

Scotland's drinking laws set for reform to stem alcohol problems

Bryan Christie *Edinburgh*

Scotland's drinking laws should be reformed, says a new report, which recommends the abolition of fixed opening hours, a crack-down on cheap drink promotions, and moves to make pubs more child friendly.

The recommendations of the review team, led by Sheriff Principal Gordon Nicholson, follow concern about increasing health problems that are related to alcohol. Binge drinking, which is being encouraged by cheap drink promotions, is highlighted as a particular problem in the report.

Scotland's licensing laws were last changed in 1976, when greater liberalisation was introduced in the hope that it would encourage sensible social drinking. Although most people in Scotland drink responsibly, alcohol related health problems have increased in recent years. Deaths from excessive alcohol use more than doubled between 1990 and 2000; acute hospital admissions increased more than fivefold between 1980 and 2000; and 15-16 year olds in Scotland have some of the highest rates of alcohol consumption and drunkenness in Europe.

The report of the review team

says that one response to this problem would be to introduce draconian measures by restricting opening hours, reducing the number of licensed premises, and increasing the age at which younger people can buy alcohol. It concludes, however, that such a response may create more problems than it solves. Instead, it recommends changes that build on the 1976 reforms, based on five guiding principles—the prevention of crime and public disorder, promotion of public

safety, prevention of public nuisance, promotion of health, and protection of children.

The report concludes that the licensing system should be as free of restrictions as possible. One of the major recommendations includes abolishing opening hours, which would in theory allow alcohol to be sold 24 hours a day. There would be new restrictions on activities that encourage excessive consumption, a general presumption in favour of access to licensed premises by children, and the introduction of a national "proof of age" card to control under-age drinking.

The proposals have been criticised, however, by the Association of Chief Police Officers

in Scotland, which fears that longer opening hours will lead to a greater risk of crime, disorder, and nuisance if police, health, and transport resources are not increased. Jack Law, chief executive of Alcohol Focus Scotland, said that he supported the report but added that it could "lead to the opposite of what is intended—a proliferation of premises competing with each other by price. The market is not the best regulator."

The report has won the support of Scottish Executive ministers and has been issued for consultation until December. □

Review of Liquor Licensing Law in Scotland is available at www.scotland.gov.uk/publications



Drinkers enjoy reduced price drinks during "happy hour" in a Glasgow pub

Statins may reduce risk of depression

Deborah Josefson *Nebraska*

Long term use of statins provides psychological benefits as well as reducing the risk of coronary artery disease, a new study has found (*Journal of the American College of Cardiology* 2003;42:690-6).

The latest findings contradict earlier studies that linked use of statins to higher rates of suicide and depression (*Lancet* 1992; 339:727-29 and *Cardiovascular Risk Factors* 1995;5:267-80).

The researchers, led by Yinong Young-Xu and Dr Charles Blatt of the Lown Cardiovascular Research Institute and the Harvard School of Public Health in Brookline and Boston, Massachusetts, enrolled

606 elderly patients with coronary artery disease into an observational study. They compared markers of psychological wellbeing in participants who were taking statins with those who were not.

Study participants were recruited from an outpatient cardiology clinic and followed for four to seven years; 80% of the participants were men, and participants' average age at the start of the study was 67 years. Patients who had had coronary artery revascularisation or had moderate to severe congestive heart failure, advanced valvular heart disease, or serious non-

cardiac illness were excluded from the study. Among those enrolled, during the study period 140 participants used statins continuously, 219 used them intermittently, and 231 did not use statins at all.

At enrolment, patients filled out sociodemographic, psychological, and clinical questionnaires. Their cardiologists provided additional clinical data including drugs prescribed and dosages. Cholesterol lowering drugs were categorised as statins (hydroxymethyl glutaryl coenzyme A reductase) or non-statin cholesterol lowering agents such as gemfibrozil, colestyramine, clofibrate, colestipol, and probucol. Follow up data and questionnaires were then collected annually.

Overall, patients who used statins had a lower incidence of abnormal psychological scores.

The researchers found a 30-40% risk reduction for depression (odds ratio 0.63, 95% confidence interval 0.43 to 0.93), anxiety (0.69, 0.47 to 0.99), and hostility (0.77, 0.58 to 0.93) in those who took statins continuously compared with those who did not take them at all.

The risk reduction was independent of the statins' cholesterol lowering effect. It was associated, however, with the degree of lipophilicity of the statin. Those statins that were more lipophilic were able to penetrate the brain more easily and exert their effect better than hydrophilic statins.

The study says that, although exactly how statins exert their effect is unclear, the psychological benefits may themselves be partially due to cholesterol clearing in the microvasculature allowing better brain perfusion. □