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A response to the commentaries by Single and de Burgh

We thank the commentators for their feedback on this paper. While both make some minor criticisms of the paper, it is gratifying that both support our main thesis that a "less is best" approach for acute alcohol problems is not supported by available data.

One of us (TS) has just returned from a meeting of the Kettil Bruun Society hosted by the Addiction Research Foundation in Toronto entitled "The Social and Health Effects of Different Drinking Patterns". A considerable amount of evidence was presented at that meeting to the effect that the temporal patterning of alcohol intake is critical in determining the probability of a variety of acute as well as chronic harms occurring. In simple terms, spreading drinking out across many occasions and avoiding heavy drinking episodes (usually defined as 5+ North American 'standard drinks') reduces the likelihood of problems ranging from coronary heart disease to injury and marital problems.

The implications of these new data for the kind of advice we need to offer people regarding low risk drinking needs further debate and this is one of the reasons we wrote the paper. One proposal at the conference was that drinkers should now be exhorted to 'drink as little as possible as often as possible' thus introducing an intriguing and new preventive paradox!

Like Eric Single we enjoy and value the use of apparent paradoxes to challenge old ideas and cast enlightenment. Our problem with Kreitman's is that it is only paradoxical if one clings to the now questionable notion that the risk of alcohol-related harm is always directly proportional to average weekly alcohol intake. Like Simon de Burgh, we believe this particular paradox threatens to actually reduce enlight-

enment by quietly smoothing over those crucial 'bumps' in the temporal patterning of alcohol intake.

Some responses to some of de Burgh's 'minor' criticisms of our methods (which he allows do not undermine our conclusions):

- (i) We believe we were vindicated in our decision to over-sample young drinkers by the very slight over-representation which resulted: 41.6% aged 16 to 29 compared with 37.5% in the general population. This difference was non-significant and we ended up with a good sample of a high risk group which are usually significantly under-represented in community surveys.
- (ii) We can reassure readers that our interviewers were given clear written and oral instructions to ask about alcohol intake prior to the occurrence of one of our seven 'problems of intoxication'. In the case of time off work to recover from the effects of drinking, the interview focused on that prior drinking occasion.

We can empathize with Dr de Burgh as we too have encountered impassioned resistance from some quarters to the idea that the preventive paradox is not a sound basis for advocating a "less is best" message.

As Single reminds us, the demonstration that drinking patterns have predictive significance for the occurrence of alcohol-related harm over and above the effect of total volume is consistent with the emerging 'harm reduction' approach to prevention policy. We believe the field needs to develop improved measures of drinking patterns if it is to best describe, measure and provide advice regarding high risk drinking. The frequency of (arbitrarily defined) heavy drinking days is likely to capture only part of the explanatory power which may be harnessed by more sophisticated measures capable of weighting drinking days according to level of intake that day. It will also be necessary to examine levels of risk in relation to different drinking settings (e.g. licensed versus private) for different kinds of people engaged in different routine activities (e.g. eating a meal versus driving a car) and thus stretch the concept of 'pattern' if enlightenment on these matters is to increase.

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