

Reducing the harms of alcohol through weaker beer

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Could a small drop in the alcohol content of beer or other drinks reduce the harmful effects of alcohol in society at large?

A new review in *Lancet Gastroenterology & Hepatology*, which explores the evidence, suggests this approach may be worth pursuing. Alcohol accounts for significant death and disability worldwide. Among those aged 20-39, nearly one-quarter of deaths can be attributed to [alcohol](#), according to the World Health Organization.

"The idea is that a small reduction in alcohol - such as beer with four per cent ethanol content versus six per cent - would reduce alcohol intake per drinker even if the same overall amount of beverage is consumed," says Dr. Jürgen Rehm, lead author and Director of the Institute for Mental Health Policy Research at the Centre for Addiction and Mental Health (CAMH) in Toronto, Canada.

A decrease in ethanol, the most harmful ingredient in alcoholic beverages, would be expected to lead to lower blood alcohol levels in drinkers. And this could reduce immediate harms such as injuries or accidents, as well as alcohol-related chronic diseases that develop over time, such as liver cirrhosis or cancer.

The researchers note that there is more incentive for the alcohol industry to get on board with this proposal, compared to other policy measures such as higher taxation, limited access and marketing restrictions. And in addition, the industry holds some responsibility for their product.

A key concern is that drinkers would notice the difference in [alcohol content](#), and consume more to compensate or switch to other beverages with more alcohol.

The researchers searched for studies and reviews on all of these points. Overall, there was not much research that directly examined the effects of lower alcohol content in relation to reducing harms on a large scale. However, they did find that concerns around drinkers' behaviours were not warranted.

"We know from experiments that consumers can't distinguish between beers of different strengths," says Dr. Rehm. In one study set at three fraternity parties, the amount party-goers drank didn't differ with weaker versus stronger drinks. In another study, participants were given lower- and higher-strength beer on two different occasions, and most did not report differences in how they felt after these sessions. In both studies, participants had a significantly lower blood alcohol concentration with lower-alcohol drinks.

The reviewers also found some research on the broader, societal impact. The Northern Territories of Australia levied a tax on alcohol with more than three per cent ethanol, which led to greater availability of lower-strength beer. This policy change resulted in fewer alcohol-related deaths, but also took place in combination with educational efforts, greater controls on availability and new treatment services.

Another approach to reducing alcohol harms identified would be offering alcohol-free drinks as a cheaper alternative in bars or restaurants. The drawback is that not only does it require drinkers to choose this option, but there is limited evidence that it affects drinking levels or alcohol-related harms.

Ultimately, the question of whether lower-strength alcohol can make a

dent in reducing the burden of alcohol harms will depend on how any measure is implemented and evaluated, the researchers note. But the evidence suggests it is worth considering as a "win-win" for public health efforts and alcohol producers.

"The proposal presents a unique situation, where public health interests in reducing alcohol consumption is not in conflict with the alcohol industry," says Dr. Rehm.

Provided by Centre for Addiction and Mental Health

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