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From the editor



Dr Dominique Florin

In this issue

The influence of alcohol marketing on young people is a sensitive issue for the alcohol industry. This was demonstrated at the Alcohol Concern AGM in November 2010. When Ross Gordon presented some research showing a link between alcohol marketing and youth drinking, his data were disputed by a representative from the Portman Group, who have gone to some lengths elsewhere to question this relationship. In this issue, Ross Gordon responds to this industry criticism, in an article that has also been published in the July issue of *Alcohol and Alcoholism*.¹ While it is undoubtedly the case that there are some details of the relationship which remain to be elucidated,² there is also sufficient evidence to warrant policy action now.³

The topic for our seminar in November is 'Alcohol and the military'. We have previously published a piece by one of the speakers, Dr Walter Busuttill, in an earlier edition of *Alcoholis*,⁴ and in this issue Dr David Marjot, who will be chairing the seminar, has written about this important area, with particular reference to his experience as a psychiatrist in the Navy in the 1960s and 1970s. He outlines the complexity of the relationship between mental health, alcohol use and armed service. We have had a high level of interest to attend the meeting this year, so do please contact us to reserve a place if you have not already done so.

All Party Parliamentary Group on alcohol: drink driving

The MCA regularly attends the All Party Parliamentary Group (APPG) on alcohol, convened by Baroness Hayter. In June, the Group met to discuss drink driving. There have been some recent statistics that 24% fewer motorists were breathalysed in May 2011 than 12 months earlier, perhaps due to cutbacks in police budgets.⁵ There has been an 8% increase in drivers testing positive for driving under the influence compared with 2010 figures, and a 15% increase among the under 25s.⁶ The group heard that from 2000 to 2009, road deaths overall fell by 38%, but drink driving deaths only fell by 29%. Currently, 70% of deaths on our roads are due to drunk driving – 380 deaths per year. The meeting was attended by Mike Penning MP, parliamentary undersecretary of state for transport. Unfortunately, he reiterated the government's current position not to implement Professor North's recommendation to reduce the drink driving limit from 80mg/100 ml to 50mg/100ml. Mike Penning expressed concerns over the potential impact on rural pubs if the limit were lowered, and the lack of awareness by drinkers as to exactly how much they could safely drink and still drive. It was felt that this is an area that the APPG should continue to work on with a view to influencing policy change.

NICE Quality Standards on alcohol

NICE have now produced three sets of guidance relating to alcohol use, with significant input from some of our members. Recommendations from *Alcohol-use disorders: diagnosis, assessment and management of harmful drinking and alcohol dependence* (NICE clinical guideline 115), *Alcohol-use disorders: diagnosis and clinical management of alcohol-related physical complications* (NICE clinical guideline 100) and *Alcohol-use disorders: preventing the development of hazardous and harmful drinking* (NICE public health guidance 24) have been prioritised into 13 statements which make up the Quality Standard on alcohol dependence and harmful alcohol use. This is the culmination of a huge piece of work. ►

From the editor *continued...*

At NICE's request, the MCA is a publication partner for this Quality Standard, and thus endorses and promotes it.

In the journals

The appearance of the fifth *Diagnostic and Statistical Manual of Mental Disorders* (DSM-V) is approaching, and will have implications for the nomenclature and classification of alcohol-related mental health problems. An article in a recent issue of *Addiction*,⁷ and a series of commentaries following it, provide fascinating reading on the ways in which such changes arise and might influence the perception of addictive problems, the associated stigma and even the way we practise.

A recent piece in the *BMJ* highlights the terrible effects of alcohol in Russia, where alcohol misuse accounts for over half the deaths among men of working age.⁸ Interestingly, the idea of raising the price of alcohol, which is favoured by campaigners in the UK, would probably not be effective in Russia. This is because of high levels of consumption of home-brewed alcohol, and also surrogate alcohols such as perfumes and aftershaves. An increase in the price of legitimate alcohol could increase the consumption of these more dangerous substitutes.

Essay Prize

There were an unprecedented number of entries (55) for this year's Frowen Essay prize on 'Is alcohol use during pregnancy a form of child abuse?'. We are extremely grateful to the judges, who had not expected to be kept quite so busy when they agreed to take on the task! The topic provided required biological, clinical and ethical dimensions to be discussed. The top three prize winners have produced excellent essays which can be accessed through our website at www.m-c-a.org.uk/medical_students/essay_prize_old_winners.

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Reflections on alcohol and the armed forces, with particular reference to the Royal Navy

Dr David Marjot

After a decade of war since 2001, with conflicts having finished in Iraq but still intense in Afghanistan, we need to look again at the relationships between the armed forces, those who serve in them, and psychiatric conditions that may arise from service experiences, including alcohol harm and post-traumatic stress disorder (PTSD). I see the services as having an obviously key role in the causation of these conditions, rather than in the mere vulnerability of servicemen and women.

I was the consultant psychiatrist to the British Military Hospital in Singapore from 1965–68 as Surgeon Commander of the Royal Navy. I was able to study the grave impact of alcohol on the navy's Far East Fleet.¹ My crude estimate was that we lost at least 20% of senior non-commissioned sailors to alcohol-related harm before they had reached pensionable age.

From 1967–70, the naval commander-in-chief of the Far East Fleet was Admiral Frank Twiss, who went on to become Second Sea Lord, the Navy's director of personnel. Admiral Twiss was very interested in my studies, and it was agreed that something needed to be done about heavy drinking in the Navy. I was less concerned about the rum ration, which was the equivalent of about four units of alcohol a day taken as one dose or 'tot', than about all the other alcohol taken on top of this ration.

It was apparent to me that alcohol had always been used

by the navy as a mode of 'man-management', to mitigate the demands of naval life.

The majority of the UK population drink alcohol, and the aim of such drinking is to enjoy one or more of the effects of intoxication, at a dose that usually precludes what may be perceived as drunkenness.

The effects of alcohol

Alcoholism – or alcohol dependence – is a concatenation of: various diseases where alcohol is the causal agent; diseases where alcohol is part of the causal nexus but not the causal agent; and the consequences, usually adverse, of those diseases (the 'six Ls' – see Box 1). Most heavy drinking in the services is by those who are not addicted to alcohol.

Of particular interest are the diseases of:

- 1 intoxication – what happens when alcohol is inside you
- 2 abstinence or withdrawal disease – what happens when the drug leaves you
- 3 addiction – what happens, even when you are alcohol-free, to take you back to harmful drinking.

In terms of 'man-management' and the adverse consequences of alcohol, it is the effects of intoxication that are most important.

It is necessary to look at the effects of alcohol. The 'positive' effects of alcohol intoxication are listed in Table 1 (the lists in

If you would like to submit an article to *Alcoholis*, please contact the editor at mca@medicouncilalcol.demon.co.uk

these tables are neither exhaustive nor exclusive).

We can see how potent the effects listed are in daily life, let alone service life. One sailor said that service life was made up of long stretches of mind-boggling boredom punctuated with brief episodes of mind-boggling danger. It seems to me that the use of alcohol as the main means of man-management should not be the 'default' position of the armed forces. The negative effects of alcohol intoxication are detailed in Table 2.

A 'positive' effect may have 'negative' outcomes, such as relief from anxiety being associated with a tendency to take risks. We can see that 'positive' and 'negative' effects can be, and indeed often are, aspects of the same response to alcohol. Also we must not judge 'positive' and 'negative' effects by their consequences, ie the 'six Ls' (see Box 1).

Addressing alcoholism in the Navy

If we were to reduce alcohol intake by challenging the 'positive' effects of alcohol, we needed to address the way of life in the Navy, including the very disturbing effects on family life. On top of this were the problems faced by naval personnel when they left the service and had to make their way in civilian life, and in particular those who left without a pension and a trade.

I believed that we needed to make the navy – and indeed the armed forces as a whole – more supportive of its servicemen and their families, with investment in diversions, sport, education etc for the servicemen and women, but also their families. Above all was the need to reduce the stress of frequent moves. In my last year in the Navy in 1976, the average length of stay in naval quarters around Portsmouth was less than a year. Among other things, this disrupted schooling and often other overlooked consequences such as families never reaching the top of waiting list for specialised social support or medical and dental care. However, any change means money!

At this time (the 1970s), it became policy to treat service life more like a '9–5' occupation, and to pay a wage that compared with civilian life, abolishing a low wage for the single serviceman who was given board and lodging by the armed forces with a marriage allowance in lieu of board and lodging for those in that state. These changes cut back on the discipline imposed on the single by having them live in their barracks or ship, and the increased pay allowed for higher, more frequent consumption of alcohol. I saw that the military wage – as it was called – essentially allowed the single serviceman to become an alcoholic.

The issue of alcohol as a standard allowance in the Royal Navy dates back at least to Tudor times. It became standard practice for rum to be issued for at least 200 years.² Since 1850, 1/8 a pint of rum (ie 36 grams, or 45ml of pure alcohol) was issued each morning to all ratings below the rank of petty officer, diluted with water and drunk under supervision. Petty officers received their rum neat and in bulk in their messes. It was therefore possible for some in the mess not to use their ration and others to drink (much) more. I recall on the petty officer messes of one ship in particular, that the average daily consumption of pure alcohol, including the rum ration, was over 100 grams (125ml) a day.

Admiral Twiss felt that the most expeditious way to reduce alcohol consumption in the navy was to abolish the rum ration. This was done on 31 July 1970 (I learnt from this that even close professional colleagues can have very different views and

Table 1 Some 'positive' effects of alcohol intoxication

A so-called high or buzz, usually called 'euphoria'	Relief from anxiety – tranquilliser effect
Permissive – puts you into a mood to do things you would not do sober: 'Candy's dandy but liquor's quicker' (Ogden Nash)	Facilitates uncritical social intercourse
Enhances group solidarity	Stimulates creativity
Gives energy	Assists healing
Obliterates the present	Controls symptoms
Relieves pain	Sedates
Relieves boredom – destroys the awareness of the passage of time; the 'anti-boredom effect', in my view perhaps the most important effect of drugs	

priorities when dealing with a particular problem). In return, petty officers could have bars in their messes like the officers. I did not notice any real improvement in the alcohol problem, and I felt that, if anything, the Navy was perhaps drinking more than before. In my view no real action was taken to improve conditions in the Navy that would benefit all personnel and could reduce alcohol consumption. I left the Navy in 1976 and took over the Regional Alcoholism and Drug Dependence Unit at St Bernard's Hospital, Ealing from 1977 until 1993.

In the NHS I was very disturbed by the lack of help for veterans, although we did our best to identify and treat them. I was visiting psychiatrist to Wormwood Scrubs for 20 years, and servicemen seemed to be overrepresented.

Alcohol and psychiatric illness

I read with great interest Dr Busuttill's article in *Alcoholis* April 2011.³ In my time as the service psychiatrist in Singapore I did not see alcohol misuse as a result of combat stress in the Army, although there was confrontation with Indonesia at the time with 50,000 military personnel involved in Borneo. There was no such combat stress in the Navy. I also found that dual diagnosis was an expression of very heavy alcohol use and so-called primary psychiatric disorders preceding heavy alcohol use was very rare. To quote Max Glatt's aphorism, 'psychopathology is conspicuous only by its absence after six months sobriety'.

The services recruit actual and potential very heavy drinkers, and also use alcohol as a form of man-management. While some may come to heavy drinking as a result of PTSD, I did not find this as a regular feature in those servicemen I saw with PTSD both in the services and in NHS practice. We must be careful of misattribution.

My army colleague and I returned non-psychotic psychiatric 'casualties' to at least restricted duty.^{4,5} We found that at follow-up, both on the station and back in the UK, those servicemen and women who returned to duty did very well. However, some of those returned to duty who had experienced drinking problems came back under treatment for the same reasons. In other words, most service stress that presents clinically can be dealt with once recognised, but alcohol reactions need more structured follow-up.

Box 1 The ill-consequences of alcohol – the ‘six Ls’

Lover problems with interpersonal relationships

Learning failure of planning, drive, initiative etc

Law problems with the criminal and civil codes

Lucre financial problems

Livelihood job problems

Living accomodation housing problems

I like a passage in a recent *BMJ* article⁶ commenting on an article about psychological ill-health in policemen by Summerfield:

Working lives have changed beyond recognition over the last century, but for Summerfield’s police officers some things have not changed as much as we might believe. “If any single factor dominated the lives of nineteenth century workers it was insecurity... They did not know when accident or sickness would hit them, and though they knew sometime in middle age they would become incapable of doing a full measure of adult physical labour, they did not know what would happen to them between then and death.”^{7,8}

(I would suggest that these workers did know their fate, early death, grinding poverty, starvation, homelessness or the workhouse.)

Table 2 Some ‘negative’ effects of alcohol intoxication

A	Psychomotor ataxia – if conspicuous may be perceived as drunkenness
B	A set of reactions. While individuals show their own ‘pattern’ of behaviours this is unstable and any behaviour can unexpectedly appear with any degree of severity.
1 Anxiety	may be extreme and can involve severe panic attacks
2 Depression	a mood of sadness, guilt and and despair that is associated with self-injury and suicide
3 Suspicion	unease to frank paranoia
C	Changes in sexual behaviours
4 Aggression	irritability to beserk
5 Impulsiveness	‘leap before you look’
6 Recklessness	take unnecessary risks

Wessely suggests that police officers face a similar dilemma when they are too old for front-line police work and too young for pension. Our servicemen and women face precisely the same problem even if they get a pension. Those veterans who don’t make pension are even worse off, and face a similar fate to the nineteenth-century worker. Among prisoners and the homeless, modern service veterans are overrepresented.

Alcohol disorders arise from the interaction of drug, scene and setting, and a horticultural metaphor of seed, soil and climate can be used. Alcohol is drug or seed; the individual is the scene or soil; and the users’ society is the setting or climate. I would like us to argue that the setting/climate, ie the armed forces themselves, are just as important, if not more so, than the other factors. I would like more focus on the armed services’ own role in the ‘causes’ of alcohol use disorders and PTSD, rather than just on

the effects of danger and alcohol on the individual serviceman and woman.

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A response to the alcohol industry’s reaction to the evidence base examining the impact of alcohol marketing on youth drinking

Ross Gordon, research fellow, Centre for Health Initiatives, University of Wollongong, Australia

As societal concern has increased in relation to alcohol consumption and alcohol-related harm,^{1,2} attention on factors potentially influencing drinking behaviours has grown. One such factor that has been identified is alcohol marketing.³

Studies and findings

Numerous studies assessing the impact of alcohol marketing on youth drinking have been carried out over

the last 25 years. Early econometric studies investigating the associations between total alcohol advertising spend and drinking behaviour did not find any effect.⁴ However, several recent sophisticated consumer studies, using a longitudinal cohort design, have found small but significant associations between exposure to, awareness of, and involvement with alcohol marketing, and youth drinking behaviours.^{5–7} This is unsurprising given the exposure to

alcohol marketing experienced by young people (product development, mobile/SMS, price promotions, merchandise, posters, sports sponsorship, TV, press, festival sponsorship, web, social networking, competitions and in-store).

Although the majority of these studies have been conducted in the US, a recent study from the UK published in *Alcohol and Alcoholism* also suggested that alcohol marketing influences youth drinking behaviour.⁸ The publication

of this present study generated a somewhat disappointing, if not entirely unpredictable, response from the alcohol industry. A briefing note published by the Portman Group presented the familiar argument that alcohol marketing merely encourages brand switching, rather than encouraging consumption. The note then commented that the UK study found no association between awareness of alcohol marketing and either initiation of drinking or volume of alcohol consumed. This industry view was restated, and the topic debated, at the annual Alcohol Concern Conference in London in November last year.

This represents very restricted and selective reporting of the study findings. It is true that no association was found between awareness of, or involvement with, alcohol marketing at baseline, and *amount* of alcohol (in units) consumed at follow-up. Therefore the research hypothesis – that awareness of and involvement with alcohol marketing would be positively associated with amount of alcohol consumed – was not supported. However, the Portman Group briefing note fails to state that associations were found between *involvement* with alcohol marketing and both *uptake* of drinking and increased *frequency* of drinking. Furthermore, *awareness* of alcohol marketing at baseline was also associated with increased *frequency* of drinking at follow-up, though not with *uptake* of drinking. These findings offer support to the research hypotheses that awareness of and involvement with alcohol marketing would be positively associated with uptake and frequency of, drinking. When measuring a complicated and sophisticated behaviour such as drinking, it is natural to expect that significant associations will not be found across *all* measures examined. The sample size in this study was limited, particularly as the analyses focused on subgroups within the study (such as those who were drinkers at follow-up or those who were non-drinkers at baseline etc), making it difficult to detect significant associations.

Yet the fact that this study *did* find significant associations between alcohol marketing and youth drinking across several measures cannot be ignored.

As with any scientific research, there are methodological and design limitations with consumer studies in this area. There will always be discussions over exactly how exposure to alcohol marketing is measured; there can be issues with generating large enough random samples, and interpretations of the analysis and findings can differ. However, although the perfect study remains out of reach, much of the consumer research in this area is of high academic quality, using recognisable and tried and tested methods. Another view taken by alcohol producers is that the effects found by such studies are insignificant, and that other covariates, such as parental and peer influence, play a greater role in driving behaviours. Such factors do undoubtedly influence behaviours.⁹ Indeed, it is unsurprising that a complicated social phenomenon such as drinking behaviour is influenced by a range of factors. Nevertheless, the evidence base has highlighted small, but statistically significant associations between alcohol marketing and youth drinking behaviour, even after controlling for parental and peer influences, and this cannot be simply ignored.¹⁰

Indeed, three recent systematic reviews have all suggested that alcohol marketing does influence youth drinking behaviour.¹⁰⁻¹² This evidence base continues to develop, with an Australian cross-sectional study reported in *Alcohol and Alcoholism* that found an association between exposure to alcohol advertising and increased alcohol consumption.¹³ The UK parliament and government policy seems to have responded, with the House of Commons Health Committee report identifying alcohol marketing as a matter for concern, and a policy response being considered in the coalition government's public health white paper consultation.^{14,15} The alcohol industry seems to be focused on continuously debating the evidence base: 'a negative

impact of alcohol marketing cannot be ruled out but it has not yet been proven by the research evidence'.¹⁶ However, with numerous individual consumer studies, and three systematic reviews finding an effect, it is now important to move the debate on from one of causality, to the consideration of effective policy responses. The response of the alcohol industry, and its hesitance in dealing objectively with the evidence base, casts doubts on giving the industry a lead role in reducing harm from drinking, as is proposed in the government's Public Health Responsibility Deal.¹⁷

Policy

Suggestions for a policy response have included calls for a complete ban on some or all forms of alcohol marketing.^{18,19} Another proposition is that the existing co-regulatory rules and codes be extended to cover all marketing channels including sponsorship and new media, as well as action on price promotions. However, perhaps a workable starting point would be the introduction of a modified version of France's '*Loi Evin*' legislation.^{20,21}

Under such a statutory regulatory system, only certain forms of alcohol marketing would be permitted, with all other forms banned. Specifically, any form of alcohol marketing would only be permitted to refer to the actual characteristics of alcohol products, such as its brand name, ingredients and provenance, and how it should be prepared and served.²⁰ Marketing in new media channels would be forbidden, and sponsorship would only be permitted in cases in which the audience or participants are all over the age of 18. TV alcohol advertising would operate using a 9pm watershed, to limit exposure for children. In addition, limitations on the frequency of advertising across media channels would prevent overexposure to alcohol marketing. Billboards and posters would not be permitted within 200 metres of schools. Finally, minimum pricing would be introduced, at a level of 50p per unit of alcohol, an intervention

MCA AGM and Symposium

This will take place on 16 November 2011 at BMA House, London. The AGM will be followed by morning sessions on alcohol policy and NICE guidelines. The Max Glatt Lecture will be delivered by Professor Tom Babor, and the afternoon symposium is on 'alcohol and the military'. Please remember to book your place as soon as possible. MCA members attend for free. For more details please contact Sapphire.Ellison@m-c-a.org.uk

that has been projected to reduce consumption and harm,¹¹ yet was recently rejected by the Scottish parliament despite being stridently advocated by the Scottish government.²²

One of the main advantages of this proposed system is that it makes it clear what alcohol marketing is allowed. Everything else would be banned. This would avoid the current situation in which regulators and monitors of alcohol marketing struggle to keep up with ever-changing commercial marketing activities and new channels of communication that emerge.

Regulating alcohol marketing in such ways would not immediately result in a reduction of consumption and alcohol-related harm among young people. Rather, it would need to be one action as part of a multi-faceted alcohol intervention strategy designed to tackle the issue in society. However, regulating alcohol marketing is one of the cost-effective intervention approaches available.³ Further research in the field, for example examining new media and sponsorship, and considering the impact of level of exposure to alcohol marketing, would certainly be welcomed. Yet a major focus of government, local authorities, regulators and public health organisations should be on revising the regulatory framework governing alcohol marketing in the UK.

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Michael Frowen Memorial Essay Prize: 2011 winners

The topic for 2011 essay competition was *Is drinking pregnancy a form of child abuse?* There were 55 entries – a record number. To view the essays, please visit www.m-c-a.org.uk/medical_students/essay_prize_old_winners

Winner Catherine Williamson, University of Glasgow
Second place Sughashini Murugesu, University of Cambridge
Third place Wan Ling Alyssa Chiew, Kings College, London

With grateful thanks to the judges: Dr A McCune, Dr M Plant and Dr A Beattie

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