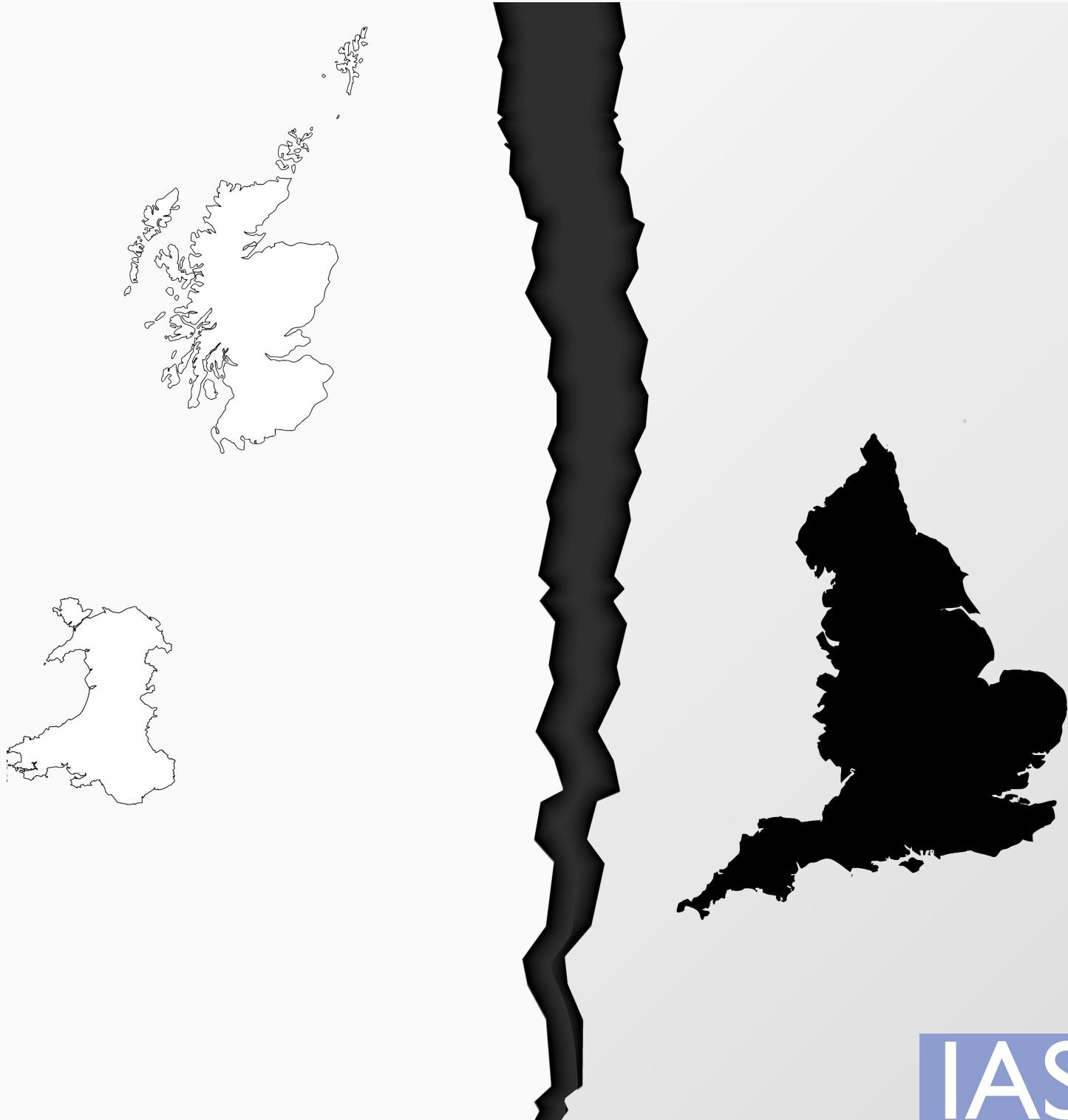


# ALCOHOL ALERT

## JUNE 2018

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## THE GREAT DIVIDE

ANOTHER GREAT BRITISH NATION TAKES UP  
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## JUNE 2018

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# Texts fail to moderate binge drinking

## Intervention fails to spread the message in trial

There is ‘no evidence’ that text-messaging interventions aimed at reducing binge drinking among disadvantaged men reduce the prevalence of binge drinking.

Published in *Addiction* ([via Wiley Online Library](#)), the randomised controlled trial (RCT) sought to measure the proportion of men consuming more than eight units (binge drinking) on three or more occasions (in the previous 28 days) post-intervention.

Researchers recruited a total of 825 men in Scotland aged between 25 and 44 years from socially disadvantaged areas with two or more episodes of binge drinking in the previous 28 days. 411 men were randomly given the intervention treatment; 414 were assigned to a control group.

All participants received a series of interactive text messages during a period of 12 weeks. The intervention group was sent 112 messages with up to four messages sent on a single day, developed systematically from formative research, public involvement and behaviour change theory. Only two men requested that their text messages be stopped.

The control group received an attentional control comprising 89 text messages on general health, which did not mention alcohol and were not based on behaviour change theories.

Participants were asked to provide details on the brand name, strength and volume of all drinks consumed during the previous 28 days, as well as the number of alcohol-free days. Thus, the number of UK units of alcohol consumed on every drinking occasion could be calculated.

Follow-up interviews of participants were carried out by telephone at three and 12 months post-intervention (6 and 15 months after recruitment to the study). The primary outcome was deemed a success if an individual binge drank on fewer than three occasions during the previous 28 days.

Although most men in the intervention group engaged with the text message – almost all (92%) replied to text messages and 67% replied more than 10 times – overall, the text-based intervention did not have a statistically significant effect on the primary outcome. The proportion of men consuming more than eight units on three or more occasions in the previous 28 days was 41.5% in the intervention group and 47.8% in the control group.

The inconclusive finding is consistent with [a recent systematic review of mobile phone interventions for alcohol misuse](#), which concluded that the evidence to date was promising yet preliminary.

The researchers concluded that: ‘It is possible that interventions with disadvantaged groups may have smaller effect sizes, making them harder to detect.

‘Further studies with larger sample sizes could improve the precision with which the effect size is estimated. In addition, more intensive text-message interventions delivered over a longer period may be required to increase the effectiveness of the intervention to reduce binge drinking in disadvantaged men.

‘The success of the recruitment and retention strategies used in this trial suggests that such studies would be possible.’

# Holyrood to make ‘wholesale’ changes to MUP

## Traders seek clarification on technicality

The Scottish Government has announced the opening of a consultation aimed at solving pricing issues raised by the [Scottish Wholesale Association](#).

MUP was launched on 1 May with the minimum price per unit set at 50p. But, as the Federation of Wholesale Distributors reported, a consultation has been called to clarify the laws to address the technicality of whether MUP applies to wholesalers selling to traders as well as to the general public.

In a letter to Lewis Macdonald MSP, the convener of the Health and Sport Committee, Cabinet Secretary for Health and Sport Shona Robison wrote that [the Scottish Government is aware of the issue](#).

‘The Scottish Government considers that a legislative change is required in order to clarify the situation... which will satisfy the terms of Regulation 9 of EU Regulation 178/2002. A consultation will be issued shortly,’ the letter said.

She added: ‘Wholesalers selling to trade only are not required to hold a premises licence and so minimum unit pricing does not apply.

‘Wholesalers also selling to the public require a premises licence, and all sales (other than to a person for the purposes of their trade) must comply with minimum unit pricing.’

The Scottish Wholesale Association welcomes the government’s decision. A spokesperson said: ‘Notwithstanding our, and the Scottish Government’s view, that this is the correct legal position as it stands, we welcome that the matter will be put beyond doubt by a proposed amendment to the 2012 Act to confirm that trade sales do not have to comply with MUP.’

## Andriukaitis on labelling – consumers have a right to know

### EU health chief slams inconsistent industry labelling proposal

European Commissioner for Health and Food Safety Vytenis Andriukaitis has expressed his dismay at the proposal submitted by the alcohol industry on labelling and insisted that European consumers should be presented the full information of the products they purchase.

He told *EURACTIV*: ‘Our path is clear and we are doing the legal assessment. At first sight, I am not satisfied with the proposal because it is not consistent and does not address some issues related to information for consumers: consumers should be fully informed.’

The alcohol industry has had over a year to present its self-regulatory proposals on labelling, and has so far suggested that individual alcohol producers be allowed to decide themselves whether to supply product information on the label, online or both. Bemoaning the lack of consistency across sectors built into their proposal, Andriukaitis said: ‘We will be assessing how to move and what our next steps are. Our interest is to make sure that consumers are informed.’ 

# Alcohol and cancer awareness link needs prompting

Awareness of alcohol as a risk factor for cancer is associated with public support for alcohol policies

Support for alcohol policies is greater among individuals who are aware of the link between alcohol and cancer, according to a study published in the *BMC Public Health* journal.

Public awareness of alcohol as a risk factor for many cancers is low – 18% of the public in the case of breast cancer. This could affect public support for alcohol policies.

So a team of researchers investigated the relationship between awareness of the alcohol-cancer link and support for a range of alcohol policies.

The team conducted a cross-sectional survey of 2,100 adult residents in England, in which respondents answered questions regarding awareness of the link between alcohol and cancer and support for 21 policy proposals. Principal component analysis was then used to reduce those 21 policy proposals down to set of four underlying factors; price and availability, marketing and information, harm reduction, and drink-driving.

The majority of respondents (53%) in the sample were not even aware of the link between alcohol and cancer in the first place – 13% of the sample were aware of the alcohol-cancer link unprompted and 34% needed prompting.

Overall, unprompted cancer awareness turned out to be a stronger predictor of support for alcohol policies across all four factors compared with both those who indicated their awareness when prompted or those who were unaware. Being female and lower levels of alcohol consumption were also both associated with higher levels of support for all policies.

A significant association was found between prompted cancer awareness and three of the policy factors: price and availability; marketing and information; and harm reduction. Alcohol consumption was the strongest predictor of support for those policies and higher levels of alcohol consumption were associated with lower levels of support excluding the highest risk group.

Increasing age was the strongest predictor of drink-driving policies. Education above degree level was associated with greater support for harm reduction policies and education below degree level was associated with lower support for drink-driving policies in comparison to no qualifications.

The team of researchers wrote that while previous research demonstrated that alcohol awareness campaigns could successfully spread knowledge about the alcohol-cancer link, having a positive impact on support for alcohol control policies, ‘future prospective research could usefully examine whether exposure to information and an increase in awareness, is associated with a change in policy support in a wider population.

‘This would help us to develop a better understanding of how increasing awareness might change public opinion on effective policies that are politically challenging to implement,’ the paper read. ■■■

# *Time To Deliver* in 2018

## Statement: Bolder Commitments and Action Needed to Reverse the Tide of Noncommunicable Diseases and Mental Health Disorders

The NCD Alliance and over 160 civil society organisations welcome the Report of the WHO Independent High-Level Commission on Noncommunicable Diseases (NCDs), *Time To Deliver*, launched on Friday 1 June in Geneva, Switzerland, ahead of crucial negotiations for the United Nations High-Level Meeting on NCDs (UN HLM) taking place in New York this coming September.

The Commission's report draws a line in the sand on the need for political leaders to accept that progress to date has been severely inadequate and out of step with the growing burden of NCDs and mental and neurological health. All evidence points to the same unpleasant reality: that if the current pace of progress continues unabated, by 2030 the agreed Sustainable Development Goal (SDG) target to reduce NCD mortality will remain a distant reality, failing millions of people and challenging the achievement of all other SDG targets and goals within and beyond health.

The consequences of these projections are real and devastating. Millions more people and communities will have lost loved ones of all ages to avoidable death. Millions more will have witnessed the carnage of amputations and disability that these conditions cause when undiagnosed and untreated. Millions more will have struggled with the entrenched poverty and untold misery that are often the product of weak health and social protection systems.

The 40 million people who die every year due to NCDs and are repeatedly referenced in reports are not just numbers on a page. They are people, with families and stories, and a right to the enjoyment of the highest attainable standard of physical and mental health. But accidents of geography and poverty are still tragically cutting lives short. As civil society organisations and people living with, affected by, or at risk of NCDs, we are all too familiar with the realities on the ground and the consequences of political inertia to people, communities and the most vulnerable. Collectively, we have had enough of political inaction and the glacial progress on NCDs.

We are impatient for change, and we not only join the Commission in saying it is time for our governments to deliver, but that delivery on commitments is overdue and vital. If countries want to avoid sleepwalking into a sick future, the 2018 UN High-Level Meeting on NCDs must result in bold commitment and action.

Produced by the NCD Alliance. The full statement is available to view on the IAS website (*Time To Deliver*). 

# Abstinent workers off sick more than moderate drinking ones

But it doesn't mean that drinking alcohol makes you healthier, insist researchers

A study of 47,520 people from Britain, Finland and France published in *Addiction* has found that those who drank alcohol in moderation were less likely than teetotallers to take sick leave.

Taken from four cohort surveys conducted between 1985 and 2004 that questioned participants' alcohol use two and six years' apart, the meta-analysis found that, when aligned with records of their work absences over the following four to seven years, sickness rates were higher among those who either drank heavily or not at all at either point. This effect was most significantly observed in mental health. Abstainers were 58% more likely to take time off for mental illness – 2.2 days a year on average compared with 1.4 days for low-risk drinkers.

Other notable results were:

- Abstainers were 38% more likely to take time off for digestive disorders (0.3 days a year compared with 0.2 for low-risk drinkers)
- Abstainers were 35% more likely to take time off for respiratory disorders (0.6 days a year compared with 0.4 for low-risk drinkers)
- Abstainers were 26% more likely to take time off for musculoskeletal disorders (4.2 days a year compared with 3.1 for low-risk drinkers)

The researchers said their results showed 'new evidence underlying the U-shaped association between alcohol use and sickness absence', with more long-term mental and physical health conditions associated with abstinence, while heavy drinking was associated with injury or poisoning.

But the study also raised issues of interpretation, especially the reasons behind some respondents' abstinence. For instance, some abstainers with health problems may have been avoiding alcohol when asked because it made their condition worse, or they were on treatments that could not be taken with alcohol.

'Some diseases, or their treatment, prevent alcohol use, which may explain the excess risks among abstainers,' said lead author Jenni Ervasti.

'Moreover, participants to whom at-risk drinking causes health problems may be selected out from the labour market, that is, if they retire early or become unemployed. Then the adverse effects are not seen in absence from work due to illness.' Neither are these adverse effects seen in those who die early from at-risk drinking.

The data from Finland only recorded absences of more than nine days, so the link between alcohol use and short-term work absences were not examined for the majority of respondents.

The definition of 'low-risk' raised a further discrepancy; the [NHS Choices summary of the article](#) noted that there was no clear evidence that the 'low-risk' band of respondents (up to 17 units for women and up to 34 units for men), while based on Finnish guidelines, would be considered the same in France and Britain. The study also found that abstainers were more likely to be from poorer socio-economic backgrounds, which in itself be as strong a driving factor for ill health.

The researchers concluded that their results could 'help occupational health care and facilitate early interventions / auditing for at risk alcohol use accumulating sickness absence due to external causes [such as accidental injury] are observed.'



# New tech gets tough on drink-drivers

From *Fleetworld*

Drivers over the limit will face an increased chance of being prosecuted under new roadside breathalyser technology being explored.

The instant results will mean that police won't need to take drivers to a police station to take a further test – which can enable those who are marginally over the drink drive limit to 'sober up'.

The government is now committing £350,000 to a competition being run by PACTS (Parliamentary Advisory Council for Transport Safety) for companies to submit proposed technologies to market. The final technology is expected to launch in summer 2020.

The news comes as the government also announced investigation teams dedicated to analysing the cause of road collisions will be deployed to UK roads later this year, as part of plans to improve road safety.

The new approach to road casualty investigation will be trialled by the RAC Foundation in three regions over three years, working alongside the DfT, Highways England, DVSA and the police, and supported by £480,000 of funding from the Government.

RAC Foundation Director Steve Gooding said: 'We are keen to seize the opportunity to work with the DfT, the police and others to explore the scope for learning more about the causes of the road crashes that continue to blight – and curtail – so many lives, in particular to establish the practicalities, costs and full benefits of tackling and pre-empting them more effectively.'



# French support alcohol price rise to boost health

Originally published in *The Connexion*

The majority of the French people are in favour of raising the price of alcohol in a bid to improve public health, a new report has found.

According to a new poll published by cancer-fighting group La Ligue National Contre Le Cancer (LLNCC), 54% of the public would be open to raising alcohol prices as a means of cutting public consumption for health reasons.

In the same study, 58% of people were open to the idea of 'taxing products that contain alcohol' to pay for public health costs that are linked to excess alcohol consumption.

Young people aged 18-24 were especially likely to be in favour of raising alcohol prices, the poll found, with a significant 92% in support of the idea, and just 6% against.

Similarly, 81% of young people said they would be in favour of "labelling on alcohol drinks that highlighted the risks associated with alcohol consumption", compared to 18% against this.

Just under two-thirds (71%) of young people said that they would be in favour of a complete ban on alcohol advertising – including on the internet – compared to 28% who were against that idea.

The poll comes as alcohol consumption in France continues to drop - as it has been doing for the past 50 years.

Groups such as the LLNCC have sought to draw attention to the dangers of excess consumption, pointing out a link between alcoholism and cancers of the mouth, pharynx, larynx, oesophagus, liver, colon and rectum, pancreas, and even of the breast.

According to the World Health Organisation (WHO), 3.3 million people die every year from complications linked to alcohol misuse.

Some countries, including Scotland, have introduced measures such as a legal minimum amount per alcohol unit (50 pence per unit).

While France does not yet have such a stipulation, national health bodies recommend no more than 10 units of alcohol per week, the equivalent of 10 small glasses of wine (just over one bottle); or five pints of beer.

The full article is available to view in *The Connexion*, and is based on an article printed in *Le Figaro*. ■■■

# Welsh Assembly passes MUP

## Move comes hot on the heels of Scotland

Welsh Government legislation allowing for a minimum price per unit of alcohol has been approved by Assembly Members (AMs) and is set to become law by summer 2019.

The Public Health (Minimum Price for Alcohol) (Wales) Bill passed the latter stages in the Senedd – the final 45 votes to five – leaving lawmakers to consult on the price level by the end of 2018.

Health officials have stated the aim of the Bill is to cut the annual number of alcohol-related deaths (463 in 2015–16) and hospital admissions every year (approximately 54,000), and they see pricing as a ‘missing link’ in public health efforts.

According to the [Welsh adaptation of the Sheffield Alcohol Policy Model](#), although hazardous and harmful drinkers combined account for 22% of the whole population (approximately 28% of the drinker population), they drink 75% of (and are responsible for 67% of) all spending on all alcohol consumed in Wales. The model estimates the benefits of introducing minimum pricing in Wales at £882m over a 20-year period (£44m annually) and nearly 1,300 alcohol-attributable hospital admissions saved. It would also benefit harmful drinkers most, with 69% of the reduction in deaths being experienced by harmful drinkers, who account for just 4% of all Welsh drinkers.

Health Secretary Vaughan Gething told the Senedd that the Bill will provide an opportunity for a ‘step change’, taking a ‘sensible, targeted approach to a very real and evident problem’. He also stressed that it will ‘be supported by a range of additional actions being taken forward to support those in need – forming part of the Welsh Government’s wider substance misuse strategy.

‘Wales, like so many other western countries, has a problem with cheap, strong, readily available alcohol. This legislation will make an important contribution to addressing this issue.

‘Ultimately it gives us a chance to do more to try to save lives,’ he said.

Trade magazine [Convenience Store gauged the opinions of some Welsh retailers](#). Tony Cristofaro, owner of Spar Landmark Place in Cardiff, expects the new law to follow the lead set by the minimum pricing legislation in Scotland.

‘From what I’ve heard from retailers in Scotland I don’t expect the law to have a massive impact on our sales,’ he said. ‘I expect it to be good for levelling the playing field between us and the multiples.’

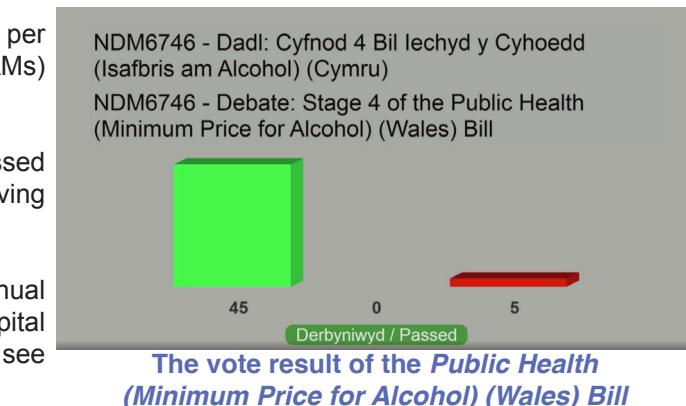
‘I would assume that the Welsh government will copy Scotland and set the minimum price at 50p, which would mean only a slight change in our product range as most lines we sell wouldn’t be affected.’

John Prichard, owner of Londis Bethesda in Gwynedd, agreed that convenience store retailers in Wales need to have the right merchandising in order to prepare for the new legislation.

He said: ‘It’s a case of watch this space to see whether the government matches the minimum price in Scotland but we will need to have the right materials to let shoppers know about the changes.’

‘What we’ve noticed in the past is that Wales tends to be a testing ground for the UK government in terms of legislation, like we saw with the plastic bags. It will be interesting to see how everyone reacts to the new law and whether England follows suit.’

Discussion and vote of the Bill at its final stage is [available to view on the Senedd website](#).



# Cancer risk lowest for light alcohol drinkers

Large n-study produces a gentle J-shaped curve for average intake

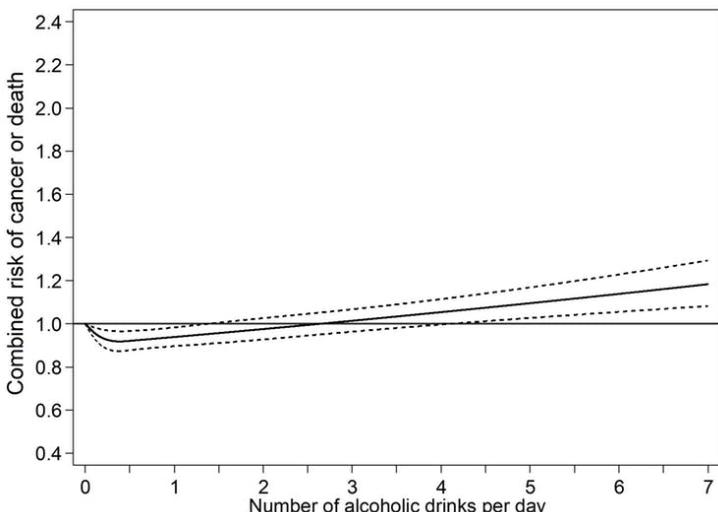
A new study, led by a researcher from the School of Medicine, Dentistry and Biomedical Sciences at Queen's University Belfast, has found the combined risk of death and developing a number of cancers appears to be lowest in light drinkers, consuming less than one drink per day, and increases with each additional drink per week.

Published in *PLOS Medicine*, lead author Dr Andrew Kunzmann conducted a study to further understand the complex relationship between light-moderate alcohol consumption, cancer, and mortality using data from approximately 100,000 people involved in the [United States Prostate, Lung, Colorectal, Ovarian Cancer Screening Trial](#) who had completed a dietary questionnaire with questions on their alcohol intake at various stages of their life.

Writing in *The Conversation*, Dr Kunzmann claimed that what marked this study apart from others in its field was that it looked at the [average lifetime alcohol intakes of its subjects](#), instead of the usual practice of separating former drinkers from current ones and classifying the former as non-drinkers.

The study found 9,559 deaths and 12,763 primary cancers occurred among the participants of which lifetime light alcohol drinkers had the lowest combined risk of mortality or developing cancer.

In comparison, lifetime never drinkers and infrequent drinkers as well as heavy and very heavy drinkers had increased combined risk of mortality or developing cancer. The graph below indicates that there is a J-shaped relationship between alcohol consumption, cancer incidence, and mortality.



A gentle J-shaped curve develops for the combined risk of cancer or death in relation to alcohol consumption

The results suggest that the lowest risk was apparent in people drinking less than seven alcoholic drinks per week (less than one drink per day) – where one drink equates to about the units found in a medium strength bottle of beer – compared to never drinkers or heavier drinkers. Heavier drinkers (who drank more than three drinks per day) were at a 20% higher risk of getting cancer or dying prematurely than light drinkers.

The authors acknowledged that the study's analysis is limited to older adults and may be confounded by socioeconomic factors. However, Dr Kunzmann hopes the findings 'may help inform public health guidelines' in future.

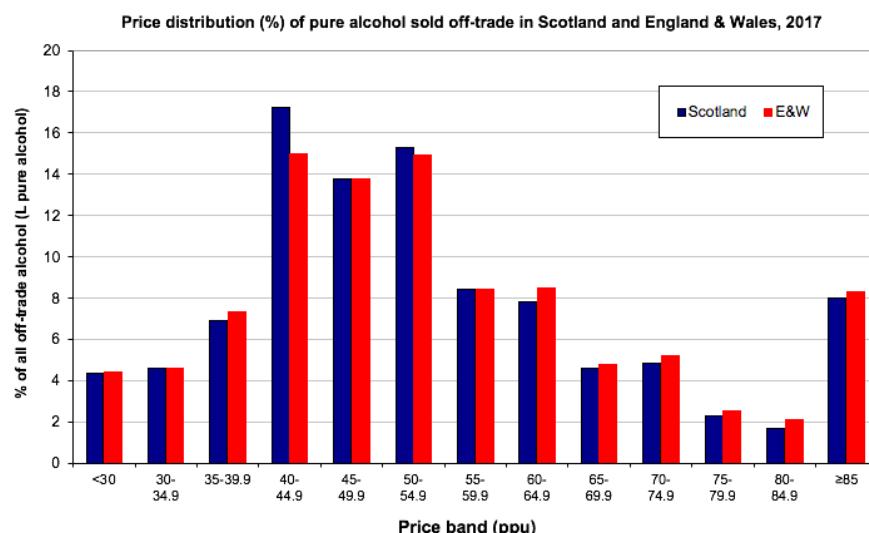
# MESAS: weekly alcohol sales exceed guidelines

Monitoring report finds alcohol is ‘still a significant health concern’

Scots bought 40% more than the weekly recommended guidelines worth of alcohol last year, according to [the latest monitoring report published by NHS Health Scotland](#).

The amount of drink sold in the country was equivalent to 19.6 units per week per person, higher than the UK recommended limit of 14 units. The report’s lead author said that the consumption figures show that alcohol remains a ‘significant health concern’ for Scots. In England & Wales, 17.1 units worth of alcohol per person were sold, equating to 22% more than the weekly recommended guidelines worth of alcohol last year.

*Monitoring and Evaluating Scotland’s Alcohol Strategy* (MESAS) also found that 2017 saw the biggest annual increase in the price of alcohol sold through supermarkets and off-licences, from 52 to 54 pence per unit. Most alcohol was sold in both England & Wales and in Scotland for between 40 and 55 pence per unit, and almost half of alcohol in Scotland (47%) was purchased for under 50 pence per unit, an indication that the Scottish Government’s move to introduce minimum unit pricing would target a significant section of the drinks market (illustrated, below).



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Public Health Minister Aileen Campbell said the report ‘sets out the significant levels of harm that individuals, families and communities experience through alcohol misuse, highlighting the increasing role that sales in supermarkets and off-licences play in Scotland’s relationship with alcohol.

‘The total volume of alcohol sold in Scotland in 2017 is similar to the level sold in 1994.

‘However, since 1994 we’ve seen a huge shift from people buying alcohol in pubs, clubs and restaurants, to buying in supermarkets and off-licences.’ In the 21st century alone, the proportion of alcohol sold in off-licences has risen 12 percentage points (from 60 to 72% of all alcohol sold).

Campbell added: ‘Our world-leading minimum unit pricing policy now ensures no alcohol can be sold below 50p per unit. I am confident minimum unit pricing will make a significant difference to the harms shown in this report.’

Commenting on the report, [lead author Lucie Giles](#) said: ‘As a leading cause of illness and early death, alcohol consumption and related harm remains a significant public health concern.

‘With rates of alcohol-specific deaths increasing in recent years, and alcohol related hospital admissions four times higher than they were in the 1980s, it is more important than ever that we continue to monitor alcohol price, consumption and alcohol-related harms to inform and evaluate policy.

‘Preventative action is necessary to reduce alcohol consumption if long-term improvements in alcohol-related harm are to be realised. And with the most harm being felt in our poorest areas, we must take action to reduce the health inequalities related to alcohol.’ 

# Irish alcohol bill passes committee stage

## Row about size of health warnings fails to derail its progress

The Republic of Ireland's *Public Health (Alcohol) Bill* is one step closer to becoming law after passing committee stage.

Junior Health Minister Catherine Byrne announced that the *Bill* would most likely enter its final stages in the Oireachtas main chamber (Dáil Éireann) in the autumn.

However, discussions at the committee stage were not without controversy, as the Minister for Health Simon Harris was forced to delete a provision removing the requirement for evidence-based health warnings to take up at least one third of the size of the printed material on alcohol products.

Explaining the rationale for the move, Catherine Byrne said the requirement had been added to the Bill after it was accepted at report stage in the Senate, but the European Commission decided it was not proportionate and that the objective of protecting public health could be achieved with a smaller, yet visible, health warning.

Labour Party TD Seán Sherlock went even further in calling for the deletion of provisions that included warnings linking alcohol to cancer in advertising, a move that angered the Irish Cancer Society.

Sherlock told *The Times* that he had made the amendments in a 'personal capacity'. He said he had done so because he wanted further discussion on the size and content of the warnings.

He added that if cancer warnings were placed on alcohol then it could follow that they would also be placed on food, a move that he said was undesirable.

However, the Irish Cancer Society hit back, citing a Health Research Board survey showing that 95% of people supported the inclusion of labelling, and that awareness of the link between alcohol and cancer was low, despite the 900 alcohol-related cancer diagnoses and 500 alcohol-related cancer deaths each year in Ireland.

Head of Services & Advocacy Donal Buggy said: 'This is a stunning U-turn from the Labour Party on hugely important provisions in the *Public Health (Alcohol) Bill*, which will help inform the public of the link between alcohol and fatal cancers, so that they can make the right choices.'

'To complete such an about-face on this *Bill* on the verge of committee stage in the Dáil is astonishing. We are calling on all parties to reject this bizarre change by Labour if they have any interest in protecting public health,' he said.

Despite Sherlock's objections, Simon Harris reaffirmed his commitment to the inclusion of health warnings about cancer and alcohol on labels and in advertising, and the Bill made it through the committee stage. Harris tweeted that it would be the 'first time ever we will legislate from a public health perspective on alcohol.'

Meanwhile, health alliance Alcohol Action Ireland said it was pleased the central provisions of the Bill have largely remained intact after what had been an intense lobbying action by the alcohol industry to have crucial sections amended. Chair Frank Murphy said the proposals had been frustrated and trivialised by powerful vested interests for too long.

The proposed legislation would also introduce a minimum unit price for alcohol, provide information about the products to consumers, and restrict advertising to protect children. ■■■

# Canada: Committee calls for content, labelling, and marketing restrictions

EUCAM re-publication from *Ottawa Citizen*

A [Canadian] House of Commons committee is calling on the federal government to place severe restrictions on the contents and advertising of sugary alcoholic drinks.

A report tabled today recommends that Health Canada limit the alcohol, sugar and caffeine content in the beverages. Among 15 recommendations, the standing committee on health also calls for tough new labelling, packaging and marketing rules.

The report comes after Health Canada held public consultations to decide whether to restrict the sales of the alcoholic drinks. Federal officials have raised concerns that the alcohol content in the beverages is masked by their sugar, and that they encourage young people to binge drink.

Earlier this year, Quebec moved to ban high-sugar, high-alcohol drinks from grocery and convenience stores after a 14-year-old girl from Laval allegedly consumed one such drink before her death.

Athena Gervais's body was found in a stream behind her high school after she reportedly drank a beverage containing 11.9% alcohol – or the equivalent of four standard drinks in one serving (approximately seven UK units). The health committee cited Gervais's death in its report, noting that the sale of beverages containing high amounts of sugar and alcohol has been on the rise across the country. But it said hers was just one of hundreds of deaths that occur every year in Canada as a result of acute alcohol poisoning.

'It may be time for the government of Canada to consider an approach to alcohol regulation that is more in line with its efforts to prevent tobacco use,' the report said.

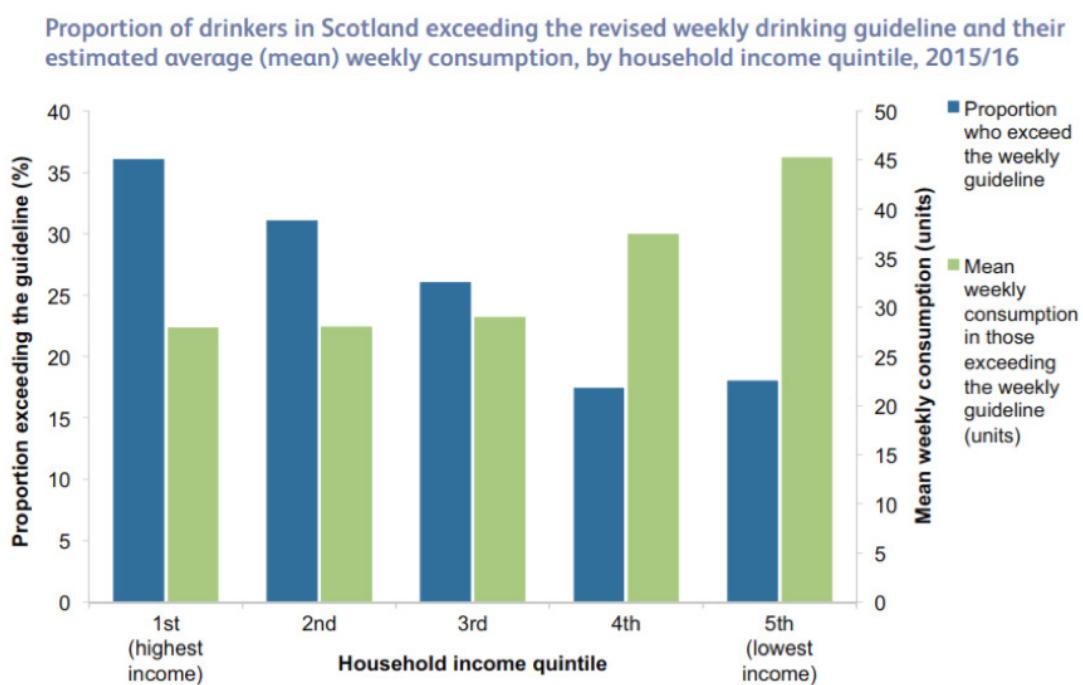
Health Minister Ginette Petitpas Taylor said in March she was "deeply concerned" by the availability and appeal of the drinks and by the increasing number of youth being admitted to hospital after consuming the products.

You can read the full article in the *Ottawa Citizen*. ■■■

# ALCOHOL SNAPSHOT

## How heavy drinking varies by income

NHS Health Scotland's *Monitoring and Evaluating Scotland's Alcohol Strategy* (MESAS) project published its [monitoring report 2018](#) earlier this month. Tasked by the Scottish Government to establish the impact of its policies to address alcohol harm, MESAS have produced authoritative figures on alcohol consumption and harm in Scotland each year since 2011, as well as substantial comparative data on England and Wales.



Source: Scottish Health Survey (SHeS)

Among the statistics presented in this year's report was the chart above, which shows how heavy drinking varies among different income groups, using data from the Scottish Health Survey. The blue bars show that those in the richer households are far more likely to exceed the Chief Medical Officers' low risk drinking guidelines of 14 units per week. More than one in three individuals in the richest 20% exceeded the guideline levels, compared to just over one in five in the poorest 20%. However, the green bars show that, among those who exceed the guidelines, poorer drinkers consume far more alcohol on average: 45 units per week for the richest drinkers compared to just over 20 units for the poorest. In other words, fewer poor people exceed the drinking guidelines, but those that do exceed it by far more. Findings such as this may help provide part of the explanation for the '[alcohol harm paradox](#)': that more disadvantaged groups tend to suffer greater health harms due to alcohol despite drinking less on average. ■■■



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