

2011



REPORT 2011

EDITORIAL

This year has been another important one in the evolution of ERAB: The European Foundation for Alcohol Research. To date, ERAB has only funded applications for scientific grants and these awards are based primarily on the quality of the science as judged by peer review. This year, in addition to the usual funding round, ERAB approached The Brewers of Europe for additional funds for a very special project on underage drinking. A project which is no less independent than its usual work but which will review the evidence base in a particular area rather than initiating new research.

This request grew out of an unsuccessful application made the previous year to the European Commission's DG RELEX (Department for External Relations) to undertake a project, in collaboration with ABMRF/The Foundation for Alcohol Research, to look in depth at underage drinking and how it differs between the two continents. The proposal drew on the expertise in both foundations. It aimed to deliver evidence-based recommendations applicable to public health departments.

We believe that the combined expertise of ERAB and ABMRF gives a unique capability to carry out this review and draw useful recommendations about the initiatives that are effective. The Brewers of Europe agreed to provide additional arms-length funding over a two-year period. The Boards of both ERAB and ABMRF committed to contributing to the project financially, and the project is now underway.

A group of scientists has been assembled from both continents and a series of "virtual" meetings have been held to progress the project. A review of "Underage Drinking and Effective Countermeasures in Europe" has been completed and an initial face-to-face meeting was held prior to the International Medical Advisory Group Conference in Montreal to scope the outstanding issues and to agree actions. The plan is to complete the project by summer 2012 and to launch the report in Brussels in the autumn.

We hope that this development marks a new phase in the evolution of ERAB and ABMRF.

Emeritus Professor Oliver James, Chairman of the ERAB Board of Directors and **Professor Philippe De Witte**, Chairman of the ERAB Advisory Board.



**Emeritus Professor
Oliver James**
Chairman of the ERAB
Board of Directors

A handwritten signature in dark ink, appearing to read "Oliver James".



**Professor
Philippe De Witte**
Chairman of the ERAB
Advisory Board

A handwritten signature in dark ink, appearing to read "Philippe De Witte".

THANKS



Vanessa Witkowski

Vanessa was appointed as a public member of the ERAB Board of Directors in October 2008 and stood down in November 2011. Vanessa's expertise is in public relations having worked in media and communications at the Research Institute Bruegel, the Madariaga European Foundation and the College of Europe Foundation. She became President of the *cafebabel.com* Brussels office in 2006 and participated in the development of the *cafebabel.com* community made of *babelblogs* and *babelforums*, a platform for which she was responsible as Community Manager from 2007 to 2008. Soon after joining the ERAB board Vanessa started a family. ERAB would like to take this opportunity to thank Vanessa for her support for ERAB and wish her and her family well.



Knud Hedeager Nielsen

Knud was elected an industry member of the Board of Directors in May 2006 and stood down this year when he left Carlsberg Group. He has been a great advocate for ERAB and played a major role in the practical organisation of the International Medical Advisory Group (IMAG) conference in Copenhagen in 2006 which was hosted by The Brewers of Europe and organised by ERAB. He joined Carlsberg in 1998 as their public affairs manager, from 1998 to 2005 he was Chairman of GODA, the Danish social aspects organisation and from 2006 to 2011 he chaired the Beer and Society Issue Management Team of The Brewers of Europe. ERAB would like to take this opportunity to thank Knud for his support and wish him well in his future career.

CONGRATULATIONS



ERAB is delighted to congratulate Dr. David Long for his award in the Queen's 2011 New Year Honours List. He was named a Member of the Order of the British Empire (MBE) in recognition of his services to the hospitality industry. David played a leading role in establishing the ERAB, and was a full industry member of the Board of Directors until he retired in 2011. He has continued to support and assist ERAB as an honorary Board member since then. He worked a total of 37 years in the brewing sector and was also honoured in 2010 with a Lifetime Achievement Award from the All-Party Parliamentary Beer Group, the largest cross-party interest group in the UK House of Commons.

ERAB AT THE UK HOUSE OF COMMONS



Alan Meale MP, Chairman of the All-Party Parliamentary Beer Group and Professor De Witte at the House of Commons

On Wednesday 9th February 2011, Professor Philippe De Witte addressed a meeting of the All-Party Parliamentary Beer Group on the subject of *"Putting the UK's drink problems in perspective"*. He presented his assessment of how the UK compares to the rest of the world on alcohol harm, and took questions from members. Also speaking at the meeting was Chris Sorek, Chief Executive of Drinkaware, an independent UK trust which brings together both the alcoholic drinks sectors and the health community. In a presentation entitled *"How is the UK tackling the challenge?"*, he described how Drinkaware is using the latest social marketing thinking to "nudge" people into adopting a healthier approach to drinking.

ERAB AT THE 33RD CONGRESS OF THE EBC 2011 IN GLASGOW

Emeritus Professor Oliver James, Chairman of the ERAB Board of Directors, addressed the 33rd Congress of the European Brewing Convention in Glasgow in May 2011 on the subject of "Beer, Alcohol and Health". His wide-ranging talk presented the findings of key publications on the subjects of alcohol and cardiovascular disease, cancer, diabetes, dementia and osteoporosis and the effect of beer versus wine.

ERAB IN THE BULGARIAN MEDIA

On the occasion of the twentieth anniversary of the Union of Brewers of Bulgaria (UBB), Professor Philippe De Witte spoke at a press conference in July 2011 on the important contribution made by science to a better understanding of the full spectrum of the effects beer has on health and behaviour. The very well attended event was complemented by a series of exclusive interviews and covered across the country's media.

ERAB AT THE BELGIAN PARLIAMENT

On November 22, 2011 Professor Philippe De Witte addressed a meeting of the Belgian Parliament Beer Club where he presented a communication entitled *"Public Health versus Medical Health"*.

INTRODUCTORY INFORMATION

The European Foundation for Alcohol Research (ERAB) was established as an independent Charity in Brussels in 2003 to fund European biomedical and psychosocial research into the effects of beer and other alcohol beverages.

KEY PERFORMANCE INDICATORS 2003 - 2011.

Total subscriptions to end 2011	€ 4,209,073
Total grant spend to end 2011	€ 3,725,795
Total Applications	273
Total full grants funded	53
Number of two year grants	47
Number of biomedical grants	33
Number of psychosocial grants	20
Number of publications citing ERAB	97
Total Travel Award Applications	60
Number of Travel Awards funded	41
Total Exchange Award Applications	11
Number of Exchange Awards funded	8



FINANCE

An average of five grants of up to €100,000 are funded each year, together with four or five travel awards, and one or two exchange awards. The research grant expenditure accounts for the majority of the annual budget.

	2004	2005	2006	2007	2008	2009	2010	2011*
	€	€	€	€	€	€	€	€
Revenue and Support								
Industry contributions	434,500	445,000	425,000	535,000	535,000	474,000	473,073	535,500
Investment income	2,365	6,620	1,926	6,098	2,450	110	374	471
Expenditure								
Grants and Awards								
Grants	390,390	496,600	421,846	426,398	727,315	422,482	391,900	395,057
Awards	-	2,500	11,656	12,219	9,504	8,590	5,351	4,095
Projects								62,500
Sub Total	390,390	499,100	433,502	438,617	736,819	431,072	397,251	461,652
Other Expenditures								
Communications	9,195	9,334	5,310	17,017	5,490	9,638	12,944	15,000
Meetings and Conferences	59,023	33,838	19,222	32,371	13,696	17,078	22,538	29,000
Other	5,743	7,077	5,370	5,562	5,631	20,208	29,682	30,000
Total Expenditure	464,351	549,349	463,404	493,567	761,636	477,996	462,416	535,652
Assets carried over	356,956	329,470	231,742	195,264	242,795	0	0	0
Reserve						18,608	14,722	25,754
Endowment	25,000	25,000	25,000	25,000	25,000	25,000	25,000	25,000

*provisional

BOARDS

ERAB has two boards:– a Board of Directors; and an Advisory Board. The members of both Boards generously give their time and expertise without reward and ERAB is very grateful for this support.

BOARD OF DIRECTORS

ERAB's independence is guaranteed by a Board of Directors made up of a majority of public members. Their role is to administer the funds.

PUBLIC MEMBERS



Emeritus Professor Oliver F. W. James
Former Pro Vice Chancellor, Faculty of Medical Sciences, University of Newcastle-upon-Tyne, UK.
(Founder Member, Chairman).



Professor Daniel Bessa
COTEC, Portugal.



Count Rodolphe de Looz Corswarem
Consultant, Belgium.



Mr. Raymond Georis
Former Managing Director of the Madariaga European Foundation, Belgium (Founder Member and Past Chairman).



Mr. Dipl.-Ing. Markus Ferber, MdEP

Member of the European Parliament, Bavaria.



Mr. Jean Martin

Former President of the European Confederation of the Food & Drink Industry, Belgium.



Dr. Mack Mitchell

ABMRF / The Foundation for Alcohol Research, USA.



Dr. Erik Skovenborg

Medical Doctor, Denmark.



Professor Philippe De Witte

Université Catholique de Louvain-la-Neuve, Belgium.

Chairman of the ERAB Advisory Board.



Janet Witheridge

ERAB: The European Foundation for Alcohol Research.

Secretary-General, UK.

REPRESENTATIVES OF THE BREWING SECTOR



Mr. Alberto da Ponte

The Brewers of Europe, Portugal.



Mr. Rutger Goethart

Heineken, The Netherlands.



Mr. Simon Jackson

Institute of Brewing and Distilling, UK.



Mr. Jacobo Olalla Marañón

Cerveceros de España, Spain.

HONORARY MEMBERS (ACCORDING TO ARTICLE 6 OF THE BY-LAWS)



Dr. David Long MBE

Consultant, Former Director, Brewing, British Beer & Pub Association, UK.



Mr. Piero Perron

Heineken, Italy. **(Founder Member).**



Emeritus Professor Richard Smallwood

Former Commonwealth Chief Medical Officer (1999-2003), Australia.

ADVISORY BOARD

The members of the Advisory Board have a proven international independent scientific reputation. Their role is to examine the applications, suggest peer reviewers and, based on the reviews received, recommend to the Board of Directors which applications should be funded.



Professor Philippe De Witte (Chairman)

Department of Biology, Université Catholique de Louvain-la-Neuve, Belgium.



Professor Giovanni Addolorato

Department of Internal Medicine, Università Cattolica del Sacro Cuore, Rome, Italy.



Professor Christopher P. Day

Faculty of Medical Sciences, University of Newcastle-upon-Tyne, UK.



Associate Professor Ramon Estruch

Department of Internal Medicine, University of Barcelona, Spain.



Professor Wolfgang Koenig

Department of Medicine, University of Ulm, Germany.



Professor Pekka Sulkunen

Department of Sociology, University of Helsinki, Finland.



Associate Professor Matty P. Weijenberg

Department of Epidemiology, Maastricht University, The Netherlands.

CHANGES TO THE BOARD OF DIRECTORS IN 2011

This year, ERAB was sorry to lose Mr. Knud Hedeager Nielsen and Ms. Vanessa Witkowski who retired from the Board. We are pleased to welcome Count Rodolphe de Looz Corswarem as a full member replacing Ms. Witkowski. A nomination for a replacement for Mr. Nielsen is expected soon.

CHANGES TO THE ADVISORY BOARD IN 2011

This year, ERAB was pleased to welcome Dr. Ramon Estruch from the University of Barcelona in Spain.

ERAB GRANTS

ERAB invites applications for funding European biomedical and psychosocial research into the effects of beer and other alcohol beverages. The applications are sent for peer review to experts in the relevant subject from all over the world. The recommendations as to which grants are funded are based on these reviews which give great emphasis to the scientific merit of the application. Grants are now funded up to the maximum of €50,000 for one year or €100,000 over two years.

Applications received by the April deadline are reviewed during the Summer. Applicants are notified in the Autumn with a view to the research starting in January the following year.

Of the 54 major grants awarded to date, seven were completed at the end of 2006, four at the end of 2007, three at the end of 2008, seven at the end of 2009, seven at the end of 2010. Six will be completed this year, five in 2012, six in 2013 and six in 2014. Three projects had to be discontinued due to poor health or other difficulties.

2011 GRANTS

At its twelfth meeting on 22nd November 2011, the ERAB Board of Directors agreed that the following eight research projects should receive partial funding during 2012 / 2013.

Name of Principal Researcher	Department	Institution	Town Country	Discipline Grant length
Professor Kees DE GRAAF	Department of Human Nutrition	Wageningen University	Wageningen, The Netherlands	Psychosocial Two Year
	Dietary patterns and nutrient intakes of beer consumers compared to consumers of other (non-) alcoholic drinks.			
Professor Philip TERRY	Department of Psychology	Kingston University	London, UK	Psychosocial Two year
	Young people's beliefs about the benefits and risks associated with different alcoholic beverages: A comparison between the UK and France.			
Dr Richard Oliver DE VISSER	School of Psychology	University of Sussex	Falmer, UK	Psychosocial 1.75 year
	Understanding and promoting young people's strategies for moderate alcohol consumption.			
Professor Franco PRINA	Department of Social Science	University of Turin	Torino, Italy	Psychosocial Two year
	Images of adolescent alcohol use and health in Italy. A study of teenagers' drinking and societal reactions to it.			
Dr Gabriel RUBIO	Faculty of Medicine	Complutense University	Madrid, Spain	Psychosocial Two year
	Psycho-physiological paradigms predictors of relapse in the treatment of alcohol dependent subjects.			

Professor Taco DE VRIES	Center for Neurogenomics & Cognitive Research	VU University Amsterdam	Amsterdam, Netherlands	Biomedical Two year
	Identification of a genetic risk-factor for alcohol seeking and relapse.			
Dr Rosa LAMUELA-RAVENTÓS	Department of Nutrition and Food Science	University of Barcelona	Barcelona, Spain	Biomedical One year
	Evaluation of risk and benefits of moderate beer consumption in 1,000 subjects at high cardiovascular risk using a new beer biomarker.			
Professor Ingrid NYLANDER	Department of Pharmaceutical Biosciences	University of Uppsala	Uppsala, Sweden	Biomedical Two year
	Neurobiological and behavioural consequences of adolescent alcohol consumption; studies of causal links between early-life conditions and vulnerability for alcohol use disorders.			

AWARDS FOR YOUNG RESEARCHERS

As well as providing major research grants, ERAB is keen to encourage young researchers to work in the field of alcohol research and offers a number of much smaller travel and exchange awards for researchers under the age of 35. The travel awards enable scientists to travel to conferences to present their data. The exchange awards allow periods of study / collaboration in centres of excellence anywhere in the world.

In addition to the above awards for young researchers, small awards may be made available to help publish Ph.D theses.

INTERNATIONAL MEDICAL ADVISORY GROUP CONFERENCES

International Medical Advisory Group (IMAG) conferences have been held almost every year since 1972 and offer an opportunity for the Medical Advisors to the brewing sector worldwide to meet to discuss topical issues and recent research advances in the field of alcohol and health.

In 2011, the 37th IMAG conference was hosted by the Brewers Association of Canada in Montreal. The scientific programme was organised by ABMRF / The Foundation for Alcohol Research and more than 60 leading scientists in the field of alcohol research from 15 countries participated in this meeting.

The conference programme covered aspects of the impact of alcohol on the three stages of man - the developing foetus, the maturing adolescent and the mature adult. Key areas discussed included:- the development of new methods of analysis which may facilitate early detection and potential treatment of foetal alcohol spectrum disorders; aspects of adolescent drinking together with an introduction to the work ABMRF is carrying out in collaboration with ERAB on underage drinking in Europe and North America; and the role of alcohol in fatty liver and cirrhosis and the possibility that moderate alcohol consumption is not only beneficial to the cardiovascular system and bone health, but can also protect against non alcoholic fatty liver disease.

A number of the speakers at the conference referred to the importance of funding from the industry and expressed their gratitude. Many research boards provide funding only for established scientists and lucrative lines of research. The industry's involvement in funding through ABMRF and ERAB, and their reviewers' emphasis in the quality of the science, has attracted young and innovative scientists and brought together disparate lines of research which would otherwise not have been supported. This has frequently led to novel, and often quite remarkable, outcomes.

NEWSLETTER

As well as the Annual Report, ERAB has an electronic newsletter which is sent to more than 500 European scientists who have applied to ERAB for funding, or have helped with the peer reviews. Issues are kept short and are used to notify the research community about application deadlines and research applications which have been granted. It helps to maintain the visibility of ERAB and strengthen its profile. Copies of the newsletters are also available on the ERAB website <http://www.erab.org>

To date, ERAB grantees have published the results of the research funded by ERAB in 90 papers in peer reviewed journals. All together, almost 100 publications cite ERAB as a source of funding. For a list of publications, visit <http://www.erab.org/asp2/publications>

SOME KEY PUBLICATIONS

As the number of publications resulting from ERAB funded research projects grows certain papers stand out. There follows a short review of one or two key papers published each year (2006 - 2011). They cover a wide range of subjects including alcohol consumption, obesity and liver disease; reducing binge drinking; alcohol consumption and mortality in patients with cardiovascular disease; the effectiveness of web-based interventions; drug treatment for alcohol-dependent patients; and the type of alcoholic beverage and the risk of laryngeal cancer.

A paper relating to grant number EA 09 20 - A new model of interactive effects of alcohol and high-fat diet on hepatic fibrosis.¹

Background: Chronic alcohol consumption is a key factor for liver disease worldwide but only a fraction of drinkers develop problems and the pathophysiological mechanisms are not fully understood. The aim of this study was to establish and analyse an experimental animal model which combined chronic alcohol administration with a high-fat diet to simulate social drinking and the typical Western lifestyle leading to modest weight gain and “simple” fatty liver.

Results: Under the experimental settings used, the high-fat diet played a greater role than alcohol intake in inducing fatty liver. Liver damage was greatest in the high-fat diet plus alcohol group, which implies that alcohol and a high-fat diet cause (metabolic) changes that promote fibrogenesis via mechanisms independent of inflammation.

Conclusions: It is difficult to extrapolate these findings to the human situation, because there are only a few patients with non alcoholic fatty liver disease who entirely abstain from drinking. The “obese drinker” is clearly more frequently found. Still, from the present data in mice, and in line with previous epidemiological studies, it is reasonable to extrapolate that obese heavy drinkers with fatty liver will develop cirrhosis more rapidly than non-obese heavy drinkers or obese persons who do not drink alcohol.

Significance: This new model allows the investigation of isolated or joint effects of alcohol and high-fat diet on liver injury. It is clear that high alcohol consumption and a high-fat diet, or obesity, appear to be a dangerous mix as they act synergistically on the development of liver fibrosis.

A paper relating to grant number EA 07 10 - An intervention to reduce alcohol consumption in undergraduate students using implementation intentions and mental simulations: a cross-national study.²

Background: Excessive alcohol consumption has been linked to harmful health consequences among undergraduate students. There is a need to develop theory-based and cost-effective brief interventions to reduce alcohol consumption in this population. This study aimed to test the effectiveness of an integrated theory-based intervention in reducing undergraduates’ excessive alcohol consumption in national samples from Estonia, Finland, and the UK. The intervention was designed to change behaviour by targeting the motivational and volitional stages of the decision-making process.

Participants completed baseline psychological measures and self-reported number of alcohol units consumed and binge-drinking frequency followed by the intervention manipulation. One month later, participants completed follow-up measures of the psychological variables and alcohol consumption.

Results: The follow up tests showed that the implementation intention intervention component was successful in reducing the number of units of alcohol consumed in the Estonian and UK samples but not in the Finnish sample where consumption was generally lower. Implementation intentions were also effective in reducing the number of binge drinking occasions in the UK sample. The interventions had no effects on the motivation or theory of planned behaviour variables. This finding corroborates the wealth of research that has demonstrated the effectiveness of volitional plans in promoting behavioural engagement in other health-related contexts.

Conclusion: The results support the efficacy of implementation intentions as a theory-based strategy to reduce alcohol consumption among undergraduate students in Estonia and the UK. There was no support for the motivational intervention or the interaction between the strategies.

Significance: The study adds to knowledge in two main ways. First it contributes to theoretical development by testing the efficacy

1. Gäbele E, Dostert K, Dorn C, Patsenker E, Stickel F and Hellerbrand C (2011) A new model of interactive effects of alcohol and high-fat diet on hepatic fibrosis. *Alcohol: Clinical and Experimental Research*, 35(7):1361-1367.

2. Hagger MS, Lonsdale A, Koka A, Hein V, Pasi H, Lintunen T and Chatzisarantis NLD (2011) An intervention to reduce alcohol consumption in undergraduate students using implementation intentions and mental simulations: a cross-national study. *International Journal of Behavioral Medicine*, doi: 10.1007/s12529-011-9163-8

of an intervention strategy aimed at increasing motivation to act to reduce alcohol drinking and promoting plans to execute the intended action. This provides new insight into whether strategies intervening at both stages of the decision-making process lead to more effective behaviour change than strategies intervening at each stage in isolation. Second, it tested whether the intervention is replicable in three samples from different national groups. This is important as it provided the opportunity to evaluate whether the adoption of this intervention strategy would result in universal reductions in alcohol consumption. Such models propose that given the same environmental conditions, all people process social information in the same way and make behavioural decisions accordingly. The significant interaction between nationality and the implementation intention component of the intervention went against expectations. There was evidence that the intervention was effective in reducing alcohol consumption in two of the three samples, but the lack of a significant effect in the Finnish sample means that unequivocal conclusions cannot be drawn.

A paper relating to grant number EA 08 27 - Alcohol consumption and mortality in patients with cardiovascular disease: a meta-analysis.³

Background: Regular, moderate alcohol consumption by healthy people is associated with lower cardiovascular and all-cause mortality but there have been no extensive reviews on the possible association of alcohol consumption with secondary events in patients with cardiovascular disease. The purpose of this study was to quantify the relation between alcohol consumption and cardiovascular and total mortality in patients with a history of cardiovascular events. Data from 8 publications were included in the analyses, including 16,351 patients with a history of cardiovascular disease.

Results: The meta-analysis showed that in patients with cardiovascular disease, light to moderate drinking (5 to 15 g/day of alcohol) is associated with significant cardiovascular or all-cause mortality risk reduction, or both, as has been shown for apparently healthy subjects. A significant association with reduced risk was found up to 25 g/day of alcohol. The J-shaped relationship between alcohol intake and total mortality was comparable with that previously reported in apparently healthy individuals and can be explained as a dose-related combination of both beneficial and harmful effects.

Conclusions: In patients with cardiovascular disease, light to moderate alcohol consumption (5 to 25 g/day) was shown to be significantly associated with a lower incidence of cardiovascular and all-cause mortality. Heavy or binge drinking can have adverse health outcomes. If cardiovascular patients are heavy drinkers, they must be strongly advised to abstain or at least, substantially reduce drinking.

Significance: The paper recommends that patients with cardiovascular disease, should be informed that low-to moderate alcohol consumption (1 drink/day for women or up to 2 drinks/day for men), should not be harmful to their health, but that patients who do not regularly consume alcohol should not be encouraged to start drinking. This is due to the lack of controlled intervention trials on alcohol which would be difficult and are ethically questionable to perform. It also states that cardiologists should be aware that regular, moderate alcohol consumption, in the context of a healthy lifestyle (increased physical activity, no smoking), dietary habits (decreased dietary fat intake, high consumption of fruit and vegetables), and adequate drug therapy, would put their patients at a level of cardiovascular or mortality risk substantially lower than either abstainers or heavy or binge drinkers.

A paper relating to grant number EA 05 20 - Genetic variation of alcohol dehydrogenase type 1C (ADH1C), alcohol consumption, and metabolic cardiovascular risk factors: results from the IMMIDIET group.⁴

Background: Moderate alcohol consumption is protective against cardiovascular disease. Variability in the individual ability to metabolize alcohol may be relevant in understanding the cardioprotective role. ADHs are major enzymes of alcohol metabolism. One variant in genetic makeup (in the alcohol dehydrogenases 1C gene (ADH1C)) was reportedly associated with the protective effect of alcohol consumption on cardiovascular disease risk and risk factor levels. The aim of the study was to investigate whether the association of alcohol consumption with metabolic risk factors for cardiovascular disease is related to particular gene variants.

The study used data from the IMMIDIET project - a cross-sectional study of 974 healthy male-female pairs living together, randomly recruited in Belgium, Italy and England. It was set up to evaluate dietary habits, including drinking habits, metabolic risk profiles for myocardial infarction and the impact of dietary-gene

3. Costanzo S, Di Castelnuovo A, Benedetta Donati M, Iacoviello L and de Gaetano G (2010) Alcohol consumption and mortality in patients with cardiovascular disease: a meta-analysis. *Journal of American College of Cardiology*, 55(13):1339-1347.

4. Latella MC, Di Castelnuovo A, de Lorgeril M, Arnout J, Cappuccione FP, Krogh V, Siani A, van Dongen M, Donati MB, de Gaetano G and Iacoviello L, on behalf of the European Collaborative Group of the IMMIDIET project (2009) Genetic variation of alcohol dehydrogenase type 1C (ADH1C), alcohol consumption, and metabolic cardiovascular risk factors: results from the IMMIDIET group. *Atherosclerosis*, 207:284-290.

interaction in determining such risk profile, in healthy male–female pairs from three European regions at different risk of myocardial infarction and different consumption of alcoholic beverages.

Results: The study assessed ADH1C polymorphism (rs698) in three European population samples at different risk of myocardial infarction and with different dietary and drinking habits. The intake of alcohol did not vary in relation to gene variants studied. Body Mass Index (BMI), waist circumference (WC), waist-to-hip ratio, blood pressure, HDL (good cholesterol) or total cholesterol, triglycerides and FVII:ag levels were positively associated with alcohol intake in men. No interaction was found for other risk factors. In women, alcohol intake was positively associated with HDL, LDL and FVII:ag levels but no interaction was found between ADH1C polymorphism and any risk factor.

Conclusion: A marked, significant interaction between the ADH1C genotype and alcohol consumption in relation to BMI and waist circumference was found in men from three different European origins. Men, homozygous for the gamma 2 allele, who drank daily had a substantial increase in both BMI and waist values. In contrast, ADH1C variants did not interact with the effects of alcohol intake on HDL, blood pressure or total cholesterol levels.

Significance: Identifying genetic variants that may influence alcohol metabolic clearance and its impact on cardiovascular risk factors in European populations might help to tailor national campaigns aiming to reduce alcohol consumption and help define the different benefit/risk balance related to either moderate or heavy alcohol consumption.

A paper relating to grant number EA 05 08 - The effectiveness of web-based interventions designed to decrease alcohol consumption – a systematic review.⁵

Background: Brief interventions for health problems such as alcohol use disorders have been of growing interest over the last few decades. Several reviews have been conducted on the effectiveness of face-to-face brief interventions in health care and treatment settings. Results are consistent, showing that brief interventions are more effective than no counselling. Previously published reviews which have included information on web-based interventions for alcohol use have either provided only narrative accounts of the results, descriptions of the interventions with limited details on outcome results, and/or have not designated web-based interventions as their primary focus. The aim of this study was to review the published literature on the effectiveness

of web-based interventions designed to decrease consumption of alcohol and/or prevent alcohol misuse.

Results: Initial searches identified 191 articles of which 10 were eligible for inclusion. Of these, five provided a process evaluation only, with the remaining five providing some pre- to post-intervention measure of effectiveness. In general, the percentage quality criteria met was relatively low and only one of the 10 articles selected was a randomized control trial.

Conclusion: The current review provides inconsistent evidence on the effectiveness of electronic screening and brief intervention (eSBI) for alcohol use. Process research suggests that web-based interventions are generally well received.

Significance: The potential feasibility and content of web-based interventions designed to moderate alcohol use has been demonstrated. This review is the first to systematically evaluate the effectiveness of such interventions and has found inconsistent results across studies. All of the identified effectiveness studies focused on web-based interventions targeted at the North American or New Zealand student populations. Further research is required to demonstrate the effect of these interventions into other populations and settings. There is a need for future studies to determine which elements of personalized feedback are keys to outcome and whether different elements are needed to engage low and high-risk drinkers.

A paper relating to grant number EA 06 19 - Effectiveness and safety of baclofen for maintenance of alcohol abstinence in alcohol-dependent patients with liver cirrhosis: randomised, double-blind controlled study.⁶

Background: Intervention to achieve alcohol abstinence represents the most effective treatment for alcohol-dependent patients with liver cirrhosis. Findings of meta-analyses have shown that even low doses of daily alcohol intake are associated with increased risk of cirrhosis. Total abstinence from alcohol consumption enhances the clinical outcome of all stages of alcoholic liver disease. Abstinence can lead to substantial regression of fibrosis and, possibly, early cirrhosis. Continued alcohol abuse is a risk factor for cirrhosis-related complications including liver cancer, and represents an absolute contraindication to liver transplantation in these patients. Anti-craving drugs have not been prescribed due to concern that they might worsen liver disease. The aim of this study was to investigate the effectiveness and safety of baclofen in achieving

5. Bewick BM, Trusler K, Barkham M, Hill AJ, Cahill J and Mulhern B (2008) The effectiveness of web-based interventions designed to decrease alcohol consumption – a systematic review. *Preventive Medicine*, 47:17-26.

6. Addolorato G, Leggio L, Ferrulli A, Cardone S, Vonghia L, Mirijello A, Abenavoli L, D'Agelo C, Caputo F, Zambon A, Haber PS and Gasbarrini G (2007) Effectiveness and safety of baclofen for maintenance of alcohol abstinence in alcohol-dependent patients with liver cirrhosis: randomised, double-blind controlled study. *The Lancet*, 370:1915-1922.

and maintaining alcohol abstinence in patients with liver cirrhosis.

Between October, 2003, and November, 2006, 148 alcohol-dependent patients with liver cirrhosis were referred to the Institute of Internal Medicine, Rome, Italy. 84 were randomly allocated either oral baclofen or placebo for 12 weeks. The primary outcome was the proportion of patients achieving and maintaining alcohol abstinence.

Results: Of 42 patients allocated baclofen, 30 (71%) achieved, and maintained, abstinence compared with 12 (29%) of 42 assigned placebos. The number of dropouts (termination of treatment) did not differ between the baclofen and placebo groups. Cumulative abstinence duration was about two times higher in patients allocated baclofen than in those assigned placebos. No hepatic side-effects were recorded.

Conclusion: The results show that oral administration of baclofen is significantly more effective than a placebo at achieving and maintaining alcohol abstinence and at increasing cumulative abstinence duration in alcohol-dependent patients with liver cirrhosis. This reduction in self-reported alcohol use was associated with significant reductions in clinical markers of liver injury. These findings confirm the self-reported data and suggest that the reduction in alcohol consumption was sufficient to lessen liver injury. It has shown that a pharmacological agent can promote alcohol abstinence and prevent alcohol relapse in individuals with alcoholic liver disease, but that further studies are needed to define the best duration of treatment, to assess possible tolerance to baclofen in a more prolonged regimen, and to define the role of baclofen in clinical practice.

Significance: The results suggest that Baclofen, because of its anti-craving action and safety, could have an important role for treatment of alcohol-dependent patients with advanced liver disease. This trial represents the first study in which the effectiveness and safety of an anti-craving drug has been investigated in such individuals with advanced liver disease.

A paper relating to grant number EA 03 05 - Type of alcoholic beverage and the risk of laryngeal cancer.⁷

Background: Alcohol drinking, after tobacco smoking, is the major recognised risk factor for laryngeal cancer. The importance of alcohol in laryngeal carcinogenesis has been consistently reported on in several epidemiological studies, which found an increased risk for an increasing dose of alcohol, even in the absence of smoking. A few studies have investigated whether the risk of laryngeal cancer depends on the types of alcoholic beverage consumed, providing conflicting results. The aim of this study was to disentangle the effect of various types of beverages, and quantify the separate and combined effect of wine and other alcoholic beverages on laryngeal cancer by using the large number of subjects from two case-control studies conducted in Italy between 1986 and 2000.

Results: These included 672 cases of laryngeal cancer and 3454 hospital controls, admitted for acute, non-cancer conditions, unrelated to smoking and alcohol consumption. Compared to abstainers or light drinkers, drinkers of 5-7 drinks/day had a 2-fold increased risk of laryngeal cancer, those consuming 8-11 drinks/day a 4-fold increase, and those drinking more than 12 drinks/day a 5-fold increased risk. No excess risk was evident for beer and spirit drinkers.

Conclusions: This different pattern of risk from studies in different populations according to type of alcoholic beverages could be due to the different level of consumption of each alcoholic beverage in these populations. The apparent discrepancy between studies can also be explained in terms of different characteristics of heavy drinkers in various populations. Thus, where wine is the most common alcoholic beverage, for example in Italy, wine drinkers are at highest risk.

Significance: These data provide conclusive evidence that, as for other cancers of the upper aero digestive tract, laryngeal cancer risk appears to be related mainly to ethanol intake, and in each population the higher risks are observed with the most frequently consumed beverages.

7. Garavello W, Bosetti C, Gallus S, Dal Maso L, Negri E, Franceschi S and La Vecchia C (2006) Type of alcoholic beverage and the risk of laryngeal cancer. *European Journal of Cancer Prevention*, 15:69-73



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