

New Series Issue 1 2001

THE GLOBE

WHO challenges the drinks industry

WHO Ministerial Conference,
Stockholm 2001



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THE GLOBE

GLOBAL ALCOHOL POLICY ALLIANCE

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ISSN 1460-9142



This is the first edition of a new *Globe*. The journal has always been concerned with the international aspects of alcohol problems, but now it will be the voice of an organisation which will give focus to the struggle against the worldwide influence of the drink industry.

GAPA (Global Alcohol Policy Alliance) emerged from the Conference held in Syracuse, New York, in the summer of 2000. Experts and advocates from all over the world came together to share their views and to find a way to co-ordinate their efforts. It became quite

clear, as paper after paper was delivered, that there was a community of interest and an urgent need to match the measures being taken by the global alcohol industry to increase sales and circumvent health promotion policies. Although it would, of course, be

impossible to match the financial resources of the international drink companies and the “social aspect” groups which speak for them, there is no doubt that, if properly organised, the dedication and scientific knowledge displayed at Syracuse will be a formidable weapon in helping governments around the globe in countering the health problems created by alcohol consumption.

The GAPA mission is “to reduce alcohol-related harm worldwide by promoting science-based policies independent of commercial interests.”

The aims of GAPA are:

- to provide a forum for alcohol policy advocates through meetings, information sharing, publications, and electronic communications;
- to disseminate information internationally on effective alcohol policies and policy advocacy;
- to bring to the attention of international governmental and non-governmental agencies and communities the social, economic and health consequences of alcohol consumption and related harm;
- to advocate for international and national governmental and non-governmental efforts to reduce alcohol-related harm world wide;
- to co-operate with national and local organisations and communities to alleviate alcohol-related problems;
- to encourage international research on the social and health impact of the actions of the multinational alcohol beverage industry;
- to monitor and promote research on the impact of international trade agreements on alcohol-related harm;
- to monitor the activities of the alcoholic beverage industry;
- to place priority on research and advocacy regarding those parts of the world where alcohol problems are increasing;
- to ensure that member groups in those areas have the technology and support capacity to participate in a global network for communication and action.

WHO challenges the drink industry

The drink industry needs to clean up its act and realise that its product poses a health threat to the young people of Europe. This was the message which came firmly out of the Ministerial Conference on Young People and Alcohol held in Stockholm in February. The Conference was attended by delegations from the health ministries of all the countries of the WHO European Region.

Dr Marc Danzon, Regional Director of the World Health Organization spoke about “society’s deadly complacency about drinking.” He asked why alcohol is “treated almost everywhere as a normal consumer product, widely advertised and available in major retail outlets, yet its consumption by young people increasingly mirrors patterns of drug use?” Dr Danzon pointed to the paradox that “the positive health effects of alcohol are

widely reported, yet the many others pointing up its dangers are often ignored? “

In his hardhitting speech, Dr Danzon questioned the pretence “that there are two totally different and opposing types of drinking: the good way, which gives pleasure and eases social relations, and the bad, which leads to alcohol abuse?” He said that “the boundary between moderate and excessive drinking is a



Dr Marc Danzon, Regional Director of WHO Europe



David Byrne, EU Health Commissioner

fluid one” and that people often move from one to the other without acknowledging the fact.

“In the European Region,” continued the WHO Regional Director, “alcohol is responsible for 10% of the disease burden. Alcohol kills people brutally through the accidents, violence and suicides it triggers. It also kills them slowly by causing physical, mental and social harm.”

Whilst acknowledging the economic importance of the alcohol industry, Dr Danzon questioned the right of the alcohol industry and its lobbies to do and say what they like. He quoted the example of alcohol promotion on sports grounds, where the brand name of the alcoholic beverage dominates.

Mr David Byrne, EU Health Commissioner, said that health issues such as alcohol misuse by young people, are increasingly occupying a central place on the public policy agenda in Europe today. Commissioner Byrne said that “combating alcohol-related harm is a public health priority in many Member States, and also at EU level.” He pointed out that one of the main strands of the proposed new Public Health Programme [of the European Commission] considers inappropriate use of alcohol as one of the key health determinants to be tackled. The Commission decided to focus on alcohol in the light of evidence that alcohol consumption by young people, and the related harm, are already high in several EU countries, and that in some countries the problem seems to be growing.”

Dr Gro Harlem Brundtland, Director-General World Health Organization, was equally forthright in her address to the conference which we publish here:

Youth is a time of opening new doors, trying new experiences, testing limits. For most of us, it is a tremendously rich and exciting part of life. As Aristotle said: “The young are permanently in a state resembling intoxication; for youth is sweet and they are growing”.

Unfortunately, real intoxication is also a factor of youth. And far too often, it brings an abrupt end to it. Worldwide, 5% of all deaths of young people between the ages of 15 and 29 in 1990 were attributable to alcohol use.

In Europe, one in four deaths of men in the age group 15 to 29 is related to alcohol. In parts of Eastern Europe, the figure is as high as one in three. All in all, 55 000 young people in this region died from causes related to alcohol use

in 1999. That is a shocking and tragic waste. Globally, 140 million people are suffering from alcohol dependence. Around the world, alcohol takes a heavy toll, damaging public and private life with countless traffic fatalities and injuries, home fires, drownings, suicides and violent crimes. But also debt problems, ruined careers, divorces, birth defects, and children with permanent emotional damage.

While some progress has been made in reducing overall alcohol consumption in western parts of the European region, the situation in the eastern part is worsening, and there are alarming signs of deteriorating drinking habits among young people across the whole region.

Data from across the world suggests that a culture of sporadic, heavy or binge drinking among young people may now be increasing also in developing countries. While overall rates of adult per capita consumption are falling in many countries, young people are too often drinking excessive quantities of alcohol to intoxication in single drinking episodes.

The economic burden of excessive alcohol use is also significant. The cost of under-age drinking in the United States alone has been

estimated by the US Department of Justice at nearly \$53 billion in 1996.

Another study showed that the annual costs for alcohol-related hospitalisation in the state of New Mexico were USD 51 million while the annual alcohol taxes were only USD 35 million.

According to the latest UN Human Development Report, alcohol-related vehicle crashes alone are estimated to cost the Namibian economy at least one percent of gross domestic product yearly. Alcohol use among young people is a serious problem, but we know that we can considerably reduce the harm caused by alcohol through effective action. We have a wealth of experience from efforts to limit consumption. We know, for example, from experience that prohibition does not work. The evidence we have indicates that we need a mix of policies.

It is clear that measures that reduce access to alcohol are effective in reducing consumption. A minimum legal drinking age, restrictions in number of hours per day or days per week when alcohol can be bought, and policies on what kind of outlets are licensed to sell alcohol, all have an effect on total alcohol consumption.



Dr Gro Harlem Brundtland, Director General of WHO

WHO challenges the drink industry

Evidence shows that drink-driving regulations combined with campaigns to explain why these measures are necessary are highly effective in reducing the deaths and injury from traffic accidents. But such measures are only effective if they are strictly enforced.

Restrictions on advertising reduce consumption. OECD countries with a ban on alcohol advertising had about 16% lower alcohol consumption and 23% lower number of traffic fatalities than countries with no advertising restrictions. For young people, five extra minutes of alcohol advertising on television per day is associated with an increase in daily alcohol intake of five grams, according to recent research.

We know that, if done right, community action programmes and information and counselling may contribute to creating awareness about the danger of alcohol. A WHO organized study in ten countries showed that simple counselling of people who were known to drink heavily, but who were not alcohol dependent, had a significant positive effect on both average alcohol consumption and intensity of drinking.

For youth we need positive alternatives: better access to sports and recreation in and out of school.

Information activities have little or no effect, however, unless they supplement policies which influence access and use of alcohol such as taxes and age limits.

Alcohol is a serious problem. It is also a challenge.

All health policies must have popular support based on an understanding of their importance. This is especially true of alcohol policy. Alcohol is deeply embedded in the culture and social activities of many societies. In these circumstances, a pro-health policy on alcohol frequently faces strong opposition.

Public support should not be taken for granted but has to be built systematically.

For example, people need to understand more fully that it is not only their own health and happiness that can be harmed by alcohol, but that other people's drinking also may have direct and indirect negative consequences for them. Examples are the victims of drunken-driving or drunken assault. Or, in a broader

sense, the costs for every taxpayer of increased health care resources, and other types of alcohol-related expenses.

We also must develop an understanding that although drinking is a personal act and an individual responsibility, it is also behaviour shaped by our societies and something for which society as a whole has a responsibility. It is thus counterproductive to formulate health policy responses exclusively for the individual, while neglecting the public health perspective.

Clearly, a national alcohol policy will need to be rooted in national and local support. We need to pay more attention to the evidence base on what mechanisms are needed to win that support. This is especially important for the young.

The WHO European Charter on Alcohol that was adopted in 1995 explicitly states that 'all children and adolescents have the right to grow up in an environment protected from the negative consequences of alcohol consumption and to the extent possible, from the promotion of alcoholic beverages'. Sadly, this is becoming increasingly difficult. Not only are children growing up in an environment where they are bombarded with positive images of alcohol, but our youth are a key target of the marketing practices of the alcohol industry.

Over the past 10-15 years, we have seen that the young have become an important target for marketing of alcoholic products. When large marketing resources are directed towards influencing youth behaviour, creating a balanced and healthy attitude to alcohol becomes increasingly difficult.

When I was in medical school, my student colleagues arranged a party where they served a dark beer which none of us girls had ever seen before. Some of the boys had secretly mixed large amounts of 96% medical alcohol into it, making it dangerously strong for all of us who unsuspectingly drank it.

Luckily, feeling dizzy, I discovered their trick early enough to still be standing on my feet. I was furious. Furious, because somebody - even my fellow medical students who should know better - could do such a thing. Furious that we were being manipulated to get drunk against our will.

I can still clearly sense the fury I felt that evening. And I get the same feeling of manipulation when I see some of the

marketing techniques that are being used to introduce alcohol to very young people.

By mixing alcohol with fruit juices, energy drinks and premixed 'alcopops', and by using advertising that focuses on youth lifestyle, sex, sports and fun, the large alcohol manufacturers are trying to establish a habit of drinking alcohol at a very young age. Look at most web sites for alcohol products - they are clearly attempting to attract the young, with computer games, competitions and offers of prizes and teenage fashion shows.

Go to night clubs and teenage discos and you will find often dangerous marketing techniques. In Great Britain, young people interviewed for a research project told how they often were offered deals that include 'buy one, get one free' and even the so-called 'never ending vodka glass': buy one, get unlimited refills.

Satellite television is now bringing commercials for alcohol into every home, even here in Scandinavia, where alcohol advertising has been banned for decades.

We need to strengthen our work to counter these influences.

Action must be taken, by Member States, by international organizations; by the alcohol industry; and by young people themselves to counter the negative trends in their own countries. We must also act to avert replicating or exceeding the already high levels of alcohol-related harm in the industrialised countries among young people in developing countries.

WHO will be an active and supportive partner in this work.

Based on these concerns, I am calling for a concerted review by international experts of this issue of marketing and promotion of alcohol to young people. I would like to announce that WHO will be hosting a meeting to move this issue forward, in collaboration with the Government of Valencia in Spain later this year.

WHO will also be establishing a strategy advisory committee on alcohol to address this serious public health problem.

Our job here over the next three days is to plan future action, and in doing so, make a significant contribution to improving global health.

Declaration on Young People and Alcohol

The Stockholm Conference led to a Declaration on Young People and Alcohol, which was agreed by all the health ministries represented. This could form the basis of alcohol policy across Europe for many years to come...

Preamble

The European Charter on Alcohol, adopted by Member States in 1995, sets out the guiding principles and goals for promoting and protecting the health and well-being of all people in the Region. This Declaration aims to protect children and young people from the pressures to drink and reduce the harm done to them directly or indirectly by alcohol. The Declaration reaffirms the five principles of the European Charter on Alcohol.

- 1. All people have the right to a family, community and working life protected from accidents, violence and other negative consequences of alcohol consumption.**
- 2. All people have the right to valid impartial information and education, starting early in life, on the consequences of alcohol consumption on health, the family and society.**
- 3. All children and adolescents have the right to grow up in an environment protected from the negative consequences of alcohol consumption and, to the extent possible, from the promotion of alcoholic beverages.**
- 4. All people with hazardous or harmful alcohol consumption and members of their families have the right to accessible treatment and care.**
- 5. All people who do not wish to consume alcohol, or who cannot do so for health or other reasons, have the right to be safeguarded from pressures to drink and be supported in their non-drinking behaviour.**

Rationale

Health and well-being are a fundamental right of every human being. Protecting and promoting the health and well-being of children and young people are central to the United Nations Convention on the Rights of the Child and a vital part of WHO's HEALTH21 policy framework and of UNICEF's mission. In relation to young people and alcohol, WHO's European Alcohol Action Plan 2000-2005 identifies the need to provide supportive environments in the home, educational institutions, the workplace and local community, to protect young people from the pressures to drink and to reduce the breadth and depth of alcohol-related harm. Further, a major opportunity for putting youth and alcohol issues on the policy agenda is approaching as governments worldwide prepare for the United Nations General Assembly Special Session on Children, to be held in September 2001, with UNICEF serving as secretariat.

Youth environments

The globalisation of media and markets is increasingly shaping young people's perceptions, choices, and behaviours. Many young people today have greater opportunities and more disposable income but are more vulnerable to selling and marketing techniques that have become more aggressive for consumer products and potentially harmful substances such as alcohol. At the same time, the predominance of the free market has eroded existing public health safety nets in many countries and weakened social structures for young people. Rapid social and economic transition, civil conflict, poverty, homelessness and isolation have increased the likelihood of alcohol and drugs playing a major and destructive role in many young people's lives.

Drinking trends

The main trends in the drinking patterns of young people are greater experimentation with alcohol among children and increases in high-risk drinking patterns such as "binge drinking" and drunkenness, especially among adolescents and young adults, and in the mixing of alcohol with other psychoactive substances (polydrug use). Among young people there are clear links between the use of alcohol, tobacco and illegal drugs.

The cost of youth drinking

Young people are more vulnerable to suffering physical, emotional and social harm from their own or other peoples' drinking. There are strong links between high-risk drinking, violence, unsafe sexual behaviour, traffic and other accidents, permanent disabilities and death. The health, social and economic costs of alcohol-related problems among young people impose a substantial burden on society.

Public health

The health and well-being of many young people today are being seriously threatened by the use of alcohol and other psychoactive substances. From a public health perspective, the message is clear: there is no scientific evidence for a safe limit of alcohol consumption, and particularly not for children and young adolescents, the most vulnerable groups. Many children are also victims of the consequences of drinking by others, especially family members, resulting in family breakdown, economic and emotional poverty, neglect, abuse, violence and lost opportunities. Public health policies concerning alcohol need to be formulated by public health interests, without interference from commercial interests. One source of major concern is the efforts made by the alcohol beverage industry and hospitality sector to commercialise sport and youth culture by extensive promotion and sponsorship.

Declaration

By this Declaration, we, participants in the WHO European Ministerial Conference on Young People and Alcohol, call on all Member States, inter-governmental and non-governmental organisations and other interested parties to advocate for and invest in the health and well-being of young people, in order to ensure that they enjoy a good quality of life and a vibrant future in terms of work, leisure, family and community life.

Alcohol policies directed at young people should be part of a broader societal response, since drinking among young people to a large extent reflects the attitudes and practices of the wider adult society. Young people are a resource and can contribute positively to resolving alcohol-related problems.

To complement the broader societal response, as outlined in the European Alcohol Action Plan 2000-2005, it is now necessary to develop specific targets, policy measures and support activities for young people. Member States will, as appropriate in their differing cultures and social, legal and economic environments:

1. Set the following targets that should be achieved by the year 2006:

- reduce substantially the number of young people who start consuming alcohol;
- delay the age of onset of drinking by young people;
- reduce substantially the occurrence and frequency of high-risk drinking among young people, especially adolescents and young adults;
- provide and/or expand meaningful alternatives to alcohol and drug use and increase education and training for those who work with young people;
- increase young people's involvement in youth health-related policies, especially alcohol-related issues;
- increase education for young people on alcohol;
- minimise the pressures on young people to drink, especially in relation to alcohol promotions, free distributions, advertising,

sponsorship and availability, with particular emphasis on special events;

- support actions against the illegal sale of alcohol;
- ensure and/or increase access to health and counselling services, especially for young people with alcohol problems and/or alcohol-dependent parents or family members;
- reduce substantially alcohol-related harm, especially accidents, assaults and violence, and particularly as experienced by young people.

2. Promote a mix of effective alcohol policy measures in four broad areas:

- **Provide protection:** Strengthen measures to protect children and adolescents from exposure to alcohol promotion and sponsorship. Ensure that manufacturers do not target alcohol products at children and adolescents. Control alcohol availability by addressing access, minimum age and economic measures, including pricing, which influence under-age drinking. Provide protection and support for children and adolescents whose parents and family members are alcohol-dependent or who have alcohol-related problems.
- **Promote education:** Raise awareness of the effects of alcohol, in particular among young people. Develop health promotion programmes that include alcohol issues in settings such as educational institutions, workplaces, youth organisations and local communities. These programmes should enable parents, teachers, peers and youth leaders to help young people learn and practise life skills and address the issues of social pressure and risk management. Furthermore, young people should be empowered to take responsibilities as important members of society.
- **Support environments:** Create opportunities where alternatives to the drink culture are encouraged and favoured. Develop and encourage the role of the family in promoting the health and well-being of young people. Ensure that schools and, where possible, other educational institutions are alcohol-free environments.

- **Reduce harm:** Promote a greater understanding of the negative consequences of drinking for the individual, the family and society. Within the drinking environment, ensure training for those responsible for the serving of alcohol and enact/enforce regulations to prohibit the sale of alcohol to minors and intoxicated persons. Enforce drink-driving regulations and penalties. Provide appropriate health and social services for young people who experience problems as a result of other people's or their own drinking.

3. Establish a broad process to implement the strategies and achieve the targets:

- Build political commitment by developing comprehensive countrywide plans and strategies with young people, with targets to reduce drinking and related harm, particularly in the different segments of the youth population, and evaluate (with young people) progress towards them.
- Develop partnerships with young people especially, through appropriate local networks. Look to young people as a resource and promote opportunities for young people to participate in shaping the decisions that affect their lives. Special emphasis should be placed on reducing inequalities, particularly in health.
- Develop a comprehensive approach to addressing the social and health problems experienced by young people in connection with alcohol, tobacco, drugs and other related issues. Promote an inter-sectoral approach at national and local level, to ensure a sustainable and more effective policy. When promoting the health and well-being of young people, take into consideration their varying social and cultural backgrounds, and particularly those of groups with special needs.
- Strengthen international cooperation among Member States. Many of the policy measures need to be reinforced at the international level, if they are to be fully effective. WHO will provide leadership by establishing appropriate partnerships and utilising its collaborative networks across the European Region. In this regard, cooperation with the European Commission is of particular relevance.

WHO Director General explains the need for an international response

At the Stockholm conference, The Globe's Andrew McNeill was invited to interview Dr Brundtland.

Commenting that her speech used strong language he began by asking Dr Brundtland what it was that makes her so angry about the present situation?

GHB The figures of deaths related to alcohol are shocking, and then in addition there are the uncounted examples of young peoples' lives being spoiled, sometimes permanently, by their own use of alcohol or by someone else's drinking. And the point is that the abusive patterns of drinking likely to do the most harm are not there just by chance. I used the term "manipulation" in connection with something that happened to me at the age of twenty when there was an attempt to make me drunk against my will. Something akin to this is now happening on a global scale. But the alcopops, the fruit flavoured drinks that disguise the taste of alcohol, are clearly targeted at those younger than twenty. And these are new products. They were not around when my children were growing up. They are an example of the new, extra pressures that young people face nowadays.

AMN Do you see this conference as a turning-point?

GHB I hope so, although of course there is also continuity. In my own country, alcohol policy and the dangers posed by alcohol to younger age groups have been on the agenda for many years. And now we have another Nordic country - Sweden - wishing to use its presidency of the European Union to address these questions on a bigger scale. We have to take an initiative to tackle these issues internationally because there is the problem of national governments' policies being made ineffective by the

global nature of alcohol and the rise of new international media such as satellite TV and the internet.

AMN And in this initiative you see youth as the key group?

GHB Yes, both because they are the most vulnerable to harm and because they represent the future.

AMN But, politically, this can be a very difficult area for politicians and governments. How do you think they can be persuaded to take effective action rather than just engaging in cosmetic exercises?

GHB You're right to say that there are difficulties. As I said in my speech, a pro-health policy on alcohol frequently faces strong opposition. That is why there needs to be a strong popular movement against alcohol harm and why NGOs are so important. NGOs can reach and make alliances with groups and interests and so help to mobilise public opinion. There is good evidence on what works in relation to reducing alcohol harm in young people and in the society as a whole but we do need to create a political environment in

which it becomes easier for politicians to act on this knowledge. The key is to increase awareness, to expose what is actually happening. I do not believe that most people or even most parents realise the extent to which youth is now being targeted by the alcohol interests. That has to be brought to light.

AMN In that connection, what role do you see the alcohol industry playing in relation to the initiative on alcohol and youth?

GHB The industry should co-operate with it. It should re-think its marketing strategies and we need to explore the means by which this can be achieved. It may be that the industry can put its own house in order. This needs to be tested. This possibility has not really been explored systematically on an international scale. It's time it was.



Dr Brundtland

New law on alcohol in Italy

Ennio Palmesino writes...

The new law was originally planned in 1994 and so takes into account the European Action Plan of 1992. It was subsequently modified to incorporate the European Charter on Alcohol 1995. Since then it has been changed only to accommodate the compromises and shortcuts necessary for it to be accepted by the Industry, whilst the sponsors were hesitant to make any attempts at improvement or to update it since further modification would have made the Industry lobby more suspicious and consequently the implementation of the law even slower.



Discussing the law's shortcomings, let us briefly look at its main provisions.

- Education about alcohol related problems will concentrate on prevention: it is to be carried out in schools, universities, the armed forces, prisons, places where youngsters get together. University departments concerned with Health, Medicine, Psychology, and Social Affairs may be required to incorporate specialisation in alcohol related problems. These problems will have to be monitored and data shared on a national and regional basis.
- Urgent cases will be treated in appropriate medical units, hospitals, or approved private clinics. Thereafter, new services concerned with the rehabilitation of people with alcohol-related problems will be created. These will offer residential care for up to thirty days, before the patients are referred to day-hospitals or home treatment. Eventually, it is envisaged that the latter treatment will be effected in co-operation with private voluntary associations that specialise in alcohol-related problems. Anti-craving and other medicines used in alcohol therapy to be offered freely (with prescription). Medicines which interact with alcohol will have to carry warnings.
- Dangerous working environments (to be identified by the Ministry) will have to be alcohol free. There will be alcohol tests carried out by a specialised doctor. Fines will be up to a maximum of 2.500 Euros. Workers who wish to take advantage of treatment for alcohol-related problems will have access to the same facilities and will get the same allowances as drug addicted people.
- The law envisages tighter driving controls, together with more efficient testing equipment. Blood-alcohol content limit for driving is to be lowered from 0.8 gr/litre to 0.5 gr/l. On motorways the sale of beverages exceeding 21 per cent alcohol content (spirits) is to be forbidden between 10pm and 6 am. Fines will be up to a maximum of 5.000 Euros. Driving schools teachers will have to provide information about drink-driving risks.
- Industry, television and radio are to adopt a self-regulating code regarding commercial advertisements for alcohol beverages. Such commercials to be banned within programmes aimed at youth. Advertisements will not be able to show youngsters drinking nor appear in places where youngsters get together. Commercials must not claim health benefits that are not acknowledged by the Ministry of Health, nor should they depict alcohol consumption as a positive life-style. TV commercials for alcohol are prohibited between 4PM and 7PM, when it is estimated that most youngsters are watching. They are also banned in papers and magazines intended for youth and in cinemas showing films aimed at young people. Penalties for the Industry and/or television, magazine, or cinema owners can reach 10.000 Euros for the first and double for each subsequent offence.
- The National Council on Alcohol-related Problems will be established, to be chaired by the Ministry of Social Affairs, and consisting of 18 members. Interestingly, two of them will have to be appointed by the same Ministry from among the voluntary associations and self-help-groups. However, two other members will be appointed by the Ministry of Agriculture and by the Alcohol Industry. The Council will provide a periodical report to the Ministry about the implementation of the law. It will also make proposals and provide opinions to the Ministry, as well as to local government. It will co-operate with international bodies, in particular the WHO.

Total budget for the first year is two million Euros.

So after six years we finally have a law in Italy concerning alcohol. We have fought a long battle, together with other associations, to make this law more effective in terms of changing the general culture about alcohol. An example is when the pitfall of article 7 of the new law came to light. We had proposed that there should be labels on every bottle with some kind of warnings about possible risks to health, even if they were not as stringent as those appearing on cigarettes. The Industry lobby voted an amendment to delete every reference to labels. We insisted that at least some risk categories, such as children, pregnant women, alcoholics, and drivers, should be warned on labels about the inherent risks. These efforts were to no avail: article 7 was amended, and the thousands of cables and e-mails coming from Clubs of Alcoholics in Treatment from all over Italy had no effect on members of parliament.

We are not particularly happy about the medical approach taken in the text of the law. We are of the opinion that other medical structures to assist people with alcohol-related problems are not needed: there are already too many and they are largely ineffective in dealing with this kind of problem. Our own expertise is there to show that there are more effective and less expensive ways to tackle problematic drinking behaviour.

Last but not least, the law still separates, in a number of instances, abuse from consumption. This ignores the fact that the "Population approach" has proved that it is necessary to lower per capita consumption, without distinguishing between moderate or sensible drinking and dangerous drinking. The division between the two is not clear-cut.

Despite these reservations, we now have a law. At least it is acknowledged that alcohol-related problems exist. Literature produced by the

drink industry, however, was trying to establish that the problem was limited to a small percentage of the population, that it was possible to keep it under control, and that it was declining. Now we have a new tool to approach institutions, governments, and health professionals without being misjudged. We have to look forward though, and have already started planning how and when we can modify this law to make it more stringent, and in this respect we trust the European Community and WHO will provide us with the right ammunition to put more pressure on our politicians.

Ennio Palmesino - President Italian Association of Clubs of Alcoholics in Treatment.

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EU Ministers act on alcohol

Alcohol has moved to the heart of the debate on European health, thanks to the Swedish presidency of the EU. The Council of Ministers, chaired by Lars Engqvist, Minister for Health and Social Affairs in Sweden, accepted alcohol as a major health determinant and adopted a recommendation on the drinking of alcohol by young people, in particular children and adolescents.

The Council of Ministers wants to see research into all the different aspects of problems associated with alcohol consumption by young people and into what motivates them to start drinking in the first place. Among other measures, ministers see as vital a more concerted effort at education as to the effects of alcohol consumption and its negative aspects; specific initiatives aimed at young people on the dangers of drink-driving; action against the illegal sale of alcohol to underage consumers and, where appropriate, the establishment of proof of age schemes; and efforts, through early detection and intervention, aimed at preventing young people becoming alcohol dependent.

The Council wants Member States to work with relevant non-governmental organisations, the alcohol industry, and retailers to establish means of regulation. In the words of the recommendation these should:

- ensure that producers do not produce alcoholic beverages specifically targeted at children and adolescents;
- ensure that alcoholic beverages are not designed or promoted to appeal to children or adolescents;
- develop specific training for servers and sales persons with regard to the protection of children and adolescents and with regard to existing licensing restrictions on



Lars Engqvist

- the sale of alcohol to young people;
- allow manufacturers to get pre-launch advice, in advance of marketing a product or investing in a product, as well as on marketing campaigns before their actual launch;
- ensure that complaints against products which are not being marketed in

accordance with the principles set out in the recommendation can be effectively handled, and that such products can be removed from sale and the relevant inappropriate marketing or promotional practices can be brought to an end.

- urge the representative producer and trade organisations of alcoholic beverages to commit themselves to observe the principles described above.

The ministers urge the European Commission to support the Member States in their efforts to promote further research at Community level into the alcohol consumption by young people.

The Council went on to note that the European Alcohol Action Plan 2000-2005 was endorsed by the WHO Regional Committee for Europe (see *Globe*, Issue 4, 1999) and the declaration of the WHO Ministerial Conference on Young People and Alcohol held in Stockholm in February, 2001, which stresses that alcohol policies directed at young people should be part of a broader societal response.

Most significantly, the ministers stressed that alcohol is one of the key health determinants in the European Community and “that scientific work has clearly shown that high consumption of alcohol in the population substantially increases the risk of all-cause mortality, especially liver cirrhosis, alcoholism, alcohol psychosis, alcohol poisoning, alcoholic gastritis, alcoholic cardiomyopathy and alcoholic polyneuropathy, haemorrhagic stroke, foetal alcohol syndrome (FAS), and the level of other alcohol-related morbidity.”

In addition, ministers expressed their concern at the fact that alcohol is a major contributory factor in fatal accidents on European roads. “Alcohol,” they go on to say, “is also the direct cause of many accidents both in workplaces and at home.” There is a close link between alcohol abuse and reduced productivity at work, unemployment, social marginalisation and exclusion, domestic violence and disruption of the family unit, criminality, homelessness and mental unhealthy.

The ministers recognised the dangers in the reported increasing regular drinking habits as well as increasing binge drinking habits among young people in some Member States, particularly since there are strong links between an early start with regard to

heavy alcohol consumption, substance abuse and criminality.

The Council concluded by underlining the desirability of developing “a comprehensive Community strategy aimed at reducing alcohol-related harm comprising in particular the following elements:

- further development of comparative and comprehensive information together with relevant high-quality research, and an effective monitoring system on alcohol consumption, alcohol-related harm, and policy measures and their effects in the European Community,
- a co-ordinated range of Community activities in all relevant policy areas; a high level of health protection shall be ensured in the definition and implementation of Community activities, in fields such as research, consumer protection, transport, advertising, marketing, sponsoring, excise duties and other internal market issues, while fully respecting Member States' competencies,
- strengthened co-operation and exchange of knowledge between Member States,
- international co-operation, in particular with and within the World Health Organisation.”

These strong statements by the European Health Ministers may well prove to be one of the most important achievements of the Swedish presidency. Some Member States are already taking many of the measures recommended, but, for the good intentions to be realised on a community-wide basis, it will be necessary for all governments to take the problem seriously and act in concert.

Celtic Myt

The myth of the perpetually drunken Irishman is in danger of becoming reality. This was the stark message of Dr Anne Hope, Advisor on National Alcohol Policy at the Department of Health of the Republic of Ireland.

Dr Hope was speaking at a conference held in April at Croke Park, Dublin, the home of the Gaelic Athletic Association. The conference was organised by Dothain, the group founded by Dr Michael Loftus to combat alcohol problems, and Eurocare. Professionals and volunteers from across Ireland attended, interest and concern heightened by the recently published figure which showed dramatically increased consumption in the Republic, particularly among young people.

One of the aims of the conference was to explore the possibility of setting up a non-governmental organisation (NGO) for Ireland which will lobby for measures to combat the problems arising from alcohol consumption. The vibrant economy of today's Ireland means that there has been a considerable increase in disposable income. Dublin is a lively, cosmopolitan city with a bar or restaurant on every corner. Every night the streets are full of young people enjoying themselves in the atmosphere of national success. The downside of this scene is the spiralling incidence of alcohol-related violence, accidents, and disorder.

Dr Hope, in addressing the Croke Park Conference, drew attention to prevalent

Alcohol – the challenge for Ireland

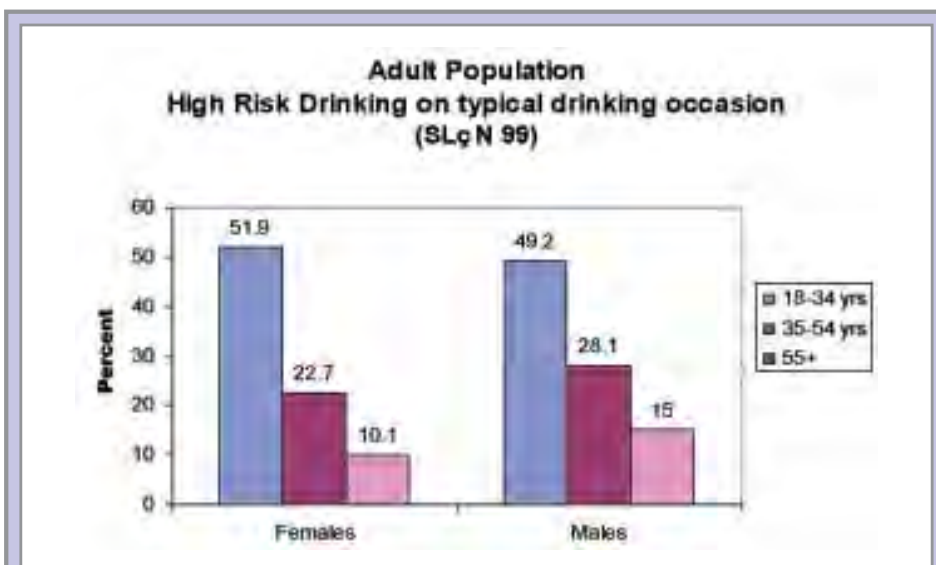


Alcohol Consumption in Ireland

drinking patterns. The figures she presented show that in many ways the drinking habits of the Irish are becoming more like those of people in the United Kingdom. In other words, there has been a marked increase in binge drinking. What is also alarming is the

indication that young women are matching young men drink for drink, with all the consequent dangers.

The recently published ESPAD report (European School Survey Project on Alcohol and Other Drugs) further underlined the scale



Drinking Patterns – adults

of the problem. It showed that, of Irish 16 year olds, only 8 per cent classed themselves as non-drinkers, whereas 32 per cent of both boys and girls, reported three or more occasions of binge drinking a month.

The economic cost of alcohol-related problems was enormous, said Dr Hope. Estimates of health care costs suggested a figure of £220 million, whilst road accidents accounted for another £248 million. Absence from work cost the Irish economy £736 million per annum with an additional £100 million in lost taxes.

Money is, of course, secondary to the human cost. Dr Hope showed the alarming trend in alcohol-related deaths, other than in motor accidents which had fallen since 1990. Deaths from falls, suicide, and cirrhosis had all increased over the same time period.

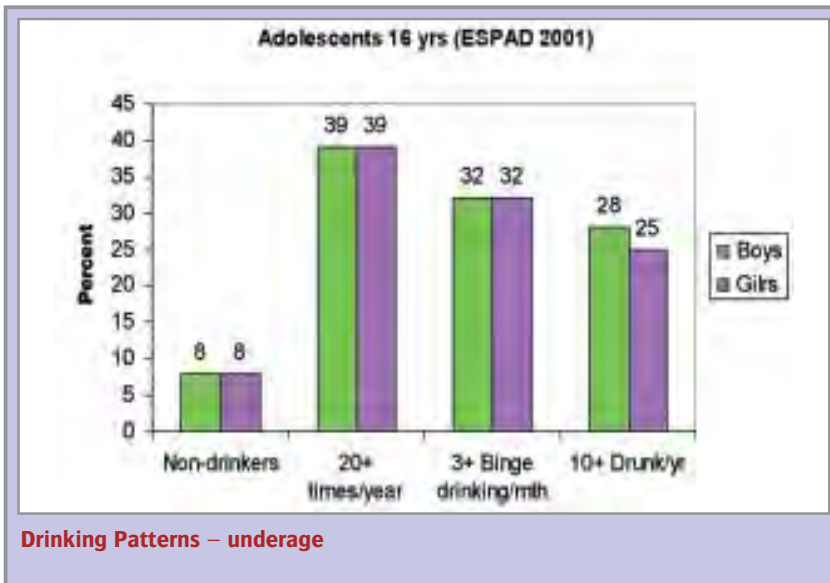
Dr Hope's role as advisor to the Irish Government on alcohol policy means that there is a drive towards minimising the problems which are in danger of making the national stereotype a national disaster. It is necessary, she said, to regulate availability, control promotions, enforce deterrents, provide treatment and education, and encourage alternatives.

Although strides are being made in some directions, Ireland is facing the same tendency towards deregulation as other European countries. Longer opening hours were introduced by the Intoxicating Liquor Act of 2000. There was in operation an alcohol price freeze. These combined with the increased wealth of the nation, and especially the disposable income of young people, to make counter-measures all the more urgent.

Dr Hope summed up the challenges that lay ahead in Ireland. There was hope that the population was increasingly aware that the level of alcohol consumption played an important and detrimental part in public health. Hard decisions faced the Government and it was important that public support was mobilised to make these politically realisable. It was vital that best practice was shared –

Celtic Myths – the challenge for Ireland

Dr Michael



hence the importance of the establishment of an NGO which could help co-ordinate efforts and make representations to Government – and that evidence-based research was developed. Ireland needed to work within the European Union and the single market in order to foster integrated strategies which would be effective.

If Ireland is not to be personified by the familiar image of Brendan Behan carousing towards the grave, then action is needed now. The message to come out of the Croke Park Conference was one of determination.

At the Croke Park Conference, Dr Michael Loftus was interviewed by Andrew Varley.

Dr Loftus is the founder of Dothian, an organisation set up to tackle alcohol abuse in the Republic of Ireland. As

Ireland’s Eurocare representative, it was Dr Loftus who was mainly responsible for organising the Croke Park Conference. He is a well known figure in Ireland and was President of the Gaelic Athletic Association, whose HQ is Croke Park.

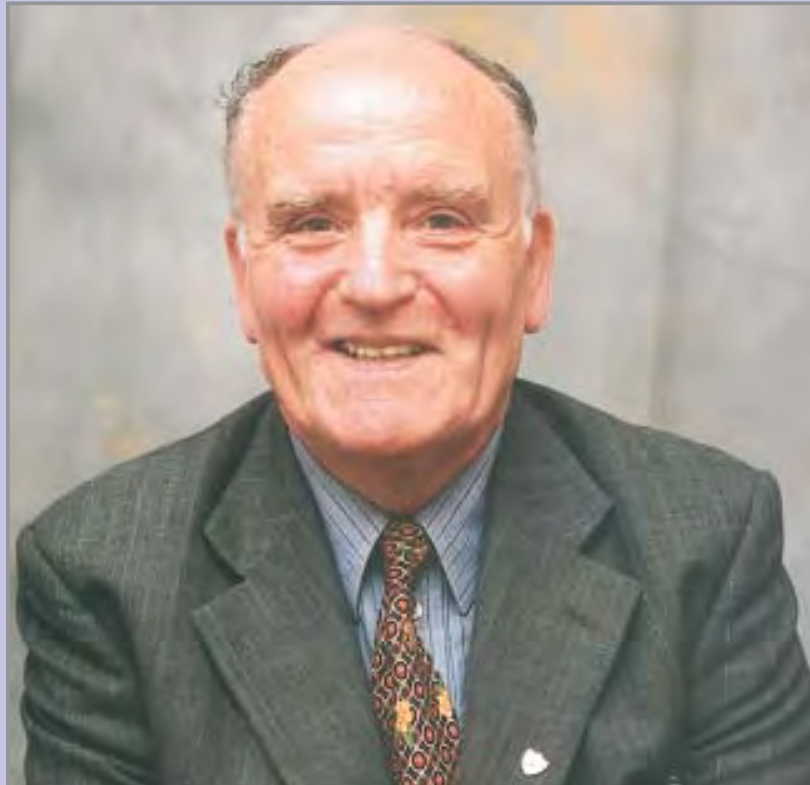
AV: All doctors, of course, have some involvement with alcohol problems, but you have brought them to the centre of your professional life and become a recognised expert. How did this come about?

ML: I had a pretty good view of the problem from an early age. My mother died when I was seven years old. My father was a policeman. From that age I was brought up by my aunt who ran a bar. I had plenty of opportunity to observe, you might say.

Then, of course, I was a medical student. I qualified in 1955 and have practised in County Mayo ever since. In 1972 I became Coroner for North Mayo, a position I still hold. It didn’t take long, either as a country GP or as someone presiding at inquests, to see how much damage was done by alcohol - accidents, suicides, violence, drownings - especially to young people. I began to speak out at



Loftus interviewed



Dr Michael Loftus

inquests when alcohol was involved and this, in turn, made me look at what was happening in my own practice. It was easy to see that so often we were treating symptoms: that alcohol was playing a huge part not only in the patient's illnesses but in family problems - such things as abuse and financial difficulties. It became clear to me that out of a local population of 3,000 there were at least one hundred people you could describe as alcoholics.

Of course, it was easy to see that the problem went far beyond dependent drinkers. Just look at what is happening in Ireland today. Weekend drinking, especially in these affluent times, brings a crop of fatalities - four or five reported in the press every Monday.

AV: With another hat on, you have had a close association with sport in Ireland. What is happening there?

ML: Well, I was the President of the Gaelic Athletic Association and so had a pretty good view of the influence the alcohol industry wields over sport as a whole. Not only through the boozey image of some games but through sponsorship, alcohol is a major feature. What sort of message does this give to young people? It simply isn't fair to them. Even fashion shows are today sponsored by the industry. The message is coming at young people from all angles. Government figures bear this out. 70 per cent of sixteen year olds in Ireland drink regularly.

AV: Michael, you always wear the Pioneers pin in your lapel. Has that

organisation been a major influence in your life?

ML: I joined as a boy, partly because I was a keen sportsman and I could see the effect alcohol could have on some of my friends. My father was a Pioneer: he drank as a young man but never after my mother died. The pioneers still have 250,000 members in this country.

AV: It has always struck me that there were two crucial elements in your approach to alcohol problems: the man of science and the man of faith. Do practising as a doctor and being a faithful Catholic weigh equally with you?

ML: Yes, I think that's true. I founded Dothain in 1995 in response to concern for the problems I saw in my professional life but it was clear that these problems went far beyond the medical. As in everything, quiet prayer is a great help.

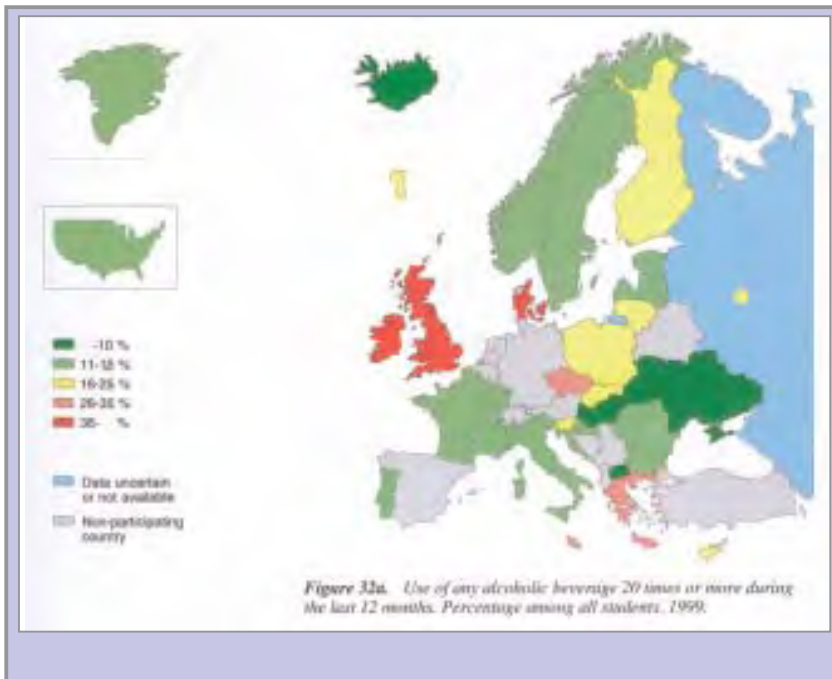
AV: At the conference in Croke Park - a place full of sporting memories for you - Dr Ann Hope said that the idea that this is a nation of drunkards, the Irish Myth, as she put it, was in danger of becoming a reality. What do you see happening?

ML: The encouraging thing is that the Health Minister appears to be ready to tackle the problem, though we should not minimise the political difficulties.

We need to challenge the link between sport and alcohol and the effect that has on youth. The whole area of promotion - advertising, marketing, opening hours - is something which has a huge effect on the scale of the problem.

AV: What do you hope will come out of the conference?

ML: The best practical result would be a really effective NGO which could lobby the Government and speak with authority. The country is ready because the problem is all too obvious. We need to speak up and get things done.



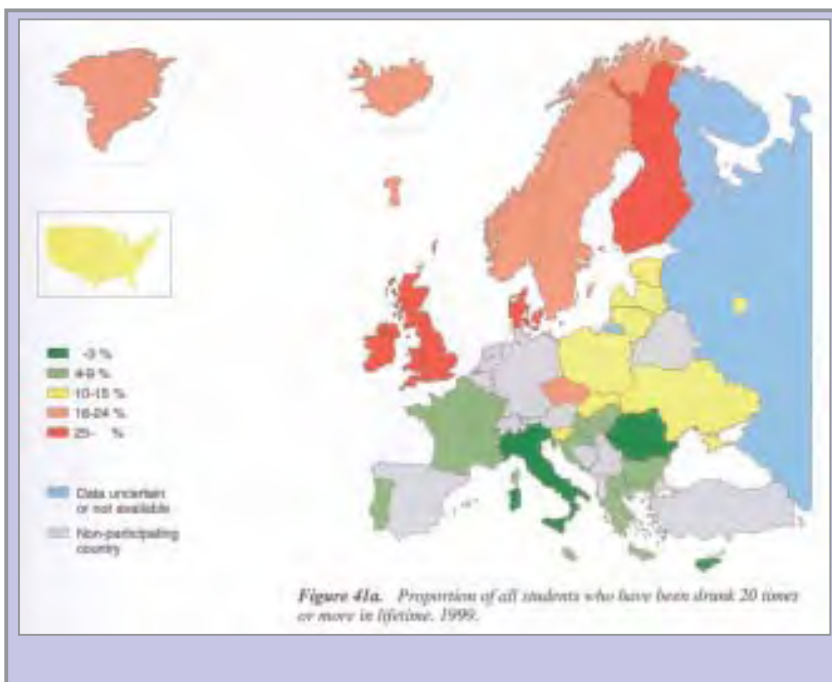
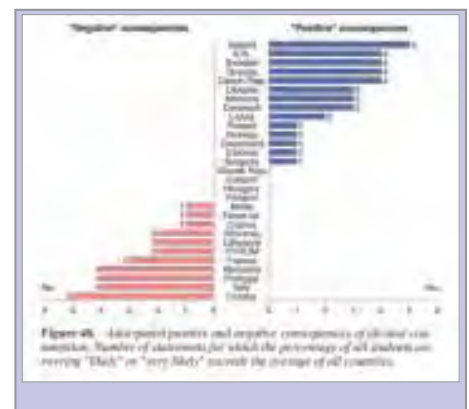
occasions during the last 30 days ...The most pronounced increases are found in Poland and Slovenia. Other countries with increasing figures include Denmark, Iceland, Ireland, Malta, Norway, and the United Kingdom.” (Fig 16b).

As to the proportion of students who have used alcohol during the last twelve months, at least 90 per cent reported this in seven countries, the Czech Republic, Denmark, Greece, Lithuania, Malta, the Slovak Republic, and the United Kingdom (Fig 32a).

The report says that in “the large majority of countries more than half the students in this age group have been drunk at least once in a lifetime”. The largest proportions were found in Denmark (89 per cent), Finland, Greenland, the United Kingdom (76 per cent), and the Czech republic (75 per cent).

Denmark (41 per cent), the UK (29 per cent), and Ireland (25 per cent) head the rankings of those who have been drunk at least twenty times in a lifetime (Fig 41a).

The students were asked where they usually consumed alcohol. In about half the countries “at someone else’s home” scored the highest. The second most popular venue was at one’s own home. As far as the consequences of their alcohol consumption were concerned, it is significant that those who imagined that these would be positive were found in those countries where consumption was highest. (Fig 46).



NZ Government Soft on

Sally Jackman, Executive Director of the New Zealand Drug Foundation

The New Zealand Government is treading softly when it comes to alcohol advertising. A paper outlining options for an independent review of alcohol advertising policy was not considered at a recent meeting of the Ministerial Committee on Drug Policy. Instead Ministers chose to discuss improving industry self-regulation with the Advertising Standards Authority (ASA) as a first step. The ASA is the self-regulatory body responsible for administering the voluntary code of practice on alcohol advertising.

This comes as a disappointment to public health organizations, calling for an independent and fundamental policy review. Such lack of progress seems incongruous with the Ministry of Health's own position. In 1998 the Ministry recommended that a complete ban be placed on all broadcast alcohol advertising.

The New Zealand Drug Foundation and numerous other public health organisations also want a ban of alcohol advertising on radio and television.

In a paper prepared for relevant Ministers last year, health officials said, "advertising controls may be a valuable harm minimization strategy to reduce alcohol-related harm. Controls also signal concern about alcohol-related harm and encourage society to support policies aimed at reducing these harms. However, these controls may have significant economic costs and may impact on rights to freedom of [commercial] expression".

Calls for a ban have come amidst growing concern in New Zealand and internationally about alcohol-related harm. Teenage binge drinking is of particular concern. The increasingly common spectacle of drunken teenagers in public places has many New Zealand communities and local governments worried.

Public health organizations in New Zealand have been heartened by international statements like the WHO Declaration on Young People and Alcohol made in Stockholm in February.

The declaration puts our efforts in an international context and gives weight to arguments for stricter controls on alcohol advertising. The declaration says public health policies on alcohol need to be formulated by public health interests, without interference from commercial interests. It calls for countries to undertake national measures to minimize pressures on young people to drink, including pressures of advertising and sponsorship.

The declaration is relevant for New Zealand as a previous government required the main alcohol advisory body to specially consult with the alcohol industry. This decision was recently reversed with a change of government. The declaration adds weight to this decision.

Rules governing alcohol advertising were relaxed in New Zealand in a series of policy changes. Since February 1992, alcohol brand advertisements have been permitted on television after 9pm. Since then alcohol advertising has become a major earner for the advertising and broadcasting industries and alcohol companies have become

important sponsors of sports programmes on television.

An independent review of alcohol advertising would be a step forward but it is likely to meet with vigorous opposition from the liquor, advertising and broadcasting industries.

The ASA says self-regulation is working well. In 1998, it appointed a review team to examine broadcast advertising. The review team recommended that broadcast advertising should continue and said there was insufficient evidence to indicate a definitive link between alcohol advertising and alcohol-related problems. The review team cited the declining trend in alcohol consumption, which continued even after broadcast advertising of alcohol was allowed, as an argument against the need for an advertising ban.

However, public health organizations say a variety of factors, such as tougher economic times and effective use of various harm-reduction strategies have contributed to the steady decline in alcohol consumption since the 1970s until recently. In our view, the review team's shallow analysis of alcohol consumption trends fails to note that while fewer people are drinking, those who are drinking - particularly young people - are drinking more than before and handling it worse.

Annual surveys carried out by the Alcohol and Public Health Research Unit, University of Auckland, in the 1990s showed that 14-17 year old drinkers were drinking increasingly large amounts per drinking occasion.

In another New Zealand study, which monitored drinking among a large group of young people from age 9, it was shown that the extent to which they responded positively to alcohol advertisements at age 15 and 18 predicted heavier drinking at 21. This heavier drinking was in turn linked to self-reports of aggressive behaviour.

Another argument, which has been used to counter calls for an advertising ban, is that it restricts freedom of commercial expression. A

Alcohol Advertising

private members Bill to introduce health warning labels on alcohol containers was voted down last year when it was suggested that it might contravene the New Zealand Bill of Rights Act. However, a legal opinion commissioned by the non-government organisation, Alcohol Healthwatch, says a ban

on alcohol advertising would not contravene the Act if the health gains to be made outweighed concerns for freedom of commercial expression.

A fundamental policy review is still a possibility but is not the first choice for action by

Ministers at this time. The New Zealand Drug Foundation believes that a fundamental review by Government of its policy is essential to ensure that public health interests take precedence over commercial interests in determining New Zealand's policy on alcohol advertising.

Alcohol marketers find compassion in Bush's Conservatism

David Jernigan, The Marin Institute, San Rafael, California.

George W. Bush has passed his first 100 days in office as American president, and it is a new era in Washington. Gone are the scandals and the government spending initiatives of the Clinton years. In their place are tax cuts, talk of faith-based initiatives and compassionate conservatism.

What signs are there of how alcohol will fare under the new regime? The Bush family's first Clinton-esque embarrassment is reminiscent of revelations during the campaign that George W. himself was arrested for drinking-driving in his early thirties: the President's nineteen-year-old daughter Jenna was picked up by police at a popular club and charged with possession of alcohol by a minor (the legal drinking age is 21).

Yet it is likely that her father will treat her offence as a "youthful indiscretion," the same phrase often used to describe his own arrest for DUI, as well as allegations during the campaign that he had used cocaine. Of perhaps greater interest than the event itself was the beverage she was accused of possessing: a "substance resembling beer,"

according to undercover police officers. The US is awash in such substances this year. Anheuser-Busch, brewer of Budweiser and 49.8 percent of the domestic beer sold in America, has found success with Tequila, its tequila-flavoured beer.

But the main event in "beer-like substances" is the coming into their own of alcoholic lemonades in the US market. This phenomenon is old news in Australia and the UK. Bass' Hooper's Hooch introduced the category across the US in 1997. After a slow start, Hooch was tagged the third hottest brand last year by the country's leading alcohol industry periodical. However, the big players in the US market, fearful of attracting the public and governmental criticism that alcopops received in the UK, held back from introducing



George Bush Junior and senior

competing brands until last year. Then, in late 1999, a small Vancouver-based company introduced Mike's Hard Lemonade. Sales of this 5.4 percent alcohol product have been sufficiently strong to enable it to beat out Hooch for second place on the "Hot Brands" list.

Mike's success won the notice of giants such as Anheuser-Busch and Seagram (now mainly part of UK distilled spirits giant Diageo), who brought out alcoholic lemonades of their own in 2000, battling "Mike" with such fictional characters as "Rick" (Seagram) and "Doc Otis" (Anheuser-Busch).

Earlier this year, the advocacy group Center for Science in the Public Interest fed the

controversy over whether these new products are aimed at youth when it began releasing results from focus groups of teenagers confirming that the products were indeed attractive to them. National and local news media ran stories featuring on-the-street interviews with high school students attesting to the products' ability to help young people get the buzz of alcohol without having to put up with a strong alcoholic taste.

Additional heat on the alcohol industry's marketing practices came from a major story in the Wall Street Journal about efforts to use the Internet to sell alcohol to kids. Nominal safeguards such as the requirement to enter a date of birth are ineffectual barriers to web sites that feature opportunities to download teen-oriented popular music, play games and check out colourful and mostly sweet drink recipes.

Philip Morris's Miller Beer found a new angle for Internet marketing. Inside its 12-packs of Miller beer, it packaged a free Miller Racing CD-ROM that tied in with Miller's sponsorship of professional auto racing as well as its website. In a game that simulated the video arcades popular with teenagers, users of the CD-ROM could build their own racing car on their computers, and then compete in auto races either on the CD-ROM itself or with others via Miller's web site.

Syndicated television news show Inside Edition sent its camera crews to cover the parties sponsored by alcohol producers during the spring school holidays. Protests over these events in recent years have forced the producers to move them off of US soil, and this year the cameras tracked busloads of young Americans travelling to Mexico and Panama to party.

The news cameras documented two new trends: a growing number of high school students joining what had been largely a college-aged crowd, and an expansion of the presence of distilled spirits companies. Although the beer companies were still out in force, Bacardi made an even bigger showing. Bacardi buses treated students to free drinks as they carried them from the beaches to clubs where male and female strippers threw glow-in-the-dark Bacardi souvenirs into the crowd. Bacardi also hawked its rum from counters and stages on the beaches themselves.

Whisky producer Cutty Sark kept its promise made last year to give the brewers a run for



their marketing money by taking its "Booze, Babes and Bands" approach south of the border as well. The "Cutty Shark" buses gave an ironic twist to what many would consider predatory marketing.

This latest marketing push comes at a time when gains in the prevention of alcohol-related problems among America's young people have slowed or ground to a halt. There are approximately 10 million drinkers in the US between the ages of 12 and 20. More than 15 percent of this age group report binge drinking, and nearly seven per cent are heavy users. There has been little change in these statistics in the past five years. The percentage of young intoxicated drivers killed on the nation's highways has also flattened out at roughly 21 per cent.

Back in Washington DC, lawmakers recently sought to counter the ongoing onslaught of marketing to young people by proposing that the nation undertake a media campaign to curb underage drinking similar to the one billion dollar campaign that Congress has funded to combat illegal drug use.

The illegal drug media campaign has been run by the Office of National Drug Control Programs, home of the nation's "drug czar." With the new administration has come a new drug czar, who on first glance is bad news for prevention and treatment. A close associate of the nation's first drug czar William Bennett, nominee John P. Walters is a law-and-order conservative who favours interdiction and enforcement over education and treatment. However, in a book he co-wrote with Bennett in 1996, Walters called for limits on alcohol availability and advertising as one means of breaking the link between alcohol use and crime.

The nation's brewers in particular, however, can be counted on to keep any such proposals off of the table. After years of heavy campaign contributions to both parties, the brewers and their close allies the National Beer Wholesalers

Association have pinned their hopes on a tax cut of their own. Jeff Becker of the Beer Institute has tagged rolling back the 1990 increase in the federal tax on beer as a top legislative priority.

Bush's proposal for a \$1.6 billion overall tax cut has garnered much higher visibility than the alcohol tax, as well as criticism that it benefits only the rich. The alcohol tax cut, in contrast, is generally viewed as progressive, which may help the brewers in getting the break they are seeking.

The overall theme emerging from this administration is smaller government, less regulation, and lower taxes. There is at least one area, however, in which there has been little change from the Clinton era. The new president has continued to press Congress for the expanded authority it denied his predecessor to negotiate on a "fast-track" basis further trade agreements such as the proposed Free Trade Area of the Americas. Such agreements are notorious for extending to corporations the rights of individuals, including freedom of (commercial) speech, and protection against government actions that might impair a corporation's future ability to profit from its investments.

The alcohol industry's use of its apparent rights to unlimited speech in predatory marketing provoked protest in the last administration as well, and the most recent federal investigation of alcohol marketing to young people culminated in a 1999 report by the Federal Trade Commission. While the report documented that US alcohol producers had repeatedly violated their own codes of good advertising practices by targeting young people via the Internet, broadcast media and new product development, it called only for further self-regulation.

In this environment, the alcohol industry has relatively free rein to target young people with impunity. Possession of alcoholic beverages by a minor is a misdemeanour, and presidential daughter Jenna Bush will probably have to pay a fine for her failure in self-regulation. To the company that designed, produced, and marketed the product to her, in contrast, her father may give a substantial tax break. Apparently corporations are to receive the rights of individuals, but not their responsibilities.

Alcohol the ambiguous molecule

Alcohol the ambiguous molecule

By Griffith Edwards

Penguin Books,
ISBN 0 -14 - 026666-6,
230pp,
£7.99 (Canada \$19.99)

If alcohol is indeed an ambiguous molecule to both the author and the reader, this book is anything but ambiguous. Professor Edwards has written a clear account of the enigma, which alcohol certainly is, in fourteen chapters, followed by a list of references for further reading, and an index. This book is a journey of many kinds: it takes us through history, religious and other societal attitudes, traditions and myths, the psychology of drinking, the scientific basis of what alcohol does to the drinker, the medical treatment of those who develop alcohol-related problems, and what we should expect in the future in relation to alcohol; perhaps at least a future without ambiguity. The book gives the ordinary reader a full account of what s/he needs to know about this ambiguous molecule in the simple, clear and succinct style for which this distinguished author is renowned.

The book starts with an introductory chapter, a voyage around the structurally very simple, but otherwise ambiguous, molecule of ethyl alcohol or ethanol, how its production through fermentation was discovered by chance, how the strength of the alcoholic beverage can be increased by distillation, the importance of blood-alcohol levels in assessing the effects of alcohol, why such levels vary from one individual to another, and how alcohol can be



a pleasure to take in small doses, but a poison if taken in excess. The second chapter is a journey around alcohol transformed by religion and popular culture. Thus, we learn the views of the main religions on drinking alcohol, myths and lay rituals about it, that the French consider wine as their emblem, while drinking beer is very much a feature of the British, and the development of that very British institution, the pub.

The third chapter considers the history of drunkenness, the serious views the church held on it, the legislation in 1552 against it as a public offence, and finally the transformation of drunkenness as a public health issue with the introduction by Parliament of the Gin Act of 1736. In this chapter, we learn about the many types of ales (scot-ales, bid-ales, help-ales and bride-ales), we picture a vivid street scene of mass gin drinking, and learn how the founder of the Salvation Army, William Booth, described gin as the "lethe of the miserable".

The fourth chapter, entitled "Thomas Nash's Menagerie" tells us about this latter author's earlier typology of drunks, including "ape", "lion", "swine", "sheepe", "mawdlen", "martin", "goate", and "foxe" or "craftie" drunks, and provides explanations of the varied and unpredictable effects of alcohol on individual behaviour.

We learn about disinhibition of behaviour, changes in temperament, cueing, and the role of culture. Professor Edwards concludes that "...Society wants drink and then has to practice the risk management of drunkenness. Sometimes, however, factors will conspire to mould the drunkenness into antisocial manifestations, and then in a moment of lion drunkenness someone may draw a dagger". Aggression indeed!

In the next chapter "Alcohol is a drug of dependence", we study four different cases to learn what alcohol dependence looks like, how the dependence progresses and what its consequences are to the individual and those closest to him or her, and find out why only a minority of people develop dependence, and learn about genetic and non-genetic risk factors.

Society, Professor Edwards says "-from the level of individual citizen to the highest reaches of government should be more aware that alcohol belongs to the class of drugs that can produce dependence".

Chapter 6 takes us on a tour of the "American prohibition experiment", an operation "poorly conceived, administratively flawed, underfunded, outmatched by the forces arrayed against it, and disastrous in its handling of public relations". A turning point came with the realization that alcohol problems are not simply the product of "drunkenness", but one of loss of control and a propensity to get drunk; "the alcoholics became good guys" and

the disease concept was thus born (chapter 7). The birth, philosophy, aims, and subsequent development and success of the “Alcoholics Anonymous” movement are described in Chapter 8 and it is heartening to know that “it works for at least 50% of those who make contact with it”; a rate better than many a placebo, not to mention a few therapies in medicine.

The history of alcoholism treatment is described in chapter 9. It has come a long way from prescribing consumption of 231 lemons over exactly 29 days to the more precise and sophisticated drugs used today. An earlier and not very effective treatment involved the drug apomorphine, whose proponent was a Dr Dent. His charismatic personality was more helpful to his patients than apomorphine, leading a commentator to remark that “Dent without apomorphine would be more therapeutically powerful than apomorphine without Dent”, thus illustrating the now recognised value of psychological support in therapy.

In the following chapter, we are told of the mysterious essences of treatment with a case history illustrating many fundamental aspects of alcohol dependence and the attitudes of doctors towards its treatment. The main message here is that each patient has his/her own special characteristics, circumstances, and condition and, hence, specific treatment needs, which must be addressed through a flexible, matching and unbiased treatment strategy. The origins and establishment of the idea that “once an alcoholic, always an alcoholic” are discussed in chapter 11, in which research shattering this concept, or “science triumphing over prejudice”, and the feasibility of a return to “controlled drinking”, at least by moderately-dependent younger patients, are reviewed.

Chapter 12 is devoted to the potential use of the alcohol “molecule as medicine”. It seems that alcohol as a medicine had a full and long history, spanning from Asclepiades (131-40 BC) (a treat-all medicine), through St Paul (for stomach sake) to 19th century physicians (all fevers, diabetes, snake and dog bites and wasting diseases).

The size of the drinks bill run by the London and other hospitals became a source of worry (as it would be now!), but, more significantly, “the danger of medically-induced dependence

was an anxiety which began to tell against the profession’s reliance on alcohol”. The medical profession could of course be excused for its reliance on alcohol as a cure-all since the days of Asclepiades, but thankfully no more after the arrival of the more specific sulphonamides and penicillin, not a minute too soon, regrettably only in the 1940’s. Recently, however, the use of small amounts of alcohol as a health aid has regained popularity with the demonstration of its cardioprotective properties.

Professor Edwards assembled a hypothetical jury panel to examine the case for and against this new application, and their verdict could be that “.. for men over forty and women past the menopause, alcohol perhaps .. gives a degree of protection against heart disease”. But in the light of recent findings, “what until recently looked like a firm scientific consensus that alcohol is good for the heart now goes back to being a hypothesis rather than anything near a certainty”.

In the next chapter, the author considers the dilemma facing the social drinker as related to the influence that level of drinking is likely to have on his/her long-term health prospects. We are told of scientific evidence for an increased risk of women developing breast cancer in proportion to the amount of alcohol they drink, from one drink a day upwards, the increased risk of liver cirrhosis in men drinking 5 or more drinks per day and in women drinking less than these amounts, and of a range of other health risks including high blood pressure and stroke.

As well as these long-term medical consequences, we also need to remember the role of drinking in road-traffic accidents, violence, and a range of negative social consequences. In an attempt to advise people on sensible drinking, governments have introduced “sensible” or “safe drinking levels”, but Professor Edwards argues that such messages are scientifically dubious and have been shown to have little impact on drinking behaviour, which has in fact increased since their introduction, not surprisingly perhaps, simply because “alcohol impairs sensible decision-making”!

Professor Edwards’ remedy is for the government to “put in place a range of external measures to support healthy drinking choices .. and to make alcohol less lavishly available”.

The final chapter considers the many ambiguities generated throughout history by the simple ethyl alcohol molecule, and asks whether the future will be ambiguous too. Will drinking alcohol go out of fashion, will society discover the ideal recreational drug to replace it, or will the future let alcohol rip?

Professor Edwards ponders the roles of the many players here: free market capitalism, deregulation, free competition, licensing hours, availability of sales outlets, culture and its changing patterns and fashions, the drinks industry’s marketing goals, governmental courage to exercise controls, increase taxation and legislate for its citizens. Professor Edwards suggests that “people themselves will increasingly ask their governments for polices on alcohol which better support the public interest”, and concludes that the “.. truth staring us in the face unambiguously” is that “around the corner, the only readily available and substantial way to ameliorate alcohol’s painful ambiguity is both for the individual and the state to take less of it”.

As well as being so informative, comprehensive and well written with great alacrity and humour, perhaps the greatest recommendation for reading this book is that it presents to the ordinary reader a rare opportunity to read a popularised distillation of current scientific and medical knowledge about alcohol by a world expert with a lifetime experience of distinction in this field.

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Further publications available from the Institute of Alcohol Studies

Counterbalancing the Drinks Industry

Counterbalancing the Drinks Industry: A Report to the European Union on Alcohol Policy

A response to a report published by the European drinks industry and a defence of the WHO Alcohol Action Plan for Europe.

Alcohol Policy and The Public Good

Alcohol Policy and the Public Good: A Guide for Action

An easy-to-read summary of the book written by an international team of researchers to present the scientific evidence underpinning the WHO Alcohol Action Plan for Europe

Medical Education

Medical Education in Alcohol and Alcohol Problems: A European Perspective

A review of educational programmes on alcohol and alcohol problems in European medical schools, identifying gaps in provision and proposing guidelines for a minimal educational level within the normal curriculum of under- and post-graduate medical students.

Alcohol Problems in the Family

Alcohol Problems in the Family: A Report to the European Union

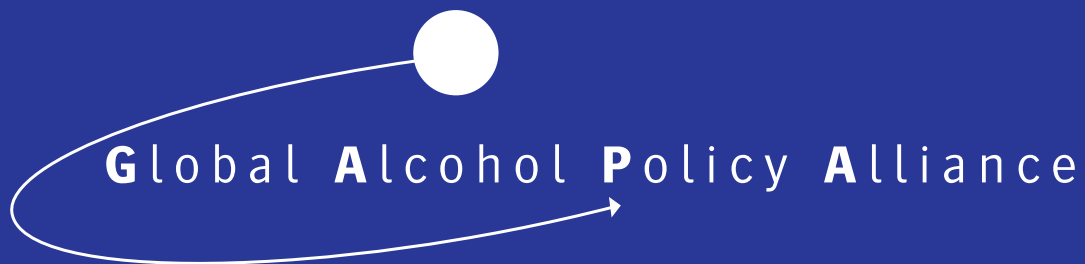
A report produced with the financial support of the European Commission describing the nature and extent of family alcohol problems in the Member Countries, giving examples of good practice in policy and service provision, and making recommendations to the European Union and Member Governments.



Marketing Alcohol to Young People

Children are growing up in an environment where they are bombarded with positive images of alcohol. The youth sector is a key target of the marketing practices of the alcohol industry. The booklet depicts the marketing strategies of the industry and shows how advertising codes of practice are being breached.





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