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Thailand

A law regulating alcohol sales came into effect on January 23 in Thailand. Alcoholic beverages can now only be sold between 11am – 2pm and 5pm – midnight each day, according to an announcement from the Prime Minister's Office.

At all other times, alcohol sales are strictly forbidden except at international airport terminals (whose alcohol sales laws have not been affected by this new set of restrictions) and legally registered entertainment venues. Violators of these new laws are subject to six months imprisonment and/or a 10,000 baht fine.

Australia

The New South Wales Government says it will force high-range or repeat drink drivers to pay to have alcohol interlocks installed on their cars, from 1 February.

Roads Minister Duncan Gay said that, anyone caught with a blood alcohol concentration of 0.15 or above and repeat offenders will be ordered to have an alcohol interlock for a minimum of 12 months. There would be fines of several thousand dollars for anyone caught tampering with the device, or damaging it.

The interlock device would be fitted to a car's ignition and require drivers to pass a breath test before the engine would turn. It is estimated that up to 6,000 new drink driving offenders will enter the programme each year.

The programme follows similar moves in Victoria and in the ACT introduced last year.

Singapore

On 30 January, the parliament in Singapore passed the Liquor Control (Supply and Consumption) Bill. Under the new rules, alcohol cannot be consumed in public places between 10.30pm and 7am and alcohol can only be sold in stores up till 10.30pm.

Speaking to the House on the second reading of the Bill, Second Minister for Home Affairs S. Iswaran told Parliament there were compelling reasons for the Home Affairs Ministry to take proactive steps in restricting the supply and consumption of alcohol. The new liquor control laws are expected to come into effect in April.

US

Dartmouth College in New Hampshire, US has announced it will ban spirits on campus in an effort to reduce alcohol-related incidents. Spirits will no longer be served at events open to the public, and penalties for underage students found in possession of hard alcohol will increase in severity.

South Africa

In South Africa, the Department of Transport has proposed a zero blood-alcohol limit. The proposal to reduce the BAC limit from the current level of 0.05 was published earlier in January 2015 in the Government Gazette. The legal BAC limit for drivers was dropped from 0.08 to 0.05 in 1996. The draft bill has yet to go through the parliamentary process, as public consultation is ongoing until February 27.
A mistaken interpretation of data relating alcohol to mortality


Authors’ Abstract

Objectives To examine the suitability of age specific limits for alcohol consumption and to explore the association between alcohol consumption and mortality in different age groups.

Design Population based data from Health Survey for England 1998-2008, linked to national mortality registration data and pooled for analysis using proportional hazards regression. Analyses were stratified by sex and age group (50-64 and ≥65 years).

Setting Up to 10 waves of the Health Survey for England, which samples the non-institutionalised general population resident in England.

Participants The derivation of two analytical samples was based on the availability of comparable alcohol consumption data, covariate data, and linked mortality data among adults aged 50 years or more. Two samples were used, each utilising a different variable for alcohol usage: self reported average weekly consumption over the past year and self reported consumption on the heaviest day in the past week. In fully adjusted analyses, the former sample comprised Health Survey for England years 1998-2002, 18 368 participants, and 4102 deaths over a median follow-up of 9.7 years, whereas the latter comprised Health Survey for England years 1999-2008, 34 523 participants, and 4220 deaths over a median follow-up of 6.5 years.

Main outcome measure All cause mortality, defined as any death recorded between the date of interview and the end of data linkage on 31 March 2011.

Results In unadjusted models, protective effects were identified across a broad range of alcohol usage in all age-sex groups. These effects were attenuated across most use categories on adjustment for a range of personal, socioeconomic, and lifestyle factors. After the exclusion of former drinkers, these effects were further attenuated. Compared with self reported never drinkers, significant protective associations were limited to younger men (50-64 years) and older women (≥65 years). Among younger men, the range of protective effects was minimal, with a significant reduction in hazards present only among those who reported consuming 15.1-20.0 units/average week (hazard ratio 0.49, 95% confidence interval 0.26 to 0.91) or 0.1-1.5 units on the heaviest day (0.43, 0.21 to 0.87). The range of protective effects was broader but lower among older women, with significant reductions in hazards present ≤10.0 units/average week and across all levels of heaviest day use.

Supplementary analyses found that most protective effects disappeared where calculated in comparison with various definitions of occasional drinkers.

Conclusions Beneficial associations between low intensity alcohol consumption and all cause mortality may in part be attributable to inappropriate selection of a referent group and weak adjustment for confounders. Compared with never drinkers, age stratified analyses suggest that beneficial dose-response relations between alcohol consumption and all cause mortality may be largely specific to women drinkers aged 65 years or more, with little to no protection present in other age-sex groups. These protective associations may, however, be explained by the effect of selection biases across age-sex strata.

Forum Comments

A group of investigators carried out a pooled analysis of published data from population-based cohorts and attempted to evaluate the association of alcohol consumption in age-specific categories with the risk of total mortality. The results presented by the authors clearly show reduced risk of total mortality (hazard ratios < 1.0 for mortality in comparison with current non-drinkers and with never drinkers) for subjects in essentially all categories of moderate drinking. However, because of relatively small numbers of subjects and wide confidence intervals for the sub-categories of age, many of the estimates of effect were not statistically significant.

The investigators then appear to have looked only at p-values and ignored the estimates of effect in their own data, coming to the conclusion of no association between moderate alcohol and total mortality for most age groups. Focusing only on significance testing for estimating effects has been strongly condemned by Kenneth Rothman and other leading epidemiologists (Rothman et al 2008; Schmidt & Rothman 2014).

Forum member Thalle elaborates on this topic: “Type I and II errors force the researcher to decide whether or not to reject the null hypothesis. Valid information may thus be lost, and has led the scientific community into what Stang et al called ‘a tyranny of statistical significance testing.’ The p-value is a continuous measure, but it is often given as a dichotomous variable. By convention in clinical medicine one has ended up with p < 0.05 indicating what is called a statistically significant level, by which the null hypothesis is rejected.
This means that we have made a decision regarding the results by setting a limit for when we will accept the alternative hypothesis. This convention is to a large extent 'non-sense', as the clinical importance of a difference does not depend on a p-value being above or below 0.05. The p-value is a quantitative finding that is a result of the precision of instruments and the effect size, and contains more information than what is given by drawing a limit at 0.05.”

As pointed out by Forum member Waterhouse: “The paper reflects a misinterpretation of the data, not what I would expect from educated scientists. They have data that cannot demonstrate a difference, which they misinterpret to say it shows there is no difference. In fact, their data can only be interpreted to say they can’t conclude anything about whether or not there is an effect. Their data could not establish that alcohol had ‘no effect’ on mortality, as they loudly proclaimed.” Forum members (and many other scientists, see below) found it upsetting that the authors and the journal did not understand this basic error in their presentation of statistics, or chose to ignore it. (A recent commentary by Tom Jacobs calls attention to “how ideology may trump science” in interpreting scientific data.)

Forum member de Gaetano, with assistance from his colleagues Augusto Di Castelnuovo and Simona Costanzo, agree that “The authors’ conclusions are not backed up by the data. A more appropriate headline based on this paper would be ‘Study supports a moderate protective effect of alcohol.’” Forum member McCormick added: “I am happy to comment on this paper. It scratches one of my perennial itches, i.e., poorly designed studies somehow getting approval from a theoretically sound journal.” And reviewer Ursini: “It is not just a problem of alcohol and mortality, it is matter of ethics in writing and publishing papers. I totally agree with the concise commentary of Professor David Spiegelhalter (see below) which goes directly to the point. In light of the data available, I cannot understand how it went through the review process. Reviewers and handling editors here have a serious responsibility before publishing scientific results and conclusions not based on data presented.”

Reviewer Keil described the danger of such misguided reports: “Last week I attended a continuing education event with my cardiology colleagues. The first lecture was given by a scientist who referred to this paper in the BMJ and wanted to revise the recommendations on alcohol intake. Can it be that more than 30 years of research in this field are undone by one silly paper in the BMJ? Once in a while I reflect on how doctors read papers; they seem to rely more on abstracts and press releases.”

Reviewer Skovenvborg had comments as well: “The problem of concluding from a data-set with type-2 errors has been dealt with properly by Professor Spiegelhalter. Further, there is no known biological pathway to explain the decrease in mortality associated with drinking less than once per month (observed in younger and older men and older women in this study) which raises the suspicion of either misclassification, underreporting of alcohol intake, or confounding. Considering the rather meticulous control for known confounding factors, that leaves an unknown confounding factor of considerable magnitude, which is unlikely. Underreporting and/or misclassification seem to be more likely explanations. As stated by Spiegelhalter: ‘This is an exceptionally poor use of statistics.’

“The authors quote two studies on the subject of alcohol and age with this comment: ‘In general data specific to older populations are lacking…’ I do not agree and I have identified more than 25 relevant references. For example, Gronbaek et al reported on 11.5 years follow-up of mortality among 16,304 men and women aged 50 years or more at baseline; they found a “U-shaped curve even among the elderly. In a report from McCaul et al, in people over the age of 65 years, alcohol intake of four standard drinks per day for men and two standard drinks per day for women was associated with lower mortality risk. Halohan et al reported that in their cohort, even after adjusting for all covariates, abstainers and heavy drinkers continued to show increased mortality risks of 51 and 45%, respectively, compared to moderate drinkers. Further, in a pooled analysis of 8 prospective studies from North America and Europe including 192,067 women and 74,919 men, Hvidtfeldt et al found significant inverse associations between alcohol and risk of coronary heart disease in all age groups.”

A letter to BMJ by Forum members Van Velden and Kotze (and an associate, Lückhoff HK), states that “The conclusion of the authors of this paper is simply not supported by the data provided in this study. Rather, their findings are in accordance with those from previous prospective studies showing that moderate
alcohol consumption decreases overall mortality risk, across boundaries for age and different categories of intake.”

References from Forum review


Jacobs T. “Ideology Often Trumps Science, Especially Among Conservatives. Two carefully couched studies parse how our political views impact the way we respond to scientific findings.” 10 February 2015; http://www.psmag.com/politics-and-law/ideology-often-trumps-science-especially-among-conservatives


Schmidt M, Rothman KJ. Mistaken inference caused by reliance on and misinterpretation of a significance test. Int J Cardiol 2014;177:1089-1090.


Van Velden D, Lückhoff HK, Kotze MJ. Misrepresentation of findings from recent alcohol protection study in the media: a cause for alarm. http://www.bmj.com/content/50/bmj.h84/rr-.

Summary of Forum Review
The authors of this paper have carried out a regression analysis to examine the association of reported alcohol consumption with all-cause mortality, dividing their sample into different age groups. They used data from Health Survey for England 1998-2008, linked to national mortality registration data. Their published results show lower risk of mortality (hazard ratios < 1.0 for mortality in comparison with recent non-drinkers and with never drinkers) for subjects in essentially all categories of moderate drinking. However, the authors have interpreted their analyses as indicating that moderate drinking is not associated with all-cause mortality for the vast majority of the population.

Forum members, and many other scientists, have been surprised by the conclusions of the authors, who apparently did not consider basic statistical principles (such as dealing with type-2 errors) in judging their results. The investigators appear to have looked only at p-values and ignored the estimates of effect in their own data, coming to the conclusion of no association between moderate alcohol and total mortality for most age groups. Focusing only on significance testing for estimating effects has been strongly condemned by epidemiologists and statisticians and can lead to inaccurate results.

The paper reflects a gross misinterpretation of the data, not what would be expected in a publication in a leading journal. In other words, the authors’ conclusions are not backed up by their data. A more appropriate headline based on this paper would be “Study supports a moderate protective effect of alcohol against all-cause mortality.” Given the wide media coverage of this article, with striking headlines indicating that moderate drinking does not affect mortality, one Forum reviewer wondered “How can more than 30 years of research in this field be undone by one misguided paper in the BMJ? Once in a while I reflect on how some doctors and journalists interpret scientific papers; they seem to rely more on abstracts and press releases.”

The Forum considers that the conclusions of the authors of this paper are simply not supported by the data provided. Rather, their findings are in accordance with those from previous prospective studies showing that, for all age groups, moderate alcohol consumption is associated with a decrease in all-cause mortality risk.

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

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Harvey Finkel, MD, Hematology/Oncology, Boston University Medical Center, Boston, MA, USA
Ulrich Keil, MD, PhD, Professor Emeritus, Institute of Epidemiology & Social Medicine, University of Muenster, Germany

Maritha J. Kotze, PhD, Human Genetics, Dept of Pathology, University of Stellenbosch, Tygerberg, South Africa.

Fulvio Mattivi, PhD, Head of the Department Good Quality and Nutrition, Research and Innovation Centre, Fondazione Edmund Mach, in San Michele all’Adige, Italy.

Ross McCormick, PhD, MSc, MBChB, Professor Emeritus, The University of Auckland; former Associate Dean, Faculty of Medical and Health Sciences, The University of Auckland, Auckland, New Zealand

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

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

Published comments on this study by other scientists

A large number of comments related to this article have been published by other scientists. For example, on 10 February 2015, Science Media Centre carried a number of criticisms of this article (available at http://www.sciencemediacentre.org/expert-reaction-to-study-on-health-effects-of-alcohol-across-different-age-groups/). To quote from one such critique:

Prof. Sir David Spiegelhalter, Winton Professor of the Public Understanding of Risk, University of Cambridge, wrote: “The authors’ conclusions are not backed up by the data. All groups consuming less than 20 units a week experienced lower mortality rates than the lifelong teetotalers. But since there are not many teetotalers, there is large uncertainty about what the true underlying relative risks are. All the observed data are compatible with the kind of 15 to 20% protection that has been previously suggested, and the authors are not justified in claiming there is no protection apart from some specific groups. A graphic depiction of their clearly shows the observed hazard ratio (relative risk of dying each year) – curiously such a graph did not appear in the published paper, but can be derived from the data provided in the tables.”

Spiegelhalter continued: “Essentially, the study is grossly underpowered to convincingly detect a plausible protection, and they have committed the cardinal sin of saying that non-significance is the same as ‘no effect’ in a study lacking sufficient events, in this case, deaths in non-drinkers. This is a poor use of statistics, and I am surprised it got past the referees.” His full critique is available at http://understandinguncertainty.org/misleading-conclusions-alcohol-protection-study.

In addition, Prof. Paul Pharoah, Professor of Cancer Epidemiology, University of Cambridge, said: “Overall the findings of this study are in broad agreement with what has been previously published – despite what is written in the press release. The main findings were that there was a reduction in mortality in almost all categories of alcohol consumption (main number reported in the results table is the relative hazard. A relative hazard of < 1 is a protective effect). For some of the categories this finding was statistically significant and not in others. The investigators make too much of these differences in nominal statistical significance. While some results were statistically significant and others not, the consistency of the findings in the different age/sex groups is more striking. I do not agree with their conclusion that ‘Little to no protection was found in other age-sex groups, regardless of consumption level.’ Because there were 10 different alcohol consumption groups being evaluated the number of deaths in each group was fairly small – particularly in the non-drinker reference group – and the statistical power to detect modest effects will have been small. In short the findings..."
– although not statistically significant in part – were fairly consistent with previously reported research in which moderate alcohol consumption has been associated with a modest reduction in mortality. But the authors’ conclusions are not backed up by the data.”

A comment entitled, “Don’t worry, drinking is still good for you” by Christopher Snowdon, Researcher, Institute of Economic Affairs, UK concludes: “No reasonable person could conclude from this study that ‘Alcohol has no health benefits after all’, as Britain’s erstwhile newspaper of record claims. On the contrary, it shows much the same as all the other evidence on this subject: that moderate drinkers live longer than both non-drinkers and never-drinkers.” The full comments of Snowdon are available at velvetgloveironfist.blogspot.co.uk/2015/02/dont-worry-drinking-is-still-good-for.html

Epidemiology of alcoholic liver disease in Denmark 2006–2011: A population-based study

A study investigated the incidence, prevalence, hospitalization rates and survival for alcoholic liver disease (ALD) in Denmark 2006–2011.

Using nationwide healthcare registries all Danish residents with a hospital diagnosis of ALD were identified and standardized incidence, prevalence, and hospitalization rates in 2006–2011, age- and birth cohort-specific incidence for the 1930–1974 birth cohorts, and 1- and 5-year survival were computed.

In 2006–2011, the overall standardized ALD incidence decreased from 343 to 311 per 1,000,000 population per year. ALD incidence increased among women aged 65 years or older, but decreased in younger persons and men. Persons born in 1950–1959 had higher age-specific incidence than earlier and later birth cohorts. The prevalence (0.2% of the Danish adult population) and hospitalization rate were constant. The 1- and 5-year survival were 70 and 43%, respectively. Men had poorer survival than women, and patients with alcoholic cirrhosis or alcoholic hepatitis had poorer survival than patients with alcoholic steatosis.

In Denmark, persons born in 1950–1959 have had the highest age-specific incidence. The overall ALD incidence has been decreasing (along with per capita consumption). Despite increases in affordability during the study period, Denmark did not experience the increase in ALD seen, for example, in the UK.


WineHealth 2015 will be held in Tours, France from October 30 to November 1, 2015.

This, the 7th WineHealth conference, will bring together biologists, epidemiologists, nutritionists, medical practitioners and the wine industry to engage in a stimulating exchange of scientific information and ideas on the impacts of wine consumption on human long-term health.

www.winehealth2015.com
The pattern of alcohol consumption and risk of cirrhosis


Authors’ Abstract

Background & Aims: Alcohol is the main contributing factor of alcoholic cirrhosis, but less is known about the significance of drinking pattern.

Methods: We investigated the risk of alcoholic cirrhosis among 55,917 participants (aged 50–64 years) in the Danish Cancer, Diet, and Health study (1993–2011). Baseline information on alcohol intake, drinking pattern, and confounders was obtained from a questionnaire. Follow-up information came from national registers. We calculated hazard ratios (HRs) for alcoholic cirrhosis in relation to drinking frequency, lifetime alcohol amount, and beverage type.

Results: We observed 257 and 85 incident cases of alcoholic cirrhosis among men and women, respectively, none among lifetime abstainers. In men, HR for alcoholic cirrhosis among daily drinkers was 3.65 (95% CI: 2.39; 5.55) compared to drinking 2–4 days/week. Alcohol amount in recent age periods (40–49 and 50–59 years) was associated with an increased risk, whereas the amount in 20–29 and 30–39 years was not. In men drinking 14–28 drinks/week, HR was 7.47 (95% CI: 1.68; 33.12), 3.12 (95% CI: 1.53; 6.39), and 1.69 (95% CI: 0.79; 3.65) in drinkers of little (<1% of weekly amount), some (1–15%), and mostly wine (50–100%), compared to drinking <14 drinks/week. In general, results were similar for women.

Conclusions: In men, daily drinking was associated with an increased risk of alcoholic cirrhosis. Recent alcohol consumption rather than earlier in life was associated with risk of alcoholic cirrhosis. Compared to beer and liquor, wine might be associated with a lower risk of alcoholic cirrhosis.

Forum Comments

Background: The association between excessive alcohol intake and hepatic cirrhosis has been known for many years, but it has not been determined clearly why only a percentage of alcoholics develop cirrhosis, while the majority do not. From physiological studies over many decades, it has been suggested that for humans the intake of at least 50 g/day of alcohol (about 4 to 5 typical drinks) over at least 5 years is required for the development of cirrhosis; some scientists suggest that dietary deficiencies and other environmental factors are also necessary for cirrhosis to develop, and there are surely genetic factors at work. Often, epidemiologic studies have suggested that consumers of small amounts of alcohol may also develop cirrhosis, but under-reporting of alcohol intake by heavy drinkers has always been considered as a potential confounder of such an association.

Reviewer Skovenborg provided additional background data: “According to the Danish Cancer, Diet, and Health study cohort, in Denmark each year 1 in 2,000 citizens aged 45–64 years is diagnosed with alcoholic cirrhosis; a very serious disease with a 5-year mortality rate from 58% to 85% (Jepsen P et al.). For both sexes, alcohol has been and is closely related to liver cirrhosis rates. The Pearson correlation between in European countries for per capita consumption in 2002 and the liver cirrhosis rates for the time period 2000–2002 was 0.75 for men and 0.80 for women. Thus, for men, alcohol explained 57% of variance of liver rates, and for women 64% (Zatonski et al.). With a third of liver cirrhosis cases attributable to heavy alcohol intake, alcohol intake remains the most common cause of liver cirrhosis in Western Europe. In Italy 68% of liver cirrhosis cases have been attributed to alcohol consumption (Corrao et al.). The decline in liver cirrhosis mortality in Spain, France and Italy is undoubtedly due to a steady decrease in alcohol consumption, accompanied by an improvement in the quality of wine and restrictions on home-brewed alcoholic beverage making. (Mokdad et al.).

Importance of the amount of alcohol consumed and risk of cirrhosis: In a review of the scientific literature, Forum member Skovenborg noted that “The thresholds at which the risk of developing alcohol-related liver injury begins to appear may be about 20 g a day for women and 40 g a day for men, with a sharp increase of risk for men and women at levels of consumption of up to 60 g of alcohol a day, but thereafter the risk levels out. Men who drank periodically were found to have a significantly lower RR of 0.56 (CI 0.37 – 0.85) compared to a reference group of men who drank daily, adjusted for average number of drinks per day, duration of alcohol misuse, and predominant type of alcohol consumed (Kamper-Jørgensen et al.). In a Danish study of 258 men with an average daily consumption of more than 50 g for more than 1 year who were free from cirrhosis on primary liver biopsy, the heavy-drinking men were followed for 10–13 years during which cirrhosis developed in 38, corresponding to a rate of 2% per year (Sørensen et al). The likelihood of cirrhosis...
developing proved to be independent of duration of abuse and of average daily consumption before the primary biopsy. This result suggests that alcohol abuse leads to cirrhosis by a conditioning effect that enhances the risk of cirrhosis to a set level per unit of time. Patients reporting intermittent abuse did show a lower rate of cirrhosis than those reporting daily intake, but the difference was not significant. This suggests that the conditioning by the abuse either has a threshold or, if dose-related, has a saturation level that is attained when the daily intake exceeds 50-75 g (Sørensen et al).

Forum comments on present study: This is a good cohort (in Denmark) to study long-term health effects, as public health records permit excellent follow up of individuals and ascertainment of disease, although it is somewhat surprising that, in this cohort of Danes (generally considered to be heavy binge drinkers), alcoholic cirrhosis was a rare diagnosis; there were only 342 cases in their cohort of 55,917 subjects, which equals about 1/2 of 1 percent (0.006195) in this population.

In this study, the risk of cirrhosis was related to baseline estimates of alcohol and earlier drinking, but no drinking data following the baseline ascertainment were collected. The finding of a greater relation of more recent drinking to cirrhosis, in comparison with reports of drinking in earlier decades of life, can be interpreted not only as less effect at earlier time periods but could relate to less precise estimates based on poorer memory of drinking in earlier years.

Under-reporting of alcohol intake could not be evaluated in the present study, making it likely that groups reporting only moderate alcohol intake might include some who were heavier drinkers; this would suggest an increase in cirrhosis at lower levels of alcohol. This makes it difficult (impossible) to define a clear threshold of effect of alcohol on cirrhosis from observational studies.

Making a diagnosis of alcoholic liver disease: In the present study, there is special concern by Forum members related to the diagnosis of alcoholic cirrhosis. A diagnosis of alcoholic cirrhosis generally requires a history of alcoholism or heavy drinking; subjects given that diagnosis would essentially be limited to those who were heavy drinkers. Thus, it would be no surprise to find a history of heavy drinking when evaluating alcohol as an exposure. Forum member Barrett-Connor pointed out that the authors’ conclusion states that “daily drinking” was associated with increased cirrhosis, “but they do not state daily drinking of how many drinks, which would be very important.” She agreed that there is concern that none of the subjects reporting lifetime

| Table 6a. Risk of cirrhosis according to type and amount of alcoholic beverage. Hazard ratios (95% confidence intervals) of cirrhosis according to type and amount of alcoholic beverage consumed in men and women. Adjusted for confounders* |
|---------------------------------|-------|---------|-------|-------|-------|-------|
| **Wine** | **Cases** | **Person-years** | **HR (95% CI)** | **Cases** | **Person-years** | **HR (95% CI)** | **Cases** | **Person-years** | **HR (95% CI)** |
| **Men** | | | | | | | | | |
| | 16 | 13,336 | 1.00 | 0.93 (0.58, 1.49) | 43 | 57,882 | 0.83 (0.49, 1.41) | 9 | 8,099 | 0.94 (0.45, 1.97) |
| | 0.14 | 309,696 | 1.00 | 1.56 (1.06, 2.34) | 46 | 49,543 | 1.58 (1.08, 2.34) | 8 | 15,128 | 3.18 (2.07, 4.87) |
| | | | | | | | | | | |
| **Beer** | | | | | | | | | |
| | 48 | 7,123 | 1.00 | 0.49 (0.33, 0.73) | 46 | 74,132 | 1.58 (1.06, 2.34) | 8 | 15,128 | 3.18 (2.07, 4.87) |
| | | | | | | | | | | |
| **Liquor** | | | | | | | | | |
| | 37 | 3,572 | 1.00 | 0.76 (0.55, 1.05) | 22 | 36,354 | 1.55 (1.05, 2.15) | 8 | 941 | 2.20 (0.93, 5.20) |
| | | | | | | | | | | |
| **Women** | | | | | | | | | |
| | 7 | 15,289 | 1.00 | 0.68 (0.36, 1.28) | 18 | 53,978 | 1.20 (0.59, 2.45) | 14 | 7,958 | 3.04 (1.37, 6.74) |
| | | | | | | | | | | |
| **Beer** | | | | | | | | | |
| | 36 | 135,551 | 1.00 | 1.14 (0.77, 1.60) | 7 | 26,025 | 2.60 (1.30, 5.17) | 10 | 6,802 | 7.57 (3.80, 15.1) |
| | | | | | | | | | | |
| **Liquor** | | | | | | | | | |
| | 14 | 79,585 | 1.00 | 0.96 (0.67, 1.39) | 5 | 359,183 | 2.95 (1.41, 6.18) | 1 | 3,077 | 1.93 (0.24, 14.0) |

* smoking, education, and waist circumference
abstinence had a diagnosis of alcoholic cirrhosis, which is unusual for epidemiologic studies. (In most studies, due to under-reporting of alcohol by some heavy drinkers or to data being collected at a time when they may be avoiding alcohol, perhaps due to liver dysfunction, there are usually a few cases of cirrhosis among putative “abstainers.”)

Forum member Skovenborg commented: “The diagnosis of alcoholic liver disease (ALD) can generally be made based on clinical and laboratory features alone in patients with a history of significant alcohol consumption after other etiologies for chronic liver disease have been ruled out. However, the diagnosis of ALD can be clinically challenging, as there is no single laboratory or imaging study that can confirm the diagnosis. Furthermore, patients may be completely asymptomatic, have no clinical signs of early ALD or early cirrhosis and may have normal liver enzymes. In addition, patients may have co-existing risk factors for non-alcoholic fatty liver disease such as obesity and diabetes, and some may not be entirely forthcoming as to their degree of alcohol consumption. It is important to rule out other etiologies for the patient’s liver disease before making a definitive diagnosis of ALD, including chronic viral hepatitis, autoimmune hepatitis, hemochromatosis, and drug-related hepatotoxicity. When the diagnosis is unclear, a liver biopsy may be warranted. The histological features of ALD can ultimately define the diagnosis according to the typical presence and distribution of hepatic steatosis, inflammation, and Mallory-Denk bodies (Torruellas et al). There is a considerable variation among specialists in the use of liver biopsy for the diagnosis of alcoholic cirrhosis, which is often based solely on clinical findings; however, when specific diagnostic markers are absent, the grounds for making a diagnosis of alcoholic cirrhosis in a patient who happens to be a heavy drinker are no stronger than those of guilt by association. As a result some cases of cryptogenic cirrhosis may be wrongly attributed to alcohol (Williams & Davis)”

Forum member Thelle had similar concerns: “In the present study, the end-points are collected from the Danish National Patient Register and the Register of Cause of Death. It is likely that a diagnosis of alcoholic cirrhosis in the Patient Register is based upon information about the patients’ alcohol habits as well as liver function, whereas the unspecified cirrhosis either lack this information or are true unspecified cases. Thus the diagnostic process may induce a bias. The authors claim that the validity of this register is good referring to a paper by Lynge et al. That paper does not assess liver diseases in particular and is a very general assessment of the patient register. Still, the validity is probably as good as they can get it using public registers. Only about 10 per cent of all the cases were collected from the Death Register. Cause of death due to cirrhosis may be under-reported, and especially alcoholic cirrhosis, as this may be a stigmatizing diagnosis in a puritan Nordic country.”

Reviewer Finkel stated: “Going back more than 20 years, the work of Lieber and others had convinced me that, on average, healthy men could drink up to 40 grams of alcohol daily without annoying their livers (e.g., Lieber et al 1965; Lieber & Decarli 1970; Lieber 1995). If diagnostic criteria and death certificates in Denmark are anything like those in the US, I would discount the accuracy of inscribed diagnoses.”

Reviewer Ellison added: “There are even studies suggesting that moderate alcohol consumption benefits the liver by decreasing inflammation. For example, Szabo reported that ‘in contrast to the pro-inflammatory activation by chronic excessive alcohol consumption, acute moderate alcohol administration has anti-inflammatory effects,’ and many studies have found that fatty liver disease is less common among moderate drinkers than among abstainers.”

Focus on frequency of drinking rather than amount: The focus of the report (and the message being spread widely in the media) relates to the number of days per week when alcohol is consumed, with little attention to the amount of alcohol consumed on each day. Indeed, the media headlines based on this study have included “Daily Drinking Causes Cirrhosis!”

The use of >0 up to 14 drinks/week as the referent group essentially guarantees that heavier drinking would increase the risk of cirrhosis. Drinkers in this referent group had, by far, the lowest risk of alcoholic cirrhosis (and this is the generally the accepted range of “sensible drinking” for most guidelines). Further, there was a much higher risk of cirrhosis among “current abstainers” than among subjects in this referent group, undoubtedly because the current abstainers included many former heavy drinkers.

In the present study, the fully adjusted risk of alcoholic cirrhosis for men increases from 1.43 (0.84-
which of course is praiseworthy, but I have difficulties understanding why the effect of drinking 5-6 days/week should differ much from 7 days/week.”

Differential effects according to type of beverage: Data presented in supplementary tables indicate that among wine, beer, and liquor drinkers, there was a large and step-wise increase in risk of cirrhosis with larger total amounts of alcohol. This also questions why the focus was primarily on drinking days, rather than on the frequency and amount of alcohol per day. In these same tables, there was a step-wise increase for beer and liquor, but no increase for wine drinkers until their total weekly intake exceeded 35 drinks/week for men or 28 drinks/week for women. (If wine drinkers indeed had lower risk of cirrhosis, it cannot be determined if it related to different patterns of drinking or to polyphenols or other substances other than alcohol in wine.) However, the consensus of Forum members is that whether this paper is good evidence for supporting drinking wine instead of other alcoholic beverages remains to be seen.

Implications of this paper: Reviewer Skovenborg stated that the concerns discussed above make it difficult to determine the following: (1) Is wine alcohol really less liver-toxic than beer or liquor? (2) Should we really tell everyone to have one day each week without wine being included with their meal? (3) Why is daily drinking dangerous for men but tends to be less liver-toxic than beer or liquor? (2) Should we really tell everyone to have one day each week without wine being included with their meal? (3) Why is daily drinking dangerous for men but tends to be protective in women regarding liver disease? I agree with the comments so far, especially the concerns due to limited diagnostic accuracy, the probability of under-reporting of alcohol consumption, and the lack of biological plausibility according to the Bradford-Hill criteria.”

Skovenborg continued: “As the total observation time in the present study was 831,285 person-years, the expected number of incident cases of alcoholic liver cirrhosis would be 416. With a response rate of 35% of the eligible cohort the participants of the Danish Cancer, Diet, and Health Study are probably of 35% of the eligible cohort the participants of the Danish Cancer, Diet, and Health Study are probably not a high-risk population and the actual number of alcoholic cirrhosis cases in the study was only 342.

“In general, whenever a certain type of alcoholic drink has been particularly associated with cirrhosis, it has always been the most readily available, inexpensive, or socially acceptable form of alcohol (Williams & David). The explanation why less than 10% of heavy drinkers develop advanced liver disease remains
unclear, and both environmental and genetic factors undoubtedly play a role (Day). The unhealthy diet consumed by beer rather than wine drinkers may explain the increased risk of liver disease associated with beer versus wine drinking (Johansen et al). However, in The Copenhagen Alcohol Cohort no significant association was observed between predominant type of alcohol consumed and risk of alcoholic cirrhosis mortality (Kamper-Jørgensen M et al)."

Indeed, Reviewer Van Velden indicated that he “Would feel much better if there were liver biopsies done to confirm the diagnosis.” He added: “Hepatitis B and C have to be taken into consideration as a cause of cirrhosis. There is considerable individual variation in the dose of alcohol that may cause cirrhosis. While the association of alcohol and liver cirrhosis is well established, other nutritional factors have to be taken into consideration; heavy drinkers often have a nutrient-deficient diet.” Reviewer Thelle also mentioned that “It has been hypothesized that coffee is a possible confounding or rather a modifying factor that should have been included in this analysis (Arnesson et al, Ikeda et al, Cardin et al, Danielsson et al).”

References from Forum critique


Forum Summary

This paper, from a group of experienced investigators in Denmark using data from a large population-based cohort, attempted to judge how drinking pattern affects the risk of a subject developing alcoholic cirrhosis. From a cohort study of 55,917 participants (aged 50–64 years), the authors calculated hazard ratios (HRs) for alcoholic cirrhosis in relation to drinking frequency, lifetime alcohol amount, and beverage type. A total of 342 subjects developed alcoholic cirrhosis. The authors concluded that, in men, daily drinking was associated with an increased risk of alcoholic cirrhosis as compared with less frequent consumption; they also concluded that wine consumption might be associated with a lower risk of alcoholic cirrhosis that associated with the consumption of beer or liquor.

The major concern of Forum reviewers regarding this paper was the use of a diagnosis of “alcoholic cirrhosis”
to judge the effects of alcohol on the disease; this was considered a type of circular reasoning. A diagnosis of alcoholic cirrhosis generally requires a history of alcoholism or heavy drinking, and subjects given that diagnosis would essentially be limited to those who were heavy drinkers. Thus, it would be no surprise to find a history of heavy drinking when evaluating alcohol as an exposure.

There was also concern about the implications of the author regarding frequency of drinking. The authors described in detail the relation of drinking pattern to liver cirrhosis, differentiating, in particular, effects associated with drinking daily versus drinking on 4-5, or 6 days a week. However, Forum members were concerned that as the overall average amount of alcohol for the daily drinkers exceeded that of those drinking less frequently, it was difficult to know if it was primarily the frequency of drinking (as concluded by the authors) or the total amount of alcohol consumed by subjects. The authors stated that they wanted to “execute evidence-based counselling,” which of course is praiseworthy, but Forum members had difficulty understanding why the effect of drinking 5-6 days/week should differ much from 7 days/week, especially if the usual amount was moderate. Indeed, the investigators state: “The mean alcohol amounts for daily drinkers were somewhat higher compared to those drinking less frequently in each category of alcohol amount, making it difficult to detangle the effect of drinking frequency and alcohol amount.” Forum members noted that the authors conclude that “daily drinking” was associated with increased cirrhosis, but they do not state daily drinking of how many drinks, which would be especially important. The study did not provide reliable data that would support alcohol-free days during the week.

The referent group in this study was made up of subjects reporting < 0 to 14 drinks/week, which would consist of light-to-moderate drinkers, those considered to be “sensible drinkers” in most cultures. Hence, it is no surprise that as subjects reported greater amounts of alcohol in the study, the risk of alcoholic cirrhosis increased. No one advises people to drink more than sensible limits. Further, there was a much higher risk of cirrhosis among “current abstainers” than in the referent group, undoubtedly indicating that the current abstainers group included many former heavy drinkers.

Overall, the Forum thought that this paper raises, but does not answer, a number of questions about the relation of alcohol to the risk of cirrhosis: (1) Is wine really less liver-toxic than beer or liquor? (2) Should we really tell everyone to have one day each week without wine being included with their meal, or on which to avoid any alcohol? (3) Why is daily drinking, rather than 5 or 6 days per week dangerous for men but tends to be even slightly protective in women regarding liver disease? Because of concerns due to problems with bias from the diagnostic approach, the probability of under-reporting of alcohol consumption, and the lack of biological plausibility, we will need further scientific data to answer these important questions.

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

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Worsening of health and a cessation or reduction in alcohol consumption to special occasion drinking across three decades of the life course

Ex-drinkers suffer from worse health than drinkers; however, whether a deterioration of health is associated with a change in drinking status from early adulthood has not been previously investigated. This study assessed whether a worsening of health is associated with a cessation in consumption or reduction to special occasion drinking from early adulthood to middle age.

The study included participants from Great Britain followed longitudinally in the National Child Development Study from ages 23 to 33 (N = 5,529), 42 (N = 4,787), and 50 (N = 4,476). Multinomial logistic regression was used to assess whether a change in self-reported limiting longstanding illness (LLI) was associated with ceasing alcohol consumption, or a reduction to special occasion drinking compared with being a persistent drinker from age 23 in separate models at ages 33, 42, and 50. All models were adjusted for sex, poor psychosocial health, education, marital status, and children in the household.

The results indicate that developing an LLI from the previous wave was associated with ceasing alcohol consumption at ages 33 (odds ratio [ORs] = 2.71, 95% confidence interval), 42 (OR = 2.44), and 50 (OR = 3.332) and a reduction to special occasion drinking at ages 42 (OR = 2.04) and 50 (OR = 2.04). Having a persistent LLI across 2 waves increased the odds of ceasing consumption at ages 42 (OR = 3.22) and 50 (OR = 4.03) and reducing consumption to special occasion drinking at ages 33 (OR = 3.27) and 42 (OR = 2.25). Persistent drinkers at older ages had the best overall health suffering less from previous poor health compared with those who reduced or ceased consumption at an earlier time point.

Developing an LLI was associated with a cessation in alcohol consumption and a reduction in consumption to special occasion drinking from early adulthood. Persistent drinkers who drank at least till 50 were the healthiest overall. Health selection is likely to influence nondrinking across the life course, the authors conclude.

Source: Worsening of health and a cessation or reduction in alcohol consumption to special occasion drinking across three decades of the life course. Ng Fat L; Cable N; Shelton N Alcoholism: Clinical and Experimental Research. Article first published online: 20 Feb 2015.
Alcohol disrupts sleep homeostasis

Alcohol is a potent somnogen and one of the most commonly used “over the counter” sleep aids. In healthy non-alcoholics, acute alcohol decreases sleep latency, consolidates and increases the quality (delta power) and quantity of NREM sleep during the first half of the night. However, sleep is disrupted during the second half.

Alcoholics, both during drinking periods and during abstinences, suffer from a multitude of sleep disruptions manifested by profound insomnia, excessive daytime sleepiness, and altered sleep architecture. Furthermore, subjective and objective indicators of sleep disturbances are predictors of relapse. In the US, it is estimated that alcohol-related sleep disorders cost society in excess of $18 billion. Thus, although alcohol-associated sleep problems have significant economic and clinical consequences, very little is known about how and where alcohol acts to affect sleep.

In this review, the authors have described their attempts to unravel the mechanism of alcohol-induced sleep disruptions. They have conducted a series of experiments using two different species, rats and mice, as animal models. They performed microdialysis, immunohistochemical, pharmacological, sleep deprivation and lesion studies which suggest that the sleep-promoting effects of alcohol may be mediated via alcohol’s action on the mediators of sleep homeostasis: adenosine (AD) and the wake-promoting cholinergic neurons of the basal forebrain (BF). Alcohol, via its action on AD uptake, increases extracellular AD resulting in the inhibition of BF wake-promoting neurons. Since binge alcohol consumption is a highly prevalent pattern of alcohol consumption and disrupts sleep, they examined the effects of binge drinking on sleep-wakefulness.

Their results suggest that disrupted sleep homeostasis may be the primary cause of sleep disruption observed following binge drinking and that sleep disruptions observed during acute withdrawal, are caused due to impaired sleep homeostasis. Alcohol may disrupt sleep homeostasis to cause sleep disruptions, the authors suggest.


Alcohol consumption is inversely associated with the risk of developing chronic kidney disease

There are few reports of associations between alcohol consumption and risk of chronic kidney disease (CKD). To investigate this further, a research group studied 5,476 participants aged 28–75 years in the Prevention of Renal and Vascular End-Stage Disease (PREVEND) study, a prospective population-based cohort, who were free of CKD at baseline (1997/1998).

Alcohol consumption was self-reported on a questionnaire validated against serum high-density lipoprotein cholesterol. The primary outcome was de novo CKD defined as a combination of a creatinine–cystatin C–based estimated glomerular filtration rate (eGFR) under 60 ml/min per 1.73 m² and/or the mean of two consecutive 24-h urinary albumin excretions over 30 mg.

During four serial follow-up examinations (median 10.2 years until February 2012), 903 participants developed CKD. Compared with those abstaining from alcohol, the multivariable-adjusted hazard ratios (95% confidence interval) for CKD risk were 0.85 (0.69–1.04) for occasional (under 10 g/week), 0.82 (0.69–0.98) for light (10–69.9 g/week), 0.71 (0.58–0.88) for moderate (70–210 g/week), and 0.60 (0.42–0.86) for heavier (over 210 g/week) alcohol consumers (significant trend). Similar inverse associations for alcohol consumption were found when CKD was defined as eGFR <60 ml/min per 1.73 m² or as 24-h urinary albumin excretion over 30 mg. Thus, in this population-based cohort, alcohol consumption was inversely associated with the risk of developing CKD.

Alcohol consumption and the risk for developing pancreatitis: a case-control study in Japan

A study investigated the association of alcohol consumption and pancreatitis in Japan. The nationwide case-control study included 982 patients (574 patients with acute pancreatitis and 408 patients with chronic pancreatitis) and 1015 controls who were individually matched for sex, age, hospital, and time of their first hospital visit. Conditional logistic regression was used to assess the association of alcohol consumption and smoking with pancreatitis.

The patients had a mean age of 57.6 years; 71.8% were male. Compared with nondrinkers, alcohol consumption of less than 20 g/d was not associated with the risk for total pancreatitis (odds ratio [OR], 1.0; 95% confidence interval [CI], 0.7-1.4).

In patients with acute pancreatitis, the ORs (95% CI) for alcohol consumption of 20 approximate to < 40 g/d, 40 to < 60 g/d, 60 to < 80 g/d, 80 to < 100 g/d, and 100 g/d or greater were 1.7, 3.1, 4.2, 5.3, and 6.4, respectively.

In patients with chronic pancreatitis, the ORs (95% CI) for alcohol consumption of 20 to < 40 g/d, 40 to < 60 g/d, 60 to < 80 g/d, 80 to < 100 g/d, and 100 g/d or greater were 2.6, 3.2, 9.2, 13.0, and 19.6, respectively.

The authors state that their study precisely measured the quantitative effect of alcohol on the risk for developing pancreatitis and found that compared with non drinkers, alcohol consumption of less than 20 g/d was not associated with the risk for total pancreatitis, whereas higher consumption was, with risk increasing as consumption levels rose.

Source: Alcohol consumption and the risk for developing pancreatitis: a case-control study in Japan. Kume K; Masamune A; Ariga H; Shimosegawa T; Pancreas Vol 44, No 1, 2015, pp53-58.

Comparison of the deleterious effects of binge drinking-like alcohol exposure in adolescent and adult mice

A major cause of alcohol toxicity is the production of reactive oxygen species generated during ethanol metabolism. The aim of this study was to compare the effect of binge drinking-like alcohol exposure on a panel of genes implicated in oxidative mechanisms in adolescent and adult mice.

In adolescent animals, alcohol decreased the expression of genes involved in the repair and protection of oxidative DNA damage such as atr, gpx7, or nudt15 and increased the expression of proapoptotic genes such as casp3. In contrast, in the adult brain, genes activated by alcohol were mainly associated with protective mechanisms that prevent cells from oxidative damage.

Whatever the age, iterative binge-like episodes provoked the same deleterious effects as those observed after a single binge episode. In adolescent mice, multiple binge ethanol exposure substantially reduced neurogenesis in the dentate gyrus and impaired short-term memory in the novel object and passive avoidance tests. Taken together, the researchers say that results indicate that alcohol causes deleterious effects in the adolescent brain which are distinct from those observed in adults. These data contribute to explain the greater sensitivity of the adolescent brain to alcohol toxicity.

The effects of alcohol exposure were investigated on genes involved in oxidative mechanisms. In adolescent animals, alcohol decreased the expression of genes involved in DNA repair, a potential cause of the observed decrease of neurogenesis. In contrast, in the adult brain, alcohol increased the expression of genes associated with antioxidant mechanisms. Apoptosis was increased in all groups and converged with other biochemical alterations to enhance short-term memory impairment in the adolescent brain.

These data contribute to explain the greater sensitivity of the adolescent brain to alcohol toxicity.

Beer compound could reduce the risk of Alzheimer’s and Parkinson’s diseases

A study published by researchers at Lanzhou University in China claims that xanthohumol, a flavonoid found in hops, could help protect the brain against the onset of diseases such as Parkinson’s, Alzheimer’s and dementia. Xanthohumol is particularly rare with its only known dietary source being hops.

As part of the study a group of young and old mice were put on an eight-week diet of xanthohumol before being put through a series of tests to gauge whether or not the treatment had improved their spatial memory and cognitive flexibility. Within the younger group of mice, cognitive flexibility significantly improved, however older mice were found to be immune to its effects.

According to Jianguo Fang, who led the research, oxidative damage to neuronal cells is widely believed to be the root cause of the development of degenerative diseases of the brain. Xanthohumol, known for its antioxidant properties, could help guard against this oxidation, and therefore might be a potential candidate for the prevention of neurodegenerative disorders.

“In traditional Chinese medicine, hops have been used to treat a variety of ailments for centuries. The presence of a high concentration of Xn in beers might be linked to the epidemiological observation of the beneficial effect of regular moderate beer drinking. Xn has attracted considerable interest because of its multiple pharmacological functions, including antioxidation, cardiovascular protection, anti-cancer and cancer chemoprevention, antivirus, anti-obesity, and anti-inflammation,” Fang stated.


NIH study reveals many Americans at risk for alcohol-medication interactions

A study from the National Institutes of Health suggests that nearly 42% of US adults who drink also report using medications known to interact with alcohol. Among those over 65 years of age who drink alcohol, nearly 78% report using alcohol-interactive medications.

The research is among the first to estimate the proportion of adult drinkers in the United States who may be mixing alcohol-interactive medications with alcohol. The resulting health effects can range from mild (nausea, headaches, loss of coordination) to severe (internal bleeding, heart problems, difficulty breathing).

The researchers analysed data from more than 26,000 adults ages 20 and older who participated in the National Health and Nutrition Examination Survey (1999-2010). The survey asks participants about alcohol use in the past year and prescription drug use in the past month.

The main types of alcohol-interactive medications reported in the survey were blood pressure medications, sleeping pills, pain medications, muscle relaxers, diabetes and cholesterol medications, antidepressants and antipsychotics.

“Our findings show that a substantial percentage of people who drink regularly, particularly older adults, could be at risk of harmful alcohol and medication interactions,” said Dr Breslow, an epidemiologist in NIAAA’s Division of Epidemiology and Prevention Research. “We suggest that people talk to their doctor or pharmacist about whether they should avoid alcohol while taking their prescribed medications.”

Older adults are at particular risk of experiencing alcohol-medication interactions. Not only are they more likely to be taking medications in general, but certain alcohol-interactive medications, such as diazepam (Valium), are metabolized more slowly as one ages, creating a larger window for potential interactions.

Dr Breslow notes that the results of the study indicate potential (rather than actual) rates, because the researchers could not confirm whether drinking and medication use overlapped based on the available data. However, it is likely that those who drink regularly and take medication regularly are doing so in a similar time frame.

An increase in the risk of myocardial infarction in the hour following alcohol consumption


Authors’ Abstract

Background: Habitual moderate alcohol consumption is associated with a lower risk of acute myocardial infarction (MI), whereas heavy (binge) drinking is associated with higher cardiovascular risk. However, less is known about the immediate effects of alcohol consumption on the risk of acute MI and whether any association differs by beverage type or usual drinking patterns.

Methods: We conducted a case-crossover analysis of 3,869 participants from the Determinants of Myocardial Infarction Onset Study who were interviewed during hospitalization for acute MI in one of the 64 medical centers across the United States in 1989–1996. We compared the observed number of times that each participant consumed wine, beer, or liquor in the hour preceding MI symptom onset with the expected frequency based on each participant’s control information, defined as the number of times the participant consumed alcohol in the past year.

Results: Among 3,869 participants, 2,119 (55%) reported alcohol consumption in the past year, including 76 within 1 hour before acute MI onset. The incidence rate of acute MI onset was elevated 1.72 - fold (95% confidence interval [CI] = 1.37–2.16) within 1 hour after alcohol consumption. The association was stronger for liquor than for beer or wine. The higher rate was not apparent for daily drinkers. For the 24 hours after consumption, there was a 4% lower rate (relative risk = 0.86 [95% CI = 0.79–0.95]) of MI compared with periods with no alcohol consumption.

Conclusions: Alcohol consumption is associated with an acutely higher risk of MI in the subsequent hour among people who do not typically drink alcohol daily.

Comments by Professor R. Curtis Ellison

The authors’ summary statement is “These results suggest that there is a transiently higher risk of MI onset in the hour after alcohol consumption among people who do not drink alcohol every day, and the elevated risk is higher for liquor than beer or wine.”

A case-crossover design is an accepted method for estimating short-term effects (using risk of an event at a particular time after an exposure versus at a similar time when there was not the exposure). It thus uses an individual as his/her own control, and avoids having to adjust for age, sex, risk factors, etc.

For total alcohol, there was a significant increase in risk (RR=1.72) in the hour after drinking alcohol. The increase in risk during the first hour was not seen for the 24% of their drinkers who stated that they normally consumed alcohol daily (RR=0.95). For those not drinking daily, the short-term RR was 3.29. In beverage-specific analysis a significant increase in risk of MI was seen only for liquor, but not for beer or wine.

The risk returned to baseline by 3 hours after drinking, and the risk during the total 24 hours after drinking was reduced (RR=0.86) for beer and wine drinkers. (The authors state that they cannot explain why the risk was lower over the 24 hours, but state in the discussion: “Alcohol consumption may have hastened the onset of acute MI for people who would have had an MI in a few hours even in the absence of alcohol intake. Therefore, the susceptible pool would be depleted in the 2–24 hours after the hypothesized hazard of 1 hour after alcohol consumption; this may at least partially explain our finding that alcohol intake is associated with lower MI risk within 24 hours. However, it seems likely that briefly advancing the timing of MI onset would have led to a null association by 24 hours rather than resulting in estimates indicative of a protective association.”

The increase in MI risk was greater among subjects who stated that their usual consumption was 2-3 or more than 3 (versus 1-2) per occasion, but specific amounts in the hour related to MI were not known. The risk of MI in the hour after drinking was greater among smokers and those with a previous history of CAD.

In this large study of 3,886 subjects with MI, the authors calculated that approximately 1.5% of the cases were associated with recent alcohol consumption, “suggesting that the acute effects of alcohol consumption on acute MI risk do not have a large public health impact”.

A similar association as that reported in this paper for alcohol has been seen for physical activity, where regular activity blunts an acutely higher risk of MI associated with episodes of strenuous physical activity. The study may help us understand the short-term protective effects of alcohol consumption (especially on coagulation, fibrinolysis, endothelial function).
Alcohol intake and early-onset basal cell carcinoma in a case-control study

Previous epidemiological studies of overall alcohol intake and basal cell carcinoma (BCC) are inconsistent, with some evidence for differences by type of alcoholic beverage. While alcohol may enhance the carcinogenicity of ultraviolet (UV) radiation, this has not been evaluated in existing epidemiological studies.

The study evaluated alcohol intake in relation to early-onset BCC, and explored potential interactions with UV exposure.

Basal cell carcinoma cases (n = 380) and controls with benign skin conditions (n = 390) under 40 years of age were identified through Yale Dermatopathology. Participants provided information on lifetime alcohol intake, including type of beverage, during an in-person interview. Self-reported data on indoor tanning and outdoor sunbathing were used to categorise UV exposure. Odds ratios (OR) and 95% confidence intervals (CIs) were calculated using unconditional multivariate logistic regression in the full sample and in women only.

There was no statistically significant association between lifetime alcohol intake and early-onset BCC overall [above median intake vs. no regular alcohol intake (OR 1.10, 95% CI 0.69-1.73)] or in women only (OR 1.21, 95% CI 0.73-2.01). Similarly, intake of red wine, white wine, beer or spirits and mixed drinks was not associated with early-onset BCC. In exploratory analyses, the researchers saw limited evidence for an interaction (P-interaction = 0.003), with highest risk for high alcohol and high UV exposures, especially in women, but subgroup risk estimates had wide and overlapping CIs.

Overall, the study did not observe any clear association between lifetime alcohol intake and early-onset BCC.

Source: Alcohol intake and early-onset basal cell carcinoma in a case-control study Zhang Y; Ferrucci LM; Cartmel B; Molinaro AM; Leffell DJ; Bale AE; Mayne ST British Journal of Dermatology. Vol 171, No 6, 2014, pp1451-1457.

Long-term changes in crash rates after introduction of a graduated driver licensing decal provision

New Jersey (NJ) implemented the first Graduated Driver Licensing (GDL) decal provision in the US in May 2010. An initial study reported a 1-year post-decal decrease in the crash rate among NJ intermediate drivers aged <21 years. Longer-term analysis is critical for policymakers in other states considering whether to implement a decal provision, according to the authors of a study published in the American Journal of Preventative Medicine.

The study evaluated the longer-term (2-year) effect of NJ’s decal provision on overall and age-specific crash rates of young drivers with intermediate licenses.

Monthly per-driver police-reported crash rates during January 2006–June 2012 were estimated. Specific crash types included injury, midnight–4:59am, single-vehicle, multiple-vehicle, and peer passenger crashes. Negative binomial modelling compared pre- versus post-decal crash rates, adjusting for age, gender, calendar month, gas price, and 21- to 24-year-old licensed driver crash rates; piecewise negative binomial regression models accounted for pre-decal crash trends among intermediate drivers. Analyses were conducted in 2013.

The adjusted crash rate for intermediate drivers was 9.5% lower in the 2-year post-decal period than the 4-year pre-decal period (95% CI=0.88, 0.93). Crash rates decreased 1.8% per year before the provision and 7.9% per year in the post-decal period (p<0.001 for difference in slopes). For several crash types, effects appeared to be particularly strong for 18- and 19-year-olds. An estimated 3,197 intermediate drivers had crashes prevented.

The authors conclude that NJ’s decal provision was associated with a sustained decline in intermediate driver crashes. Future research should aim to better understand the causal mechanism by which NJ’s decal provision may have exerted an effect.

The role of parental risk perception in intentions to communicate about alcohol

A study examined discrepancies in parents’ and college students’ perceptions of alcohol risk and the role of perceived risk in predicting parents’ intentions to discuss alcohol with their child.

In total, 246 college student–parent dyads (56.1% female students, 77.2% mothers) were recruited from a mid-size university. Participants completed measures of absolute likelihood, comparative likelihood, and severity of alcohol consequences.

In comparison to students, parents perceived the risks of alcohol poisoning, academic impairment, and problems with others to be more likely. In addition, parents rated the majority of alcohol consequences (e.g., passing out, regrettable sexual situation, throwing up) as more severe than students. However, parents tended to be more optimistic than their child about the comparative likelihood of alcohol consequences. After controlling for demographics and past alcohol communication, greater absolute likelihood and less confidence in knowledge of student behaviour predicted greater intentions to discuss alcohol.

The authors conclude that providing parents of college students with information about college drinking norms and the likelihood of alcohol consequences may help prompt alcohol-related communication.


Drug and Alcohol Crash Risk Study

A new study by the National Highway Traffic Safety Administration examines the crash risk associated with alcohol and drug use by drivers. The study was conducted in Virginia Beach, Virginia, over a 20-month period ending in 2012. More than 3,000 crash-involved drivers were included as case subjects. The study used a case-control methodology.

The study found that alcohol use by drivers was clearly associated with elevated risk of crash involvement:

- Drivers who had been drinking at the .08 breath alcohol concentration (BrAC) had about 4 times the risk of crashing as sober drivers.
- Drivers with alcohol levels at .15 BrAC had 12 times the risk.

Drivers participating in the study were tested for a large number of potentially impairing drugs using both oral fluid (saliva) and blood samples. Marijuana (THC) was the only single category of drug for which study findings reached statistical significance. Drivers testing positive for THC were overrepresented in the crash-involved (case) population. However, when demographic factors (age and gender) and alcohol use were controlled, the study did not find an increase in population-based crash risk associated with THC use.

www.nhtsa.gov/staticfiles/pdf/812117-Drug_and_Alcohol_Crash_Risk.pdf

Global State of Harm Reduction 2014

Harm Reduction International is pleased to announce the launch of the fourth edition of the Global State of Harm Reduction. The data can be viewed with the interactive Global State of Harm Reduction e-tool.

www.ihra.net/global-state-of-harm-reduction
www.ihra.net/files/2015/02/16/GSHR2014.pdf

Table 8

<table>
<thead>
<tr>
<th>BrAC</th>
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Note: (Relative to BrAC = .00)
Adolescent alcohol use and binge drinking: An 18-year trend study of prevalence and correlates

Several studies suggest a rapid decrease of alcohol use among adolescents after the turn of the century. With decreasing prevalence rates of smokers, a so-called hardening may have taken place, implying that remaining smokers are characterized by more psychosocial problems. Authors of a report published in Alcohol and Alcoholism ask whether a similar process is being witnessed among remaining adolescent alcohol users as well?

In 1992, 2002 and 2010 the researchers used identical procedures to collect data from three population-based samples of 16- and 17-year-old Norwegians (n = 9207). They collected data on alcohol consumption, binge drinking, parental factors, use of other substances, conduct problems, depressive symptoms, social integration, sexual behaviour and loneliness.

The results showed that there was a steep increase in all measures of alcohol consumption from 1992 to 2002, followed by a similar decline until 2010. Most correlates remained stable over the time span.

The study concludes that alcohol use was consistently related to psychosocial problems; on the other hand, alcohol users reported higher levels of social acceptance and social integration than did non-users. There were no signs of ‘hardening’ as seen for tobacco use.


NRS results show drunk driving at lowest rate ever, drugged driving up significantly

In February, the National Highway Traffic Safety Administration (NHTSA) released the fifth National Roadside Survey (NRS) since 1973. The NRS is designed to estimate the prevalence of drinking and driving in the United States and as of 2007, was expanded to estimate the prevalence of drug use and driving.

The latest survey was conducted during 2013 and 2014 at a representative sample of 300 locations across the country. More than 9,000 drivers participated in the voluntary and anonymous survey.

The survey found that the use of alcohol by drivers continues to decline. In 2013/2014, about 1.5% of weekend drivers had blood alcohol concentrations at or above the legal limit of .08 breath alcohol concentration (BrAC) and 8.3% of drivers had a measurable amount of alcohol in their systems. The proportion of drivers during weekend nighttime hours who are at or above the legal limit of .08 BrAC decreased by 80% between 1973 and 2013/2014. The proportion with any measurable amount of alcohol in their systems dropped by about 77%.

While the estimates of alcohol prevalence in 2013/2014 are down from 2007 for low (.005 to .049 BrAC), medium (.050 to .079 BrAC) and high (.08+ BrAC) levels, the change is statistically significant only at the medium BrAC levels.

Participating drivers were tested for a large number of potentially impairing drugs using both oral fluid (saliva) and blood samples. The proportion of nighttime weekend drivers with illegal drugs in their systems was 15.2% in 2013/2014 while the proportion with prescription or over-the-counter medications that could affect driving was 7.3%. The proportion of total drug-positive nighttime weekend drivers increased from 16.3% in 2007 to 20.0% in 2013/2014, a significant increase.

Marijuana showed the greatest increase from 2007 to 2013/2014 was (THC). The percentage of THC-positive drivers increased from 8.6% in 2007 to 12.6% in 2013/2014, a proportional increase of 47%.

Alcohol Use 2012/13: New Zealand Health Survey

The Alcohol use report, published in February, presents the key findings from the 2012/13 New Zealand Health Survey about alcohol use, misuse and alcohol-related harm among New Zealand adults aged 15 years and over. Key findings from the report include:

Patterns of alcohol consumption

• In 2012/13 most adults had consumed alcohol in the past 12 months, typically doing so in their home or in another’s home. Most drinkers made a point of eating always or most of the time when they drank alcohol.

• A third of drinkers drank alcohol regularly: at least three to four times a week. Half of drinkers had drunk to intoxication at least once in the past 12 months, with a much smaller percentage reporting drinking to intoxication at least weekly.

• Drinkers reported a range of risky behaviours while drinking. Drinking and driving was most commonly reported, with one in six drinkers who drove in the past year having driven while feeling under the influence of alcohol.

• Drinkers experienced a range of harms as a result of their own drinking. Harm to physical health was the harm most commonly reported. A range of harms due to someone else’s drinking were reported. Violent harms were the most commonly reported harm resulting from someone else’s drinking.

Alcohol use by pregnant women

• In 2012/13 about one in five women who were pregnant in the last 12 months drank alcohol at some point during their most recent pregnancy. Of these women the majority reported past-year risky drinking.

• Most women who were pregnant in the last 12 months altered their drinking behaviour leading up to and during pregnancy. More than two-thirds of women who were pregnant in the last 12 months and who had ever drunk alcohol received advice not to drink during pregnancy.

Alcohol availability and use

• Alcohol outlets are within a short driving distance for most New Zealanders. Off-licence alcohol outlet density is greatest in the most deprived areas.

• Hazardous drinkers living within the most deprived urban areas are more likely to live within two minutes’ drive of multiple off-licence alcohol outlets than hazardous drinkers living in the least deprived urban areas.

Alcoholic energy drinks banned in Moscow

Energy drinks containing alcohol will be banned in Moscow and the Moscow Region starting April 1. Kirill Shchitov, Chairman of the Moscow City Government Commission for Physical Fitness, Sports and Youth Policy said it is planned that the bill will be adopted in the first reading in March.

Moscow municipal lawmakers also agreed with the Moscow Regional government that a similar ban will be introduced in the region. Over ten Russian regions have already passed laws banning or restricting alcoholic energy drinks.
AIM SOCIAL AND POLICY NEWS

Adult drinking habits in Great Britain, 2013

The statistical bulletin ‘Adult Drinking Habits in Great Britain, 2013’ was released by the ONS on 13 February.

Between 2005 and 2013 there was a small but gradual increase, from 19% to 21%, in the proportion of adults who said that they do not drink alcohol at all (teetotallers). Binge drinking also fell over this period, from 18% to 15%, due partly to fewer adults choosing to drink alcohol.

Generally, the falls in drinking between 2005 and 2013 were a result of changes among younger adults, with little or no change in older groups.

In 2013 young adults (those aged 16 to 24) became just as likely to be teetotallers as those aged 65 and over (27%). Between 2005 and 2013 there was a rise of over 40% in the proportion of young adults who said that they do not drink alcohol at all. In contrast, when young adults did drink they still remained the most likely group to have binged. 40% of young adults who drank alcohol in the week before interview exceeded the level defined as binge drinking (8 units for men, 6 units for women) on at least one day. This fell in older age groups, to less than 10% of those aged 65 and over.

Key Findings:

• 21% of adults said that they do not drink alcohol at all, up from 19% in 2005. Young adults (aged 16 to 24) were primarily responsible for this change, with the proportion of young adults who reported that they do not drink alcohol at all increasing by over 40% between 2005 and 2013.

• The proportion of adults who binged at least once in the week before interview decreased from 18% in 2005 to 15% in 2013. Young adults were mainly responsible for the decrease in binge drinking, down from 29% to 18%.

• The proportion of young adults who drank frequently has fallen by more than two-thirds since 2005. Only 1 in 50 young adults drank alcohol frequently (on five or more days) in 2013.

• 32% of adults in London said that they do not drink alcohol at all. This was considerably higher than any other region of Great Britain.

• Adults in the north of England and in Scotland who drank in the week before interview were more likely to have binged than adults elsewhere in Great Britain.


Beer off-licence sales exceed on-licence sales for the first time in the UK

The latest ‘Beer Barometer’ from the British Beer & Pub Association (BBPA) show that “A decade of decline in UK beer sales has come to an end, with a 1.3% rise in UK beer sales in 2014.”

The 1.3% rise in 2014 followed nine consecutive years of decline, which saw beer sales slide by 24%. The BBPA says that tax rises were the major culprit, with a beer duty hike of 42% from 2008 to 2013, under the beer tax ‘escalator’ policy. This sent the duty (plus the VAT on the duty) from 42p, to 65p on a typical pint. The period saw 7,000 pubs close, with 58,000 jobs lost.

Beer sales in pubs have begun to stabilise, showing a small decline of 0.8% in 2014, but this was the smallest decline in sales since 1996. Off-trade sales grew by 3.5%, matching the growth of last year, and taking off-licence and supermarket sales above on-trade sales, for the first time on record.
Alcohol-related violence in England and Wales

The 2012/13 and 2013/14 Crime Survey of England and Wales (CSEW) includes findings on violent incidents where alcohol is perceived to have been a factor. Additional analysis is also provided from the Home Office Data Hub, a record level dataset of police recorded offences.

- Victims perceived the offender(s) to be under the influence of alcohol in 53% of violent incidents measured by the 2013/14 CSEW. This is equivalent to an estimated 704,000 'alcohol-related' violent incidents. While the volume of incidents has fallen, the proportion of violent incidents that were 'alcohol-related' has remained relatively steady over the last ten years.
- Alcohol was a particularly prevalent factor in violent incidents between strangers, 64% of which were perceived to be alcohol-related (CSEW 2013/14).
- In the combined datasets of the 2012/13 and 2013/14 CSEW, 70% of violent incidents occurring at the weekend, and 70% of violent incidents occurring in the evening or night, were alcohol-related.
- The proportions of violent incidents that were alcohol-related increased as the afternoon and evening progressed, from 23% of violent incidents occurring between noon and 6pm, to 52% between 6pm and 10pm and 83% occurred between 10pm and midnight.
- 70% of violent incidents which took place in a public space were alcohol-related compared with 40% of incidents that occurred in the home and 43% of incidents that happened in and around the workplace.
- Where injuries were sustained these were typically more severe in incidents of alcohol-related violence compared with other violent incidents. Victims in alcohol-related violent incidents were more likely to have received cuts (15%, compared with 9% of victims in non alcohol-related incidents) or to have suffered concussion or loss of consciousness (5%, compared with 1% of victims in non alcohol-related incidents) as a result of the incident.

All schools should have to provide PSHE and SRE, UK select committee finds

In a report published on Tuesday 17 February. The Education Committee says Personal, Social, Health and Economic Education (PSHE) and Sex and Relationships Education (SRE) in schools should be a statutory part of the national curriculum. The measure aims to ensure appropriate curriculum time is devoted to the subject and that teachers get the training they need.

Recommendations highlighted in the select committee report include reinstating funding for the continuous professional development for PSHE teachers and school nurses, as well as calls for Ofsted to resume its regular subject surveys of PSHE provision.

AET Founder and Director Helena Conibear believes ‘this is a wonderful opportunity to ensure that the entitlement to high quality PSHE, which includes alcohol education for all children and young people in our schools, however they are funded, is met and for them to receive a properly planned curriculum taught by well trained, confident and competent teachers.’

www.ons.gov.uk/ons/dcp171776_394516.pdf

AIM SOCIAL AND POLICY NEWS

Reported road casualties in Great Britain, provisional estimates

Provisional estimates for road casualties involving alcohol were published by the ONS on 12 February. The estimates for 2013 show that between 230 and 290 people were killed in accidents in Great Britain (where at least one driver was over the drink drive limit).

The current best estimate of the number of deaths in drink drive accidents for 2013 (where at least one driver over the limit) is 260. This represents about 15% of all deaths in reported road accidents in 2013. The figure is 30 casualties higher than in 2012, but this change is not statistically significant.

The number of seriously injured casualties in drink drive accidents decreased by 8% from 1,200 in 2012 to 1,100 in 2013.

The total number of casualties of all types in drink drive accidents for 2013 was 8,290, down 17% on the 2012 figure.

In 2013/14, 5.9% of drivers admitted to driving when they thought that they might have been over the drink drive limit.

In 2013/14, 0.7% of drivers admitted to driving when they thought that they might be under the influence of illegal drugs.

The Early Intervention Foundation report

The Early Intervention Foundation (EIF) aims to shift spending, action and support for children and families from Late to Early Intervention, moving away ‘from picking up the pieces’ to ‘giving everyone the best start in life’.

The EIF report ‘Spending on Late Intervention: how we can do better for less’ estimates that picking up the pieces from damaging social problems affecting young people such as mental health problems, going into care, unemployment and youth crime costs the Government almost £17 billion a year.

This report provides initial estimates of the annual cost to the taxpayer of such Late Intervention. As an annual estimate it only captures the immediate fiscal costs, not longer-term impacts.

In focussing on this spending, EIFs work aims to identify current potential fiscal benefits of Early Intervention, and to show a trajectory for what might be aspired to over the life of a five-year parliament.

These costs cannot all be reduced quickly, but neither are they all necessary and inevitable.

The report recommends Prioritising Early Intervention, Incentivising local services to work together better through public service reform and system transformation and putting the early intervention agenda at the heart of government.

www.eif.org.uk/spending-on-late-intervention/

UK Alcohol Policy

A briefing, Local and National Alcohol Policy: how do they interact? has been released by the Centre for History in Public Health, part of the London School of Hygiene and Tropical Medicine, following a seminar on the topic last year.

blogs.lshtm.ac.uk/history/files/2015/01/Alcohol_seminar_report_December_2014.pdf

AIM SOCIAL AND POLICY NEWS

France amend law for young drivers

The Drink Driving Law has been changed again in France with the legal blood alcohol level being lowered for new drivers. The lowering of the alcohol limit is for younger inexperienced drivers, who have passed their driving test within the last 3 years. The level of blood alcohol permitted has been lowered from 0.5 grams per litre to 0.2 grams per litre. It remains at 0.5 grams for all other drivers.

This new drink drive law is targeted at the 18-24 age groups as 25% of all young driver deaths were directly related to alcohol in France in the last 2 years.

Daily alcohol consumption in France halved in 20 years

According to a new study, 18% of French men and 6% of French women now consume alcohol on a daily basis, marking a reduction of 50% in the past 20 years. However, the statistics also show that underage drinking is a growing problem for France.

The recent report ‘L'état de santé de la population en France - Édition 2015’ produced by La Direction de la recherche, des études, de l'évaluation et des statistiques (DREES), revealed that adult alcohol consumption is decreasing nationwide. On average, 12% of French adults drink wine, beer or spirits every day, compared to 23% in 1995.

In terms of provincial alcohol consumption, the Nord Pas de Calais, Pays de la Loire, Midi Pyrénées and Languedoc Roussillon regions are home to the most prolific drinkers. The Ile de France is one of the areas where people consume the least amount of alcohol.

The report show that 11.2% of 17-year-olds drink alcohol more than 10 times every month. Teenage boys were found to be the worst with 15.2% of those interviewed admitting to drinking excessively.


Diageo to launch careful drinking campaign

Diageo is to launch a social awareness campaign aimed at preventing excessive drinking in Ireland.

The campaign is beginning with a series of advertisements plus meetings for the public and for experts and professionals, which will take place in Dublin, Cork, Limerick, and Galway throughout March. An action plan based on feedback from those meetings will be published in the summer and the aim is make out-of-control drinking socially unacceptable by 2021.

David Smith, head of Diageo in Ireland and a member of the campaign board, said no limit had been put on the company’s financial commitment to the campaign which he estimates will spend €1m by the summer.

The campaign is backed by celebrities such as Una Foden, Kian Egan, and Ardal O’Hanlon, as well as health professionals including TV GP Ciara Kelly.

[www.rolemodels.ie]

Teenage alcohol related hospitalisation post legal drinking age rise in Holland

The number of children hospitalised in the Netherlands with alcohol poisoning rose last year to 783, according to child healthcare monitoring organisation Nederlands Signaleringscentrum Kindergeneeskunde. In 2012 and 2013, around 700 youngsters aged 10 to 17 were taken to hospital after drinking too much. In 2014, the number of girls was slightly higher than boys. The 2014 increase included a ‘notable’ rise in the number of 13 and 14 year olds. The number of 16 and 17 year olds hospitalized due to alcohol shows a small decrease. Paediatrician Nico van der Lely commented that this could be due to the introduction of an 18-plus age limit on all alcoholic drinks. ‘Nevertheless, the introduction of the law has not led to a real change in mentality,’ he added.
AIM SOCIAL AND POLICY NEWS

Responsible Party programme continues in to 5th year

For the 5th consecutive year, Pernod Ricard has renewed the Responsible Party programme through its Partnership with the student organisation Erasmus Student Network (ESN).

Responsible Party aims at promoting responsible consumption of alcohol during student parties through awareness campaigns based on a peer to peer approach. The main messages conveyed to the participants of these parties are: moderate consumption / don’t drink and drive / don’t imitate your friends / eat before the party / alternate with soft drinks.

Since 2010, responsible parties have been organised in more than 28 EU countries. In total, more than 175,000 students were reached during those parties.

“Responsible Party” is designed to help student associations organise safe and responsible parties. Student parties’ organisers become Ambassadors of Responsible Party by promoting responsible drinking rules and tips among student during parties.

www.responsible-party.com

Vin et Société launch new website

Constructed around three main themes: “mobilise”, “commit” and “enlighten”, the new Vin et Société (V&S) website was launched at the beginning of the year.

It aims to put forward the wine sector’s global commitment to social responsibility as well as science based information about wine, health and social aspects, to comprehensively inform and educate French wine professionals and citizens on moderate and responsible wine drinking.

The section dedicated to the wine sector’s social responsibility commitment presents the concepts of responsible consumption and drinking guidelines, but also the European Wine Business’ Commitment to the EAHF, the VET ArtdeVivre Partnership Programme on Vocational Education and Training and other national and international initiatives.

Information and educational materials for young people and for harm prevention are featured in this section. There is also including a training tool for professionals.

www.vinetesociete.fr

Powdered alcohol ban in US

A bill banning the sale of powdered crystalline alcohol has cleared the Ohio House with near unanimous approval.

The measure is to address a substance known as Palcohol, which is being prepared for general sale in the US. Lawmakers in Ohio and other states are rushing to outlaw the substance before it reaches shelves. They raise concerns over safety and easy accessibility by underage users and argue that powdered alcohol would exacerbate Ohio’s substance abuse problems. The powder is sold online and can be easily concealed. It is added to any beverage to make it an alcoholic drink. The legislation moves next to the Ohio Senate.

Powdered alcohol is currently banned in seven states, with several other state legislatures considering similar measures, including Wyoming and Virginia.
Text4baby programme in the United States: can text messaging be an effective alcohol brief intervention?

The text4baby programme launched in the United States in February 2010 and has enrolled more than 700,000 participants. The service delivers text messages to pregnant women and new mothers on a schedule timed to the baby’s due date or birth date. There have been a number of studies evaluating the programme, which is expanding to include dads. A recent study published in the Journal of Medical Internet Research mhealth and uhealth takes a closer look at the effects of the programme in the context of the US military by conducting a randomised trial with pregnant female soldiers and family members.

One of the key questions the researchers were interested in was alcohol consumption: “Since you found out about your pregnancy, have you consumed alcoholic beverages?”

In total, there were six messages related to risks of alcohol consumption, including both recommendations not to drink and warnings about the risk of FASD. The researchers found a dose-response relationship, with higher levels of text message exposure predicting lower self-reported alcohol consumption. The text4baby participants also reported lower quantities of alcohol consumed postpartum.

This study suggests that text messaging can be an effective brief intervention for addressing prenatal alcohol use.

http://mhealth.jmir.org/2015/1/e12/

The American Freshman Survey 2014

American Freshman survey has been conducted annually by UCLA’s Higher Education Research Institute since 1987. The 2014 survey included 153,015 rising freshmen at 227 four-year colleges. In 2014, students enrolling at four-year colleges and universities entered with the lowest self-reported rates of alcohol and cigarette use than at any point in over 30 years. 74.2% of students indicated they “frequently” or “occasionally” drank beer in 1981; students in 2014 who had done so declined to 33.5%.

Students’ use of wine or hard liquor during senior year of high school dropped from 67.8% in 1987 to 38.7% in 2014. The trend was similar for students who smoke cigarettes, with 9.2% of students in 1981 reporting frequent cigarette use compared to only 1.7% of students in 2014. Such declines reflect a number of social, medical, and legal changes over time, including changes to the legal age of alcohol and tobacco consumption in many states.

Almost 11% of freshmen said they spent six hours or more a week at parties in their senior year of high school, compared with 23 percent 10 years ago. Current college freshmen say they are more concerned about financial success, and more hope to attend graduate school. The survey found 9.5% of freshmen found they frequently felt depressed, compared with 6% in 2009.

www.heri.ucla.edu/monographs/TheAmericanFreshman2014.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 on moderate drinking and health, social and policy issues – comprehensively indexed and fully searchable without charge
• To educate consumers on responsible drinking and related health issues via www.drinkingandyou.com and publications, based on national government guidelines enabling consumers to make informed choices regarding drinking
• To inform and educate those working in the beverage alcohol industry regarding the responsible production, marketing, sale and promotion of alcohol
• To distribute AIM Digest Online without charge to policy makers, legislators and researchers involved in alcohol issues
• To direct enquiries towards full, peer reviewed or referenced sources of information and statistics where possible
• To work with organisations, charities, companies and associations to create programmes, materials and policies built around the responsible consumption of alcohol.

AIM SOCIAL, SCIENTIFIC AND MEDICAL COUNCIL

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

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

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