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NEWS FROM AROUND THE WORLD

Colombia

New legislation to clamp down on drink driving has been approved in Colombia, including fines and a potential driving licence ban of up to eight years. More police controls and breathalyser tests are being carried out, especially at weekends. Drivers will also be forced to participate in a 40 hour educational course if found under the influence of alcohol.

France

By Spring 2012, it will be mandatory for every car in France to be equipped with a breathalyser kit, so that drivers can check if they are under the legal blood alcohol limit. President Nicolas Sarkozy made the announcement on 30 November 2011. A kit costs 1.5-2.0 euros, and drivers found without a kit will face a 17 euro fine. Sarkozy also confirmed the roll-out of 400 new fixed speed cameras by the end of 2012. France is aiming to reduce the number of road deaths to 3,000 per year by 2012.

Belgium

During the first weekend of December 2011, the first breathalyser tests in the BOB anti-drink driving campaign 2011-2012 took place in Liege. During the 2011-2012 BOB campaign the Belgian police aim to stop and breathalyse 40,000 drivers.

Brazil

The Brazilian Senate commission which deals with narcotics has put forward a recommendation to ban all forms of advertising of alcohol in the country. It would also like to see higher taxes on alcohol and restrictions over sales.

Scotland

The Scottish Government announced that during the next three years over £200 million is set to be spent on preventing the ill health caused in part by alcohol misuse, smoking and obesity.

Over the next three years the Scottish Government will invest £12.6 million to support the continued implementation of the alcohol framework. This will include preventative measures such as alcohol brief interventions, diversionary activity for young people and services for those with existing alcohol problems and their families. The money will also be invested in reducing alcohol treatment waiting times. The target is for 90% of clients to receive treatment within three weeks by March 2013.
Liver disease is less prevalent than cancer and cardiovascular diseases as cause of death in heavy drinkers

Epidemiological evidence demonstrates a J-shaped relationship between alcohol consumption and mortality, implying a lower risk of all cause mortality in moderate drinkers compared to non-drinkers and heavy drinkers. Furthermore, general beliefs are that heavy drinkers die as a result of liver disease. However, there is a lack of long term follow-up data to support this belief.

A study presented at the annual meeting of the American Association for the Study of Liver Diseases investigated the relationship between mortality and alcohol consumption, over 18 years of follow-up in a general population of elderly.

This study was based on participants (>55 years) of the Rotterdam Study, a large population-based study in the Netherlands. Baseline examinations took place between 1989 and 1993. Data on ethanol consumption was available for 3,884 participants. Mortality outcomes were registered by International Classification of Diseases codes. Alcohol intake was determined by a standardized questionnaire and divided into four categories: non drinkers (0-0.7g/day), light drinkers (≤10 g/day), moderate drinkers (>10-≤30 g/day) and heavy drinkers (>30 g/day). The association between alcohol intake and mortality was examined by Cox Regression analyses, adjusting for age, sex, hypertension, cholesterol, BMI, diabetes, smoking, and educational level.

Of 3,884 participants, 1398 (36.0%) were non drinkers, 1144 (29.4%) light drinkers, 963 (24.8%) moderate drinkers and 379 (9.7%) heavy drinkers. A total of 187 heavy drinkers died during follow-up. 63 participants (33.9%) died of cancer-related causes, 52 participants (28%) died of cardiovascular-related causes and only 2 participants (1%) died of liver-related causes.

Multiple-adjusted mortality rates showed a U-shaped relationship between alcohol intake and mortality: compared to non-drinkers, the hazard ratio for light drinkers was 0.85, for moderate drinkers 0.86 and for heavy drinkers 0.95. Similar results were observed, after exclusion of deaths in the first 3 years of FU, to eliminate the effect of possible pre-existing diseases on mortality rates among non-drinkers.

The study findings confirmed a beneficial effect of light-moderate alcohol intake on long-term survival in a large elderly population. Only a minority of heavy drinkers (1%) die of liver-related mortality during a long-term follow up, the majority die because of cancer and cardiovascular diseases.

Correlating the blood alcohol concentration with outcome after traumatic brain injury: Too much is not a bad thing

Although recent evidence suggests a beneficial effect of alcohol for patients with traumatic brain injury (TBI), the level of alcohol that confers the protective effect is unknown. A US study investigated the relationship between admission blood alcohol concentration (BAC) and outcomes in patients with isolated moderate to severe TBI.

Data was taken from the Los Angeles County Trauma Database 2005-2009 and was queried for all patients ≥14 years of age with isolated moderate to severe TBI and admission serum alcohol levels. Patients were then stratified into four levels based on admission BAC: None (0 mg/dL), low (0-100 mg/dL), moderate (100-230 mg/dL), and high (≥230 mg/dL). Demographics, patient characteristics, and outcomes were compared across levels.

In evaluating 3,794 patients, the mortality rate decreased with increasing BAC levels (linear trend P < 0.0001). In determining the relationship between BAC and mortality, multivariable logistic regression analysis demonstrated a high BAC level was significantly protective (adjusted odds ratio 0.55; 95% confidence interval: 0.38-0.8; P = 0.002). In the largest study to date, a high (≥230 mg/dL) admission BAC was independently associated with improved survival in patients with isolated moderate to severe TBI. The authors suggest that additional research is warranted to investigate the potential therapeutic implications.

Source: Correlating the Blood Alcohol Concentration with Outcome after Traumatic Brain Injury: Too Much Is Not a Bad Thing. Berry, Cherisse; Ley, Eric J; Margulies, Daniel R; Mirocha, James; Bukur, Marko; Malinoski, Darren; Salim, Ali. The American Surgeon, Volume 77, Number 10, October 2011, pp. 1416-1419(4)
Mediterranean-style diet and risk of ischemic stroke, myocardial infarction, and vascular death: the Northern Manhattan Study

Authors of a study published in the American Journal of Clinical Nutrition state that ‘A dietary pattern common in regions near the Mediterranean appears to reduce risk of all-cause mortality and ischemic heart disease. Data on blacks and Hispanics in the United States are lacking, and to our knowledge only one study has examined a Mediterranean-style diet (MeDi) in relation to stroke’. The study examined a MeDi in relation to vascular events.

The Northern Manhattan Study is a population-based cohort to determine stroke incidence and risk factors (mean ± SD age of participants: 69 ± 10 y; 64% women; 55% Hispanic, 21% white, and 24% black). Diet was assessed at baseline by using a food-frequency questionnaire in 2,568 participants. A higher score on a 0–9 scale represented increased adherence to an MeDi. The relationship between the MeDi score and risk of ischemic stroke, myocardial infarction (MI), and vascular death was assessed with Cox models, with control for sociodemographic and vascular risk factors.

The MeDi-score distribution was as follows: 0–2 (14%), 3 (17%), 4 (22%), 5 (22%), and 6–9 (25%). Over a mean follow-up of 9 y, 518 vascular events accrued (171 ischemic strokes, 133 MIs, and 314 vascular deaths). The MeDi score was inversely associated with risk of the composite outcome of ischemic stroke, MI, or vascular death (P-trend = 0.04) and with vascular death specifically (P-trend = 0.02). Moderate and high MeDi scores were marginally associated with decreased risk of MI. There was no association with ischemic stroke.

The authors conclude that higher consumption of an Mediterranean style Diet was associated with decreased risk of vascular events. Results support the role of a diet rich in fruit, vegetables, whole grains, fish, and olive oil in the promotion of ideal cardiovascular health and moderate alcohol consumption.


Alcohol consumption and outcome in stable outpatients with peripheral artery disease

The influence of alcohol consumption on outcome in patients with peripheral artery disease (PAD) has not been thoroughly studied. Factores de Riesgo y ENfermedad Arterial (FRENA) is an ongoing, multicenter, observational registry of consecutive stable outpatients with arterial disease. A study compared the mortality rate and the incidence of subsequent ischemic events in patients with PAD, according to their alcohol habits.

In August 2010, 1,073 patients with PAD were recruited, of whom 863 (80%) had intermittent claudication (Fontaine stage II), 102 (9.5%) had rest pain (Fontaine stage III), and 108 (10%) had ischemic skin lesions (Fontaine stage IV). In all, 422 patients (39%) consumed alcohol during the study period. Over a mean follow-up of 13 months, 150 patients (14%) developed subsequent ischemic events (myocardial infarction 28, stroke 30, disabling claudication/critical limb ischemia 100), and 70 patients (6.5%) died. The incidence of subsequent events was the same in both subgroups: 11.8 events per 100 patient-years (rate ratio: 1.00), but the mortality rate was significantly lower in alcohol consumers than in non-consumers: 2.78 vs 6.58 deaths per 100 patient-years (rate ratio: 0.42). This better outcome was consistently found in patients with Fontaine stages II and III or IV, and persisted after multivariate adjustment (relative risk: 0.49).

The study concludes that in patients with PAD, moderate alcohol consumption was associated with lower cardiovascular mortality and overall mortality than abstention. They suggest that these patients should be informed that low to moderate alcohol consumption may not be harmful to their health.

Source: “Alcohol consumption and outcome in stable outpatients with peripheral artery disease”, Garcia Diaz AM; Marchena PJ; Toril J; Arnedo G; Munoz Torrero JF; Yeste M; Aguilar E; Monreal M. Journal of Vascular Surgery, Vol 54, No 4, 2011, pp1081-1087
Genes modify the risk of liver disease among alcoholics


Authors’ Abstract

**Background:** Only a minority of alcoholics develop alcoholic liver disease (ALD) and allelic variants within genes encoding glutathione-S-transferases (GST) have been associated with ALD vulnerability with controversial results.

**Aim:** To assess the effects of GST polymorphisms on ALD by means of a genetic association study and meta-analysis.

**Methods:** We retrieved published studies on the relationship between allelic variants within GST genes and ALD by means of electronic database search. A meta-analysis was conducted in a fixed or random effects model. Calculations of odds ratios (OR) and their confidence intervals (CI), tests for heterogeneity of the results and sensitivity analysis, have been performed. A genetic association study comparing GSTM1, GSTT1 and GSTP1 genotype distribution among 279 alcoholics with or without ALD and 144 controls was also performed.

**Results:** Fifteen previous studies were identified analysing the association of ALD with polymorphisms within GST genes. After meta-analysis, we found a significant association between the possession of the GSTM1 null allele and the presence of ALD (OR = 1.43; 95% CI: 1.14, 1.78; P = 0.002) among alcoholic patients. A significant association was also found for the possession of the GSTP1 Val/Val genotype and the presence of ALD (OR = 2.04; 95% CI: 1.09, 3.80; P = 0.03).

**Conclusions:** Our results suggest that, among alcoholics, carriers of GSTM1 null genetic variant or Val/Val genotype of Ile/Val GSTP1 polymorphism have an increased risk to suffer from alcoholic liver disease. The role of glutathione-S-transferase as a potential therapeutic target in alcoholic liver disease is reinforced.

Forum Comments

**Background:** While it has long been observed that only a certain percentage of alcoholics develop alcoholic liver disease (ALD), including cirrhosis of the liver, the reason why all such subjects do not develop such disease is not known. The present study, including original work and a meta-analysis, evaluates whether genetic polymorphisms that determine levels of glutathione-S-transferases (GST) relate to the risk of developing ALD among alcoholics. As stated by the authors, the theory that these enzymes may affect risk is based on the ability of certain GST alleles to detoxify harmful ethanol metabolites in the liver by conjugating acetaldehyde and ROS to reduced glutathione.

**Comments on present study:** The study was able to compare, among a large number of subjects who were alcohol-dependent, genetic differences between those with ALD and those with no evidence of any liver dysfunction. The data used to define alcoholism, alcoholic liver disease, and hepatic cirrhosis were appropriate. The meta-analyses were well-done. The authors were able to isolate among subjects with ALD those who had confirmed hepatic cirrhosis from those who had alcoholic hepatitis.

After presenting their own results, the authors then included their data in a well-done meta-analysis based on data from 15 previous studies. Their key results are that certain alleles of GST, the GSTM1 null allele and the GSTP1 Val/Val genotype (both of which are associated with lower activity of the corresponding GST enzymes) are associated with significantly increased risk of ALD and cirrhosis among alcoholics.

As stated by the authors, the comparisons between alcoholics with ALD and those without ALD (rather than comparing alcoholics with ALD with normal subjects) is “theoretically preferable since it permits the study, in isolation, of the direct association between genetic polymorphisms and the risk of liver disease on a background of alcoholism.” The authors conclude that certain polymorphisms can be considered to be “genetic markers for the risk of this disease and our results also reinforce the importance of GST enzymes in the pathogenesis of ALD and their potential importance as therapeutic targets.”

One Forum reviewer stated that almost all alcoholics develop alcoholic liver disease, a wide spectrum of injury ranging from steatosis to cirrhosis and carcinoma, but only a minority develop cirrhosis. He adds, “The diagnostic criteria of cirrhosis indicated in the ‘material and methods’ section of this paper are appropriate, but in the text there frequently is switching between all subjects with ALD and only those with cirrhosis in their comparisons with alcoholics without ALD. The paper suggests the potential role of a candidate genetic factor for liver disease susceptibility, but I do not understand the meaning of the potential importance of GST enzymes as therapeutic targets.” Another reviewer adds that while “I fail to see how GST enzyme deficiencies can...”
become therapeutic targets, the presence of these GST polymorphisms would be a strong argument for total abstinence in alcoholics.”

Another Forum reviewer reminds us that “association is quite different from causality,” and questions if the GST polymorphism affects catalytic activity or expression. “Can it be just a bystander of other more relevant elements?” Another reviewer agrees: “The GST P1 genotype (Ile105Val) is a non synonymous polymorphisms leading to a missense mutation. Not all missense mutations lead to appreciable protein changes. An amino acid may be replaced by an amino acid of very similar chemical properties, in which case, the protein may still function normally (conservative mutation). Alternatively, the amino acid substitution could occur in a region of the protein which does not significantly affect the protein secondary structure or function. Further, there are some data showing that GST expression varies whether you’re a male or a female and this article does not address this issue.”

In any case, the finding of specific genetic polymorphisms associated with an increased risk of ALD and hepatic cirrhosis among alcoholics provides further evidence that the alcohol itself plays an important role in such diseases (and that such diseases are not just due to nutritional or other deficiencies in alcoholics). Additional studies will undoubtedly help clarify the mechanisms by which excessive alcohol intake, in alcoholics with certain genetic backgrounds, may predispose them to developing ALD with or without hepatic cirrhosis.

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

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Erik Skovenborg, MD, Scandinavian Medical Alcohol Board, Practitioner, Aarhus, Denmark
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Young women with family history of breast cancer and their risk factors for benign breast disease

Background: Breast cancer (BC) patients wonder how their daughters might reduce their risk. The authors investigated childhood/adolescent risk factors for benign breast disease (BBD), a well-documented risk factor for BC, among girls with a family history.

Methods: GUTS (the Growing Up Today Study) includes females, aged 9 to 15 years in 1996, who completed annual questionnaires during 1996 to 2001, then in 2003, 2005, and 2007. Participants provided information regarding alcohol, menarche, height, and body mass index (BMI; kg/m2). Peak height growth velocity (PHV; in./y) was estimated from longitudinal heights. On 2005-2007 surveys, 6888 women (18-27 years old) reported whether they were diagnosed with biopsy-confirmed BBD (n = 67 cases); 6741 women (noncases) reported no BBD. Participants’ mothers reported their own biopsy-confirmed BBD and BC, and BC in their sisters and mothers. Stratified by family history, logistic models investigated BBD risk factors.

Young women whose mothers or aunts had BC were more likely to be diagnosed with BBD (odds ratio [OR], 2.34; P = .01), as were those with maternal BBD (OR, 1.59; P = .095). Adolescents with BC family history (mother, aunt, grandmother) who consumed alcohol (7 drinks/wk) doubled their BBD risk (OR, 2.28; P = .01), similar to those with maternal BBD (OR, 1.96; P = .02). Girls whose mother or aunt had BC saw their BBD risk elevated with higher PHV (OR, 1.82 [inch/yr]; P = .05). Among girls with no family history, BBD risk appeared to be related to other factors: childhood BMI, adolescent waist circumference, and adult height.

The authors conclude that adolescents with family history may reduce their risk by avoiding alcohol. Separate risk factors were observed among girls with family history versus girls with no family history, possibly reflecting different causes of BC.

Source: “Young women with family history of breast cancer and their risk factors for benign breast disease”, Berkey CS; Tamimi RM; Rosner B; Frazier AL; Colditz GA, Cancer, Published early online 14 November 2011
Similar effects of beer and wine on the risk of cardiovascular disease and of total mortality


Authors’ Abstract
In previous studies evaluating whether different alcoholic beverages would protect against cardiovascular disease, a J-shaped relationship for increasing wine consumption and vascular risk was found; however a similar association for beer or spirits could not be established.

An updated meta-analysis on the relationship between wine, beer or spirit consumption and vascular events was performed. Articles were retrieved through March 2011 by PubMed and EMBASE search and a weighed least-squares regression analysis pooled data from studies that gave quantitative estimation of the vascular risk associated with the alcoholic beverages.

From 16 studies, evidence confirms a J-shaped relationship between wine intake and vascular risk. A significant maximal protection — average 31% (95% confidence interval (CI): 19–42%) was observed at 21 g/day of alcohol. Similarly, from 13 studies a J-shaped relationship was apparent for beer (maximal protection: 42% (95% CI: 19–58%) at 43 g/day of alcohol). From 12 studies reporting separate data on wine or beer consumption, two closely overlapping dose-response curves were obtained (maximal protection of 33% at 25 g/day of alcohol).

This meta-analysis confirms the J-shaped association between wine consumption and vascular risk and provides, for the first time, evidence for a similar relationship between beer and vascular risk. In the meta-analysis of 10 studies on spirit consumption and vascular risk, no J-shaped relationship could be found.

Forum Comments
Background: As pointed out by the authors, there have been numerous observational cohort studies indicating a lower risk of cardiovascular disease associated with moderate alcohol intake. While many studies suggest that individuals reporting wine consumption tend to have better health outcomes than consumers of other beverages, other studies do not show significant differences according to type of beverage reported.

Comments on present paper: The authors carried out an updated meta-analysis to determine if there are differences in the association between beer, wine, and spirits with fatal and non-fatal cardiovascular events. The analyses are well-done and based on state-of-the-art statistical techniques.

A major problem with all meta-analyses is the inability to control for variables that were not included in the original reports. While there were adequate data to adjust for most of the usual confounders, there was no way to evaluate effects of the pattern of drinking (frequency, binge drinking, etc.) on the cardiovascular outcomes.

Their analyses describe very similar J-shaped associations for wine and for beer with these health outcomes. In the best fitting models among studies of vascular risk that reported data on both wine and beer consumption, vascular risk was reduced by more than 30% for both beverages; the reversion point for wine was 70 g/day and for beer 43 grams/day.

Limited data were available about the association of spirits intake and cardiovascular risk. While the trend was for a decrease in such risk with increasing spirits consumption, there was not a statistically significant relation in the meta-analysis based on 10 independent relationships using random models.

The key finding of this meta-analysis was the similar inverse association between the consumption of beer and wine and cardiovascular disease. The lack of a similar J-shaped association for spirits may be due to different drinking patterns according to type of beverage. Hence, it is not possible to infer from these analyses that polyphenols present in beer and wine underlie the beverage-specific differences. Further, the results do not necessarily indicate that the alcohol in each beverage is, or is not, the most important factor associated with cardiovascular outcomes. In any case, as concluded by the authors, this meta-analysis provides further evidence for a significant J-shaped inverse association for both wine and beer in relation to vascular risk.

Comments on this critique by the International Scientific Forum on Alcohol Research were provided by the following members:
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Association of lifestyle and environmental factors with the risk of cancer


Authors’ Abstract

This analysis estimates the fraction of cancers occurring in the UK in 2010 that can be attributed to sub-optimal, past exposures of 14 lifestyle and environmental risk factors. For each of 18 cancer types, we present the percentage of cases attributable to one or all of the risk factors considered (tobacco, alcohol, four elements of diet (consumption of meat, fruit and vegetables, fibre, and salt), overweight, lack of physical exercise, occupation, infections, radiation (ionising and solar), use of hormones, and reproductive history (breast feeding)).

Exposure to less than optimum levels of the 14 factors was responsible for 42.7% of cancers in the UK in 2010 (45.3% in men, 40.1% in women) – a total of about 134,000 cases. Tobacco smoking is by far the most important risk factor for cancer in the UK, responsible for 60,000 cases (19.4% of all new cancer cases) in 2010. The relative importance of other exposures differs by sex. In men, deficient intake of fruits and vegetables (6.1%), occupational exposures (4.9%) and alcohol consumption (4.6%) are next in importance, while in women, it is overweight and obesity (because of the effect on breast cancer) – responsible for 6.9% of cancers, followed by infectious agents (3.7%).

Population-attributable fractions provide a valuable quantitative appraisal of the impact of different factors in cancer causation, and are thus helpful in prioritising cancer control strategies. However, quantifying the likely impact of preventive interventions requires rather complex scenario modelling, including specification of realistically achievable population distributions of risk factors, and the timescale of change, as well as the latent periods between exposure and outcome, and the rate of change following modification in exposure level.

Forum Comments

It has long been recognized that certain lifestyle habits relate to the risk of certain cancers (e.g. smoking and lung cancer). In this paper from the UK, the authors estimate the proportion of cancer in the population associated with a variety of lifestyle and environmental factors. They find that smoking has by far the largest effect on the risk of cancer, with 19.4% of cancer cases in the UK attributable to tobacco use. A poor diet (less intake of fruits and vegetables and fibre and greater intake of meat and salt), obesity, and alcohol were the next most important factors that relate to cancer, with alcohol being calculated to relate to 4.0% of cancer cases in the UK.

Specific Comments on this paper: Forum reviewers considered this report to be based on a well-done analysis to estimate the effects of various lifestyle and environmental exposures on the risk of cancer. It used methodology that is preferable to that used in some similar recent analyses, such as a 2009 paper from the World Cancer Research Fund/American Institute for Cancer Research.¹ The authors appropriately used exposures several years earlier than the occurrence of cancer, allowing a lag-time for the development of cancer and lowering the risk that early signs of cancer may have resulted in changes in lifestyle habits. They also used dose-response effects for exposures based, when possible, on country-specific data (rather than using the same value for all countries). Relating risk associated with alcohol consumption, it is unfortunate that they were unable to calculate estimates separately by type of alcoholic beverage consumed. As the authors point out, it is not possible to adjust adequately for possible interactions of various exposures in their relation to cancer risk. One Forum reviewer states: “I agree with some of the authors’ caution on the interpretation of the population-attributable risk (PAR); it is a theoretical number that can seldom be achieved. In contrast, a generalized impact factor is closer to achievable impact as it assumes a specified proportion of prevalence of the exposure that can be eliminated in a specific time frame. It should also be pointed out that the individual PARs presented in the paper are very crude as they do not account for joint effects of the individual risk factors listed. In reality, people may have a cluster of several risk factors acting together or one after another to influence cancer risk.”

A Forum reviewer was also unsure about the estimated effects in the paper on cancer risk associated with the intake of fruits and vegetables. “A deficit in intake of fruit and vegetables [less than 5 servings (400 g) per day] was reported in this paper to be an important risk factor in men, responsible for 6.1% of cancer cases. However, in the very large EPIC study² only a very small inverse association between intake of total fruits and vegetables and cancer risk was observed; given the small magnitude of the observed associations, caution should be applied in the interpretations by the authors of the results of the present paper. Moreover, in the EPIC study, the reduced risk of cancer associated
with high vegetable intake was restricted to women and was small (HR = 0.98, 95% CI = 0.97 to 0.99). 2"

Another reviewer pointed out how these analyses provide somewhat lower estimates of the risk of cancer associated with alcohol consumption than often reported. He was pleased that the authors appeared to use a little more restraint (perhaps more common sense) in providing reasonable implications of their research. The authors also commented on current trends in these risk factors: the third most important factor, obesity, is increasing in prevalence in the UK, while there is evidence that excessive alcohol consumption is decreasing. The authors state in their conclusions: “The proportion of men and women drinking more than the recommended maximum has been falling. It is quite possible, therefore, that the burden of alcohol-related cancers is around its maximum at present, and will fall in the future.”

Choosing no alcohol consumption as the “Optimum Exposure Level: Most Forum reviewers agreed that using no alcohol intake as the “theoretically optimum exposure level” is not appropriate. There is undoubtedly a threshold for the adverse effect of alcohol on many cancers. The strongest effects of alcohol shown in the paper were for upper aero-digestive tract cancers, which are primarily (if not exclusively) diseases associated with heavy drinking. Obviously, in terms of cardiovascular and many other diseases that show a J-shaped relation (as well as total mortality) using no intake as “optimum” would be a serious error.

As one Forum reviewer stated: “Reasonable doubt exists as the evidence base for the theoretical optimum exposure level. For example, with no alcohol as the optimum exposure level you would certainly calculate a large number of alcohol-related cancers; however, the evidence that nil alcohol is the optimum exposure level is weak. Stratification by alcohol intake in the EPIC study suggested a stronger reduction in risk in heavy drinkers and was confined to cancers caused by smoking and alcohol.”

Another Forum reviewer was not as concerned about using no alcohol as an optimum intake for cancer: “With the exception of non-Hodgkin lymphoma, renal, thyroid, and a few other cancers, the use of nil ethanol as the optimum level for cancer endpoints is not too terrible.”

However, taking a dose-response curve into account would provide better estimates of effect.

A reviewer reminded the Forum that underlying genetic mechanisms surely modify the effects of any environmental exposure on the risk of cancer. Thus, the estimates provided in this paper may help quantify the overall risks associated with certain lifestyle and environmental factors, but cannot be easily applied to the risk for single individuals.

References from Forum review:

Comments on this critique by the International Scientific Forum on Alcohol Research were provided by the following members:
Erik Skovenborg, MD, Scandinavian Medical Alcohol Board, Practitioner, Aarhus, Denmark
Creina Stockley, clinical pharmacology, Health and Regulatory Information Manager, Australian Wine Research Institute, Glen Osmond, South Australia, Australia
Harvey Finkel, MD, Hematology/Oncology, Boston University Medical Center, Boston, MA, USA
Arne Svilaas, MD, PhD, general practice and lipidology, Oslo University Hospital, Oslo, Norway
David Van Velden, MD, Dept. of Pathology, Stellenbosch University, Stellenbosch, South Africa
Luc Djoussé, MD, DSc, Dept. of Medicine, Division of Aging, Brigham & Women’s Hospital and Harvard Medical School, Boston, MA, USA
Gordon Troup, MSc, DSc, School of Physics, Monash University, Victoria, Australia;
R. Curtis Ellison, MD, Section of Preventive Medicine & Epidemiology, Boston University School of Medicine, Boston, MA, USA

Top six causes of all cancers in men and women

<table>
<thead>
<tr>
<th>Ranking</th>
<th>Risk factor</th>
<th>Risk factor %</th>
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<tr>
<td>1</td>
<td>Tobacco</td>
<td>23</td>
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<tr>
<td>2</td>
<td>Lack of fruit &amp; vegetables</td>
<td>6.1</td>
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<tr>
<td>3</td>
<td>Occupational hazard</td>
<td>4.9</td>
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<td>4</td>
<td>Alcohol</td>
<td>4.6</td>
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<tr>
<td>5</td>
<td>Overweight</td>
<td>4.1</td>
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<tr>
<td>6</td>
<td>Exposure to sun &amp; sunbeds</td>
<td>3.3</td>
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</tbody>
</table>

Source: Cancer Research UK
Morning session (10 am – 12.45) Alcohol Education – what works?

Building’s on AIM’s conference in 2004 on this theme, we will focus on programmes that appear to have delivered behavioural change, both in the age of onset of regular drinking and the occurrence of excessive drinking amongst those under the Legal Drinking Age. Although it is not the norm for alcohol education to be statutory in schools, either in Europe or internationally, many programmes exist that are beginning to show an impact. We have drawn together a range of speakers who are leading evaluated programmes from France, Spain, Sweden, Australia, pan-Europe and the UK.

Keynote speaker 11 am – 12 noon

The Right Honourable Oliver Letwin MP, Minister of State, Cabinet Office and the driver behind the Behaviour Change ‘nudge’ policy.

Programmes in pilot

The School Health Alcohol Harm Reduction Project originally from Australia and undergoing Random Controlled trial in Glasgow and Northern Ireland - Nyanda McBride PhD, Senior Research Fellow and Project Leader National Drug Research Institute Curtin University, Western Australia and Michael McKay, leader of the Northern Ireland SHAHRP pilot.

The SHAHRP project, born in Australia, has been implemented in multiple sites throughout the world. Nyanda McBride PhD of Curtin University will summarise the implementation for the years 2004, 2005, and 2010. Michael McKay, will summarise the trial of the SHAHRP programme in Northern Ireland which was completed 2 years ago and was found to have a strong behavioural impact.

Effective partnership between social aspect organisations and government in France - Alexis Capitant, Director of Entreprise et Prevention

The Espace programme is based on the principle that the most effective way to influence young people's behaviour is through the development of their psychosocial skills combined with the gradual introduction of alcohol education, along with the active involvement of teachers and parents throughout. The pilot, implemented by the Ministry for Education, is led by Entreprise & Prévention.

The Unplugged multi country pilot study - Professor Fabrizio Faggiano, Department of Clinical and Experimental Medicine, Avogadro University, Italy

EU-Dap is an experimental study involving 9 centres in 7 European Countries funded by European Commission (Public Health). The study evaluates “Unplugged”, the school programme covering tobacco, alcohol and drugs education, which includes components on social skills, personal skills, knowledge and normative education. Professor Fabrizio Faggiano will present findings from the evaluation on the Unplugged programme’s impact on age of onset of drinking and incidence of binge drinking.
10 years of experience from Spain - *Paqui Mbomio, Fundación Alcohol y Sociedad (FAS) and leader of Programa Pedagógico ‘Adolescencia y Alcohol’*

Based on FAS’s experience of delivering alcohol education in secondary schools over 10 years in Spain with a budget of €700,000 a year. Seminars are delivered to 12 – 18 year olds in schools by a network of 53 trained professionals. ‘Adolescencia y Alcohol’ is a free and voluntary programme targeting students aged 12 to 18, their parents and teachers.

**Sweden – the Northern European Experience - Per Hazelius project manager for Prata Om Alkohol**

The Prata om Alkohol Programme is used by 85% of secondary schools in Sweden and is composed of classroom activities and a family skills programme. The programme also involves a short-story competition about alcohol. Per Hazelius will outline the programme and evaluation findings to date.

**Finding the balance between delivery and evaluation – The Alcohol Education Trust UK**

The Alcohol Education Trust has a very simple remit - the provision of alcohol education in different ways, to pupils age 11–16 and their parents, and to provide coherent and up to date accurate resources and lesson plans for teachers. The charity has eminent teachers as trustees. It will report on the findings from the first year evaluation of its lesson plans, teacher workbook, dvd and websites (www.talkaboutalcohol.com and www.alcoholeducationtrust.org) by The National Foundation for Education Research and Professor David Kerr of Birbeck University.

The importance of Engaging parents tbc

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**Lunch 12.45 pm - 2 pm**

**Afternoon session (2 pm - 4 pm) In support of the Responsibility Deal pledge to develop the lower alcohol category of beers, wines and spirits**

**The medical and physiological benefits of a lower alcohol choice**

The science, chaired by Dr Marsha Morgan, co-author of the Medical Council on Alcohol publication ‘Alcohol and Health’ and Consultant Physician for 25 years, specialising in hepatology (the liver) at the University College London’s Medical School.

- Alcohol metabolism - An exploration of blood alcohol concentration -
- Why BAC limits exist - The effect of higher BAC concentrations

**Recipe for success - How can we encourage consumers to choose lower alcohol options?**

Speakers from Spain and Australia summarise the success of the low alcohol beer category in established markets

- **Jacobo Olalla, Director General Cerveceros de España** explores how the sector has become socially acceptable in Spain, who the consumers are and potential opportunities for the UK to be identified from Spain’s experience.

- Australia tbc Lower alcohol beers have grown in popularity and social acceptability in Australia, here we look at the motivators behind the sectors success.

**Scott Wilson, Chair of the low Alcohol Group, the Responsibility Deal** will present on the innovation, opportunities and developments in the UK sector and the public health and ‘Nudge’ outcomes from removing units of alcohol from established brands.

**Innovations in the category**

Accolade wines showcase their work in the UK in developing lower alcohol wines such as Stowells Light and Banrock station.

**Creina Stockley, PhD, MBA of The Australian Wine Research Institute** and co-author of ‘Controlling the highs and lows of alcohol in wine’ will present on how technology and development in winemaking that can improve the flavour and consumer appeal of lower alcohol wines.
Cerebral effects of binge drinking: Respective influences of global alcohol intake and consumption pattern

Authors of a study state that binge drinking is a major health concern, but its cerebral correlates are still largely unexplored. The authors explored (1) the cognitive step at which these deficits appear and (2) the respective influence of global alcohol intake and specific binge-drinking consumption pattern on this deficit.

On the basis of a screening phase (593 students), 80 participants were selected and distributed in four groups (control non-drinkers, daily drinkers, low and high binge drinkers). Event-related potentials (ERPs) were recorded while performing a simple visual oddball task.

Binge drinking was associated with massive ERP impairments, starting at the perceptive level (P100/N100 and N170/P2) and spreading through the attentional (N2b/P3a) and decisional (P3b) ones.

Moreover, these deficits were linked with global alcohol intake and also with the specific binge-drinking consumption pattern.

Binge drinkers presented early and global ERP deficits, affecting basic and high-level cognitive stages. Moreover, the authors showed that binge drinking is deleterious for the brain because of alcohol consumption per se, and also because of its specific consumption pattern. The authors state that “The present results show that binge-drinking habits lead to striking brain consequences, particularly because of the repeated alternation between intense intoxications and withdrawal episodes”.

Source: Cerebral effects of binge drinking: Respective influence of global alcohol intake and consumption pattern P. Mauragea, F. Joassina, A. Spethb, J. Modaveb, P. Philippotc, S. Campanella Clinical Neurophysiology

Young people’s beliefs about the harmfulness of alcohol, cannabis and tobacco for mental disorders: Findings from two Australian national surveys of youth

A study in Australia used cross-sectional national survey data to assess young peoples’ beliefs about the role of alcohol, tobacco and marijuana in the prevention and treatment of mental disorders as well as the predictors of these beliefs. The researchers compared these findings with those from a similar survey carried out in 2006.

Between January and May 2011, a national computer-assisted telephone survey was conducted on a representative sample of Australian youths aged 15–25 years. 3,021 young people were presented with a case vignette portraying depression, depression with suicidal thoughts, psychosis, social phobia, depression with alcohol misuse, or post-traumatic stress disorder in a young person. Respondents were asked about their beliefs regarding the role of using alcohol, tobacco and marijuana in preventing or dealing with the mental disorders described in the vignettes. Level of psychological distress was assessed by the Kessler 6 scale (K6).

The study found that over 75% of respondents agreed that the three substances were harmful for the young people in the vignettes, and that not using marijuana or drinking alcohol in excess is preventive. Males, young adults and more distressed respondents were less likely to endorse these beliefs. No significant changes were observed between surveys.

The researchers conclude that most young people in Australia are aware of the negative impact of substance use on mental disorders, but a few high risk groups remain: males, young adults, and those with more psychological distress. They suggest that future public health campaigns need to target these groups and focus on translating young people’s substance use beliefs into behavioral change.

Fatalities on US highways continue to drop

A US Transportation Department report shows that 31% of traffic deaths were linked to alcohol in 2010. The report also includes new measures for distracted driving incidents which accounted for about 9% of all highway fatalities in the US in 2010. The report, which updates fatality figures released earlier in the year, confirmed earlier estimates that overall highway deaths fell in 2010 to the lowest level in six decades, although Americans drove more. The death toll from all vehicle crashes fell 2.9% to 32,885 people, or a fatality rate of 1.1 deaths per 100 million vehicle miles travelled. Transportation Secretary Ray LaHood has pursued a vigorous campaign to discourage drivers from texting, talking on phones or fiddling with entertainment devices, sometimes to the consternation of car makers and safety advocates who say drinking and other factors deserve more attention. Alcohol remains a larger highway safety problem, though alcohol related fatalities fell 4.9% in 2010 compared to 2009 with 10,228 alcohol related highway deaths. Overall, highway deaths have been declining steadily since the early 1980s, coinciding with increasingly sophisticated safety technology in cars and light trucks, such as airbags and more recently electronic systems designed to prevent SUVs from rolling over. Changes in driver behaviour have helped too, as more motorists use seat belts, and fewer drive after drinking heavily. The latest count of alcohol related traffic deaths is down 41% from 2000, when 17,380 people died in crashes where alcohol was a contributing factor. Another encouraging trend found in the latest figures: Fatalities among young drivers 16 to 20 years old have declined by 39% between 2006 and 2010, faster than the overall rate of decline in highway deaths.

Fatherhood may decrease alcohol and tobacco use and crime

After men become fathers for the first time, they show significant decreases in crime, tobacco and alcohol use, according to a new, 19-year study by David Kerr, an assistant professor of psychology at Oregon State University. Kerr assessed more than 200 at-risk boys annually from the age of 12 to 31, and examined how men’s crime, tobacco, alcohol, and marijuana use changed over time. The researchers also found that men who were well into their 20s and early 30s when they became fathers showed greater decreases in crime and alcohol use, compared to those who had their first child in their teens or early 20s. Men who had children at a more developmentally-expected time could have been more able or willing to embrace fatherhood and shed negative lifestyle choices. "This research suggests that fatherhood can be a formative experience, even for men engaging in high risk behaviour," said Kerr. "This presents a unique window of opportunity for intervention, because new fathers might be especially willing and ready to hear a more positive message and make behavioural changes.”

Source: Journal of Marriage and Family
Drink-Drive Rehabilitation to be modernised in UK

The Driving Standards Agency has announced plans to modernise the Drink-Drive Rehabilitation Scheme (DDRS) in the UK. The aim is to improve both the standard of courses offered to drink driving offenders and the way that they are approved.

Road Safety Minister Mike Penning said “As well as taking action to help the police to deal with drink-drivers, we are looking at how we can reduce the likelihood of re-offending through improving the Drink-Drive Rehabilitation Scheme... Improving the way courses are delivered is a positive step towards achieving this and will help to ensure Britain’s roads remain among the safest in the world.”

The DSA are consulting on the proposals until 4 January 2012. To submit comments, visit dft.gov.uk/consultations/dsa-2011-01

ICAP announces the release of ‘Guiding Principles for Responsible Beverage Alcohol Marketing’

The International Center for Alcohol Policies has released ‘Guiding Principles for Responsible Beverage Alcohol Marketing’ associated with the Self-Regulation initiative of Global Actions on Harmful Drinking (www.global-actions.org).

“For the first time, we now have common global standards for alcohol marketing. This represents a major step in the long-standing commitment by the leading alcohol producers to effective self-regulation,” said World Federation of Advertisers Managing Director Stephan Loerke. “WFA looks forward to working with them to implement these standards at a local level.”

The Guiding Principles serve as a tool for highlighting the underlying global values in responsible advertising and marketing practices across beverage alcohol industry sectors and form a basis for developing new codes or assessing existing codes in diverse markets.

ICAP developed the Guiding Principles with partners through analysis of existing codes of practice of regulatory and self-regulatory agencies, companies’ own codes, and sector or trade association codes. The Guiding Principles have been adopted by the sponsoring companies of ICAP who are committed to actively disseminate and promote the principles in collaboration with international organizations. ICAP will work with partners to develop training modules and workshops for advertisers, media, and regulators to raise awareness of the principles internationally.

Pernod Ricard-backed campaign tackles the issue of work colleague drink driving

Pernod Ricard UK has once again paired up with the Automobile Association (AA) to urge drivers to ‘accept responsibility’ for drink driving. A recent AA Populus Panel survey revealed that work colleagues are the group most likely to encourage people to have ‘just one more’ when they are intending to drive.

The joint campaign launched on 1 December runs over the Christmas period until the beginning of January 2012.

A Pernod Ricard statement said: “We are pleased to continue this campaign to encourage drivers to accept responsibility, particularly over the work Christmas party season... This third phase of our partnership continues the Pernod Ricard global focus on anti-drink driving initiatives, which was launched in May 2011 at the Pernod Ricard Responsib‘ALL Day, where 18,000 Pernod Ricard employees across the world took part in 24 hours of action to kick-start a series of new anti-drink driving initiatives.”

Edmund King, president of the AA, added: “By continuing our partnership with Pernod Ricard UK we are aiming to raise awareness of drink driving issues around the Christmas period and how consumers must accept responsibility for their own actions, which includes not inadvertently creating pressure or succumbing to it.”
London transport to welcome in the New Year

The Mayor of London and Transport for London (TfL) have announced a partnership with Diageo to support free New Year’s Eve travel for the next three years. In a bid to encourage party goers to get home safely this festive season, Lewis Hamilton has launched Diageo’s Responsible Drinking campaign and the sponsorship of free travel on London Tubes, buses, trams and some trains this New Year’s Eve.

The advertising campaign will feature across the TfL network including on Tubes, buses and Tube stations promoting responsible drinking. In addition, Tube travellers at selected central London stations will receive top tips and free bottles of water on some of the busiest party nights of the year as part of Diageo’s ongoing commitment to a safer night out.

A number of celebrations will be taking place across the Capital including the spectacular fireworks display on the Southbank organised by the Mayor of London. Londoners will benefit from free travel on service from 23:45 on New Year’s Eve until 04:30 on New Year’s Day. Tube, DLR and tram services will run all night on New Year’s Eve, as well as night buses and 24-hour bus routes as usual. Free travel will also apply to London overground trains running after 23:45 until last train times.

Speaking at the launch, Lewis Hamilton said, “Whilst we all want to have a good time this party season, a good time will be a better one if you can remember it and get home safely. Diageo sponsoring free travel is going to make it a little easier for us all to get home this New Year’s Eve”.

UK report finds that alcohol enforcement laws are not fully used, but enforcement alone is not the solution

A new report explores whether UK laws relating to the sale and consumption of alcohol are ‘fit for purpose’ and are being effectively enforced. The report finds that many laws are not being fully utilised, although a variety of measures are still required to achieve alcohol harm reduction.

The report, commissioned by the Portman Group, was authored by Dr Fiona Measham of Lancaster University and research consultant Dr Phil Hadfield. It finds that laws designed to tackle underage drinking are not being used to their maximum effect, and that enforcement is rarely actioned against consumers rather than suppliers.

In a press release, Dr Measham said that prosecuting individuals for offences such as underage drinking, proxy sales and the serving of alcohol to intoxicated persons were regarded as too expensive and time consuming to pursue. The findings appear to reiterate past messages that the 2003 Licensing Act powers have not been fully utilised - 2009 Home Office alcohol guidance referenced evidence that crime and disorder had remained stable but powers were underused.

Dr Phil Hadfield said: “One of the main messages of our findings is that there seems little point in Government introducing new tough sounding measures to tackle alcohol-related harms in the community if these laws are not actually enforced in practice. The rush to introduce new legislation has occurred at the expense of ensuring that the laws we already have are being implemented and effectively used.”

The report emphasises the importance of partnership working, local innovation and a greater recognition of health priorities. It also highlights that “regulation works best when embedded within community focused multi-component programmes (MCPs) that encompass broader approaches to harm reduction”. A comprehensive report on multi-component programmes to reduce alcohol-related harm was published by the Joseph Rowntree Foundation in 2007.

For more information, visit www.portmangroup.org.uk
UK Police christmas campaign

The Association of Chief Police Officers’ (ACPO) Christmas drink and drug driving campaign was launched on 1 December, with officers throughout the UK carrying out thousands of tests on drivers.

The new ACPO lead for Roads Policing, DCC Suzette Davenport, said: “If you drink or take drugs and drive it’s only a matter of time before you’re caught. December will see police officers across the country testing drivers at hotspots to help keep your local roads safe. Anyone who decides to risk the lives of others leaves themselves open to arrest and prosecution.”

The campaign will see tests carried out at all times of the day and night, including first thing in the morning, as drivers are urged to think twice before getting behind the wheel the morning after drinking.

Last year over 170,000 drivers were breath tested during the month-long campaign, with 6,662 arrests made – nearly 4% those tested.

Road Safety Minister Mike Penning, said “The number of drink drive deaths has fallen by more than 75% since 1979, but drink driving is still devastating lives with around 250 people killed in collisions where the driver was over the limit in the last year... Drivers who are reckless enough to get behind the wheel after drinking put innocent road users in danger and should be in no doubt that they risk losing their licence as well as facing a fine and even a prison sentence. We will be running a hard-hitting THINK! Christmas drink drive campaign reminding drivers of the consequences of getting a drink drive conviction as well as taking forward a package of measures to help the police to target the most dangerous drink drive offenders... My message this Christmas is clear: don't drink and drive.”

Home Office to publish impact of below-cost ban in UK

The Home Office is to publish its assessment of how the below-cost selling ban will impact on the problem and underage drinking in the new year.

James Brokenshire, Home Office minister, said “The impact assessment for banning the sale of alcohol below the cost of duty plus VAT will be published by the Home Office in the new year. This will assess the impact of excessive alcohol consumption on harmful and hazardous drinking groups who are most likely to be affected by the ban. The Home Office carefully considered the potential impact on underage and excessive alcohol consumption when considering options for the ban.”

Coca-Cola backs Think! festive drink driving campaign

Coca-Cola has partnered with anti-drink drive campaign Think! To offer drivers a buy one get one free (bogof) offer on soft drinks over the Christmas period.

As part of the Government’s £660,000 campaign, which will run across radio, posters, online and targeted Facebook advertising, Coca-Cola will also reward designated drivers in over 8,000 pubs and student union bars with a free soft drink when they buy another.

Participating venues can be found through the Pub Finder told that has been added to Coca-Cola.co.uk and Coke Zone, which has been redeveloped to be mobile friendly.

To promote the offer, festive-themed posters, banners, drinks mats, table cubes, window decals, Santa hats and signage will direct consumers to claim their free Coca-Cola and Diet Coke.

Road safety minister Mike Penning said: “Our Think! campaign makes it clear that drivers who get behind the wheel over the limit risk losing their licence as well as facing a fine and even a prison sentence... We are also teaming up with Coca-Cola and pub chains across the country to reward designated drivers as part of our Drive Friendly initiative, as well as reminding people of the consequences of getting a drink-drive conviction... No one wants to spend their Christmas in a police cell. My message is clear: don't drink and drive.”
AIM SOCIAL AND POLICY NEWS

Minister launches drinkaware.ie and RSA ‘Morning After’ Christmas campaign

Minister of Transport, Tourism and Sport Leo Varadkar TD lent his support to the launch of the drinkaware.ie/Road Safety Authority ‘Morning After’ Campaign for Christmas. With the recent arrival of the new lower drink-driving limits, it has never been more important to remember the morning after.

Speaking at the launch Minister Varadkar said, “The overall message remains ‘don’t drink and drive’. I am asking people who intend to drive the morning after a night out to be conscious of the amount they had to drink, and of the time it takes for alcohol to pass through a person’s system. The presence of alcohol in the system impairs driving abilities. If you’re in doubt, don’t drive and find an alternative means of travelling.”

As people get ready for the festive season Fionnuala Sheehan, Chief Executive of drinkaware.ie commented, “The reality is that it takes our bodies about an hour to get rid of one standard drink. A standard drink is equal to a glass of beer / cider, a small glass of wine or a pub measure of spirits. That means a pint contains two standard drinks and a home measure of spirits or wine may contain 2-3 standard drinks... The message from drinkaware.ie is to take responsibility for your drinking, do the maths the morning after and if you think you still have alcohol in your system then don’t risk driving. Equally, the message to passengers is not to get in a car with anyone who you think is not safe to drive”.

Wine In Moderation – Art De Vivre takes stock and renews commitment to tackle alcohol-related harm in the EU

On November 24, three years after the launch of the Wine in Moderation – Art de Vivre (WIM) programme, senior representatives from the EU Commission, national & regional constituencies of the wine sector, wine value chain and many other stakeholders of the EU, assembled to review the accomplishments and success stories of the WIM programme implementation at national and European level, and to present the next steps forward, building on the success achieved so far.

Ms Paola Testori Coggi, Director General at the European Commission’s Directorate General for Health and Consumer policy (DG SANCO) praised success of WIM contributing to inform and educate European citizens on appropriate consumption patterns, which is one of the objectives of the EU Alcohol Strategy, and urged the industry to further scale up effective action against the harmful use of alcohol.

Mr Lamberto V. Gancia, President of CEEV Comité Vins, the leading stakeholder in WIM, expressed his appreciation of DG SANCO’s approach and confirmed a strong commitment to further increase actions which secure and enhance the central place of wine at the heart of European cultural and culinary heritage.

George Sandeman, President of WIM Aisbl gave a presentation on the way forward for the WIM commitment and the presentation of the new WIM Aisbl, founded by the European wine sector, to coordinate the European and international implementation of the WIM Programme.

For more information, visit www.wineinmoderation.eu
Health At A Glance 2011: OECD Indicators

The latest edition of ‘Health at a Glance’ provides the latest comparable data on different aspects of the performance of health systems in OECD countries. It provides striking evidence of large variations across countries in the costs, activities and results of health systems. For the first time, it also features a chapter on long-term care.

This edition presents data for all OECD member countries. Where possible, it also reports data for Brazil, China, India, Indonesia, the Russian Federation and South Africa, as major non-OECD economies.

The publication takes as it main basis OECD Health Data 2011, the most comprehensive set of statistics and indicators for comparing health systems across the 34 OECD member countries.

Alcohol consumption as measured by annual sales stands at 9.1 litres per adult on average across OECD countries, using the most recent data available. France, Austria, Portugal, the Czech Republic and Estonia reported the highest consumption of alcohol, with 12.0 litres or more per adult per year in 2009.

Low alcohol consumption was recorded in Indonesia, India, Turkey and Israel where religious and cultural traditions restrict the use of alcohol among some population groups, as well as in China, Mexico and some of the Nordic countries (Norway, Iceland and Sweden).

Although average alcohol consumption has gradually fallen in many OECD countries over the past three decades, it has risen in some others such as Finland and Mexico. There has been a degree of convergence in drinking habits across the OECD, with wine consumption increasing in many traditional beer-drinking countries and vice versa.

The traditional wine-producing countries of Italy, France and Spain, as well as the Slovak Republic and Germany have seen per capita consumption fall by one third or more since 1980. Alcohol consumption in the Russian Federation, as well as in Brazil and China has risen substantially, although in the latter two countries per capita consumption is still low.
AIM SOCIAL AND POLICY NEWS

Variations in alcohol consumption across countries and over time reflect not only changing drinking habits but also the policy responses to control alcohol use.

The report states that although adult alcohol consumption per capita gives useful evidence of long-term trends, it does not identify sub-populations at risk from harmful drinking patterns.

Brown-Forman Joins TEAM Coalition and launches responsibility efforts at MLS Cup

Techniques for Effective Alcohol Management (TEAM) Coalition and Brown-Forman announced today that Brown-Forman is the newest member of the non-profit organization dedicated to the promotion of responsible drinking and positive fan behaviour at sporting events and concerts.

“We are excited about this opportunity to work with the other members of TEAM Coalition and build upon our efforts to encourage responsible drinking,” said Brown-Forman’s Director of Corporate Responsibility, Rob Frederick. “Sporting events and concerts should be safe and fun for everyone, and I believe through collaboration we can more effectively promote positive fan behavior.”

TEAM Coalition is an alliance of 21 organisations which includes professional and collegiate sports, entertainment facilities, concessionaires, stadium service providers, the beer industry, distillers, broadcasters, governmental traffic safety experts and others. Its members are united by their mission to provide effective alcohol service training and promote responsible alcohol consumption to enhance the entertainment experience while reducing alcohol-related instances in facilities and on the road.

At MLS Cup 2011, TEAM Coalition and El Jimador (the official tequila of Major League Soccer) promoted responsibility through several offerings to fans.

At all entry gates to Home Depot Center, fans received Code of Conduct cards written in English and Spanish. The cards communicated the pledge from MLS to protect fans’ rights, what behaviours are expected of fans, the consequences of violating the code of conduct and the responsibility message of El Jimador tequila – Enjoy 100% Responsibly.

At the Soccer Celebration outside Home Depot Center before the game, adult fans had the opportunity to pose for photos. First, fans had to pledge to never drive drunk, always have a designated driver and never provide alcohol to those under the legal drinking age. In exchange for making that promise, fans received the souvenir photos of their group printed with the responsibility message and event logos on the photos. The keepsakes acted as a reminder of the fans’ pledge to be responsible and the amazing experience they had at MLS Cup 2011.

Finally, responsible adult fans also had the opportunity to autograph a larger-than-life soccer ball. As the celebrities of responsibility, it was the autographs of those responsible fans that were the most highly sought after at Home Depot Center on Sunday.

“Providing a safe environment for our fans is one of Major League Soccer’s top priorities. Partnering with our sponsors like El Jimador to communicate a positive message is a win for everyone involved,” said Evan Dabby, MLS Senior Director of Operations and TEAM Coalition third Vice Chairman. “We’re pleased to be the first league member of TEAM to work with the newest member of the Coalition to promote responsible habits.”

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For more information, visit www.TEAMCoalition.org or www.RHIR.org

The consumption of large quantities of alcohol at a single session, termed “binge drinking”, is a particularly dangerous pattern of consumption, which is on the rise in some countries and social groups, especially among young males.

The full report can be found via: www.oecd.org/document/11/0,3746,en_2649_37407_16502667_1_1_1_37407,00.html

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Operation Unite: Have a good time, not a drunk time

Operation Unite, a joint initiative by Australian and New Zealand Police Commissioners to tackle alcohol fuelled violence, ran over the weekend 2-4 December 2011. The Operation, is a united policing front to challenge alcohol misuse, crime, violence and anti-social behaviour.

Assistant Police Commissioner Bronwyn Killmier, Commander of the weekend’s Operation said that police conducted overt and covert operations, random drug and alcohol breath testing and patrolling with mounted police, dog squad and additional general police patrols.

“Police are serious about making our entertainment areas safe for everyone, especially now holiday festivities are on the horizon and many more people, including families and tourists, are looking at being out and about socially.” Police are saying for safety’s sake, slow down on rapid drinking and don’t drink to get drunk. Look after your friends and don’t encourage them to get blind drunk either.”

Assistant Commissioner Killmier says Operation Unite is not about restricting people from having a good time. “It’s about asking people to realise they don’t have to be drunk to have fun. Drinking to the point of oblivion produces extreme personal safety risks and poor decision making and is generally unattractive and unappealing to those watching.”

“We are asking people to modify how much they drink. It’s that simple. Have a good time, not a drunk time.”

For more information on Operation Unite and alcohol abuse statistics and research, please visit www.anzpaa.org.au

Australian ministers sign off new alcohol warning labels

In Australia, state and territory ministers have agreed to the introduction of mandatory pregnancy warning labels on alcohol. Ministers responsible for food regulation met in Melbourne to consider their response to former federal health minister Neal Blewett’s review of food labelling.

Dr Blewett’s most controversial recommendation, that a “traffic light” system be introduced to help consumers make healthier food choices, has been rejected. Instead, ministers have agreed that public health, consumer and industry groups be consulted in the development of an alternative front-of-pack labelling system, which is to be considered in June and hoped to be in place by the end of next year.

They also want to give industry two years before making pregnancy warning labels on alcohol mandatory.

Food Standards Australia New Zealand is drafting a standard for nutrition and health-related claims and ministers also agreed to the development of a national nutrition policy.

Read more: www.theage.com.au/national/ministers-sign-off-on-new-alcohol-warnings-20111209-1on0d.html#ixzz1g76jHYbV

State Of Knowledge: Female Drunk Drivers

A report from the Traffic Injury Research Foundation, with funding from the Century Council provides a current state of knowledge about drunk driving among female drivers. Its objectives are to describe the magnitude of the female drunk driver problem, the characteristics of these offenders, the current involvement of female drivers testing positive for alcohol in fatal crashes, and effective strategies that are available and being applied to manage this population.

Research ranging from the 1980s through to present day is reviewed in chronological order in Section 3 (Magnitude of the Problem) and Section 4 (Characteristics of Offenders) to provide a complete perspective on this problem and also a sense of how it has evolved over time.

If parents drink and drive, their kids may too

Teens whose parents drink and drive are much more likely to do so themselves, a new US government study finds. The research, from the Substance Abuse and Mental Health Services Administration (SAMHSA), suggests that parents’ behaviour behind the wheel has a very strong influence on teenagers.

‘Data Spotlight: Adolescents Living with a Parent Who Drives Under the Influence Are at Increased Risk for Driving Under the Influence Themselves’, is based on data analysed from SAMHSA’s 2002 – 2009 National Survey on Drug Use and Health (NSDUH). The study was based on national survey data of roughly 67,500 people aged 12 and older.

The SAMHSA researchers found that more than 18% of 16- and 17-year olds living with a mother who drove under the influence of drugs or alcohol had also driven under the influence. In contrast, only about 11% of teens living with a mother who didn’t drive after drinking engaged in this risky behavior.

Fathers may even wield a greater influence. The study found that 21.4% of teens living with fathers who drove under the influence also drove after drinking or taking drugs, compared to 8.4% of teens whose fathers didn’t drink and drive.

SAMHSA Administrator Pamela Hyde said “Parents play a key role in preventing drunk and drugged driving, beginning with setting a good example... Parents who drink, or drug, and drive not only put their lives and the lives of others at immediate risk, but increase the likelihood that their children will follow down this destructive path.”

South Africa ARA assists in combating underage purchasing of alcohol

Industry Association for Responsible Alcohol Use (ARA) has launched their newly designed in-store sticker campaign titled RU18 to assist in increasing awareness amongst retailers and the public and combating the underage alcohol purchases.

“The aim is to reinforce the ARA message of responsible drinking by keeping the legal age limit top of mind for both the purchaser and the distributor as well as discouraging adults from sending underage buyers to buy alcohol for them,” said ARA spokesperson Adrian Botha.

The ARA is in the process of distributing their in-store point of sale material to various outlets over the next few months and look forward to working alongside store owners and retail employees to create greater awareness around their latest campaign.

The campaign urges the public “This festive season and on an ongoing basis, do your bit and take responsibility by alerting others to the issue of underage drinking and the extent to which children can access a alcohol so that together, we may help curb this problem.”

New Canadian Low Risk Guidelines published

Updated Recommended Guidelines for Low Risk Drinking were published in November. The guidelines were developed by an independent expert working group with members drawn from Canadian addiction research agencies. The guidelines have undergone international peer review by invited experts on alcohol epidemiology, and concerned individuals and organisations.

The new guidelines define a drink as 13.45g, or a 142-mL glass of 12 per cent alcohol wine. To reduce long-term health risks, the guidelines suggest no more than two drinks a day, five times a week or 10 drinks total (13.45g) a week for women are recommended and no more than three drinks a day, five times a week or 15 drinks total a week are recommended for men.

Details of the guidelines were reported in AIM in March 2011 and can be viewed at www.aim-digest.com/gateway/pages/S&P%20Alcohol%20%20Harm%20Reduction/government/Canada%20LRG.pdf
Drinking and smoking by teens in Ontario

According to the 2011 Ontario Student Drug Use and Health Survey released by the Centre for Addiction and Mental Health (CAMH), fewer Ontario teens are smoking but there are continuing concerns around binge drinking, and driving while under the influence of cannabis and alcohol. The survey, which included 9,288 students across Ontario in grades 7 to 12, is the longest running student survey in Canada.

The survey found that, of those who drink, a third reported drinking hazardously or harmfully. 16% reported being drunk or high at school at least once in the past year.

Alcohol was found to be the substance used by the largest number of students, with 55% of respondents reported drinking alcohol in the past year. While binge drinking rates have dropped from 28% a decade ago to 22%, this still represents 223,500 high school students in Ontario who are drinking five or more drinks on one occasion at least once a month. 5% reported binge drinking four or more times in the past month. 9% students report harmful drinking patterns in conjunction with elevated psychological distress.

An estimated 175,600 students (18%) reported hazardous or harmful drinking behaviours, and one in 10 students reported injuring themselves or someone else as a result of their drinking. Theses behaviours were highest amongst students in grade 11 and 12, with boys and girls equally likely to engage in dangerous drinking patterns.

7% of adolescent drivers reported driving within an hour of consuming two or more drinks containing alcohol, representing an estimated 21,500 students. 24% reported getting in to a car with a driver who had been drinking. Drinking and driving has dropped by five percentage points since the last survey in 2009.

For the first time, students were asked whether they had ever operated a snowmobile, boat, Sea-doo or all terrain vehicle after drinking alcohol, with 7% reporting that they had done so in the past year.

www.camh.net/Research/Areas_of_research/Population_Life_Course_Studies/OSDUS/osdus.html

Operation Red Nose volunteers are back on the road

Throughout December, 55,000 Canadian Operation Red Nose volunteers will be keeping the roads and highways safe by driving people home safely after a night out. Motorist can count on the services of Operation Red Nose to get themselves and their vehicles home safely after a night of celebrating. In addition to promoting safe driving, the campaign also raises funds for 111 hundred non-profit youth and/or amateur sports organisations. Each year in Canada, organisations receive $1,300,000 through donations received from the users of the Operation Red Nose service.

In addition to its recent arrival on Twitter (@ORNose), Operation Red Nose has launched a new website with a « geo local » feature allowing web users to easily access information on the Operation Red Nose location closest to them. Official Red Nose posters also bear a QR Code which, when scanned with a smartphone, will bring the user directly to the Operation Red Nose website.
Monitoring the Future survey results show further reductions in drinking amongst teens

Results of this year’s Monitoring the Future survey were released on 14 December by the National Institute on Drug Abuse, which sponsors the study, and the University of Michigan, which designed and conducted the study.

There has generally been a long-term decline in the use of alcohol by teens in the US going back to the 1980s. This gradual decline in alcohol use continued into 2011, when all grades showed a further drop in all measures of alcohol use—lifetime, annual, 30-day, daily, and 5+ drinks on one or more occasions during the prior two weeks. For the three grades combined, the one-year declines in 2011 were statistically significant on all of these measures.

All of these statistics are at historic lows over the life of the study (since 1975 among 12th graders and since 1991 among 8th and 10th graders.) For example, over the past 20 years, from 1991 to 2011, the proportion of 8th graders reporting any use of alcohol in the prior 30 days has fallen by about half (from 25% to 13%), among 10th graders by more than one third (from 43% to 27%), and among 12th graders by about one fourth (from 54% to 40%).

“These are substantial changes in a long-established behavior in our culture,” concludes Johnston, “and we believe that a number of factors have contributed to it.” In the 1980s a number of states raised their minimum drinking age to twenty-one, but even among the states that already had an age 21 law, there was some decline in drinking, possibly due in part to campaigns to reduce drunk driving and to encourage the use of designated drivers. The dangers perceived to be associated with episodic heavy drinking grew in the 1980s, as did students’ personal disapproval of such drinking. Both of these measures also rose in the 2000s, but more slowly.

Another contributing factor likely has been lowered availability, particularly for the younger teens. Various other factors of likely importance include the advent of zero tolerance laws for drivers under age 21, higher beer taxes, and restrictions on alcohol promotion to youth.

The proportion of students reporting having five or more drinks in a row at least once in the two weeks prior to the survey also fell in all three grades in 2011. For the three grades combined, the one-year decline (-1.3 percentage points) was highly significant (p < .01); this statistic has declined by about one third since 1991, from 20% to 13.6%. The decline has been greatest for the younger teens during this period: with a drop of 41% among 8th graders versus 28% among 12th graders. However, the 12th graders showed a considerable decline prior to 1991. Overall their reported prevalence of this behaviour has fallen from 41% in 1981 to 22% in 2011, reflecting a decline of nearly one half over the past 30 years. Consumption of all categories of alcoholic beverages monitored has been in decline, with hard liquor showing the least decline.

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

AIM Mission Statement

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

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