Isssue 1 2010

THE GLOBE

Alcohol Strategy Endorsed

THE GLOBE

Issue 1 2010

THE GLOBE

Editor in Chief:
Derek Rutherford

Editor:
Andrew McNeill

Design:
Susan Robertson

Published by the Institute of Alcohol Studies for
The Global Alcohol Policy Alliance
Alliance House
12 Caxton Street
London SW1H 0QS

Tel: 020 7222 4001
Fax: 020 7799 2510
Email: gapa@ias.org.uk
Website: http//www.globalgapa.org
ISSN 1460-9142

Printed by:
Blueprint Cambridge Ltd
Cambridge, England

Front Cover:
Committee A
Sixty-third World Health Assembly
Photograph: WHO/Jess Hoffman

GLOBAL ALCOHOL STRATEGY ENDORSED

"The global strategy for reducing the harmful use of alcohol is a true breakthrough", stated Dr Margaret Chan, Director of the World Health Organization, after delegations from all 193 Member States had reached consensus on the resolution 'Strategies to reduce the harmful use of alcohol'.

In her closing remarks to the delegates Dr Chan stated, "This strategy gives you a large and flexible menu of evidence-based policy options for addressing a problem that damages health in rich and poor countries alike. The strategy sends a powerful message: countries are willing to work together to take a tough stand against the harmful use of alcohol".

Together with the endorsement of the strategy, the WHA called upon Member States:

- to adopt and implement the global strategy to reduce the harmful use of alcohol as appropriate in order to complement and support public health policies in Member States;
- to reduce the harmful use of alcohol, and to mobilize political will and financial resources for that purpose;
- to continue implementation of the resolutions WHA61.4 on the strategies to reduce the harmful use of alcohol and WHA58.26 on public-health problems caused by harmful use of alcohol;
- to ensure that implementation of the global strategy to reduce the harmful use of alcohol strengthens the national efforts to protect at-risk populations, young people and those affected by harmful drinking of others;
- to ensure that implementation of the global strategy to reduce the harmful use of alcohol is reflected in the national monitoring systems and reported regularly to WHO's information system on alcohol and health.

It further requested the Director-General:

- to give sufficiently high organizational priority, and to assure adequate financial and human resources at all levels, to the prevention and reduction of harmful use of alcohol and implementation of the global strategy to reduce the harmful use of alcohol;
- to collaborate with and provide support to Member States, as appropriate, in implementing the global strategy to reduce the harmful use of alcohol and strengthening national responses to public health problems caused by the harmful use of alcohol;
- to monitor progress in implementing the global strategy to reduce the harmful use of alcohol and to report progress, through the Executive Board, to the Sixty-sixth World Health Assembly.

WHO's Director-General, Dr Margaret Chan, at the closing session of the Sixty-third World Health Assembly
Photo: WHO/Chris Black

A comprehensive outline of the strategy was reported in the Globe Issue 3 2009. (Website: http://www.ias.org.uk/resources/publications/theglobe/globe200903/gl200903_index.html)

Non-governmental organizations in official relations with WHO were permitted to speak from the floor of the Assembly at the end of the debate. Three organizations took up this privilege.

The World Council of Churches Action for Health, representing a broad spectrum of faith communities and civil society networks in over 150 countries, strongly supported the strategy and urged the WHO to begin its implementation as soon as possible following its adoption and ensure that there would be adequate resources available to carry out its intent. Profoundly aware of the effect of alcohol use on poverty and ill-health, they had developed an important collaboration with the Global Alcohol Policy Alliance and were committed to collaborate with different civil society groups and with governments to ensure that public health is given due consideration in this matter.

The Churches Action for Health noted the following components of the Strategy: Its foundation rested on strong, evidence-based policies affecting price, availability and marketing of alcoholic beverages; addressed the need for resource development and prioritization in implementing alcohol prevention strategies at the global and national levels; recognized that the involvement of civil society was essential in creating the political will to address alcohol issues and implement national and global prevention strategies; acknowledged the responsibility for health-sector leadership within multi-sectoral collaboration on efforts to combat alcohol problems at all levels; and suggested a special focus on protecting the young, non-drinkers, and populations at risk from harmful use of alcohol, such as women, indigenous peoples and other low-income or minority groups.

GAPA's team: Øystein Bakke, Secretary, Norway, George Hacker, Liaison Officer, USA and Derek Rutherford, Chairperson, UK
Photograph: WHO/Jess Hoffman

The World Medical Association also speaking on behalf of the International Council of Nurses, the International Pharmaceutical Federation, the World Confederation for Physical Therapy and the World Dental Federation, which form together the World Health Professional Alliance - WHPA. The Alliance speaks for more than 26 million health care professionals worldwide, working to improve global health and the quality of patient care and facilitating collaboration among the health professions and major stakeholders.

Health professionals strongly welcomed the Strategy but wished to draw attention to the following matters:

Although the strategy acknowledged the responsibility for health-sector leadership on efforts to combat alcohol problems, they believed that the role of health professionals in prevention and treatment interventions of alcohol problems should be given more attention, underlining the pivotal role that they play in terms of education, advocacy and research, as well as treatment. They strongly recommended that the role of economic operators - with vested interest in production and sale of alcohol and alcoholic products - be clearly limited in the implementation of the strategy, so that policies and programmes at all levels are developed on the basis of public health interests, independent of commercial influence. The WHPA urged Member States to address the critical need for adequate resources for the implementation of the strategy, especially in low and middle-income countries with high or increasing consumption of alcohol.

Representatives of The International Federation of Medical Students Association (IFMSA) stated that young people, including its 1.2 million medical student members, are affected by the harmful use of alcohol. They believed that an effective global strategy could reduce this burden. The alcohol attributed disease burden lies more with younger people than older people. Of all years lived with disability attributable to alcohol, 34% were experienced by persons aged 15-29 years, 31% by those 30-44 years, and 22% by those aged 45-59. It was also a significant factor contributing to violence and unprotected sex among young people. The International Federation of Medical Students' Associations strongly supported the implementation of effective strategies to reduce the harmful use of alcohol.

As young people and the next generation of health professionals, the IFMSA was concerned about the manipulative marketing of the alcohol industry. They considered that the global strategy should advocate ways of protecting the young generation from such marketing.

The problem of the harmful use of alcohol was still often neglected within the curricula of medical schools. As medical students and future health professionals, they wished to see improvements within medical curricula on how to effectively prevent, diagnose and treat this serious public health problem. IFMSA concluded their statement:

"We, as the International Federation of Medical Students' Associations Team of Officials, appreciate the efforts of WHO and its Member States to tackle the global burden of harmful use of alcohol. We strongly recommend the approval and effective implementation of the global strategy to reduce the harmful use of alcohol".

In a WHO press statement, after the endorsement of the strategy, Dr Ala Alwan, WHO Assistant Director-General said, "The resolution and the strategy set priority areas for global action, provide guidance to countries and give a strong mandate to WHO to strengthen action at all levels on reducing harmful use of alcohol". Harmful drinking is also a major avoidable risk factor for non-communicable diseases, in particular cardiovascular diseases, cirrhosis of the liver and various cancers. It is also associated with various infectious diseases like HIV/AIDS and TB, as well as road traffic accidents, violence and suicides. Successful implementation of the strategy will require concerted action by countries, effective global governance and appropriate engagement of all relevant stakeholders. To this end, WHO will also encourage that the strategies to reduce the harmful use of alcohol are included as an integral part of work on global development and in related investment decisions.

International Federation of Medical Students (IFMSA) team of officials together with GAPA at the Assembly

GAPA Comment

We welcome the historic decision by the Assembly, since concerted action to reduce global alcohol problems is long overdue. In the many member-state interventions, from both developed and developing countries, delegates requested that alcohol problems receive a higher priority at WHO and that more resources be allocated to address those problems.

The important concerns identified in the debate included the increasing culture of binge drinking and the expanding influence of the marketing and advertising for alcoholic beverages. Having witnessed the force of the lobbying tactics of the drinks industry among member states, we concur with the concerns of the International Medical Students in their official statement in the debate "over the manipulative marketing of the alcohol industry" and the WHPA "that the role of economic operators be clearly limited…so that policies and programmes at all levels are developed on the basis of public health interests, independent of commercial influence". The strategy highlights the effectiveness of focusing on policies regarding pricing, availability and marketing of alcohol. The response of the drinks industry and their financially sponsored social aspect organizations will require vigilant scrutiny.

UK Government "too close to drinks industry"

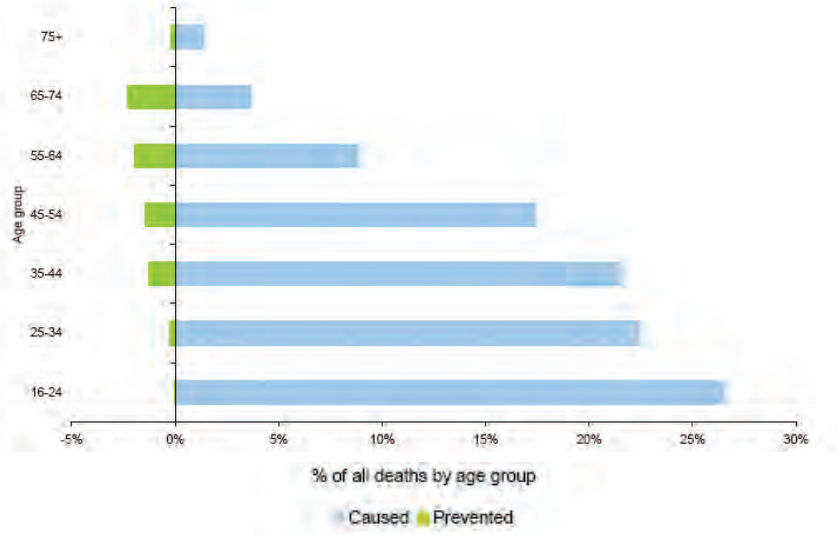
MPs' report calls for radical overhaul of alcohol policy – but Government rejects main recommendations

The drinks industry and supermarkets hold more power over UK government alcohol policies than do expert health professionals, according to the All Party House of Commons Health Select Committee.

In an eagerly awaited report published in January 2010 after a year's investigation, the Committee concluded that the drinks industry is dependent on hazardous and harmful drinkers for three quarters of its sales and that if people drank 'responsibly', alcohol sales would plummet by 40%.

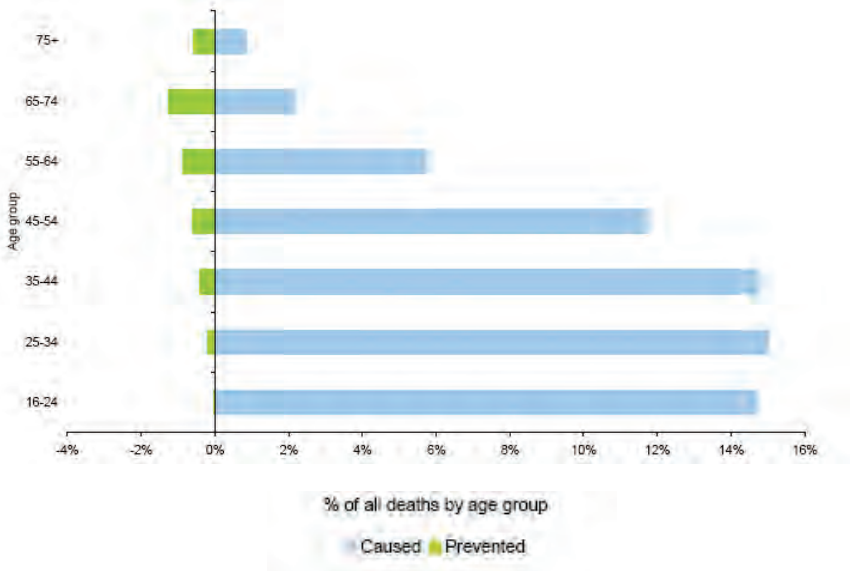
The Committee went on to make a series of recommendations including the introduction of minimum pricing, a rise in the duty on spirits and industrial white cider, tighter and totally independent regulation of alcohol promotion, vastly improved alcohol treatment services, better early detection and intervention, a mandatory labeling scheme for alcoholic drinks, and much better use of expert advice.

Percentage of male deaths attributable to alcohol consumption by age (2005)



Source: Jones L, Bellis M A, Dedman D, Sumnall H, and Tocque K. Alcohol-attributable fractions for England; Alcohol attributable mortality and hospital admissions. North-West Public Health Observatory and Dept of Health; 2008, p 26 and Alcohol - First Report of Session 2009/2010 - House of Commons Health Select Committee 2010

Percentage of female deaths attributable to alcohol consumption by age (2005)



Source: Jones L, Bellis M A, Dedman D, Sumnall H, and Tocque K. Alcohol-attributable fractions for England; Alcohol attributable mortality and hospital admissions. North-West Public Health Observatory and Dept of Health; 2008, p 27 and Alcohol - First Report of Session 2009/2010 - House of Commons Health Select Committee 2010

'Passive Drinking'

The MP's report, which appeared before the 2010 general election and which therefore relates to the previous government, laid heavy emphasis on what is sometimes referred to as 'passive drinking'. In this they were clearly influenced by the evidence presented to them by the Royal College of Physicians which stressed the impact of alcohol harm on third parties as distinct from the drinkers themselves. In their evidence, the Physicians stated that *"The passive effects of alcohol misuse are catastrophic – rape, sexual assault, domestic and other violence, drink driving and street disorder – alcohol affects more innocent victims than passive smoking."*

The MPs were also clearly influenced by the evidence presented to them that the alleged protective effect of alcohol in relation to heart disease was not a reason to shy away from tackling the adverse health impact of alcohol, which, they showed figures (see opposite page) to demonstrate, outweighed any positive, protective effect.

Alcohol Marketing

One of the MP's main recommendations was for a further crackdown on alcohol advertising and promotion of alcohol. The Committee of MPs was assisted in its consideration of the alcohol issue by Professor Gerard Hastings, who analysed a sample of internal marketing documents from four alcohol producers and their communications agencies. These included client briefs, media schedules, advertising budgets, and market research reports.

Professor Gerard Hastings and colleagues showed that companies were "pushing the boundaries" of the advertising code of practice and warn that the UK system of self regulatory controls for alcohol advertising was failing. The authors looked at four themes that are banned by the advertising code of practice, such as appealing to people under 18 and encouraging irresponsible drinking, as well as sponsorship and new media.

They found that market research data on 15 and 16 year olds is used to guide campaign development and deployment, while many references are made to the need to recruit new drinkers and establish their loyalty to a particular brand.

Professor Hastings maintained that "the self-regulatory codes do not protect young people, they just hone the advertisers' skills either in camouflage or creativity".

The alcohol industry spends around £800m (€900m; $1.3bn) a year promoting alcohol in the UK.

Global Alcohol Policy Alliance

The Global Alcohol Policy Alliance is a developing network of non-government organisations and people working in public health agencies who share information on alcohol issues and advocate evidence-based alcohol policies.

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

Objectives

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

GAPA scientist involved in call to Scottish Parliamentarians on minimum pricing of alcohol

Professor Sally Caswell, Chair of the GAPA Scientific Advisory Panel, is one of a group of internationally known alcohol researchers who have urged the Scottish Parliament to introduce legislation on the minimum pricing of alcohol. They say that doing so would allow Scotland to lead and advise the world on the best means of tackling alcohol harm.

Professor Sally Casswell

Setting a minimum price for a unit of alcohol below which it would be illegal to sell alcoholic beverages of whatever kind is the main plank in the Scottish Government's campaign to reduce the high level of alcohol harm in Scotland. However, the proposal is politically controversial, and there is also doubt as to whether it would be legal under European Union law.

Nevertheless, it is the key measure in an Alcohol Bill presented to the Scottish Parliament which also includes proposals for further bans on irresponsible promotions and restricting marketing activity in off-sales locations such as supermarkets; ensuring smaller measures of wine are made available in on-sales; placing a duty on Licensing Boards to consider raising the purchase age of alcohol to 21 in all or part of their area; and establishing the power to introduce a Social Responsibility Fee for some retailers.

Now, four internationally known alcohol researchers have published an open letter to Scottish Parliamentarians urging them to support the introduction of minimum pricing and to carefully evaluate its impact. The other researchers are Dr Peter Anderson, Specialist in Public Health and Advisor to the European Commission and World Health Organization; Thomas Babor, Professor and Chairman in the Department of Community Medicine and Health Care, University of Connecticut School of Medicine, USA, and Robin Room, Professor of Social Research in Alcohol, School of Population Health, The University of Melbourne, Australia.

The text of the letter reads:

"As scientists who advise governments across the globe on effective alcohol policy, we have been observing with interest and anticipation the approach that the Scottish Government has adopted in response to Scotland's growing burden of alcohol-related harm. Scotland's problems are not unique. Today, many countries across the world are experiencing a rise in alcohol-related harm. Harmful alcohol use is now recognised as one of the major risk factors for poor health globally. Nearly three million people die an alcohol-related death in the world each year which is of the same order as mortality from HIV/AIDS. Harmful alcohol use not only damages people's health, it can have a devastating impact on families and communities, compromising both individual and societal development.

The rise in alcohol-related harm in Scotland, as in other countries around the world, is linked to the increased availability, affordability and promotion of alcohol. The way in which alcohol is produced and distributed in many countries has been transformed over the past few decades. A process of globalisation and industrialisation of alcohol production has resulted in higher volumes of alcohol being produced at a lower unit

cost, with large sums of money being invested in the promotion and marketing of alcohol brands. Along with this there has been, in many countries, a liberalisation of licensing laws that have led to alcohol being sold in more places, at more affordable prices, at virtually any time of the day. Supermarkets and all-purpose convenience stores have become main sources for off-sales, and have frequently used low prices of alcoholic beverages as loss leaders to attract customers. In Scotland and elsewhere, the relative price of alcoholic beverages in comparison to other goods has dropped markedly.

Many of the measures outlined in the Scottish Government's alcohol strategy are supported by an extensive amount of scientific evidence on what works best to reduce alcohol-related harm. Controls on the price and availability of alcohol are known to be two of the most effective means of alleviating alcohol-related problems. Establishing a minimum price for a unit of alcohol is an innovative measure responding to widespread concern about the availability and use of very cheap forms of alcohol, particularly amongst vulnerable groups of drinkers. Economic research suggests that minimum pricing is likely to have the most impact on the cheapest forms of alcohol and alcohol sold below cost. Although this particular measure has not yet been implemented in many places and has not been evaluated extensively, there is a generally positive experience in Canada with minimum pricing of beer, and the implementation in some Australian localities of bans on the sale of the cheapest form of alcohol (which amounts to raising the minimum price) has resulted in reductions in alcohol problems. Overall, the evidence of effectiveness of price increases in reducing alcohol consumption is very strong. There is therefore good reason to believe that minimum pricing will reduce the amount of drinking, particularly the hazardous drinking, that is linked to cheap alcohol.

For too long now the protection afforded to the populations of many countries against experiencing alcohol-related harm has been inadequate. Weak policy measures, such as education and 'responsible drinking' campaigns, have failed to prevent a rise in alcohol consumption and alcohol-related death and disability. However, there is growing recognition that the aggressive marketing of alcohol through price reductions and the lack of appropriate regulation of availability and price competition have generated the conditions for increasing levels of drinking and alcohol-related problems, particularly amongst poorer populations that experience a disproportionately higher level of alcohol-attributable harm. Strengthened regulatory controls on health-damaging commodities such as alcohol are increasingly being viewed as necessary to limit health harm, and for the achievement of health equity. Other countries, like Scotland, are facing up to the reality of harmful alcohol use. Russia, in the grip of its own mortality crisis linked to alcohol use, has recently introduced a minimum retail price for vodka in an effort to stem consumption and harm. France, Italy and Spain are other European countries that have recently taken steps to restrict the availability of alcohol in response to rising rates of alcohol-related harm. Australia, following the lead of a number of European countries, has raised the taxes on beverages particularly appealing to young people.

That countries appear increasingly willing to prioritise the protection of public health over other private economic interests is encouraging. The scale of alcohol-related harm across the globe demands an effective national and international response. Our advice is that Scotland should implement a minimum price for alcoholic beverages, along with a strong evaluation of its effects. We look forward to the results of such an action, which will provide Scotland with concrete evidence as a basis for future policy, and will also put Scotland in a position to lead and advise the world on this important initiative."

UK National Institute for Health and Clinical Excellence (NICE)

As we go to press, NICE, a National Health Service organisation, which gives advice on how to help improve people's health and prevent disease, has recommended that a minimum price for alcohol, advertising bans and early screening for problem drinkers, must be introduced to curb the nation's binge drinking culture.

Indian Government urged to formulate National Alcohol Policy

Johnson Edayaranmula, Executive Director of the Indian Alcohol Policy Alliance, reports on a two-day national consultative workshop of stakeholders on 'Addressing Problems Related to Alcohol Use' at New Delhi in May organised by the Indian Government's Ministry of Social Justice and Empowerment, the National Institute of Social Defence (NISD) in collaboration with the Indian Alcohol Policy Alliance (IAPA).

From left: Mr Vivek Khanna (Programme Officer, IAPA) Mr Johnson J Edayaranmula (Executive Director, IAPA), Mr Chaitanya Murti (Director, NISD), Swami Agnivesh (Chief Guest), Dr S Arulrhaj (Chairman, IAPA) and Mr M Sunil Kumar (Dy. Director, NISD)

In his inaugural address, renowned social activist Swami Agnivesh called for a concerted and united effort from the part of all Stakeholders towards addressing the problems related to alcohol use in the country. Both the Central and State Governments should recognize the importance of prevention and early intervention rather than disaster management.

Mr Chaitanya Murti, Director, NISD, welcoming participants said that the Workshop was the first of its kind to be held under the auspices of the Ministry of Social Justice and Empowerment, Government of India, exclusively addressing the topic of reducing the harms related to alcohol use and NISD was pleased to collaborate with the Indian Alcohol Policy Alliance in organizing the event.

Dr S Arulrhaj, Chairman, IAPA and President of the Commonwealth Medical Association, highlighted the need to evolve a national policy in addressing the problems related to alcohol use.

Dr J S Thakur (Cluster Focal Point, WHO-India) appreciated the joint effort of NISD and IAPA in organizing the national consultative workshop and offered all technical support and cooperation from WHO for future endeavours.

Papers presented during the meeting showed that alcohol use in India has emerged as a major public health problem affecting the quality of life of individuals, families, communities and the nation. This was a result of the changing patterns and context of alcohol use. There was greater acceptability of drinking as a social norm. Rising numbers and increasing consumption among youth and women, earlier onset of drinking and a pattern of binge drinking had emerged. The workshop expressed concern over the rise in high risk behaviour; domestic violence, divorce, broken homes; families suffering from financial deprivation and poverty; and unsafe sex practices resulting in HIV.

India is projected as a market with huge potential for the Alcohol Industry resulting in an increased market presence of the industry with their undesirable marketing and promotional activities. India spends about 244 billion rupees each year to manage the direct cost of alcohol use, which is more than the excise earned. (WHO, 2006)

The workshop endorsed the WHO Global Strategy to Reduce the Harmful Use of Alcohol. It affirmed that the Global Strategy provided guidance for action to set priority areas of policy options and measures for implementation at the National level, taking into account national circumstances, religious and cultural contexts, public health priorities, as well as resources, capacities and capabilities.

It urged the Government of India to adopt and implement the global strategy in order to complement and support public health policies and to mobilize political will and financial resources to reduce harmful use of alcohol. Effective solutions lay in sustainable action, requiring strong leadership, a solid base of awareness, political will and commitment. Public health strategies that seek to regulate the availability of alcohol; reducing the impacts of marketing, including surrogate advertisements, particularly to adolescents, young people and women; mobilising communities to adopt effective approaches to prevent and reduce harmful use of alcohol; reducing the public health harm and social consequences from alcohol intoxication and consumption of illicitly produced alcohol; pricing policies that can be used to reduce underage drinking, halt progression towards drinking large volumes of alcohol and/ or episodes of heavy drinking. Proactive role, capacity building and dissemination of best practices in Health services are vital to address the harm at individual level among those with alcohol use disorders and other health conditions caused by harmful use of alcohol. There was a need for National and State monitoring and surveillance systems in order to monitor the magnitude and trends of alcohol related harms and to strengthen advocacy, to formulate policies and to assess impact of interventions.

Mindful of the present realities, challenges and a lack of a national policy, the workshop made the following recommendations:

Urges the Government of India to formulate a National Alcohol Policy, which:

- Recognizes the harmful use of alcohol as a public health problem that affects the quality of life of individuals, families and communities;
- Focuses on evidence based cost effective interventions to promote health and well being and reduce the availability of alcohol;
- Ensures the availability of a range of services for individuals, families and communities to prevent initiation to alcohol use, reduce negative consequences of alcohol use as well as to treat dependence;
- Allocates specific budget and continuity of funding at National and State level considering it as an investment to support the well-being of the citizens;
- Initiates research efforts to study trends and patterns of alcohol use; effectiveness of interventions; and evaluating mechanisms to review the implementation of the Policy;
- Ensures participation of the Government as well as Civil Society representatives at all stages of planning, implementation, monitoring and evaluation;
- Ensures the production and sales of alcohol be governed by health concerns rather than economic considerations;
- Curtails illicit liquor trade;
- Ensures strict enforcement of laws related to driving under the influence of alcohol;
- Includes prevention messages to encourage alcohol free lifestyle and information about availability of services for addiction;
- Earmarks a minimum percentage of revenue (5%) from alcohol sales to address negative consequences of alcohol use in the budget outlay;
- Monitors at regular intervals the interventions carried out and ensures transparency in delivery mechanism;
- Supports research initiatives on planning, implementation and assessment of interven-tions, guided by well designed research methodologies.
- Recommends the Government of India to constitute a Nodal Department for Alcohol Prevention and Control, for realizing and implementing the policy, which also should ensure inter-sectoral collaboration with the involvement of all related Government Ministries and Representatives of National NGOs and Professional Agencies.

European Union: alcohol consumption stable, binge drinking common, large majority support policies to reduce harm

Alcohol consumption in the European Union is at a similar level to four years ago, according to the findings of the latest Eurobarometer survey. Three out of four respondents said they consumed alcoholic drinks up to three times a week. Young people aged 15-24 years were more likely than older age groups to have five or more drinks at a time, and frequent binge drinking is widespread across the EU. Awareness of specific health risks related to alcohol varies. There is high awareness that harmful consumption is linked to liver diseases but low awareness that it also causes cancer.

The Special Eurobarometer survey on alcohol was carried out in October 2009 with 27,000 respondents. Questions on drinking patterns and attitudes towards alcohol policies monitored trends from a similar survey in 2006. Awareness of alcohol-related risks was measured for the first time in this type of survey across the EU.

Key findings:

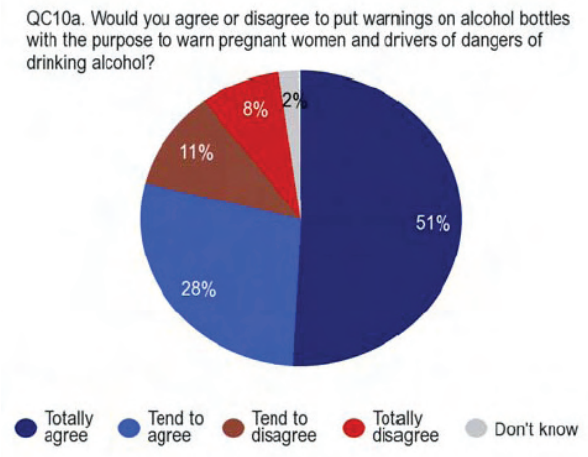
Wide support for measures to reduce alcohol-related harm:

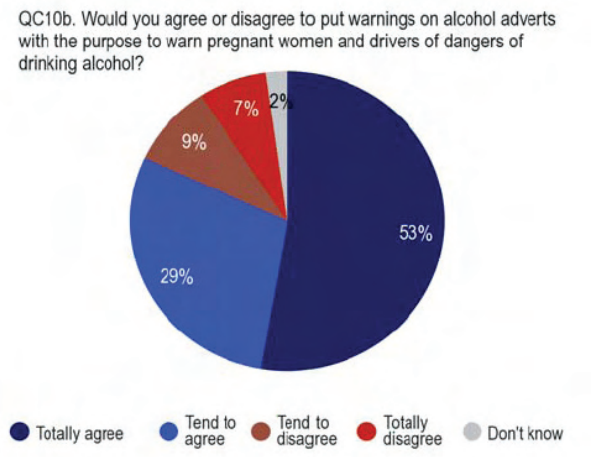
There is wide support for public policies aimed at reducing alcohol-related harm. A clear majority (89% in favour) support an 18-year age limit for selling and serving alcoholic beverages across the EU. There is also strong endorsement for action against drink-driving, such as random checks by the police (83% in favour) and a lowered blood alcohol limit for young drivers (73% in favour). Compared with 2006, there is evidence of a slight increase in the number of EU citizens favouring health warning labels on containers of alcohol.

Binge drinking widespread across the EU:

Binge drinking affects all ages but young people aged 15-24 years are the most likely to binge drink every week (where "binge drinking" is defined as five drinks or more on any one occasion). This puts younger people at a greater risk of adverse effects related to intoxication, such as accidental injuries, fights and violence.

Binge drinking is not confined to any particular region. Percentages above the EU average (29%) are found in Ireland, Romania, Germany and Austria, followed by the UK, Spain, Greece and Italy.





Daily drinking among the 55+ age group suggests chronic disease risk in an ageing population:

Those aged 55 years or more are far more likely than young people to drink daily. Regular drinking among older age groups could lead to an increased risk of chronic diseases in an ageing population.

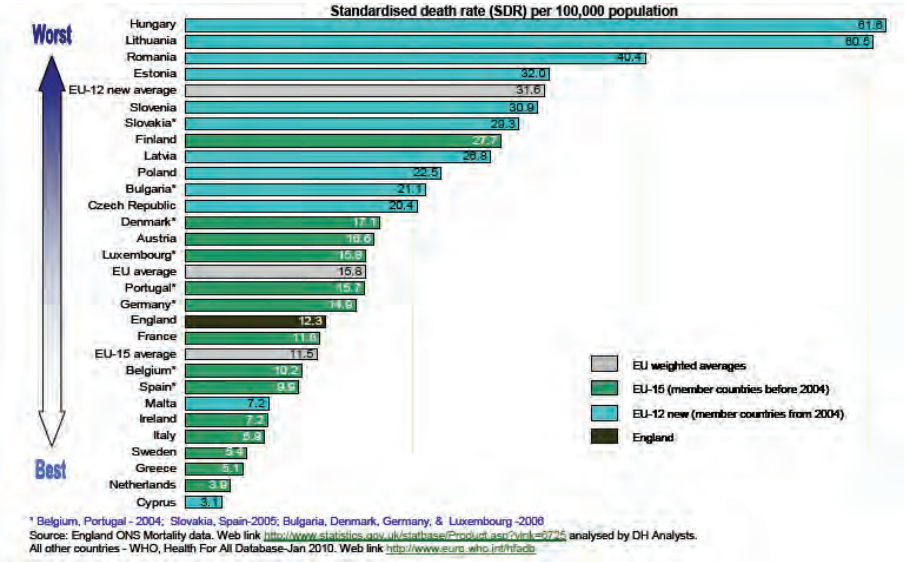
Drivers minimise risks of alcohol:

The majority of Europeans consider driving under the influence of alcohol to be risky but 14% would drive after more than two drinks in two hours. Such an amount would result in a blood alcohol concentration above the legal limit in most EU countries. More than half (62%) consider that one should not drive after two drinks in two hours. A considerable proportion (15%) thinks that not drinking at all if you intend to drive is the safest option.

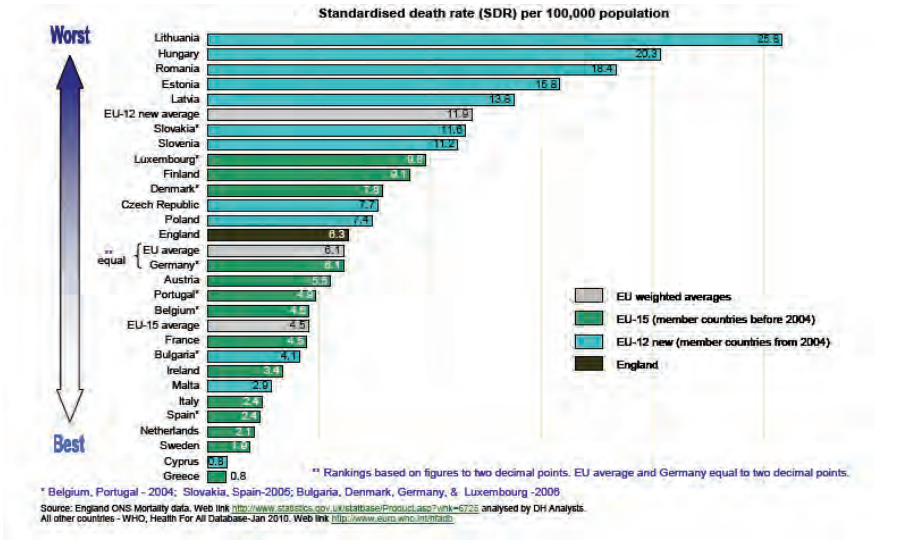
Speaking for Eurocare, Mariann Skar welcomed the findings in the report and said that "although the results of the survey show that there is still much work that needs to be done, we are pleased to see also that the European citizens support the adoption of public health policies aimed at reducing alcohol related harm, such as drink driving countermeasures, measures to reduce underage drinking, including a ban on advertising targeting minors, or measures to inform consumers of the health hazards of alcohol consumption".

An indicator of the current burden of alcohol related disease in the EU is provided by recent figures of mortality from chronic liver disease and cirrhosis, often taken as a proxy of the overall health burden from alcohol. Of particular note is the high mortality rate from this cause in the EU-12, the newer member countries of the EU, and the relative decline in the EU-15, including France and Italy which, historically, had high death rates from chronic liver disease and cirrhosis. This decline is, of course, consistent with the decline in per capita alcohol consumption in France and Italy.

Male mortality from chronic liver disease and cirrhosis aged under 65, England, EU countries and selected averages, latest data (2007*), ranked



Female mortality from chronic liver disease and cirrhosisaged under 65, England, EU countries and selected averages, latest data (2007*), ranked



Russia plans to cut alcohol consumption in half by 2020

Russian Prime Minister Vladimir Putin has approved a national plan to cut alcohol consumption in half by 2020 and to bring the illegal alcohol market under proper control, according to the Novosti press agency. The level of alcohol harm in Russia has been described by the Government as a national disaster.

Prime Minister Vladimir Putin

Measures to achieve the goals include the introduction of criminal punishment for alcohol production and sales violations; restrictions, or possibly a total ban on alcohol advertising; measures to make alcohol more expensive, and efforts to promote a healthy lifestyle, "The first phase (2010-2012) will include measures to cut alcohol consumption by 15% per capita... The second phase (2012-2020) will see the elimination of the illegal alcohol market and a reduction in consumption levels by 55%," the government said.

The aim is designed to reduce the high mortality caused by alcohol, especially among men. More than 23,000 people die of alcohol poisoning annually, while another 75,000 die of alcohol-related diseases, according to official statistics. Men in Russia have an average life expectancy of just 60 years, well below the Western European average of 77 years, and alcohol is thought to be strongly implicated in the excess mortality. Russia's Public Chamber said last year that altogether around half a million people die annually from diseases, crimes and accidents due to alcohol. The consumer watchdog Rospotrebnadzor said more than 2 million people suffer from alcohol dependence.

As part of the campaign, Russia introduced on January 1 a minimum price of vodka in an effort to fight counterfeit alcohol production in the country.

The last Russian leader to try to cut alcohol consumption was Mikhail Gorbachev, who in May 1985, attempted to tackle the high level of alcohol harm that was already taking its toll on the Soviet Union's economy and health system. While the Gorbachev campaign succeeded in reducing alcohol consumption and harm for a time, the success could not be maintained, and the illicit production of moonshine - 'samogon' - rose rapidly. There was also an increase in the consumption of non-beverage alcohols such as medicinal and industrial spirit.

Previously, Russia's chief public health doctor had called for a night-time ban on sales of all alcoholic beverages, including beer. Dr Gennady Onishchenko said that prohibiting sales of alcoholic beverages between 9pm and early morning was 'a normal and civilized norm', and he urged that the ban should also include beer as well. In Moscow, spirits are already unavailable in most stores from 11 p.m. until 8 a.m.

Alcohol policy in a Russian region: a stakeholder analysis

How successful the Russian Government's new campaign will be in reducing alcohol consumption and harm remains to be seen. As Russia is a federation, action needs to be taken at regional as well as national level, and the results of a recent study suggest that a major obstacle to regional progress is an imbalance of power among stakeholders in alcohol issues, with the power being largely held by those opposed to any initiatives to reduce alcohol consumption.

The study, of a typical Russian region close to the Urals, identified and interviewed representatives of all the major public and private bodies with an interest

in alcohol isues.The authors report two striking findings. The first was that many organizations that we might have expected to play a role in alcohol policy were almost entirely disengaged: while almost everyone recognized that there was a problem (even if they disagreed about its nature) they believed that they could do nothing about it. The second was that those who might favour restrictions on alcohol were highly fragmented and there was no evidence of a multi-sectoral coalition for health. While this fragmentation was also seen among those opposed to effective action, the alcohol producers were none the less active in trying to block any restrictions on their activities.

The authors conclude that there is a need to communicate the fact that effective action to reduce alcohol consumption is possible in Russia, and that multi-sectoral collaboration to promote health will be required to overcome the challenge posed by the existence of a powerful pro-alcohol lobby opposed to any initiatives to reduce alcohol consumption.

Artyom Gill et al. The European Journal of Public Health Advance Access published March 28, 2010 http://eurpub.oxfordjournals.org

Per capita alcohol consumption and alcohol-related harm in Belarus, 1970–2005

There is a high level of alcohol related harm generally in the former Soviet Union, normally attributed to a combination of the high overall level of alcohol consumption and harmful drinking patterns.

A recent study of Belarus, neighbouring Russia, reports that that 60–80% of all alcohol in Belarus is consumed in the form of spirits, and findings from representative population surveys carried out in Grodno city suggest that 57% of men and 9% of women had a consumption pattern that was hazardous according to the audit definition, while 28% of men and 2.8% of women were identified as being alcohol dependent.

The study examined the relationship between alcohol consumption and mortality 1970-2005, and found that a one 1itre increase in consumption was associated with an increase in male all-cause mortality of 2.3%. The corresponding figures for alcohol poisoning mortality and alcohol psychosis admissions were 12% and 25%.

The authors conclude that their study strengthens the notion of alcohol consumption as an important determinant of population health in this part of the world, and thus the notion that alcohol control must be a key priority for Belarusian public health policy.

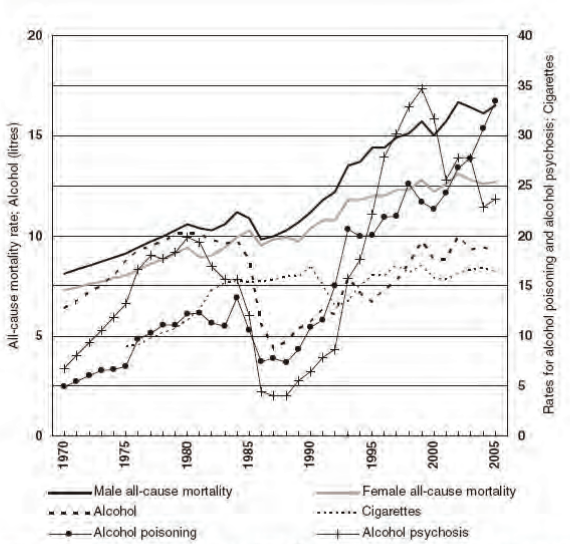
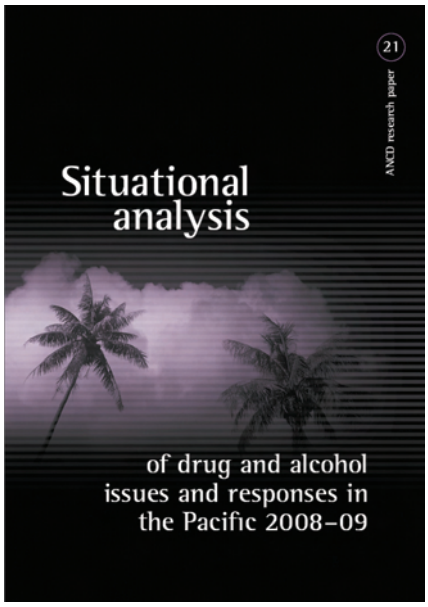


Figure 1 Trends in male and female all-cause mortality per 1000. Mortality per 1000 from alcohol poisoning (males and females ⩾15 years), hospital admission per 1000 for alcohol psychosis (males and females ⩾15 years), sales of cigarettes in hundreds per capita ⩾15 years and sales of alcohol in litres 100% alcohol per capita ⩾15 years

The European Journal of Public Health Advance Access published February 24, 2010. Thor Norström, Swedish Institute for Social Research, Stockholm University, S-106,91 Stockholm, Sweden and Yury Razvodovsky, Department of Psychiatry, Grodno State Medical University, Belarus

Alcohol still the main problem drug in Pacific Region

Whilst illicit drugs are becoming an increasing concern in the Pacific region, alcohol is still the main issue, according to a major new report from the Australian National Council on Drugs (ANCD).



The report, Situational Analysis of Drug and Alcohol Issues and Responses in the Pacific 2008-09, prepared for ANCD by the Burnet Institute, was commissioned to provide detailed country profiles relating to alcohol and other drug issues. In addition, a regional overview was prepared to highlight where existing regional mechanisms may be, and already have been, employed to address these issues. The report provides a current picture of the Pacific Region and the drug and alcohol issues they are experiencing.

Co-author and Professor at the Burnet Institute, Robert Power, said "This extensive report clearly highlights on-going concerns in the Pacific region about what is happening with alcohol and other drugs. It very clearly identifies alcohol as the main substance of concern in the Pacific region and shows that cannabis is the key illicit drug of concern in the region."

"Significantly this really is the first time we have a much clearer picture of the extensive harm occurring in countries that are our neighbours. Alcohol is considered to be the major factor contributing to numerous health problems affecting people in the Pacific. What is also evident is that there is a real need for better quality data and a strong desire throughout the region to acquire an understanding about the best ways to address these problems. The role for Australia here is very clear."

Dr John Herron said, "We see constantly the clear harm alcohol causes to the Australian community. The rise of alcohol related problems and the potential for it to escalate further in the Pacific is quite ominous – especially if we don't act now. It's also clear that alcohol and other drugs are significantly contributing to risky behaviour – particularly risky sexual behaviour amongst young people in our region. The potential harm from this behaviour is great."

The report identifies a number of key issues for the Region as a whole.

The primary substance of concern remains alcohol - however in illicit drugs it is cannabis - this response was fairly uniform across the region.

In many parts of the Pacific region alcohol is considered to be the major contributing factor in many health problems (e.g. heart disease, liver disease etc).

There is a growing concern in the region about the impact of drugs – both licit and illicit. This comes from both the burden on the community and the health sectors which are arising from the misuse of alcohol and other drugs. There is a growing link between substance misuse and risky behaviour (particularly sexual behaviour) amongst young people in the region.

Overwhelming throughout the report are the issues of the lack of on-going quality-assured reliable data on alcohol and drug use. The over-reliance on law enforcement and under-investment in health or at least a lack of an appropriate health response is raised through-out the region.

Due to a lack of adequately trained personnel, particularly in the AOD related health sector, there is a need to significantly invest in workforce capacity building opportunities throughout the Pacific Region.

The report also contains a series of short-term and longer term recommendations relating to surveillance, research and service provision.

The Burnet Institute

A report prepared for the Australian National Council on Drugs

Published by the Australian National Council on Drugs
PO Box 205,
Civic Square ACT 2608
Telephone: 02 6166 9600
Fax: 02 6162 2611
Email: ancd@ancd.org.au
Website: www.ancd.org.au

Front cover of the report reproduced by kind permission of the Australian National Council on Drugs

New National Alliance formed to reduce harm from alcohol in Australia

A new national coalition of health and community organisations from across Australia has been established to reduce alcohol-related harm.

Comprising an initial 26 major organisations with a focus on public health and alcohol, the National Alliance for Action on Alcohol (NAAA) will focus on reducing alcohol problems in the community.

One in five Australians aged 14+ years drink at short-term risky/high-risk levels at least once a month. This equates to more than 42 million occasions of risky or high-risk drinking in Australia each year.

The cost to the Australian community from alcohol-related harm in 2004/05 was estimated to be more than $15 billion, including $3.5 billion in lost productivity in the workplace.

An estimated 70 per cent of all police actions on the streets involve alcohol abuse, whether dealing with victims, perpetrators or witnesses to alcohol crime.

On average, one in four hospitalisations of young people aged 15 – 24 occur because of alcohol. Alcohol consumption at a young age can also adversely affect brain development and is linked to alcohol-related problems later in life.

A recent survey of Australians revealed that 84 per cent of people are concerned about the impact of alcohol on the community.

"The majority of Australians say we have a national drinking problem and want to see more action to prevent alcohol-related illness, injury and death," said Professor Mike Daube, Chair of the NAAA and President of the Public Health Association of Australia.

Todd Harper, CEO of the Victorian Health Promotion Foundation (VicHealth) and NAAA co-convenor said: "This is the first time such a broad group of health organisations has come together to pool their collective expertise around what needs to be done to address Australia's drinking problems."

David Templeman, CEO of the Australian Alcohol and Other Drugs Council (ADCA) said: "We all want to see a much stronger emphasis on action. We will now be inviting all organisations genuinely concerned to reduce alcohol problems in Australia to join the Alliance so we can ensure real action."

John Rogerson, CEO of the Australian Drug Foundation said: "The adverse effects of alcohol impact on everybody in the community. We'll be sending a clear message to Government and all politicians that there is a pressing need for action, and we'll be putting forward evidence-based solutions around these issues."

Initial priorities for the NAAA will be:

- reforming alcohol taxation
- buying-out by government of alcohol sponsorship in sports and the arts
- increasing investment in prevention
- strengthening the regulating of alcohol advertising
- introducing health information labelling on alcohol products and including point-of-sale promotions
- tightening controls on the sale and supply of alcohol.

As of April 2010, the National Alliance for Action on Alcohol consists of 27 organisations from across Australia:

Alcohol and Other Drugs Council of Australia (ADCA),
Alcohol Education and Rehabilitation Foundation (AERF),
Alcohol Policy Coalition (Vic),
Australian Drug Foundation (ADF),
Australasian Faculty of Public Health Medicine (AFPHM),
Australian Medical Association,
Australian Health Promotion Association (AHPA),
Australian National Council on Drugs (ANCD),
Australian Research Alliance for Children and Youth (ARACY),
Cancer Council Australia,
Cancer Council Victoria,
Diabetes Australia,
Kidney Health Australia,
National Drug Research Institute (NDRI, Curtin University),
National Heart Foundation,
National Indigenous Drug and Alcohol Committee (NIDAC),
Public Health Advocacy Institute (WA),
Public Health Association of Australia (PHAA),
Royal Australasian College of Physicians, Telethon Institute for Child Health Research,
Turning Point Alcohol & Drug Centre,
VicHealth and university groups.

New Zeal

sw

An end to 24 hour licensing, raising the legal purchase age and higher alcohol taxes are among the reforms called for by the New Zealand Law Commission.

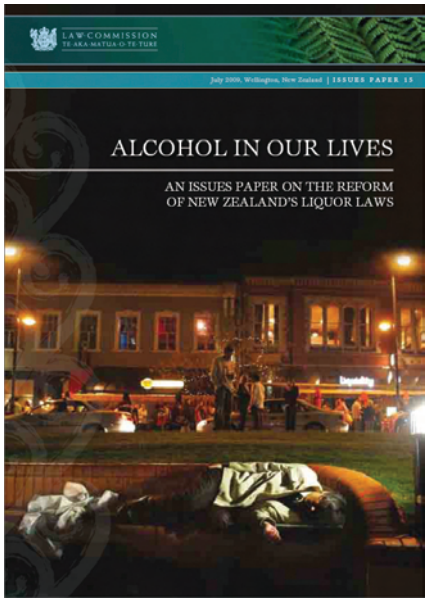
Launching the report, Alcohol in Our Lives: Curbing the Harm, Law Commission President Sir Geoffrey Palmer said the 153 recommendations contained in the report provided a blueprint for reducing both the short and long term effects of alcohol misuse on society.

"Those who enjoy alcohol socially and drink in a low risk manner will be little affected by the Law Commission's recommendations. Our reforms are firmly targeted at reducing the harms associated with heavy drinking and drinking to intoxication. To do this we need to ensure that alcohol is promoted, sold and supplied in a manner which better reflects the risks and responsibilities associated with its consumption."

The Commission had undertaken a three month public consultation and received over 2,900 submissions on its original Issues paper, Alcohol in Our Lives, published in J2009. Sir Geoffrey said the size of the final report and number of recommendations reflected the very broad ranging terms of reference given to the Commission. These required the Commission to examine not

and Law Commission calls for veeping alcohol reforms

only the licensing system but also alcohol pricing and promotions, parental responsibilities, and how to ameliorate the adverse effects of alcohol on health and crime.



Key policy recommendations include:

- the introduction of a new Alcohol Harm Reduction Act;
- raising the price of alcohol by an average of 10% through excise tax increases;
- regulating irresponsible promotions that encourage the excessive consumption, or purchase, of alcohol;
- returning the minimum purchase age for alcohol to 20;
- strengthening the rights and responsibilities of parents for the supply of alcohol to minors;
- introducing national maximum closing hours for both on and off-licences; (4am and 10pm respectively)
- increasing the ability of local people to influence how and where alcohol is sold in their communities;
- increasing personal responsibility for unacceptable or harmful behaviours induced by alcohol, including a civil cost recovery regime for those picked up by the police when grossly intoxicated;
- moving over time to regulate alcohol advertising and sponsorship.

Sir Geoffrey said while there had been many benefits associated with the liberalisation of New Zealand's liquor laws in 1989, the resounding message the Commission had received from the public was that the pendulum had swung too far. A saturated alcohol market had led to intense competition and the over commercialisation of alcohol, with alcohol being sold at pocket-money prices. One of the consequences of this, he said, was that "we risk losing sight of its status as a legal drug, capable of causing serious harm to others."

Sir Geoffrey said there is growing research evidence of a causal link between alcohol intoxication and aggression. The Police were in no doubt that one of the key drivers behind the escalating levels of violent crime in this country was the abuse of alcohol.

While many New Zealanders drank in a low-risk manner, the uncomfortable truth was that a very significant minority – as many as 25% of all drinkers – drank heavily when they drank. And a much larger number engaged in a persistent pattern of episodic binge drinking – the worst pattern of drinking for one's own health and for inflicting damage on others.

In regard to alcohol policy, Sir Geoffrey said that the international evidence was clear that the most effective policies to reduce alcohol-related harm were those which targeted the availability, price and promotion of alcohol. Policies which targeted cheap alcohol were particularly important because research showed low cost alcohol was favoured by young and heavy drinkers.

A recommended 50% increase in excise tax would push alcohol prices up by an average of 10% but would differentially target low cost alcohol which is known to drive most acute harm.

Risky drinkers less likely to take good care of themselves and seek medical care

Kaiser Permanente study finds heavier drinkers have worse health care habits

People who engage in frequent heavy drinking report significantly worse health-related practices, according to a Kaiser Permanente Center for Health Research study in the journal *Addiction Research & Theory.*

For the study, researchers surveyed 7,884 members of the Kaiser Permanente Northwest integrated health plan in Oregon and Washington. They found that risky drinkers have attitudes and practices that may adversely affect their long-term health and that people who drink at hazardous levels were less likely than other categories of drinkers to seek routine medical care.

Risky drinking was defined in three different ways to account for both short and long-term alcohol-related risks: 1) those who, on average, drank three or more drinks per day, 2) women who consumed four or more drinks during one sitting, or men who drank five or more drinks during one sitting, or 3) people identified as at-risk drinkers using a commonly used screening tool. "The main finding here is that risky drinkers also engage in other behaviors - such as relieving stress with alcohol and cigarettes, not wearing seatbelts, unhealthy eating and not regularly seeing their doctors - that put their health at risk," said study lead author Carla Green, a senior investigator at the Kaiser Permanente Center for Health Research. "Physicians should not only be concerned about patients' heavy drinking, but also these other health-related practices."

Dr Carla Green

The study, funded by the National Institute on Alcohol Abuse and Alcoholism, is the first to examine the relationship between drinking patterns and health while taking into account a wide-range of other factors that might influence that relationship.

Those factors include diet, exercise, stress management, sleep practices, seat belt use, income, education, obesity, as well as feelings about seeing the doctor, skepticism toward medical care, and attitudes about personal ability to influence health.

Our study found that men and women who drank the most had less collaborative relationships with their doctors and were more likely to dislike going to the doctor. They were also less confident they could change their own health-related practices and more likely to think health is a matter of good fortune," Green said.

While the study clearly showed a negative relationship between health and daily, heavy drinking, it also found that moderate drinking was associated with better health. In fact, on a standard health status survey, people who drank one-to-three drinks daily reported slightly better health than all other categories of drinkers, including life-long abstainers, former drinkers, light drinkers (less than one drink a day) and heavier drinkers (three or more drinks per day). People who drank moderately were also more likely to have better health-related attitudes and practices, and more likely to seek routine medical care.

"Even after taking these other health-related attitudes and practices into account, there was still a small but independent relationship between moderate drinking and better self-assessed health," said Michael Polen, study co-investigator at the Kaiser

Permanente Center for Health Research. "Previous research has linked moderate alcohol drinking with cardiovascular benefits, so that might be the underlying reason moderate drinkers report better health. It's also possible that there are additional factors we didn't measure that account for this positive relationship." The study was conducted by reviewing mail-survey responses of 7,884 Kaiser Permanente members from 2002 and 2003. The survey was linked to two years of electronic health records and service use data to study how drinking patterns affect willingness to seek health care. Each of the members, aged 18 to 64, responded to a survey that measured physical and mental health as well as health-related attitudes and practices.

Alcohol reduces quality of diet

People who drink more are also likely to eat less fruit and consume more calories from a combination of alcoholic beverages and foods high in unhealthy fats and added sugars, according to a new study by researchers at the National Institute on Alcohol Abuse and Alcoholism (NIAAA), National Cancer Institute (NCI), and the U.S. Department of Agriculture (USDA).

The study of more than 15,000 adults in the United States found that increased alcoholic beverage consumption was associated with decreased diet quality. The article is in the April 2010 issue of the Journal of the American Dietetic Association.

"Heavy drinking and dietary factors have independently been associated with cardiovascular disease, certain cancers, and other chronic health problems," said NIAAA Acting Director Kenneth R. Warren, Ph.D. "This finding raises questions about whether the combination of alcohol misuse and poor diet might interact to further increase health risks."

The researchers analyzed data collected from participants in the National Health and Nutrition Examination Survey (NHANES), an ongoing survey of cross-sectional samples of the U.S. population conducted by the U.S. Department of Health and Human Services' Centers for Disease Control and Prevention. Data included alcohol consumption information as well as Healthy Eating Index (HEI)-2005 scores. Created by the USDA, the HEI-2005 measures how closely diets conform to the 2005 U.S. Dietary Guidelines for Americans.

"We found that as alcoholic beverage consumption increased, Healthy Eating Index scores decreased, an indication of poorer food choices," said first author Rosalind A. Breslow, Ph.D., an epidemiologist in NIAAA's Division of Epidemiology and Prevention Research. "It's important to note that our study did not determine the cause of these associations."

A previous study by Dr Breslow and her colleagues showed that people who drink the largest quantities of alcohol have the poorest quality diets. In the present study, they were able to identify specific dietary components that worsened with increased alcohol intake. In addition to decreased fruit consumption and increased caloric intake among both men and women, the researchers found that increased alcoholic beverage consumption was associated with a decreased intake of whole grains and milk among men.

"Our findings underscore the importance of moderation for individuals who choose to consume alcoholic beverages, and a greater awareness of healthy food choices among such individuals," noted Dr Breslow.

The 2005 U.S. Dietary Guidelines define moderate drinking as no more than one drink on any day for women and no more than two drinks on any day for men. It is important for people to consume nutrient-dense foods, like whole fruits and whole grains, that provide substantial amounts of vitamins, minerals, and fiber, and relatively few calories, while limiting the consumption of alcohol, unhealthy fats, and added sugars, which provide calories but few essential nutrients.

Pediatricians should discourage youth drinking

Pediatricians should step up their efforts to discourage children and teenagers from drinking alcohol because it can damage their developing brains, increase their risk of dependence and cause accidents that lead to early death, it is stated in a new policy statement from the American Academy of Pediatrics.

According to the statement, alcohol use continues to be a major problem from pre-adolescence through young adulthood in the United States, particularly in view of the results of recent neuroscience research which have substantiated the deleterious effects of alcohol on adolescent brain development and added even more evidence to support the call to prevent and reduce under-aged drinking.

The statement calls for pediatricians to be knowledgeable about substance abuse and to be able to recognize risk factors for alcohol and other substance abuse among youth, to screen for use, provide appropriate brief interventions, and refer to treatment.

The statement adds that the integration of alcohol use prevention programs in the community and the US educational system from elementary school through college should be promoted by pediatricians and the health care community. Promotion of media responsibility to connect alcohol consumption with realistic consequences should also be supported by pediatricians. Additional research into the prevention, screening and identification, brief intervention, and management and treatment of alcohol and other substance use by adolescents continues to be needed to improve evidence-based practices

Long term consequences

The Pediatricians point to the results of recent research which have demonstrated that brain development continues well into early adulthood, and that alcohol consumption can interfere with such development. These indicate, they say, that alcohol use by youth is an even greater pediatric health concern than was previously recognized.

The statement explains that the deleterious effects of youth drinking are not restricted to the short-term. Use of alcohol at an early age is associated with future alcohol-related problems. Data from the US National Longitudinal Alcohol Epidemiologic Study substantiated that the prevalence of both lifetime alcohol dependence and alcohol abuse show a striking decrease with increasing age at onset of use. For those aged 12 years or younger at first use, the prevalence of lifetime alcohol dependence was 40.6%, whereas those who initiated at 18 years was 16.6% and at 21 years was 10.6%. Similarly, the prevalence of lifetime alcohol abuse was 8.3% for those who initiated use at 12 years or younger, 7.8% for those who initiated at 18 years, and 4.8% for those who initiated at 21 years. The contribution of age at alcohol use initiation to the odds of lifetime dependence and abuse varied little across gender and racial subgroups in the study. Early alcohol initiation has also been associated with greater sexual risk-taking (unprotected sexual intercourse, multiple partners, being drunk or high during sexual intercourse, and pregnancy); academic problems; other substance use; and delinquent behavior in mid- to later adolescence. By young adulthood, early alcohol use is associated with employment problems, other substance abuse, and criminal and violent behavior.

Committee on Substance Abuse Policy Statement Alcohol Use by Youth and Adolescents: A Pediatric Concern. American Academy of Pediatrics 2010

Israel tackles alcohol 'epidemic'

The Government of Israel has begun to implement measures to combat a growing alcohol problem, especially among young people. The initiative was announced by Prime Minister Benjamin Netanyahu following a cabinet meeting. Mr Netanyahu said:

"We face an epidemic. In the last three years there has been a 15% rise in alcohol use in Israel. One-third of all young people between the ages of 12-18 reported that they became intoxicated in the past year, which is a terrible statistic. Here is another statistic: Approximately 20% of sixth grade boys claim that they consume an alcoholic drink once a week. That is the second highest in Europe.

We must act against this. We will take three immediate steps: one, we are initiating a legislative change to restrict the sale of alcohol to minors, expand the ban on alcohol use, and seriously increase the penalty for those who break the law in this respect. Second, we will increase enforcement of the prohibition against alcohol sales in many places. Third, we intend to create a public atmosphere which is against alcohol use, especially amongst youth, by means of various public educational activities. To this end, we will today allocate NIS 27 million for their immediate start.

I think that we face a turning point on this subject. Other countries took action and were successful. We are learning from them. The most important thing is to act, to act aggressively, and immediately - and this is what the Government will do."

One of the first measures to be introduced was a ban on sales of alcohol between 11pm and 7am, with police allowed to confiscate alcohol in public places during the hours it cannot legally be sold. Other measures under consideration by the government are a ban on alcohol advertising, raising the legal drinking age from 18 to 21, and raising the prices of alcoholic beverages.

Teaching children to drink sensibly may not be sensible

The idea that parents can prevent alcohol misuse in their children by teaching them to drink responsibly at home is a popular one in many parts of Europe and elsewhere. But it may owe more to folk law than to science, according to a new study in the January 2010 issue of the *Journal of Studies on Alcohol and Drugs*.

In a study of 428 Dutch families, researchers found that the more teenagers were allowed to drink at home, the more they drank outside of home as well. What is more, teenagers who drank under their parents' watch or on their own had an elevated risk of developing alcohol-related problems. Drinking problems included trouble with school work, missed school days and getting into fights with other people, among other issues.

The findings, say the researchers, put into question the advice of some experts who recommend that parents drink with their teenage children to teach them how to drink responsibly -- with the aim of limiting their drinking outside of the home.

That advice is common in the Netherlands, where the study was conducted, but it is based more on experts' reasoning than on scientific evidence, according to Dr Haske van der Vorst, the lead researcher on the study.

"The idea is generally based on common sense," said van der Vorst, of Radboud University Nijmegen in the Netherlands. "For example, the thinking is that if parents show good behavior -- here, moderate drinking -- then the child will copy it. Another assumption is that parents can control their child's drinking by drinking with the child."

But the current findings suggest that is not the case. Based on this and earlier studies, van der Vorst says, "I would advise parents to prohibit their child from drinking, in any setting or on any occasion."

The study included 428 families with two children between the ages of 13 and 15. Parents and teens completed questionnaires on drinking habits at the outset and again one and two years later.

Contact

Published by The Global Alcohol Policy Alliance
Alliance House
12 Caxton Street
London SW1H 0QS
United Kingdom
Tel: 020 7222 4001
Fax: 020 7799 2510
Email: gapa@ias.org.uk