

More than 50 scientists and observers gathered at a recent three-day symposium here to look at the role of moderate drinking in personal and public health.

In the last few years, a number of conferences have been held to look at data relating to the effects of moderate drinking," says Dr. Roberta Ferrence, conference chair and scientist at the Addiction Research Foundation, "but most have been sponsored by the alcohol industry and have tended to focus on the effect of alcohol on coronary heart disease.

(Australian physician) Alex Wodak suggested that objective scientific groups should get together in an independent forum. We also thought that it was important to look beyond heart disease — to look at all of the health consequences of moderate drinking."

She adds that the conference was timely in the face of industry and popular media promotion of research touting a relationship between healthy hearts and wine drinking.

"The wine industry in the U.S. sought permission to advertise the health benefits of wine. And the Canadian hospitality industry recently sponsored a seminar on how to promote wine as a healthy beverage."

Symposium participants — including researchers in cardiovascular disease, biological mechanisms, epidemiology and alcohol as well as policy analysts, physicians, ethicists and health promotion specialists — considered a central question expressed at the conference by Ontario Medical Officer of Health Dr. Richard Schabas:

"Based on scientific evidence, should we be encouraging moderate drinking or systematically discouraging it?"

But first, participants wrestled with defining 'moderate' drinking. Dr. Paul Lemmens, University of Limburg, Netherlands, told participants that moderate drinking means different things in different societies, while Dr. Kaye Fillmore, Institute for Health and Aging, San Francisco, said that moderate drinking means different things at different times in people's lives. Dr. Reg Smart, senior scientist at the ARF, said there is evidence that daily drinkers are heavy drinkers, giving lie to the notion that there is a large population of 'moderate' — one or two a day — drinkers, at least in Canada.

As well, evidence presented at the symposium persuaded participants that the popularity perceived 'red wine' effect is related to the alcohol content rather than the type of beverage.

Over three days, a picture emerged of the health consequences of alcohol use:

- Some low level of alcohol use reduces the rate of coronary heart disease in those who are at highest risk for developing heart problems — men over 35

I had been a somewhat grueling three days and I was looking forward to a relaxing evening with an old friend at a neighborhood restaurant — the kind of place you can hang around for three hours and enjoy a decent meal for \$20, including a nice glass of wine.

I had just been an observer at a scientific symposium that brought together more than 50 of the world's greatest thinkers and researchers. The subject was the health benefit of moderate drinking. That's the French Paradox to you.

As a lay observer, I struggled hard with those presentations that were primarily biomedical. I will even admit to some dizziness when the heavy duty epidemiological material began to appear. (Can you say regression analysis?)

Most of the discussion, however, was not around the science but around the message: how to shape information for people and policy makers so they have clear facts on which to base decisions.

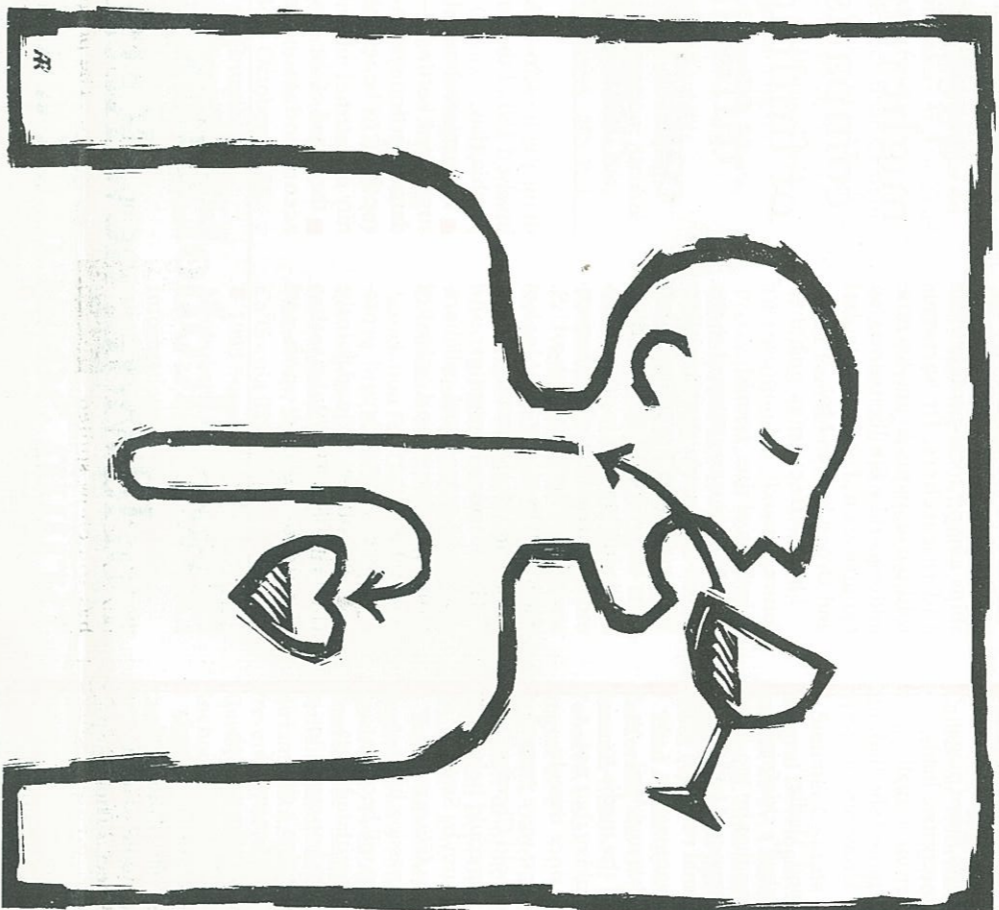
Discussion was at times broad: if "science" makes any statement at all about health benefits of moderate drinking, will it lead abstainers to take up drinking and heavy drinkers to excuse their excess? (Another drink, please, I'm trying to avoid a heart attack.)

At other times, it was highly specific: If you use a metaphor about antibiotics (not much good to you if you're healthy but

MODERATE DRINKING

What's the right message?

BY SHARON AIRHART



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and women who are post-menopausal — but, as Dr. Robin Room, vice president of research and development at the ARF said, it's not clear whether one drink every two days creates the same effect as two drinks a day, which may have other health consequences.

- Even one drink a day, according to Dr. M. H. Criqui, University of California, San Diego, is associated with breast

very helpful if you're sick), will people understand why the protective effect for your heart of small amounts of alcohol is more pronounced for people who smoke and eat too much fat? Or will they think that taking a couple of drinks every week is licence to smoke and eat without regard for their health?

How do you get a message out — once you decide what it should be — so that it actually reaches people and causes them to act?

And, no matter what's said, will people — in the usual fashion — process and act on only what they want to believe?

Experience says when the message is simple and pleasing — "a glass of red wine protects you from heart attacks" — information goes from news to common currency in a matter of moments. Sort of a shot(glass) heard 'round the world.

But what happens when the message is less palatable: "You might trade cancer or a stroke for a heart attack if you drink."

Or more complicated: "Your chances of a heart attack will likely go down if you use a little alcohol and you're a male over 35 or a female over 55 but not otherwise. And women have an increased risk of breast cancer with any alcohol intake."

Or more equivocal: "We're not sure whether alcohol use crosses the line from beneficial to harmful at one or two drinks a week or one or two drinks a day." More, tell people that reducing fat or tak-

cancer in women.

- There are indicators that rates of head and neck cancers as well as colon cancers go up with alcohol use.
- Alcohol use is associated with increased risk of one type of stroke and high blood pressure.
- Angina increases with alcohol use.
- Liver disease is associated with alcohol use. Not least, Dr. Sally Casswell, Department

ESSAY

W (H) I N I N G & D I N I N G

ing a little walk a couple of times a week will reduce their risk of heart attack just as effectively as alcohol but without its hazards — unless you choke on a fish bone or get hit by a bus — and they'll call you a spoilsport.

More than a little ready for a moderate glass of wine, I look over at the menu on the wall. My friend, a news reporter, is asking about the conference. I notice the chalk board wine list. A colorful heading in big letters tops the list of offerings "GOOD FOR YOU WINE."

I gag a bit and launch into a monologue about the conference: the dedicated folks so committed to getting it right, the complicated material to be dealt with and the difficulty in getting people to hear and act on these messages. Not least, the need to counteract the simple and pleasing, yet misleading, messages from vintners and everyone else with a commercial interest in our drinking.

As I go on, my friend begins to retreat as much as possible without actually leaving the table.

I talk about her colleagues who, being no better than the rest of us, seem most comfortable with information that confirms what they already believe or want to believe. It is much easier to get out news about wine being "healthy" than about the fact that when overall alcohol use goes up in a community, its health care costs go up, too. Finally, I run out of steam.

of Community Medicine, University of Auckland, New Zealand, reminded participants about the link between alcohol and domestic violence.

Dr. Mary Jane Ashley, professor of preventive medicine and biostatistics and a member of the symposium organizing committee, did not advocate advising those who drink little to take in more alcohol.

"Those drinking at the lower end of the scale should not be increasing their alcohol intake to reduce their risk of heart attack."

Dr. Room summed up: "If you think of alcohol as medicine, there is only one area of human health that is affected for the better — coronary heart disease. The same effect can be achieved with some very moderate exercise or reducing fat intake.

"If you use alcohol any other way, you may be doing yourself more harm than good. So any advice we give people about drinking is designed to reduce the harm because in every way for almost every person, less is better."

On the population level, there was discussion about the effects of overall increased consumption of alcohol, one possible result of recommendations about moderate drinking and its beneficial effects on cardiovascular health.

"We've heard that when the current affairs show 60 Minutes televised information about the so-called 'French Paradox', red wine sales went up 44% in the United States," Dr. Ferrence says.

Dr. Wodak, director of Alcohol and Drug Service at St. Vincent's Hospital, New South Wales, Australia, speculated on the effect if a whole population were advised that two drinks a day were beneficial.

He said overall consumption would go up, probably increasing the number of drinking and driving crashes.

We have to ask whether that general advice to drink moderately would cause us to trade 60 years of life lost by a 20-year-old who dies in a driving accident for a few extra months of life for a whole nursing home full of elderly persons whose heart disease risk has been reduced, he said.

Dr. Casswell said that, in framing advice to people and to policy makers, researchers and public health experts have to think about the 'meta-message.'

She told participants that advice from scientists about the health benefits of drinking will likely affect alcohol policy development as well as individual drinking levels.

"Such policies have a number of costs involved, not least to vested interest groups, and the public discourse surrounding them is likely to be influenced by the publicity about (the health benefits of moderate drinking).

"It is likely that the notion that moderate drinking is good for you will provide a good story for those wanting to avoid the introduction of effective controls."

I have impersonated wise and ponderous Scandinavian alcohol researchers and cheery connoisseurs who think everyone ought to have a drink in their hands. It is the kind of material you ought to be able to dine out on for months. But my friend is neither interested nor excited. Her intellect is not engaged; she is glazing over as surely as if I were handing out religious tracts or trying to sell life insurance. When I (finally) stop talking she chokes out a few words: Well, after all, everything is good for you in moderation, right?

In this pivotal moment, I see it all clearly. The person who writes on the restaurant chalk board feels quite free to give the public advice about their health ("Good for you" wine!) while experts struggle with what to say. And when information is passed along, people, like my friend, resist what's being said because they don't want to think too hard about the glass of wine at hand. Or because anyone who talks about alcohol (except to say "Want a drink?") is kind of embarrassing to have around and comes across like a thin-lipped abstainer.

It is as though all of this were a moral or ethical issue instead of a just-the-facts health issue.

I order my wine and we talk about the weather.

Sharon Airhart is director of Public Affairs at the Addiction Research Foundation.