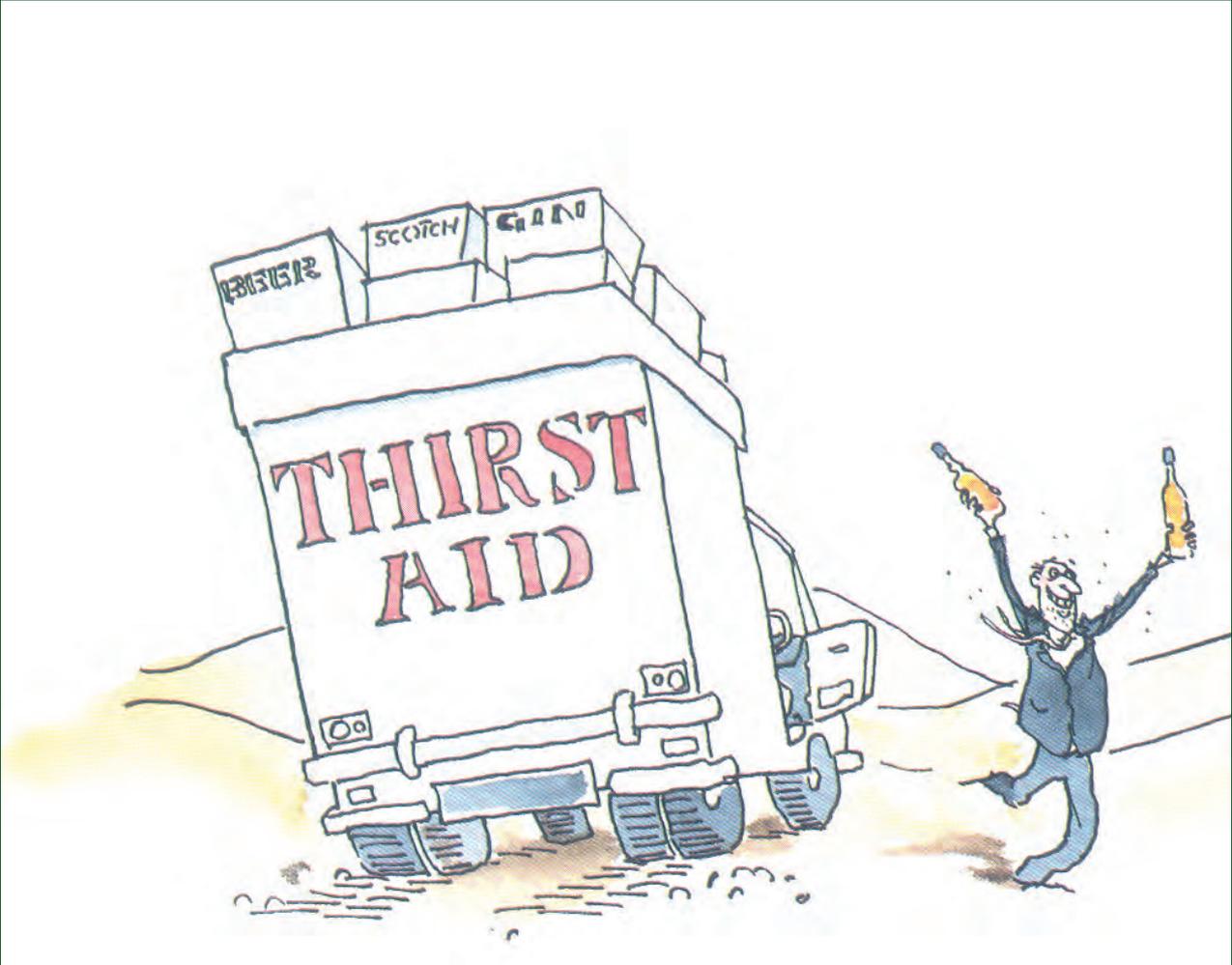


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THE GLOBE



**Beware of the Alcohol Industry
Bearing Gifts**

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Beware of the Alcohol Industry Bearing Gifts

The WHO has produced a first draft of a Global Co-ordinating Mechanism for non-communicable diseases (GCM). Commenting on the draft, the Global Alcohol Producers Group has stated that its, *“companies are deeply committed to continuing to work with WHO, Member States and other stakeholders to combat the harmful use of alcohol and the growing problem of non-communicable diseases.”*

They go on to say that they, *“particularly welcome the recommendation in it that Member States advance implementation of the WHO Global Strategy to Reduce Harmful Use of Alcohol and develop comprehensive and multi-sectoral national policies and programmes based upon its ten recommended target areas.”*¹

Such comments will come as something of a surprise to alcohol policy advocates. The reason being that the GAPG companies have consistently opposed three of the more effective recommended strategies for reducing alcohol-related harm, namely: availability of alcohol; marketing of alcoholic beverages; and pricing policy.

The statement also makes a rather curious and ambiguous comment: *“It is important that the GCM does not stray into policy-making and/or focus on issues or policies which WHO decision-making bodies have*

previously rejected.” Curious because the WHO decision making bodies have already approved the menu of 10 strategies to reduce alcohol-related harm. Such an opaque statement must make public health advocates question the motives of the alcohol producers.

Are they willing and able to put public health before commercial profit? Determined to influence public health policy will they, in the future, unlike the present and past, support evidence-based policies that have proven effectiveness or continue to distort and misrepresent such evidence?

The conflict of interest between public health policy and commercial interest is clearly witnessed in the manner in which Diageo and the Scotch Whisky Association tried to derail the Scottish Government’s alcohol policies.

In an attempt to tackle Scotland’s severe drinking culture the Scottish Justice Secretary had made proposals to raise the minimum age for buying drink in off-licences from 18 to 21; to introduce alcohol only checkouts in supermarkets; to set minimum prices and to end two for one deals. In 2009 Diageo contracted Lewis Hamilton, a Formula One Champion, to lead a campaign against raising the drinking age.

In 2013 the Scotch Whisky Association, despite the fact that the Scottish National Party won a General Election with a mandate to introduce minimum unit pricing, has gone out of its way to prevent the passing of the legislation. It took the Government to Scotland’s Court of Session. The court found no grounds for Scotch Whisky’s action and threw it out. The Association also tried to prevent Alcohol Focus Scotland from giving evidence in support of the Government’s proposal but the Court again would have none of it.

In a study of the evidence submitted by major alcohol producers and supermarkets to influence public health policy in Scotland, researchers found that they had misrepresented the evidence. They had advocated for policies in line with their commercial interests and opposed evidence-based approaches. Jim McCambridge an author of the study, has stated:

“Commercial conflicts of interest should be made explicit and policy makers should treat industry actors’ interpretation of research evidence with extreme caution.”

“It is for public debate whether and to what extent the health of the population may be compromised by the commercial interests of industry, and whether the apparent economic

contributions of the alcohol industry fully take into account the health and other social costs their activities incur.”²

The South African Department of Trade and Industry commissioned DNA Economics to make a study of the activities of the liquor industry including the impact of the National Liquor Act. The report came to the following conclusions³:

- Industry spending priorities were out of keeping with the burden of alcohol-related harms.
- Major alcohol-related harms such as violence, HIV/AIDS, and tuberculosis received disproportionate and little attention.
- Majority of programmes were not evidence-based nor evaluated.
- Money was spent on interventions that have been shown to be ineffective.
- Did not target groups most at risk
- Denied programme data to regulator and therefore lacked accountability
- There is an inherent conflict of interest between the commercial objectives of profit maximisation, reducing the volume of harmful drinking and decreasing how much people drink.

The report stated: *“The global evidence on alcohol abuse interventions demonstrates*

unequivocally that the most cost-efficient interventions are whole population interventions, which reduce access to alcohol through mechanisms such as raised alcohol price, reduced trading hours and/or limiting liquor outlet density. The liquor industry rejects these measures in favour of “targeted” interventions.”

In a review of the initiatives promoted by GAPG members as part of their commitments to the aims of the Global Alcohol Policy Strategy (recently published in the American Journal of Public Health), Professor Babor, its main author, has commented on its main findings⁴:

“The global initiatives promoted by the alcohol industry are overwhelmingly based on approaches of unknown or minimal effectiveness, or which have been shown to be ineffective through systematic scientific research. Moreover, the industry initiatives only rarely include practices considered by WHO and the public health community to have good evidence of effectiveness, and few have been evaluated in low and middle-income countries where they are now being disseminated.”

That the industry should thwart attempts to alleviate the problems caused by the use of alcohol yet again will come as no surprise to long experienced advocates. During the 1980s a plan of action entitled “Threats to the Industry” circulated the alcohol producers’ boardrooms. The Grand Metropolitan’s document listed the following threats they had to face⁵:

- Duties to be raised faster than inflation
- More vigorous measures to be taken to reduce drunken driving
- Funding rehabilitation
- Advertising and other marketing restrictions
- Warning labels on alcoholic drinks
- Ingredient labeling

The document cautioned: *“It is generally agreed that the tobacco industry reacted to not dissimilar threats in a passive, inadequate manner, and, most of all late.”*

Internationally it was felt that the pressure arose from the EEC (European Union) and the WHO.

To counter this it was suggested that the alcohol industry should establish an independent body WECARE – World Exchange Centre for Alcohol Research and Education. The WHO could be invited to provide a member of the executive body. Aware of the industry’s expansion into developing countries, it would be important to establish social aspect organisations in such countries.

The document’s author felt that the WHO was adopting a more constructive attitude to the industry. Guinness (Diageo) boasted that they had influenced the WHO European Alcohol Action Plan. However, the plan, entitled Conviviality with Moderation was quickly dropped and replaced by one

that was evidenced based. Later, to further the evidence base, Griffith Edwards, with a team of 14 scientists, was asked by WHO Europe to produce Alcohol Policy and the Public Good. As soon as this was produced, the Portman Group (a UK social aspect organisation established by the alcohol industry) attempted to bribe scientists with a fee of £2000 each to ‘rubbish’ the book. The scientists who co-operated on this would have anonymity when their findings were published.

The Amsterdam Group (a European wide social aspect organization) in two reports (1990 and 2000) to the European Union summarized their views as follows⁶:

- The prevalence of alcohol-related problems is not directly related to the average per capita consumption, but rather to problematic patterns of drinking.
- Policies aimed at the reduction of overall per capita consumption (marketing restrictions and taxation) does not address those who abuse the product.
- The notion of individual responsibility for drinking behaviour needs to be stressed. No collective regulation can ever replace individual responsibility.

The Amsterdam Group called for WHO Europe in its second European Alcohol Action Plan to remove the sentence, *“alcohol use and alcohol related harm, such*

as drunkenness, binge-drinking and alcohol related social problems are common among adolescents and young people in Western Europe.” The recommendation to *“Promote high visibility breath testing on a random basis”* should become *“promote drink driving campaigns.”* They also wished to have removed *“Place restrictions on the sponsorship by the drinks industry on sports”* and that *“alcohol is a psychoactive drug.”*

Yet the industry was prepared to compete with the psychoactive market by producing a new range of products – ice lagers, spirit mixers, white ciders, alcopops and buzz drinks with increased alcoholic strength.

When viewing the remarks of leading alcohol company directors it is difficult to accept industry pleas that they do not target young people. They also appear unwilling to accept a responsibility for the youth alcohol epidemic and prefer

to put the blame at the feet of individual responsibility.

Francis Thompson, Director Strategic Development, Whitbread⁷:

“Young people seem less prepared to sip beer for hours, culturally they like short sharp fixes. Five years ago there were fewer alternatives to getting a buzz or getting high. The challenge of the industry is to make alcohol part of that choice.”

Richard Carr, Chairman, Allied Leisure Entertainment⁸:

“Youngsters can get ecstasy for £30 or £13 and get a much better buzz than they can from alcohol it is a major threat to alcohol lead business.” Thus developed a culture of intoxication.

Twenty years later similar marketing strategies are being deployed in India.



Carlsberg marketing tactic in Malaysia. Schoolbags for 500 pupils of 12 Tamil schools



Malawi, First sign on way from Lilongwe Airport
 Photograph: Dag Endal of FORUT in 2006

Vijay K Rekhi, President, UB Group Spirits Division 2004 stated:

“The entire Indian map is changing. There has been a huge explosion of disposable income among the young; moreover, social drinking has increased. Today users are looking for products that are aligned with global trends; the demand for new age flavors is increasing. The Indian market is ready for alcohol beverages with exotic fruit flavors. RTD, being a low-alcohol beverage, will be a stepping-stone for youngsters and women to enter the alcoholic beverages segment. Especially women, who are used to fruit juices and would readily make the transition to one with a low alcohol content.”

The UB Groups Financial Report 2006 states:

“Youngsters seeking western lifestyles typically begin by drinking beer and move into spirits. The brand positioning of

UB Spirit Brands are designed to attract these upwardly mobile and aspirational customers.”

Alongside this marketing strategy was the need by the industry to give the appearance of a socially responsible industry and to extend its national and regional social aspect organisations to an international level. Hence the establishment of ICAP. In a letter to Dr David Jernigan⁹ in 1995 Marcus Grant announced the formation of the International Center on Alcohol Policy. Grant outlined four goals for the organization: elaborating a more integrated approach to alcohol policy involving all interested sectors; developing a common language for promoting more effective dialogue; encouraging initiatives designed to meet the needs of developing countries; and promoting responsible lifestyles.

ICAPs raison d’être is to achieve an active role for the alcohol industry in public health policy

making; advocating the least effective strategies to deal with alcohol problems. Purporting to support and represent the views of the WHO, which it has no mandate to do, it seeks to reframe the debate away from the responsibility of the alcohol industry and its products to being the entire responsibility of the individual.

ICAP’s view on taxation is a copy of that of the industry: *“There is evidence that taxation does not effectively target those who abuse alcohol or who have risky drinking problems.... taxation is a blunt tool and does not differentiate between problematic and unproblematic drinking patterns.”*¹⁰

ICAP has very lucrative funding from the industry. ICAP has been at work on the African Continent writing industry friendly national policies for several governments. However in South Africa one of the key objectives of Dr Aaron Motsoaledi, Health Minister, is to reduce alcohol consumption amongst young South Africans. He has proposed a Bill to restrict alcohol advertising and ban liquor-backed sport sponsorships. SAB Miller, with



Dr Aaron Motsoaledi

support of ICAP has led a fierce attack on the Bill. The Minister remains undaunted stating:

*“No matter how financially powerful groups and institutions are, no matter how much money they make, we are going to fight with our bare knuckles to achieve this.”*¹¹

The Scottish Government, determined to alleviate their country’s alcohol problem, has pursued its evidence-based policy despite the opposition of the industry.

The UK government has done the reverse, preferring to stick by its Responsibility Deal with the industry. This has led a local authority, health professionals and NGOs to walk away from the Deal. Dr Adrian Phillips, Director of Birmingham Public Health, labelled the decision to drop plans for a minimum unit price for alcohol ‘a huge missed opportunity’. Alcohol has major repercussions for his city: at peak times, up to 70% of all admissions to accident and emergency departments in Birmingham are related to alcohol, 3,600 incidents of domestic violence (around a third) are linked to alcohol misuse.

The Lancet findings (December 2012) on the Global Burden of Disease reveals that the proportion of alcohol related disability adjusted life years’ lost has risen from 3.5% to 5.5% over a 20 year period. Alcohol is the third leading risk factor for death and disability. More worryingly, it is the leading risk factor for 15 – 49 year olds.

From local to global the alcohol problem is a challenge to all. If the WHO target of a 25% reduction in NCDs in the next decade is to be achieved then per capita alcohol consumption must decline. To help in achieving this the EU Council of Ministers’ advice must be heeded: **Public Health Policies concerning alcohol need to be formulated by Public Health Interests, without interference from Commercial Interest.**¹²

Professor Sally Casswell, Chair of GAPA’s Scientific Committee, puts the question succinctly:

“Do we really want to continue to live in a world where the oversupply and marketing of alcohol is tolerated simply to allow continuing profits for the shareholders of the transnational corporations producing and distributing the product, whilst the taxpayer funds the health services and pharmaceutical response to the ensuing disease and injury?”

Derek Rutherford
Chair
GAPA

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Government U-Turn on Minimum Unit Pricing of Alcohol in England

The minimum unit pricing of alcohol (MUP), supposedly the key component of the UK Conservative led Coalition Government's alcohol strategy for England, has been abandoned, though officially the Government's position is that it has been deferred until additional evidence is gathered to support its introduction. This is despite Prime Minister David Cameron having made a personal pledge to introduce MUP. However, the Scottish government will continue with its plan to introduce MUP in the coming months.



Prime Minister, David Cameron

In his introduction to the Government's national alcohol strategy for England, published in March 2012, David Cameron said:

“We can't go on like this. We have to tackle the scourge of violence caused by binge drinking. And we have to do it now.

“..... And that means coming down hard on cheap alcohol. When beer is cheaper than water, it's just too easy for people to get drunk on cheap alcohol at home before they even set foot in the pub. So we are going to introduce a new minimum unit price. For the first time it will be illegal for shops to sell alcohol for less than this set price per unit. We are consulting on the actual price, but if it is 40p that could mean 50,000 fewer crimes each year and 900 fewer alcohol-related deaths a year by the end of the decade.”

MUP is a method of reducing the affordability of alcohol by making it illegal to sell alcohol below a set price per unit, and the policy is intended especially to tackle the problem of cheap alcohol from supermarkets and other off-licensed outlets. In the UK, most alcohol is now bought from the off-trade, and some types of alcohol can be bought cheaply despite the UK having some of the highest alcohol taxes in Europe.

The decision to renege on the Prime Minister's personal pledge on MUP was fiercely attacked by alcohol control advocates as a betrayal of the public health and a surrender to intense lobbying by commercial interests. As well as abandoning MUP, the Government also announced that it was no longer planning to introduce a ban on discounted multi-buy alcohol

promotions in supermarkets, and the introduction of plain packaging of cigarettes has been 'postponed'.

The attitude of health campaigners was summed up by the comment by a Conservative Party Member of Parliament, a former family doctor and advocate of MUP, Sarah Wollaston. She tweeted: “(Rest in Peace) public health. A day of shame for this government; the only winners big tobacco, big alcohol and big undertakers.”

The great majority of alcohol control and public health organisations support the introduction of MUP, and there is, in fact, a mass of evidence to support the claim that it is probably the single most effective measure the Government could take to reduce alcohol morbidity and mortality. MUP would also be expected to reduce alcohol-related crime and lost productivity in workplaces.

Following the latest announcements, all that is left of the alcohol strategy for England is a number of measures which the public health lobby regard as little more than cosmetic exercises favoured by the alcohol industry but which are unlikely to have any real impact on levels of alcohol consumption or harm.

While intense lobbying by some sectors of the alcohol industry has undoubtedly played an important role in defeating MUP in England, there were also other factors involved. Opinion in government on the merits of MUP was divided, some senior ministers being opposed to it because they thought it would alienate voters and penalise moderate drinkers. Some also believed MUP to be regressive, penalising the less affluent, a kind of tax on the poor. The European Union also challenged MUP as possibly illegal under EU competition law. However, none of these arguments has swayed the Scottish government, which clearly intends to press ahead with the measure, convinced it will save lives, and have a range of other social and economic benefits.

Australia: alcohol industry defeats alcohol discount ban

In a development that appears to mirror events in the UK, the Australian alcohol industry has been described as having ‘strong-armed’ the Government of the state of New South Wales into retreating from its plan to ban heavy discounts on multi-buy alcohol purchases.

Fairfax Media, publisher of the Sydney Morning Herald, obtained correspondence between the government department concerned and the alcohol industry that shows the pressure that resulted in it removing the ban in new guidelines on alcohol promotion. The guidelines, which determine which

promotions are unacceptable under the Liquor Act, were significantly weakened by the alcohol industry as, according to the Sydney Morning Herald (SMH), it ‘dictated’ line-by-line changes to the original document.

The SMH reports that New South Wales Police Assistant Commissioner, Mark Murdoch, had complained about the availability of cheap alcohol from bottle shops and linked it to domestic violence. Health groups had also complained that bulk discounting of takeaway liquor encouraged binge drinking by young people. However, the SMH says that a five-year review of the liquor promotion guidelines excluded public submissions, “and instead allowed the liquor industry to vet the new rules.”

Internal emails show that government officials wanted to ban steep discounting in bottle shops, and early drafts warned that “price wars” by bottle shops risked encouraging people to buy large amounts of alcohol that could lead to excessive drinking. Discounts of more than 50 per cent were listed as “unacceptable” promotions in the draft released for industry comment last August.

But, in the final guidelines, these measures were substantially weakened.

Greens MP, Dr John Kaye commented that the opportunity to respond to public health evidence on the impact of alcohol promotions on young people had been “subverted by the industry”.



Dr John Kaye

“Successive drafts were substantially weakened to suit the commercial interests of the bottle shop owners, and in particular, Coles and Woolworths,” Dr Kaye said. The SMH also reports that The Foundation for Alcohol Research and Education’s Chief Executive, Michael Thorn, was refused access to the draft guidelines, and told he could not make a submission on more than 100 studies showing the cheaper alcohol was, the more people consumed, and young people were at particular risk of being influenced by extreme discounts. “We were rebuffed ... It’s absolutely inappropriate that the liquor industry should have had so much influence,” he said.

Photograph of Prime Minister, David Cameron, courtesy of Wikimedia under the Open Government Licence v1.0
<http://www.nationalarchives.gov.uk/doc/open-government-licence/version/1/open-government-licence.htm>

Minimum alcohol pricing: only one EU country supports Scottish initiative

The European Commission (EC) is currently considering the Scottish government's proposal to introduce MUP. This was approved by the Scottish Parliament in 2012 but it has still to be introduced.

Of the 12 EU countries which have written to the Commission to express their views on the issue, only Ireland explicitly supported minimum pricing. Opposition to MUP appears to be especially strong in the wine producing countries, and also in Poland. All of these countries are trying to block Scotland's plans to introduce MUP.

France, Spain, Italy, Portugal and Bulgaria have all argued that the policy of MUP is contrary to EU law, unfair and ineffective and could have a devastating impact on the wine and spirits industry. They argue that it breaches European free trade law by discriminating against imported alcohol products.

Under European law, countries are allowed to restrict imports on public health grounds but only if doing so does not constitute a "means of arbitrary discrimination or a disguised restriction on trade between member states".

A government which wants to introduce such a restriction must prove that the policy is essential and that no alternative, less restrictive, policy is available.

The legality of the Alcohol (Minimum Pricing) (Scotland) Act, which was passed by the Scottish Parliament in May 2012, is already being challenged in court by the Scotch Whisky Association (SWA) and two other trade bodies, spiritsEUROPE and the Comité Européen des Entreprises Vins, which represent European spirits and wine producers.

The SWA lost the first round of the legal battle when the Court of Session in Edinburgh ruled that the minimum pricing law was legal. However, the SWA is appealing against that decision. As reported by the BBC, an SWA spokeswoman said the policy would damage its trade and damage overseas producers who rely on importing to Scotland and the UK. She added: "The Scottish Court of Session failed to give any consideration to the effect of minimum unit pricing on producers in other European Union member states."

Scottish government ministers are awaiting the outcome of the legal challenges before enacting the policy.

EU opposition

The BBC, which managed to obtain copies of the legal opinions of the EU member countries, reports that in its legal opinion, Portugal claimed that minimum unit pricing would have "a dramatic

impact" on its export market to the UK "causing grave consequences to Portuguese companies and the sector in general". It said the policy was "clearly discriminatory" because continental European wine-producers have lower production costs and lower prices than British manufacturers.

"The effect of the minimum price is, in fact, to protect the domestic wine market and national producers against the competition of imported wines," said its legal opinion, adding that this "sets a dangerous precedent" which "may lead to the weakening of the EU".

It went on to claim that "there is nothing to indicate that (minimum pricing) would result in decreased alcohol consumption" and "recent statistics show that inappropriate consumption is decreasing in Scotland".

France said the UK was its biggest foreign market for wine, accounting for 17% of French wine exports, worth 1.2bn euros annually, and the "risk of distortion" from the Scottish bill meant the sector "could suffer serious losses".

It pointed out that "the average price of a bottle of wine produced in the United Kingdom is higher than the average price of imported wine" and said that minimum pricing was "incompatible" with EU law

as it “closes the competitiveness gap, discourages efforts at market entry and... creates a distortion of competition”. France also claimed that the Scottish government's objectives could “be attained by way of other measures which are less restrictive on trade”, for example “a prevention campaign or taxation”.

If minimum pricing went ahead, it argued, “the effect would be disastrous on the balance of European trade”.

Bulgaria said that the policy would “create many obstacles to trade for Bulgarian wine and spirit producer (as) the products that will be particularly affected are those in the lowest price bracket, into which Bulgarian wines fall.”

Spain agreed that the measure “may be detrimental to the marketing of imported products” and added that it “cannot be justified on the grounds of public interest”.

Italy said that fixing a minimum price “would be inequitable and discriminatory” and “is absolutely not justified as a health protection measure which could take advantage of derogation from Community rules”. It said that MUP represented “a serious interference in the economic activities of all operators involved in the food sector”, and that because of the “overall negative impact and the effect of distorting competition.” Italy strongly opposed MUP. Other countries made similar points in their comments on the policy.

Poland said the law would “place Scottish-made products in a privileged position” while restricting competition and promoting the “development of illegal production and sale of cheaper alcohol”.

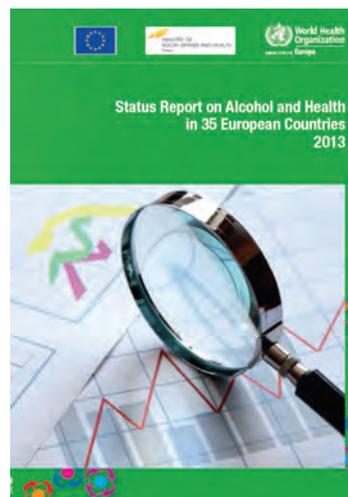
It said “... the price of 63% of table wines, the majority of which are imported” would rise “as will the price of 92% of vodkas, a significant proportion of which will be imported”.

And Poland insisted that “more effective and less restrictive measures are available”, quoting the Scottish government's own data which indicates that alcohol-related hospitalisation and mortality are falling as is alcohol consumption among Scottish adults.

Therefore, argued Poland, the evidence against minimum pricing came from Edinburgh itself because “the Scottish government has now successfully introduced a broad range of alternative, less restrictive but effective measures which are less discriminatory than a minimum price”.

Alone among the countries which responded, **Ireland**, which said it was preparing proposals to develop a similar policy, pledged its support. It said that alcohol misuse was doing enormous harm to Irish society and was “responsible for at least 88 deaths every month in 2008” including those of one in every four young men. “Ireland's strong view is that minimum pricing is a proportional measure.”

Status report on alcohol and health in 35 European countries 2013



People in the WHO European Region consume the most alcohol per head in the world. In the European Union (EU), alcohol accounts for about 120000 premature deaths per year: 1 in 7 in men and 1 in 13 in women. Most countries in the Region have adopted policies, strategies and plans to reduce alcohol-related harm. In 2012, the WHO Regional Office for Europe collected information on alcohol consumption and related harm and countries' policy responses, to contribute to the Global Information System for Alcohol and Health; this report presented a selection of the results for 35 countries – EU Member States and candidate countries, Norway and Switzerland – individually and in groups distinguished by their drinking patterns and traditions.

US National Transport Safety Board urges measures to eliminate alcohol-related driving crashes

Lowering the legal alcohol limit for driving is one of the main recommendations made by the US National Transport Safety Board in a report calling for stronger laws, swifter enforcement and expanded use of technology.

“Most Americans think that we’ve solved the problem of impaired driving, but in fact, it’s still a national epidemic,” NTSB Chairman Deborah A.P. Hersman said. “On average, every hour one person is killed and 20 more are injured.”

Each year in the United States, nearly 10,000 people are killed in crashes involving alcohol-impaired drivers and more than 173,000 are injured, with 27,000 suffering incapacitating injuries. Since the mid-1990s, even as total highway fatalities have fallen, the proportion of deaths from accidents involving an alcohol-impaired driver has remained constant at around 30 per cent. In the last 30 years, nearly 440,000 people have died in alcohol related crashes.

The report cites research showing that, although impairment begins with the first drink, by 0.05 BAC, most drivers experience a decline in both cognitive and visual functions, which significantly increases the risk of a serious crash. Currently, over 100 countries on six continents have BAC limits set at 0.05 or lower.



The NTSB has asked all 50 US states to do the same.

“The research clearly shows that drivers with a BAC above 0.05 are impaired and at a significantly greater risk of being involved in a crash where someone is killed or injured,” said Hersman.

Among the other findings, investigators said that high-visibility enforcement efforts, such as sobriety checkpoints and saturation patrols paired with media campaigns, deter alcohol-impaired driving. And to increase the effectiveness of these programs, the NTSB recommended that police use passive alcohol sensors to help better detect alcohol vapor in the ambient environment.

The NTSB, which in December 2012 recommended that States require ignition interlocks for all drink drive offenders, said that because only about one in

four offenders ordered to have an interlock actually have one installed, States should employ measures to improve interlock compliance.

Further, the Board said that an intervention known as administrative license suspension, which allows law enforcement authorities to immediately suspend or revoke a driver’s license at the time of a drink drive arrest, would be more effective if States required offenders to have an ignition interlock on their vehicles before licenses could be fully reinstated.

The NTSB recognized the effectiveness of specialized State Driving While Intoxicated courts in addressing the particular challenges represented by repeat offenders. DWI courts hold offenders accountable through intensive monitoring, treatment for underlying disorders, alcohol testing and graduated sanctions. The NTSB recommended that the National Highway Traffic Safety Administration assist States in maximizing their effectiveness by providing the courts with current best practices.

Over the past year, the NTSB sharpened its focus on impaired driving and has taken a number of actions, including issuing recommendations following a December 2012 special report on wrong-way driving. That report revealed that more

than 60 percent of wrong-way crashes were caused by alcohol-impaired drivers. In May 2012, the Board hosted a forum on substance-impaired driving to understand how the latest research, technology, and countermeasures were being used by a range of advocacy groups as well as federal, state and local authorities to address substance-impaired driving.

“Alcohol-impaired crashes are not accidents,” said Hersman. “They are crimes. They can – and should – be prevented. The tools exist. What is needed is the will.”

Not altogether unpredictably, however, the recommendation for the lower legal alcohol limit for drivers was not supported by everyone. Sarah Longwell, the managing director of the American Beverage Institute, called the measure “ludicrous.” “Moving from 0.08 to 0.05 would criminalize perfectly responsible behavior,” she said. And “further restriction of moderate consumption of alcohol by responsible adults prior to driving does nothing to stop hard-core drunk drivers from getting behind the wheel.”

The report, “Reaching Zero: Actions to Reduce Alcohol-Impaired Driving,” can be accessed at www.nts.gov/doclib/reports/2013/SR1301.pdf

Effective regulation of alcohol brand placements in movies could limit underage drinking

Current self-regulatory codes on advertising for alcohol products in movies that adolescents watch are not effective, according to researchers at the Norris Cotton Cancer Center in the United States.

Studies have shown that movies influence smoking and drinking during adolescence: A 2012 US Surgeon General’s report noted a causal relationship between the initiation of smoking in adolescents and depictions of smoking in movies, and there are studies showing that children’s exposure to movie imagery of tobacco and alcohol is also associated with early onset of drinking and alcohol abuse. A 1998 agreement, enforced by the State Attorneys General, resulted in dramatic declines in cigarette brand placements after 1999, and coincided with declines in youth tobacco use. However, paid brand placement in movies is still a common marketing practice for the alcohol industry and their rules don’t adequately restrict placements to movies intended for adults.

“In order to be effective, constraints on advertising for products that harm adolescents should be externally developed and enforced,” says Dr James Sargent, co-director of the Cancer Control Research

Program at Norris Cotton Cancer Center and Professor of Pediatrics at the Geisel School of Medicine at Dartmouth. “Historically, industry self-regulation in this area does not work.”

This study examines recent trends for tobacco and alcohol use in movies before and after the 1998 Master Settlement Agreement (MSA), which ended payments for tobacco brand placements in films. After the MSA was implemented tobacco brand placements in movies declined by 7 percent per year while alcohol brand placement, subject only to industry self-regulation, was found increasingly in movies rated for ages as young as 13.

The authors suggest that since evidence now supports the negative health consequences of smoking and drinking in films, the rating system should change. Movies that depict drinking in contexts that could increase curiosity or acceptability of unsafe drinking should be rated R. For example, no movie with a youth rating should show alcohol brands, underage drinking, binge drinking, alcohol abuse, or drinking and driving.

The study, “Trends in Tobacco and Alcohol Brand Placements in Popular US movies, 1996 through 2009,” was published online in the May 27, 2013 JAMA Pediatrics.

Canadian Provinces rated on alcohol policies

The Centre for Addiction and Mental Health (CAMH) has released a national report scoring each province on their alcohol policies. Ontario, British Columbia and Nova Scotia received the highest scores, while Quebec, Prince Edward Island and Newfoundland received the lowest.

Alcohol is one of the leading causes of disease and disability in Canada and around the world. According to Health Canada, 4 to 5 million Canadians engage in high-risk drinking which can be responsible for significant health and social costs.

The report, titled *“Strategies to Reduce Alcohol-Related Harms and Costs in Canada: A Comparison of Provincial Policies,”* looked at 10 policies that can impact alcohol use or its societal costs. Each province was scored on the degree to which they have implemented precautionary alcohol policies.

“Alcohol use is associated with injuries, chronic disease, cancer, and physical and sexual violence, and globally ranks third after high blood pressure and tobacco as a contributor to disease and disability,” said Dr Norman Giesbrecht, Senior Scientist at CAMH. “It’s a public health issue, and in order to reduce its harms, a combination of evidence-based policies and prevention strategies is required. By collecting data from each

province on their alcohol policies in areas like pricing, availability, advertising, and drinking and driving counter-measures, we can see how each province can improve.”

Ontario scored highly on controlling the availability of alcohol, on strategies to deter drinking and driving and policies that regulate alcohol advertising and marketing practices, which were areas other provinces needed to improve upon.

Ontario also received high scores for adjusting alcohol prices based on alcohol content, for its restriction of certain types of ads and for having a clearly identified advertising enforcement authority and complaint process.

Other highlights from the study:

- New Brunswick and Newfoundland and Labrador were the only provinces to place limitations on the quantity of alcohol advertisements.
- Over 60 per cent of alcohol retailers in Nova Scotia and P.E.I. are government owned, resulting in high scores for their control system.
- All provinces scored well with legal drinking age by having legislation in place that prohibits the sale and

purchase of alcohol to a minor and having enforcement of the minimum legal drinking age in all types of alcohol outlets (liquor stores, bars, restaurants, etc).

- British Columbia and Ontario received top scores for identifying physician screening for problem alcohol use as a priority area while other provinces had little to no activity in this area.
- British Columbia, Alberta, Manitoba, Ontario and P.E.I. have province-wide, mandatory server training programs for staff at all public establishments. Ontario and Manitoba increased their score by also requiring staff at licensed events to be trained in responsible alcohol service.
- Alberta and Nova Scotia had high scores for their provincial alcohol strategies, being the only provinces to create alcohol-focused provincial strategies.

Researchers hope that these findings will cause policymakers to take another look at their alcohol policies and make significant changes.

This study was funded by the Canadian Institutes of Health Research and included data from the Provincial Liquor Boards and Mothers Against Drunk Driving (MAAD) Canada.

Republic of Ireland: parliamentary committee rejects ban of alcohol sponsorship of sporting events

The Oireachtas (Irish Parliament) Joint Committee on Transport and Communications has recommended that the sponsorship of sporting events by the alcohol drinks industry should remain in place until such time as it can be replaced by other identifiable streams of comparable funding.

The Committee also recommends that a fixed percentage of all sponsorship received by sporting and cultural organisations from the alcohol drinks industry should be ring-fenced for alcohol and substance abuse prevention programmes. The proposals are contained in a Committee report published in July 2013. The Committee was responding to a proposal from the Department of Health to phase out alcohol sports sponsorship by 2020.

Alcohol Action Ireland, the national charity for alcohol related issues, immediately condemned the Committee's recommendations, saying that a failure to implement a ban on alcohol sponsorship of sports would be a failure to protect future generations from alcohol-related harm, and that the Committee had ignored the evidence on the impact of alcohol marketing on young people.

Committee Vice-Chairman John O'Mahony TD said "In March and April we heard from



a wide variety of interested organisations including the Irish Rugby Football Union, the Gaelic Athletic Association, the Football Association of Ireland, Alcohol Action Ireland, the College of Psychiatrists, Horse Racing Ireland, the Federation of Irish Sports and the Drinks Industry Group of Ireland. We thank all representatives for candid and clearheaded contributions. As a Committee, we are cognisant of the fact that both the sporting organisations and the medical professionals hold strong, but opposing views, on the matter.

"Some Committee Members were firmly of the view that sponsorship by alcohol drinks companies should be phased out ...however, the majority held the view that the link between sponsorship and the misuse of alcohol in society had not been established and, consequently, the Committee feels that banning sponsorship of sports by the alcohol industry is not merited at this time. In the

current economic climate, the report argues, the main sporting organisations in this country would suffer inordinately if legislation for such a prohibition was introduced."

"With over-drinking such a pressing public health issue, the Committee has been encouraged by the efforts outlined by sporting organisations to curb misuse of alcohol among young people in particular. To reinforce this work, it has recommended that a percentage of sponsorship by alcohol companies be ring-fenced to reduce alcohol misuse."

The Committee also recommended that prohibition on sponsorship by the alcohol industry be considered only if it is done on a pan-European basis in order to ensure that Irish sports and sporting organisations are not operating at a disadvantage relative to their international competitors. Speaking for Alcohol Action Ireland, Professor Joe Barry said: "Around 60,000 teenagers start

drinking in Ireland every year and it's these vulnerable young people who are most at risk, not just from alcohol consumption, but also from the sophisticated and powerful influence that alcohol advertising has on drinking behaviour and expectations.

“There are few things in Ireland that can evoke feelings of passion, pride and unity like sports can. Unfortunately, our sporting organisations are now also one of the primary vehicles through which the alcohol industry markets its harmful and unhealthy products to the people of Ireland.

“Before the Committee earlier this year, the sporting organisations themselves acknowledged that their close links with the alcohol industry were not ‘ideal’ and in ‘a perfect world’ they would not allow themselves to continue to be used to promote unhealthy products that cause so much harm, in so many ways, to the people of Ireland.

“Sadly, it seems our sporting organisations are too dependent on alcohol money to do the right thing. Ultimately this is a matter for the Department of Health and Alcohol Action Ireland continues to support (the Government) in their efforts to address our very serious alcohol problem. In the future the contents of this report will seem very strange, in that we would allow alcohol to be so associated with sport”.

Photograph by courtesy of Wikimedia Commons <http://creativecommons.org/licenses/by/2.0/deed.en>

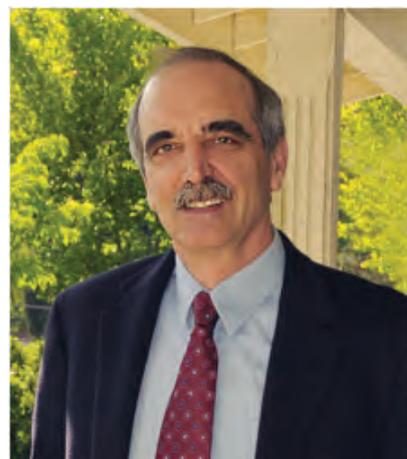
Decline in commercial host liability in the USA

Fewer American states are holding alcohol retailers liable for harms caused by customers who were served illegally, according to a report from researchers at Alcohol Policy Consultations and the Center on Alcohol Marketing and Youth (CAMY) at the Johns Hopkins Bloomberg School of Public Health. The study documents the gradual erosion of commercial host liability (also referred to as dram shop liability) from 1989 to 2011.

Commercial host liability holds alcohol retailers liable for alcohol-attributable harms resulting from illegal alcohol sales to patrons who are intoxicated or underage at the time of service. It applies to both on-premise (bars, restaurants and clubs) and off-premise locations. The Community Preventive Services Task Force recently determined that commercial host liability was effective in reducing a range of harms from alcohol in states that have it, including a median six percent drop in alcohol-related motor vehicle crash deaths.

The report found that in recent years many states enacted legislation to protect retailers from commercial host liability by increasing the evidentiary requirements, limiting the amount of liability awards or protecting certain retailers from liability. For example, between 1989 and 2011, the number of

states that recognized liability for serving intoxicated adults without restrictions declined from 25 to 21, and states with one of these major restrictions increased from 11 to 16.



James F Mosher, JD

“The erosion of commercial host liability in recent decades is a public health failure that directly contributes to the exorbitant human and economic costs of excessive drinking,” said lead study author James F. Mosher, JD, of Alcohol Policy Consultations, a public health legal consultancy in Felton, California. “Alcohol retailers who operate negligently and engage in illegal serving practices should not receive special protection, denying those who are injured their day in court.”

The report also examined states’ adoption of the Responsible Beverage Service (RBS) practices defense, an optional provision in commercial host liability laws first developed in 1985 as part of a project funded by the National

Institute on Alcohol Abuse and Alcoholism. In states that have adopted it, retailers can avoid liability if they show that they adhered to RBS practices at the time of the alcohol service leading to the injury and lawsuit.

RBS practices include instituting effective ID checks, training staff on identifying signs of intoxication and discontinuing marketing practices that encourage intoxication, among others. The report found that only six states had adopted the RBS defense provision despite the potential benefits to both public health and retailers.



David Jernigan

“These findings underscore the critical importance of commercial host liability laws,” said David Jernigan, PhD, co-author of the report and CAMY Director. “These laws have been proven to prevent alcohol sales to underage and intoxicated persons, and should be a priority for public health.”

Binge drinking is an under-recognized problem among US women and girls

Binge drinking is not often recognized as a women’s health problem but nearly 14 million American women binge drink about three times a month, and consume an average of six drinks per binge, according to a Vital Signs report released from the US Centers for Disease Control and Prevention.

The report highlights how binge drinking puts women at increased risk for many health problems such as breast cancer, sexually transmitted diseases, heart disease, and unintended pregnancy. Pregnant women who binge drink expose a developing baby to high levels of alcohol, which can lead to fetal alcohol spectrum disorders and sudden infant death syndrome.

In addition, the report finds that about 1 in 8 women and 1 in 5 high school girls report binge drinking. Binge drinking was most common among women aged 18-34 and high school girls, whites and Hispanics, and women with household incomes of \$75,000 or more. Half of all high school girls who drink alcohol report binge drinking.

Binge drinking is defined as consuming four or more drinks on an occasion for women and girls. Drinking too much, including binge drinking, causes about 23,000 deaths among women and girls in the United States each year.

“Binge drinking causes many health problems, and there are proven ways to prevent excessive drinking,” said CDC Director Thomas Frieden, M.D., M.P.H. “Effective community measures can support women and girls in making wise choices about whether to drink or how much to drink if they do.”

CDC scientists looked at the drinking behavior of approximately 278,000 U.S. women aged 18 and older for the past 30 days through data collected from the 2011 Behavioral Risk Factor Surveillance System, and for approximately 7,500 U.S. high school girls from the 2011 National Youth Risk Behavior Survey.

The report highlights the Guide to Community Preventive Services (Community Guide), which recommends effective policies to prevent binge drinking.

“It is alarming to see that binge drinking is so common among women and girls, and that women and girls are drinking so much when they do,” said Robert Brewer, of the Alcohol Program at CDC. “The good news is that the same scientifically proven strategies for communities and clinical settings that we know can prevent binge drinking in the overall population can also work to prevent binge drinking among women and girls.”

Challenge to claim that abstainers lose out on protective effect of alcohol

The notion of the J-shaped curve – the claim that both lifetime abstainers from alcohol and heavy drinkers have an increased risk of heart disease compared with light drinkers - has been challenged by a team of US researchers. The crux of the argument is that abstainers are a diverse group, and what applies to some may not apply to all.

It is frequently suggested that the increased mortality found among nondrinkers could be attributable to a protective effect of light drinking in relation to heart disease.

But researchers at the US University of Colorado Boulder, working with colleagues at the University of Colorado Denver, decided to examine whether characteristics of different subgroups of nondrinkers could explain the increased mortality risk.

“Among nondrinkers, people have all sorts of background reasons for why they don’t drink,” said sociology Professor Richard Rogers, Director of CU-Boulder’s Population Program in the Institute of Behavioral Science. “We wanted to tease that out because it’s not really informative to just assume that nondrinkers are a unified group.”

For the new study, published in the journal *Population Research and Policy Review*, Rogers and his colleagues relied

on data collected in 1988 by the National Health Interview Survey about the drinking habits of more than 41,000 people from across the United States. The researchers also had access to information about which respondents died between taking the survey and 2006.

During the survey, nondrinkers were asked to provide their reasons for not drinking. Possible answers ranged from “don’t socialize very much” to “am an alcoholic” to “religious or moral reasons.”

The research team divided nondrinkers into three general categories: “abstainers”, or people who have never had more than 12 drinks in their lives; “infrequent drinkers”, or people who have fewer than 12 drinks a year; and “former drinkers.” Each category was further divided using a statistical technique that grouped people together who gave similar clusters of reasons for not drinking.

The team then calculated the mortality risk for each subgroup compared with the mortality risk for light drinkers, and they found that the risks varied markedly.

Abstainers who chose not to drink for a cluster of reasons that included religious or moral motivations, being brought up not to drink, responsibilities to their family, as well as not liking

the taste, had similar mortality risks over the follow-up period to light drinkers.

“So this idea that nondrinkers always have higher mortality than light drinkers isn’t true,” Rogers said. “You can find some groups of nondrinkers who have similar mortality risks to light drinkers.”

The other subgroup of abstainers - whose largest reason for not drinking appeared to be a dislike of the taste and to a lesser degree family responsibilities, religious or moral motivations or upbringing - had a 17 percent higher mortality risk over the follow-up period compared with light drinkers.

The scientists also found that infrequent drinkers generally had a slightly higher mortality risk than light drinkers. Former drinkers, however, had the highest mortality risk of all nondrinkers. Former drinkers whose cluster of reasons for not drinking now included being an alcoholic and problems with drinking, for example, had a 38 percent higher mortality risk than light drinkers over the follow-up period.

By comparison, people who drink between one and two drinks per day, on average, have a 9 percent higher mortality rate than light drinkers, while people who drink between two and three drinks per day have a 49 percent higher mortality. People

who consume more than three drinks per day had a 58 percent higher mortality risk over the follow-up period compared with light drinkers.

Despite confirming that some subgroups of nondrinkers have a higher mortality rate than light drinkers, it doesn't necessarily follow that those people's mortality rates would fall if they began drinking, Rogers said.

For example, people who were problem drinkers in the past might increase their mortality risk further by starting to drink again.

Also, people who don't drink at all, as a group, have lower socioeconomic characteristics than light drinkers, which could be one of the underlying causes for the mortality differences, Rogers said. In that case, starting

to drink without changing a person's socioeconomic status also would not likely lower mortality rates.

"I think the idea that drinking could be somewhat beneficial seems like it's overstated," Rogers said. "There may be other factors that lower mortality for light drinkers. It's not just the act of drinking."

Alcohol causes cancer - experts call for health warnings

Alcohol is a carcinogen and should be treated as such. This is the message of a growing number of health advocates around the world.

In Europe, alcohol featured heavily in the European Week Against Cancer conference held in Dublin in May 2013.

The conference was an associated event of the Irish Presidency of the Council of the European Union and was officially opened by the Irish Minister for Health, Dr James Reilly T.D.

A conventional estimate is that approximately 10% of cancers in men and 3% in women can be attributed to drinking alcohol. Dr Peter Rice, Chair of the Scottish Health Action on Alcohol Problems said: "Some of the most worrying trends in alcohol related harm are on the long term health of middle aged and older people, including increased rates of alcohol related cancers. This is often overlooked because of a focus on youth drinking and public disorder.

The contribution of alcohol to a range of cancers needs to be better recognized. There needs to be better public information, more awareness among cancer professionals and effective public health measures to highlight the link and promote action to reduce avoidable illnesses and deaths."

Professor Peter Anderson, giving an overview of the relationship between alcohol and cancer said:

"On average, European consumers drink 30g of alcohol a day which is 600 times the recommended exposure level set by the European Food Safety Authority for cancer-causing agents in food and drink. Given that there is no level of consumption that is safe as far as cancer is concerned, surely this calls for mandatory warning labels on all cans and bottles stating that alcohol causes fatal cancer."

This claim was reported dramatically in some English

language media. The UK's Daily Express reported the story under the headline 'Cancer risk of two beers a year'.

Professor Anderson explained that the European Food Safety Authority had never assessed alcoholic drinks for safe exposure levels to carcinogens. However, after applying the methodology used by the authority to set exposure levels for pesticides in food, Professor Anderson and his colleagues found the maximum annual dose for alcohol was 20g, equivalent to one drink every six months.

Professor Anderson added that alcohol is a carcinogen and he doubted "that the alcohol industry would want to be caught out producing and selling a carcinogen without warning its consumers." He said: "We know cigarettes cause cancer, and cigarette packets carry warning labels that cigarettes cause cancer. Consumers surely deserve the same information on drink bottles."

Professor Sir Ian Gilmour, former president of the Royal College of Physicians in the UK, and Chairman of its Alcohol Health Alliance, described Professor Anderson's claim regarding a threshold of 20g of pure alcohol a year as 'speculative but useful'.

Meanwhile, in New Zealand, health experts have compared alcohol to asbestos. Professor Doug Sellman, of the National Addiction Centre, said that 25 per cent of alcohol-related deaths "are actually cancer deaths."

"The ethanol in alcohol is a group one carcinogen, like asbestos," he said. The point of the comparison was that alcohol

is associated with cancers with low survival rates.

The warning came as New Zealanders were being encouraged to sign up for Dry July, a month without drinking alcohol, the money saved being donated to cancer services.

The Cancer Society of New Zealand said that New Zealanders were only now becoming aware of the link between alcohol and cancer, just as they did more than 30 years ago with smoking and lung cancer.

New Zealanders were informed that strong links between drinking more than two or three standard drinks a day have been

established to digestive tract cancers including mouth, throat, larynx and oesophageal cancers. There are also links between alcohol and bowel, breast and prostate cancers.

New Zealand Health Ministry statistics show, in the decade to 2009, a total of 2719 New Zealanders were diagnosed with oesophageal cancer, of whom just 435 survived - a survival rate of around 16 per cent.

Dr Jan Pearson, of the Cancer Society, said it was time New Zealanders started talking about the risks of excessive drinking. "We are probably at the stage now that we were at 30 years ago with tobacco."

Alcohol Beverage Labeling

The United States Treasury has finally permitted the voluntary nutritional labeling of alcohol products. The Treasury's Alcohol and Tobacco Tax and Trade Bureau has announced that producers are now allowed, if they choose, to present 'Serving Facts', statements that include the serving size, the number of servings per container, the number of calories, and the number of grams of carbohydrates, protein, and fat per serving. Additionally, Serving Facts statements may include information about the alcohol content of the product as a percentage of alcohol by volume and may also include a statement of the fluid ounces of pure ethyl alcohol per serving.

The move appears to be a response to pressure from

both consumer groups on the one side, and some sections of the alcohol industry on the other. The consumer groups have campaigned for alcoholic beverages to have the same transparency as packed foods, which are required to be labeled. Spirits producers have wanted nutritional labeling to be able to promote their products as low in fat, carbohydrate and calories. However, in the US, it seems that opinion in both consumer groups and the alcohol industry is divided on the issue.

Diageo has been asking to be allowed nutritional labelling of its products since 2003, when low-carbohydrate diets were gaining in popularity.

"This is actually bringing alcoholic beverages into the

modern era," Guy Smith, an Executive Vice President at Diageo, said in response to the announcement.

Smith said he expects Diageo gradually to put the new labels on all of its products, which do include beers and wines. "It's something consumers have come to expect," Smith said. "In time, it's going to be, why isn't it there?"

However, it seems unlikely that the main beer and wine producers in the US will see any advantage to themselves in the new labelling possibilities. Not all beer producers seem keen on consumers being enabled to count calories so easily, and The Wine Institute, which represents more than a thousand California wineries, said, in

a statement, that it supported the ruling but added that “experience suggests that such information is not a key factor in consumer purchase decisions about wine.”

Spokeswoman Gladys Horiuchi said the group knew of no wine companies that planned to use the new labels.

Opinion also seemed to be split in the consumer organisation camp.

Michael Jacobson, Director of the Center for Science in the Public Interest, said that the

move didn't reflect any concern about public health, and he criticised the new rules as being too close to what the alcohol companies had sought.

Whilst Jacobson and other consumer activists supported having calorie counts on labels, they said the labels should not include nutrients that make the alcohol seem more like a food. “Including fat and carbohydrates on a label could imply that an alcoholic beverage is positively healthful, especially when the drink's alcohol content isn't prominently labeled,” Jacobson said.

In the European Union, alcohol policy advocates have adopted alcohol product labelling as a winnable issue. Eurocare, the European Alcohol Policy Alliance, campaigns for a mandatory system of product labelling requiring all alcohol products to carry information regarding ingredients; substances with allergenic effect; relevant nutritional information like Energy value (kcal); alcoholic strength (total grams) and, in addition, health and safety warnings.

Nearly a fifth of ‘designated drivers’ are alcohol impaired

Further evidence that designated driver programmes are unlikely to make a substantial contribution to combating drink driving is provided by a research report from Florida, USA, showing that a significant proportion of designated drivers do, in fact, consume alcohol.



Assistant Professor, Adam Barry

The study, of more than 1,000 bar patrons, found that approximately 40 percent of designated drivers had drunk alcohol, and most of those drinkers had blood alcohol levels that could impair their driving.

It's not clear why those designated drivers drank despite their role. Some of them might think that as long as they don't feel drunk they are all right to drive, says lead researcher Adam Barry, Ph.D., an Assistant Professor of Health Education and Behavior at the University of Florida in Gainesville.

“People do try to use that as a measuring stick,” he says. “But alcohol is insidious.” That is, your driving skills are already impaired before you feel the “buzz” that tells you you've indulged too much.

For the study, Barry's team went out into a college bar district six distinct nights (10:00 p.m.-2:30 a.m.) over three months, recruiting bar patrons as they exited drinking establishments. Ultimately, 1,071 people agreed to be interviewed and take alcohol breath tests—including 165 who said they were the designated driver.

About 40 percent of those drivers had been drinking. On breath tests, 17 percent had blood alcohol levels between .02 and .05 percent, while 18 percent were at .05 percent or higher.

Although, in the USA, people can legally drive with a blood alcohol level up to .08 percent, studies have found that alcohol begins to dull people's driving skills at a blood level of .02

percent. By .05 percent, the ability to drive safely is clearly impaired.

Of course, Barry notes, it's best for any driver—not just designated drivers—to refrain from drinking. But it may be particularly risky when a designated driver imbibes, because he or she will have a carload of drunken passengers. “They may be loud, or start roughhousing. They're a distraction,” Barry says. Couple all of that with the fact that most people drink at night, when any driver's vision is diminished, and you have a potential recipe for disaster, according to Barry.

A number of studies have found that designated-driver campaigns, although popular, have done little to actually prevent drunk driving. If trends like the one in this study continue, the researchers say, designated-driver campaigns will probably continue to disappoint.

Barry, A. E., Chaney, B. H., Stelfox, M. L. (July 2013). Breath alcohol concentrations of designated drivers. *Journal of Studies on Alcohol and Drugs*, 74(4), 509-513.

Australians vote

A new study measuring attitudes toward alcohol policy reforms has shown that a majority of Australians support a broad range of measures to reduce alcohol harms.

Reflecting heightened awareness and growing community concerns, the study found popular support for measures including restricting late trading (65.7%), guidelines on labels (66%), and limiting alcohol advertising on television (72.9%).

The findings were published in conjunction with the 2013 Election Platform: 10 ways to reduce alcohol harms issued by the Foundation for Alcohol Research and Education (FARE).

FARE Chief Executive, Michael Thorn, said the research disproved the alcohol industry line that alcohol misuse was not a concern for all Australians. Mr Thorn said that industry influence and political weakness were the only factors preventing action being taken to reduce the toll.

“Alcohol use and its associated harms represent Australia's greatest preventive health challenge, but the way forward is clear. We know what works and what doesn't, and the voters have spoken time and again and said they support evidence-based reforms. If we are to

reduce the growing alcohol toll, our political leaders must embrace the solutions we know will prevent and reduce alcohol harms,” Mr Thorn said.

FARE's 2013 Election Platform

FARE is calling on all political parties to demonstrate leadership on alcohol policy, and to that end, has called for a banning of political donations from the alcohol industry and the development of a code of conduct on government engagement with industry.

Mr Thorn says the vast majority of Australians also want strong government leadership on alcohol, with recent polling showing that 75 per cent of people believe that Australia has a problem with excess drinking or alcohol abuse, and 74 per cent of Australians believe more needs to be done to reduce alcohol harms.

“Australians want government to take strong action to address alcohol harms but unfortunately that won't happen as long as government remains a prisoner to the demands of industry. A ban on political donations from the alcohol industry, and a change to the way government engages with industry would effectively break those chains,” Mr Thorn said.

FARE's election platform also calls for the banning of

yes to tackling alcohol harm

alcohol industry sponsorship at sporting and cultural events to protect Australian children and adolescents from relentless alcohol marketing, the removal of the loophole that allows alcohol advertising on television before 8:30pm and the introduction of independent regulation of alcohol advertising.

Mr Thorn says alcohol marketing influences the age at which young people drink and the amount they consume. “Vulnerable young Australians are being exposed to alcohol in more ways than ever before. In the face of increasing advertising platforms, the need for simple independent alcohol marketing regulation has never been greater,” Mr Thorn said.

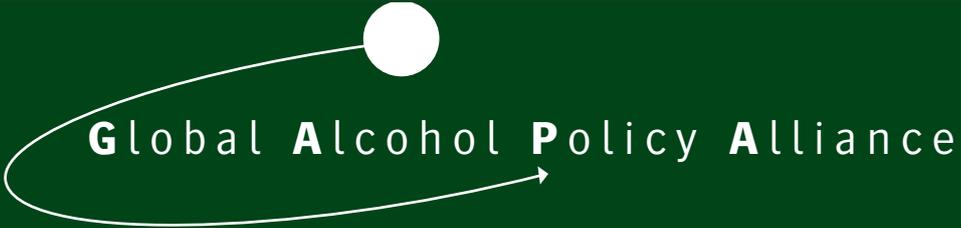
Mr Thorn says that in the face of significant and rising alcohol harms, the existence of effective evidence-based solutions and the majority support for alcohol policy reform, there is a compelling case for prioritising alcohol policy during the 2013 Federal Election.

“Australians don’t understand why the major parties continue to ignore rising alcohol harms. They rightfully question why governments refuse to adopt measures proven to be effective in reducing harms. Regardless of their voting intentions, a majority of Australians believe Governments need to do more to address this issue, and in

the lead up to the Federal Election, we are calling on our political leaders to listen to their concerns.

2013 Election Platform: 10 Actions to reduce alcohol harms

1. Develop a comprehensive national alcohol strategy with clear targets to reduce alcohol-related harms.
2. Tax wine as alcohol and remove taxpayer funded rebates that result in alcohol being sold for as cheap as 25 cents a standard drink.
3. Introduce mandatory alcohol pregnancy warning labels and raise awareness of the significant harms that result from alcohol consumption during pregnancy.
4. Prevent and address the invisible disability caused by prenatal alcohol exposure by implementing The Australian Fetal Alcohol Spectrum Disorder Action Plan.
5. Enable Aboriginal and Torres Strait Islander people to develop community led actions to address alcohol harms.
6. Safeguard Australian children and adolescents from the prolific promotion of alcoholic beverages by prohibiting alcohol industry advertising on television before 8.30pm and introducing independent regulation of alcohol marketing.
7. Protect Australian children and adolescents from incessant alcohol marketing at sporting and cultural events by banning alcohol industry sponsorship.
8. Support health professionals to talk to Australians about their alcohol consumption.
9. Ban political donations from the alcohol industry and develop a code of conduct on government engagement with industry.
10. Support evidence-based development of alcohol policy by addressing the gaps in alcohol data collection and research.



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