Issue 1 2009

# THE GLOBE


## GAPA Chairman receives life-time achievement award from the Royal Thai Government

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## Issue 1 2009




**THE GLOBE**

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# Editorial

# Advocacy for The Global Alcohol Strategy The Task for NGOs

Developing and implementing a strong and effective Global Strategy to Reduce the Harmful Use of Alcohol will require more than the dedicated and good work of the World Health Organization, alcohol researchers, and health professionals. It will require sustained advocacy by Member States, health officials, and, importantly, non-governmental organisations and civil society. That advocacy must occur on all political levels: national, regional and global, at least partly as a response - or counterweight - to the enormous resources that alcoholic-beverage industry interests are investing in influencing (and limiting) the content and evolution of the Global Strategy.

Advocacy is necessary to elevate the visibility of alcohol issues among the hierarchy of public health and non-communicable disease issues burdening humankind. Advocacy is necessary to demonstrate support for efforts within WHO for expanded efforts to control alcohol-related harm. It will also be helpful in encouraging potential donor states and/or foundations to provide financial support for global prevention efforts on alcohol, as they have on other pressing global health concerns. More fundamentally and immediately, advocacy is needed to educate World Health Assembly Member States and their delegates about alcohol-related harm prevention policies and the opportunities to enact them. Over time, advocacy can help build on the Global Strategy to create increasingly more powerful regional and global policy mechanisms and understandings to combat the spread of alcohol problems around the globe. A strong global network of NGOs represents the element of advocacy efforts to promote the implementation of global alcohol-prevention policies.

What must be done? First, and foremost, NGOs which care about alcohol and health must become better organised on all levels, including the global level. Organisation will require identification of relevant NGOs; consistent inter-group communication; agreement and assertion of specific (and perhaps limited) common (short and long-term) objectives; and the ability to communicate effectively, as a collective voice, with policy makers, health officials, issue specialists, and the media.

Advocacy requires clear goals and objectives, and the creation of strategies to move the alcohol issue forward. In the short term, our mission must be to educate national health leaders - including delegates to the World Health Assembly - and national media about alcohol-related harm prevention issues and what is needed. NGOs concerned about alcohol problems must increase their visibility and advocacy efforts in capitals around the world, strengthening efforts to promote passage of the Global Strategy and assure its robust implementation.

Those efforts would include initiatives to shine media attention on the anti-health interests of alcohol marketers and their many marketing and sales practices that should disqualify them as partners in the development of global policies to reduce alcohol harm. Advocacy must include actions to neutralise - to the extent possible - the influence of alcohol producers and other vested interests on the political process. Advocacy must develop leadership among, and bring together, young people, parents, health and law enforcement professionals, women, and other key constituencies.

These groups and leaders must initiate and develop contacts with national policy makers, and promote the inclusion of technical alcohol experts in country delegations to the World Health Assembly. The generation of communications from "grass roots" representatives (health, social, economic, public safety, and other "influentials") will also be helpful to secure official and media attention at the national level.

We must also build the NGO presence on alcohol issues in Geneva, in particular before and at the meetings of the Executive Board and the World Health Assembly, where so many important global health issues compete for attention. In part, NGO visibility on the alcohol issue will help balance a massive presence by representatives of numerous alcoholic-beverage interests; it will also encourage Member State mission to focus on global alcohol harm. During the next year, we must collectively work more closely, intensively, and strategically with those Member State missions which support global initiatives to prevent alcohol-related harm and develop a structured means of interaction with WHO operatives responsible for the development and implementation of the Global Strategy to Reduce the Harmful Use of Alcohol.

Additionally, we must reach out to representatives of other national missions in Geneva to explain the alcohol issue and echo messages that health officials and policy makers have received from alcohol-related harm prevention activists at home. Above all, the global alcohol NGO "movement" must become vocal, visible, and visionary if we are to succeed in strengthening and expanding the global response to alcohol harm.

Although we can continue to operate with the modest resources that GAPA, its members, and others have invested in monitoring and promoting the Global Strategy "process" at the WHO, additional support, wider NGO participation and quasi-permanent Geneva presence would be helpful in upgrading the seriousness and potential successes of our efforts.

Our advocacy efforts need a consistent presence in Geneva to reach out regularly to our allies; broaden our contacts with national mission representatives; communicate up-to-date issue information to NGO participants and their national constituencies and generate timely advocacy on their part; providing on-going consultation to WHO - directly or through member NGOs; and demonstrate critical support for WHO initiatives. WHO might help facilitate this process by recognising an NGO liaison organisation that could fulfill those functions and serve as an established communications conduit to a large, global constituency. Alternatively, WHO could also assist by proving start-up funding or by endorsing funding proposals to other potential sources of financial support.

GAPA's involvement to date in the evolution of the Global Strategy and its political dynamic suggest that it could be a suitable candidate for such a liaison role.

NGOs must make our voices heard on alcohol issues at the global level. Ultimately, those voices originate at the national level and are concentrated and amplified by organised young people and health and safety activists working at the global level. WHO needs to hear our message, as do WHA members. Establishing a base for those contacts is an essential part of global advocacy for safe and healthy alcohol policies, and an important contribution to WHO's efforts to reduce alcohol-related harm.

**George Hacker**
**A member of the Board of GAPA**
**Director, Alcohol Policies Project**
**Center for Science in The Public Interest, Washington DC**

# Progress on Global Alcohol Strategy

**A web-based public hearing was conducted by WHO during October/November 2008. This was followed by separate consultations with the economic operators (alcohol producers and related industries) and international NGOs and health professionals.**

The consultation for NGOs was held in December 2008.

GAPA issued the Statement below to the web-based hearing:

## WHO Global Strategy GAPA Response

The Global Alcohol Policy Alliance (GAPA) welcomes the decision of the WHA to call upon the WHO to develop a global strategy to combat the harmful use of alcohol. GAPA, established eight years ago, is a world-wide alliance of regional and national NGOs and Institutes. Its governing board is drawn from members covering all continents. GAPA's mission is to "reduce alcohol-related harm world- wide by promoting science based policies independent of commercial interests".

We note that WHO is particularly interested in getting views on integrated approaches that can protect at-risk populations, young people and those affected by the harmful drinking of others.

**Young People**

For policies to be effective in both the short term and the long term they must involve youth.

The World Development Report has emphasised the **'importance of developing human capacity in youth'.** GAPA respects the role of youth. Youth have a right to their own voice and to be heard when policies are being formulated that will have a direct effect on their lives. **The involvement of youth is especially important in the developing world.**

The World Bank has pointed out that the developing world's 1.3 billion young people aged 12-24 are the next generation of economic and social actors and emphasises that *'as a result of epidemiological transition from communicable to non-communicable diseases…. young people are exposed to a different range of health risks than before'.*

The report goes on to warn: *'missed opportunities to invest in and prepare this generation will be extremely costly to reverse, both for young people and society'.*

At the same time it must be recognised that the alcohol problem is not just a matter of the inappropriate drinking patterns of young people. Young people are also affected by parental drinking problems and some, even before their birth (foetal alcohol problems). They can also be harmed by anti- social behaviour, accidents at home, work and on the roads, caused by the drinking of others.

**Effective strategies to reduce alcohol-related harm**

To combat harm effectively, strategies must embrace a public health, whole population approach, complemented by targeting at-risk groups. Strategies also need to tackle both supply and demand. Effective population strategies are well documented. Among them are: price; hours of sale; minimum purchase age and outlet density.

Measures protecting third parties as well as the drinkers themselves include: drink driving safety measures relating to BAC limits, random breath testing and licence suspension and health and safety at work regulations.

The marketing strategies of the drinks industry are of significance globally and they require monitoring and regulating; particularly in the areas of advertising, sponsorship and production of new drinks that are targeted to attract young people. Market analysts recognise that the drinks industry is highly innovative and that new product development is a vital factor in its profitability. The 'rave' and 'recreational' drug scene in the 1980s and 90s in

the UK, for example, caused the industry to fear a loss of markets and it was seen by the industry as a major threat. This is clearly seen in Whitbread's Director of Marketing's remark: *"Young people seem less prepared to sip beer for hours, culturally they like short sharp fixes…the challenge for the industry is to make alcohol part of that choice."*

Similar marketing strategies are now being deployed in India. The President of UB Group Spirits Division in 2004 stated: *"The entire Indian map is changing. There has been a huge explosion of disposable income among the young; moreover social drinking has increased. And today users are looking for products that are aligned with global trends; the demand for new age flavours is increasing. The Indian market is ready for alcohol beverages with exotic fruit flavours".*

The UB Group's Financial Report 2006 states:

*'Youngsters seeking western lifestyles typically begin by drinking beer and move into spirits. The brand positioning of UB Spirit Brands is designed to attract these upwardly mobile and aspirational customers".*

The industry's marketing has a global outreach that contributes to similarities of patterns of drinking in different cultures. The influence of traditional protective cultures is on the wane. The world is experiencing the growth of a global drinking culture with patterns of drinking that are not dissimilar from one region to another. To avert the adverse effects of this trend requires a coordinated response at international, regional and national level.

WHO must appreciate why GAPA considers that the determination of a global alcohol strategy should be free of drinks industry influence. There is a role for industry in the implementation of policy and in adhering to the required standards. Their role is to market their product responsibly, to comply with national rules and regulations, to provide appropriate training for those who sell and serve alcohol. However, the industry should not be permitted to obstruct the formulation of alcohol policy. GAPA supports the WHO Europe Ministerial Conference declaration of 2001:

**"Public Health policies concerning alcohol need to be formulated by public health interests without interference from commercial interests".**

WHO will need to offer bold and courageous leadership and to safeguard the integrity of the alcohol policy strategy. To achieve these ends it will be important for the WHO to enter into partnership with a broad range of civil society and professional networks. These will include specific non-governmental alcohol policy and prevention organizations and importantly more general bodies such as international development agencies, justice, health, social and safety agencies, youth organisations and research institutes.

WHO also has an important role in enlisting the support and cooperation of other United Nation institutions by seeking to establish an inter-agency working group with ILO, UNESCO and UHDP.

SEARO, WPRO and EURO reports and resolutions adopted by their respective Committees have mentioned the challenge to policy arising from trade liberalisation and its adverse impact on alcohol prevention policies. The WHO should invite representatives of the FAO, WTO and the World Bank to the inter agency group, if established, in order to encourage an appreciation among such bodies that alcohol is no ordinary commodity and enlist their support to enable the implementation of effective policy to reduce harm.

The strategy needs to address the millennium goals. There is a relation between alcohol and poverty that can have a deleterious impact on sustainable development. As well as the economic consequences, there is the fact that alcohol-related mortality is often highest among the poor in society. International Development Agencies have an important role to play in raising awareness about the issue and in seeking ways to address the inequalities exacerbated by problems relating to alcohol. It would appear appropriate for WHO to organise a workshop for International Development Agencies to discuss the matter.

**What GAPA can contribute**

GAPA sees its future role in terms of supporting WHO by the creation and fostering of supportive networks at global and regional levels able to disseminate relevant information, provide policy advocacy and to undertake specific tasks such as the monitoring of alcohol marketing. Its international journal, the GLOBE, has very wide global circulation and keeps its readers abreast of the latest information and developments in the field of alcohol policy

Since its inception, GAPA has been developing NGO regional networks in order to provide a forum for alcohol policy advocates and to bring to the attention

of governments and non-governmental agencies the social, economic and health consequences of alcohol consumption and related harm.

Impressed with the success of EUROCARE (the European Alcohol Policy Alliance), GAPA has developed similar networks in the Asia Pacific Region (APAPA) and in India (IAPA). Recently it has supported the successful establishment of the first Alcohol Policy Youth Network in Europe and is advising on the development of a youth network in Nigeria. It is planned that these networks will link up with those in the Asia Pacific region (such as the Thai Stop Drink network) to encourage the growth of a global alcohol policy youth network.

In tackling all of these challenges, WHO will need the assistance and support of NGOs and civil society organizations at all levels. NGOs have particular strengths that make them valuable partners of governmental organizations:

- The capacity to work with a whole range of other bodies in health, social services, education, transport and industry and commerce;
- Effective ways of mobilizing community resources, attracting people and persuading them to give of their time and skills;
- Flexibility in identifying and responding to needs without being weighed down by top-heavy decision-making structures that stifle innovation;
- To mobilize civil society for the promotion of alcohol policies which safeguard individuals, the family and society from the negative consequences of alcohol abuse;
- Establishing appropriate coalitions: forming alliances with other NGO's on specific issues that they have in common;
- Delivering cost effective services.

**Conclusion**

One of the successes of the WHO European Alcohol Action Plan was the adoption in 1995 of five ethical principles in relation to alcohol by the WHO Ministerial Conference in Paris and their reaffirmation at the Ministerial Conference in Stockholm in 2001. In our view, consideration should be given to endorsing these ethical principles as a call to action at the global level. GAPA recognises that there is no one-policy panacea. What is required from WHO is a list of policy options that have proven validity. From these options policy makers can choose and adapt them to their particular social, economic and political cultures.

When WHO has adopted its global alcohol strategy, GAPA will be prepared to work with WHO in gaining support for its implementation. Given strong leadership from WHO, the task of NGOs will be to mobilise civil society to accept ownership of the problem and help to create the political will necessary to successfully reduce the global burden of disease caused by alcohol.

For other responses to the WHO web-based public hearing see http://www.who.int/substance_abuse/activities/hearing/en/index.html

Note: David Jernigan's article 'Intoxicating Brands: Alcohol Advertising and Youth' on pages 16-19 of this issue of the Globe

# New Zealand Government supports Global Alcohol Strategy

The support of the Government of New Zealand for the development of a global alcohol strategy was given by Associate Minister of Health, Peter Dunne, in an address to open the World Health Organization Western Pacific Region Technical Meeting, held in Auckland, New Zealand in March 2009.

*Peter Dunne*

Welcoming delegates from around the WHO Western Pacific Region, including from countries such as China, Mongolia, the Republic of Korea and Japan, as well as nearer countries such as Australia and the Pacific Islands, Mr Dunne praised the Western Pacific Region member states for the work they had done over the last several years in working to address the harmful consequences of the misuse of alcohol. This culminated in the production of the Regional Strategy to Reduce Alcohol-Related Harm.

Mr Dunne emphasised that the harmful consequences of the misuse of alcohol are among the most significant risks to health globally. As far back as 2002, the World Health Report stated that the harmful use of alcohol was responsible for 4 percent of total disease burden and over 3 percent of premature deaths.

Mr Dunne commented that this placed alcohol in the same order as tobacco and so it was indeed timely that the World Health Organization was working to develop global agreement on how to reduce alcohol-related harm. He said that it was important to address issues such as the size and magnitude of alcohol-related health and social harms, defining what challenges require global attention and, given the diversity of member states, how a global strategy should address gaps and barriers at a national and regional level.

It was important to consider how a global strategy could contribute to increased political commitment, strengthen health sector responses, and provide support to community based action, as well as how a strategy should address issues concerning the availability, marketing and pricing of alcohol.

Mr Dunne continued:

"The task will not be an easy one given the complex nature of the issues surrounding alcohol. This is why it is so important that discussion is occurring at this global level, with so many countries represented at this regional consultation meeting, as well as at the other five regional meetings being organised by the World Health Organization…. As outlined in the WHO's discussion document, it is essential that communities are encouraged and empowered to identify and respond to issues at the local level.

The development of a global strategy will assist this to occur by providing recognition and support at an international level of the importance of community action.

This technical consultation meeting, while principally about the development of the World Health Organization's strategy, is also an opportunity for our New Zealand delegation to extend the national conversation about how we deal with alcohol in this country. The sharing of experience and ideas with colleagues from other jurisdictions is pivotal to the maintenance of healthy alcohol policies and legislative frameworks."

# Chief Medical Officer for England calls for Minimum Pricing of Alcohol

*Professor Sir Liam Donaldson*

A minimum price should be set for a unit of alcohol, according to Professor Sir Liam Donaldson, the chief medical officer for England, the most senior medical adviser to the UK Government.

The recommendation, made in his latest annual report on the state of the public health in England in which Sir Liam focused on the problem of "passive drinking" - consumption of alcohol which causes harm to people other than the drinkers themselves - came at a time of considerable public concern about the scale of alcohol problems in the UK, with a widespread belief that cheap sales of alcohol from supermarkets were partly to blame. Sir Liam's idea is that no alcohol retailer should be allowed to sell a unit of alcohol, in whatever beverage it is contained, below a minimum price set by law. Previously, the Scottish Government had made a similar proposal, but critics claim that such a policy might well be contrary to European Union law.

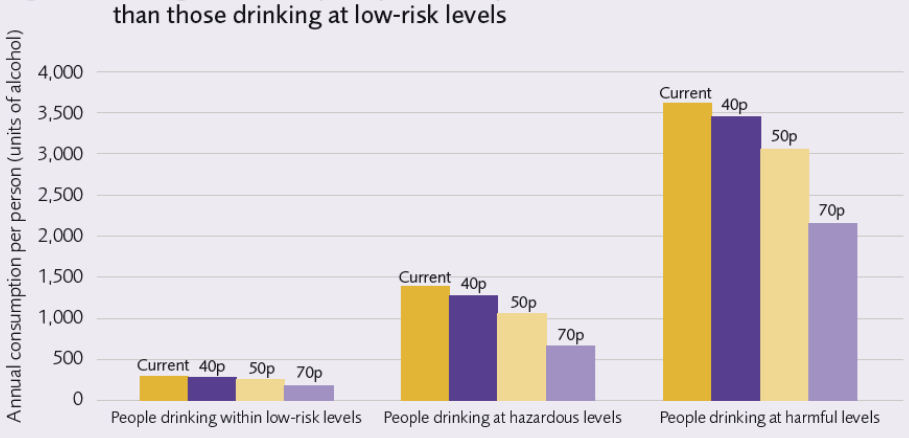
In his report, Sir Liam noted that over the preceding 20 years, the country's disposable income had risen faster than alcohol taxation, and alcohol had become ever more affordable. As a result, alcohol consumption had risen, and so too had the level of alcohol related harm.

In 2008, the UK Government commissioned research by a team at Sheffield University to examine how changes in alcohol prices would affect its consumption and related harms. The team analysed the likely impact of pricing changes on the population as a whole. They also specifically examined the impact on three groups of particular concern – drinkers aged under 18 years, 18-24 year old binge drinkers and harmful drinkers (women drinking more than 35 units per week and men drinking more than 50 units per week).

There was found to be a clear relationship between price and consumption of alcohol.

The researchers concluded that as price increases, consumption decreases, although not equally across all drinkers. Price increases generally reduce heavy drinkers' consumption by a greater proportion than they reduce moderate drinkers' consumption. The specific means of increasing prices can be targeted further to minimise the impact on those who drink at low-risk levels while significantly decreasing the consumption of those who drink above these levels. This is possible because those who drink more tend to choose cheaper drinks. Introducing a minimum price per unit of alcohol would therefore affect heavier drinkers far more than those who drink in moderation.

**Figure 3:** Setting a minimum price per unit impacts heavier drinkers far more than those drinking at low-risk levels




Source: Independent review of the effects of alcohol pricing and promotions, University of Sheffield, 2008

Sir Liam calculated that if the minimum price per unit were set to 50 pence, for example, this would decrease consumption by high-risk drinkers by 10.3%, while consumption by low-risk drinkers would fall by only 3.5%. For some high-risk drinkers, such a decrease would be sufficient to bring them out of the high-risk category and would benefit drinkers' own health. However, decreasing consumption of alcohol in this way would also substantially reduce the impact of passive drinking in England.

The Sheffield University team examined the impact of various potential pricing policies on health, crime and the wider economy. They concluded that positive benefits would be seen as soon as a pricing policy was implemented and that decreases in violent crime and workplace absence would be among the first effects. Other effects would take years to reach their maximum level as the benefits of decreased drinking accumulated.

Sir Liam argued that, after 10 years, a 50p minimum price per unit would be expected to reduce the annual number of deaths from alcohol-related causes by over one-quarter. It would reduce the annual number of crimes by almost 46,000 and hospital admissions by nearly 100,000. It would significantly reduce absenteeism and unemployment. Implementing this particular pricing policy would save an estimated £1 billion every year.

The work by Sheffield University provided a number of alternative solutions, including different minimum prices in on-trade and off-trade settings. For example, off-trade prices (applicable in off-licences and supermarkets) could be set to a minimum of 40p per unit. On-trade prices (at restaurants, bars and pubs) could be set to a minimum of £1 per unit. This policy also has an estimated benefit of nearly £1 billion per year.

Establishing minimum pricing requires government action. Supermarkets are particularly liable to sell alcohol at low prices. Currently, no single supermarket chain would increase its prices and risk losing customers to competitors, and Competition Commission rules prevent supermarkets working together to set prices. A minimum price per unit would overcome this problem and help reduce the harms caused by selling alcohol sometimes for as little as 11p a unit.

This recent research provides strong evidence for a clear and effective way in which the government can act to tackle the country's alcohol problem. It is vital that such action is taken urgently to improve the health of those who drink and to protect those whose health and well-being suffer because of the drinking of others.

# Action

**Charles Parry and Neo Mo**
**David Jern**

**Figures collected by the UN suggest that South Africa has one of the highest rates for murder and other crimes of voilence in the world and alcohol is deeply implicated. Here Charles Parry, Neo Morojele and David Jernigan, describe the problems and what needs to be done.**

Crime is a major issue on South Africa, with "contact" crimes (such as murder, rape, assault, and robbery) accounting for a third of the over 2 million cases of crime reported per year.[1] Adult per capita consumption of absolute alcohol among drinkers in South Africa is among the highest in the world at more that 17 litres per year [2] and alcohol has been found to be the third largest contributor to death and disability in this country.[3] The three largest contributors to the burden specifically related to alcohol included homicide and violence (40% of alcohol's burden), alcohol use disorders (15%) and road traffic injuries (15%).

Various categories of criminal behaviour have been identified as having alcohol links such as drinking and driving, homicide, domestic violence, other assaults, sexual violence, and child abuse. In particular there appears to be a strong link between alcohol use and homicides and purposeful injuries with between a quarter and half of such events being shown to be attributable directly to alcohol use. [4,5 & 6] Over the past decade there has also been a wealth of research coming out of South Africa

# for a Sober South Africa

**rojele, Alcohol and Drug Research Unit, South African Medial ResearchCouncil**
**nigan, Johns Hopkins Bloomberg School of Public Health, USA**

indicating a very strong association between alcohol, crime, violence, and injury.[7] Research conducted to assess factors related to intimate partner violence for example found that men who reported problem alcohol use were twice as likely to have committed violent acts against their partners in the past 10 years.[8] Research has also shown that women who drink are also more likely to be victims of violent act.[9]

In early 2008 Action for A Safe South Africa (AFSSA) was established by a number of civil society organisations and partners in business with the aim of "enabling every South African to contribute to making South Africa safe through sustained actions that prevent crime. A major goal of this initiative is to address the question of "How do we shift South African thinking, spending and action, from security, to preventative strategies for a safe South Africa?" Eight areas were identified for focusing preventive efforts: early childhood development; creating peace in the home; providing opportunities for youth; supporting victims of crime; harnessing the energy of all South Africans; reducing substance abuse; reducing gun-related violence; and rehabilitation of offenders. The first important step in moving forward was to hold a convention in Johannesburg in August 2008 to strategise the best way forward.

Two day workshops were convened for each of the eight areas above.

While a variety of substances are related to crime in South Africa,[10] it was decided to focus on alcohol in the two-day "Sober South Africa" workshop due to the ubiquity of alcohol-related crime and because it is generally recognized that more evidence-based strategies exist to address alcohol. The overall aim of this working group was to strategise on how to create an alcohol safe South Africa. Specific objectives included:

- highlighting and reviewing the problem of alcohol-related crime,
- imagining what the problem would look like if it was fixed,
- reviewing and brainstorming policy solutions,
- prioritizing these solutions based on evidence,
- strategizing the way forward,
- identifying how will we know if it is fixed, and
- identifying ideas for sustainability.

Interventions were considered in five broad areas for which there is good evidence for their effectiveness based on international experience and which are likely to have a good chance of having a positive impact on crime in South Africa.[7 & 11] These included:

- drinking and driving countermeasures,
- brief treatment for problem drinkers (especially those convicted of drink driving offences or alcohol positive trauma unit patients),
- addressing the retail sale of alcohol from shebeens and taverns,
- reducing the density of liquor outlets in South Africa, and
- reducing the impact of alcohol industry marketing.

In addition, strategies that would increase political will by the government to address alcohol misuse were also considered.

Over the two days more than 30 participants from various sectors came together to strategise on how to create an alcohol safe South Africa. Participants included academics, public and private health and social service providers, representatives of liquor traders associations, persons working for NGOs, advocacy and intervention groups, police, staff from the South African Revenue Service, experts on advertising and the built environment, etc.

The working group prioritized systemic rather than individual level interventions. Two big ideas were put forward as likely to have a big impact on reducing alcohol-related crime in South Africa. First, it was stressed that we need to facilitate greater community ownership of the alcohol environment in our communities. Among other things community members need to become much more involved in making decisions around the licensing of liquor outlets in their communities. Specifically this relates to issues like selling hours and even days of sale. It

was, for example, proposed that communities should have a say in whether they want alcohol sold on social grant payout days. They could also pressure outlets directly or the regulating authority in areas where alcohol-related crime and injuries are high to reduce hours of alcohol sales.

Second, action at various levels needs to be supported by a strong national commitment in the form of a single body, possibly an Alcohol Health Promotion Foundation. There was substantial support for having such a body funded by a 1% levy on turnover from the major manufacturers of alcohol, "1% for health". The newly enacted National Liquor Act[12] requires alcohol manufacturers in their license application to state how they intend to contribute to combating alcohol abuse, but the policy intention (of balancing the competing interests of stimulating economic development with minimizing the social costs to society) needs to be strengthened by adding a levy to facilitate new initiatives to reduce alcohol related crime more directly by persons and organizations without a competing interest in alcohol sales. One advantage of such a levy is that it would be directly related to the amount of alcohol produced, with more alcohol produced resulting in more funding being available to address the social costs of alcohol.

This national organization would not replicate existing programmes, but would instead be used to kickstart, support and maintain the proposed community mobilization efforts and various new initiatives, like stimulating alternative economic activities for persons who are involved in survivalist selling of alcohol, supporting counter-advertisements, providing funding for policy-oriented research, establishing and new networks for persons and agencies broadly involved in addressing alcohol abuse. It should also facilitate a partnership between civil society and the government in moving the agenda forward in reducing the burden of alcohol in society. Key areas for intervention and priority strategies within each area as agreed by the working group members are set out in Table 1 below.

Many of the initiatives involve civil society (e.g. around getting communities to be more engaged in proactively addressing alcohol problems in their communities and in developing a culture of social host responsibility when providing alcohol to people in one's home), but government agencies in the Health, Social Welfare, Trade & Industry, Education, Transport, Community Safety (Police), Treasury (Revenue), and Communication will need to step up to the plate in several ways, for example:

- testing for alcohol at all crash scenes,
- passing legislation around 0,00g/100 ml of alcohol to be allowed in novice drivers,
- requiring a levy to be imposed on the turnover of alcohol manufacturers who have licenses with DTI,
- redeveloping and standardising alcohol safety intervention programmes for persons convicted of drink driving,
- providing training to health care workers in trauma units to screen for alcohol problems and provide brief interventions and referrals where necessary,
- imposing greater restrictions on alcohol advertising,
- imposing earmarked taxes on alcohol advertisements in the media to pay for counter advertisements,
- making schools alcohol free zones,
- requiring external regulation (pre-vetting) of alcohol advertisements, and
- getting police to be more proactive about addressing alcohol problems associated with shebeens, taverns and other drinking outlets.

To move forward in many of these areas will require support from civil society organizations and the broader community. Civil society and the community in general will need to become less apathetic about alcohol abuse, alcohol marketing practices and retail practices that affect them. To make the efforts of civil society more meaningful mechanisms are needed that will educate South Africans about the consequences of alcohol use, existing legislation, and how and where they can be more actively involved.

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**Table 1**

| Area | Strategies |
|---|---|
| Drinking and Driving | Place stronger limits on novice drivers, e.g. 0.00g/100ml for first three years after obtaining a drivers license |
| | Increase (a) random breath testing, (b) compulsory testing at all crash scenes and other serious moving traffic offenses |
| | Marketing, education and communication: (a) develop a culture of social host responsibility, (b) institute a social marketing campaign to change behaviour around drinking and driving, (c) institute evidence-based driver education in schools |
| Treatment for persons convicted of DUI and arriving intoxicated at trauma units | Redevelop and standardize alcohol/drug safety intervention programmes for persons convicted of driving under the influence (DUI) |
| | Provide training to health care workers (in public and private settings) in proper screening, brief intervention and referrals; increase capacity of treatment centres to address alcohol problems; increase access to detoxification and long term treatment |
| | Establish a toll free number for where people can get help (counselling and referral) |
| More responsible retail sector | Strengthen community participation in licensing (e.g. decrease hours of sales in problem areas, bans on selected days e.g. election days, social grant payout days) |
| | Bring unlicensed outlets into regulated market |
| | Enforce existing laws about responsible liquor sales and be proactive around training, defuse violence before it happens |
| | Outreach and training to servers and sellers |
| Reduce physical availability of alcohol | Stimulate alternative small business activities in other sectors |
| | Mandate alcohol free school zones (no sales or use by anyone, youth or adult) and ban alcohol use on public transport |
| Alcohol marketing counter-measures | Ban (a) alcohol sponsorship of sporting events (including motor sports) entirely or at least where more than 15% of the viewing audience are under age; (b) dangerous products, e.g. alcopops, sachets; (c) alcohol industry sponsorship of events appealing to children or families; (d) alcohol industry funding of government functions |
| | Require *external* regulation of alcohol advertisements (pre-approval) |
| | Impose physical placement restrictions on alcohol marketing, i.e. outdoor advertising near schools, libraries, playgrounds |
| | Require "equal time" for public health counter-advertising, paid for by earmarked tax |
| Increasing political will to address alcohol problems | Establish an alcohol Health Promotion Foundation |
| | Increase media advocacy around alcohol issues and generally raise public awareness around the problems associated with alcohol abuse and the need for more responsible behaviour |
| | Promote recognition of alcohol as a drug through use of language of "alcohol and other drugs" rather than "substance abuse," or "alcohol and drugs" |


of alcohol with ARDI software. Public Health Reports, 106, 443-450.

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# GAPA Chairman receives "Lifetime Achievement Award"


*Derek Rutherford, Professor Udomsilp Srisangnam and Police General Chavalit Yodmani together with international guests and staff of Thai Health and the Centre for Alcohol Studies*

**The Fourth National Conference on Alcohol organised by the Thai Health Promotion Foundation took place in Bangkok in December 2008. Over 900 delegates attended from Thailand together with a number of international guests. A special award from the Royal Thai Government was given to Derek Rutherford.**

We print below the citation given by Professor Udomsilp Srisangnam in presenting the award.

"It is indeed a great pleasure and honour for me to present the laudation of Mr Derek Rutherford as the recipient of the "Lifetime Achievement Award" from the Royal Thai Government.

Mr Rutherford was born on 15 August 1939. He is a graduate of Leeds and London Universities. He taught for 7 years in Grammar Schools and left teaching in 1969 to found and direct the work of the Teachers Advisory Council on Alcohol and Drug Education (TACADE). It was during this period that he attended his first international conference organised by the International Council on Alcohol and Addictions.

In 1973 he was appointed Director of the National Council on Alcoholism (NCA). The Department of Health commissioned the NCA to establish a network of alcohol information centres throughout England and Wales. By the time he left in 1982 a network of 40 information centres had been established: the training of voluntary alcohol counsellors was established, and alcohol and workplace programmes were developed among trade unions, industry and commerce.

From 1975 to 1979, he was a Member of the UK Government's Advisory Committee on Alcoholism.

In 1982 he helped establish and was co-Director of the Institute of Alcohol Studies, an independent body for the promotion of evidence-based alcohol control policies, in London. The need for the development of both regional and international alliances for the promotion of alcohol policies was recognised.

In 1989 EUROCARE (the European Alcohol Policy Alliance) was founded. Mr Rutherford served as honorary secretary until 2006. A close link with the WHO European Alcohol Action Plan initiated in 1992 has been maintained.

The EU Commission in 1994 funded a Eurocare three-year project to establish a network of advocacy groups and train advocates in the promotion of alcohol policies. Eurocare and the Institute of Alcohol Studies were deeply involved in the development of the European Union's Alcohol Policy Strategy. Acknowledgment of its role is confirmed by the European Court of Auditors' evaluation of the Eurocare project:

"In the consultations for the alcohol strategy, the NGO network Eurocare acted as a counterbalance to the drink industry. More generally, the NGOs' role in this field is to bring the executive's view (pro-health) to the public

*Section of the 900 delegates at the Award Ceremony*

and defend it against industry. The Commission succeeds better with this strategy than most Member States governments." (European Court of Auditors Febrary 2008)

Serving as International Secretary of IOGT International from 1990 to 2002, Mr Rutherford, together with the support of the Marin Institute USA, organized in 2000 an International Conference in Syracuse to establish the Global Alcohol Policy Alliance. Since then the Indian Alcohol Policy Alliance has been launched. With the support of Thai Health Promotion Foundation and Social and Health Outcome Research and Evaluation or SHORE at the University of Auckland, the Asia Pacific Alcohol Policy Alliance has been established.

Recently this year, there has seen the launch of the Alcohol Policy Youth Network in Europe with the membership of 28 National Youth Councils and the establishment of the Nigerian Alcohol Policy Youth Network.

These are his contributions at an international level. For Thailand, just to name a few, Mr Rutherford has provided commitment and continuous support to the development of alcohol control policy in our country. He came to Thailand in 2002 giving us an alert on the alcohol problems and raised concerns in dealing with the issue. He linked Thailand with a global community. He has given us all possible assistance in promoting the Thai Alcohol Control Act.

Therefore, the Royal Thai Government in partnership with Thai Health Promotion Foundation and the Centre for Alcohol Study have great honour in proposing the "Lifetime Achievement Award" to Mr Rutherford in recognition of his dedication and notable achievements in the development and advocacy of global alcohol control policies. Mr Rutherford is indeed the role model to all civil societies in the world in curbing alcohol problems and its related harms.

On behalf of the Thai people, I wish to take this opportunity to extend our heartfelt gratitude and appreciation to his contribution to the Thai Society. May I now invite you all to join me in congratulating him on this very special occasion."

*Professor Udomsilp Srisangnam reading the citation*

# Intoxicating Brands: Alcohol Advertising and Youth


## by David Jernigan, PhD
## Associate Professor of Health, Behavior & Society
## Johns Hopkins School of Public Health


People were drinking alcohol long before the alcohol industry hooked up with Madison Avenue, but the beer, wine and liquor companies clearly believe advertising affects consumption patterns.

Alcohol companies spend close to $2 billion every year advertising in the United States alone. From 2001 to 2007, they aired more than 2 million television ads and published more than 20,000 magazine advertisements.

Such heavy advertising inevitably leads to heavy youth exposure. That so much of the industry's advertising is aired on programming, or published in magazines, with large youth audiences makes this problem much worse.

From 2001 to 2007, youth exposure to alcohol product advertising on television rose by 38 percent. The average number of television advertisements seen in a year by youth increased from 216 to 301.

In 2007, approximately one out of every five alcohol product advertisements on television was on programming that youth ages 12 to 20 were more likely per capita to see than adults of the legal drinking age. Almost all of them were on cable television, where distilled spirits companies in particular have dramatically increased their alcohol advertising in the past seven years. This large and increasing TV exposure offset reductions in magazine exposure over the same time period.

The data comes from researchers with the Center on Alcohol Marketing and Youth at Georgetown University (CAMY) and Virtual Media Resources (VMR) of Natick, Massachusetts, who analyzed the placements of 2,033,931 alcohol product advertisements that aired on television between 2001 and 2007, and 19,466 alcohol advertisements placed in national magazines between 2001 and 2006.

All of this advertising — and other industry marketing strategies — matters. Heavier youth exposure to advertising leads to more alcohol consumption, researchers have found. Alcohol use and abuse takes a serious, direct toll on youth in deaths, injuries, academic performance and emotional well-being, and earlier and heavier drinking sets up kids for worse health outcomes later in life.

**Fueling Underage Drinking**

Alcohol is the leading drug problem among young people. According to "Monitoring the Future," the federal government's annual survey of drug use among eighth-, 10th- and 12th-graders, more young people drink alcohol than smoke cigarettes or use illegal drugs. The U.S. Surgeon General estimates that approximately 5,000 people under age 21 die from alcohol-related injuries involving underage drinking each year.

Despite significant efforts to reduce youth access to alcohol, binge drinking among youth remains stubbornly high. In 2006, 7.2 million youth under age 21 reported binge drinking (consuming five or more drinks at a sitting, usually defined as within two hours) within the past month.

The earlier young people start drinking, the worse the consequences. People who start drinking before age 15 are four times more likely to become dependent on alcohol later in life than those who wait to drink until they are 21. Those who drink heavily in adolescence and early adulthood are more likely to develop a metabolic profile that puts them at greater risk of cardiovascular problems later in life, whether or not they continue drinking.

"Too many Americans consider underage drinking a rite of passage to adulthood," says former Acting Surgeon General Kenneth Moritsugu. "Research shows that young people who start drinking before the age of 15 are five times more likely to have alcohol-related problems later in life. New research also indicates that alcohol may harm the developing adolescent brain. The availability of this research provides more reasons than ever before for parents and other adults to protect

the health and safety of our nation's children."

There is compelling evidence that exposure to alcohol advertising and marketing increases the likelihood of underage drinking. Since 2001, at least seven peer-reviewed, federally funded, long-term studies have found that young people with greater exposure to alcohol marketing — including on television, in magazines, on the radio, on billboards or other outdoor signage, or via in-store beer displays, beer concessions, or ownership of beer promotional items or branded merchandise — are more likely to start drinking than their peers.

Econometric analysis based on data from youth drinking surveys has estimated that a 28 percent reduction in alcohol advertising would reduce the percentage of adolescents who drank in the last month by 4 to 16 percent. The percentage engaging in binge drinking monthly would fall by 8 to 33 percent.

**Alcohol Advertising Tsunami**

Between 2001 and 2007, alcohol companies spent $6.6 billion to place more than 2 million alcohol product advertisements on television. From 2001 to 2006, they spent $2 billion to place 19,466 alcohol product advertisements in national magazines.

Because the four broadcast networks — NBC, CBS, ABC and FOX — have a voluntary ban on distilled spirits advertising on television, beer companies have traditionally dominated spending on television. However, since 2001, distilled spirits marketers have driven a dramatic increase in alcohol advertising on cable television.

Advertising placements, spending and youth exposure have all grown on television since 2001, while placements and youth exposure have declined in magazines. The number of magazine advertisements placed by alcohol companies fell by 22 percent from 2001 to 2006. Spending in magazines peaked at $361 million in 2004 but fell to $331 million in 2006. Youth, young adult and adult exposure to this advertising fell by 50 percent, 33 percent and 28 percent respectively over the six-year period. Overall, the shift from magazines to television means that there has been little change in overall youth exposure to alcohol advertising across the two media since 2001.

**Exposing Kids**

In 2003, trade associations for beer and distilled spirits companies adopted, as part of their self-regulatory codes of good marketing practice, a 30 percent maximum for underage audiences of their advertising (the wine industry had moved to 30 percent in 2000). Under this standard, alcohol companies should not advertise on programs with an audience that is more than 30 percent underage.

In the same year that the beer and spirits industries adopted the 30 percent standard, the National Research Council and Institute of Medicine recommended that alcohol companies move toward a proportional 15 percent maximum for youth audiences of alcohol advertising, since 12- to 20-year-olds are roughly 15 percent of the general population. In 2006, 20 state attorneys general echoed that call, followed by the U.S. Surgeon General in 2007.

Even a 15 percent standard would leave large numbers of kids exposed to alcohol ads. A program with high ratings but a relatively lower proportion of youth viewers may still reach more kids than a program with a higher proportion of youth viewers but a smaller overall audience.

Since adopting the 30 percent standard in 2003, alcohol companies have made steady progress toward compliance, both in magazines and on television. In 2001, 11 percent of alcohol product advertisements in magazines were in publications with youth readership greater than 30 percent. By 2006, only 3 percent of alcohol product advertisements in magazines were in publications with youth readerships greater than 30 percent.

On television, in 2001, 11 percent of alcohol product advertisements were on television programming with youth audiences greater than 30 percent. By 2007, 6 percent of alcohol product advertisements were on television programming with youth audiences greater than 30 percent.

However, the decline in placements on television programming with youth audiences greater than 30 percent has been accompanied by increases in the percent of youth exposure coming from overexposing placements — ads on programs with 15 to 30 percent youth viewership. Youth overexposure occurs when advertising is placed on programming or in publications with youth audiences that are out of proportion to their presence in the population. Cable generated 95 percent of youth overexposure to alcohol advertising on television in 2007.

The result is that the share of youth exposure to alcohol advertising coming from advertisements on television programming that youth are more likely per capita to watch than adults has never been higher since CAMY began its monitoring in 2001. More than 40 percent of total youth exposure to alcohol ads on TV comes from programs where 12- to 20-year-olds are more than 15 percent of the audience.

**The Overexposers**

Not all alcohol brands advertise equally. A relative handful of brands are responsible for nearly half of all youth overexposure to alcohol ads.

In magazines in 2006, 21 alcohol brands (out of a total of 229 alcohol brands advertising in magazines) were responsible for 44 percent of

youth exposure and 49 percent of youth overexposure, but only 33 percent of adult exposure to alcohol product advertising.
On television in 2006, 22 alcohol brands (out of a total of 142 alcohol brands advertising on television) provided 36 percent of youth exposure and 48 percent of youth overexposure but only 30 percent of adult exposure to alcohol product advertising.

Clearly some brands do better than others at avoiding youth overexposure. Using 2007 television data, CAMY developed a method for identifying which brands did best overall both in complying with the industry's 30 percent threshold and in avoiding youth overexposure to alcohol advertising. Eliminating the smallest brands to avoid skewing the results, 11 brands stood out as the worst performers and seven brands emerged as best.

The worst performers were: Miller Lite, Corona Extra Beer, Coors Light, Hennessy Cognacs, Guinness Beers, Samuel Adams Beers, Bud Light, Smirnoff Vodkas, Disaronno Originale Amaretto, Miller Chill and multiple brands from Mike's Beverages.

The best performers by the CAMY measure were: Michelob Beer, Santa Margharita Pinot Grigio, Korbel California Champagnes, Arbor Mist Wines, Rolling Rock Beer, Michelob Ultra Light Beer and Kahlua Hazelnut.

**Not Too Much Responsibility**
In addition to placing product advertising on television, some alcohol companies also place "responsibility" advertisements, which seek to deliver messages about underage drinking or about drinking safely (i.e., in moderation, not in combination with driving,and so on).

From 2001 to 2007, alcohol companies spent 43 times as much money to place 28 times as many product advertisements as "responsibility" messages.

Placement of this kind of advertising varies by company. Diageo, the world's largest distilled spirits company and marketer of Smirnoff Vodkas and Captain Morgan Rums, spent nearly 19 percent of its television advertising dollars on "responsibility" messages from 2001 to 2007. In contrast, Anheuser-Busch, producer of Budweiser and Bud Light and the largest alcohol advertiser on television, spent 1 percent of its budget on these messages (and in total dollars, less than a quarter of what Diageo spent).

Youth and adult exposure to the alcohol industry's "responsibility" messages has consistently been overwhelmed by the amount of alcohol product advertising seen by each group each year. From 2001 to 2007, youth ages 12 to 20 were 22 times more likely to see a product advertisement for alcohol than an alcohol-industry-funded "responsibility" message. Adults were 26 times more likely to see an alcohol product advertisement than an alcohol industry-funded "responsibility" message.

**The Path to Reform**
Over the last decade, the alcohol industry has tightened and clarified its self-regulatory standards and review procedures. However, although alcohol industry compliance with the voluntary 30 percent maximum for youth audiences of alcohol advertising has been good, this threshold has not been effective in reducing youth exposure to alcohol advertising. Youth exposure to alcohol advertising in magazines has fallen, but this has been counteracted by the huge increase in alcohol advertising on television, especially in distilled spirits advertising on cable television.

During this same period, federally funded surveys have found that binge-drinking 12th-grade girls (the only grade for which data are available) have shifted their beverage of choice from beer to liquor since 2001, and that in four states (the only places from which data are available), current drinkers in grades nine through 12 are also now more likely to drink liquor.

Nearly half of youth overexposure to alcohol advertising on television and in magazines results from placements by a small number of brands, suggesting that the majority of the industry is able to advertise its products without overexposing youth. The U.S. Surgeon General has stated that alcohol companies have a public responsibility to ensure that the placement of their advertising does not disproportionately expose youth to messages about alcohol.

In 2006, Congress passed unanimously — and President George W. Bush signed into law — legislation authorizing the Department of Health and Human Services to monitor and report annually to Congress the "rate of exposure of youth to advertising and other media messages encouraging and discouraging alcohol consumption." To date, however, no funds have been appropriated for this activity, and no such reporting has occurred.

The prevalence and the toll of underage drinking in the United States remain high. Evidence that alcohol advertising plays a role in the problem grows stronger each year. With approximately 5,000 young lives per year in the United States at stake, there is an ongoing need not only for independent monitoring, but also for alcohol companies to adopt a more meaningful and effective standard for where they place their advertisements.

On cable television, the industry's 30 percent standard leaves 82 percent of advertising time-slots available for alcohol advertising. The standard has not succeeded in limiting or reducing youth exposure to alcohol advertising on television. In Congressional

hearings in 2003, Beer Institute President Jeff Becker referred to the standard as "proportional" because approximately 30 percent of the population is under age 21.

Of the population under 21, children under age two are not counted for television ratings by Nielsen. Of two-to-20-year-olds' exposure to alcohol product advertising between 2001 and 2007, 68 percent fell on 12-to-20-year-olds, a group that Nielsen reports only made up 47 percent of the two-to-20 age group. Federal surveys begin measuring underage drinking at age 12, and the small amount of drinking among 12-year-olds suggests that 12-to-20-year-olds are the group at greatest risk of underage drinking. The U.S. Census Bureau estimates that this group is 13 percent of the population.

Recognizing that 30 percent is not a proportional standard when viewed in the light of the population at greatest risk, the National Research Council and Institute of Medicine, as well as 20 state attorneys general, have called on the industry to consider changing its standard to eliminate advertising on programming with more than 15 percent youth (ages 12 to 20) in its audiences. A 15 percent standard would reduce overall youth exposure to alcohol advertisements by 20 percent, according to CAMY research estimates, saving lives and even saving the industry some money in advertising costs.



# New Products for New Drinkers

Alcohol distributors in recent years have released new products aimed toward young drinkers, such as alcopops and alcoholic energy drinks. "The trend has gone to developing products that are highly youth oriented," says George Hacker, director of the Alcohol Policies Project at the Center for Science in the Public Interest. "These new products geared toward youth make it easy for young people to initiate drinking."

Alcopops, such as Smirnoff Ice, Bacardi Silver and Skyy Blue, are branded with popular hard-liquor names and often have a higher alcohol content than beer, although the taste of alcohol is masked by sugar, fruit flavorings and carbonation. These products are marketed like beer and advertised on network televisions, despite the network policies against the advertising of their hard-liquor namesakes.

Alcopops are especially popular with young girls. About one third of teenage girls ages 12 to 18 have tried alcopops, according to the California-based Marin Institute. The Marin Institute estimates that underage drinkers consumed 47 percent of all alcopops in California in 2007. Alcopop consumption leads to approximately 60 deaths a year in California and about 50,000 "incidents of harm" — including traffic accidents, violence, suicide, alcohol poisoning and fetal alcohol syndrome, among others — according to the Marin Institute.

Alcoholic energy drinks, such as Tilt, Bud Extra and Sparks, contain high levels of alcohol along with ingredients like caffeine, taurine, ginseng and other stimulants. The mixture of caffeine and alcohol can be dangerous, as it makes drinkers feel more alert, when in fact their senses and reflexes are impaired because of the alcohol. In 2007, Anheuser-Busch pulled its alcoholic energy drink Spyke off shelves after the company received a letter signed by 29 state attorneys general, expressing their concern about the drink.

"Given the documented health and safety risks of consuming alcohol in combination with caffeine or other stimulants, Anheuser-Busch's decision to introduce and promote these alcoholic energy drinks is extremely troubling," the letter stated. "Young people are heavy consumers of nonalcoholic energy drinks, and the manufacturers of those products explicitly target the teenage market. Promoting alcoholic beverages through the use of ingredients, packaging features, logos and marketing messages that mimic those of nonalcoholic refreshments overtly capitalizes on the youth marketing that already exists for drinks that may be legally purchased by underage consumers."

Advocacy groups have been working with state legislatures to pass measures making products such as alcopops and alcoholic energy drinks less accessible to underage youth. One of those measures involves reclassifying alcopops as "distilled spirits," thus removing them from many grocery and convenience store shelves. Other measures include raising taxes on such items to make them more expensive and therefore less appealing to youth.

**Jennifer Wedekind**

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# Report suggests affordability of alcohol is a driver of consumption and harm

**In April 2009 the European Commission published a report on the affordability of alcohol which it had commissioned for RAND Europe. The report was produced to be discussed at the European Commission's Alcohol and Health Forum, and one of the main means of implementing the EU's Alcohol Harm Reduction Strategy.**

The report, "Understanding the link between alcohol affordability, consumption and harms", analyses the effect of alcohol affordability on consumption and three measures of associated harm: fatal traffic accidents, increase in traffic injuries and chronic liver cirrhosis. These findings refute the longstanding argument of the industry that price and affordability have no effect on consumption and harm.

**Affordability of alcoholic beverages in the EU**
The report suggests that in 18 Member States, affordability of alcohol has increased over the past twelve years. For some countries, alcohol affordability has more than doubled over this period. More notably, alcohol appears to have become relatively more affordable for 16-24 year olds compared to the general population.

**Young people are particularly sensitive to changes in price**
Studies have shown that young people are sensitive to alcohol price changes, and that price increases lead not only to reduced frequency of drinking but also to smaller quantities drunk in each drinking event.

This has important implications for alcohol policy especially across the EU, where there is growing recognition of the high incidence of hazardous youth drinking.

**Positive relationship between alcohol affordability and consumption**
Researchers found that an increase in affordability is associated with an increase in consumption in the short term; a finding consistent with existing research.

**Positive relationship between alcohol consumption and three measures of harm**
In addition, the report finds statistically significant, positive relationships between consumption and fatal traffic accidents, traffic injuries and liver cirrhosis.

A 1% increase in consumption is associated with an increase of:

- 0.86% in fatal traffic accidents
- 0.61 % in traffic injuries
- 0.37% in chronic liver cirrhosis

Lila Rabinovich, the lead author of the report said "The report provides the first comprehensive assessment of the affordability of alcohol in the European Union. It shows that alcohol has become more affordable in most EU Member States over the last decade. This increase in affordability should be of concern to policy-makers, as this study also demonstrates that increases in affordability are linked to increases in consumption, which in turn lead to increases in alcohol harms. The findings of this study thus suggest that pricing policy could be an important part of an effective policy mix to tackle harmful and hazardous alcohol consumption".

Mariann Skar, Secretary General of Eurocare, welcomed the report and added "WHO recommendations have consistently pinpointed pricing policies as one of the most effective measures to reduce consumption and harm. However it should be remembered that no stand alone measure will solve all alcohol-related problems. The way forward is an integrated approach including: regulating the promotion and availability of alcohol, drink driving countermeasures, education and awareness raising as well as treatment and early interventions."

# Conference on the prevention of alcohol-related harm in East Africa

*Professor Babor in discussions with Ali Mzige (left) and Isodore Obot (right)*

In January 2009 more than 75 participants from five East African countries - Tanzania, Uganda, Kenya, Rwanda and Burundi – met in Arusha, Tanzania to find an appropriate policy response to alcohol-related problems in the region. The occasion was a conference organised by the Swedish IOGT-NTO movement with the assistance of NGOs in the region.

Here, Dag Endal describes what happened.

"The conference was concluded with a set of recommendations that were presented to the Director General of Customs of the East Africa Community, Mr Peter Kiguta. The recommendations are based on the fact that "by current estimates alcohol is among the most significant risk factors for death and disability in Sub-Saharan Africa. In some countries (e.g., Uganda, Burundi, Zimbabwe), per capita consumption is among the highest in the world. Although most of the African population (55%) chooses not to drink alcoholic beverages, heavy episodic drinking is typical among those who do drink."

After two days of discussions, and also presentations by invited experts from Nigeria, Sri Lanka, USA and Sweden, the participants of the conference recommended that a set of selected measures be implemented expeditiously in order to build a comprehensive system of legal regulatory, educational and treatment measures to deal with alcohol -related problems from a public health perspective. Among the recommended measures from the Arusha conference were reducing the number and density of alcohol outlets, locations, days and hours of opening, price and tax measures that increase the relative cost of alcoholic beverages, strict enforcement of laws restricting the sale of alcohol to minors under the age set by domestic legal statutes and banning all forms of alcohol advertising, promotion and sponsorship that promote alcoholic products by any means that are false, misleading or deceptive or likely to create erroneous impression about its characteristics, health effects or hazards.

The WHO sponsored study 'Alcohol No Ordinary Commodity' was an important part of the knowledge base for the conference, and the essence of the study was presented by the editor, Professor Thomas Babor from the University of Connecticut in the US.

During the discussions attention was also paid to the problems related to home-produced and unrecorded alcohol, which in this region of the world may count for as much as half of the total consumption of alcohol. There is an urgent need of more research on the issue of illicit alcohol. Independent from that, addressing this consumption should be an integral part of a comprehensive approach to alcohol policy, but more general community development measures are also needed, as many poor families earn their income by women's brewing of local alcohol.

**Need for WHO leadership**

The conference requested the World Health Organization to provide technical support to countries interested in improving their national alcohol policies. On the other hand, the conference warned against letting vested interests influence national alcohol policy processes in ways that compromise public health. This recommendation was given on the background that the multinational drinks industry has tried to take over the steering-wheel in national policy processes in 7-8 Sub-Saharan countries. Some of these cases were presented and discussed at the Arusha conference, in order to exchange experiences on how health policies of the region can be protected from undue influence by economic operators."

# Nigerian Alcohol Prevention Youth Initiative The Journey So Far

The Nigerian Alcohol Prevention Youth Initiative (NAPYI) is an opportunity for young people to engage in the global fight against the harmful effects of alcohol consumption.

In the history of Nigerian society and since the birth of the nation, this marks the first time that young people are coming together to work to implement initiatives to reduce alcohol consumption in Nigeria and the harm it causes in Nigerian families.

The organisation began in August 2008, after a conference held in the federal capital territory Abuja, Nigeria, organised by the Centre for Research Information on Substance Abuse (CRISA). Realising the need for a call to action, a number of the youth participants came together to develop plans and organise a minimal research programme on alcohol consumption levels amongst young people between ages 18 – 40 found in our tertiary institutions, and the various effects of this consumption. Little research has been going on at local levels in our communities to determine levels of alcoholic beverage consumption and resulting harms. Approximately 70% of young people in Nigerian tertiary schools consume alcohol. Alcohol is often consumed during social events such as parties, birthdays, weddings, and funerals. There are also more male than female drinkers, but the difference is decreasing as events unfold. In traditional society women drank less. However, contemporary alcohol marketing uses and appeals to women with branded products, in events like road shows and indoor and outdoor concerts promoting alcopops.

NAPYI also found that alcoholic beverages are sold most commonly based on where these industries are situated, i.e. the south west (S.W), south east (S.E), and south south (S.S) regions of Nigeria. Each of these regions possess massive power plants, and these are where large amounts of alcohol are produced. Based on visits to some of these industries, it is clear that they have very well planned market strategies that have been put in place to ensure effective and rapid sales and good distribution networks and outlets. The result is that many institutions situated near these industries have populations of heavy drinkers. The North Central (N.C), North West (N.W), North East (N.E) regions, in contrast, have fewer drinkers, due primarily to their religious beliefs which discourage alcohol intake.

NAPYI has also looked at other socio-economic factors feeding Nigeria's alcohol problems. The nation's two breweries are the two leading companies on the Nigerian stock exchange, and the companies' high rates of profitability and

| BREWERIES | NO. DEAL | QUOTATION | QUANTITY QUOTED | VALUE OF SHARE |
|---|---|---|---|---|
| CHAMPION BREWERIES | 1 | 331 | 10,000 | 33,100.00 |
| GUINNESS NIGERIA PLC. | 52 | 123 | 327,856 | 40,540,594.00 |
| INTERNATIONAL BREWERIES | 82 | 66 | 2,990,197 | 19,735,300.20 |
| NIGERIA BREWERIES | 163 | 497 | 2,914,548 | 144,544,773.88 |

*The founding group of the Alcohol Prevention Youth Initiative the CRISA Conference*

resulting attractiveness to private and public investors permits the industry to thrive on huge amounts of capital with which to market its products.

Based on these findings, which are of course preliminary and would benefit from more serious and critical research, and looking at Nigeria's six geo-political zones, NAPYI has centered and channeled its activities and energy toward the regions with high concentrations of drinkers. There is great need to develop alcohol training programs on alcohol problems for NAPYI members, as well as training the trainers. All of these should be well designed and strategically packaged for youth in Nigeria and those in other African countries.

Having looked at the critical and harmful effects of alcohol consumption on Nigerian society and the resulting decrease in national stability and productivity in the long term, NAPYI is eager to affiliate and network with the Global Alcohol Policy Alliance and the European Alcohol Policy Youth Network. The initiative is also working closely with Professor Isidore Obot, the coordinator of the Centre for Research Information on Substance Abuse.

Six members, one from each of Nigeria's geo-political zones, will be appointed to serve as the Executive Board of the organisation. Mr Wilson Onyeanula has been appointed President.

To achieve the aims and objectives of the initiative a strategic framework is being developed.

NAPYI looks forward to promoting the implementation of prevention programmes that can reduce the harm caused by alcohol which is gradually undermining the well-being of Nigerian society.

*Mr Wilson Onyeanula*
*Founding President*

# Australian Tax

## Preventative Health Programmes Benefit from Alcopops Revenue

The revenue resulting from increasing the tax on alcopops in Australia is being invested in preventative health programmes, including initiatives focusing on alcohol abuse, healthy eating and physical activity, and breastfeeding initiatives.

The money, A$872 million represents the single largest investment ever made by an Australian Government in preventative health.

The measures include:

**Healthy Workers**

Healthy living initiatives will be rolled out through workplaces. Employers will be assisted to implement programs to reduce the risk profiles of their workforces, including risks from excessive use of alcohol, through risk assessment and modification services.

**Healthy Children**

Programs targeted at children aged under 16 through child care centres, preschools, schools and families. Programs aimed at preventing alcohol abuse may be included.

**Healthy Communities**

Programs will be rolled out nationally through local government organisations in socioeconomically disadvantaged areas.

Announcing the funding, The Hon Nicola Roxon MP Minister for Health and Ageing said:

"There is a looming tsunami of chronic diseases that threatens the sustainability of our health system. There are around 670,000 preventable hospital admissions every year. Without a significant investment in prevention, and an increased focus on keeping people well and out of hospital, our health system will suffer in the years to come.

There will also be investment in social marketing, to promote healthy living messages, including campaigns targeted at reducing obesity and smoking; and in health infrastructure, including a national preventative health agency and a preventative health research fund."

The Government has already committed to A$53 million investment in the Australian National Binge Drinking Strategy, and the National Preventative Health Taskforce is canvassing a range of further options to tackle alcohol abuse in the community.

*Geoff Munro*

**The Australian government has placed a special tax on alcopops to combat binge drinking, particularly in young people. Here, Geoff Munro, National Policy Manager of the Australian Drug Foundation, describes the politics of the move, and the outcome.**

In April 2008 the Australian Government applied a special excise to premixed spirits, "alcopops" or ready-to-drinks (RTDs). Consequently the tax on the spirits component of RTDs rose by 70%, from A$39.36 to A$66.67 per litre of alcohol, the same rate as for bottled spirits. The tax, that the government said was aimed at countering binge drinking by adolescent females, added about A$1.30 to the price of a single RTD bottle or can.
Premixed spirits are the fastest growing segment of the alcohol market in Australia and are

# on Alcopops

implicated in dangerous drinking by young people. Spirits industry sources say RTDs expanded by 36% over four years [1]. Sixty per cent of female drinkers aged 15-17 consumed an RTD in 2007 compared to 14% in 2000[2] and unpublished official data showed RTDs are consumed by over 70% of male and female teenagers who drink at the highest risk of immediate harm[3].

As the government lacks a majority in the Senate, and the tax was opposed by the conservative parties, the issue turned into a cause celebre amidst intense media interest. An alarmed spirits sector, led by the Distilled Spirits Industry Council of Australia (DSICA) campaigned vociferously against the measure. The campaign included a stream of media releases, a dedicated website, mobile billboards, and the feeding of "anti-tax" and "anti-wowser" stories to sympathetic journalists and talkback radio hosts. A senior journalist told the author the force of the industry's lobbying effort was unprecedented in his experience. Health advocates tried to counter by disseminating accurate information about the known impact of the tax (see below), critiquing the spirits industry's erroneous arguments and publishing statements of support for the added excise.

Alcopops sales declined by 29% between May 2008-January 2009, equivalent to a reduction of 310 million standard drinks in the RTD format while spirits and beer sales increased by a combined 160 million standard drinks, resulting in a net decrease in alcohol sales of 150 million standard drinks over the period[4]. It is too early for a definitive judgment, but if adults are primarily responsible for the additional sales of beer and spirits the tax may be working as intended to reduce the drinking of the youngest underage drinkers for whom alcopops are the favoured beverage.

On March 18 2009 the Senate rejected the tax by a single vote. If the government still has an appetite for alcohol reform it can try to renegotiate with the recalcitrant senator, or include the RTD tax excise in the annual budget appropriations bill that will gain parliamentary approval. So the fate of the tax remains uncertain.

Astonishingly, DSICA and other industry representatives argued the tax increased alcohol harm because "drinkers [are] switching from RTDs to cheaper, more potent drinks [i.e. spirits] that increase the likelihood of binge drinking" [5]. This extraordinary admission concedes their basic product, full-strength bottled spirits, is unsafe because it encourages dangerous drinking. Even if the spirits industry is successful in defeating the RTD tax it has dismantled its defence against a host of future controls on the marketing and sale of spirits.

**References**


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# Price and Alcohol Consumption

**Russell Bennetts, Economic Research Officer of the Institute of Alcohol Studies, reviews a meta-analysis of the relationship of the price of alcohol and levels of drinking.**

As more studies are published relating to the relationship between the price of alcohol and levels of drinking, a new meta-analysis can provide a useful means with which to survey the field. Alexander Wagenaar, Matthew Salois and Kelli Komro have provided such a systematic review that is thorough, well researched and up to date. While other narrative reviews and meta-analyses on this topic have previously been published, this paper's originality stems from the epidemiological method used and the inclusion of papers too recent to have been included in other such reviews. Wagenaar et al. conclude that they 'know of no other preventative intervention to reduce drinking that has the numbers of studies and consistency of effects seen in the literature on alcohol taxes and prices.'

A meta-analysis differs from a purely narrative review by providing a numerical estimate on the strength of a relationship and the significance of this. For this review, Wagenaar et al. looked at studies that examined the relationships between measures of alcoholic beverage price or tax levels and sales of alcohol or self-reported drinking. This provided them with quantitative estimates for the strength of the relationships between these variables, along with estimates of the variability or error of them. The authors were thus able to illustrate, using their fresh empirical method, the large body of evidence showing that beverage alcohol prices and taxes are inversely related to drinking.

Data collection for this review consisted of an extensive literature search; nine databases were searched for relevant papers. Theoretically this would have allowed the authors to find any paper dating back as far as 1823, but in the final review the oldest paper included came from 1970. In fact, the majority of the papers included in the final computations came from the past 20 years. Some studies were excluded based on a number of criteria, such as duplicate publications of a study/data set, empirical studies that did not provide sufficient amounts of data, reviews that reported no new data and those not written in English. This procedure resulted in the selection of 112 appropriate papers for inclusion, containing 1003 empirical estimates of the relevant relationship under study.

The data collected by the authors came from papers that, while conceptually similar, used a wide range of statistical methods and, as such, this data was not initially easily comparable. For this reason, a coding method was utilised whereby the data was standardised into a comparable metric. For each estimate in the review, the measure of effect, its standard error, the effect's significance level and the analysis sample size were coded. The statistical analysis then focused on estimating a standardised effects size r for each separate estimate of the underlying relationship of interest and calculating the standard errors of these estimates.

The r estimates can be interpreted as the standardised slope of the relationship between price/tax and consumption. This means essentially that the larger the r value, the more of an effect price/tax has for that beverage or drinking behaviour. The equivalent is true for the quoted mean elasticity estimates, which tend to be larger due to the averaging-out of individual differences when aggregating the population into larger statistical units. As the results show, the effect of price/tax on consumption differs greatly by beverage. Interestingly, the ranking of beverages by how much price/tax affects their consumption differed by whether the simple mean or the standardised effect size was used. Looking at the simple means, spirits, followed by wine then beer are most affected by price/tax. Whereas when looking at the r values, wine, then spirits, followed by beer, are most affected. Overall the findings are statistically strong and of a noteworthy magnitude.

The authors of this review are forthcoming with the weaknesses in their method. They admit that the exclusion of non-English language papers is likely to mean that their meta-estimates are inflated, noting that this is likely to be in range of 2%. Publication bias is also likely to be responsible for the final results being upwardly biased. Papers that find statistically significant findings are far more likely to have been published and thus included in this meta-analysis. However, while these two factors will have biased the results somewhat, the effect is unlikely to be large enough to have biased the

**Key figures**

**112** Total number of studies of alcohol tax or price effects found
**1003** Number of estimates of the tax/price-consumption relationship

**Simple means**

**-0.46** Simple mean of reported elasticity for *beer*
**-0.69** Simple mean of reported elasticity for *wine*
**-0.80** Simple mean of reported elasticity for **s***pirits*
**-0.51** Simple mean of reported elasticity for *general alcohol consumption*

**Meta-analytical results (highly significant relationships, P < 0.001)**

**r = -0.17** Aggregate-level effect size for *beer*
**r = -0.30** Aggregate-level effect size for *wine*
**r = -0.29** Aggregate-level effect size for *spirits*
**r = -0.44** Aggregate-level effect size for *total alcohol*

**Heavy drinking results**

**-0.28** Simple mean elasticity
**r = -0.01** Individual-level effect size (significant relationship, P < 0.01)

conclusions of the review. It should be noted that such limitations to the model were surely an ex ante result of the chosen systematic review methodology and no evidence exists that efforts were made ex post, to choose for inclusion papers that would help bias the results in favour of a desired conclusion.

Unlike previous meta-analysis papers on this topic, Wagenaar et al. did not follow the econometric tradition as they explicitly cumulated the evidence by 'weighting each estimated effect by the inverse of its variance' and used random-effects models in assessing the 'precision of the cumulative estimates.' Naturally many of the papers included in their analysis used an econometric approach, as that is the predominant evidence available. This may be somewhat logically inconsistent in some eyes, but an epidemiological/social science approach to this topic and data does present an illuminating addition to the evidence base.

Moreover, any issues a purist may have with their meta-analytical method, regarding the combination of differing sets of covariates, apply equally to other such reviews. The use here of random-effects models, rather than fixed-effects, to combine different studies allowed them to relax the assumption that the same underlying effect is being estimated by all studies and helped them take into account study-level variability.

In their conclusion, the authors focus on both relevant work in progress and the areas that require further research. They are keen to emphasise that the price elasticities presented in this paper, and in much of the economic literature on this topic, are not inherent properties of the drinks studied. Indeed, 'results across studies suggest that the magnitude of price effects varies across groups, situations and times.' Future research is required to ascertain more clearly how the effects of price/tax differ between communities or societies that have very high or very low consumption levels.

Social scientists will hopefully be able to shed further light on the complex interactions between the price of, and tax levels on, alcohol and the web of 'individual, community and societal influences on drinking behaviour' that differ across diverse social and cultural environments. More research is also required regarding how much of a tax rise is passed on in a price rise, as the latest research suggests this differs quite significantly across beverages.

An inquisitive reader of this review may be left pondering whether the results have direct relevance to reducing alcohol-related harm. There can be little doubt that much statistical evidence is presented to support the notion that increasing the price or tax levels on alcohol reduces its consumption. Intuitively, one may think that this will lead to a reduction in harm, but it would be useful to have empirical evidence to confirm or negate this notion. Wagenaar et al. have also considered this and are currently conducting a similar meta-analysis of price/tax effects on morbidity and mortality outcomes. Alongside this current review, their ongoing work should form an important basis for policy on alcohol taxation, the primary means by which most public bodies can affect the pricing of alcoholic beverages sold privately.

Wagenaar et al. have produced a review that is a highly valuable addition to the evidence base on the effects of price and tax on alcohol consumption. An important finding is the significant but low magnitude of effect of price/tax on heavy drinking when compared to overall drinking. This contradicts some other studies that have previously emphasised the high sensitivity of heavy drinkers to price/tax. Clearly the consideration of factors outside the economic remains imperative to the study of alcohol consumption. Nonetheless, this review has undoubtedly spun concretely an essential part of the 'whole web' of factors Wagenaar et al. describe as influencing drinking behaviour. This paper deserves a place on the desk of all researchers, both as a source of new insights and as an invaluable compendium of prior relevant research. Their future work is much anticipated.


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