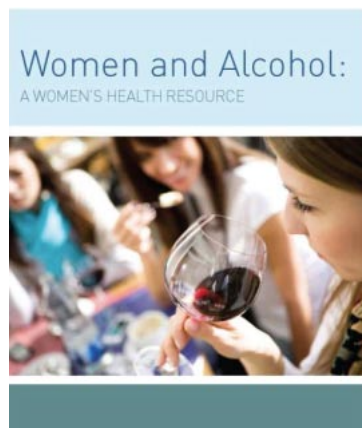
## Women and alcohol resources from British Columbia

The British Columbia government has released a revised version of Women and Alcohol: A Women's Health Resource. The 12-page resource provides useful information about alcohol and helps women make healthy and well-informed choices about alcohol use.

The update includes information on Canada's Low Risk Drinking Guidelines (released in 2011) and recent research on the relationship between

alcohol and cancer as well as other chronic diseases. Pregnancy and breastfeeding are discussed in the section on "Considerations for Women."

[fasdprevention.wordpress.com/2014/08/28/women-and-alcohol-resources-from-british-columbia/](http://fasdprevention.wordpress.com/2014/08/28/women-and-alcohol-resources-from-british-columbia/)



## Indiana launches new Lifeline Law public awareness campaign

Indiana's Lifeline Law provides legal protections to minors under the influence of alcohol who call to report a medical emergency or a crime. The law was introduced because there was a concern that fear of prosecution could stop underage drinkers from doing the right thing in a medical emergency. For college students who are engaging in risky practices like partying prior to sporting events or popular social media drinking games, this is critically important.

Indiana has launched a new, widespread outreach initiative dedicated to informing students and parents about the Lifeline Law through the internet and radio. Students in Indiana accessing the internet through their college or university will now receive information about the Lifeline Law on Facebook, YouTube and Pandora. The messaging will occur through triangulation between cell towers, creating a digital dome over the geography of a campus.

Campuses in Indiana will receive 2 million impressions during the first three weeks of school.

## Drunk driving laws in 24 US states

When Mothers Against Drunk Driving (MADD) launched its Campaign to Eliminate Drunk Driving in autumn 2006, one state, New Mexico, had an all-offender ignition interlock law. Since then, 23 states have passed all-offender ignition interlock legislation and drunk driving deaths are down more than 24%.

Already in 2014, four states have passed all-offender interlock legislation, eight states have improved legislation by closing loopholes, and four states are still working to pass bills.

Most recently, Rhode Island passed legislation S 2231A. The new law will go into effect on January 1, 2015 and mandates the use of ignition interlock devices for convicted DUI offenders with a blood alcohol concentration at 0.15 or above, repeat DUI offenders and offenders who repeatedly refuse BAC tests. The law also authorises judges to allow first-time offenders to drive to and from work as long as the offender installs an ignition interlock device in their vehicle. It also requires alcohol or drug treatment for offenders at their third DUI offense.

Further interlock legislation is still pending in Ohio, New Jersey, North Carolina and Pennsylvania.

[www.madd.org/interlock](http://www.madd.org/interlock)

## Canberrans urged to swap the pub for a bub



Nearly one in five women drink while pregnant, but a new campaign is seeking to encouraging Canberrans to reduce their alcohol consumption or abstain from drinking in support of their pregnant partners and friends. The Pregnant Pause campaign, launched at Centenary Hospital for Women and Children, follows the recent publication of research that shows nearly three quarters of pregnant women who drink do so with their partner.

Foundation for Alcohol Research and Education chief executive Michael Thorn said the campaign aimed to reduce the number of expectant mothers who drank alcohol. *“Instead of targeting women, we want to target their partners, their parents, their friends and family to try and support them during that pregnancy by going without alcohol themselves,”* he said.

The campaign, which has been funded with a \$15,000 grant from ACT Health, will feature print and radio adverts, community events and service announcements.

[pregnantpause.com.au](http://pregnantpause.com.au)

## The New Zealand wine industry focuses on lower alcohol wines

Following increased consumer demand for lower alcohol wines, the New Zealand government has backed a research project to develop the country's lower alcohol wine production with NZ\$8m of funding, with the wine industry contributing remaining NZ\$9m.

It is the largest research project the New Zealand wine industry has ever undertaken, with the goal being to produce world class lower alcohol wines.

*“Research indicates that an increasing proportion of consumers are making purchasing decisions around their lifestyle, such as choosing healthier foods and lower-alcohol wines,”* New Zealand Winegrowers chief executive Phillip Gregan.

Among the wineries involved in the project are Villa Maria, Mt Difficulty, Giesen Estate and Accolade Wines, distributors of Mud House and Waipara Hills.

Rather than resorting to de-alcoholisation, in a bid to maintain New Zealand's quality image, the estates intend to produce the lower alcohol wines naturally and will focusing on making wines around the 9% abv mark.

## Young people's opinions on alcohol and other drugs issues



Research commissioned by the Australian National Council on Drugs (ANCD) aimed to describe and better understand young people's ideas on alcohol and other drugs issues.

The survey was administered via the internet and young Australians aged

between 16 and 25 years were eligible to participate anonymously. The views of 2335 young people were included in the final analyses. The sample included young people from all Australian states and territories. 62% of the sample was male and 81% had completed Year 12. The sample was highly experienced in terms of alcohol and other drug use. The majority of young

people who completed the survey reported having consumed alcohol at least once in their lifetime (95.1%). A substantial proportion of participants also reported having consumed illicit drugs including cannabis (71.9%), ecstasy (47.7%) and hallucinogens (41.3%).

Young Australians expressed strong opposition to alcohol regulation and restrictions on alcohol availability. Over two-thirds of young people opposed increasing the price of alcohol, reducing trading hours for pubs and clubs, reducing the number of outlets that sell alcohol, and raising the legal drinking age. Very close to two-thirds of young people also opposed the use of sniffer dogs in public places and drug testing at work or school.

[www.ancd.org.au/images/PDF/Researchpapers/RP27-young-peoples-opinions.pdf](http://www.ancd.org.au/images/PDF/Researchpapers/RP27-young-peoples-opinions.pdf)

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

### **AIM Mission Statement**

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

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

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

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

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

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

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

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

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

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

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

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

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

**Ellen Mack MD**, Oncologist

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

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

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

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

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

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