

alcohol

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ALERT



Brown battles bingers

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Tackling teenage drinking 'one of Gordon Brown's top priorities'

Action against the binge drinking culture and among teenagers in particular was stated to be one of new Prime Minister Gordon Brown's top priorities at the time of the Labour Party conference. The Sunday Telegraph reported that a drive against teenage excessive drinking will be led by Ed Balls, the Secretary of State for Children, Schools and Families, and Jacqui Smith, the Home Secretary.



However, expectations of a new anti-alcohol campaign may turn out to be misplaced as, on closer inspection, the reported comments of the Prime Minister and his colleagues appeared to be re-announcements of measures already contained in the national alcohol harm reduction strategy or the new licensing legislation.

Speaking on BBC Radio 4's Today programme, the Prime Minister said: "I want to be very tough with those shops that are selling alcohol to teenagers. They should lose their licence and they should lose it for a long time. That is what is contributing to binge drinking in our cities and towns and communities, and we have got to do something about that."

This could have been an announcement of new measures still to come but it could, perhaps more plausibly, be interpreted as a reference to the increased penalties for selling alcohol to the under-age which are already on the statute book.

Mr Brown added in a comment which

may cause some alarm in the public health community, that "We also need to get the drinks industry to help us educate young people about the dangers of binge drinking and the dangers of excessive drinking."

Mr Brown did not specify what role he saw the drinks industry playing in educating young people about alcohol. However, he did say that he did not believe raising the drinking age to 21, as some senior police officers had argued, would tackle the problem of binge drinking and related anti-social behaviour.

In his interview in the Sunday Telegraph, Ed Balls appeared to announce a new set of guidelines on 'safe drinking' for under 18s.

Mr Balls said: "Currently we don't have any guidance at all for parents on alcohol consumption and its impact on under-18s. That worries me. When I was 16 or 17, I would have a small glass of wine at lunch on a Sunday or a shandy or a Babycham at Christmas. That's fine – a lot of parents do that and that's not where the problem

the Sunday Telegraph report in relation to guidance to adolescents in regard to drinking, achieving a consensus may not be easy. Martin Shalley, the president of the British Association of Emergency Medicine, said the proposals did not go far enough to tackle teenage culture.

He said: "There is a lack of parental control. We've been lulled by this idea of a continental system that says its OK for children to drink from a young age, when in fact they shouldn't be drinking at all."

Alcohol industry to press for lower drinking age?

A lack of consensus is particularly likely to be evident on the part of the alcohol industry which is, on the whole, unlikely to react with enthusiasm to the idea that children should not drink.

Indeed, simultaneously with new crackdowns on underage drinking and the stated objectives of the new national alcohol harm reduction strategy, including delaying the onset of regular drinking and reducing the amount drunk by teenagers, some senior alcohol industry figures have started to call for the legal purchase age for alcohol to be lowered.

The trade newspaper The Publican reported Punch Taverns' Chief Executive Giles Thorley 'as adding his weight to calls for the drinking age in the UK to be

lowered to 16.' Technically,

Mr Thorley was presumably referring to the legal age for purchasing alcohol, as the legal drinking age in the UK is 18, though it is, of course, the case that under 18s are prevented from drinking in licensed premises except as an accompaniment to a table meal.

Mr Thorley, the boss of the biggest pub company in the country, was reported to believe the move would help reduce problems related to underage drinking, as long as it was strictly controlled.

He said: "It would be better to have young people introduced to pubs and alcohol in a gradual and discretionary way, rather than have them go out on their 18th birthday and overdo it."

His comments followed those of JD Wetherspoon boss Tim Martin to the effect that the government's current action on young people's drinking was 'making the problem worse, rather than better'.

Polled for a forthcoming feature in The Publican, Mr Thorley said: "Look at the US. There, alcohol is so hard to come by for young adults that many turn to drugs because they are easier to get."

He explained that any reduction in the age at which young people are allowed to consume alcohol should be accompanied by controls such as limiting the strength of beer available to them or banning of sales of strong alcohol such as spirits to youngsters.

Brown 'may reverse drinking laws'

Comments by Gordon Brown seeming to suggest that he might overturn the licensing legislation introduced by his predecessor Tony Blair, allowing pubs in England and Wales to open 24 hours a day received wide coverage. This followed earlier comments by the new Prime Minister which were interpreted by the media as meaning that he was undertaking a special, new review of the impact of the Licensing Act.

Speaking on BBC Radio 4's Today programme Mr Brown said that there was 'an issue' about 24-hour licensing, adding: "I will not hesitate

to change policies if I think that we have got to make these changes... Where there are things that are wrong and where mistakes have been made, we will look at these and we will change these things. That's why on casinos we are looking again, on cannabis we are looking again and that's why on 24-hour drinking we are looking again."

Asked about the impact of longer licensing hours on behaviour, he told GMTV: "I think we have got to learn. In most cases, it has not had any devastating effect. It is the same with cannabis. It is the message you send out. Why I want to upgrade cannabis and make it more a drug that people worry about is because we don't want to send out a message - just like with alcohol - to teenagers that we accept these things. Binge-drinking is unacceptable, bullying is unacceptable, bad behaviour in classrooms is unacceptable."

"If it needs a reversal of policy, we will do it. Just as with gambling, we will review all the evidence and if a change needs to be made, I will not hesitate to make a change in the interests of the country."

However, earlier reports that Mr Brown had ordered a new review of the Licensing Act turned out to be incorrect. It was later explained by spokesmen for the Department of Culture, Media and Sport, the government department responsible for licensing, that there was no new review of the licensing laws - the Prime Minister was re-announcing the review which was already taking place - principally the evaluation by the Home Office into the impact of the Act on crime and disorder which is due to be published towards the end of 2007. In addition, there were a number of other reviews, reports and consultations, including the fees review, the scrutiny council's work, the live music forum report, the DCMS better regulation simplification plan, the new licensing Statistical Bulletin and work looking at the impact on circuses. ■



New licensing laws 'not creating a café culture' shows new report

Early claims that the new licensing laws for pubs and bars would lead to a continental-style café culture in Britain have been called into question in a new report by researchers at the University of Westminster.

The report, Expecting 'Great Things'? The Impact of the Licensing Act 2003 on Democratic Involvement, Dispersal and Drinking Cultures, was commissioned and funded by the Institute of Alcohol Studies. It looked at three by-products of the act - the relationship between pubs, clubs and the local community, the effect on the diversity of nightlife provided and the dispersal of punters at closing time.

It found that there was little evidence to suggest drinkers had adopted a more leisurely, continental approach to drinking, and only a small change in the diversity of nightlife provided in town centres.

However, the report found that the changes in licensing had had a generally positive effect on community relations in the areas examined, with residents and local councillors alike feeling that they had more of a say in the process of granting and challenging licensing decisions.

The report was compiled by Marion Roberts, a Professor of Urban Design in the University's School of Architecture and the Built Environment, and Adam Eldridge, a post-doctoral Research Fellow.

They conducted interviews with some of Britain's leading late-night operators, and Professor Roberts conducted case studies of four areas - the eastern fringe of London, Chelmsford, Newmarket and Norwich - over a four month period, including in-depth interviews with residents, licensing officers, senior councillors and the police.

The results indicated that there was a mixed reaction to the effectiveness of 'staggered' closing times of premises, with areas that had good arrangements for policing and transport reporting successes in the peaceful dispersal of drinkers, while areas with venues close to houses, or with narrow streets, still seeing problems.

Professor Roberts said: "This report goes some way to proving that while the new licensing laws have had some positive impacts,

depending on the context, there is still a long way to go before the Government's initial hopes of a more relaxed approach to alcohol consumption are realised."

1. The full report, Expecting 'Great Things'? The Impact of the Licensing Act 2003 on Democratic Involvement, Dispersal and Drinking Cultures is available for download as a pdf document from: <http://www.ias.org.uk/cci/cci-0707.pdf>

Chief Medical Officer

One person close to government who strongly favours a review of the new licensing legislation is Sir Liam Donaldson, the Chief Medical Officer.

Speaking to the Daily Telegraph, Sir Liam said: "Some of us worried about the decision when it was brought in and any review of the policy would be welcome."

However, his concerns go wider than the licensing system to the overall problem of alcohol misuse and the rising levels of cirrhosis of the liver. Tobacco, he says, is a good example of a public health problem that is in hand, "but when we turn to obesity and alcohol misuse those are not yet anywhere near under control."

Sir Liam wishes Britain was more like the Continent where he thinks teenagers are much less likely than their British counterparts to go out with the idea of getting drunk.

"In our culture", he says, "getting drunk is seen as an exciting and status thing to do. We need to try and get away from that."

His answer is to make excessive drinking more expensive. "I would certainly strongly commend increased taxation. The evidence is quite strong that putting the price up helps. Prices of alcohol have fallen relative to the cost of living."

He also wants to ban alcohol companies from sponsoring sporting events. "It's something that worked with tobacco," he says.

Danger drink levels found on city streets

More than one in three men are over the danger limit for drink on late-night city streets, a Cardiff University study has found.

The study, funded by the Alcohol and Education Research Council, and led by Dr Simon Moore and Professor Jonathan Shepherd of the University's Violence & Society Research Group, surveyed 893 drinkers on Friday and Saturday evenings on the streets of Cardiff across twelve months. From breath analysis, they found that more than a third of men and one-sixth of women had a blood alcohol concentration above the 'at risk' level of 0.15 per cent. This is twice the drink-drive limit and is the internationally-recognised level at



which risk of injury and ill health rises steeply.

Overall, the team found an average blood alcohol level of 0.13 per cent for men and 0.09 per cent for women. The highest intoxication levels were found in men in their late twenties, while women's intoxication levels increased with age. Younger people, the unemployed and students all had below-average alcohol levels. Only 12 people below the age of 18 had any evidence of alcohol in their blood.

The study also found that most of the people surveyed were unable to remember what they had consumed and how much. Drinkers with higher levels of blood alcohol were less likely to recall the evening's intake. This suggests that previous studies relying on drinkers' own estimates of consumption have missed the true extent of alcohol misuse.

Even drinkers who could recall how much they had drunk claimed, in most cases, to have consumed more than the recommended daily alcohol limit (four units for men, three for women). Of these, more than a third of the men and more than half the women claimed to have drunk double the recommended limit – the accepted UK definition of binge drinking.

Professor Shepherd said: "These

findings challenge the belief that underage drinking is commonplace in city centres and that the youngest drinkers, such as students, are drinking most. Older age groups, particularly employed men in their late 20s, are drinking more heavily.

"Since Cardiff is one of the safest cities in the country and alcohol-related illness is relatively low, alcohol misuse is likely to be even higher in other city centres. Our research also found that after a certain point, people lose track of the amount they have consumed and therefore need other people, such as police, bar staff or friends to prevent them drinking more. This means substantial resources are being devoted to limiting consumption by heavily intoxicated people. One of the best ways to limit consumption is through raising alcohol prices and this could also provide funds towards the cost of managing binge drinking in city centres."

Dr Moore added: "The majority of people we met on the streets of Cardiff were friendly and thoroughly enjoying their evening out. It is likely that the best way to deal with those who drink excessively and spoil others' fun will come from changing the way alcohol is served."

The research team interviewed and breathalysed people at random between 11pm and 3am on twenty-four weekend nights on busy streets in Cardiff city centre. The findings have now been published in the journal *Alcohol and Alcoholism*. ■

Conservatives would impose 'treatment tax' on alcohol?

The prospect of a 'treatment tax' being placed on alcohol by a future Conservative government was raised by the Party's Social Justice Policy Group, chaired by former Party leader Iain Duncan Smith MP.

The Policy Group was established to study the nature, extent and causes of social breakdown and poverty in modern Britain, and to recommend policy solutions to social breakdown and exclusion. Working groups were set up to investigate 'pathways to poverty': family breakdown, educational failure, economic dependence, indebtedness and addictions.

The main thrust of the report on the addictions is that alcohol abuse is out of control and that the Labour governments' drugs policy has failed: there are more drug addicts now than ever before.

A particularly noteworthy recommendation is that the relationship between the affordability of alcohol and the level of consumption provides the government with an effective tool for controlling levels of consumption through the levying of a tax on the product. This tax would, in turn, provide the funding needed to meet the social and economic costs of alcohol related harm, such as police enforcement measures resulting from binge drinking and violence, health service costs and treatment for addicts.

While this is only a recommendation to the Conservative Party which does not commit any future Conservative government, it does suggest that the Conservatives are prepared to consider the kind of controls on the price and availability of alcohol that the Labour government has explicitly rejected, and been roundly criticized by the public health lobby for so doing.

In addition to a treatment tax on alcohol to reduce harm, the Social Justice Policy Group also recommends:

- **Replacing the current separate drugs and alcohol strategies with an integrated addiction policy:** This would be led by a new National Addiction Trust, responsible to a Cabinet Office unit, and controlling funds that would be administered locally by new Addiction Action Centres.
- **Reducing the demand for drugs through a massive expansion in abstinence-based rehabilitation.** Spending on drug rehabilitation could be doubled. This would be focused on abstinence, not



harm reduction. Both residential and day-care programmes would be supported, and they could be delivered by charities and community groups.

- **Introducing dedicated abstinence-based drug rehabilitation wings in every prison.** An expansion of abstinence programmes in prison could be cost-effective in the long-term, since they are cheaper than residential programmes in the community.
- **Reclassifying cannabis from Class C to B.** This could better reflect the dangers posed by new, high-strength strains of cannabis like skunk.
- **Introducing abstinence-based treatment vouchers:** Addicts could be given vouchers to pay for their treatment and rehabilitation, empowering them to make decisions about which approach would work best for them.
- **More use of dedicated drugs courts.** The existing pilots of specialist drug courts have been shown to be effective: they could be expanded. ■

Alcohol boosts bowel cancer risk

Drinking a daily pint of beer or a glass of wine increases the risk of bowel cancer by around 10 per cent – according to a new report by Cancer Research UK, and the more alcohol is drunk the more the risk increases. The lifetime risk for bowel cancer in men is one in 20; in women it is one in 18. Around 30,000 new cases of bowel cancer are diagnosed each year in the UK.

Almost half a million people in 10 European countries were questioned on their drinking habits as part of the EPIC* study which is funded by Cancer Research UK, the Medical Research Council and other European agencies.

The report, published online in

the International Journal of Cancer, found that people who drink 15 grams of alcohol a day – equivalent to about two units – have about a 10 per cent increased risk of bowel cancer.

Those who drank more than 30 grams of alcohol – equivalent to three to four units, which is less than a couple of pints of strong lager – increased their bowel cancer risk by around 25 per cent.

Professor Tim Key, Cancer Research UK epidemiologist and Deputy Director of the Cancer Epidemiology Unit in Oxford, said: “The research shows quite clearly that the more alcohol you drink the greater your risk of bowel cancer. The increase in risk is not large but it is important that people understand they can reduce their risk of a number of different cancers – including bowel cancer – by cutting down on alcohol.”

Almost 480,000 people were asked questions about how much alcohol they drank and were followed up for six years. In that period, 1833 people developed colon cancer.

Dr Lesley Walker, Cancer Research UK's Director of Cancer



Professor Tim Key

Information, said: “There is a lot of confusion over safe levels of drinking. This partly arises over the increasing strength of some wines and beers and the fact that many pubs offer a large glass of wine that is actually equivalent to one third of a bottle. It is important that people do not automatically equate one drink with one unit. A large glass of wine with a high alcohol volume is likely to be the equivalent of considerably more than that. Cancer Research UK recommends that women should drink less than two units a day and men less than three. While there is increasing evidence that overindulging in alcohol can increase the risk of some cancers, research also shows that by far the biggest risk for life-threatening diseases is the combination of smoking together with drinking alcohol.” ■

* <http://info.cancerresearchuk.org/healthyliving/dietandhealthyeating/theepicstudy/>



Welsh doctors set out new measures to crack Wales' drink problem

Doctors' leaders in Wales have unveiled a new set of tough measures designed to crack Wales' growing drink problem.

The BMA in Wales is calling on the Welsh Assembly Government and the UK Government to work jointly in taking forward a set of new policies.

These include:

- A national roll-out of local schemes to outlaw the consumption of alcohol in public streets;
- An increase in funding of services designed to treat alcoholism and alcohol-related illnesses;
- Doctors to take a lead by helping to change both attitudes and behaviour with respect to the misuse of alcohol;
- An increase in taxation on drinks containing alcohol, with taxation proportionate to the amount of alcohol in the product.
- These new proposals follow the publication of BMA Cymru Wales' four point plan to tackle Wales' alcohol problem, unveiled in June 2007.

The plan called for:

- A Licensing Measure to end deep discounting of alcohol for sale in off licences, supermarkets and other off sales outlets.

- Research into the measures by which pricing mechanisms can be used in Wales to discourage heavy consumption of high alcohol products.
- Legislation for alcohol labeling rather than relying on voluntary agreements with the drinks industry.
- Reduction of the drink driving limit from 80mg to 50mg and introduction of random breath testing in Wales.

Welsh Secretary of the BMA, Dr Richard Lewis said: “The BMA remains focused on offering practical solutions to Wales' growing drink problem. This comprehensive set of measures is designed to cover a variety of problem areas. It's now up to the Assembly Government, in partnership with the UK Government, to ensure that these policies are taken forward.

“After smoking, alcohol is the next big public health issue. The Government needs to get to grips with the problem.” ■

Above the recommended guidelines

In the Welsh Health Survey, 40 per cent of adults in Wales reported that their average alcohol consumption on a day of consuming alcohol was above the recommended guidelines of no more than four units a day for men and no more than three units per day for women. This varies by region, with the highest rates in Merthyr Tydfil and lowest rates in Ceredigion. Nineteen percent of adults reported binge drinking (more than eight units in a day for men and more than six units for women) in the week previous to the Welsh Health Survey.

Data from the Health Behaviour in School Aged Children (HBSC) Survey shows that seven per cent of 11-year old girls and 12 per cent of 11-year old boys in Wales reported drinking any alcohol on a weekly basis. For 13-year olds nearly a quarter of girls and a third of boys in Wales reported drinking any alcoholic drink weekly. Of all the countries participating in the HBSC survey, Wales has the highest proportion of 15-year olds that reported drinking on a weekly basis (over 50 per cent of girls and almost 60 per cent of boys).

The number of people admitted to hospital for alcohol-related conditions has increased from 252 per 100,000 in 1999 to 309 per 100,000 in 2005. The admission rates are significantly higher than the average rate for Wales in Neath Port Talbot, Pembrokeshire, Gwynedd, Newport, Wrexham, Swansea, Ynys Mon, Denbighshire, Conwy and Blaenau Gwent.

The all-Wales alcohol-related deaths (European age standardised mortality rate) has increased from 10 per 100,000 in 1996 – 1998 to 14 per 100,000 in 2002 – 2004.

BII Certificate in Alcohol Awareness: Teaching about the dangers of alcohol or recruiting publicans?

The British Institute of Innkeeping is promoting its new Certificate of Alcohol Awareness as part of a drive to reduce binge drinking, but the certificate is accredited within the subject area of hospitality and catering, and according to the leaflet describing the course, it will give pupils “an insight into the exciting opportunities of a career in the hospitality industry.”

BIIAB, the awarding body of the British Institute of Innkeeping, has launched a Certificate in Alcohol Awareness for 13–16 year-olds. Teaching materials and a 25-question multiple choice exam will be available to teachers for inclusion in PSHE, a non-statutory part of the national curriculum.

The certificate is part of the BII Schools Hospitality Project, which provides materials for teachers via a website. The materials are designed to be teacher-friendly, requiring minimum preparation for use in the

classroom. The website even provides a school newsletter item for informing parents about the alcohol awareness classes.

The course is accredited within the hospitality and catering sector at level 1 of the National Qualifications Framework. This is the same level as a GCSE graded D to G. The course takes 10 hours of class time, but no information was available on what fraction of a GCSE the certificate is equivalent to.

According to the BIIAB leaflet, the certificate is “the first step on the ladder to a career in hospitality,” and can lead on to other qualifications offered by the organisation. These include a level 1 Award in Responsible Alcohol Retailing and a level 2 National Certificate for Personal License Holders.

What will schoolchildren learn about?

The certificate covers two areas, responsible drinking and the hospitality industry. However, the emphasis given to these two strands varies depending on the source of information. The school newsletter item provided by BIIAB is headed, “Pupils learn about the dangers of alcohol.” In contrast, another section of their website is aimed at potential sponsors of the project, and states, “Our aim is to educate young people about the importance of the UK’s hospitality sector and the many career paths it offers. In the

process, we also encourage responsible attitudes towards alcohol.”

The Schools Hospitality Project website provides teaching materials including a number of simple quizzes. The ‘Hospitality Matters 1’ leaflet promises to help its readers “learn about alcohol and the problems which arise when it is misused,” as well as learning about the hospitality industry. The first quiz in the leaflet gives half sentences which can be recombined to make sentences such as, “Millions of foreign tourists visit the UK each year,” and “The Houses of Parliament have passed strict laws on the sale of alcohol.”

Other quizzes do not mix alcohol and tourism information in this way. However, a quiz called, ‘Mix the drinks,’ does mix alcoholic and non-alcoholic drinks. It is introduced with the statement that, “People need to drink a lot of liquid to remain healthy,” then requires pupils to unscramble “some of the most common drinks.” The list of twenty anagrams includes seven alcoholic drinks, but there is no mention of the fact that alcohol does not contribute to a healthy intake of liquid.

Publicity for the new certificate

Publicity surrounding the launch of the Certificate in Alcohol Awareness has focused exclusively on the responsible drinking aspect of the course. In a press release, John McNamara, BII Chief Executive

said, “We have been working on this project for many months and it has been developed in response to governmental pressure on underage sales and consumption but tackles the topic from a positive, educational angle,” and on the BII website he is quoted as saying, “Education is key to changing young peoples’ attitudes to alcohol and hopefully will take a step towards tackling the binge drinkers of tomorrow.”

News reports followed the tone of the press release. The Times used the headline, ‘Make mine a half – GCSE pupils learn lessons of safe drinking,’ and reported that, “Teenagers will soon be able to sit an exam in sensible drinking as part of a drive to deal with binge drinking.” The article includes a number of quotes relating to the knowledge pupils will gain about the effects of alcohol. It also gives five sample exam questions, relating to sensible drinking guidelines, the effects of alcohol on the body and the law. None refers to hospitality and catering, nor is there any mention in the article that the certificate is accredited within the field of hospitality and catering. ■



Perils of pop stardom

Rock and pop stars are more than twice as likely as the rest of the population to die an early death, often within a few years of becoming famous, a new study has shown. The study, the results of which may not necessarily be seen as surprising, confirm that many of the deaths are linked to alcohol and drugs. The authors suggest that, in view of these findings, caution should be exercised in using pop stars and other celebrities to promote health messages to young people.

The researchers investigated the lives and deaths of more than 1,050 North American and European musicians and singers who shot to fame between 1956 and 1999. All the musicians featured in the All Time Top 1,000 albums, selected in 2000, and covering rock, punk, rap, R&B, electronica and new age genres.

In all, 100 stars died between 1956 and 2005. The average age of death was 42 for North American stars and 35 for European stars. At between two and twenty-five years of fame, both North American and European pop stars experienced two to three times the risk of death experienced in the general population of the same age and sex. At a minimum estimate, around a third of the deaths appeared to be directly alcohol- or drug-related.

The authors comment that consideration needs to be given to preventing pop stars and other celebrities from promoting health

damaging, self-destructive behaviour among their fans and emulators.

This consideration is of some significance given that in the UK one in ten children aged 7 to 16 aspire to be a pop star when they grow up, and TV programmes such as The X Factor, which offer performing opportunities to would be pop stars, receive tens of thousands of applications and are watched by millions.

Theoretically pop stars could be used to promote health messages, and in some countries this has happened. However, the authors question whether pop stars, whose appeal to young people may well be linked to their risky behaviour, can credibly serve as positive role models.

★ *Mark Bellis et al: Elvis to Eminem: quantifying the price of fame through early mortality of European and North American rock and pop stars. Journal of Epidemiology and Community Health 2007 61 896-901*

Ringo Star



Ringo Star was affected by alcohol and other lifestyle problems but successfully underwent rehabilitation and is now a member of Alcoholics Anonymous.

Jimi Hendrix



By age 27 Jimi Hendrix's drug and alcohol intake was enormous, but his death was accidental. Hendrix was an insomniac as well as a borderline addict. He swallowed some of a friend's sleeping tablets without realizing they were an extra strong prescription brand. He vomited and choked to death in his sleep.

Janis Joplin



Addicted to drugs and alcohol, Janis Joplin died in 1970 from a heroin overdose. She had been hailed as one of the greatest white female singers to take on the blues, and was only four years into her promising career.

Amy Winehouse



Current star Amy Whitehouse is reported to be having a not obviously successful struggle against drugs and alcohol. The NME pop music newspaper contained a report that Janis Winehouse, Amy's mother, had spoken of her fears for her daughter, following revelations that she took heroin and other class A drugs. Speaking to a magazine,

Janis Winehouse talked about how she believed her daughter had changed hugely since becoming famous and feared she would never stop taking drugs.

"She's lost herself," she said about her daughter. "She's not someone I recognise. She's become her own stage creation."

Janis Winehouse went on to explain that she was not aware of the extent of her daughter's drug problems until she was hospitalised after an overdose.

"She won't stop until she sees the point in stopping," she explained. "Talking to her about it won't make any difference."

George Michael



George Michael has had a number of well-publicised incidents involving drugs. In February 2006, Michael was arrested and cautioned for possession of Class C drugs. In May 2006 the singer was found slumped over the wheel of his Range Rover, apparently asleep while at traffic lights. He drove off erratically and hit a traffic bollard. In October 2006 Michael was again found semi-conscious at the wheel of his car. He was later cautioned by police for possession of cannabis and pleaded guilty to a charge of driving while unfit through drugs.

Elton John



Elton John reportedly battled alcohol and drug problems for much of his career. He finally entered a rehabilitation clinic in 1990.

Britney Spears



Britney Spears has had a series of well-publicised incidents involving alcohol and drugs. She has been reported as being "out every night until she's wasted". She has entered and left drug rehabilitation clinics and questions have been raised about whether she was drunk when she performed her comeback appearance at the MTV Video Music Awards, which most seemed to agree was an embarrassing disaster.

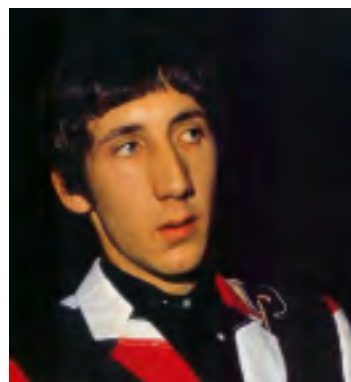
Michael Hutchence

The 37-year-old singer's naked body was discovered hanging from



the door handle of a room in the Ritz-Carlton Hotel in Sydney, just after noon on 22 November, 1997. A police spokesperson said there were no suspicious circumstances. Post mortem examinations showed that Hutchence died from suffocation caused by hanging. Blood analysis indicated the presence of alcohol, cocaine, Prozac and other prescription drugs. There was no suicide note.

Pete Townsend



As well as his problems with alcohol, he also became hooked on the prescription drug Ativan, and was lucky to survive the experience.

The songs, 'However Much I Booze', 'Dreaming From The Waist' and 'Blue Red and Grey' reflected Townsend's personal battles at the time.

Keith Moon

After years of taking illicit drugs, there was some irony in the fact that



it was the prescription drug Heminevrin, prescribed to wean him off alcohol, was the drug that killed him. A post mortem confirmed there were 32 tablets in his system at the time, 26 of which were undissolved.

Brian Jones



Former member of the Rolling Stones, Brian Jones, was found dead at the bottom of his swimming pool. The Coroner's verdict was 'death by misadventure' and he noted that Jones' liver and heart were heavily enlarged by drug and alcohol abuse.

Pete Doherty

Pete Doherty appears to be more famous for his drug and alcohol problems than for his performing ability. He has had repeated encounters with police, courts and rehabilitation clinics. It is reported that Doherty is not allowed to see



his son anymore, because of his erratic behaviour linked to drug and alcohol abuse. ■

TV soaps accused of irresponsibility

TV soaps have again come under fire for seeming to promote binge drinking and drunken behaviour. Speaking at the Labour Party conference, Home Secretary Jacqui Smith attacked TV programmes which 'celebrate' drunkenness.

Ms Smith did not single out particular programmes for criticism, and aides denied that she was referring specifically to soap operas. They suggested that she was thinking of fly-on-the-wall programmes such as Sky One's *Ibiza Uncovered*, which shows British holidaymakers drinking heavily before having one-night stands.

Ms Smith said: "*Why celebrate drunken behaviour on our TV screens? Alcohol misuse can cause real damage to real people.*"

However, alcohol misuse groups have, in the past, complained of 'glorification' of heavy drinking in soap operas including *EastEnders* and *Holby City* on the BBC and *Coronation Street* on ITV. And a week after Ms Smith had spoken, the Portman Group, the alcohol industry's 'social responsibility' body, made an official complaint to OFCOM and the BBC about an episode of *Holby City*.

In the episode concerned, two doctors were depicted in a bar after a stressful day downing five shots of tequila each 'in rapid succession'. The Portman Group complained that it was implied that their drinking would lead to a sexual encounter, and also that the programme finished without any

portrayal of the harmful effects that would have been caused by this kind of drinking.

The Group commented that if a drinks producer were to encourage excessive drinking or suggest an association with sexual success, it would be a clear breach of the alcohol advertising and marketing rules.

David Poley, Chief Executive of the Portman Group, said: "*We appreciate that programme makers want to mirror some aspects of real life but they should avoid the encouragement of harmful, rapid and excessive drinking. We would not advocate censorship, nor deny that storylines of alcohol misuse can be used to good and positive effect. But in this case, the characters drank far too much and the harmful consequences were not shown. There are strict controls on alcohol advertising and marketing but the impact of these rules is being diluted by irresponsible programming.*"

In 2003, Alcohol Concern published a study, 'The portrayal of alcohol and alcohol consumption in television news and drama programmes', which found that scenes of drinking appear very frequently on the TV screen, especially in soap operas. It also suggested that TV portrayals of drinking offer a very selective – and, in Soaps and Drama, remarkably



uniform – image of alcohol consumption as a routine, pleasant and unproblematic component of social interaction, a marker of celebrations, achievements, romance and sexual relations, and an integral component of 'having a good time'. Conversely, television soaps and drama offer little portrayal of the wide range of potentially serious personal and social consequences of alcohol consumption generally, and excessive drinking more particularly.

While negative or problematising portrayals of alcohol consumption do occur – particularly in news programmes – these are infrequent by comparison with the dominant emphasis on positive, convivial, funny images stressing the pleasant, socially facilitating, and unproblematic aspects of drinking.

The Alcohol Concern study concluded that it was television's unbalanced portrayal of alcohol and drinking that should be criticised: the selective emphasis on the positive aspects of alcohol consumption at the expense of images/messages which highlight, explore, or represent the potential personal and social dangers, cost, and consequences of drinking. ■

NHS North West recommends tackling high levels of alcohol harm

NHS North West has published a report which outlines its recommendations for tackling excessive drinking in the region. The public health team at the Strategic Health Authority carried out an audit of alcohol strategies being developed by PCTs to reverse the growing number of binge drinkers in the region.

Alcohol misuse has already been identified as a major health concern across the North West due to rising levels of alcohol consumption, which are outstripping national trends and a rising incidence of cirrhosis and other alcohol-related gastrointestinal disorders.

In April 2006, Liverpool John Moores University, in conjunction with the North West Public Health Observatory and the Government Office for the North West, produced a set of nine Regional Alcohol Indicators that provided data on the following issues by each Local Authority across the North West region:

- Binge drinking
- Hospital admissions for alcohol specific conditions
- Hospital admissions for all conditions attributable to alcohol
- Reduced life expectancy
- Crime
- Violent offences
- Sexual offences
- Drink driving
- Premises licensed to sell alcohol

The Regional Alcohol Indicators, produced on behalf of the Regional Alcohol Harm Reduction Strategic Group, were developed to help Local Authorities, Primary Care Trusts and other organisations better understand how alcohol is affecting residents and services. They also demonstrate how interventions should be developed and, over time, what measures have helped reduce the negative consequences of alcohol use.

This first set of indicators identifies the extent of alcohol-

related problems in the North West and the areas that are already the worst affected. Key findings include:

- More urbanised areas such as Blackpool, Liverpool and Manchester suffer higher levels of alcohol-related harms. For example, the rate of alcohol-related hospital admission among males in Liverpool is two and a half times higher than that in Fylde. In the latest year (2004/05) the number of persons admitted to hospital for alcohol-related causes were:

- Over 2,000 women and over 3,300 men in Liverpool; and
 - 230 women and 280 men in Fylde
 - The negative effect of alcohol on life expectancy increased by nearly 25% among both males and females between 1995 and 2004 and now, on average, North West men can expect to lose nearly 11 months of life through alcohol and females over 6 months.
 - The burden of ill-health related to alcohol (measured through hospital admission and life expectancy) falls disproportionately on males and the poorest areas in the region:
 - 38,500 men compared with 25,300 women were admitted to hospital for alcohol-related conditions in 2004/05; and
 - Around 30% of women and 33% of men admitted to hospital for alcohol-related conditions were from the most deprived fifth of Local Authorities.
 - Since 2002/03, recorded crime related to alcohol in the North West has increased by eight per cent (although changes to recording systems contributed to this).
- Dr Kate Ardern, of the North West Strategic Health Authority, author of the report in conjunction with the North West Public Health

Observatory said, "More people are admitted to hospital because of the effects of excessive drinking in our region than anywhere else. We estimate that men lose an average of 10.59 months of life due to excessive drinking and women 6.10 months. These are very worrying statistics."

The report acknowledges that a great deal of work is already being done by the health sector and its partners, including local authorities, the police, schools and voluntary organisations, but calls for dedicated funding to deal with the health and social effects of excessive drinking.

The report also urges regional partners to work together to ask Central Government to consider reviewing its current licensing laws. Dr Ardern said, "What we would like to see, is local authorities being given the power to consider the health and social impacts on local communities when granting new alcohol licenses. At the moment this is not included in current legislation in England."

Brenda Fullard, North West Public Health Policy Lead for Alcohol, said, "This report provides us with a regional baseline of the work that is currently being undertaken to tackle alcohol-related ill health. With this information we have a better understanding of how we can support not only PCTs but their partners including local authorities and the police."

"It will be a mandatory requirement that every local Crime and Disorder



Reduction Partnership has an alcohol strategy in place by April 2008.

PCTs are members of those partnerships and will need to ensure that they are actively involved with dedicated budgets in place. Government Office for the North West and the Department of Health in the region will use the report to inform the scrutiny of those strategies with the ultimate aim of reducing alcohol harm within the region."

A link to the full copy of the audit report is available at: <http://www.northwest.nhs.uk/board/papers/2007/september.html>

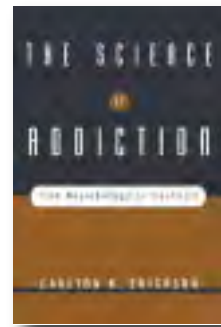


The Science of Addiction: From Neurobiology to Treatment



By **Carlton E. Erickson**. Norton Professional Books, 2007. £21.00. 288 pages

Review by Dr Killian Welch, Specialist Training Registrar in Substance Misuse, Edinburgh, UK



Professor Erickson's book is ambitious. His stated goal is to improve the care and outcomes for people with drug and alcohol dependence problems by educating their professional caregivers on the latest 'addiction science' research (sic, he loathes the term addiction). To try and distil the accumulation of neurobiological research on compulsive alcohol and drug use into a jargon-free, lucid, accessible and comprehensive text is a remarkable undertaking; to attempt this in less than three hundred pages even more so.

As an educational resource 'The Science of Addiction' largely achieves its objectives. After a discussion of terminology, it moves on to outline the neuroanatomical and neurochemical basis of addiction, describes the complexities of genetic studies and comprehensively summarizes the characteristics of the various drug groups. Treatment follows, and then a discussion of treatment research and the techniques and technologies employed in this. Additionally it includes a section dispelling drug myths, boasts a useful glossary and is rigorously referenced throughout.

The style is well judged; while informative and certainly not simplistic, jargon is indeed avoided, and the interested reader will remain engaged even if they have only the most rudimentary scientific background. This is one of the book's great strengths. When a grounding in basic scientific concepts is essential to comprehend research findings, then a clear and eloquent explanation of these concepts is provided. As such, the reader is educated in the basics of neuroanatomy, neuroscience, physiology and human genetics. Perhaps most impressively, in the chapter discussing the methodology of addiction research, the reader is taught the basics of critical appraisal.

Though 'The Science of Addiction' has huge breadth and covers disparate topics, some themes are evident throughout. Prominent among these is the repeated emphasis on the disease model of chemical dependence. This is understandable and unsurprising; it is a natural consequence of placing emphasis on the deranged neurochemistry associated with compulsive drug and alcohol use. Related to this model is the

distinction, emphasised repeatedly throughout the book, between abuse of a drug, in which choice is involved, and dependence, a chronic brain disease which prevents the sufferer from exerting control over their substance use. Professor Erickson likens the latter state to conditions such as type I diabetes or Parkinson's disease, believing that the individual can no more be held responsible for their condition than can the person afflicted by these illnesses. It is an important message, convincingly argued, and one which may well have great utility in tempering the stigma frequently experienced by drug users.

The adoption of the disease model does have other consequences however. It also provides the rationale for Professor Erickson's belief that while reducing availability of alcoholic beverages will certainly reduce wilful abuse of the substance, it will not reduce alcohol dependence; 'the people with the disease will use alcohol any way they can get it' (p219). He may well be right, and of course detailed discussion of social interventions to address substance use is anyway largely beyond the remit of his book. It is important, however, that in the pursuit of a medical explanation for substance dependence, societal interventions known to have major benefits for the population as a whole are not sidelined. ■

Is it necessary to drink to be a real man?

Dr Richard de Visser,
Department of Psychology, University of Sussex

If we wish to address excessive alcohol consumption among young men, then we need to understand why some young men drink excessively while other men drink moderately or not at all. With such an understanding, we may be able to reduce the health and social costs associated with excessive alcohol consumption.

The observation that young men are more likely than other people to drink and to drink excessively is sometimes interpreted as implying that masculinity or maleness are inherently problematic. This is not surprising, given the finding that men (especially young men) are more likely to engage in a range of health-compromising behaviours and less likely to engage in health-protective or health-promoting behaviours. However, if there were simple links between masculinity and alcohol consumption and binge drinking, then we could not explain why many men drink moderately or abstain from alcohol. A major aim of research conducted in recent years with my colleague Jonathan Smith

has been to explore how men's beliefs about masculinity influence their health-related behaviour. Rather than assuming that masculinity is bad for men's health, this research sought to examine more closely the links between masculinity and health. One key focus was how men can forge a masculine identity that does not involve unhealthy behaviours such as binge drinking.

The research focus was young men's own experiences of growing up, socialising, and developing a masculine identity. To allow an examination of young men's experiences, a qualitative study was designed. The participants were 18-21 year old men living in inner

London. This group of men was chosen to complement the existing body of research into school-aged boys, and to address a comparative lack of research focusing on young men post-school.

The sample included two levels of class/socioeconomic opportunity - some men were contacted from job centres and newspaper advertisements, while others were recruited at universities. This allowed us to look at whether links between masculinity and health behaviour differed for higher SES men (i.e. those at university) and lower SES men (i.e. those unemployed or underemployed). The sample was also selected to ensure sufficient numbers of white, black, and Asian young men. This meant that we could examine whether race, ethnicity, and/or religion influence the links between masculinity and health-related behaviour.

Two modes of data collection were used. We conducted in-depth individual interviews with 31 young men. These interviews focused on personal experiences of how young men develop a masculine identity in relation to society's ideas of masculinity, and how their



masculine identities are displayed via healthy behaviours such as sport and exercise or unhealthy behaviours such as drinking. We also conducted 5 group discussions involving 27 men to address questions like:

- How do young men define masculinity?
- How do they define health?
- Which behaviours are considered to be healthy or unhealthy?
- Which behaviours are considered to be masculine or non-masculine?

This approach gave an insight into the different ideas about masculinity available in society, the range of ways of being masculine, and the extent to which different ways of being masculine were deemed acceptable and appropriate.

Links between masculinity and alcohol

The analysis revealed that men's beliefs about the links between masculinity and drinking were a strong influence on their drinking behaviour. Three broad patterns of association were found. These will be described in turn, with a quote illustrating each theme. First, some men made clear links between masculinity and alcohol consumption. These men believed

that it is important for men to drink – but not only should they drink, they should drink in particular ways.

“Some of them, like, they'll just ... have a drink just to show that they've got bigger balls”

According to this group, men should be able to hold large quantities of alcohol – lest they be labelled a 'lightweight' – and they should drink certain forms of alcohol – with beer seen to be more masculine than wine or champagne. For these men, it was clear that if they wanted to be seen as masculine (and view themselves as masculine), they have to be competent drinkers.

A second group of men generally agreed with the first group that drinking is a masculine behaviour. However, these men noted that it is possible to trade 'masculine' competence in one domain for 'non-masculine' behaviour in other domains. For example, participants noted that although Rugby Union star Jonny Wilkinson might be deemed less masculine because he does not drink alcohol, the fact that he had helped England win the World Cup meant that his masculinity was not in question.

“But do you think Jonny Wilkinson is any less of a man because he doesn't drink? I mean, he's a national hero!”

Similarly, some study participants noted that the fact that they were good athletes meant that they could still be regarded as masculine despite not drinking excessively, or abstaining from alcohol. However, the worrying flipside of the ability

to trade masculine competence was that men who feel inadequate in one or more 'masculine' domains may try to make up for this by gaining credit through drinking excessively. This clearly has implications for health.

A third group of men – unlike men in the two groups described above – denied any link between masculinity and alcohol consumption. These men valued instead alternative masculine characteristics. For them, being independent rather than succumbing to pressure to drink from society or their peers was a marker of masculinity. These men also tended to value 'masculine' characteristics such as rationality and integrity, and some of them even stated that they felt more masculine than other men because they were non-drinkers.

“I don't drink, and I feel as masculine as the next guy who does. I feel even more masculine, because I feel that I'm not succumbing to pressure.”

Some men in this group indicated that their religious beliefs influenced their decisions not to drink and their questioning of any links between masculinity and drinking. This was particularly notable for the Muslim men in the study. It is important to note, however, that it was not only the religious young men who questioned links between masculinity and drinking. The existence of this third group shows that it is possible for men to have strong masculine identities that do not involve unhealthy patterns of drinking.

Young men's ambivalence toward alcohol

Previous research into attitudes toward alcohol has revealed that rather than simply having favourable or unfavourable expectancies and motives, most people are ambivalent about alcohol. This ambivalence is perhaps not surprising given the paradoxical effects of alcohol: it can produce positive or negative effects at different stages of a single drinking episode.

Analysis of the data revealed that ambivalence toward alcohol is widespread. None of the drinkers had uncomplicated positive evaluations of drinking – indeed, all mentioned compelling reasons not to drink.

“You wake up in the morning with a hangover with no money. There's loads of downsides. There's more downsides than ups”

Most motives for drinking were also identified as reasons for not drinking if consumption became excessive – e.g. drinking to forget about your worries was good in the short-term, but not good if it became too excessive.

“You forget about all your troubles. Unless of course you go over the other end of the scale and it amplifies them 10 times.”

However, three motives for not drinking were not also motives for drinking: violence, alcoholism, and cost. These findings suggest that if young men were more aware of alcohol-related violence and antisocial behaviour, and/or the risks of alcoholism, they would be likely to drink less. However,

financial disincentives might be even more important. Alcohol consumption is 'price elastic': consumption falls when prices rise, and young men's alcohol consumption is particularly price sensitive because their financial resources are more limited. These three unambiguously negative aspects of drinking have the potential to influence young men's drinking behaviour. In addition, there may be value in encouraging men to acknowledge their own ambivalence toward alcohol, and their personal reasons to drink or to not to drink, rather than simply imposing external restrictions on their behaviour.

Conclusions

This study shows that although certain beliefs about masculinity are associated with excessive alcohol consumption, the links between masculinity and health-related social behaviours such as drinking are not simple – although many young men equated masculinity



with alcohol consumption, others explained that it was possible to have a strong masculine identity that did not involve alcohol consumption. Further analysis revealed that most drinkers are ambivalent about alcohol. The results of this research show that there is more than one way of being masculine, and that it is possible for men to have strong masculine identities that do not involve unhealthy patterns of drinking. To reduce alcohol-related harm, it may be fruitful to encourage men to develop masculine identities that do not involve excessive alcohol consumption. ■

Further information

Three articles based on this study have been published in academic journals:

de Visser, R. & Smith, J. (2007) Alcohol consumption and masculine identity among young men. *Psychology & Health*, 22, 595-614.

de Visser, R. & Smith, J. (2007) Young men's ambivalence toward alcohol. *Social Science & Medicine*, 64, 350-362.

de Visser, R. & Smith, J. (2006) Mister in between: a case study of masculine identity and health-related behaviour. *Journal of Health Psychology*, 11, 685-695.

A fourth paper looking more broadly at young men's beliefs about masculinity and health is currently under review. In addition, Dr de Visser is currently conducting a pilot study using a questionnaire designed to measure some of the concepts and associations found in the individual interviews and group discussions. This will include examining the associations between previously validated measures of masculinity and measures of alcohol consumption. For more information about the study, please contact Richard de Visser: R.De-Visser@sussex.ac.uk

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European Commission funded study finds alcohol advertising controls fail to protect young people

Self-regulatory codes governing alcohol advertising in the countries of the European Union do not adequately protect young people. Many advertising messages retain their appeal to children and adolescents and advertisers attempt to push back the boundaries of what is allowed.

These are the main conclusions of the 'ELSA' study, a two year study of alcohol advertising and marketing in Europe carried out by STAP, a Dutch non-governmental organisation concerned with alcohol issues. Based on its findings, STAP argues in its report to the Commission that advertising controls should be stricter and more

uniform across the European Union. The study was funded by the European Commission.

The main findings of the study are:

- Exposure to alcohol advertising leads to higher consumption
- It appears from the study that young people are influenced by alcohol advertisements. An extensive overview of scientific studies found that the more young people were exposed to alcohol advertising, the more alcohol they drank in the long run. This effect was reinforced when an advertisement was experienced as attractive.

Wim van Dalen, the director of STAP said: *"The negative influence of alcohol advertisements on the drinking behaviour of young people has been shown sufficiently. This fact forces governments to take measures to put a restraint on alcohol advertisements"*.

Varied alcohol controls in Europe

Currently there are 76 different regulations in the 24 European countries studied. A majority (49) of these regulations are implemented by law and a minority (27) of the rules have been established by the alcohol industry itself (self-regulation). There are laws and self-regulatory regulations on alcohol advertisements in almost every country. Most of the regulations implemented by law restrict the quantity of alcohol ads. Only the Netherlands has self-regulation, which is unique in Europe.

European recommendations do not adequately protect young people. The European Council Recommendations of 2001, regarding protection of children and adolescents from alcohol advertising and promotion, have not been implemented strongly enough in the member countries. Although youngsters feel highly attracted by alcohol advertisements, a reference to the element of humour is absent in

the European Recommendations. In addition, the European Council Recommendations do not restrict the volume of alcohol advertisements or limit the broadcasting times of advertisements on TV.

Support for the effectiveness of self-regulation is lacking. The study finds no scientific support for the effectiveness of self-regulation. This is in contrast with the claims of the alcohol industry that self-regulation is the best and most successful means of regulating alcohol advertising. There is no objective information available to demonstrate the degree of adherence to national regulations. Few countries in Europe systematically monitor how well alcohol advertisements adhere to the national regulations.

Based on this research, STAP called for a greater role for legislative controls on advertising and for harmonisation of this legislation in Europe. The European Union should take a leading role, it said, in developing clear legislation to protect vulnerable groups such as young people. Systematic monitoring of compliance with the existing regulations was also of vital importance.

Further information on the project and copies of the report can be found at www.stap.nl/elsa



Further publications available from the Institute of Alcohol Studies

Counterbalancing the Drinks Industry

Counterbalancing the Drinks Industry: A Report to the European Union on Alcohol Policy

A response to a report published by the European drinks industry and a defence of the WHO Alcohol Action Plan for Europe.

Alcohol Policy and The Public Good

Alcohol Policy and the Public Good: A Guide for Action

An easy-to-read summary of the book written by an international team of researchers to present the scientific evidence underpinning the WHO Alcohol Action Plan for Europe

Medical Education

Medical Education in Alcohol and Alcohol Problems: A European Perspective

A review of educational programmes on alcohol and alcohol problems in European medical schools, identifying gaps in provision and proposing guidelines for a minimal educational level within the normal curriculum of under- and post-graduate medical students.

Alcohol Problems in the Family

Alcohol Problems in the Family: A Report to the European Union

A report produced with the financial support of the European Commission describing the nature and extent of family alcohol problems in the Member Countries, giving examples of good practice in policy and service provision, and making recommendations to the European Union and Member Governments.



Marketing Alcohol to Young People

Children are growing up in an environment where they are bombarded with positive images of alcohol. The youth sector is a key target of the marketing practices of the alcohol industry. The booklet depicts the marketing strategies of the industry and shows how advertising codes of practice are being breached.

alcohol



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