



David Kerr
Editor

Alcohol industry neither shaken nor stirred by self-regulation

“If you are young and you drink a great deal it will spoil your health, slow your mind, make you fat – in other words, turn you into an adult.”

PJ O'Rourke

The UK has a long-standing and unhealthy relationship with alcohol. As highlighted by a recent editorial in *The Lancet*, industry spending on alcohol advertising is 45-times higher than the UK Government's budget for alcohol education (Gilmore and Atkinson, 2010). Relying on the drinks industry to self-regulate does not appear to be effective in moderating consumption.

The effects of alcohol on people with diabetes are well known and include difficulty in recognising the onset of hypoglycaemia and next-day hypoglycaemia following an evening binge (Richardson and Kerr, 2007). Alcoholic ketoacidosis is a feature of the acute medical “take”, although the diagnosis can be missed – with potentially disastrous consequences (Kerr et al, 2009). Unsurprisingly, advice on alcohol consumption for people with diabetes is to drink in moderation. However, as people with diabetes are no different from the background population, this advice is likely to fall on deaf ears, especially among young people. Advice to “do more blood glucose monitoring” or “increase your carbohydrate intake” may not be appropriate at one o'clock in the morning in a night club with a skin-full!

Of particular concern is the growing trend of mixing energy-dense, caffeinated soft drinks with spirits, such as vodka. Although the manufacturers of such drinks are happy to be associated with Formula One racing cars, they seem less interested in researching the health concerns associated with their products. Recently, a number of soft drink companies have launched highly caffeinated “shots”. Advertising campaigns for these drinks could be interpreted as suggesting that these chemically-enhanced drinks improve your night-time driving, alligator wrestling or rock climbing skills! It seems likely that these drinks will be used with, or after, alcohol – and the potential consequences for people with diabetes who do so could be serious.

In addition to the possible harms of excess, alcoholic drinks contribute to daily calorie intake and it may be appropriate to consider a link between alcohol consumption and excess weight gain. The NHS spends some £2.7 billion annually treating ill health caused by alcohol, and the government is under increasing pressure to regulate the price of alcohol in pubs, clubs, off-licences and supermarkets to reduce consumption (NHS Confederation, 2010). I believe that it would also make sense to engage in a public health campaign that highlights the link between alcohol and calories. This may be particularly beneficial in the group with the greatest increase in alcohol misuse, young women. At a basic level, the labelling of all alcohol products with calorie content information would be a sensible first step.

Gilmore IT, Atkinson S (2010) Evidence to drive policy on alcohol pricing. *Lancet* **375**: 1355–64

Kerr D, Penfold S, Zouwail S et al (2009) The influence of liberal alcohol consumption on glucose metabolism in patients with type 1 diabetes. A pilot study. *QJM* **102**: 169–74

NHS Confederation (2010) Too much of the hard stuff: what alcohol costs the NHS. *briefing* **193**: 1–8

Richardson T, Kerr D (2007) Moderators and management of hypoglycaemia. In: Frier BM, Fisher BM (eds). *Hypoglycaemia in Clinical Diabetes*. John Wiley & Sons, Chichester: 100–20

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