

Alcohol - one perspective on Europe

The Institute of Alcohol Studies has published a report, funded by the European Commission entitled 'Alcohol in Europe: a public health perspective'. The Report contends that it is a Government's duty to intervene in the alcoholic drinks market to reduce alcohol related harm. The authors lists 52 recommendations for the Commission aimed to increase joint working and intelligence sharing and to reduce alcohol related harm across the EU25¹.

The recommendations from 'Alcohol in Europe' are aimed to contribute to the European Communication on Alcohol and Health expected later this year along with other reports instigated by the Commission including the 'Round table' work of the European Policy Centre and the report on the economic aspects of alcohol in Europe. Although these reports will feed into the development of a European alcohol policy, the findings, conclusions and recommendations are not binding on the Commission.

The essence of the report's findings is that 'The top 10% of drinkers account for one third to one half of the total consumption in most countries'. Governments, SAOs, industry, health care providers and the public would agree that this is the sector of the populations across Europe that should be focused on in efforts to reduce harmful or hazardous drinking and associated issues.

There is an important divide to be drawn between this 10% and the majority of European adult consumers who drink moderately, however, which is not recognised in the reports findings or recommendations.

Consumption has declined rapidly between 1980 and 2003 (source: World Drink Trends 2005), in many of the EU15² including France (-37%), Italy (-46%), Spain (-27%) and Germany (-11%). Ironically it is the Northern EU countries on average, where alcohol control policies are higher, that consumption has increased within the same period, including the UK (+31%), Ireland (+47%) and Finland (+25%). The overwhelming statistics are of European adults drinking within the WHO sensible drinking guidelines (no European standard exists) - with 266 million adults drinking alcohol up to 20g a day (women) and 40g a day (men) according to the IAS study - 6% exceed the WHO recommendations for hazardous drinking of 40g for women per day and 60g for men. 1% of women and 5% of men are estimated to be dependent on alcohol according to the report.

The report begins by recognising the role that alcohol plays in European society, accepting that it is integral to the social fabric over 1000's of years, playing a medicinal and religious role as well as being a social lubricant 'probably the main benefit of alcohol derives from the pleasure that the people get from drinking it' state the authors. Regulation came with industrialisation and the consumption of more potent distilled spirits. Hence the growth of temperance movement in the C19th and C20th centuries and the categorisation of alcoholism as a 'disease'.

'Today, Europe includes a wide range of uses and meanings of alcohol ranging from an accompaniment to family meals to a major part of rites of passage. Drinking behaviour is often used to communicate the formality of an event or the division between work and industry,' states the report.

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The IAS study sees Europe playing a central role on the global alcohol market, accounting for half of the world's wine production and quarter of all alcohol produced. 70% of the all exports and half of all imports involve the EU, contributing 9 billion Euros to the goods account balance of the EU.

(Continued on page 13)



Figure 4.4. Total alcohol consumption per drinker in Europe in 2002

[Sources: primarily from WHO data (Global Status Report on Alcohol 2004, HFA Database and GBD project); see above for detail]

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UK

The amount spent on alcohol by consumers in the UK is decreasing, according to recent figures.

A report on 'Family Food Expenditure 2004-5' from the Department for Environment, Food and Rural Affairs released on 25 May showed that alcohol spending at home was down by 3.7% in the period on the corresponding period a year earlier. Alcohol spending outside the home fell more significantly, the report showed, by 7.3% year-on-year

Australia

A national alcohol rehabilitation group is calling on the Federal Government to help stem the rise of alcohol abuse in regional Australia.

The Alcohol Education and Rehabilitation Foundation wants the Government to fund ongoing campaigns in rural areas because the levels of injury and death from alcohol are much higher than in the cities. Foundation chief executive Daryl Smeaton says it does not make sense that \$2 billion has been spent on campaigns against illicit drugs, when only 5% of the population use them whereas 85% of people drink alcohol. He believes some of the \$6 billion a year excise on alcohol should be spent on addressing misuse and problems in remote areas specifically.

US

A group of 20 state Attorneys General have requested the Federal Trade Commission to consider asking the alcohol industry to limit its advertising to audiences where only 15% of the population is under 21. The May 8 letter is the result of a committee the Attorneys General formed in 2004 to examine industry marketing practices and teen exposure to alcohol ads.

Currently, the alcohol industry adheres to self-regulatory guidelines that require advertising to audiences where 70% are 21 or older.

The Attorneys General have also asked the FTC to review how the industry handles complaints about alcohol ads.

Sweden

Carlsberg has launched an alcohol free beer in Sweden in a move to revitalise decreasing beer sales in the Scandinavian market. The launch of a 0.5% ABV Carlsberg was a response to demand for lower alcohol beer, especially to drink alongside meals. Carlsberg also recently launched a low-calorie beer in Sweden and in March unveiled DraughtMaster, its home brewing kit to encourage home consumption.

The Swedish Brewers' Association recently commissioned a survey on the people's opinion on alcohol taxes. 66% of the people said it was important to reduce the beer tax to solve the problem of growing criminality and the illegal trade with beer. More than 80% wanted stronger punishment for professional smuggling criminals. A vast majority favoured the reduction of beer and wine taxes. 17% thought that the tax on spirits should be reduced. 60% were happy to buy alcohol from friends who had bought it abroad (regarded as smuggling by SoRAD). 82% of the population said that the politicians should pay attention to the price, tax, consumption and sales of alcohol. The Brewers' Association's chairman, Mr Paul Bergqvist, commented that it is time for the politicians to act.

Finland

Finland will use its six-month tenure as EU president to push for an increase in alcohol taxes, the country's president Matti Vanhanen stated in June.

His plans to increase minimum duties are likely to face stern opposition from other EU countries. Almost all the wine-producing states in the EU, currently have zero duty on wine - apart from France, which imposes a low rate.

Shoppers from Finland and Sweden, where high taxes are high, are increasingly buying their alcohol in countries such as Denmark or Estonia, where rates are much lower. The EU alcohol policy, due later this year, is expected to suggest more equalisation in duty rates across Europe to reduce the cross border trade.

UK Drink Drive Summer Campaign Launched

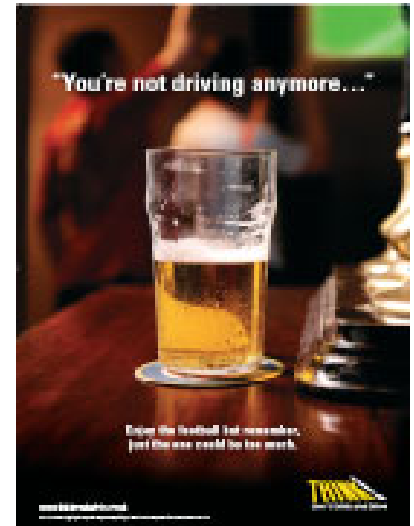
The UK Government's drink drive campaign THINK! was launched 5th June 2006 to inform young men about the dangers and consequences of drink driving. Drinking and driving occurs across a wide range of age groups but particularly amongst young men aged 17-29 in both casualties and positive breath tests following a collision. It is this age group that the campaign targets.

The campaign aims to increase awareness of the dangers of having a couple of drinks and driving, to educate drivers that they can't calculate their alcohol limit, to shake driver's confidence about their own 'rule of thumb' of what's safe to drink and drive and to get drivers to think about the consequences of being caught.

The campaign includes posters and leaflets highlighting that you can't calculate your alcohol limit. The accompanying TV advert 'Crash' highlights that 1-2 drinks can slow reactions and cause a crash. The Radio advert 'Your Round' focuses on the moment of decision as to whether to stay for that extra drink or not, and asks listeners to think about the consequences of being caught for drink driving.

On average in the UK 500 people are killed each year in drink drive collisions and 16% of deaths on the road involve drivers who are over the legal alcohol limit. The latest provisional figures from 2004 show that some 590 people were killed in crashes in which a driver was over the

legal limit, 2,350 were seriously injured. More than half a million breath tests are carried out each year in the UK.



What is Pharmacology's Place in Finding Alternatives to Alcohol

The May edition of Journal of Psychopharmacology published leading research on the place of pharmacology in finding alternatives for alcohol.

Prof Nutt in his piece, 'Alcohol alternatives- a goal for psychopharmacology' outlines "Alcohol is a growing problem worldwide that some believe may have already overtaken tobacco in terms of overall health and social care costs because of the consequences of intoxication, such as accidents, with subsequent medical complications."

The papers discuss alternative models to the current approach to the sale and consumption of alcohol, such as removing or reducing alcohol content in drinks sold, especially beers and lager, and offering tax incentives for low alcohol or alcohol-free drinks.

The papers also discuss the scope for further pharmacological investigation into a chemical that can be substituted for alcohol without leading to the same level of misuse and dependence. New partial agonists (PA) could be used that would allow the user to

enjoy the pleasurable effects of alcohol consumption but without the associated ill effects, such as memory loss and impaired motor skills.

Authors stress that there would need to be legislative reform governing outlets offering these PAs, but as this could potentially hold the key to eradicating the problems currently associated with alcohol misuse, such legislative reform could be well placed.

Source: D. J. Nutt Alcohol alternatives - a goal for psychopharmacology? J Psychopharmacol, May 2006; 20: 318 - 320.

UK snap survey shows irresponsible drinks offers still exist

An Alcohol Concern snap survey shows irresponsible drinks offers still exist across the country. Six months on from the introduction of new licensing laws, and a year after the beer and pub industry declared that happy hours had been 'banned', the charity's snap survey of 9 cities found that pubs, bars and clubs across the country are continuing to run irresponsible drinks promotions.

Srabani Sen, Alcohol Concern's Chief Executive, said: "Our survey has barely scratched the surface of the problem, yet we have easily found irresponsible drinks promotions in major cities across the country, including 2-for-1 offers, and shots of spirits on sale for as little as 50p. We are keen to work with the drinks trade in partnership to put an end to these irresponsible promotions."

The National Licensing
Conference 2006

'Developing Licensing,
Protecting Health'

Glasgow Caledonian
University, 30th and 31st
August

For a conference outline and
booking form please visit

www.alcohol-focus-scotland.org.uk

Alcohol is Scotland's 'next big health issue'

New statistics obtained by the SNP through a parliamentary question showed the number of alcohol-related hospital discharges in Scotland has increased by 271% in the last 15 years. In 2005, 51,599 cases were recorded across the country, compared with 13,890 cases in 1990. Other data showed alcohol-related discharges from hospital were concentrated among the middle-aged, with cirrhosis, acute hepatitis and alcohol liver failure all rising steeply in recent years. Rates of alcoholic liver disease have risen by more than 40% in the past seven years. Economists have estimated that drink costs Scotland more than £1bn a year in health problems, crime and lost productivity.

Shona Robison, SNP health spokeswoman, said the figures highlighted the seriousness of Scotland's drinking. "The problem is growing at an alarming rate, so we need action now to ensure this toll on the nation's health is addressed."

Jack Law, Chief Executive of Alcohol Focus Scotland said "These figures are yet more evidence of Scotland's appalling record on alcohol and underline the need for urgent action to reverse this trend... We await the

publication of an updated Plan for Action on alcohol problems from the Scottish Executive and we hope that the measures contained in the plan will go some way towards tackling alcohol-related harm. As part of this, we need to raise awareness among all age groups that drinking too much can cause serious physical harm and make it easy for people most at risk of developing problems to seek help in controlling their drinking at an early stage."

Following the successful introduction of the smoking ban two months ago, Scottish Ministers have identified alcohol misuse as being Scotland's "next big public health issue". The Scottish Executive is stepping up its health drive, urging parents not to drink in front of young children and telling pub-goers there should be no pressure to stay in a round. Government advisers have suggested that supermarkets introduce separate alcohol-only aisles to make the purchase of wine, spirits and beer less easy. Already up and running in Ireland, proponents argue the system reduces the spontaneous purchasing of alcohol. A ban on children's football shirts sporting logos of alcohol firms is also being considered.

A programme intended to tackle the nation's problem drinking will begin later this summer with a major education campaign. The campaign will start off with TV advertising designed to tackle the peer pressure which ministers claim causes excessive drinking in Scottish society.

The campaign will be followed later this year by the publication of an action plan on alcohol currently being drawn up by Scottish Ministerial Advisory Committee on Alcohol Problems (SMACAP), a body made up of Ministers, public health chiefs and industry leaders. The plan will focus on reducing alcohol consumption among professionals who buy alcohol at supermarkets and drink at home without realising the harm they are doing to their health.

Jack Law, who is a member of SMACAP commented "Scotland's drinking problem is not just about young people getting very drunk, it's about people like you and me having a bit too much just too often for the good of our own health. I don't think people would mind the 'inconvenience' of maybe having to go a few steps more in a shop in order to buy alcohol if it's a part of an attempt to control problem drinking."

Violent Crime Reduction Bill

Home Office Minister Hazel Blears announced on 8th June a comprehensive package of measures in the Violent Crime reduction Bill that will help combat violent crime. It will ensure that police and local communities have the necessary powers to reduce violent crimes involving imitation guns, knives and alcohol in their neighbourhood. "There is increasing public concern around relatively low level crime and anti-social behaviour escalating to more serious offences because people are under the influence of alcohol or carrying weapons. Outlawing the manufacture and sale of imitation firearms, clamping down on binge and underage drinking and ensuring knives are less accessible will help to tackle this," she said.

The Bill will: Introduce Alcohol Disorder Zones (ADZs) which will require licensed premises to contribute to the cost of alcohol-related disorder in specific areas where it has been identified as a problem; exclude individuals responsible for alcohol-related disorder from certain areas and licensed premises by imposing 'Drinking Banning Orders' which could run for up to 2 years; create powers for police to ban the sale of alcohol at licensed premises for up to 48-hours for selling alcohol to under 18's; and provide police with the power to exclude individuals at risk of carrying out alcohol-related disorder from a specific area for up to 48 hours.

Summer drink drive campaign in Wales

All four Welsh police forces have launched a summer crackdown drinking and driving. North Wales Police is the lead force in this summer's anti-drink-drive campaign. Superintendent Geraint Anwyl, head of the force's Operational Support Division, said drivers could expect the likelihood of being stopped by the police during this time to increase. "It is a major concern that in the 2005 campaign 109 (31%) of young drivers between the age of 17 and 25 tested positive for driving whilst under the influence of alcohol or drugs," he said. "Our message to everyone is 'Make this a summer to remember for all the right reasons, not to regret for all the wrong ones'," he added.

UK 'Alcohol in the Workplace' survey

One in six employees in Britain has been under the influence of alcohol at work in the last six months, a study into 'Alcohol in the workplace' by commercial insurer Royal & Sun Alliance (R&SA) has revealed. The study was commissioned to examine the effects of the 24-hour drinking legislation on alcohol in the workplace after six months of the new licensing laws. With up to 25% of accidents in the workplace caused by alcohol, these statistics will be of concern to many employers. Nearly 60,000 employers also attribute the effects of alcohol the next day, on up to 10% of absenteeism, and 54,000 blame up to 10% of workplace under-performance on alcohol.

The research showed that two million working Britons took one or more days off sick due to alcohol-induced illness over the last six months. Whilst both employers and employees did not think the problem has got worse since the introduction of 24-hour drinking in November, there is an ongoing cultural problem in Britain of people drinking alcohol during the working day. 12% of under 30 year

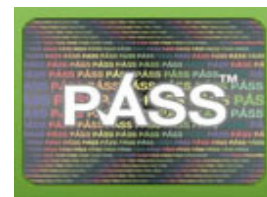
olds have gone absent due to excess alcohol. According to the Health & Safety Executive between 8 to 14 million working days in the UK are lost due to alcohol-related absenteeism.

London (26%), Eastern England (26%) and the South West (24%) have the most employees admitting to drinking during the working day, whereas those working in the northern regions (both North East and North West) drink the least.

The World Cup will bring additional problems for employers: 10% (2.9 million) working Britons will leave work early to watch the football and 5% (1.4 million) will go to the pub to watch the games and then return to work. 2% of employees called in sick during the last World Cup due to a hangover after watching the games.

To minimize loss of working hours, 20% of companies are planning to show the England World Cup matches in the workplace, with 12% arranging to show all of the games in the tournament. 4% of employers will give staff the day off if England win the cup.

PASS launches new website



The Proof of Age Standards Scheme (PASS), launched its website in April in the UK. www.pass-scheme.org.uk offers information on PASS, advice on what to look for in a PASS accredited proof-of-age card, and downloadable Point of Sale material and training information for those who sell age-restricted products such as alcohol, tobacco and lottery tickets. The site also features an application form and the requirements for proof-of-age card issuers who wish to have their schemes PASS accredited, as well as information for young people on to how to apply for a PASS accredited card.

PASS is backed by the Government and is supported by the Association of Chief Police Officers (ACPO) and the Trading Standards Institute (TSI). Over 1.5million PASS accredited cards are already in circulation and a further three new local authority card schemes have recently received PASS accreditation, bringing the number of accredited issuers to almost twenty.

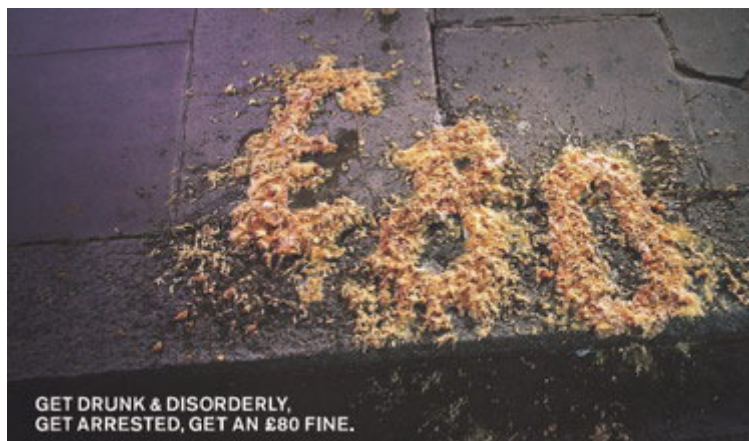
Alcohol misuse enforcement summer campaign

A fourth Alcohol Misuse Enforcement Campaign (AMEC) was launched by the UK Government and the Association of Chief Police Officers (ACPO) to tackle alcohol related disorder running from 8 May to 8 June. The campaign is supposed to highlight issues of concern and to set the tone of acceptable behaviour in regards to alcohol for the summer.

All 43 police forces in England & Wales have signed up to the AMEC, which will reinforce on-going specialist operations, including: using tough new powers in the Licensing Act 2003 to close premises acting irresponsibly; issuing fixed penalty notices for

alcohol related disorder; test purchasing activity to target underage sales; early intervention using CCTV to diffuse potential disorder; and joined up enforcement action against problem retailers and premises. A

poster campaign jointly produced by the Home Office and Association of Chief Police Officers (ACPO), will raise public awareness of the £80 on the spot fines for drunken violent or anti-social behaviour



Mothers of teenage daughters underestimate the occurrence of underage drinking in US

A recent survey commissioned by The Century Council revealed that nearly half of all mothers think underage drinking is acceptable under some circumstances. The survey found that mothers of teenage daughters underestimate the occurrence of underage drinking among their own daughters and misjudge the seriousness of the issue.

Mothers tended to underestimate daughter's experience with alcohol;

- 16% of 13-15 year old girls say they drink with friends, only 5% of their mothers think their daughters are drinking;
- 30% of 16-18 year old girls say they drink with friends, only 9% of their mothers think their daughters are drinking;
- 51% of 19-21 year old girls say they drink with friends and only 32% of their mothers think their daughters are drinking.
- Nearly half (49%) of mothers of teenage girls say it is okay for their daughters to drink;
- 38% of mothers say it is okay for their daughters to drink on special occasions;
- 21% of mothers say it is okay to drink under parental supervision at home;
- 20% of mothers say drinking alcohol is a natural part of growing up.

When asked how serious they thought health risks were for teens that drink, 71% of the girls polled stated that they believe the health risks associated with drinking are serious

In response to this data, The Century Council created 'Girl Talk: Choices and Consequences of Underage Drinking' to improve dialogue among mothers and daughters. Developed in partnership with the Society for Women's Health Research and the National Alcohol Beverage Control Association, Girl Talk will help mothers initiate and sustain conversations about alcohol.

The Century Council has developed a comprehensive programme tailored specifically for mothers and daughters including:

- A website for mothers and daughters with additional information on how to have the underage drinking conversation and links to additional national and local resources related to underage drinking.
www.girlsanddrinking.org
- Booklets for mothers, detailing how to begin the conversation, sustain the conversation and have an impact as well as information explaining the facts about alcohol, and addressing issues such as peer pressure and creative ways to say "no" to alcohol.
- A Blog, hosted by the Society for Women's Health, for mothers and daughters to discuss their experiences and connect with others on this issue.

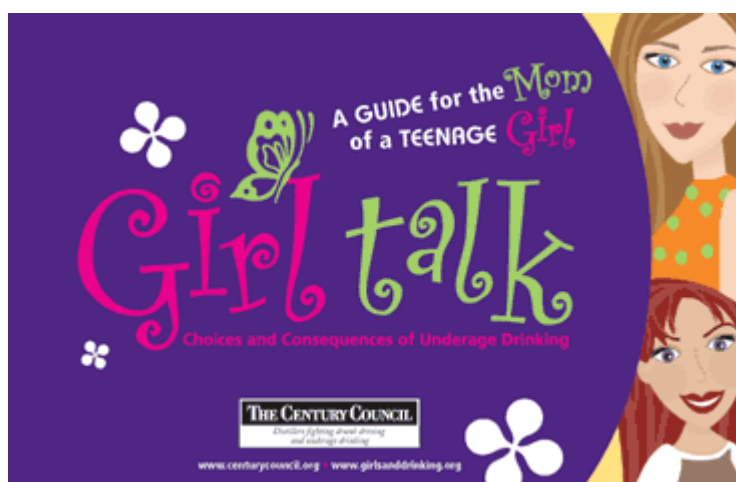
Magazines alcohol ads reach fewer US underage youths

Youth exposure to alcohol advertising in magazines declined 31% from 2001 to 2004. However, largely because of the advertising of a few brands, youth continued to be exposed more per capita than adults of legal age to advertising for beer, distilled spirits and alcopops, according to a report released by the Center on Alcohol Marketing and Youth (CAMY) at Georgetown University.

Titled 'Youth Exposure to Alcohol Advertising in Magazines, 2001 to 2004: Good News, Bad News', the report also found that youth saw 15% more beer advertising, 10% more distilled spirits advertising and 33% more advertising for alcopops per capita than adults age 21 and over in 2004. (These figures are down from 2001 from 52%, 33%, and 63% respectively). 10% of the brands advertising in magazines in 2004 were responsible for more than 50% of youth exposure. Of the 211 alcohol brands advertising in 2004 in magazines reviewed for this report, 22 brands accounted for more than 50% of youth exposure, and about a third of all spending.

In 2004, only 3% of ads, and less than 2% of spending, were in magazines that exceed the alcohol industry's voluntary threshold of 30% youth readerships. Nearly 42% of alcohol ads placed in 2004 were in magazines where the youth audience exceeded 15%, roughly the proportion of youth 12-20 in the general population 12 and above.

The report concludes that independent monitoring of youth exposure to alcohol advertising is having an effect. Trade associations for beer and for distilled spirits companies have issued more detailed guidelines regarding advertising placement, and the Federal Trade Commission has announced plans to solicit information from alcohol companies to assess compliance with the 30% standard.



Ireland Report of the Working Group on Alcohol Misuse

Irish Minister of State Sean Power T.D., welcomed the Report of the Working Group on Alcohol Misuse, 'Working Together to Reduce the Harms Caused by Alcohol Misuse' which was submitted by the Social Partnership Steering Group under Sustaining Progress on May 26th.

The Working Group on Alcohol Misuse was established in July 2005 under the Sustaining Progress Special Initiative on Alcohol and Drugs Misuse. The Group was chaired by Mr Peter Cassells and was comprised of Social Partners and relevant Government Departments and agencies. The aim of the Group was

to agree on a programme of actions to deliver targeted results in relation to underage drinking, binge drinking and drink driving. It concentrated on the potential for effectively mobilising State, social partners and other organisations around a programme of actions that would contribute to a reduction in alcohol misuse.

The Report identifies a number of key areas and actions when combined and delivered through a community mobilisation programme could help tackle the high risk drinking problems of underage drinking, harmful drinking and drink-driving. The four areas are (i) intervention and treatment

(ii) education and awareness (iii) alternative facilities and (iv) compliance and enforcement, and recommends the establishment of a number of pilot community mobilisation projects of this nature. Other recommendations include the development of workplace alcohol misuse policies, the development of a code of practice for the off-trade sector, and recommendations in relation to drink-driving.

The report is available for download at the website of the Department of Health and Children www.dohc.ie/press/releases/2006/20060526a.html.

Steering Group to review alcohol advertising regulations in New Zealand

The Ministry of Health has announced the membership and terms of reference for the steering group charged with reviewing alcohol advertising regulations.

In January Associate Health Minister, Damien O'Connor announced a wide-ranging review of the regulations controlling the advertising of alcohol.

Ashley Bloomfield, the Ministry's Chief Advisor, Public Health says one of the New Zealand Health Strategy's 13 priority population health objectives is based around harm minimisation for alcohol and other drug use. The aim of the review is to assess whether the current regulatory framework is achieving its aim of ensuring that alcohol advertising does

not conflict with the need for responsibility and moderation in alcohol consumption.

"The review will address specific issues with alcohol advertising in New Zealand, including the amount of alcohol industry sponsorship, promotions and advertisements young people are exposed to," he said.

The question of whether improvements can be made within the current voluntary self-regulatory framework or if a different regulatory approach is needed will also be addressed.

The steering group will establish stakeholder reference groups for consultation with community representatives, public health NGOs

and researchers, industry stakeholders and relevant Government and non-Government agencies. It is expected to make final recommendations to the Government in late 2006.

The focus of the Government's alcohol policy is harm minimisation and changing New Zealand's drinking culture to one where bingeing and intoxication are seen as unacceptable. Responsible marketing is seen as one way of achieving this.

The Terms of Reference for the review were approved by Cabinet On 22 May 2006. The panel is due to make final recommendations in December 2006.

For more information go to: www.moh.govt.nz

EU Proposal on 'Low Alcohol' labelling

Claims on drink labels such as 'low fat' or 'low alcohol' will be subject to stringent conditions if an EU proposal recently approved by the European parliament becomes law. The nutritional labelling legislation aims to harmonize rules across Europe, giving consumers accurate information about the food and drink they buy. Considering many food and drink products are specifically marketed as beneficial to health, with claims

ranging from improving digestion to lowering cholesterol, accurate information is important.

The House adopted a legislative report by Adriana Poli Bortone (UEN, IT) on nutrition and health claims made on foods. Agreement was reached between Parliament and the Austrian presidency on food health and nutritional claims. The key idea of the regulation is that there should be clear definitions for claims such as 'low

energy', 'low fat', or 'low alcohol'. Drinks containing over 1.2% of alcohol may not give as their only health claim the descriptions 'reduction of energy content' or 'low alcohol levels'.

In the absence of specific Community rules regarding nutrition claims referring to 'low alcohol levels' or 'the reduction or absence of alcohol' or 'energy content', relevant national rules may apply.

AIM - Alcohol in Moderation was founded in 1991 as an independent organisation whose role is to communicate 'The Sensible Drinking Message' and to act as a conduit for information from the industry, its associations and relevant medical and scientific researchers, legislation, policy and campaigns.

AIM Mission Statement

- To promote the sensible and responsible consumption of alcohol
- To encourage informed debate on alcohol issues
- To communicate and publicise relevant medical and scientific research in a clear and concise format via AIM Digest and the AIM Research Highlights
- To publish information via the 'AIM Gateway to Responsible Drinking and Health' on moderate drinking and health - comprehensively indexed and fully searchable without charge
- To communicate with consumers on responsible drinking and health via www.drinkingandyou.com and via publications based on national government guidelines
- To distribute AIM Digest without charge to the media, legislators and researchers involved in alcohol affairs
- To direct enquiries from the media and others towards full and accurate sources of information.

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Prospective study of alcohol drinking patterns and coronary heart disease in women and men

A recent Danish study sought to determine the association between alcohol drinking patterns and risk of coronary heart disease in women and men.

The authors state that whilst prospective studies have consistently reported a lower risk of coronary heart disease among consumers of moderate alcohol compared with abstainers, few studies have investigated this association by also including various measures of alcohol drinking patterns. From such studies, results consistently imply that the pattern of drinking is important and that steady drinking is more beneficial than drinking in binges. In a recent such study among men, it was suggested that drinking frequency is the primary determinant of the inverse association between alcohol intake and coronary heart disease, and that alcohol intake is less important. Data on the importance of drinking patterns among women are limited and results obtained among men may not apply to women for different reasons. Firstly, sex differences in alcohol pharmacokinetics have been reported,

suggesting that men have more efficient first pass metabolisms than women whereas women may eliminate alcohol faster than men. Secondly, oestrogen has beneficial effects on the cardiovascular system, and studies have suggested that alcohol increases oestrogen levels.

Participants for the study included 28,448 women and 25,052 men aged 50-65 who were free of coronary heart disease at entry to the study. Information was gathered from a food frequency questionnaire that established total alcohol consumption and drinking frequency for each participant. Participants were categorised by drinking frequency. During follow-up after 5 years, 749 women and 1283 men developed coronary heart disease.

For men an inverse association was found between drinking frequency and risk of coronary heart disease across the entire range of drinking frequencies. Hazard ratios were 0.93 (0.75 to 1.16) for drinking on one day a week, 0.78 (0.66 to 0.94) for 2-4 days a week, 0.71 (0.57 to 0.87) for five or

six days a week, and 0.59 (0.48 to 0.71) for seven days a week.

The study found that women who drank alcohol on at least one day a week had a lower risk of coronary heart disease than women who drank alcohol on less than one day a week. However, risks were similar for drinking on one day a week (36% reduced risk), or seven days a week (35% reduced risk). Among women drinking on 2-4 days a week the hazard ratio was 0.78 (0.63 to 0.97) for 1-6 drinks a week, 0.74 (0.57 to 0.96) for 7-13 drinks a week, and 0.27 (0.13 to 0.58) for 14 or more drinks a week.

The researchers conclude that among women alcohol intake may be the primary determinant of the inverse association between drinking alcohol and risk of coronary heart disease whereas among men, drinking frequency, not alcohol intake, seems more important.

Source: Prospective study of alcohol drinking patterns and coronary heart disease in women and men *BMJ* Volume 332, pp 1244-7

Risk attitudes and consequences of college drinking

Researchers at Kansas State University lead by Steve Benton have found that males tend to be greater risk takers when it comes to alcohol, while women tend to use more protective strategies

“My belief is that we have to face the fact that a certain percentage of college students will drink,” Steve Benton said. “So, what can we do to reduce the likelihood of them getting into trouble?”

The researchers looked at how risk, along with other factors, influence the way people behave. “Students who tend to have attitudes that make them greater risk takers are more likely to get into trouble when drinking...Even when controlling the amount of

alcohol, it's not how much you drink that affects the amount of trouble, but how risky you are,” Benton comments. Student who drink more heavily also are more likely to experience harm from their drinking if they have high-risk attitudes.

“We know that males tend to be heavier drinkers than females,” Steve Benton said. “The more you drink, the more you get into trouble. We found that the protective strategies are especially beneficial to male students, because they drink more than females, as well as to students who have six or more drinks.”

Strategies recommended by Benton in order to avoid trouble at parties, include being aware of their

behaviour and how much they're drinking; pacing their drinking over several hours; limiting their number of drinks, using self-protective strategies; limiting money spent on alcohol, drinking only with friends; pouring their own drinks and having low-risk attitudes. Even students who have more than six drinks are less likely to experience harm if they practice self-protective strategies, Steve Benton said.

The next stage of the study is to determine the right way to communicate about drinking issues.

The researchers' paper has been accepted for publication in the *Journal of Studies on Alcohol*.

Addiction relapse literature reviewed

Two research teams at the University at Buffalo's Research Institute on Addictions recently reported on relapse to addictive behavior.

Thomas H. Nochajski and Paul R. Stasiewicz reviewed driving under the influence research hoping to identify a new focus for research, treatment, the legal system and policymakers by reviewing the data on DUI (driving under the influence) relapse, the characteristics of first-time and repeat DUI offenders, as well as studies that evaluated the impact of legal sanctions and rehabilitation programmes on subsequent DUI behavior.

They found that research and treatment that relied on only one or two characteristics of offenders to explain DUI relapse - driving characteristics, age, socioeconomic status - did not offer a sufficient understanding of or response to the diversity of people convicted of repeat DUIs. "Due to the heterogeneity of the offender population," Nochajski advised, "we suggest that researchers and clinicians identify subgroups - people with certain drinking characteristics, depression, coping skills, attitudes about drinking and drugs, and other sub-issues of drinking or drugging - that may play a part in high-risk for relapse. This way prevention and intervention programmes can be targeted to those different subgroups and issues." For example, DUI offenders with less severe alcohol problems seem to have

better outcomes with a brief intervention focused on reducing the individual's risk of DUI relapse rather than with a formal substance abuse programme that works better with heavy-drinking problems.

Nochajski and Stasiewicz suggest there is a need for greater integration of criminal justice and rehabilitation approaches that focus on reducing DUI relapse. Research shows that greater reductions in DUI recidivism are realised when legal sanctions and rehabilitation programmes are combined. Multiple-layered treatment of intervention and follow-up also show better outcomes. DUI courts have been more successful when they require evaluations of offenders. When researchers and local and state legal jurisdictions forge strong working relationships, policies and procedures are initiated that greatly reduce DUI relapse

KS Walitzer investigated relapse to alcohol and drug use following treatment, among men and women. Differences were noted between genders, and between alcohol use and drug use. Although alcohol relapse rates were similar for both men and women, women appeared less likely to experience relapse to drug abuse while men appeared more likely to relapse to drug abuse.

Marriage played a different role in alcohol relapse for men and women. Alcoholic women appeared to be put at risk for relapse by marriage, marital

stress and conflict. They appeared more vulnerable to marital issues and interpersonal conflict. Women also are more likely to begin drinking again when with a romantic partner or with a male or female friend. In contrast, alcoholic men appear to be protected from relapse by marriage in that it lowers their risk of returning to alcohol use. Men may, in fact, be more likely to relapse when they are alone. Men are also more likely to be in a good mood or positive emotional state when they start drinking again as compared to women who return to drink from a negative emotional state.

Women may find a reason to drink with a partner who shares in the same heavy-drinking behaviour. Men who are alcoholic are more often married to women who drink very little or not at all. Walitzer and Dearing's review found that treatment provided to women in alcohol and drug programmes is successful in addressing their needs. However, women experience more barriers to entering treatment, as the primary caregivers of children or other family members. Thus, women do not always have outside support that can free them to enter a treatment program.

Source: Nochajski, T. H., & Stasiewicz, P. R. (2006). Relapse to driving under the influence: A review. *Clinical Psychology Review: Special Issue: Relapse in the Addictive Behaviors*, 2, 179-195.

Walitzer KS et al. Gender differences in alcohol and substance use relapse. *Clinical Psychology Review* 2006;26:128-48.

Drinking or playing? Men's health and masculinity

A recent psychological study by the University of Sussex made up of in-depth interviews with thirty-one 18-21 year olds in inner London, investigates what young men consider to be masculine behaviour and how this affects their health. Dr Richard de Visser, lead researcher on study 'Young Men, Masculinity and Health' explains: "What is really interesting about the study, is the idea of using one type of typically masculine behaviour to compensate for another. For example, men who are not confident in their sporting abilities may try and make up for this by drinking excessively."

The project calls for greater understanding of attitudes to masculinity in health promotion. "It seems that many young men aspire to an idea of masculinity that includes emotional and physical toughness, being the bread-winner, confidence in risk-taking and sexual confidence. A variety of behaviours, some that have a positive impact on health, some that have a negative, are employed to develop and demonstrate such masculine identities" says Dr de Visser.

"these findings may be able to have an impact on the growing levels of anti-social behaviour such as binge-

drinking, violence and illicit drug-use. Young men could be encouraged to develop a competence in a healthy typically male area such as football - to resist social pressures to engage in unhealthy masculine behaviours," he added.

The study forms part of an ongoing investigation into masculine identities by the Department of Psychology at the University of Sussex and full findings are due to be published in the *Psychology and Health* and the *Journal of Health Psychology* later this year.

Beer ingredient may fight prostate cancer

A main ingredient in beer may help prevent prostate cancer and enlargement, according to a new study. The ingredient is currently present in very small amounts.

Oregon State University researchers say the compound xanthohumol, found in hops, inhibits a specific protein in the cells along the surface of the prostate gland. The protein acts like a signal switch that turns on a variety of animal and human cancers, including prostate cancer. Cancer typically results from uncontrolled cell reproduction and growth. Xanthohumol belongs to a group of plant compounds called flavonoids, which can trigger the programmed cell death that controls growth, researchers say.

Xanthohumol was first discovered in hops in 1913, but its health effects were not known until about 10 years ago, when it was first studied by Fred Stevens, assistant professor of medicinal chemistry at OSU's College of Pharmacy. Last fall, Stevens published an update on xanthohumol in the journal *Phytochemistry* that drew international attention. Stevens says it possible for drug companies to develop pills containing concentrated doses of the flavonoid found in the hops used to brew beer. He also says researchers could work to increase the xanthohumol content of hops.

There are already a number of food supplements on the market containing hops, and scientists in Germany have developed a beer that contains 10 times the amount of xanthohumol as traditional brews. The drink is being marketed as a healthy beer, but research is still under way to determine if it has any effect against cancer.

Source: Colgate EC et al. Xanthohumol, a prenylflavonoid derived from hops induces apoptosis and inhibits NF-kappaB activation in prostate epithelial cells. *Cancer Lett* 2006.

Type of mixer in spirits affects alcohol absorption

The volume of alcohol ingested and how it is mixed with other beverages can affect the health of the gastrointestinal (GI) system according to two papers presented at Digestive Disease Week® 2006 (DDW). DDW is the largest international gathering of physicians, researchers and academics in the fields of gastroenterology, hepatology, endoscopy and gastrointestinal surgery.

Chris Rayner, lead author of the study 'Artificially Sweetened, Compared to Regular Mixers, Accelerate Gastric Emptying and the Rate of Alcohol Absorption' explained that when alcohol is mixed with beverages such as orange juice or soda, the rate of alcohol absorption into the blood stream depends not only on the individual, but also the "mixer."

Researchers at the Royal Adelaide Hospital in Australia analysed alcoholic beverages mixed with diet or regular soda (with sucrose) to determine the rate of gastric emptying and blood alcohol response. They found that alcohol combined with sugar-free mixers were processed through the stomach and entered the blood stream much more quickly than alcohol with regular mixers.

Participants were monitored to track the rate at which vodka with different mixers emptied from the stomach and their subsequent blood alcohol concentration (BAC) levels. From this study, the team discovered that the substitution of artificial sweeteners for sucrose in mixed alcoholic beverages might have a substantial effect on the rate of gastric emptying and the blood alcohol response. The time to empty half of the diet drink from the stomach was 21 minutes, compared to regular drinks that took 36 minutes for the same degree of emptying. Peak blood alcohol concentrations were substantially greater with diet drinks at an average of 0.05 percent, while regular drinks measured at 0.03 percent BAC.

Gregory Austin of the university of North Carolina and lead researcher of

'Moderate Alcohol Consumption Protects Against Colorectal Adenomas' examined effects of alcohol consumption on the risk of colorectal adenomas (polyps) and found that moderate amounts of alcohol may have a protective effect against colorectal adenomas, a potential precursor to colorectal cancer.

To evaluate risk factors for colorectal adenomas, researchers implemented a case-control study of 725 eligible patients - 203 case and 522 controls. After undergoing a colonoscopy, participants were divided into five groups based on the average number of alcoholic drinks consumed per week: 1) 0 drinks per week; 2) >0 and <2 drinks per week; 3) 2 to <7 drinks per week (moderate drinkers); 4) 7 to <14 drinks per week; and 5) = 14 drinks per week. The results were adjusted for the effects age, gender, body mass index (BMI), and use of non-steroidal anti-inflammatory medications, race, and smoking status.

When compared to non-drinkers and heavy drinkers, moderate drinkers (between >0 and <2 and 2 to <7 drinks per week) had the lowest adjusted probability of having an adenoma. Using moderate drinkers (>0 and <2 drinks per week) as the reference group, researchers found that non-drinkers were 41% more likely to have a colorectal adenoma. Patients consuming 7 to 14 drinks per week were 65% more likely to have an adenoma, and those consuming more than 14 drinks per week were two and a half times more likely to have an adenoma.

"Consuming alcohol within a moderate limit may be beneficial to the colon, but we cannot assume that the rate of alcohol consumption is the only factor," said Gregory Austin. "It is vital that researchers take a broader approach into understanding the development of colorectal adenomas and the range of effects that various lifestyle choices or habits may have."

For more information visit <http://www.ddw.org/>

Associations between the age at diagnosis and location of colorectal cancer and the use of alcohol and tobacco

Another study examining factors in the development of colorectal cancer found alcohol use, tobacco use and male gender are associated with an earlier onset of colorectal cancer and also with location of tumours, findings that could have important implications for screening

Colorectal cancer is the second leading cause of cancer deaths in the US, according to background information in the article. Screening asymptomatic patients is an important strategy for reducing these deaths, because by the time patients experience symptoms, the cancer may have progressed beyond the point where it can be cured. Screening methods include flexible sigmoidoscopy, which involves inserting a flexible optical instrument through the rectum into the lower portion of the large intestine, and colonoscopy, which involves inserting a longer flexible optical instrument through the rectum and into the entire colon, is more expensive, has higher complication rates and usually is performed by a gastroenterologist or surgeon rather than a primary care physician.

Anna L. Zisman, M.D., and colleagues examined the records of 161,172 patients with colorectal cancer to assess whether certain risk factors, alcohol

and tobacco use, should also be considered in screening decisions. They analysed the relationship between use of these substances and age of onset of colon cancer as well as location of onset—distal or proximal colon. Distal tumours, including those in the lower left part of the colon and the rectum, can generally be detected by flexible sigmoidoscopy, while proximal tumours in the right side of the colon can be missed by methods other than colonoscopy.

Patients who were classified as alcohol or tobacco users, defined as those who had smoked or drank alcohol in the previous year, developed cancer at a younger age than non-drinkers and non-smokers. Current alcohol and tobacco users developed cancer an average of 7.8 years earlier (age 63.2 years in women and 62.1 years in men) than those who had never drank or smoked. Those who had never smoked but drank or who had never drank but smoked were each an average of 5.2 years younger at cancer diagnosis than those who neither smoked nor drank. Individuals who stopped drinking one year or more prior to the study and had never smoked developed cancer an average of 2.1 years earlier than those who had never drank or smoked. The effect of

smoking appeared to be particularly large for women; women who smoke but never drank developed cancer 6.3 years younger than those who never drank or smoked, compared with 3.7 years in men. In addition, current alcohol and tobacco consumption was associated with an increased likelihood of distal colorectal cancer, although women in all categories were less likely to have distal cancer than men.

These findings suggest that individuals who smoke and drink should undergo screening for colorectal cancer beginning at a younger age, the authors write. In addition, women who do not smoke or drink may be more prone to proximal cancers and might therefore want to consider undergoing colonoscopy instead of flexible sigmoidoscopy. **“In the future, we envision the development of risk scores with exogenous (e.g., alcohol and tobacco use, age, body mass index, diet and calcium consumption) and hereditary factors to tailor an individual’s colorectal cancer screening programme,”** they conclude.

Source: Zisman AL et al. Associations Between the Age at Diagnosis and Location of Colorectal Cancer and the Use of Alcohol and Tobacco: Implications for Screening. *Arch Intern Med* 2006;166:629-34.

**The 3rd International
Conference on Alcohol
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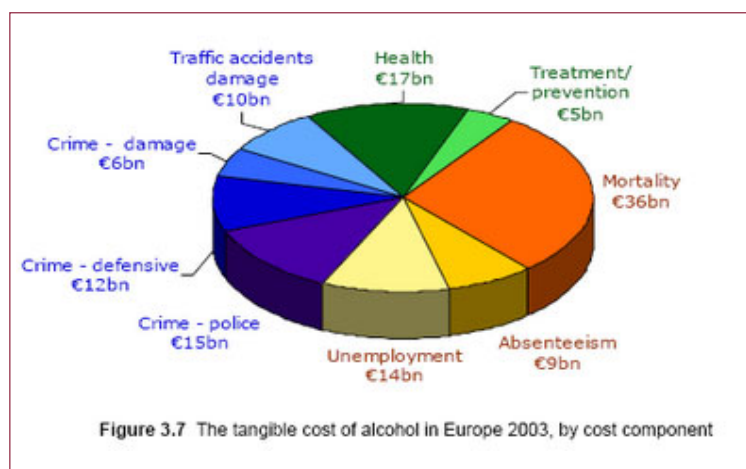
www.q4q.nl/alcohol4/home.htm

Alcohol - one perspective on Europe - (continued from front page)

The report discusses the problem of smuggling alcohol within the EU, but recognising that legitimate cross border shopping is a much bigger issue between Denmark and Sweden for example or the UK and France. Hence the report calls for more equality of taxes across Europe.

The economic contribution of excise duties from the EU15 member states is stated to be 25 billion Euros a year, and 850,000 are employed in drinks production (excluding retail, on trade, shippers, marketers etc – a total of 2 and a half million according to TAG) – but the report then states ‘that trends in alcohol consumption show no crude correlation with trends in the number of jobs in associated areas such as hotels, restaurants and bars, suggesting that the effect of changes in consumption may be relatively weak.’ A reduction in spending on alcohol would also be expected to free consumer funds to be spent in other areas’ claim the authors.

The statistical analysis leading to ‘the tangible cost of alcohol to society’ at 125 billion Euros in 2003 is less clear - ‘equivalent to 1.3% GDP, which is roughly the same as tobacco’. 59 billion is accounted for by lost productivity and working years. The authors calculate that alcohol is responsible for 7.4% of ill health and early death in the EU, behind only tobacco and high blood pressure.



The report recognises, however, that although Europe is still the heaviest drinking region of the world, consumption has fallen from a peak of 15 litres in mid 1970's to 11 litres at present within the EU15. The IAS study estimates there are 55 million abstainers in the EU15 – 15% of adults. Half of the alcohol consumed is beer (44%), wine 34% and spirits 23%). The disease burden due to alcohol within the new EU10³, predominantly from Eastern Europe is discussed to some degree with an estimate of extra deaths, but more research and action is needed here. Interestingly, lower socio-economic classes are more likely to be teetotal, but also more likely to become dependent on alcohol.

Drinking to drunkenness varies across Europe, hardly existing in Italy for example, or amongst French women, but the EU average for getting drunk, according to the authors is five times a year. The report calls for a more uniform definition of binge drinking so that effective

comparisons can be made between member states – calling for a well-funded coordinating body at EU level.

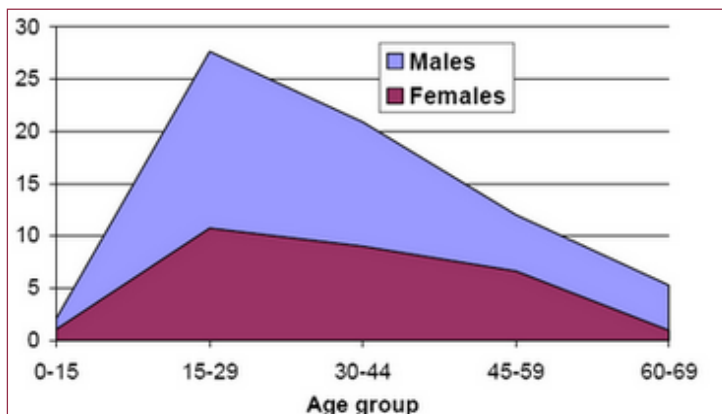
Across Europe, 90% of 15 and 16 year olds have tried alcohol, with the average age of a first drink being 12.5 years, an important point to take on board for school curriculum. The average age for ‘getting drunk’ according to the report is just 14 – an important area to be addressed. In general boys get drunk more often and drink more than girls, although in Ireland and the UK girls are drinking more and getting drunk more often. Recent trends ‘are more ambivalent’ according to IAS, and signs are beginning to show slight reductions. The report calls for a minimum drinking age across Europe of 18 and restrictions on alcohol advertising as they ‘glamorise’ alcoholic drinks. It also calls for a European curriculum on alcohol education.

The impact of alcohol on individuals

The report largely agrees that moderate alcohol consumption brings benefit (as well as enjoyment) to consumers, taking two 10g drinks a day as ‘the lowest risk’

The report states: ‘Apart from being a drug of dependence, alcohol is a cause of some 60 different types of diseases and conditions, including injuries, mental and behavioural disorders, gastrointestinal conditions, cancers, cardiovascular diseases, immunological disorders, lung diseases, skeletal and muscular diseases, reproductive disorders and pre-natal harm, the higher the alcohol consumption, the greater the risk. A small dose of alcohol consumption reduces the risk of coronary heart disease. Most of the reduction in risk can be achieved by an average of 10g of alcohol every other day. Beyond 20g of alcohol a day – the level of consumption with the lowest risk – the risk of coronary disease increases. It is alcohol that mainly reduces the risk of heart disease rather than specific beverage type. Alcohol in low doses might reduce the risk of vascular caused dementia, gallstones and diabetes. There are health benefits for heavier drinker from reducing or stopping alcohol consumption. Even for chronic diseases such as liver cirrhosis and depression, reducing or stopping alcohol consumption is associated with rapid improvements in health’.

‘Alcohol is responsible for about 195,000 deaths each year in the EU, although it is also estimated to delay 160,00 deaths in older people’. However, the IAS then appears to undermine this analysis by measuring the impact of alcohol through disability adjusted life years (DALY's) suggesting that alcohol ‘is responsible’ for 12% of male and 2% of female premature death and disability, after accounting for health benefits’. This calculation is then used to rank alcohol as the third highest (after tobacco and high blood pressure) of twenty six factors for ill health in the EU - ahead of obesity. The health impact is across a wide range of conditions including road traffic deaths, accidental deaths, murders and manslaughter, suicides, cirrhosis, depression and cancer. It is unclear whether alcohol is considered as a contributing factor or as fully accountable for these deaths.



The share of deaths attributable to alcohol in EU citizens younger than age 70 years (year 2000). Source: GBD data (Rehm 2005).

It is clear that young people shoulder a disproportionate amount of the premature death linked to alcohol, with its implication in accidental death and driving fatalities, especially among young men. The report suggests a lower BAC level for young drivers.

Encouragingly low percentages of students report 'social harm' due to drinking according to the report at EU level, with 6% of 15 -16 year olds reporting fights and 4% unprotected sex due to their drinking.

The harms associated with excess alcohol consumption are then discussed, including alcohol related crime, injury, missed working days, drink driving and dependency. The report claims alcohol is linked to 7 million fights a year and crime costs 33 billion (including the cost of police, courts and prisons). It also discusses the harm done to people other than the drinker, including underweight births (rather than fetal alcohol syndrome) and an estimated 16% of child abuse and neglect.

The report contains 52 recommendations on issues that it believes will impact on reducing alcohol consumption across Europe, including recommendations to restrict availability of alcohol, the advertising of alcohol and a firm recommendation to raise a 10% tax in order to fund alcohol treatment programmes. Further more it is recommended that the EU should have a harmonised BAC level of .5g/l - in spite of the UK having the lowest drink drive fatalities in Europe with a BAC level of .8g/l

The key issue that the report raises in its recommendations for more control policies, is should the EU be aiming to reduce overall consumption in terms of litres of pure alcohol consumed per capita, or address the agreed areas of necessary action, which include drink drive, better recognition and treatment of dependency at primary care level, preventing underage purchase and reducing the crime and disorder associated with drunkenness for example?

This report estimates that a one-litre decrease in consumption would decrease total mortality in men by 1% in Southern and central Europe and 3% in Northern Europe. The report fails to draw on the evidence in countries such as Italy and France where per capita consumption has dropped significantly (by 30-40 percent) since the 1980's to substantiate this claim. The report does call for more consistency of methodology of research in

Europe and for a EU level alcohol research and statistical collecting body. The report fails to call for a 'standard drink' within Europe, however, although 10g is referred to, neither is there a EU level 'daily drinking guideline' proposal although countries such as Ireland do not have government guidelines. The report calls for health warnings on back labels however although admitting that consumers pay little attention to them.

Drink drive recommendations

The report endorses random breath testing and lower BAC levels for young drivers, yet dismisses effective designated driver initiatives. 'The limited evidence does not find an impact from designated driver and safe driver programmes'. Yet US evidence, suggests that designated driver programmes have helped lower drink driving fatalities by 41% since 1982 (US Department of Transportation) with 112 Million Americans have been a designated driver or have been driven by one.

Regulating the alcohol market

It is stated as fact, that if alcohol taxes were raised by 10% in the EU15, then over 9000 deaths would be prevented during the following year'. A detailed analysis of EU members with higher taxation levels, such as Ireland and the UK is not assessed however, who have some of the highest levels of binge drinking amongst young populations in Europe, suggesting price is not a determining factor in levels of drinking.

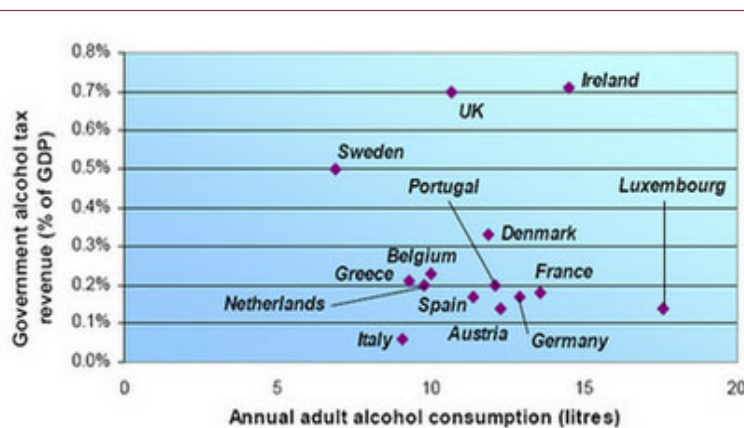


Figure 3.3 Alcohol consumption and alcohol tax revenue in the EU15. Source: Eurostat, cited by COM (2004) 223.

Similarly, it is stated as fact that if the opening hours for the sale of alcohol are extended, the more violent harm results. The limited evidence available from the UK recently extended opening hours shows evidence contrary to this statement, suggesting that effective enforcement of laws aimed at preventing anti social behaviour and punishing irresponsible premises are far more effective at reducing alcohol related crime, underage sales, violence and accidents than a restrictive trading environment.

Advertising

The report suggests self-regulation by the industry is ineffective and that the restriction of the volume and content of alcoholic products is likely to reduce the positive

image of alcohol amongst young people. The report in its 'comprehensive European wide package of effective programmes' says an 'advertising ban' is desirable with 'an incremental long term development of no advertising on TV and cinema, no sponsorship and limitation of messages and images only referring to the quality of the product'.

The overall strictness of alcohol policy ranges from 5.5 in Greece, to 17.7 in Norway with an average of 10.8. The least strict policies are in Southern and parts of central and Eastern Europe – and the highest in Northern Europe, with a high score in France. The correlation of strictness of policy and alcohol related harm could be assessed further – as in some instances the stricter policy does not equate to reduced levels of harm, whereas effective enforcement of existing policy can an example is Britain's drink drive record in comparison with France.

Brief advice is recommended for primary care settings and is to be commended.

The report draws attention to the important issues that just under half the EU countries do not have an alcohol action plan or coordinating body for alcohol but all countries have some form of drink driving framework.

An important statement in the report is as follows

'The beverage alcohol and related industries have a particular role to play in the implementation of alcohol policies and programmes. This can include providing server training, and monitoring to all involved in the alcohol sales chain to ensure responsibility in adhering to the law and in reducing the risk of sequential harmful consequences of intoxication, harmful patterns of drinking and the risk of drinking and driving ensuring that the full marketing process (product development, pricing, market segmentation and targeting advertising and promotional campaigns and physical availability does not promote an alcoholic product by any means that directly appeals to minors. Undertaking impact assessments on the health and social environment of their actions and providing public statements and reports on how all of the above have been implemented'.

Much of the report is sound with some sensible recommendations, however some speculative figures are presented as 'fact', just as other research and programmes are dismissed. Some of the solutions at European level, such as a blanket 10% tax to fund a reduction in alcohol related harm and a desired advertising ban makes the report controversial reading for many.

The European Federation of responsible drinking, speaking on behalf of its industry members comments : 'EFRD does not believe that restrictions on alcohol advertising, as called for in the report, are an effective way to reduce harmful drinking behaviour. Nevertheless, the drinks industry is since long committed to Responsible Marketing through codes of conducts that sets out clear, independently monitored guidelines on alcohol marketing.

This report is only one contribution in the consultation process. As a stakeholder of the Commission in its dialogue on alcohol policy, EFRD believes any successful public policy on alcohol needs to reflect the fact that a majority of adults, who choose to drink, do so responsibly. Any proposed solutions must target harm and not alcohol per se'.

¹EU25:- all countries in EU10 and EU15

²EU15: Austria, Belgium, Denmark, France, Finland, Germany, Greece, Ireland, Italy, Luxembourg, Netherlands, Portugal, Spain, Sweden, United Kingdom.

³EU10: Cyprus, the Czech Republic, Estonia, Hungary, Latvia, Lithuania, Malta, Poland, Slovakia and Slovenia.

The full report can be found at: http://ec.europa.eu/health-eu/news_alcoholineurope_en.htm

The comments of the Peer review Group, on the accuracy of research and important omissions can be read via: http://ec.europa.eu/health-eu/news_alcoholineurope_en.htm

For more information contact Helena Conibear via Helena.Conibear@aim-digest.com

The 52 main recommendations include:

Alcohol Information

- > A uniform EU definition of alcohol beverages should be reached.
- > A European infrastructure should be established and financed to undertake collaborative cross-country alcohol research, and to review and disseminate all major alcohol research.
- > A European database of alcohol-related laws, regulations and policies should be established.
- > A European Alcohol Monitoring Centre should be established and financed.

Strategies and Action Plans

- > An adequately staffed European 'mechanism' within the Commission to oversee alcohol policy.
- > Action plans on alcohol with clear objectives, strategies and targets
- > A 'predictable' funding system with resources to reduce alcohol related harm. The desirability of a hypothecated alcohol tax should be considered.
- > There should be awareness-raising campaigns and initiatives, including regular reports on alcohol for a wide public audience.

Drinking and driving recommendations

> A maximum blood alcohol concentration (BAC) limit of 0.5g/L throughout Europe, and a lower limit of 0.2g/L for young drivers and drivers of public service and heavy goods vehicles.

> Unrestricted powers to breath test using standardised equipment.

> EU wide penalties, graded according to BAC level.

> Driver education, rehabilitation and treatment schemes throughout Europe

> A Europe-wide campaign to reduce drinking and driving

> Training for the hospitality industry and services of alcohol to reduce the risk of drinking and driving

> Comprehensive community-based programmes, including urban planning and public transport initiatives to reduce drinking and driving

Education and public awareness

> Educational programmes should not be used in isolation, but to reinforce awareness and prepare the ground for specific interventions and policy changes.

> Broad educational programmes should be used to inform young people of the consequences of alcohol consumption.

> Media campaigns should be used to inform and raise awareness of policy initiatives.

Consumer labelling

> Containers of alcoholic product should carry warnings determined by health bodies, describing the harmful effects of alcohol when driving or operating machinery and during pregnancy or other messages as appropriate.

> Alcohol packaging and labelling should not promote an alcoholic product by any means that are likely to create an erroneous impression about its characteristics or health effects or that directly or indirectly appeals to minors.

Regulation of the alcohol market

“Standardised excise duties are a longstanding goal of the EU.”

> Minimum tax rates for all alcoholic beverages (from 0.05%) should be set and increased in line with inflation and proportional to the alcoholic content. A 10% increase in the price of alcohol across the EU15 Member States is estimated to bring in approximately E13 billion in extra alcohol taxes in the first year.

> Member states should retain the flexibility to use taxes to deal with specific problems that may arise, such as “those products that prove to be appealing to young people”.

> Alcohol products should be marked to estimate the value of the amount of alcohol smuggled into and within the EU.

> Member States should have the flexibility to limit individual cross-border purchases so as not to diminish the impact of the current tax policies.

Restrictions on the availability of alcohol

> Licensing standards covering the number, density, location and permitted hours of alcohol outlets should be implemented throughout Europe.

> There should be a minimum purchase age set at 18, unless national law sets it higher.

> A range of increasingly severe penalties against sellers and distributors, including licence revocation, should be implemented in order to ensure compliance.

Drinking environments

> Policies on planning, transport, licensing etc should be considered to minimise negative effects of alcohol consumption on residents in the vicinity of outlets.

> Effective server training

> Effective Policing and enforcement

> Stakeholder projects should be encouraged to help create safe drinking environments and to reduce the harm done by alcohol.

Brief interventions to reduce hazardous consumption

> Integrated evidence-based guidelines for brief advice for hazardous and harmful alcohol consumption should be developed and implemented in different settings upwardly to harmonise the quality and accessibility care.

Training and support programmes to deliver brief advice for hazardous and harmful alcohol consumption should be developed and implemented in different settings upwardly to harmonise the skills of primary care providers.

Resources should be made available to ensure the widespread availability and accessibility of identification and advice programmes for hazardous and harmful alcohol consumption and alcohol dependence.

Industry role

> providing server training to ensure responsibility in adhering to the law, and in reducing the risk of subsequent harmful consequences of intoxication, harmful patterns of drinking and the risk of drinking and driving;

> ensuring that the full marketing process (product development, pricing, market segmentation and targeting, advertising and promotion campaigns, and physical availability) does not promote an alcohol product by any means that directly appeals to minors;

> undertaking assessments on the impact of their actions on health and the social environment; and

> providing public statements and reports on how all of the above have been implemented.

Binge Britain - Alcohol and the National response by Martin and Moira Plant

reviewed by Helena Conibear



Binge Britain - Alcohol and the National response, written by husband and wife team Martin and Moira Plant, Professors of Addiction and Alcohol Studies at The University of West of England have attempted to pin down definitions, the historical context causes consequences, and solutions to 'bingeing' in Britain.

The first hurdle of defining a binge is tackled, as it varies from a 'bender', or prolonged drinking spree to sessions of drinking leading to intoxication. In the UK, government guidelines define a binge as 'twice the UK daily guidelines' or more, that is 4 to 6 units of 8g for women or 6-8 units or more for men. The authors prefer 'heavy episodic drinking' as a definition.

The history of alcohol in society is written in detail, tracing its roots to Neolithic settlements 7000 years ago. The book puts a large onus on William of Orange in the 1690's and the Distilling Act in favour of Dutch produced Gin for the demise of beer, cider, mead and ale as a food and medicine to the Hogarthian scenes of debauchery and 'mothers ruin', particularly in industrialised areas. The history of Temperance movements are traced as is the increasing regulation of opening hours under Lloyd George who claimed in 1915 that 'drink is doing more damage in this war than all the German submarines put together'. History is carried through to the present day, with Blair describing binge drinking as 'the new British Disease'.

Habits and trends are covered in detail with the most startling trend being young women overtaking young men in the percentage drinking five or more drinks at a time three or more times in the last month. Motives for drinking are largely positive - for fun and relaxation primarily. The subject as to why women are drinking more is analysed as is heavy drinking per se.

Heavy drinkers are more likely to be smokers and users of other drugs, 26% of UK adults smoke, a high proportion are from single parent low income families. Or headed by an unemployed adult. The ESPAD study on teenage alcohol use, found UK parents are less likely to know where their teenagers are than most European countries. On average the number of underage drinkers is not increasing, but the amount they are drinking is (10-11 units per week in 2004).

The important issue of the mono culture of giant pubs and clubs in British regenerated towns and cities is held as largely responsible for producing drinking zones of one age group that have fostered and exacerbated anti social behaviour and a binge drinking culture as well as 'wars between premises with irresponsible promotions and marketing practises to bring customers through the door'.

The book looks at examples of bad practise, models of good practice and concludes with a chapter on proposed future directions. These include discussions as to the effectiveness of alcohol education, health promotion and labelling, the importance of law enforcement (rather than new laws, action at community level. There are recommendations for outlets and thorny subjects such as restricting access to alcohol for young people and taxation are discussed drawing on international example.

The book concludes 'It is possible for the UK constituent parts to adopt alcohol policies that are evidence based, rational and effective. The dream of a relaxed peaceful café society may not be Utopian, provided our elected politicians have the wisdom and courage to introduce and sustain effective policies. These could neutralise the power of vested interests, transform the drinking environment and reclaim our town and city streets'

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