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THE GLOBE

**"alcohol is clearly one of the
most carcinogenic products
in common use"**

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Alcohol and Cancer in the spotlight

Studies in Europe and Australia confirm alcohol as a cause of cancer, but role of moderate drinking controversial

Almost one in ten (9.6%) cancers in men and 3% of cancers in women in Western Europe are caused by former and current alcohol consumption, according to a paper published in the *British Medical Journal*. Another analysis, from the new Cancer Council of Australia, published in the *Medical Journal of Australia*, shows the level of cancer incidence caused by alcohol in Australia is higher than previously believed, with one in five breast cancers being linked to alcohol. The Cancer Council concludes that “alcohol is clearly one of the most carcinogenic products in common use” and, like the main author of the European study, recommends abstinence from alcohol to reduce the risk of cancer. However, critics of the European study argue that its results actually show that moderate drinking plays only a relatively small role in cancer, and that most of the cases of cancer attributable to alcohol arise from levels of consumption in excess of recommended ‘sensible limits’.

Cancer in Australia

The new analysis shows the level of cancer incidence caused by alcohol in Australia is higher than previously thought, with more than 5000 new cases each year linked to long-term drinking. Applying the latest international data to Australia, the analysis estimated that 22 % of the nation’s breast cancer cases were

linked to alcohol consumption. It also factored in new evidence linking alcohol to bowel cancer in men.

The Cancer Council of Australia has now published a position statement on alcohol and cancer which recommends abstinence from alcohol in order to reduce the risk of cancer. The main recommendations on alcohol use are:

Alcoholic drinks and ethanol are carcinogenic to humans. There is no evidence that there is a safe threshold of alcohol consumption for avoiding cancer, or that cancer risk varies between the type of alcoholic beverage consumed.

Cancer Council recommends that, to reduce their risk of cancer, people limit their consumption of alcohol, or better still avoid alcohol altogether. For individuals who choose to drink alcohol, consumption should occur within the Australian National Health and Medical Research Council (NHMRC) guidelines.

The Chief Executive Officer of Cancer Council Australia, and a co-author of the analysis, Professor Ian Olver, said community awareness of the links between alcohol and cancer should be raised so people could make more informed lifestyle choices to help minimise their cancer risk.



Professor Ian Olver

“We have known for some time that alcohol is a major risk factor for breast cancer, but only by applying international data to Australian drinking patterns were we able to estimate that more than one in five cases here are linked to alcohol,” Professor Olver said. “Factor in the new evidence on bowel cancer in men and the established links to cancers of the mouth, pharynx, larynx, oesophagus and liver, and alcohol is clearly one of the most carcinogenic products in common use.”

Professor Olver said the impact on breast cancer was a particular concern, as there were few other steps women could take to minimise their risk. “A lot of effort goes into raising breast cancer awareness, but how many Australian women are aware that reducing alcohol consumption is one of the best ways to reduce their breast cancer risk?” he

Cancer Council Position Statement

Key messages and recommendations

- Alcohol use is a cause of cancer. Any level of alcohol consumption increases the risk of developing an alcohol-related cancer; the level of risk increases in line with the level of consumption.
- It is estimated that 5,070 cases of cancer (or 5% of all cancers) are attributable to long-term, chronic use of alcohol each year in Australia.
- There is convincing evidence that alcohol use increases the risk of cancers of the mouth, pharynx, larynx, oesophagus, bowel (in men) and breast (in women), and probable evidence that it increases the risk of bowel cancer (in women) and liver cancer. (Convincing and probable are the highest levels of evidence as determined by the World Cancer Research Fund and American Institute for Cancer Research and denote that the relationship is causal or probably causal in nature).
- Together, smoking and alcohol have a synergistic effect on cancer risk, meaning the combined effects of use are significantly greater than the sum of individual risks.
- Alcohol use may contribute to weight (fat) gain, and greater body fatness is a convincing cause of cancers of the oesophagus, pancreas, bowel, endometrium, kidney and breast (in post-menopausal women).
- Cancer Council recommends that to reduce their risk of cancer, people limit their consumption of alcohol, or better still avoid alcohol altogether.
- For individuals who choose to drink alcohol, Cancer Council recommends that they drink only within the National Health and Medical Research Council (NHMRC) guidelines for alcohol consumption.

said. Professor Olver said the dose-response relationship meant the risk of alcohol-related cancer increased with every drink consumed. “The more alcohol you consume over time, the higher your risk of developing an alcohol-related cancer. So if individuals do choose to drink, our advice is to do so in accordance with the National Health and Medical Research Council guidelines, which recommend no more than two standard drinks a day.”

Alcohol and Cancer in Europe

The figures for cancers caused by alcohol in Europe are based on risk estimates from the European Prospective Investigation into Cancer (EPIC) Study and representative alcohol consumption data compiled by the World Health Organization (WHO). The study focuses on France, Italy, Spain, United Kingdom, the Netherlands, Greece, Germany and Denmark. In the EPIC Study 363,988 men

and women, mostly aged between 35 and 70 years at the time of recruitment were followed for cancer since the mid 1990s. The participants completed a detailed questionnaire on diet and lifestyle at entry into the study. Alcohol consumption was measured by specific questions on the amount, frequency and type of beverage that was consumed at present and in the past.

According to the International Agency for Research on Cancer (IARC) of the WHO, there is a causal link between alcohol consumption and cancers of the liver, female breast, colorectum, and upper digestive tract. However, data had not been available on the number of cancer cases linked to total alcohol consumption or the proportion of cases caused by alcohol consumption beyond the recommended upper limit.

The authors, led by Madlen Schütze at the German Institute of Human Nutrition in Potsdam-Rehbruecke, argue that a substantial proportion (40% to 98%) of the alcohol-attributable cancers occurred in individuals who drank more than the recommended guidelines on upper limits of two standard drinks a day in men and one standard drink a day in women. (In this study, a standard drink is defined as containing 12g alcohol and is equivalent to a 125ml glass of wine or a half pint of beer).

The study calculated that in 2008, current and former alcohol consumption by men was responsible for about 57,600 cases of cancer of the upper digestive tract, colorectum, and liver in Denmark, Greece, Germany, Italy, Spain, and Great

Britain. Over half of these cases (33,000) were caused by drinking more than two alcoholic drinks per day.

Alcohol consumption by women in the eight countries caused about 21,500 cases of upper digestive tract, liver, colorectum, and breast cancer, of which over 80% (17,400) was due to consumption of more than one drink of beer, wine, or spirits per day. "Our data show that many cancer cases could have been avoided if alcohol consumption is limited to two alcoholic drinks per day in men and one alcoholic drink per day in women, which are the recommendations of many health organisations", says Madlen Schütze, first author of the study and epidemiologist at the German Institute of Human Nutrition in Potsdam-Rehbruecke. "And even more cancer cases would be prevented if people reduced their alcohol

intake to below recommended guidelines or stopped drinking alcohol at all."

However, critics of the study accused the authors of downplaying the major finding that the principal link discovered was between heavy drinking and cancer, and of ignoring the alleged protective effect of alcohol in relation to cardiovascular disease. One, Professor Giovanni de Gaetano, Catholic University, Campobasso, Italy, concluded:

"The paper's conclusion is that only 10% of total cancer in men and 3% in women are attributable to alcohol consumption; however, the proportion of this that is attributable to 'moderate drinking' is very much smaller. This is especially the case for the truly 'alcohol-attributable' cancers such as upper aero-digestive cancers and liver cancer,

where the risk is appreciably increased only for very heavy drinkers and alcoholics. The authors' conclusion that these data support the efforts to reduce alcohol consumption in order to reduce the incidence of cancer is formally correct. However, as moderate alcohol consumption reduces cardiovascular disease and - what is more relevant - total mortality, their conclusion that one should totally abstain from alcohol is not justified based on current scientific data. Further, the authors surprisingly conclude that 'alcohol consumption should not be recommended to prevent cardiovascular disease or all-cause mortality.' They should more correctly say that heavy alcohol consumption should be avoided as it is associated not only with cancer incidence increase but also with increased fatal and non-fatal cardiovascular events and total mortality."

Alcohol and cancer - the forgotten link

Cancer is the second most common cause of death in Europe, with around 2.5 million EU citizens diagnosed yearly. As many as 30% of cancers can be prevented if we make healthier lifestyle choices.

The European Week Against Cancer (25 to 31 May), has been re-launched under the leadership of the Association of European Cancer Leagues (<http://my.eurocare.org/sites/all/modules/civircrm/extern/url.php?u=490&qid=25467>) as one of the activities in the European Partnership for Action Against Cancer. Each year, EWAC will promote the

European Code Against Cancer (<http://my.eurocare.org/sites/all/modules/civircrm/extern/url.php?u=491&qid=25467>) and this year it is highlighting the crucial role healthy lifestyles can play in preventing cancer.

10% of cancers in men and 3% of cancers in women can be attributed to drinking alcohol. The first conclusive links between alcohol and cancer were established back in 1987, yet 25 years later only 36% of EU citizens are aware of this link. The 2010 Eurobarometer report (<http://my.eurocare.org/sites/all/modules/civircrm/extern/url.php?u=492&qid=25467>) found

that 1 in 5 European citizens do not believe that there is a connection between alcohol and cancer and 1 in 10 do not know about the link.

Mariann Skar, Eurocare Secretary General, commented: "The lack of knowledge of the risks associated with alcohol consumption is alarming. We all need to raise awareness that alcohol contributes to the development of cancers. It is our right as consumers to know about the side effects that alcohol can cause to our health. Health warning labels on alcoholic beverages would be a first step to raise awareness at a population level".

New WHO report: deaths from noncommunicable diseases on the rise, with developing world hit hardest

Noncommunicable diseases a two-punch blow to development

Noncommunicable diseases are the leading killer today and are on the increase, the first WHO *Global status report on noncommunicable diseases* (NCDs) confirms. In 2008, 36.1 million people died from conditions such as heart disease, strokes, chronic lung diseases, cancers and diabetes. Nearly 80% of these deaths occurred in low- and middle-income countries.

Noncommunicable diseases a two-punch blow to development

“The rise of chronic noncommunicable diseases presents an enormous challenge,” says WHO Director-General Dr Margaret Chan, who launched the report during the WHO Global Forum on addressing the challenge of noncommunicable diseases, held in Moscow, the Russian Federation. “For some countries, it is no exaggeration to describe the situation as an impending disaster; a disaster for

health, for society, and most of all for national economies.”

Dr Chan added: “Chronic noncommunicable diseases deliver a two-punch blow to development. They cause billions of dollars in losses of national income, and they push millions of people below the poverty line, each and every year.”

Millions of deaths can be prevented

But millions of deaths can be prevented by stronger implementation of measures that exist today. These include policies that promote government-wide action against NCDs: stronger anti-tobacco controls and promoting healthier diets, physical activity, and reducing harmful use of alcohol; along with improving people’s access to essential health care.

The *Global status report on NCDs* provides global, regional and country-specific statistics, evidence, and experiences needed to launch a more forceful response to the growing threat posed by chronic noncommunicable diseases. It provides a baseline to chart future NCD trends and responses in countries, including in terms of its socioeconomic impacts. The report provides advice and recommendations for all countries and pays special attention to conditions in low-

and middle-income countries which are hardest hit by NCDs.

Cardiovascular diseases account for most NCD deaths, or 17 million people annually, followed by cancer (7.6 million), respiratory disease (4.2 million), and diabetes (1.3 million). These four groups of diseases account for around 80% of all NCD deaths, and share four common risk factors:

- tobacco use
- physical inactivity
- the harmful use of alcohol and
- poor diets.

Not just a problem of affluent societies

“About 30% of people dying from NCDs in low- and middle-income countries are aged under 60 years and are in their most productive period of life. These premature deaths are all the more tragic because they are largely preventable,” says Dr Ala Alwan, WHO Assistant Director-General for Noncommunicable Diseases and Mental Health. “This is a great loss, not just at an individual level, but also profoundly affect the family and a country’s workforce. For the millions struggling with poverty, a vicious circle ensues. Poverty contributes to NCDs and NCDs contribute to poverty. Unless the epidemic of NCDs is aggressively confronted, the global goal of reducing poverty will be difficult to achieve.



Dr Margaret Chan
WHO Director-General



Dr Ala Alwan, WHO Assistant Director-General for Noncommunicable Diseases and Mental Health

NCDs killed 63% of people who died worldwide in 2008. This equals 36 million and nearly 80% of these NCD deaths - equivalent to 29 million people - occurred in low- and middle-income countries, dispelling the myth that such conditions are mainly a problem of affluent societies. Without action, the

NCD epidemic is projected to kill 52 million people annually by 2030.

Country-by-country estimates of the NCDs

The WHO report provides country-by-country estimates of the NCD epidemics and their risk factors, the challenges blocking many countries from taking effective action, and measures that can save millions of lives and reduce spiralling health-care costs.

Such measures include implementing the WHO Framework Convention on Tobacco Control, such as raising taxes on tobacco, banning tobacco advertising and legislating to curb smoking in public places. Other measures include reducing levels of salt in foods, stopping the inappropriate marketing of unhealthy food

and non-alcoholic beverages to children, and controls on harmful alcohol use.

An action plan

This new report is a key component of the 2008-2013 Action Plan for the implementation of the WHO Global Strategy on the Prevention and Control of Noncommunicable Diseases.

This Action Plan was endorsed by the 2008 World Health Assembly. It provides countries with a roadmap for taking action against NCDs, including raising the priority of NCD control, improving disease surveillance, enabling governments to take comprehensive action against the diseases, and protecting countries, particularly developing, from the burden of the epidemic.

Countries endorse a resolution on noncommunicable diseases at the World Health Assembly

Countries have unanimously endorsed the World Health Assembly resolution on the World Health Organization's preparations for the United Nations General Assembly high-level meeting on the prevention and control of noncommunicable diseases (NCDs), which is being held in September 2011.

The World Health Assembly resolution (agenda item 13.12) recognized WHO's leading role as the primary specialized agency for health and reaffirmed its leadership in promoting global action against NCDs. Some 47

countries and 16 representatives of intergovernmental and civil society organizations spoke on the resolution on 21 May 2011. The resolution urges Member States to prepare for the UN General Assembly High-level Meeting on noncommunicable diseases and to be represented at head of state and government level. The resolution called countries to address the NCD challenge through an action-oriented outcome document.

The resolution also urged the WHO Director-General to work together with the wide range of

UN and non-UN stakeholders to address the NCD challenges and highlight the social, economic and financial impacts of the diseases, particularly in developing countries.

NCDs, primarily heart and lung diseases, cancers and diabetes, are the world's leading killers today, according to the WHO Global status report on noncommunicable diseases. In 2008, 36.1 million people died from such diseases, including 9 million dying prematurely before the age of 60. Some 8 million of these premature deaths occurred

in low- and middle-income countries.

But millions of deaths can be prevented by stronger implementation of measures that exist today. These measures include policies that promote government-wide action against NCDs: stronger anti-tobacco controls and promotion of

healthier diets, physical activity, and reduction of the harmful use of alcohol, along with improving people's access to essential health care.

Before the WHA, WHO has collaborated with countries worldwide to stage six regional consultations on NCDs and to prepare for the UN high-level

meeting, as well as organizing the First Global Ministerial Conference on Healthy Lifestyles and NCD Control, which was hosted by the Russian Federation in Moscow in late April 2011.

Is the cardio-protective action of alcohol a myth?

The idea that moderate drinking is 'good for the heart' has become deeply entrenched. However, a new French study lends further support to the idea that the allegedly protective effect of alcohol on the cardiovascular system may be more appearance than reality. While it is not disputed that in many, particularly Western, populations, middle aged and elderly people who drink moderately have a lower risk of dying from heart disease than either total abstainers or heavy drinkers, the new study adds weight to the view that the real explanation of this pattern is not that alcohol is protective, but simply that the average health

status of people who drink low or moderate amounts of alcohol is better than that of tee-totalers.

In the study, published in the *European Journal of Clinical Nutrition*, Boris Hansel and colleagues studied 149,773 people from the Urban Paris-Ile-de-France Cohort and split them into four groups; never, low, moderate and high alcohol intake. The low and moderate groups of both males and females displayed a more favourable health status than the groups that never drank or drank large amounts. Moderate male drinkers were more likely to have lower cardiovascular risk, heart rate, stress, depression and body mass index. They also scored higher with subjective health measures such as respiratory function and physical activity. Similar trends were seen in moderate female drinkers who had lower blood pressure and waist circumference. Importantly, the findings showed moderate alcohol consumption is a powerful general indicator of optimal social status and this could be a key reason for improved health in these subjects.

For both genders, alcohol intake was strongly associated with increased concentrations of High Density Lipoprotein (HDL) in the blood plasma. However, it could not be shown that the influence of alcohol on HDL had a cardio-protective effect and the authors stress these results cannot be taken as evidence of alcohol providing cardiovascular protection.

European Journal of Clinical Nutrition 64, 561-568 (June 2010) doi:10.1038/ejcn.2010.61
Relationship between alcohol intake, health and social status and cardiovascular risk factors in the urban Paris-Ile-De-France Cohort: is the cardioprotective action of alcohol a myth?

B Hansel, F Thomas, B Pannier, K Bean, A Kontush, M J Chapman, L Guize and E Bruckert



Dr Boris Hansel

Teaching responsible drinking 'doesn't work'

Allowing adolescents to drink alcohol under adult supervision does not appear to teach responsible drinking as teens get older. In fact, such a 'harm-minimization' approach may actually lead to more drinking and alcohol-related consequences, according to a new study in the May 2011 issue of the *Journal of Studies on Alcohol and Drugs*.

"Kids need parents to be parents and not drinking buddies," according to the study's lead researcher, Barbara J. McMorris, Ph.D., of the School of Nursing at the University of Minnesota. Allowing adolescents to drink with adults present but not when unsupervised may send mixed signals. "Adults need to be clear about what messages they are sending."

In general, parents tend to take one of two approaches toward teen drinking. Some allow their adolescent children to consume alcohol in small amounts on occasion if an adult is present. The thinking is that teens will learn to drink responsibly if introduced to alcohol slowly in a controlled environment. This has been the predominant approach in many countries, including Australia.

A second approach is one of 'zero tolerance' for youth drinking, meaning that teens

should not be allowed to drink alcohol under any circumstances. This less permissive position is predominant in the United States, with local laws and national policies often advocating total abstinence for adolescents.

To test how these different approaches are related to teen drinking, McMorris and colleagues from the Centre for Adolescent Health in Melbourne, Australia, and the Social Development Research Group in Seattle surveyed more than 1,900 seventh graders. About half were from Victoria, Australia; the rest were from Washington State.

From seventh to ninth grade, investigators asked the youths about such factors as alcohol use, problems they had as a result of alcohol consumption, and how often they had consumed alcohol with an adult present.

By eighth grade, about 67% of Victorian youths had consumed alcohol with an adult present, as had 35% of those in Washington State, reflecting general cultural attitudes. In ninth grade, 36% of Australian teens compared with 21% of American teens had experienced alcohol-related consequences, such as not being able to stop drinking, getting into fights, or having blackouts. However, regardless of whether they were from Australia or the

United States, youths who were allowed to drink with an adult present had increased levels of alcohol use and were more likely to have experienced harmful consequences by the ninth grade.

The researchers suggest that allowing adolescents to drink with adults present may act to encourage alcohol consumption. According to the authors, their results suggest that parents adopt a 'no-use' policy for young adolescents. "Kids need black and white messages early on," says McMorris. "Such messages will help reinforce limits as teens get older and opportunities to drink increase."

In a related study in the May issue of *JSAD*, researchers from The Netherlands found that, among 500 12- to -15-year olds, the only parenting factor related to adolescent drinking was the amount of alcohol available in the home. In fact, the amount of alcohol parents themselves drank was not a factor in adolescent drinking. These results suggest that parents should only keep alcohol where it is inaccessible to teens. In addition, parents should 'set strict rules regarding alcohol use, particularly when a total absence of alcoholic drinks at home is not feasible,' according to lead researcher Regina van den Eijnden, Ph.D., of Utrecht University in the Netherlands.

Experts Say Alcohol Harm

“Both studies show that parents matter,” McMorris concludes. “Despite the fact that peers and friends become important influences as adolescents get older, parents still have a big impact.”

The study by McMorris and colleagues was funded by the National Institute on Drug Abuse and the National Institute on Alcohol Abuse and Alcoholism. The research by van den Eijnden and colleagues was funded by The Netherlands Institute for Health Promotion and Disease Prevention.

Available at: www.jsad.com

McMorris, B. J.,
Catalano, R. F.,
Kim, M. J.,
Toumbourou, J. W., & Hemphill,
S. A.
(May 2011). Influence of Family Factors and Supervised Alcohol Use on Adolescent Alcohol Use and Harms: Similarities Between Youth in Different Alcohol Policy Contexts. *Journal of Studies on Alcohol and Drugs*, 72(3), 418-428.

Available at: www.jsad.com/jsad/link/72/418

van den Eijnden, R.,
van de Mheen, D.,
Vet, R., & Vermulst, A.
(May 2011). Alcohol-Specific Parenting and Adolescents’ Alcohol-Related Problems: The Interacting Role of Alcohol Availability at Home and Parental Rules. *Journal of Studies on Alcohol and Drugs*, 72(3), 408-417.

Available at: www.jsad.com/jsad/link/72/408

Efforts by alcoholic beverage makers to boost sales by appealing to younger drinkers contribute to drinking patterns that are harmful to health, said experts at a panel discussion on ‘Alcohol, Chronic Non-communicable Diseases and Public Health,’ held at the Pan American Health Organization (PAHO).

While alcoholic beverage makers say their advertisements are aimed only at consumers who are at or over the legal purchase age, research shows that viewing of alcohol advertisements by underage youths has increased by nearly 70 percent over the past decade, said David Jernigan, Associate Professor at the Johns Hopkins Bloomberg School of Public Health.

In addition, some of the fastest-selling categories of alcoholic beverages - such as ‘alcopops,’ alcohol energy drinks, and whipped cream alcohol drinks -

are purchased disproportionately by younger drinkers. Some of these drinks contain the equivalent of as much as five servings of alcohol in a single can. At the same time, younger drinkers are much more likely than older drinkers to consume large quantities of alcohol over short periods of time, a pattern that significantly increases the risk of injuries and ill health effects.

“Young people in the U.S. are not drinking a glass of wine with their parents at dinner,” said Jernigan. “They are drinking to become intoxicated.”

Jernigan was one of five experts who participated in the panel discussion, which focused on alcohol marketing, patterns of consumption, alcohol-related health problems, and public health action to mitigate alcohol’s harmful effects, with emphasis on noncommunicable diseases in the Americas. In the Americas as a region, alcohol consumption is on average more than 50% higher than worldwide consumption, and the prevailing pattern is irregular heavy drinking - the most harmful type of consumption, said Jurgen Rehm of the Centre for Addiction and Mental Health in Toronto, Canada. These patterns cancel out the protective effects that moderate drinking can have on heart disease, said Rehm.



Associate Professor David Jernigan

Alcohol Marketing Encourages Harmful Drinking



Dr Jurgen Rehm

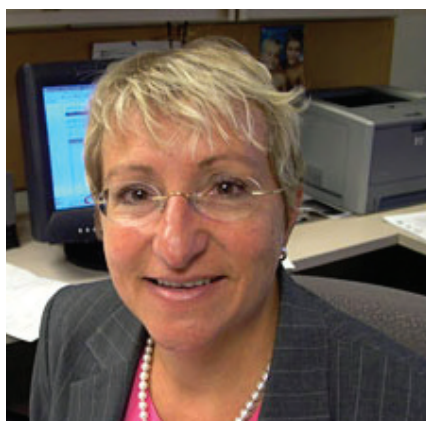
As a result of harmful consumption patterns, alcohol is now the Americas' number-one risk factor for the total burden of disease - including cancers, stroke, heart disease, diabetes, liver cirrhosis and pancreatitis - and the fifth-leading cause of premature death across all age and sex groups, said Maristela Monteiro, PAHO senior advisor on alcohol and substance abuse. The globalization of alcohol production and marketing have contributed to steady increases in alcohol consumption in the Americas, along with the fact that few countries in Latin America have strong policies on sales and marketing of alcohol, she said.

Compounding the effects of alcohol consumption on chronic disease is the fact that people who consume alcohol are less likely to comply with medically recommended treatment for chronic conditions, said Patrice Vaeth, Assistant Professor at the University of Texas School

of Public Health. Her study of Mexican-Americans with diabetes in the U.S. - Mexico border area found that alcohol consumption was associated with non-adherence to diabetes prevention practices including daily glucose self-monitoring and yearly medical check-ups.

To mitigate the negative health impacts of alcohol consumption, public health practitioners have been developing policies and tools aimed at reducing consumption and improving treatment. Among the most effective of these are controls on marketing and availability of alcohol and, in the health sector, screening and 'brief interventions' incorporated into primary healthcare services, said Thomas Babor, Professor of Community Medicine and Public Health at the University of Connecticut Medical School. These interventions allow physicians to identify patients at risk of harmful alcohol use and

to advise those patients to reduce consumption or refer them to specialized care.



Dr Maristela Monteiro

Health organizations rebut the ‘seven key messages of the alcohol industry’

What are described as the seven key messages of the alcohol industry have been directly challenged in a new publication issued by EUCAM, the European Centre for Monitoring Alcohol Marketing, on behalf of eleven temperance and alcohol control organisations in Europe and the USA.

The seven messages of the industry, that are illustrated in the leaflet by examples from various countries, are:

- Consuming alcohol is normal, common, healthy and very responsible.
- The damage done by alcohol is caused by a small group of deviants who cannot handle alcohol.
- Normal adult non-drinkers do not, in fact, exist.
- Alcohol is not a harmful and addictive chemical substance.
- Alcohol problems can only be solved when all parties work together.
- Alcohol marketing is not harmful. It is simply intended to assist the consumer in selecting a certain product or brand.
- Education about responsible use is the best method to protect society from alcohol problems.

The intention of the leaflet is to inform health professionals and

alcohol control activists about the attempts made by the alcohol industry to influence alcohol policy globally, and to arm them against the industry’s methods to prevent effective policies from being implemented. EUCAM says that for politicians and health experts it is important that they reveal to the public the subversive messaging of the alcohol industry and do not fall prey to the industry’s half-truths - or worse - outright lies. It is essential that experts have the best possible information about the harmful effects of alcohol consumption. The alcohol industry tries to prevent the information about the harmful consequences of consumption from becoming public by purposefully ignoring or denying the important and harmful effects of drinking. The result is that too often a highly glamorized and positive image is conveyed to consumers in many societies.

EUCAM says that the alcohol industry resists legal restrictions on its activities, and that, globally, the industry opposes measures such as the increase of excise-duties, the introduction of minimum prices for alcohol, raising the minimum age for buying alcoholic beverages, restricting the number of outlets, putting warning labels on products and restricting advertising. But, the leaflet says, it



is these measures that can achieve a reduction of alcohol use and a decline in harm caused by the use of alcohol. The industry does not object to educational initiatives, because this is mainly ineffective and does not threaten profits but benefits the public image of the industry.

EUCAM accuses governments of failure to take effective action in the face of a major world threat to health. Recently the World Health Organization announced that alcohol use worldwide takes 2.5 million human lives each year. According to the WHO, alcohol is the third biggest risk factor for premature mortality and the loss of healthy life years. In Europe, where alcohol ranks as the second most important risk factor, each year 320,000 young people between the age of 15 and 29 die from alcohol-related

causes, resulting in 9% of all deaths in that age group.

The result, EUCAM concludes, is that the influence of the alcohol industry costs lives. The alcohol industry has been effective in preventing the implementation of essential evidence-based policy changes. For example, research from Sheffield University in the UK, on the effect that the introduction of a minimum price for alcohol would have in England and Scotland, indicates that this measure could reduce harmful drinking. Harmful drinkers not only drink a lot of alcohol, they also drink relatively cheap alcohol. Minimum pricing has hardly any effect on the cost to moderate drinkers, but each

year a minimum price for alcohol would prevent many deaths, thousands of hospitalizations and many absent days from work. And yet, while minimum pricing is considered a ‘win-win’ measure, the alcohol industry in 2010 successfully aborted the introduction of a minimum price for alcohol in Scotland, through the intensive lobbying of politicians.

The leaflet invites readers to send in examples of objectionable industry lobbying practices.

The organisations supporting the EUCAM initiative are:

Addiction Info Switzerland
AV-OG-TIL (Norway)

Boozerebellion; Friends of Temperance (Finland)
Deutsche Hauptstelle für Suchtfragen (Germany)
Dutch Institute for Alcohol Policy –STAP- (The Netherlands)
Eurocare Italia (Italy)
IOGT-NTO Sweden
Landsraadet (Denmark)
Marin Institute –San Rafael (USA)
State Agency for Prevention of Alcohol-Related Problems (PARPA; Poland)
Vereniging voor Alcohol en andere Drugsproblemen (VAD België)

Alcohol advertisements challenged in Sweden

IOGT-NTO, the Swedish temperance organisation, has sent a complaint concerning 32 companies who have broadcast or produced alcohol advertisements targeting a Swedish audience, to the Swedish Consumer Agency and the Swedish Broadcasting Authority. The list includes, among others, Carlsberg Sweden, TV3 and Kanal 5.

TV Alcohol advertising is not allowed in Sweden, but since 2003 a number of TV channels have circumvented the Swedish Alcohol Act by broadcasting from the UK. However, the legality of this manoeuvre has not been tested.

Speaking for IOGT-NTO, Sara Heine said that there was obviously a problem that a number of companies were ignoring the Swedish legislation. IOGT-NTO is now demanding that the Swedish Consumer Agency determines whether the television companies and the alcohol advertisers are acting in violation of the Swedish Alcohol Act when they broadcast from another country but are clearly targeting the Swedish population.

“Alcohol marketing on television is illegal. It increases the consumption among youth and it has little or no support among the Swedish population. The only ones to benefit are the producers

of alcohol and advertisements”, said Sara Heine.

IOGT-NTO says that research shows that alcohol marketing increases the likelihood that children and adolescents will start to use alcohol, and drink more if they are already drinking.

The University of Gothenburg in Sweden recently undertook a survey of twelve countries, which showed the proportion of alcohol advertising that was broadcast during the time of day when children were most likely to be watching TV. Despite the supposed ban, Sweden topped the list.

UK GOVERNMENT PROPOSES DEAL WITH INDUSTRY TO TACKLE ALCOHOL HARM

IAS and other leading health organisations walk away from ‘Responsibility Deal’ talks

The IAS, along with several other leading members of the UK health community, has refused to sign up to a new government initiative the Public Health Responsibility Deal for Alcohol (RDA).

The RDA forms part of a wider Public Health Responsibility Deal, which is a partnership between Government, industry and health organisations. The Deal has four networks, covering food, physical activity, alcohol, and health in the workplace. The Department of Health states that in these four areas “there may be opportunities to work more effectively in partnership than through top-down Government intervention”.

Each Responsibility Deal network has developed a series of ‘pledges’, which are voluntary commitments to be delivered by industry. The alcohol pledges cover product labelling, workplace alcohol policies, unit information at point of sale, education programmes and voluntary marketing codes. The RDA pledges are not based on evidence of what works, and were largely written by Government and industry officials before the health community was invited to join the proceedings.

The IAS, Alcohol Concern, the British Association for the

Study of the Liver, the British Liver Trust, the British Medical Association and the Royal College of Physicians have written to the Secretary of State for Health expressing their deep concerns about this approach to tackling the problem of alcohol harm. Their inability to sign up to the Deal is outlined below.

- The overall RDA policy objective is to ‘foster a culture of responsible drinking’. This does not adequately address the need to reduce alcohol-related mortality and morbidity
- The RDA drinks industry pledges are not specific or measurable and have no evidence of success
- The RDA process has prioritised industry views and not considered alternative pledges put forward by the health community
- The scope of the RDA is extremely limited. It does not tackle issues of affordability, availability or promotion of alcohol, and focuses on voluntary interventions with no evidence of effectiveness
- There is no evidence that we have seen to show that Government is working towards a comprehensive, cross-departmental strategy to reduce alcohol harm, based on

evidence of what works, with rigorous evaluation metrics

- There has been no commitment made on what alternative actions Government will take if the RDA pledges do not significantly reduce levels of alcohol-related harm



Katherine Brown

Katherine Brown, Head of Research and Communications at IAS, comments:

“We cannot endorse a process in which the alcohol industry is invited to co-create and self-regulate health policy. There is clearly a conflict of interest between industry economic objectives and public health goals of reducing alcohol consumption and associated harms.”

The IAS will remain as independent observers and monitors of this process, whilst putting pressure on Government to develop a comprehensive, evidence-based, cross-departmental alcohol strategy with rigorous evaluation metrics.

Problem Drinking During Adolescence may not be just a phase

There is a widespread belief that excessive or problematic drinking during adolescence, while hardly, by definition, without risk, should not be a cause of a societal over-reaction because it is only a temporary phase. The belief, shared by many adolescents and young people themselves, is that drinking too much in youth is a rite of passage, and that young people naturally grow out of it as they get older.

Now, however, an American study of Finnish twins shows that this complacent belief may not be quite as well founded as many suppose.

The Rutgers Alcohol Problem Index (RAPI) is widely used to assess adolescent drinking-related problems, and in this study the researchers used adolescent RAPI scores to examine diagnoses of alcohol dependence during young adulthood.

The key finding was that the more drinking-related problems an adolescent experienced by age 18, the greater the likelihood that the adolescent would be diagnosed with alcoholism seven years later, at age 25. That predictive association was stronger in females than males, and was confirmed in within-family comparisons of co-twins who differed in their age 18 RAPI scores. The analysis of co-twins ruled out factors such as

parental drinking and household atmosphere as the source of the association, because twins jointly experience these.

“RAPI is a self-report questionnaire on the frequency with which an adolescent has experienced 23 consequences of drinking alcohol, such as getting into a fight with a friend or family member, in the preceding 18 months,” explained Richard J. Rose, Professor Emeritus in psychology and brain science at Indiana University, Bloomington, Indiana, USA. “This is the first study in which adolescent RAPI scores were used to predict later diagnoses of alcoholism. And it is the first study of pairs of twin brothers and sisters who differ in their RAPI scores to ask whether these co-twins later differ, as expected, in alcohol outcomes. They do.”

“It might seem silly to even question the existence of a direct



Professor Emeritus Richard Rose

pathway from problem drinking to alcohol dependence in that alcohol dependence is clearly the culmination of an escalating pattern of heavy and problem drinking,” noted Matt McGue, a Professor in the Department of Psychology at the University of Minnesota. “The issue here though is whether drinking in adolescence carries particular weight in the development of alcohol dependence in adulthood. That is, adolescents, because of social factors or because their brains are still developing, may be especially susceptible to the effects of heavy drinking.”

Rose and his colleagues assessed 597 Finnish twins (300 male, 297 female) at age 18 with RAPI, and later interviewed them at age 25 with the Semi-Structured Assessment of the Genetics of Alcoholism to assess alcohol abuse and dependence diagnoses.

“Certainly RAPI is predictive of later risk of alcohol dependence,” said McGue. “This means that RAPI can be used to identify a group of late-adolescents who are at high risk for developing alcohol dependence.”

However, he added, this may not reflect so much a direct causal effect of adolescent drinking as it does that individuals who transgress social norms in adolescence by drinking heavily may be those same individuals



Professor Matt McGue

who transgress social norms in adulthood by drinking abusively.

“In this alternative conceptualization, the major risk factor is thought to be behavioral disinhibition,” said McGue. “The innovation in this study is that the authors were able to confirm the association of adolescent drinking with alcohol dependence within twin pairs. Since twins tend to have similar levels of behavioral disinhibition, showing that the heavy drinking twin was more likely to be alcohol dependent in

part controls for the confounding with behavioral disinhibition.

“Furthermore,” he added, “we do not really know why some with high RAPI scores did not become alcohol dependent and conversely why some with low scores did. It will be important in future research to investigate whether factors such as behavioral disinhibition can help account for these discrepancies.”

Rose said these findings have important implications for clinicians. “The first step in intervention is to identify those at elevated risk,” he said. “Screening for drinking-related problems in adolescence may reliably identify many of those at elevated risk for development of alcoholism, and a self-report instrument such as RAPI offers an efficient approach for such screening. Our results suggest that RAPI is not only an efficient screening assessment; it is an effective one, now shown to be predictive of diagnosed alcohol outcomes.”

“While this association may not seem surprising,” said Rose, “the strength of the association, in females as well as in males, and in co-twins who differ in drinking but share their childhood environments and half or all of their segregating genes, was of surprise.”

“I would say for sure that heavy drinking in adolescence is a real danger sign, regardless of whatever the causal mechanisms are,” added McGue. “Heavy drinking in adolescence is an indication that preventive intervention is warranted.”

Danielle M. Dick, Fazil Aliev, Richard Viken, Jaakko Kaprio and Richard J. Rose. (May 2011). Rutgers alcohol problem index scores at age 18 predict alcohol dependence diagnoses seven years later. *Alcoholism: Clinical and Experimental Research (ACER)*. 35(5): 1011-1014.

Binge Drinking impairs students' ability to Learn New Verbal Information

Binge drinking is prevalent among university students. Now, a Spanish study of the association between binge drinking and declarative memory - a form of long-term memory - in university students has found a link between binge drinking and poorer verbal declarative memory. The explanation relates to a brain structure particularly sensitive to alcohol's neurotoxicity during development, the hippocampus, which plays a key role in learning and memory.

“In northern European countries, there is a strong tradition of a sporadic, drunkenness-orientated, drinking style,” explained María Parada, a postdoctoral researcher at the Universidade de Santiago de Compostela, Spain and first author of the study. “In contrast, countries on the Mediterranean coast, such as Spain, have traditionally been characterized by a more regular consumption of low doses of alcohol. In recent years, the pattern of binge drinking among young people

has become more widespread throughout Europe, hence the growing concern about this issue.”

“I think it's important to examine alcohol's effects on the hippocampus because in animal studies, particularly in rats and monkeys, this region appears sensitive to the neurotoxic effects of alcohol, and this structure plays a main role in memory and learning,” said Marina Rodríguez Álvarez, a senior researcher at

the Universidad de Santiago de Compostela. “In other words, binge drinking could affect memory of young adults, which might affect their day-to day lives.”

“Our interest in studying the effects of binge drinking patterns on declarative memory results from the well-established role of the hippocampus - a small seahorse-shaped brain structure located in the medial regions of the cerebral hemispheres - in this cognitive function,” added Parada. “Both animal studies as well as some neuroimaging studies in humans have shown the hippocampus to be particularly vulnerable to the effects of alcohol, so we wondered whether hippocampus-dependent learning and memory could be affected by heavy episodic drinking.”

Parada and her colleagues examined 122 Spanish university students between 18 and 20 years of age divided into two groups: those who engaged in binge drinking (n=62; 32 men, 30 women) and those who did not (n=60; 31 men, 29 women). All were administered a neuropsychological assessment that included the Rey Auditory Verbal Learning Test and the Wechsler Memory Scale-3rd ed. (WMS-III) Logical Memory subtest to measure verbal declarative memory, as well as the WMS-III Family Pictures subtest to measure visual declarative memory.

“Our main finding was a clear association between binge drinking and a lower ability to learn new verbal information in healthy college students, even after controlling for

other possible confounding variables such as intellectual levels, history of neurological or psychopathological disorders, other drug use, or family history of alcoholism,” said Parada. “Young adults with a binge drinking pattern of alcohol consumption who have poorer verbal declarative memory will need more neural resources to perform memory tasks and to learn new information, which probably would affect their academic performance,” observed Rodríguez Álvarez.

Parada was a little more cautious. “Although it seems reasonable to expect that these differences in declarative memory affect academic performance - because it depends on the ability to learn new information - there are many other variables that may modulate and explain this relationship, for example, student effort or class attendance,” she said. “We are currently carrying out a longitudinal study of these young people, and collecting information on their academic achievements, so we hope to be able to answer this question more definitively in the near future.”

One of the strengths of this study, added Parada, is that it controlled for confounding variables such as psychiatric comorbidity, genetic vulnerability, or other drug use, such as marijuana. “This allowed us to establish a clearer association between binge drinking patterns and poorer performance on memory tasks,” she said.

An additional strength, said Rodríguez Álvarez, was the finding that women are not more vulnerable than men to the neurotoxic effects of binge drinking.

Both Parada and Rodríguez Álvarez noted the importance of prevention programs and policies to address this issue.

“One of the factors that appear to be behind this pattern of consumption is the low perception of risk,” said Parada. “Whereas most attention has focused on negative consequences such as traffic accidents, violence or public disorder, society and students themselves are unaware of the damaging effects binge drinking may have on the brain. Policies and prevention programs in Europe aimed at controlling this pattern of consumption on campus are still rare.”

Yet the opposite should be occurring, added Rodríguez Álvarez. “These results should be taken into account by parents, clinicians, university administrators, and also governments because it is vital to address all that surrounds the brain’s development in our adolescents and young adults.”

Journal Reference:

María Parada, Montserrat Corral, Francisco Caamaño-Isorna, Nayara Mota, Alberto Crego, Socorro Rodríguez Holguín, Fernando Cadaveira. Binge Drinking and Declarative Memory in University Students. *Alcoholism: Clinical and Experimental Research*, 2011; DOI: 10.1111/j.1530-0277.2011.01484.x

Story Source:

ScienceDaily. From materials provided by Alcoholism: Clinical & Experimental Research.

More Liquor Stores Equal More Risk for African Americans

Who Drink

Previous studies have shown a strong link between neighborhood alcohol environments and outcomes such as drunk driving and violence. This study investigated linkages between neighborhood liquor stores, on-premise outlets, convenience stores, and supermarket densities and at-risk drinking among African Americans. Researchers found that a neighborhood's liquor-store density had a significant impact on at-risk drinking among African Americans who consumed alcohol, particularly for women who drink.

"There has been limited research on this topic among specific minority groups or by sex," said Katherine P. Theall, Associate Professor in the Department of Community Health Sciences at Tulane University School of Public Health & Tropical Medicine in the US. "Researchers have only recently begun to examine in greater detail the impact of the neighborhood and other distal factors on health outcomes."

"Investigations that examine neighborhood influences according to specific demographic characteristics such as differential impacts by gender or race," she said, "are still emerging as we think of ways to best intervene and prevent adverse health outcomes based on neighborhood changes or policies."



Researchers recruited 321 African Americans (229 women, 92 men), ages 21 to 65 years of age, during April 2002 through to May 2003 from three community-based healthcare clinics in New Orleans, Louisiana. All participants answered quantitative questionnaires. Individuals with hazardous or harmful patterns of alcohol consumption were classified as engaging in at-risk drinking based on the Alcohol Use Disorders Identification Test (AUDIT).

"Among African Americans in our sample who drank, those who lived in neighborhoods with a greater concentration of liquor stores were more likely to be classified as at-risk drinkers compared to those living in neighborhoods with fewer liquor stores per population," said Theall. "Furthermore, the influence of liquor store concentration on at-risk drinking was much greater for African American women."

Theall noted that liquor stores are the dominant alcohol establishment in many minority communities, as opposed to supermarkets. "Therefore they may play a larger role in risky drinking among those who already drink," she said. "Other studies have shown high concentrations of liquor stores, as well as physical shelf space devoted to alcohol, in minority and lower-income neighborhoods."

As far as the gender differences were concerned, Theall hypothesized that stress was a factor.

"Women and men differ in their response to stress and I think that one primary reason for this finding was due to differential psychological coping among women who do drink," she explained. "While we do not know the specific neighborhood characteristics of the at-risk drinkers, our guess is that many were dealing with cumulative ecologic, family/household, and individual stressors. If drinking is a coping mechanism, then greater availability of alcohol may lead to riskier consumption patterns."

Theall said these findings would suggest to clinicians that they take into account not only individual and interpersonal influences on their patients' consumption patterns, but also ecologic factors that may lead to riskier drinking.

“As well, individuals themselves can examine the broader social and physical environment of their neighborhood and consider what role it plays in their lives – shaping behavior, increasing disorders, or bringing something positive to the neighborhood. If the role is a negative one, then individuals might consider what steps can be taken to help change

the environment or how to become more resilient in such an environment.”

Katherine P. Theall, Brooke P. Lancaster, Sara Lynch, Robert T. Haines, Scott Scribner, Richard Scribner, Vimal Kishore. (May 2011). Neighborhood alcohol environment and at-risk drinking among African Americans.

Alcoholism: Clinical and Experimental Research (ACER). 35(5): 996-1003.

Australia tackles alcohol issues in football clubs

In a move to prevent alcohol-related problems in community football clubs across the state, the Australian Drug Foundation has partnered with the State Government of Tasmania and AFL Tasmania to roll out their *Good Sports* programme as part of the Government’s new *Sporting Club Alcohol Strategy*.

The Australian Drug Foundation says that alcohol remains one of the major causes of preventable death and illness in Tasmania, and with growing evidence of a link between risky drinking and sports clubs, it is hoped that programmes like *Good Sports* go a long way to protecting the community from the harms around alcohol, as well as helping to create enjoyable places for families and young people to socialize.

An initiative of the Australian Drug Foundation, the *Good Sports* program helps clubs implement alcohol management strategies such as removing the focus on alcohol in fundraisers and club events, providing safe transport

options for members and ensuring bar staff are *Responsible Service of Alcohol* trained.

This is particularly important in Tasmania because

- alcohol is a factor in 25% of fatal crashes across the state;
- Tasmania has the highest proportion of young people who drink alcohol at risky or high risk levels (19.8%), well above the Australian proportion of 15.3%, and
- more than one in ten Tasmanians currently drink alcohol at levels that put them at greater risk of long term harms, such as liver cirrhosis or cancer.

“Sports clubs are the hub of most Australian communities and provide a better way to change the way people think about drinking, and we are pleased to be able to offer assistance to clubs in making positive changes around their drinking culture” said Jane Crosswell, State Manager Tasmania, Australian Drug Foundation.

Evidence shows that *Good Sports* helps reduce risky drinking and increase the club’s viability through new memberships and increased sponsorship. On average *Good Sports* clubs are increasing female numbers by 11% and growing their non-player membership by 17%.

The number of *Good Sports* clubs has grown by thirty percent in the last year with more than 4000 local sporting clubs around the nation currently working to develop safer and healthier communities through the responsible management of alcohol.

For more information on Good Sports or to get involved please contact Jane Crosswell, State Manager, Australian Drug Foundation on 0419 535 993 or visit www.goodsports.com.au

Issue of legal liability raised by case of the Irish barmen

The question of the legal liability of the owners of bars and the servers of alcohol in cases where harm arises from the consumption of the alcohol provided to customers, came into sharp focus in Ireland when two barmen were charged with manslaughter following the death of a customer from acute alcoholic poisoning.

In the context of the alcohol trade, issues of civil liability can arise in terms of a duty of care but there is also the possibility of criminal responsibility when a licensee or member of their staff could be regarded as aiding or abetting the commission of a criminal offence such as drink driving.

In the Irish case, the two barmen were put on trial following the death of a British customer, Graham Parrish, who died of acute alcoholic poisoning after celebrating his 26th birthday at a hotel in Thurles, Ireland in 2008. Among the drinks he had consumed was one containing multiple 'shots' in one glass which he downed in one go. The two defendants told the trial jury that they would have declined to serve this particular drink had they understood it was not going to be shared between Mr Parrish and his friends.

The charge came under the common law heading of "involuntary manslaughter", where the accused does not intend to harm the victim, but acted in such a negligent way it was foreseeable that harm would ensue.

The Irish Times reported that evidence was presented at the trial that Mr Parrish had begun drinking at about 7pm with some friends and had drunk eight pints by 10pm when he and his friends began 'to race their pints'. When he went to the toilet, his friends twice ordered vodkas to put in his pint.

Mr Parrish drank both pints unaware they contained shots. Around 10.30pm, some of his friends ordered 10 shots in a pint glass and Mr Dalton, the barman on duty at the time, asked Mr Wright, his manager, if it was all right to put so much spirits in one glass. Wright told the Irish police that he agreed to serve the drink on the understanding that it would be shared and not downed in one go as it ultimately was, Mr Parrish being spurred on by his friends who bet on him to drink it.

Mr Parrish later fell off his stool and was left in an upstairs



function room by his friends where he was checked on at about midnight and found to be snoring. But he was later discovered unconscious by a night porter at about 6am and pronounced dead at 7.15am. A postmortem revealed he had blood alcohol level of 375mgs per 100mls.

Legal liability and alcohol policy

Inspired by the success of tobacco litigation, many alcohol policy advocates have favoured making licensees or their servants legally liable for the harmful consequences to themselves or others of their customers' alcohol consumption in circumstances where the licensees can be shown to have acted neglectfully or irresponsibly. Others, however, have opposed the idea as promoting a harmful 'compensation culture' and as undermining the personal

responsibility of the drinkers themselves.

The authors of the text book of alcohol policy, 'Alcohol: No Ordinary Commodity', state that holding servers legally liable for the consequences of providing more alcohol to persons who are already intoxicated or those underage has shown consistent benefits as a policy measure in the US. In particular, States that hold bar owners and staff legally liable for damage attributable to intoxication have lower rates of traffic fatalities and homicide.

However, in Europe, there appear to be greater legal obstacles in the way of bringing successful prosecutions against licensees. While there do not seem to have been many cases brought before the courts, most of those that have been brought seem to have been lost, including that of the Irish barmen.

In this case, the judge directed the jury to acquit the defendants. He found that, while there was enough evidence of 'gross negligence' by the men to be brought to the jury, the fact that Parish had taken the decision to consume the alcohol broke the 'chain of causation' linking the barmen's actions to his death. The Irish Times, in an analysis of the case, comments that the barmen's case followed another Irish High Court judgment which also emphasised the personal responsibility of the consumer, rather than that of the providers of the alcohol, for any injury that followed.

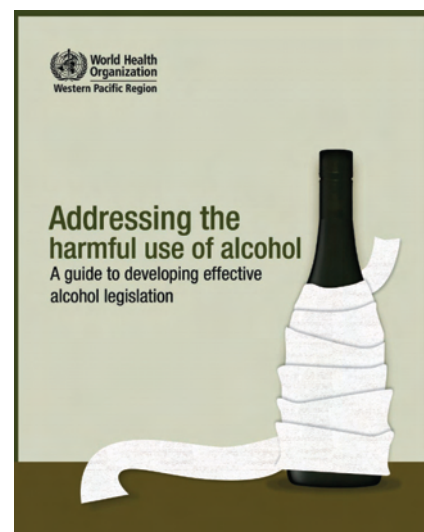
In that High Court civil case which involved drink driving,

Mr Justice Feeney reviewed the law in several common law jurisdictions about the responsibility of bar staff for the actions of those who consume alcohol on their premises.

He said there was a wide divergence between Australia and the UK on the one hand, and Canada and the US on the other, in their attitudes towards the responsibilities of alcohol providers. He pointed out that this reflected the different historical and cultural contexts. Both the US and Canada had had years of prohibition, and this was reflected in their continuing approach to alcohol.

The Canadian courts had found that providers owed a broad duty of care to those consuming their alcohol, and US laws in most states held retail establishments accountable for harm, death or other damages caused by an intoxicated customer. However, in Australia, the courts declined to impose alcohol-provider liability, and in the UK, while each case was fact-dependent, there was a clear reluctance to impose liability except in exceptional circumstances. He agreed with this approach, and found the bar staff in this instance did not owe a duty of care to the drink-driver. The Irish Times concluded that this judgment, combined with the acquittal of the barmen, means that, except in exceptional circumstances, criminal responsibility for death or injury arising from consuming large amounts of alcohol rests with the consumer, not the provider.

New Publication



Addressing the harmful use of alcohol **A guide to developing effective alcohol regulation**

The legislation guide provides advice on approaches to alcohol regulation to support development of effective legislation appropriate to each country. It provides practical advice based on international experience about the implications of legislative options, steps to be taken to implement legislation and best practice on how to enforce legislation and support compliance. The policy options covered are taxation and pricing, regulating the sale of alcohol to the public, minimum age restrictions, alcohol marketing and drink driving.

WHO Regional Office for the Western Pacific
2011, 118 pages
ISBN 9789290615033
Price: 15.00 US\$
Price for developing countries: 10.50 US\$

ALCOHOL RELATED HARM – Implications for Public Health and Policy in India

Gururaj, G; Pratima, Murthy; Girish, N and Vivek Benegal, National Institute of Mental Health & Neuro Sciences

This comprehensive report was first completed in 2006 as a WHO project and in 2010 was updated by the above team from the National Institute of Mental Health and Neurosciences. The revision is to be seen as a wakeup call for Indian society to face up to and effectively respond to the increasing availability of alcohol that has brought myriad problems, affecting both the individual and society.

The report covers the biomedical, legal, social, cultural and political determinants of the problem.

India is one of the largest producers of alcohol in the world and contributes to 65% of production in the South East Asia Region and nearly 7% of imports into the Region. The precise estimate in unrecorded alcohol production is not clearly known.

The alcohol beverage industry contributed an estimated Rs 216 billion in 2003 – 04 to the State exchequer and constituted nearly 90% of the State excise duties. This revenue generation is one of the important sources of revenue for the states.

Alcohol policies promoted to date have been primarily with a view to increasing taxes and not from a public health point of view. The public health importance of alcohol control has been totally

neglected in formulating policies and programmes.

Consumption Patterns

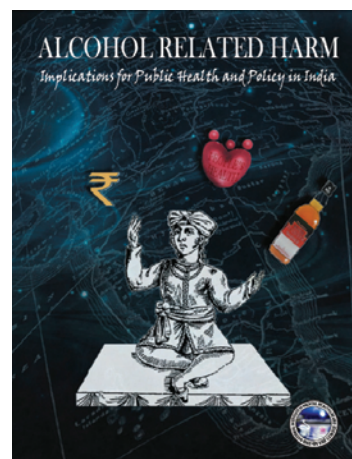
35% of adult men and 5% of women consume alcohol - 70 million alcohol users, 12 million of whom are alcohol dependent. More than 50% of regular users fall into the category of hazardous drinking.

Alcohol use is high in poor communities, contributing to increasing expenditure on alcohol and increasing resources spent on managing alcohol related problems.

The average age of starting alcohol use has reduced from 28 years during the 1980s to 17 years in 2007.

Health Consequences

Despite the use of alcohol over centuries, the health consequences of alcohol have not been comprehensively documented in India due to absence of good reporting systems and surveillance procedures. Based on the available data, it can be estimated that alcohol contributes to a substantial proportion of mortality - approximately 20% of premature mortality in men. Alcohol users have a higher incidence of mortality, hospitalization and



disabilities due to injuries. Nearly one third of night-time road traffic injuries and deaths can be attributed to alcohol use. 25% of suicides have been linked to alcohol consumption. Around one fourth of violence and abuse against women and children has been linked to chronic alcohol use.

Among hospitalised stroke subjects, long-term alcohol use has been recorded in 25% of total subjects. Linkages of alcohol use to specific types of cancer in the Indian region have been well established. A significant relationship has been established between alcohol use, risky sexual behavior and increased risk of HIV-AIDS and other sexually transmitted diseases in the Indian region, as sex associated with alcohol is more often associated with no protection and multiple sex partners. Alcohol dependents constitute a major burden in the majority of health care settings at secondary and tertiary levels.

The social consequences of alcohol use have largely had an effect on personal life, work-related areas and on family relationships. Out of 9,938 women surveyed in rural, urban and urban slum areas across 7 cities in India, 26% reported experiencing spousal physical violence during their marital physical life. Women whose husbands regularly consumed alcohol were 6 times more likely to suffer violence. A five state study for the Planning Commission of India, in 2004, found that deaths attributable to alcohol-related domestic violence ranged between 12 and 33%.

Social Costs of Alcohol Use

The report recognizes that the direct and indirect impact of alcohol on the economics of society has been difficult to gauge with the available data. From a small study in Karnataka, it was observed that the social costs of alcoholism far exceeded the revenues generated from alcohol. Based on a small sample of alcohol dependents it was estimated that the losses were to the tune of Rs 18.39 billion compared with the revenue of Rs 8.46 billion.

In a recent study it has been estimated that Indians might be losing an estimated Rs 244 billion due to different impacts of alcohol, while the revenue generated by the government is approximately Rs 216 billion. The report raises the question 'are we losing more than we are gaining?'

The Response

Efforts to address the growing problem of alcohol have been extremely limited in the Indian region due to several reasons: greater attention to the revenues generated from alcohol, increasing publicity favouring consumption of alcohol, penetration of alcohol into semi-urban, rural and transitional towns and cities, changing lifestyles and liberalized values among youth. In addition, the non-availability of good quality data, lack of a central coordinating agency, and non-recognition of health, social and economic consequences of consumption, compounded by the publicity given to the health benefits of alcohol, due to J-shaped association of alcohol and cardiovascular health and the impact of globalization, have all contributed to the problem. Consequently, initiatives, including policies required for addressing alcohol control, have been relegated to the periphery and even those implemented have not been systematically evaluated.

Some specific responses to this complex problem include the following: establishment of de-addiction centres under the Ministry of Health and counseling centres under the Ministry of Social Justice and Empowerment, greater emphasis on management and rehabilitation of alcohol dependents, increasing resources towards management of crime and stepped-up judicial efforts, health education programmes across the country, especially for drinking and driving, limited community-based interventions

and increasing outreach activities by non-governmental organizations.

On the policy front, a few attempts have been made in the past but no systematic evaluation has been done to identify the effectiveness of the following initiatives: prohibition, tax increases over a period of time on almost all types of alcoholic beverages, control of illicit production of alcohol, programmes to check drinking and driving to reduce road traffic injuries, prescription of legal ages for drinking (which vary across different states), fixing of timing of sales in alcohol selling outlets, packaging changes (smaller sachets, labeling etc), a ban on advertising and encouragement for the manufacture of low alcohol drinks.

Barriers of Effective Alcohol Control Policies

Apart from the influences of rapid globalization, industrialization, urbanization and media influences at macro and micro levels, several other barriers that have contributed to the failure of policy include: conflicts between the Centre and the State on issues with regard to production, distribution, taxation and sales, emphasis on the revenue gains and promotional aspects of alcohol use, increasing emphasis on other addictive drugs, non-recognition of alcohol and its effects on major public health problems, non-recognition of alcohol as a major risk factor for non-communicable diseases and injuries and greater importance given to tertiary prevention as compared to primary and

secondary prevention efforts. Other factors include: the absence of a rational and scientific alcohol control policy based on a public health approach; inadequate training of health professionals to recognise early alcohol-related health problems and timely and effective interventions for cessation of use; stigma associated with chronic alcohol use; non-recognition of the economic impact of alcohol-related problems; absence of an inter-sectoral approach; selective attention to doubtful and marginal health benefits; non-availability of good quality population-based data through well-designed studies at national and local levels and the emergence of social drinking in a major way.

Towards Solutions

The report recommends that policy should focus on both supply and demand reduction as well as on the development of a rational and scientific alcohol control policy specifically outlining what is to be done and by whom. A rational taxation policy needs to be evolved without compromising the public health aspects of alcohol control. Uniform excise policies that discourage smuggling, adulteration and undocumented consumption needs to be promoted across states. Appropriate media-related policies with regard to promotion and advertising should be developed in a systematic way. Human resource development and capacity strengthening across the sectors of health, police, law, welfare, excise, transport and several other

sectors should be undertaken for policy formulation, programme development and implementation along with evaluation. Most importantly, a public health approach of identifying the problem, understanding the determinants, implementing interventions and evaluating what works should be the focus of future programmes at all levels.

The legal age of drinking should be specified in a uniform manner across all the States of India. This should not be less than 21 years. A consensus has to be evolved with regard to location and timings of alcohol sales and vending in all the states and has to be implemented in totality by the enforcing agencies. Screening for alcohol should be introduced in all emergency room departments of government hospitals, medical colleges and apex institutions. Prevention of drinking and driving should be given high priority and necessary capacity strengthening of police and health functionaries along with infrastructure supply should be given importance.

Early detection of alcohol-related problems should be given high importance and necessary capacity strengthening of doctors and NGOs should be undertaken. Early interventions for vulnerable populations like children, women and disadvantaged communities should be encouraged. Health promotion efforts (not health education alone) should be given importance in control of alcohol problems. Life skills training across educational institutions especially in 8 - 12 grades of education should

be introduced in a systematic manner covering alcohol and other risk factors for emerging non-communicable diseases and injuries. Targeted and focused education programmes with clear information on reducing consumption of alcohol, along with the dangers of increasing alcohol use, should be introduced. Community empowerment programmes to understand, identify and recognize alcohol-related problems through local civil society agencies should be strengthened. Research and surveillance should be strengthened across medical colleges and apex institutions along with developing a research agenda for the future.

A National Resource Centre for information on all aspects of alcohol, including related problems and changing policy responses, should be set up in India.

In conclusion, the report states:

“The need of the hour is not only to reduce alcohol-related deaths but also to minimize harm and control of the problem at an early stage. A realistic policy should ensure that the objective of minimizing the consumption and maximizing health benefits are achieved from a societal point of view.” And the report finally poses the question “Are we ready for this challenge?”

Dr Ravi Narayan, in his preface to the report, recalls a chapter in the 1946 Bhore Committee Report, a not dissimilar plan of action to redress the problems related to alcohol consumption.

He considers that prophetic insight was shown by that Committee when it suggested:

“little economic merit can be claimed for a system of taxation which raises any considerable part of the public revenue from the sale of alcohol, unless, as part of the plan of government, this tax money is used to reduce the extent of facilities for the sale of alcoholic beverages; to promote the observance of restrictive laws; to meet the cost of prevention, care and treatment of alcoholism among the considerable number of persons whose health will be injured and whose earning capacity will be reduced by the use of alcohol”.

Gururaj G, Pratima Murthy, Girish N & Benegal V.
Alcohol related harm: Implication for public health and policy in India, Publication No. 73, NIMHANS, Bangalore, India 2011

Website address:
http://www.nimhans.kar.nic.in/deaddiction/CAM/Alcohol_report_NIMHANS.pdf

Malaysian consumer association calls for end to youth exposure to alcohol advertising

The Consumers' Association of Penang, Malaysia has called on the Malaysian government to put an immediate stop to the promotion of alcohol to youth by means of alcohol industry sponsorship of educational programmes or sports developments.

In a public statement, S.M Mohammad Idris, President of the Consumers' Association called on the Malaysian government to act promptly to prohibit alcohol companies from continuing their current activities in schools and elsewhere designed to promote brand names and increase awareness of alcohol products in children and adolescents. Mr Idris picked out Carlsberg Malaysia for particular criticism. His statement reads:

“Children and young people are exposed to alcohol advertising as alcoholic beverage companies are able to successfully morph or ‘hide’ these messages as education promotion or sports development.

The sad truth is alcohol companies are being given prime access in influencing the attitudes of school children towards the habit of drinking. By establishing familiarity through sight and sound, the companies get children and adolescents to accept the brand name in a positive

manner, and by extension the consumption of their products.

Examples of how alcohol companies reign unbridled, with the tacit approval of the authorities, to intrude into schools and affect the minds of our kids are clearly evident in the strategies adopted by Carlsberg Malaysia and Guinness Anchor Bhd (GAB).

A browse of the Carlsberg Malaysia website revealed photos of smiling young kids holding Carlsberg-green bag of goodies, emblazoned with the brand name, during a fun outing for Tamil school children sponsored by the company last December. The message of drinking as acceptable is getting embedded into the thinking of the young people with this kind of promotions.

Carlsberg Malaysia is also making its foray into education through arrangements like the one forged recently with a mainstream English media. It was stated that Carlsberg Malaysia ‘is sponsoring a local daily for 40 Tamil primary schools in the northern region’ to improve the standard of English in these schools.

The claims by alcohol companies that they help to raise the standard of living of the Indians is questionable when in reality

they destroy families by nurturing future drinkers. Their assertion that they 'do not encourage consumption of alcohol beverages by minors' is a blatant lie.

The other major brewery, Guinness Anchor Berhad (GAB), continues unhindered to partner with the Tamil Schools in Malaysia, on the pretext of promoting learning while actually promoting the brand name to minors.

Through the GAB Foundation SMILES (Supporting Malaysian Indian Learning, Education and Sports) Programme, the brewery 'sells' its brand by offering free English Language remedial lessons and establishing reading corners in the Tamil schools. This English Enrichment Programme targets hundreds of school children each year, with plans to cover all the different age groups in primary schools in future phases.

Young kids, particularly from early to late teens, are ideal targets as they constitute the future market of drinkers.

No matter how insistent the companies are to deny the correlation between advertising and higher consumption of alcohol, their advertising does encourage drinking. We need to put a stop to the myth perpetuated by companies that advertising only causes people to switch brands.

Moreover, the advertising of certain brands by alcohol producers are specifically targeted towards the young from a particular ethnicity. Alcohol dependency develops most often among people when they are in their 20s.

The Consumers Association of Penang (CAP) therefore calls upon the Education Ministry to act as a responsible guardian of the school children, and keep them away from the influence of alcohol companies in the schools. When children see the alcohol companies being recognised, commended and socially accepted among educators and the government, they start to think that alcohol cannot be so bad after all. This allows alcohol companies to wield their powerful, albeit subtle, influence and increase the consumption and sales of alcoholic beverages by recruiting new drinkers.

CAP also calls on the government and the sporting bodies in the country to assess whether the current trend of alcohol sports sponsorship violates the WHO Charter of Alcohol which states that 'all children and adolescents have the right to grow up in an environment protected from the negative consequences of alcohol consumption and, to the extent possible, from the promotion of alcoholic beverages'.

There is already worldwide concern over the harm caused by alcohol. More than two million people around the world die each year from alcohol-related causes. The harmful use of alcohol is a leading risk factor for premature deaths and disabilities globally.

The Road Safety Council estimates that 30 per cent of road accidents nationwide are caused by drinking and driving. Alcohol consumption impairs judgement and is a trigger for aggressive and violent behaviour, leading to domestic violence, child abuse, fights and other crimes.

Scientific research and health agencies can demonstrate that alcohol advertising does increase alcohol consumption. Drinking also costs the nation due to absenteeism from work, diminished job skills, and loss of productivity of the affected workers.

CAP calls on the Government to strictly prohibit alcohol companies from sponsoring any projects or programmes in schools, or being involved in schools in any other way. The Government should also hike up the excise duties on alcohol products and monitor the industry closely for violation of the laws, and use the taxes and fines collected from the industry to fund education and other community-related activities."

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Global Alcohol Policy Conference 2011

Global Alcohol Policy Conference 2011

Monday 28 - Wednesday 30 November 2011
Grand Diamond Ballroom, Impact Convention Center
Nonthaburi, Thailand

PLENARY SPEAKER

Ala Alwan *(to be confirmed)*
Assistant General Director, Department of
Mental Health and Substance Abuse, World
Health Organization

Charles Parry
Director, Alcohol and Drug Abuse Research
Unit, South Africa

Derek Rutherford
Chair, Global Alcohol Policy Alliance

Diyanath Samarasinghe
Department of Psychological Medicine,
University of Colombo, Sri Lanka

Gerard Hastings
Director, the Institute for Social Marketing,
Center for Tobacco Control Research and
University of Stirling and the Open University,
Scotland

Jurgen Rehm
Public Health and Regulatory Policy Section,
Centre for Addiction and Mental Health,
Canada

Petra Meier
Department of Public Health, University of
Sheffield, England

Robin Room
Director, AER Center for Alcohol Policy
Research, Australia

Sally Casswell
Director of SHORE (Social and Health
Outcomes Research and Evaluation),
New Zealand

ABSTRACTS are invited on the themes
of the conference which include:
(Topic areas to be covered:)

DAY 1

ALCOHOL RELATED HARMS

- Alcohol in the Emerging Market: Situation and Trend
- Harms to Others
- Alcohol and Infectious Disease
- Alcohol and Unsafe Sex
- Alcohol and Poverty
- Alcohol and Violence
- Alcohol and Human Capital Development
- Alcohol and Cancer and NCD
- Alcohol and Economy

DAY 2

CONTEXT, COMMUNITY, CAPACITY AND COLLABORATION

- Implementation of Global Alcohol Strategy
- Put Alcohol on Political Agenda
- The Role of Civil Society
- Systematic Capacity Building to Address Alcohol Problems
- Monitoring and Surveillance System

DAY 3

ALCOHOL POLICY AND INTERVENTIONS

- Control Marketing
- Price and Taxation
- Community Intervention & Faith-based intervention
- Experiences in implementing the policies of the Global Alcohol Strategy at national and local levels
- Regulate Availability
- Policy to Promote Health System Response
- Alcohol Policy and Market Liberalization

**ABSTRACT SUBMISSION DATELINE:
JULY 15, 2011**

First announcement

GAPC

Global Alcohol Policy Conference 2011

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Monday 28 – Wednesday 30 November 2011
Grand Diamond Ballroom, Impact Convention Center
Nonthaburi, Thailand

“From the Global Alcohol Strategy to National and Local Action”

Objectives

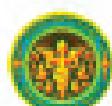
The Conference will promote evidence-based alcohol policy development and implementation through independent participatory public policy processes. It will also promote sharing of experience and best practices in the alcohol policy process at all levels.

The conference includes the following:

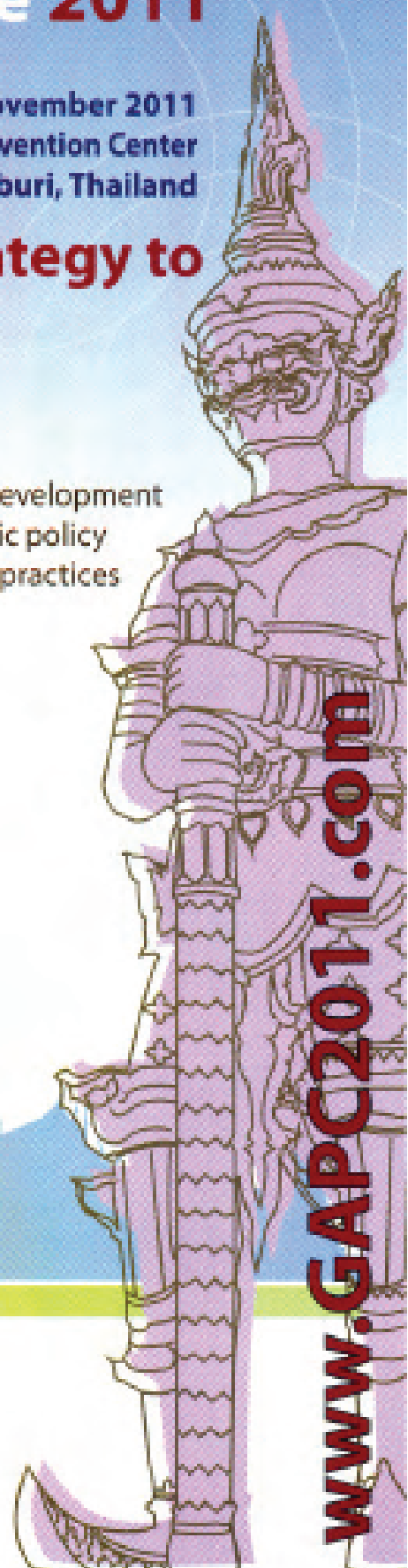
- Plenary and concurrent sessions
- A half day field trip showcasing advocacy and community action
- Welcome reception
- Exhibition of national and international alliances
- Oral/Poster presentation
- Scholarship for oral/poster presentation

Information about the conference including relevant topics such as program, venue, travel information and on-line registration is available at www.GAPC2011.com

Co-Hosts:



Co-Sponsors:



www.GAPC2011.com