

ALCOHOL ALERT

FEBRUARY 2018

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LET'S PUT AN END TO
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FEBRUARY 2018

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Euro Commission allows UK alcohol ads on Swedish TV

Alcohol marketing on TV has always been prohibited in Swedish law. However, when the possibility to broadcast television via satellite increase in the 1980s and 90s, many channels started broadcasting from the UK in order to avoid Swedish marketing legislation. The channels are still broadcasting alcohol marketing from the UK to Sweden and the most known examples are Kanal 5 and TV 3. They are currently owned by the broadcasting companies Discovery and MTG.

In 2010 the Audiovisual Media Services Directive was adopted. Article 4 in the Directive touched upon situations like the Swedish one: Broadcasters under the jurisdiction of another Member State providing a television broadcast which is wholly or mostly directed towards Sweden's territory. The AVMS-Directive opened up the possibility for the receiving country to regulate these broadcasts. The requirement was that the receiving country proved that the broadcaster in question had established itself in another Member State in order to circumvent stricter rules, for example in the field of public health.

That's why, in 2011, IOGT-NTO reported the broadcasters behind TV 3 and Kanal 5 to the Swedish Consumer Agency and the Swedish Broadcasting Commission for breaking Swedish alcohol marketing law. The Swedish authorities have been working with the file since 2011 and in the process been in contact with British authorities, the European Commission, IOGT-NTO and the broadcasters in question.

On 31 October 2017, Swedish authorities took the last step in the process – [sending in a notification with all the information about the situation](#) to the European Commission. In the notification, Swedish authorities made clear that that they wanted to sanction the broadcasting companies in accordance with Swedish law for broadcasting alcohol marketing to Sweden. The authorities also put forward evidence that the companies had established themselves in the UK in order to avoid Swedish alcohol marketing legislation and that the sanctions imposed would be necessary to ensure effective enforcement of Swedish legislation and proportional to ensure an effective protection of public health.

On 1 February 2018, [the European Commission replied to the notification](#).

It did not consider that the notification by the Swedish authorities proved that the companies in question had established themselves in the UK in order to avoid the Swedish stricter alcohol marketing legislation. However, the European Commission did not specify what type of evidence would have been needed or if they even considered the requirement possible to meet in practice. The changes to the AVMS-Directive in 2010 were made with the Swedish situation in mind and this judgement makes it clear that the Directive does not work as intended. It highlights the need for

the Parliament and Council to revise article 4 of the Directive in the ongoing Trilogues in order to make it function effectively.

'Alcohol marketing for hundreds of millions of Swedish kronor reach Swedish TV-viewers yearly, despite our ban on alcohol marketing on TV. At the same time, the scientific evidence is clear: alcohol marketing leads to increased alcohol consumption, more alcohol related harm and more suffering in society. IOGT-NTO has waited for 7 years for a decision and will not give up now,' said Johnny Mostacero, President of IOGT-NTO. ■■■

Scotland: One in four alcohol-related deaths due to cancer

A new report [estimating the burden of disease attributable to alcohol in Scotland](#) has revealed that alcohol was attributed to over 3,700 deaths and 41,000 hospital admissions in 2015. Alcohol was also responsible for accounted for 8% of the burden of disease in Scotland in 2015 – 104,573 out of a total 1,315,087 disease-adjusted life years (DALYs).

Researchers looked at self-reported data on mean weekly alcohol consumption (units) from the Scottish Health Survey 2015 to derive measures of daily alcohol consumption in grammes/day, triangulating those estimates with alcohol sales data to adjust alcohol consumption estimates to a more realistic level, as self-reported data is often prone to under-reporting.

The analysis found that alcohol contributed to 3,705 deaths, with more than one in four (28%; 1,048) alcohol-attributable deaths due to cancer.

Researchers also found that 41,161 patients were admitted to hospital because of alcohol, with accidental injuries accounting for more than a quarter (27%; 11,068) of the total.

When split by sex, AAFs were higher for men than women (for 22 out of the 32 AAFs calculated for both men and women), reflecting the different alcohol consumption levels between men and women. Men were almost twice as likely to die from an alcohol-attributable condition in 2015 compared with women (8.4% and 4.7%, respectively), and twice as likely to be hospitalised with an alcohol-attributable condition in 2015 compared with women (8.8% and 4.3%, respectively).

In the report conclusion, the authors noted the contribution of alcohol to deaths from cancer as well as admission to hospital for unintentional injuries to be 'of particular concern'.

Low ABV drinks marketed as soft drink substitutes?

Elaine Tod, NHS Health Scotland public health intelligence adviser and lead author of the report said: 'Overall, the results tell us that alcohol consumption has a significant impact on health in Scotland – in fact, it contributed to over 100,000 years of life lost due to early death or living in poor in 2015.

'Preventative action is necessary if Scotland is to make long-term reductions in alcohol-related harm.

'Alcohol has a wider impact on our health than many people think.'

Commenting on the report, Alison Douglas, chief executive of Alcohol Focus Scotland, said: 'This research shows that alcohol causes around one in 16 deaths in Scotland.

'These deaths can be from falls, road traffic accidents and alcohol poisoning, as a result of one bout of drinking. Others, such as mental illness, stroke and cancer, are likely to be the result of drinking over longer periods.

'It's not just 'alcoholics' who suffer – we need to stop kidding ourselves it's someone else's problem.'



Low/er strength wines and beers seem to be marketed as suitable on occasions where non-alcoholic alternatives already exist, suggests a new piece of research published in *BMC Public Health*.

The research team performed a content analysis of the marketing messages stated (in text) or depicted (in image) for low/er and regular strength wines and beers sold online on the websites of the four main UK retailers (Tesco, ASDA, Sainsbury's, and Morrisons), and the producers of these products between February and March 2016.

The authors compared messages marketing lower strength wines and beers (across 86 web pages marketing 41 lower strength wines and 48 web pages marketing 16 lower strength beers) with messages marketing comparable regular strength wines and beers (across 86 web pages marketing regular strength wines and 48 web pages marketing regular strength beers). Low strength alcohol products were defined as containing less than 1.2% alcohol, lower strength alcohol products as containing less than 8.5% for wine and 2.8% for beer, and regular strength products as wines above 8.5% and beers above 2.8% alcohol by volume (ABV) – the standard measure of how much alcohol is contained in a given volume of an alcoholic drink.

The team found that compared with regular strength products, low/er strength equivalents were more often marketed in association with lunchtimes in the case of wines, and outdoor events / barbeques and sport fitness occasions in the case of beers, occasions that would not normally involve drinking. Low/er strength equivalents were also more frequently marketed with images or text associated with health, including images of fruit and details of their energy (calorie) content, implying a link between consumption and an improvement in healthiness.

They were also more often marketed with information about their alcohol content, compared with regular strength alcoholic beverages, from which it could be reasonably inferred that current low/er ABV drinkers would have made a downward switch, lowering their alcohol consumption in the process. However, if the headline findings prove true, then the low/er strength wine and beer drinkers may in fact be increasing their alcohol consumption.

Hence the newspaper headlines such as ‘[Low-alcohol wine and beer fuelling lunchtime drinking, study suggests](#)’ in the *Daily Telegraph*, and ‘[Lower Strength Wine And Beer Could Be Fuelling Lunchtime Drinking](#)’ in the *Huffington Post*.

The report’s conclusion said:

The present findings cast doubt on the industry contention that the development, promotion and marketing of low/er strength alcohol products may reduce alcohol consumption and associated harms.

They also cautioned that because they only considered lower strength wines and beers found on the websites of the four main UK supermarkets, the extent to which their findings can be generalized outside of these marketing platforms – for example to billboards or social media – is limited.

Speaking in *Medical Xpress*, [lead author Dr Vasiljevic](#) said: ‘Future studies could usefully extend the present findings by including other marketing platforms, and going beyond the UK context to examine the marketing messages associated with lower and regular strength wines and beers in other countries.’ ■■

Liverpool to measure drinking by the doughnut

Public health officials in Liverpool are [abandoning the use of alcohol units](#) in their struggle against heavy drinking and are instead now talking about calories.

Traditionally, alcohol consumption is measured using units: one pint of beer is worth two units, a standard glass of wine is just over two units, and a shot of average strength spirit is one unit.

However, Public Health Liverpool has decided to focus on the calorie content of alcoholic drinks instead of units in an attempt to get people to ‘think differently and trigger a change in the way they behave.’

Their [Drink Less Feel Good](#) initiative focuses on the fact that three pints of beer contains 510 calories – the equivalent of two burgers – while drinking three glasses of wine is the same as eating three doughnuts.

As part of the new campaign, people will be able to go online and complete ‘My Drinks Check’ – a tool that gives personalised and tailored information on how many calories people are consuming through drinking.

‘Over time, we have seen people drinking alcohol as part of everyday life and becoming an entrenched behaviour as they often use it to unwind at the end of the day and when socialising at the weekend,’ said Dr Sandra Davies, director of Public Health.

‘When we’ve asked people about alcohol units it is clear that they find it really hard to equate it to the amount that they drink, and that they don’t realise that alcohol contains empty calories with no nutritional value at all.

‘We’d encourage anyone to take just a few minutes to complete the My Drinks Check - you may be surprised how many calories you drink through alcohol.’

Cllr Paul Brant, cabinet member for adult health, said: ‘Making small changes to your drinking habits can help manage your weight, lift your mood, boost your energy levels and generally make you feel good.

‘We want to make it as easy as possible for people to make little changes that can be slotted into everyday life such as swapping to lower strength beer or wine and alternating alcoholic drinks with water.

‘We’re not asking people to give up alcohol altogether - we’re giving them the tools to know whether or not they are having too much, and if so give them hints and tips to drink a little less.’ ■■

Industry: Alcohol cancer risk more like 'burnt toast'

Drinks lobbyists have dismissed the links between alcohol and cancer, claiming that [carcinogens in alcohol were more like burnt toast](#), the Lower House of the Irish Parliament (Dáil) heard in the opening debate on the Public Health (Alcohol) Bill.

The debate follows an insistence from Prime Minister Leo Varadkar last week to the Seanad warning that the government did not want any further amendment to the legislation.

During the session, Sinn Féin health spokeswoman Louise O'Reilly told the House that 'the relationship between alcohol and cancer and that it is implicated in seven forms of cancer, including liver, breast, bowel, mouth, throat, oesophageal and laryngeal cancers, is a medical fact', but that it was dismissed by some in the alcohol industry who likened it to the carcinogens in burnt toast.

She said: 'You're unlikely to find a health care professional in the accident and emergency department of any hospital who has recently treated a person for the harmful effects of burnt toast.'

'Likewise, I doubt that any member of An Garda Síochána [the Irish police force] has attended the scene of a burnt toast-related incident.'

The legislation has seen some of the most intense discussion, controversy and lobbying of any Bill in the Oireachtas in recent years and took two years to get through the Seanad.

Minister for Health Simon Harris accepted opposition amendments requiring evidence-based cancer warnings on all advertising and labels. He also agreed that health warnings should take up one-third of the label on alcohol products. His department has already referred the Bill to the European Commission for observation after it made those changes – commission must be alerted if significant amendments are made to the Bill that could affect competition.

But when PM Varadkar addressed the Seanad he said that he did not anticipate that the Dáil will revise it further.

'This House has already done the revision so I do not anticipate that the Dáil will revise it. We are not contemplating any further amendments to it,' he said.

However, the drinks industry has lobbied ministers warning that it would be especially negatively affected by proposals to restrict labelling and advertising. Alcohol Beverage Federation of Ireland Director Patricia Callan wrote to Dáil members claiming that the Bill's provisions 'will not achieve their public policy objective', but would 'seriously damage a thriving indigenous rural-based sector'.

Callan said: 'No other country in the world has mandatory cancer labels on alcohol products. Such a measure applies a stigma to products produced in Ireland and gives a clear advantage to competitors abroad who are not required to carry such labels.'

She also said that the Bill would cost media €20 million in lost alcohol advertising revenue, which would instead go to international media broadcasting in Ireland.

Varadkar's gamble

Reputation-wise, Prime Minister Varadkar has a lot riding on the Bill. As former Minister for Health, he introduced it in the Upper House (Seanad Éireann) in December 2015, where it passed introductory stage before the country's 2016 general election.

The Bill has since been subject to intense lobbying on each its main four provisions – minimum unit pricing; structural segregation of alcohol from other products in supermarkets and retail outlets; detailed labelling requirements including health warnings, calorie and alcohol content; and restrictions on advertising and promotions.

In this time, Varadkar has risen to the position of Prime Minister, [vowing to use his power](#) to pass what has been described by his colleague and current health minister Simon Harris as 'a landmark piece of public health legislation, which will make a real difference when it comes to reducing the harm caused by alcohol'. ■■■

England: Alcohol-related admissions rise again

The number of alcohol-related admissions to hospitals in England has risen yet again, with middle-aged drinkers most likely to be admitted, according to new Public Health England figures.

The February 2018 update to the Local Alcohol Profiles England dataset shows that there were almost 1.14 million alcohol-related admissions to hospitals in England in 2016/17 (broad measure), a 1.5% increase on the previous year end to March 2016 (1.12m). It is also the fifth increase in a row, although in rates terms, admissions remained flat.

In the twelve-month period to April 2017, the increase in admissions was taken up by partially attributable conditions – they rose by 25,000, whereas the number of wholly attributable conditions fell below 300,000 for the first time since 2012/13.

Chronic diseases of a cardiovascular type presented most commonly (576,000), making up approximately 19,000 of these additional admissions on the previous year end to March 2016.

In fact, the majority of partially attributable conditions diagnosed were chronic, and partially attributable conditions in total represented 74% of all admissions to England's hospitals by the broad measure in 2016/17.

Hospital admissions by the narrow measure fell slightly from 339,000 (650 admissions/100,000 population) in 2015/16 to 337,110 (640 admissions/100,000 population) in 2016/17. This was only the second fall since 2008/09. The number attributed to alcohol by this measure were highest among the 45–64 age group, who represented 39% of all admissions (131,870).

Regionally, the north east remains the place with the highest alcohol-related admissions rate at 65 per 100,000 persons, more than three times higher than London, at 19 per 100,000. For more information, visit the Public Health England Local Alcohol Profiles England website. 

Local Alcohol Profiles for England: February 2018

Main Findings

- In 2016/17 in England there were **1.14 million** hospital admissions where the primary or any secondary reason for admission was linked to alcohol (broad measure).
- The rate of hospital admissions where the **main** reason for admission was attributed to alcohol (narrow measure) fell by 1.6% in the latest year although the trend remains broadly flat.
- Admissions where the main reason for admission is attributed to alcohol (narrow measure) are highest in the 40–64 age group (156,000 admissions in 2016/17).
- Hospital admissions for conditions solely caused by alcohol consumption in the under 18s continued to fall in 2016/17.
- Chronic conditions which are partly but not wholly caused by alcohol are the majority of alcohol-related hospital admissions. Cardiovascular diseases are responsible for the most admissions in this group.

What's new in LAPE?

The Local Alcohol Profiles for England have been updated with 2016/17 hospital admissions data including alcohol-specific admissions, alcohol-related admissions and breakdowns by age group and condition.

Methods used in LAPE

Information about the methods used to generate the indicators in LAPE can be found in the definitions tab on the LAPE site - <https://fingerprints.phe.org.uk/profile/local-alcohol-profiles>

A full explanation of alcohol-attributable fractions and indicator revisions can be found in the LAPE User Guide - https://fingerprints.phe.org.uk/documents/LAPE_2017_User_Guide_071117.pdf

Drink drive progress spins into reverse

First provisional figures of 2016 hint at rise in casualties and accidents

Drink drive accidents and casualties in Great Britain may have reached their highest levels since 2012, according to the Department for Transport (DfT).

The first provisional figures for 2016 indicate an increase in accidents and casualties across the board. The DfT estimates that 9,050 people were killed or injured in incidents where at least one driver was found to be over the limit. This was up from 8,470 in 2015 and represents the highest figure since 2012.

This release is the first DfT drink-driving dataset update since Freedom of Information based reports from The Institute of Alcohol Studies and Press Association in December 2017 uncovered declining levels of law enforcement among police forces in England and that more motorists had been charged with drink-driving in largely rural areas.

'The picture that emerges from the latest drink drive statistics is a disturbing one,' said motoring group the RAC's road safety spokesman Pete Williams. 'At best, progress in reducing fatal crashes as a result of people drinking and driving continues to stall.'

Williams also called for the Government to review the drink drive limit in England and Wales, adding that it 'surely sends the wrong message to anyone who thinks about getting behind the wheel after having too much to drink'. The drink drive limit in England and Wales currently stands at 80mg of alcohol per 100ml of blood.

The Parliamentary Advisory Council for Transport Safety's executive director David Davies also supports a lower drink drive limit, but emphasises that this is not a 'magic bullet' and must come alongside increased levels of enforcement.

He added that simply relying on drink drive campaigns is not enough to reduce incidents in the context of falling numbers of specialist roads police.

'People recognise when there are higher or lower levels of enforcement,' he said. 'If people think they can get away with drink driving, there will always be those that try.'

David Davies also called for the roll out of mobile breath testers that would allow police to take court-recognised breath samples from suspected drink drivers at the roadside, rather than having to take them to a police station first. ■■■

Major new report reveals what we think about drink

From Balance North East press release

Eight in 10 North Easterners think the UK's relationship with alcohol is 'unhealthy', a major new report has revealed.

And nearly six out of ten (58%) of North Easterners also believe the Government isn't doing enough to tackle the problems society has with alcohol, such as ill health, violent crime, domestic abuse and anti-social behaviour.

How We Drink, What We Think was carried out by Balance, the North East Alcohol Office, and is the first ever report into the "state of the region" when it comes to the North East's relationship with alcohol.

The findings in the report were collected through an online survey of 2,083 people living within the region. Key findings also include:

- Over half (54%) of those surveyed would support the introduction of a minimum unit price (MUP) for alcohol with only 19% objecting
- 71% of people believe the Government should be responsible for communicating the health risks and harms associated with alcohol
- Only 16% of people were aware of the Chief Medical Officer's drinking guidelines of no more than 14 units per week for men and women
- Over one in four drinkers (26%) in the region are drinking above the Chief Medical Officer's drinking guidelines of no more than 14 units per week for men and women. Worryingly 84% of people drinking more than 14 units consider themselves "light" or "moderate" drinkers.
- 83% would support measures which would force alcohol companies into providing clear, legible alcohol consumption guidelines on labels.
- 75% would strongly welcome reductions in the drink drive limit supporting a move to the same limit which now applies in Scotland.
- More than six in ten believed that the industry should pay for reducing alcohol harm.
- 67% agreed that children should be protected from alcohol advertising and marketing.

The report finds people in the North East are more likely to say that the country has an unhealthy relationship with alcohol than people elsewhere in the country. They are also more likely to think the Government is not doing enough to tackle society's problems with the drug or to provide help to those most in need, and more likely to closely associate a whole range of health issues and crime with alcohol use.

Colin Shevills, Director of Balance, said: "This new report clearly shows that we have a problem with alcohol here in the North East and that the majority believe not enough is being done to tackle the harm that alcohol causes. Most people have a strong appetite to want to do something about it.

'It also shows that in the region we are better informed of the harms of alcohol than the country as a whole; yet worryingly many of us under-estimate the risks we take by drinking above the recommended weekly drinking guidelines.'

Both men and women should drink no more than 14 units of alcohol a week in order to keep health risks from drinking to a low level according to the new Chief Medical Officers' drinking guidelines. The report highlights that 36% of men in the region are drinking above the guidelines, while the figure for women is 16%.

Colin added: 'The results also show people don't have the information they need to make an informed decision about alcohol as adults and also for their children.

'Adults surveyed were much more familiar with the kind of myths associated with children and alcohol than the Chief Medical Officer's advice that children shouldn't drink alcohol at all before the age of 15.

'Encouragingly there is strong support in the region to want the Government to do more to tackle alcohol harm and North Easterners would support a range of measures – from health warning labels on bottles to the introduction of a minimum unit price – to tackle the issue.

'It is high time the Government stepped up and introduced a comprehensive, evidence-based strategy with the intention of making alcohol less affordable, less available and less desirable. Alcohol is 60% more affordable now than it was in 1980 and is available almost everywhere.

'At the very least, the Government must promote the Chief Medical Officers' drinking guidelines for adults and children as a matter of urgency.'

The report comes at a time when a recent audit of 300 alcohol products by the Alcohol Health Alliance found that only one contained the CMO low risk drinking guidelines.

In 2015/16 alcohol was estimated to have cost the North East:

- £209 million in NHS and healthcare for services such as hospital admissions, A&E attendances, ambulance callouts and also treatment for alcohol dependency
- £331 million in crime and disorder, including 55,300 cases of criminal damage, 154,900 cases of theft and 20,000 cases of violence against the person
- £353 million lost to local businesses and employers through absenteeism, lost productivity and alcohol-related deaths, including 548,400 days off and 8,249 potential years of working life lost due to alcohol-related deaths £121 million in costs to children and adults' social services and substance misuse services. ■■■

Government urged to put an end to Parental Alcohol Misuse

Theme dominates International CoA Week

Parents often overlook the ‘profound impact’ that alcohol misuse can have on their children. This was theme of this year’s David Stafford Memorial Lecture, the centrepiece of International Children of Alcoholics (CoA) Week (11–17 February).

Express Political Editor Camilla Tominey presented a speech in which she opened up about the strain that alcohol placed on the relationship she had with her mother. She went on to launch ‘a crusade to help the innocent victims of drink’.



Camilla Tominey addresses the audience at the All Party Parliamentary Group on Children of Alcoholics

CoA Week followed a report about parental alcohol misuse (PAM) published by the Parliamentary Office of Science & Technology, which found that:

- Alcohol misuse was implicated in 37% of cases of a child’s death or serious injury after abuse or neglect between 2011 and 2014
- A Freedom of information request by the All-Party Parliamentary Group (APPG) for the Children of Alcoholics (COA) to local authorities in England found that in 2016, more than half of councils did not have a strategy to support children affected by PAM
- 61% of care applications in England involved misuse of alcohol and / or drugs
- 92% of 53 councils that responded to the survey confirmed that they were cutting budgets for alcohol and drug treatment services – ranging from -58.1% in Lancashire to -1.1% in Wolverhampton

PAM refers to a spectrum of problem drinking by those with parental responsibility for children. During childhood, PAM can affect children’s everyday routines and mental and physical well-being. Children can also experience direct physiological effects from pre-natal exposure to alcohol. However there are no systematic national data on children affected by parental drinking, or clear guidelines on the level of drinking at which parenting capacity is impaired.

The report also mentioned how effective interventions focus on factors known to protect children from the effects of PAM, as well as providing services for the whole family and improving parenting skills.

Health Secretary Jeremy Hunt already pledged £500,000 towards helplines including NACOA’s, to support the 200,000 children being raised by alcoholic parents in the UK, after being moved by the personal story of his Labour rival, Jon Ashworth MP.

But, speaking to the The Express, NACOA Chief Executive Hilary Henriques urged the government to do more. She said: ‘In my 28 years at NACOA there has never been a moment in time when it felt as though the world was ready to hear about how drinking too much affects children.

‘I’ve worked with children as young as five who find the courage to call the NACOA helpline; they talk about being frightened and alone in their own homes on a daily basis.

‘Their pain is tangible and there are no magical solutions but something of a miracle happens when a child you’ve spoken to over time realises that it’s not their fault. They can’t cure or control it but they can, with NACOA’s help, do more than just survive, they can thrive irrespective of whether their parent stops drinking.’

Alcohol a ‘major risk factor’ for dementia

Alcohol use disorders are associated with a threefold increase in the risk of all types of dementia, especially at an early stage. This is the main finding of a group of researchers based in Canada and France, published in *The Lancet Public Health*.

Researchers from the Translational Health Economics Network in Paris, France, aimed to examine the association between alcohol use disorders and dementia risk, with an emphasis on early-onset dementia (<65 years), in what is the largest study of its kind.

They did so by analysing the French National Discharge database, which holds data about hospital admissions of more than 31 million adult (≥20 years) patients admitted between 2008 and 2013, searching for alcohol use disorders as the primary exposure and dementia as the main outcome.

Characteristics of early-onset dementia were studied among prevalent cases in 2008–13. Associations of alcohol use disorders and other risk factors with dementia onset were analysed for patients admitted to hospital in 2011–13 with no record of dementia in 2008–10.

Of all adults discharged from French hospitals between 2008 and 2013, 1,109 343 were diagnosed with dementia and were included in the analyses. Of the 57,353 (5.2%) cases of early-onset dementia, most were either alcohol-related by definition (22,338 [38.9%]) or had an additional diagnosis of alcohol use disorders (10,115 [17.6%]).

Alcohol use disorders were the strongest modifiable risk factor for dementia onset, with an adjusted hazard ratio of 3.34 (95% CI 3.28–3.41) for women and 3.36 (3.31–3.41) for men. Furthermore, even when adjusting the data for confounding variables, the link remained significant.

Dr Michaël Schwarzinger, who led the study, said of the results:

Our findings suggest that the burden of dementia attributable to alcohol use disorders is much larger than previously thought, suggested that heavy drinking should be recognised as a major risk factor for all types of dementia.

The Guardian reported that despite the study not being set up to look at the effects of moderate drinking on people’s dementia risk, it showed that damage done to the brain by alcohol is never repaired. ‘It is very striking that for people who were heavy drinkers and had at least a period of abstinence, the level of risk of dementia is about the same,’ Dr Schwarzinger told the newspaper.

The team recommended that screening for heavy drinking should be part of regular medical care, with intervention or treatment being offered when necessary. Additionally, other alcohol policies should be considered to reduce heavy drinking in the general population. ■■

Regulator gives carrot advert the chop

Two months after the Christmas season, a festive alcohol advert by shopping giant Aldi has been culled by the ad watchdog after a complaint which challenged whether it was irresponsible because it was likely to have strong appeal to people under 18 years of age.

The ad, which was one of 12 promoting Aldi’s spirits range, featured its Christmas character Kevin in a parody on the film *Sixth Sense*, accompanied by the following voiceover:

Kevin was feeling a little bit tense. He thought there were spirits. He had a sixth sense. As it turned out his instincts were right. There were a few spirits that cold Christmas night. Award winning bottles for raising a toast and one frightened carrot had just seen a ghost.

Aldi claimed Kevin’s character was intended to be humorous, that the parody was of a well-known film largely adult in nature or appeal, and was not aired adjacent to programmes likely to appeal to children.

The Advertising Standards Authority (ASA), however, disagreed. In its ruling, it said:

‘We considered that Kevin the Carrot appeared to be childlike and had a high-pitched voice, similar to that of a young child.

‘Furthermore, we understood Kevin was sold as a soft toy during the Christmas period and was popular amongst under 18-year-olds, particularly young children.’

The ASA said the Christmas theme of the ad also contributed to the likelihood of Kevin having strong appeal to under-18s.

‘Although the content of the dialogue and poem, which made use of a pun on ‘spirits’, was not typical content for children, we considered the tone was reminiscent of a children’s story, therefore it was likely to resonate with and strongly appeal to younger children.’

The regulator upheld the complaint, concluding that the ad breached BCAP Code rule 19.15.1 – ‘likely to appeal strongly to people under 18, especially by reflecting or being associated with youth culture or showing adolescent or juvenile behaviour’ – and demanded that it must not appear again in its current form. It also warned Aldi that in future, its alcohol ads must not be likely to appeal strongly to people under 18 years of age.

Responding to the judgment, an Aldi spokesperson said: ‘We believe the content of this specific advert appealed to adults rather than children. The advert was also subject to broadcast restrictions so that it did not appear adjacent to any programmes aimed at under-18s.

‘Nevertheless we will abide by the Advertising Standards Agency’s ruling on this matter.’ 

Wales: Hazardous / harmful drinkers consume most

An MUP between 35 and 70p would help reduce alcohol consumption

Three-quarters of all alcohol consumed in Wales is drunk by little over a fifth of hazardous or harmful drinkers (22%), according to [a new report commissioned by the Welsh Government](#).

Published by the Sheffield Alcohol Research Group, it also showed that the 3% of the population who are harmful drinkers account for 27% of all alcohol consumed.

These findings follow the announcement of the *Public Health (Minimum Price for Alcohol) (Wales) Bill* in October 2017, that included a minimum price for the sale of alcohol.

Harmful drinkers spend an average £2,882 on alcohol per year – the Bill is designed to reduce this, as well as the number of alcohol-related deaths and hospitalisations.

The legislation about to come into force in Scotland later this year sets a price of 50p per unit. 47% of the alcohol bought in Wales is in the off-trade is sold for less than that, compared with 2% in the on-trade.

The report published by the Sheffield Alcohol Research Group found that the greatest impact of a minimum unit price would be on the most deprived harmful drinkers – those groups at greatest risk of experiencing harm due to their drinking – while moderate drinkers would experience only small impacts on their alcohol consumption and spending. This is because moderate drinkers tend to buy alcohol which would be subject to little or no increase in price under the policy.

Other findings were:

- Moderate drinkers drink an average of 211 units of alcohol per year compared to 1,236 for hazardous drinkers and 3,924 for harmful drinkers
- Harmful drinkers spend an average £2,882 a year on alcohol compared to £1,209 for hazardous drinkers and £276 for moderate drinkers
- Alcohol-attributable deaths and hospital admissions are concentrated in hazardous and particularly harmful drinkers who are more deprived.

The Welsh Assembly's health and social care committee is [hearing different views on the proposed law](#), which was unveiled in October 2017.

Commenting on the research, Andrew Misell, director of Alcohol Concern Wales, said:

'I think we've known for quite sometime a lot of the alcohol in this country is consumed by those where alcohol is a problem not a pleasure.

'Minimum pricing is one way to solve it but there's no cure. Alcohol is a complex issue. People drink to excess for all sorts of reasons.

'We know from decades of evidence around the world that the two things to drive consumption is price and availability.

'Getting to grips with the price alcohol is sold at is a good way of getting people to drink less.

'When these measures come through and products become massively more expensive or less available, we need to have the support options in place to help those who are dependent on alcohol.'

Scotland set for 50p minimum unit price

Consultation finds most respondents in favour of 50p level

The Scottish Government has officially proposed the minimum price of alcohol sold in supermarkets, restaurants, pubs and off-licences be set at 50p per unit.

The decision was made after a public consultation on the issue, with 130 responses received, of which nearly three-quarters (74.3%) were in favour of a 50p minimum. This recommendation will now be presented before the Scottish parliament ahead of the legislation coming into force on 1 May.

Scottish health secretary Shona Robinson welcomed the outcome, saying that MUP would 'tackle the scourge of cheap, high-strength drink that causes so much damage to so many families'. She also confirmed the government's plans to notify 5,300 convenience stores across Scotland in the coming weeks.

'I am grateful to everyone who took the time to respond to the consultation on our proposed minimum price per unit of alcohol and I am happy to confirm that we will be moving forward with our recommendation of 50 pence.

'With alcohol on sale today in some places at just 16 pence per unit, we have to tackle the scourge of cheap, high-strength drink that causes so much damage to so many families. This move will save thousands of lives,' she said.

What is a 50p MUP worth today?

The Scottish Government is able to set MUP because of its recent court victory against major industry players led by the Scotch Whisky Association – the *Alcohol (Minimum Pricing) (Scotland) Bill* was subject to a long-running and well-publicised case over its legality, dating back six years. As a result, some sections of the public health community fear that the proposed 50p rate will have less impact than it would have if it were able to be implemented at the time.

In 2012, when Holyrood backed a 50p rate, it would have affected three-quarters of alcoholic drinks. However, inflation means it will now only affect about half. The Royal Society of Edinburgh (RSE) have calculated that in real terms, [a 50p rate in 2012 would be 64p today](#), based on the consumer price index for alcoholic products from 2011 to 2017. According to *The Times*, the RSE has urged Nicola Sturgeon's administration to consider raising the MUP closer to this level.

The RSE wrote: 'A rise to a rate of 70p would reflect a greater degree of ambition, might also be supported, and would have a larger effect on the consumption of alcohol and on inequalities of outcomes.

'We have concerns that the 50p rate proposed in 2011 will be introduced now and remain for a further five years, by which time its real value, and therefore the effectiveness of MUP, will be considerably reduced.'

However, speaking to the *BBC*, Alcohol Focus Scotland Chief Executive Alison Douglas stressed the importance of adhering to the principle of a 50p MUP first, then to consider further changes once evidence on the 50p rate had been gathered.

She said: 'If we start discussing different prices there's a risk that we open up the discussion again, and really we need to be seeing it implemented, to start seeing the benefits, and then we should be having a discussion in light of the evidence of the actual evidence of minimum unit pricing.'

Australia: MUP comes to the Northern Territories

Abridged from [The Guardian Australia](#)

A minimum price will be set for alcohol in the Northern Territories (NT) under [sweeping legislative reforms that are the first such move of their kind in Australia](#).

The NT government on Tuesday released its formal response to the recent [Riley review](#) of the alcohol abuse crisis in the Territory.

The attorney general, Natasha Fyles, said there was too much alcohol-fuelled violence and crime and the issue had to be addressed.

'Territorians want and deserve safe communities and today we are releasing the most comprehensive framework in the Territory's history to tackle the No 1 social issue,' she said.

'We promised Territorians we would take an evidence-based approach to tackling alcohol-related harm and the government's response to the Riley review provides a roadmap to address that.'

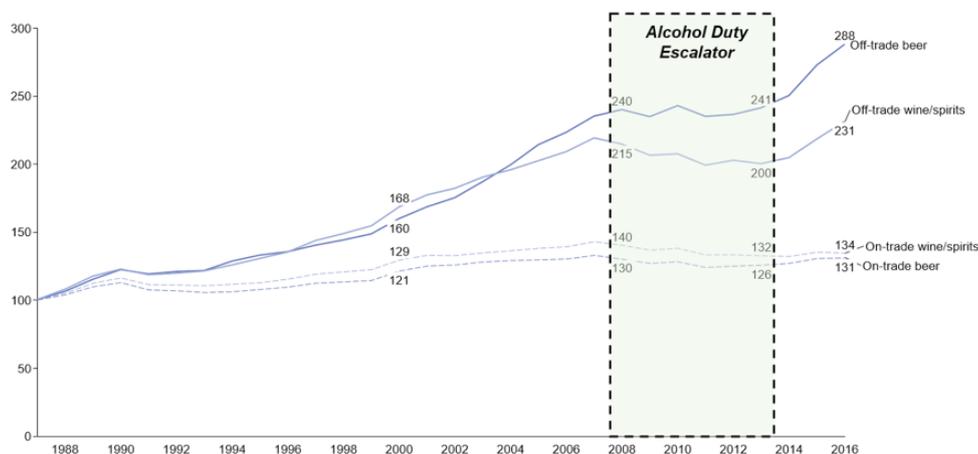
The government has committed to 219 of the review's 220 recommendations. Fyles said 186 recommendations would be implemented in full and the government had given in-principle support for 33 more. Only a proposed ban on the sale of takeaway alcohol on Sundays has been rejected.

In his review, former NT supreme court chief justice Trevor Riley found the Territory had the highest per-capita rate of alcohol consumption in Australia, one of the highest in the world, and the highest rate of hospitalisations due to alcohol misuse. The Territory also has the nation's highest rates of alcohol-related crime, violence and death, which costs taxpayers about \$640m a year.

Riley called for a \$1.50 minimum price for a standard alcoholic drink to ease the problem of heavily discounted wine, which he said was sometimes cheaper than water. Fyles said that the government would implement a \$1.30 minimum, which would put the minimum price for a bottle of wine at about \$9. 

ALCOHOL SNAPSHOT

Affordability of off-trade beer has nearly tripled in 30 years



The increasing affordability of alcohol in the UK has been overwhelmingly driven by cheap prices in the off-trade (supermarkets and off-licences), according to new IAS analysis. Whereas [previous estimates](#) had looked only at aggregate affordability, the chart above separates the trends by beverage type and location.

Taken from the recent briefing, [The Rising Affordability of Alcohol](#), the chart above shows that since 1987 the affordability of off-trade beer has increased by 188%, and off-trade wine and spirits by 131%. By contrast, the rise in affordability in the on-trade (pubs, bars, restaurants, hotels) has been more modest: 34% for wine and spirits, 31% for beer.

Displaying an 'affordability index', which adjusts prices for inflation and income growth, over the past 30 years, the chart shows four distinct phases:

- Up to around the year 2000, there was modest growth in affordability in both on- and off-trade, but slightly faster growth in the off-trade
- From 2000-2008, affordability increased dramatically in the off-trade, but modestly in the on-trade
- From 2008-2013, a period of alcohol tax increases and the immediate aftermath of the recession, affordability fell slightly in both sectors. Notably, this was the only period in which the gap between the two did not grow substantially
- Since 2013, with real-terms tax cuts and economic recovery, there has been a dramatic increase in the affordability of off-trade alcohol, and a significant widening of the gap to the on-trade.

The figures have strengthened calls for minimum unit pricing, which would increase the price of the cheapest drinks that have driven up the affordability of off-trade alcohol. ■■■

An Institute of Alcohol Studies publication



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