

# Alcohol Alert

NOVEMBER 2016

## Dawn of a new EARRAH



**Scotland wins  
European Award for  
Reducing Alcohol Harm**



## **NOVEMBER 2016**

- 3 Alcohol the cause of 5% of new cancer cases**  
**Alcohol brands' ads within guidelines, say ASA**
- 4 Alcohol misuse most often treated in middle age**
- 6 Liverpool approves late night levy**
- 7 Half of alcohol sold in Scotland 'below minimum price'**
- 8 Alcohol Concern warns: 'Know your risks'**
- 9 Unit-marked glassware can raise alcohol awareness**  
**4 Ps influence on children's drinking behaviour "mixed"**
- 10 Beer and spirits makers bicker over alcohol calorie campaign**
- 12 135,000 alcohol-related cancer deaths predicted by 2035**
- 13 Whisky giant in bid to appeal minimum unit pricing decision**

### **COVER STORY**

- 14 Scottish Government wins award for reducing alcohol harm**
- 15 Heavy drinking could raise stroke risk**

### **ALCOHOL SNAPSHOT**

- 17 Alcohol-related cancers will get worse before they get better**

**Contact us**

[www.ias.org.uk](http://www.ias.org.uk)

To subscribe to the Alcohol Alert mailing list, or for corrections, clarifications, comment and contributions, please contact:

Habib Kadiri, Editor  
[info@ias.org.uk](mailto:info@ias.org.uk)

## Alcohol the cause of 5% of new cancer cases

Alcohol consumption caused more than 700,000 new cancer cases and around 366,000 cancer deaths in 2012, mainly in income rich countries, according to data reported to the [World Cancer Congress in Paris](#).

Comparing the cancer risk of people who drink to that of people who do not, researchers calculated that alcohol was responsible for an estimated 5% of all new cancer cases, and 4.5% of deaths per year.

“A large part of the population is unaware that cancer can be caused by alcohol,” study co-author [Kevin Shield of the International Agency for Research on Cancer \(IARC\)](#) told AFP news agency.

Alcohol was most strongly linked to new breast cancer diagnoses — more than 1 in 4 of all alcohol-attributable cancer cases, the researchers found, followed by colorectal cancer at 23%.

For breast cancer, particularly, it was clear that “the risk increases with the dose” of alcohol, said Shield.

Measuring alcohol’s contribution to cancer deaths, the researchers found it was most strongly linked to oesophagus cancer fatalities, followed by colorectal cancer.

The IARC, the cancer agency of the World Health Organization (WHO), [lists alcohol as a “group 1 carcinogen”](#), which means it is considered cancer-causing, though Shield said the mechanism was “not exactly known”.

## Alcohol brands’ ads within guidelines, say ASA

Heineken UK and Beverage Brands have not breached guidelines on the marketing of their Kronenbourg and WKD alcohol brands, the UK’s advertising watchdog has ruled.

Both companies were challenged separately by The Youth Alcohol Advertising Council (YAAC), but the Advertising Standards Agency (ASA) rejected their complaints.

The YAAC questioned whether a YouTube-aired Kronenbourg ad featuring ex-footballer Eric Cantona had implied that alcohol could “enhance confidence”, had “therapeutic qualities” and was “capable of changing mood, physical condition or behaviour”.

Cantona was accompanied by two dogs who wore barrels of the beer around their necks while delivering Kronenbourg to the “deserving”, including a postman trapped in a snow drift.

In its ruling under [CAP Code \(Edition 12\) rule 18.7 \(Alcohol\)](#), the ASA stated that “because the beer was consumed at the very end of the scenes after the rescues had taken place, there was no suggestion that it was the consumption of the beer, rather than the act of being rescued, that had improved their mood”.

The YAAC also unsuccessfully challenged what it deemed an “irresponsible” ad on the Twitter feed of @WKDOfficial. It claimed the use of emojis was likely “likely to appeal particularly to people under 18 years of age”. The Twitter post read “Our WKD tech team is trying to make your emoji dreams a reality” above an image of a phone screen showing an exchange of messages that featured emojis.

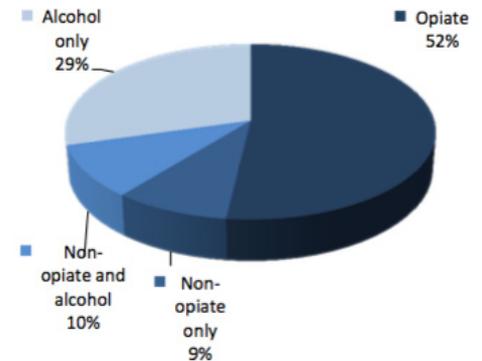
Under [CAP Code \(Edition 12\) rule 18.14 \(Alcohol\)](#), the ASA concluded emojis were likely to have “appeal across many age groups” and “considered they were not likely to have particular appeal to under-18s by reflecting or being associated with youth culture.” ■■■

## Alcohol misuse most often treated in middle age

Average age of alcohol only clients seeking treatment is 45 years

Drinkers in their forties make up the most number of alcohol only treatment users for substance misuse in England, according to new figures published by Public Health England (PHE).

The National Drug Treatment Monitoring System (NDTMS) report '*Adult substance treatment activity in England 2015-16*' shows that in the 12 months to 31st March 2016, clients exhibiting problematic or dependent drinking represented a total of 144,908 individuals, the second largest group in treatment (see pie chart, illustrated right). Of these, 85,035 were treated for alcohol treatment only and 59,873 for alcohol problems alongside other substances.



The overall number of individuals in treatment for alcohol fell by 4% compared to 2014-15, with the numbers for alcohol only decreasing by 5% since then, to reach its lowest total since 2009-10 (illustrated below). However, this figure still represents more than double the annual number of alcohol only clients recorded since records began in 2005-06 (35,221 clients).

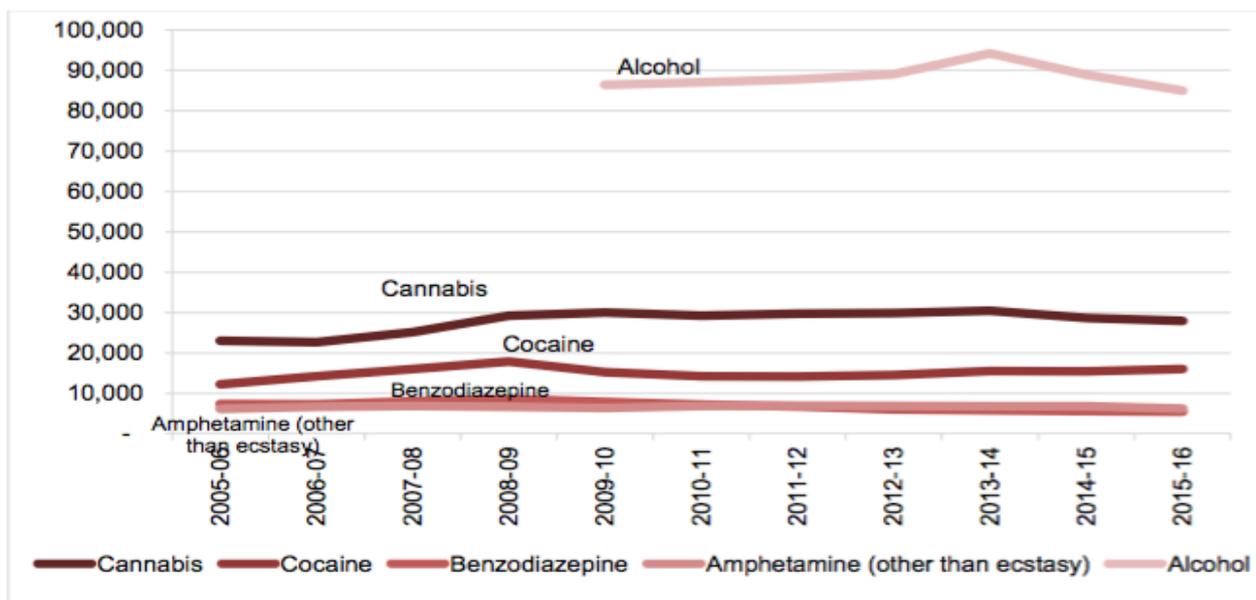
Year	Opiate		Non-opiate only		Non-opiate and alcohol		Alcohol only		Total n
	n	%	n	%	n	%	n	%	
2005-06	140,557	65%	26,287	12%	14,737	7%	35,221	16%	216,802
2006-07	154,596	64%	28,777	12%	18,154	8%	40,114	17%	241,641
2007-08	160,997	61%	27,398	10%	22,741	9%	54,696	21%	265,832
2008-09	170,005	56%	27,186	9%	28,560	9%	78,658	26%	304,409
2009-10	170,032	55%	24,557	8%	28,992	9%	88,086	28%	311,667
2010-11	169,144	55%	23,613	8%	28,223	9%	88,020	28%	309,000
2011-12	162,435	54%	22,982	8%	27,732	9%	86,416	29%	299,565
2012-13	157,959	53%	23,975	8%	27,627	9%	87,544	29%	297,105
2013-14	155,852	52%	25,570	8%	28,871	10%	91,651	30%	301,944
2014-15	152,964	52%	25,025	8%	28,128	10%	89,107	30%	295,224
2015-16	149,807	52%	25,814	9%	28,187	10%	85,035	29%	288,843

The report noted that those in treatment for alcohol only and opiates tend to be much older than individuals who have presented for problems with other substances. The median age of alcohol only clients was 45 years, with 68% aged 40 or over and 11% aged 60 years and over.

Roughly three-fifths of alcohol only clients were male (61%) although this was a lower proportion than those representing the entire treatment population in 2015-16 (70%). The report's authors suggested that this finding is "likely (to) reflect the differences in the gender prevalence of problematic alcohol and drug use." PHE will be releasing estimates of alcohol dependency late 2016.

Individuals starting treatment in 2015-16 were most likely to present with problematic alcohol use (62%, or 84,931 new clients) (illustrated, over page). But alcohol only clients also had the highest rates of successful exits of all clients presenting for treatment, with just under two-thirds (62%) successfully completing treatment, up on 61% in the previous year.

### Number of new treatment presentations for other substances



Pre 2009-10 alcohol data is not included

as alcohol providers data was only fully collected from 2009-10 onwards

However, there were also more deaths among those accessing treatment for alcohol only problems; there were 817 deaths in 2015-16, 3% more than the previous year.

The report also noted that since alcohol service providers started reporting to NDTMS in 2005-06, alcohol citations have remained relatively stable, although the gathering of information on alcohol treatment service providers since 2008-09 may have been one of the main drivers of an overall increase in clients seeking treatment for substance use in general over the last decade.

Responding to the latest figures, Rosanna O'Connor, Director, Alcohol, Drugs & Tobacco within the PHE Health and Wellbeing Directorate, said:

“It is clear from the data that there is an increasing need for services to meet the complex needs of older more vulnerable drug and alcohol users in treatment as well as finding ways of helping those accessing services for the first time to get the treatment they need and move on with their lives.

“Within the data there is much to be hopeful about... But we certainly can't be complacent – PHE, national and local government and providers, all need to enhance our efforts to ensure that treatment is a safe platform from which to achieve recovery.”

## Liverpool approves late night levy

Revised plans to come into force in 2017

A late-night levy on Liverpool's bars and clubs is to be introduced after councillors voted to approve the plans.

The charge will be introduced in April 2017 and will help pay for policing in the city centre and street cleaning.

Original proposals to charge up to 800 venues between £299 and £4,400 were scrapped in March after concerns they would not raise enough revenue to produce "significant improvements".

But under the revised proposals, which will be trialled for a year, premises in the Business Improvement Districts (BID) which make a financial contribution towards initiatives that tackle crime and disorder will be exempt. Premises with overnight accommodation, theatres, cinemas, bingo halls and village pubs will also be exempt.

The Association Licensed Multiple Retailers (ALMR) chief executive Kate Nicholls criticised the move as an "extremely disappointing decision" for the city's night-time economy, which was "strongly opposed" to the levy in the 2015 consultation by the local authority.

"We will be exploring all possible options to oppose this levy but, in the meantime, urge the council to follow the example of nearby Cheshire East Council, which recently opted against a levy", she said.

But the police welcomed the council's decision to overturn the licensing committee's initial decision, which will be split 70 : 30 between the police and the council respectively.

Chief Superintendent Mark Wiggins, area police commander for Liverpool, said: "Liverpool has a well-deserved reputation as a safe and vibrant city and every weekend at least 100,000 people visit the city to enjoy the night life. We work hard to ensure those people leave with memories of a fantastic night out and are keen to come back

time and time again.

"We welcome the introduction of the late night levy, which has now been approved by the local authority. Alongside our partners, we will always consider all opportunities to ensure Liverpool remains a safe place to work, live and visit."

Merseyside Police estimate the annual cost of policing the city centre from midnight to 06:00 to be about £540,000. ■■■

## Half of alcohol sold in Scotland ‘below minimum price’

Research finds more than two-thirds of spirits fall below threshold

At least half of the alcohol sold in Scotland does not meet the impending minimum pricing legislation, say researchers analysing till sales at nearly 1,200 stores.

When categorised by type, the proportion of alcoholic beverages that currently fall under the 50 pence per unit threshold was highest for spirits (69%). Two-thirds (67%) of beers and half (51%) of ciders were also found to be cheaper than the proposed floor price, while wines were least likely to be less than 50p per unit of alcohol (3.4%).

When implemented a minimum unit price (MUP) of 50p is likely to see a bottle of spirits cost at least £14, while cheap cider could double in price.

Nielsen, the data analysts who carried out the latest research, claimed that while the legislation could actually benefit the drinks industry, leading to increased revenue, it may also lead to the “near extinction” of drink deals.

Marika Praticó, senior client manager at Nielsen, said: “As long as any potential decline in demand doesn’t exceed 12.5%, the industry will benefit thanks to the higher price point.

“Overall, wine will need to raise prices by the least amount, thus, it becomes more affordable relative to other alcohol.

Marika also predicted that there could be an increase in cross-border alcohol shopping among the Scottish to England and Ireland, where prices would be cheaper, “mirroring what many Britons already do with the annual Calais run”.

However, public health experts responded that the health benefits of the measure would far outweigh any price increases. [Alison Douglas, chief executive of Alcohol Focus Scotland said:](#)

“As this report demonstrates, Scotland’s supermarkets and shops are awash with cheap alcohol. It is costing us dear with 22 Scots dying as a result of alcohol each and every week.

“The average price of a unit of alcohol in our shops is 52p, less than a third of the average price in a bar or restaurant at £1.74. Recent research undertaken by Alcohol Focus Scotland found high-strength cider available as cheaply as 18p per unit, making it possible to drink the maximum weekly recommended units for £2.52 – the price of a takeaway coffee.

“Alcohol minimum pricing will introduce a floor price beneath which alcohol cannot be sold. It will mainly affect the low-cost, high strength drinks favoured by harmful drinkers and younger drinkers, in particular cheap vodka and strong ciders. Moderate drinkers would only pay on average an extra £2 per year. This is a small price to pay for the 60 lives that minimum unit price will save in the first year alone.”

The report’s findings follow [a ruling by the Court of Session in October 2016](#) approving the *Alcohol (Minimum Pricing) (Scotland) Act* on the grounds of protecting public health, rejecting a challenge led by the Scotch Whisky Association (SWA).

The Act – originally passed in June 2012 – proposes to set the price of alcohol at 50p per unit. The SWA said that it had yet to decide whether to appeal the Court of Session ruling.

SWA Head of Communications Rosemary Gallagher said: “The Scotch whisky industry has long argued that minimum pricing would be ineffective in tackling alcohol-related harm, while also constituting a trade barrier an impacting on a significant proportion of whisky sold in the Scottish market.”

Public Health Minister Aileen Campbell said: “Minimum unit pricing is the most proportionate and effective way to reduce the harm caused specifically by cheap, high strength alcohol.” ■■■

## Alcohol Concern warns: ‘Know your risks’

Awareness campaign focuses on risks of drinking for every day of the week

Monday 14 November saw the launch of Alcohol Concern’s annual [Alcohol Awareness Week](#). This year’s focus was on the health risks associated with alcohol, under the theme of “Know The Risks”.

The campaign focused on a different risk for each of the seven days: cancer, depression, dementia, breast cancer, diabetes, hypertension, and brain damage. The week also served to reiterate the updated guidance from the country’s Chief Medical Officers (CMO) that there is no safe level of alcohol use.

Alcohol Concern encouraged people to get involved with the week via social media, sharing the hashtags #AAW2016 and #knowtherisks, and promoting discussion of alcohol’s effect on individuals, families, communities and wider society.

Joanna Simons, the charity’s chief executive, said: “People know this is their moment in the year to talk about alcohol so our official hashtag has been a great asset to see the impact of the week and what people all over the UK were doing to help raise awareness of alcohol harms.”

Organisations including Cancer Research UK, St John Ambulance, and Public Health England took part in the initiative by sharing guidance for how to look after those who have been drinking, scientific insight into alcohol’s role in cancer, as well as advice on how to cut down.

Did you know alcohol continues  
to be the **leading risk factor for  
deaths** among both men and  
women aged 15 – 49?

**#KnowTheRisks**

**#AAW2016**

**Alcohol  
Concern**  
Promoting health;  
Improving lives

## Unit-marked glassware can raise alcohol awareness

But study also shows limited impact on consumption habits

Research published in the *Alcohol and Alcoholism* journal has found that unit-marked glassware may change people's use of unit-based guidelines to track their alcohol intake.

Prompted by the notion that people in the UK tend to lack full understanding of government guidelines for alcohol use, the study aimed to explore if such glasses could lead to increased knowledge of the guidelines, more favourable attitudes towards them, more frequent counting of unit and lower alcohol intake, as well as measuring people's experience of using the glasses.

The two-phase study saw an intervention group instructed to drink all alcoholic and non-alcoholic drinks for one month from 350ml unit-marked plastic glasses, followed by interviews with a sample of this group to assess their experiences.

After using the glasses for a month, participants had significantly better familiarity with and understanding of the unit guidelines, could better estimate a drink's unit content, reported calculating unit intake more often, and also found the guidelines more useful.

When interviewed, participants' opinions of the glassware were generally positive, although some issues were raised about the aesthetics of the glasses, with some noting it was embarrassing to use. Some highlighted that the glasses had prompted related conversations with friends.

However, despite the attitudinal and knowledge changes reported, use of the glassware did not translate into changes in consumption. The authors suggest that the intervention may have seen limited impact as it was not focused on participants who were motivated to change their behaviour, the intervention was short-term, and the glasses were used relatively infrequently. The interview findings suggest a dual function of the glasses; both impacting individual users' attitudes and knowledge, and by promoting discourse on alcohol in those around the user. ■■

### 4 Ps influence on children's drinking behaviour "mixed"

Authors' findings on alcohol marketing inconclusive; outcomes hard to compare

Outcome measures from studies investigating the influence of specific marketing components (Price, Promotion, Product, and Place, known as the 4 Ps) on key drinking outcomes of children must be standardised in future, write researchers in the *Alcohol and Alcoholism* journal.

In a systematic review of the literature, they mined several databases comprising 35 studies from 48 papers, which examined the impact of industry-led alcohol marketing practices (adopting the 4 Ps model) on the initiation, continuation, frequency, and intensity of alcohol consumption on participants aged between 9 and 17 years of age. The majority focused exclusively on alcohol promotion.

Two-thirds of those studies ( $n=23$ ) often reported null results or negative associations in combination with positive ones, resulting in mixed findings within and across studies. Evidence of influence on drinking outcomes in adolescence was strongest for alcohol promotion (mainly advertising).

The authors identified discrepancies in the strength of the evidence base according to the type of marketing exposure and drinking outcome studied. They also noted that heterogeneity in study design, content and outcomes prevented estimation of effect sizes or exploration of variation between countries or age subgroups.

They concluded that future research with standardised measures is necessary to "better inform intervention and policy responses".

## Beer and spirits makers bicker over alcohol calorie campaign

Fallout over whether to label beverages by the glass or by the ml

A consumer advertising campaign launched in the Brussels metro by the European spirits industry has heated up the debate over EU rules related to alcohol labelling.

The campaign gives information to consumers for the first time about the calories contained in alcoholic beverages, measured per standard glass of alcohol.

But the beer industry stressed the campaign was trying to “mislead” consumers by suggesting beer is more calorific than spirits because it is served in bigger glasses.

SpiritsEurope, the trade association behind the adverts, said it wanted to raise awareness about the calorie content of spirits and attract visits to its website, which provides extra information.

The spirits industry claims that information on calories contained in alcoholic beverages should be provided “per glass” and not per 100ml, which is the legal calorie measurement for all soft drinks across Europe.

Just how large a glass actually is depends on the type of drink, however. 100ml fills less than half a small glass of beer but represents three shots of vodka, claims SpiritsEurope. So even if the quantity is the same, the effect on your sobriety or calorie intake won't be.

“We fully agree we should provide information on calories and alcohol content,” said Paul Skehan, Director General of SpiritsEurope. “We want this information to be given per serving, on the basis of 10g of alcohol per glass, and not per 100ml”.

Just to give you an idea, 10g of ethanol equates to the following drinks:



---

## 10g, or 100ml?

Alcoholic beverages are currently exempted from parts of the EU regulation on Food Information to Consumers, which requires nutrition information to be provided per serving of 100ml.

Contacted by EurActiv.com, European Commission spokesperson Enrico Brivio said that in the coming weeks, the executive will publish a report on alcohol labelling “but the date has not been fixed yet”.

According to Skehan, using 100ml as a reference point for all alcoholic beverages without making the distinction between wines, beer or spirits “makes no sense, is deceptive and will confuse rather than inform consumers”. While 100ml represents less than half a small glass of beer, it can equal up to three servings of spirits, which contains a lot more alcohol, he said.

“If you wanted to show consumers how many calories are in their actual drinks, you would show them per glass, not per 100ml,” one of the campaign’s adverts reads.

“Information to consumers about calorie content should not confuse the messages about responsible drinking which we have been promoting for decades,” Skehan emphasised.

## A misleading campaign

The Brewers of Europe, which represents national brewers’ associations from 29 European countries, told EurActiv that the information campaign was “misleading” because it implies that beer is far more calorific than spirits.

“SpiritsEurope’s poster neglects to mention that the 100ml legal reference is for all drinks – alcoholic and non-alcoholic – and that companies are totally at liberty to provide portion values alongside the 100ml reference,” said Simon Spillane, Director of Public Affairs at the Brewers of Europe.

Providing information by portion would indeed leave space for companies to imply lower calorie values by simply choosing a smaller portion size, Spillane said.

“The SpiritsEurope poster campaign does just that to misleadingly give a picture that beer is more calorific than spirits,” Spillane said. “As far as brewers are concerned, we are in the process of rolling out ingredients and nutrition information voluntarily, online and on-label, simply by taking the existing legislation as it applies to non-alcoholic drinks.”

Malte Lohan, Head of Corporate Affairs Europe at ABInBev, the world’s largest brewer, told EurActiv: “We are implementing our pledge to voluntarily provide nutrition information both per 100ml and per serving, i.e: for the size of the can or bottle which you hold in your hand. We think this is the most helpful way of providing to consumers the information they need to make smart drinking decisions.”

Article first shown on [EurActiv website](#). 

## 135,000 alcohol-related cancer deaths predicted by 2035

Majority of cases expected to come from throat cancers

Alcohol will cause around 135,000 cancer deaths over the next 20 years and will cost the NHS an estimated £2 billion in treatments, according to estimates from a new report by Sheffield University, commissioned by Cancer Research UK.

The new figures reveal that by 2035 the UK could see around 7,100 cancer deaths every year that are associated with alcohol. Of the cancer types included in the report, oesophageal cancer is set to see the largest increase, followed by bowel cancer, mouth and throat cancer, breast cancer and liver cancer (illustrated below).

Scenario		In 20 years with no change (baseline)
<b>Health outcomes: mortality</b>		
<b>All deaths from alcohol-related conditions</b>		12,778
<b>All deaths from alcohol-related cancers</b>		7,097
<b>of which:</b>	<b>Oesophageal cancer</b>	3,674
	<b>Other head and neck cancer</b>	887
	<b>Colorectal cancer</b>	1,369
	<b>Liver cancer</b>	333
	<b>Breast cancer</b>	835

The report also forecasts that there will be over 1.2 million hospital admissions for cancer over the 20-year period, which will cost the NHS £100 million, on average, every year.

The results were based on analyses that assume alcohol drinking trends will follow those seen over the last 40 years, and takes recent falls in alcohol consumption, including among young people, into account.

Evidence suggests that the more alcohol you drink, the higher the risk of cancer. UK government guidelines, published earlier this year, advise that both men and women drink no more than 14 units of alcohol a week.

The latest figures follow a Cancer Research UK study published earlier in the year that showed 9 in 10 people are unaware of the link between alcohol and cancer.

The report also examined the impact of introducing a minimum unit price for alcohol in England. It found that over 20 years a 50p minimum price per units of alcohol could reduce deaths linked to alcohol by around 7,200, including around 670 cancer deaths. It would also reduce healthcare costs by £1.3 billion. This follows a recent court decision in Scotland which found that a minimum unit price would not break European law.

Alison Cox, the Director of Prevention at Cancer Research UK, said: "These new figures reveal the devastating impact alcohol will have over the coming years. That's why it's hugely important the public are aware of the link between alcohol and cancer, and what they can do to improve their risk.

---

“If we are to change the nation’s drinking habits and try to mitigate the impact alcohol will have then national health campaigns are needed to provide clear information about the health risks of drinking alcohol.”

Professor Sir Ian Gilmore, chair of the Alcohol Health Alliance, said: “These latest figures show the serious consequences for individuals, the NHS and society if the UK government continues to ignore the consequences of the nation’s drinking. In particular they reinforce the need for a minimum unit price (MUP) for alcohol. It is clear from the report that MUP will save lives, including those lost to cancer, and ease the burden on our health service. Importantly, MUP will do this while leaving moderate drinkers and prices in pubs and bars unaffected.

“In addition, we need mandatory health information on the labels of all alcoholic products, informing the public of the link between alcohol and cancer, and the new low-risk drinking guidelines.

“The public have the right to know about how their drinking impacts their health, so that they are empowered to make informed choices.” ■■■

## Whisky giant in bid to appeal minimum unit pricing decision

Latest twist in long-running court saga over law

The Scotch Whisky Association (SWA) has applied to appeal in the UK Supreme Court against minimum pricing for alcohol in Scotland, a month after The Court of Session ruled against the group’s lengthy legal challenge to the policy, which would set a minimum unit price of 50p.

Issuing a statement on its website, the SWA said it had a “strong view that minimum pricing is incompatible with EU law”. Led by Julie Hesketh-Laird, acting chief executive, the group had “carefully considered” the latest ruling before deciding to appeal.

The statement read: “Having studied the ruling, we believe the Scottish court has not properly reviewed the legislation’s compatibility with EU law as required by the European Court’s judgement.”

Health Secretary Shona Robison called the decision “deeply disappointing”, as the Scottish government wants to press ahead with setting a minimum price per unit of alcohol “as soon as possible”.

Alcohol campaigners said news of the appeal attempt was “shocking and saddening”. Alison Douglas of Alcohol Focus Scotland said the SWA was “ignoring both the will of the Scottish Parliament and the court’s decision”, adding: “Minimum pricing will save many lives and improve many more.”

Eric Carlin, director of Scottish Health Action on Alcohol Problems, said it “beggars belief” that the legal battle could continue.

He said: “They know that they will not win this case in London. Everyone knows that. Meanwhile, 22 people die every week because of alcohol.”

Under the Courts Reform Act 2014, leave has to be given by either the Inner House of the Court of Session or the Supreme Court itself before appeals can be taken forward, a process that could take up to 8 “sitting” weeks (period when the court is open).

## Scottish Government wins award for reducing alcohol harm

Pioneering public health stance recognised at Alcohol Policy Conference in Slovenia

The Scottish Government has won the inaugural European Award for Reducing Alcohol Harm (EARAH) for its work to reduce the harm caused by alcohol.

The Holyrood administration was rewarded in recognition of a “comprehensive range” of measures in recent years, including the multi-buy discount ban, lowering the drink-drive limit and legislating for minimum-unit pricing.

Although she could not attend the ceremony in person, Scotland First Minister Nicola Sturgeon thanked the judges for the award in a filmed acceptance speech (photo frontcover), stating that her government was “committed to reducing alcohol-related deaths and illness” in Scotland.

Sturgeon also thanked the “many European partners” whose “support was invaluable through the many legal challenges we faced”, remarking that the recent legal judgement in favour of minimum unit pricing could finally allow her “to implement this life-saving policy as soon as possible.”

The announcement was the centrepiece of the [7th European Alcohol Policy Conference](#) in Slovenia, hosted by The European Alcohol Policy Alliance (Eurocare) and attended by health ministers, scientists and public health officials from across the European Union.

Presenting the award, Mariann Skar, Eurocare’s Secretary General, told the audience: “The first European Award for Reducing Alcohol Harm is awarded to the Scottish Government in recognition of its actions to develop and implement a comprehensive range of evidence-based alcohol policies, and specifically its battle to implement Minimum Unit Pricing, in the face of sustained opposition by global alcohol producers.

“Scotland is recognised as an international beacon for evidence-based alcohol policies,



7th European Alcohol Policy Conference

22 and 23 November 2016

Ljubljana, Slovenia

[www.7EAPC.eu](http://www.7EAPC.eu)



REPUBLIC OF SLOVENIA  
MINISTRY OF HEALTH

eurocare  
European Alcohol Policy Alliance



making the improvement of the health of its population a top priority.”

Alcohol misuse in Scotland costs £3.6bn a year and kills around 22 people a week. Alongside a multi-buy discount ban and lowering the drink-drive limit to 50 milligrams per 100 millilitres of blood, the government has legislated for the introduction of a minimum unit price in a bid to discourage problem drinking. The law is currently subject to a court challenge, which is entering its final stages after four-and-a-half years of legal wrangling with industry.

Commenting on the accolade, Aileen Campbell, Minister for Public Health and Sport, said: “It’s a huge honour that Scotland has been given this award in recognition of our work to reduce the damage caused by alcohol.

“This award is a tribute to all the people in Scotland who work with those affected by alcohol.”

She also promised the government would soon publish a refreshed alcohol strategy for Scotland, “to build on the progress so far”. ■■

## Heavy drinking could raise stroke risk

Any benefits of drinking outweighed by other health risks even at lower levels

A study published in the open-access journal *BMC Medicine* has found that heavy drinking could increase the risk of strokes, while any possible benefits from light-to-moderate drinking are nullified by other health risks. Their analysis of the divergent effects of alcohol on different stroke types may help to explain inconsistencies in results from previous studies associating alcohol consumption with all strokes.

Researchers from the Karolinska Institute in Sweden and the University of Cambridge in the United Kingdom examined associations between alcohol consumption and different types of stroke. The study consisted of a systematic review and meta-analysis of existing studies.

Researchers looked at 25 prospective studies containing data on ischaemic stroke, intracerebral haemorrhage, and subarachnoid haemorrhage. Studies included data from The Cohort of Swedish Men and the Swedish Mammography Cohort, summing up a total of 18,289 ischaemic stroke cases, 2,299 intracerebral haemorrhage cases, and 1,164 cases of subarachnoid haemorrhage.

Ischaemic stroke is the most common type of stroke. It is caused by a blood clot blocking the flow of blood and oxygen from reaching the brain. A haemorrhagic stroke occurs either when an aneurysm bursts, or a weakened blood vessel leaks. The result is bleeding either inside the brain, causing an intracerebral haemorrhage, or, less commonly, bleeding between the brain and the tissue covering it, causing a so-called subarachnoid haemorrhage.

Levels of alcohol consumption were evaluated using patients' self-reporting. Participants answered a series of questions using a questionnaire or an interview. Using standardized measures of alcohol, alcohol consumption was divided into four categories: light drinking (one daily drink or less), moderate drinking (one to two drinks per day), high drinking (two to four drinks per day), and heavy drinking (more than four drinks daily).

**"... even if moderate drinking may have a beneficial effect by lowering the risk of ischaemic stroke, the overall health disadvantages might outweigh the benefits."**

**Dr. Susanna C. Larsson, Associate Professor of Epidemiology, Institute of Environmental Medicine, Karolinska Institutet, Sweden**

The study adjusted for variables such as age, sex, smoking, body mass index (BMI), and diabetes. The study revealed that light and moderate alcohol consumption seemed to lower the risk of ischaemic stroke by 8% – 10%, but it had no impact on the risk of developing haemorrhagic stroke.

Furthermore, high and heavy alcohol consumption was positively associated with risk of all stroke types. Heavy drinking was significantly associated with a respectively 14%, 67%, and 82% increased risk of ischaemic stroke, intracerebral haemorrhage, and subarachnoid haemorrhage."

Writing in the *BioMedCentral* blog, study lead author Dr. Susanna Larsson explained:

"Previous research has found an association between alcohol consumption and lower levels of fibrinogen – a protein in the body which helps the formation of blood clots. This may explain the association between light to moderate alcohol consumption and lower ischaemic stroke risk."

---

However, drinking may, in fact, increase the risk of haemorrhagic stroke. This is more apparent when looking at the heavy drinking category. Therefore, even if moderate drinking may have a beneficial effect by lowering the risk of ischaemic stroke, the overall health disadvantages might outweigh the benefits.

“Our results showed that heavy drinkers were about 1.6 times more likely to suffer from intracerebral haemorrhage and 1.8 times more likely to suffer from subarachnoid haemorrhage. The association between heavy alcohol consumption and these two types of stroke was stronger than that for ischaemic stroke.

“The adverse effect of alcohol consumption on blood pressure - a major risk factor for stroke - may increase the risk of haemorrhagic stroke and outweigh any potential benefit,” said Dr. Larsson.

### A link, but not a cause

Dr. Larsson points out that the large sample size included in the analysis allowed for accurate associations between a wide range of alcohol consumption patterns and patient subgroups.

“This is the first study that combines the results from all available prospective studies on alcohol consumption and risk of haemorrhagic stroke subtypes,” she says.

However, some of the studies included in the meta-analysis were small in sample size, which means that the positive effects of light to moderate alcohol use may have been overestimated.

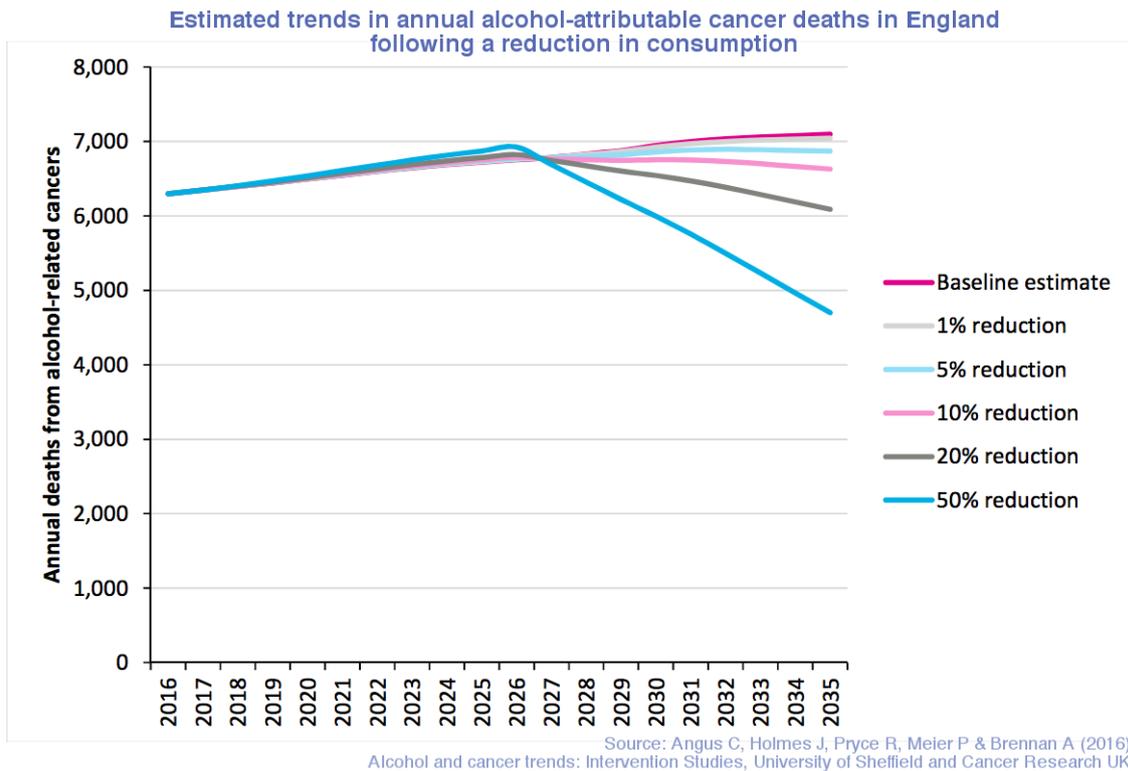
Also, the meta-analysis could not use the same categories of alcohol consumption across all the studies, as the authors lacked individual patient data.

Finally, as this is an observational study, it cannot show causality between using alcohol and the risk of developing different kinds of stroke. ■■■

## ALCOHOL SNAPSHOT

Alcohol facts, explained one chart at a time

### Alcohol-related cancers will get worse before they get better



There is an ‘inertia’ to death rates from alcohol-attributable cancers that means they will continue to rise for at least the next ten years, regardless of action taken to reduce harmful drinking, according to a recent projection by researchers at Sheffield University and Cancer Research UK. The results, produced by the [Sheffield Alcohol Policy Model](#), show that average alcohol consumption in England would have to fall by over 10% to avoid overall rises in alcohol-attributable cancer deaths over the next 20 years.

The analysis forms part of the report [Alcohol and cancer trends: Intervention scenarios](#), which shows that effective pricing policies could go some way to avert this harm. The report claims that a 50p minimum unit price in England would reduce alcohol deaths by 7,200 and cancer deaths by 670 over the next 20 years. ■■



**An Institute of Alcohol Studies publication**

Alliance House  
12 Caxton Street  
London SW1H 0QS

Telephone | 0207 222 4001  
Email | [info@ias.org.uk](mailto:info@ias.org.uk)  
Twitter | [@InstAlcStud](https://twitter.com/InstAlcStud)  
Web | [www.ias.org.uk](http://www.ias.org.uk)

The Institute of Alcohol Studies is a registered charity no. 1112671