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AIM response to World Health Organisation call for stakeholder responses to the magnitude of health problems related to alcohol and possible solutions submitted September 2006

Short term risks of excess drinking are well known and include alcohol poisoning, passing out, engaging in unprotected sex, an increased risk of becoming a victim or perpetrator of crime or anti social behaviour. Binge drinking increases blood pressure and the risk of heart attack and stroke.

Long term heavy drinking is implicated in an increased risk of cancers of the mouth, throat, oesophagus and breast, cirrhosis of the liver, dementia, haemorrhagic stroke and pancreatitis.

As recognised by the recently commissioned IAS study on the EU 25 states, 90% of those who drink alcohol, drink within the WHO sensible drinking guidelines with 266 million adults in the EU drinking up to 20g a day (women) and 40g (men). 'The top 10% of drinkers account for one third to half of the total consumption in most countries'. Further more they estimate 1% of women and 5% of men are 'dependent' on alcohol in Europe, with 6% of the adult population exceeding the WHO recommendations for hazardous drinking of 40g for women and 60g for men. There are few harms associated with the moderate consumption of alcohol, with recognised benefits for post menopausal women and men over 40.

It is important to assess each country's pattern of drinking, its social and cultural heritage and trends in per capita consumption (many of which are declining) - a universal solutions model cannot be applied. Some international applications can be made, such as sensible drinking guidelines, and the research community using standard drink size to make comparative studies meaningful - as with 'binge drinking' definitions vary and make international analysis difficult.

Solutions

Direct solutions towards the 10% who misuse alcohol or harm others. Prime issues include drink-drive, protecting and educating children, reducing damaging patterns of drinking and better recognition and treatment of dependent drinkers.

Reduce age of first drink and sales to minors.

- Strict retail and on trade environments with effective punishments for vendor and purchaser
- Effective server training.

- Sales to, or procurement of alcohol for minors separated from 'underage drinking' (legal in most countries under parental supervision).

- industry codes not to target minors in their marketing or selling of alcohol
- better education of children and parents that highlight the negative consequences of excess while recognising that alcohol forms part of young people's lifestyle.

Drink – drive

Effective measures tackling core of repeat offenders

Effective law enforcement (UK)

Shocking national consumer campaigns

Promoting designated driver programmes

Reducing damaging patterns of drinking

Promote the five heart healthy components -staying slim, exercising daily, not smoking, eating healthily and drinking moderately – adhered to by only 6% of the western population.

Country level approaches – the conditions and style of drinking in Russia cannot be compared to France.

- International policy not to serve intoxicated patrons

-Accepting that young adults want to drink and ' have a good time' – promoting ways of coping by pacing drinking, eating, getting home safely

Reducing the antisocial consequences of drinking

- better public and private environments (eg lighting, seating and security)
- public/private partnerships such as Pub Watch (UK)
- Changing consumer mindset through education and penalties

Problem drinkers:

– Reaching specific populations, including indigenous people of America , Australia and in Eastern Europe where misuse is high

- Highlighting Fetal Alcohol syndrome

- Better diagnosis and recognition of misuse by nurses and doctors
- Primary care approaches and brief interventions to help at risk drinkers
- Better access for the treatment of alcoholics and recovering dependents to help them maintain moderation or abstinence

Additional information

AIM –Alcohol in Moderation promotes 'the responsible consumption of alcohol' by summarising research on alcohol, health and social issues internationally. AIM has 158 members and the Digest is distributed to researchers, specialists and policy makers free of charge world wide. AIM's nine websites in five languages are free with 50,000 visits monthly. AIM's mission is to:

- To promote the sensible and responsible consumption of alcohol
- To encourage informed debate on alcohol issues

- To communicate and publicise relevant medical and scientific research via AIM Digest and Highlights
- To publish information via the 'AIM Gateway to Responsible Drinking and Health' on moderate drinking and health – without charge
- To communicate with consumers on responsible drinking and health via www.drinkingandyou.com based on national government guidelines and other publications

Medical summaries website

The Gateway to Sensible Drinking and Health'. houses papers by subject such as alcohol and diabetes via www.aim-digest.com .

Consumer websites

Consumer sites on sensible drinking and health est. in 1999.
www.drinkingandyou.com , carefully built around government guidelines for UK, France, US, Spain, Germany, Sweden and Canada.

Forums on salient issues

Subjects have included – Alcohol messaging to young people – how do we get through?, 'Corporate social responsibility and self regulation' and Alcohol and health – current issues, future trends.

Consumer guides in retail outlets

'Alcohol and You' AIM worked with Waitrose to create the first retail consumer campaign in UK, with shelf talkers on units and sensible drinking guidelines and a guide '**Alcohol and You**' in store.

Trade 'Wise Drinkers Guide'

WSET students (15,000 a year) receive the Wise Drinkers Guide, an international guide reviewed by professors addressing alcohol and its consequences.

Social Scientific and Medical Council

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