



Short Communication

Alcohol: Drink Less and Live More

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Abstract

Alcohol drinking is pervasive across many societies worldwide. Small amounts of alcohol on an occasional basis are generally not problematic. Binge drinking and heavy regular consumption can however be very damaging to the individual and wider society. Hence, we want to encourage patterns of light or zero alcohol consumption, amongst both novice and experienced drinkers. This will lead to better physical health, and improved psychological well-being. So by drinking less alcohol you can live more - both physically and psychologically.

The UK Chief Medical Officer recently revised its guidelines for alcohol drinking (2016, January 8th). They recommended drinking less than 14 units per week for men and women, and not to indulge in heavy drinking sessions. This report will be very useful for a current initiative by the National Union of Students (NUS), aimed at reducing the culture of heavy drinking on campuses across Britain [1]. The core problem is how to achieve this target, and in this regard we can learn from previous health campaigns. The simple message 'Don't drink and drive' was first introduced around fifty years ago in 1964, and it proved successful in changing attitudes and behaviours [2]. It was based on the emerging data which showed the increased risk of car accidents and deaths when under the influence of alcohol. Similarly the anti-cigarette smoking programmes from several decades ago led to enduring health gains. They followed the pioneering studies of smoking and non-smoking doctors in the UK by Doll and Hill [3], along with confirmatory studies from other countries [4,5]. The ensuing government-led public health campaigns helped to completely transform beliefs and attitudes. It should be noted that these changes in public consciousness were not sudden, but occurred more gradually over years and decades. They were facilitated by articles in popular magazines, lively debates between advocates and opponents on radio programmes, and other activities across the mass media. Over time, they led to reduced rates of initiation, and increased rates of smoking cessation. The health benefits to individuals, and cost savings for the health services, have been dramatic [4].

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The core messages for the previous these health campaigns were simple statements or mantras: smoking causes cancer, drunk driving kills. We need a similar health message for alcohol drinking. Hence our following suggestion: 'Alcohol: Drink Less and Live More'. It is simple and general, and like many broad statements it has multiple meanings. In physical terms, it indicates health benefits and longer life expectancy [6]. It promises less liver disease, fewer cancers, and many other medical gains. Psychologically, it promises fewer personal accidents and self-injuries, less interpersonal violence and aggression. Other benefits would include fewer unwanted pregnancies, fewer rapes, a reduction in alcohol-related crimes and prison incarcerations. In terms of 'positive psychology', it promises more enjoyment and greater happiness. In a recent pilot study from the University of Brighton and its Students' Union Partnership [7], not only was self-reported alcohol consumption markedly reduced, but those who took part in non-alcohol-focused events reported having a more enjoyable evening. Small amounts of alcohol can facilitate social interactions, and it is when larger amounts are taken that the problems occur [8-10]. Hence a core aim should be to encourage the 'continental' mode of drinking. Another related aim could be to encourage the overall benefits of a zero-alcohol lifestyle. Finally, this message needs to be part of a comprehensive overall campaign [11,12].

Currently there are many small initiatives to reduce alcohol usage, but on their own they can generate comparatively slight effects. Hence a comprehensive multi-component programme is needed. Education also needs to be given repeatedly in order to be maximally effective, so that any programme needs to be enduring, with long-term funding. The overall programme could have sub-campaigns specifically targeted towards different age groups. The National Union of Students has agreed a broad initiative [1], which UK universities can incorporate in to their individual initiation programmes for first years students (viz: sophomores in USA). The effectiveness of multi-component packages can be illustrated by the anti-smoking programme initiated by the Uruguay Government in 2005. Their comprehensive programme included an increase in tobacco taxes, a complete ban on advertising, graphic pictograms of smoking-diseases on every cigarette packet, and free medical treatment for nicotine dependence. Over a 6 year period this programme led to a 'substantial, unprecedented decrease in tobacco use', with national daily cigarette use reducing by 25.3%, while the decrease was even greater amongst the young [13]. Similar multi-component packages are currently needed for alcohol. They could be facilitated by the simple mantra: 'Alcohol: Drink Less and Live More'.

Conflicts of Interest

The authors have no conflicts of interest to declare.

References

1. National Union of Students (2014) Initiative to reduce irresponsible alcohol drinking in British university students. Alcohol Impact Report, NUS Offices, London.
2. UK Government (2015) Drink Driving: it's not worth the risk. Fifty years of campaigning against drink driving.
3. Doll R, Hill AB (1954) The mortality of doctors in relation to their smoking habits. Brit Med Jour 228: 1451-1455.

4. Doll R, Peto R, Boreham J, Sutherland I (2004) Mortality in relation to smoking: 50 years' observations on male British doctors. *Brit Med Jour* 328: 1519.
5. United States Department of Health and Human Services (1989) Reducing the health consequences of smoking: 25 years of progress. Department of Health and Human Services Center for Disease Control, Rockville, Maryland, USA.
6. UK Chief Medical Officer (2016) Alcohol Guidelines Review- Report from the Guidelines development group to the UK Chief Medical Officers. Department of Health, UK.
7. National Union of Students (2015) Alcohol Impact. National Union of Students, UK.
8. Murgraff V, Parrott AC, Bennett P (1998) Risky single occasion drinking amongst young people: definition, correlates, policy and intervention. A broad overview of research findings. *Alcohol and Alcoholism* 33: 1.
9. Parrott AC (2008) Drug taking - for better or for worse? *Psychologist* 21: 924-927.
10. Parrott A, Morinan A, Moss M, Scholey A (2004) *Understanding Drugs and Behaviour*. Wiley, Chichester, England, UK.
11. Advisory Council on the Misuse of Drugs (2015) Prevention of drug and alcohol dependence-summary. Briefing by the recovery committee. Advisory Council on the Misuse of Drugs, London, UK.
12. Elzerbi C, Donoghue K, Drummond C (2015) A comparison of the efficacy of brief interventions to reduce hazardous and harmful alcohol consumption between European and non-European countries: a systematic review and meta-analysis of randomized controlled trials. *Addiction* 110: 1082-1091.
13. Abascal W, Esteves E, Goja B, Gonzales Mora F, Lorenzo A, et al. (2012) Tobacco control campaign in Uruguay: a population based trend analysis. *Lancet* 380: 1575-1582.