Issue 3 2012

THE GLOBE

65thWorld Health Assembly
Non-communicable Diseases
Alcohol Target Missing

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ISSN 1460-9142

Printed by:
Langham Press Limited
Foxton, Cambridge, England

Front Cover:

The Sixty-fifth Session of the World Health Assembly, Geneva, 21-26 May 2012

Photograph:
WHO/Pierre Albouy

65th World Health Assembly: Steps taken towards reducing NCDs: but no specific alcohol target

Following on from recommendations made in the Political Declaration of the UN General Assembly on the Prevention and Control of non-communicable diseases [NCDs], representatives from 194 Member States met in May at the 65th World Health Assembly to discuss suitable proposals for measuring their prevention and control, in line with the World Health Organization's [WHO] global comprehensive monitoring framework.

Alcohol was established as one of four major risk factors at the UN high-level meeting on NCDs in September 2011. As a result, the first draft of the WHO framework included the target of a 10% relative reduction in per capita consumption of litres of pure alcohol among persons aged 15+ years. But unlike the targets set for salt and tobacco, it was subsequently removed in the run-up to the summit in Geneva.

Under Committee A's second report, "the Prevention and Control of NCDs", Member States agreed to adopt the global target of a 25% reduction in premature mortality from NCDs by 2025. They also expressed strong support for additional work aimed at reaching consensus on all health targets relating to the four main risk factors by the end of 2012.

However, Member States were uncertain of reinstating the original goal of a 10% reduction in consumption relating to alcohol. The report instead requested that the Director-General of the Assembly, Dr Margaret Chan, prepare a revised discussion paper reflecting all contributions to the current debate ahead of further talks later on this year, when Member States are expected to set voluntary global targets for reducing alcohol consumption as one of the major risk factors and include a set of indicators for measuring the effectiveness of regional, national and multisectoral approaches to combat the emergence of NCDs.

Member States will reconvene in October 2012 with the aim of deciding a target for alcohol reduction. The following report of Committee A was adopted by the Assembly:-

Prevention and control of noncommunicable diseases: follow-up to the High-level meeting of the United Nations General Assembly on the Prevention and Control of Non-communicable diseases

Recalling the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases (A/RES/66/2), in particular paragraph 62, to prepare recommendations, before the end of 2012, for a set of voluntary global targets for the prevention and control of noncommunicable diseases and the commitments made to address noncommunicable diseases, principally cardiovascular diseases, cancers, chronic respiratory diseases, diabetes, and the underlying common risk factors, namely tobacco use, unhealthy diet, physical inactivity and harmful use of alcohol;

Reaffirming the leading role of WHO as the primary specialized agency for health, as recognized by the United Nations General Assembly in the Political Declaration of the High-level meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases and

its responsibility with the full participation of Member States[1] pursuant to paragraphs 61 and 62 of the Political Declaration toward development of a comprehensive global monitoring framework, including a set of indicators, capable of application across regional and country settings, and a set of voluntary global targets for the prevention and control of noncommunicable diseases, before end 2012;

Recalling the commitment made in WHA60.23 to achieve the target of reducing death rates from noncommunicable diseases by 2% annually during the period 2006–2015,

1. DECIDED to welcome the report A65/6 on prevention and control of noncommunicable diseases and its addendum 1 and recognized the significant progress made in close collaboration with Member States pursuant to paragraphs 61 and 62 of the Political Declaration;

2. DECIDED to adopt a global target of a 25% reduction in premature mortality from noncommunicable diseases by 2025;

3. EXPRESSED strong support for additional work aimed at reaching consensus on targets relating to the four main risk factors, namely tobacco use, harmful use of alcohol, unhealthy diet, and physical inactivity;

4. DECIDED to note wide support expressed by Member States[1] and other stakeholders around global voluntary targets considered so far including those relating to raised blood pressure, tobacco, salt/sodium and physical inactivity;

5. FURTHER noted that consultations to date, including discussions during the Sixty-fifth World Health Assembly, indicated support from among Member States[1] and other stakeholders for the development of targets relating to obesity, fat intake, alcohol, cholesterol and health system responses such as availability of essential medicines for noncommunicable diseases;

6. NOTED that other targets or indicators may emerge in the remainder of the process established by resolution EB130.R7;

7. URGED all Member States[1] to participate fully in all remaining steps of the noncommunicable diseases follow-up process described in resolution EB130.R7 including regional and global level consultations;

8. REQUESTED the Director-General to:

(1) undertake further technical work on targets and indicators and prepare a revised discussion paper on the comprehensive global monitoring framework which reflects all discussions and submissions to date and which takes into account measurability, feasibility, achievability and the existing WHO strategies in this area; and

(2) consult with Member States[1] including through Regional Committees, and where appropriate, regional technical/expert working groups which report to Regional Committees through the Secretariat, on this revised discussion paper;

(3) continue to consult with all relevant stakeholders in a transparent manner on this revised discussion paper;

(4) prepare a report summarizing the results of the discussions in each of the Regional Committees and the inputs from the above-mentioned dialogues with stakeholders;

(5) convene a formal Member States[1] meeting, to be held prior to the end of October 2012, to conclude the work on the comprehensive global monitoring framework, including indicators, and a set of global voluntary targets for the prevention and control of noncommunicable diseases;

(6) submit a substantive report on the recommendations relating to paragraphs 61 and 62 of the Political Declaration through the Executive Board at its 132nd session to the Sixty-sixth World Health Assembly.

[1]And, where applicable, regional economic integration organizations.

Globe comment

The failure of the World Health Assembly (WHA) to adopt a clear and specific target on reducing per capita alcohol consumption as part of the global effort to reduce the burden of disease caused by non-communicable diseases (NCDs) is a disappointment, and a reminder of how alcohol remains the poor sibling of the major risk factors to death and disability worldwide.

The September 11 UN High-Level Meeting on NCDs called on WHO to set targets for the reduction of death and disability due to NCDs, and the WHA responded by committing to reduce the global burden of NCDs by 25% by the year 2025. This is an ambitious goal that will require concerted efforts and action on many levels. However, it is unlikely that such a target will be achievable if it is not complemented by plans to tackle each of the major risk factors that contribute to the ever-increasing rate of NCDs in both the developed and the developing world.

A substantial body of literature has documented alcohol's role as a major risk for chronic disease, contributing to the global burden of cancer, cirrhosis, cardiovascular disease and stroke. Alongside tobacco use, unhealthy diet and physical inactivity, the harmful use of alcohol was identified as one of the top four risk factors for NCDs globally at the 2011 UN High Level Meeting on NCDs.

Numerous expert bodies have also validated the relationship between per capita consumption and alcohol-related harm. The WHA considered, but was unable to reach consensus on, adopting a modest target of a 10% reduction in per capita consumption of alcohol. Failure to include such a target in a framework that aims to reduce NCDs overall is akin to taking on an adversary without bothering to aim: there is no way to measure success (or failure), and little pressure on Member States to adopt effective measures to reduce consumption such as higher taxation, restrictions on physical availability, and reductions in alcohol marketing.

Many of the arguments used in opposition to the proposed target for a reduction in per capita consumption had a familiar ring to them, for they echoed the arguments being made by the alcohol producers' industry and industry front groups such as the International Center for Alcohol Policies. Prioritizing the views and interests of economic operators over the public health research literature will threaten the success of the overall NCD prevention programme. It is essential that Member States are fully informed about the impact a weak framework for evaluation could have in the long term.

Now is the time for civil society to push for a set of targets for all four of the main risk factors for NCDs, including a 10% reduction in per capita consumption of alcohol. Unless Member States reach consensus over the coming months on a stronger framework, the action plan for NCDs is destined to fail.

NCDA Global Platform faces opposition from COI coalition

Ahead of the World Health Assembly in May 2012, the Non Communicable Disease Alliance (NCDA) announced proposals to establish a Global Coordinating Platform on NCDs, led by Member States, UN agencies, civil society and the private sector, to facilitate a renewed multisectoral movement for NCDs.

The NCDA proposed that the Platform have the responsibility fully to develop a global plan for NCDs and bring together key sectors and partners, a move which was met with opposition from parts of the NGO community.

GAPA wrote to the NCDA expressing concerns about the role of the private sector, in particular the alcohol industry, in developing a strategy to combat NCDs. As members of the Conflict of Interest (COI) coalition, GAPA is explicitly opposed to alcohol industry involvement in the development of public health policy due to the inherent conflict of interest between economic objectives and public health goals.

Derek Rutherford, GAPA Chair, said: "GAPA sees numerous examples of the alcohol beverage industry trying to postpone, dilute or boycott proposals for evidence-based measures to protect public health. The NCDA itself has acknowledged the industry has been active behind the scene in trying to dilute the WHO process on NCD targets and indicators with regard to alcohol consumption."

Several members of the COI Coalition joined GAPA in voicing their opposition to the proposed Platform. In the days leading up to the WHA, the NCDA added to the Platform proposal "clear guidelines that include an ethical framework and code of conduct to manage conflicts of interest and to firewall policy development".

However, despite this amendment, concerns remain that the proposed Platform continues to undermine the main concerns of public interest NGOs, who are campaigning for clarity on the role of the private sector in public policy-making. A joint NGO positioning paper on partnerships for NCDs was published following the WHA, with signatories including The UK National Heart Forum, World Cancer Research Fund and GAPA. The paper calls for industry exclusion from policy development, strategy development, norms and standards setting. It also calls for the UN and WHO to clarify the definition of "partnerships", making a clear distinction between participation-based interactions and joint decision making processes.

Mr Rutherford added: "The NCDA Platform can be seen as reinforcing blurred boundaries. We must continue to push for a clear distinction on the role of industry in policymaking – alcohol producers are not experts in public health, they are experts in selling drink. Inviting them to help develop a global plan for reducing non-communicable diseases legitimises their place at the policy table and risks putting commercial interests before public health."

The public interest NGO positioning paper on partnerships for NCDs can be found on the GAPA website, www.globalgapa.org

One in eight deaths in Europe between the ages of 15 and 64 "is caused by alcohol"

- **The damage caused by alcohol costs each European around 300€ every year**

These are the claims made by the ALICE RAP network of scientists which has launched its policy brief on alcohol, calling for policy 'to promote health over industry interests'.

The ALICE RAP project (Addiction and Lifestyles in Contemporary Europe – Reframing Addictions Project) brings together a network of over 150 researchers who study many different aspects of addiction from a wide range of different disciplines. The network of scientists involved in the project includes some of the most renowned researchers in Europe from a wide variety of disciplines, ranging from biomedical fields which look at addiction, such as neurobiology, to economics, market forces, clinical services and the social impact of addictive behaviour.

In its briefing on alcohol, the ALICE RAP team state that Europe has a drinking problem. The countries of the European Union drink more than twice the world's average, and, they say, alcohol represents the number one addiction problem in Europe today, greater than any other drug or gambling, with around 1 in every 8 deaths amongst 15-64 year olds being due to alcohol. The briefing continues:

Alcohol is not just killing us, but costing us too: On top of spending on alcohol, alcohol costs European society about €300 per capita per year through reduced productivity and in costs to the health system, the welfare system and the criminal justice system. Scarce public funds are being stretched to cover these various costs: over-burdened health services to treat alcohol dependence and some 250 serious health problems caused by alcohol, such as cancer and liver disease; the costs to society and the criminal justice system of drunken violence and accidents; the costs to the welfare system of helping people whose lives have been ruined by alcohol to find their feet and start living again. European societies are also paying in terms of lost productivity from poor work performance of individuals with alcohol problems, not to mention those worried about them. These are costs we could well do without in times of economic austerity. In addition, new research findings suggest that drinkers are drinking far more than they actually enjoy, not to mention more than their bodies can cope with.

However, evidence-based alcohol policy could break the negative pattern of harmful consumption and associated costs. Recent scientific research shows that certain aspects of alcohol policy can successfully help whole populations reduce their alcohol consumption, heavy drinkers in particular, and thereby reduce the damage caused by alcohol. Economic models indicate that these policy options are also cost-effective.

European governments need a clear and un-biased view of the most up-to-date scientific research in this area, in order to choose the policy approach that will maximise their populations' health, wealth and happiness. The ALICE RAP policy brief, 'Alcohol – the neglected addiction', provides much needed scientific input to the discussion, which has long been dominated by alcohol industry lobbyists.

The most effective policy approaches, and also the fairest and most targeted, are those which nudge people towards consuming fewer grams of alcohol by moderating price and availability and by banning alcohol advertising. The minimum unit price proposed by the UK government is supported by research which shows that it brings about the highest reductions in consumption among those who are harming their health the most (i.e. those who most need to cut down). Regulation of alcohol-selling environments which modify availability can also encourage people to drink more moderately and result in better individual and population health, wealth and happiness. For example, reducing the number of outlets, the days and hours of sale, and the number of grams of alcohol in a packaged drink can save lives.

Finally, the ALICE RAP brief calls for a ban on alcohol advertising in all forms of mass media (print, broadcast and online). Studies

show that alcohol adverts act subconsciously, increasing the amount consumed on drinking occasions and pushing people into a more harmful bracket of alcohol consumption. Alcohol advertising also acts as an unfortunate trigger, causing people trying to recover from alcohol problems to relapse, and, in addition, it also has an impact on young people starting to drink. All of these facts explain, to some extent, the large amounts of money invested in advertising by the alcohol industry, and the effort that it has put into lobbying against such a ban.

Overall, European populations stand to reap huge benefits from science-based alcohol policy, in terms of health, wealth and well-being. And, according to the network of scientists in ALICE RAP, the time is ripe for this change.

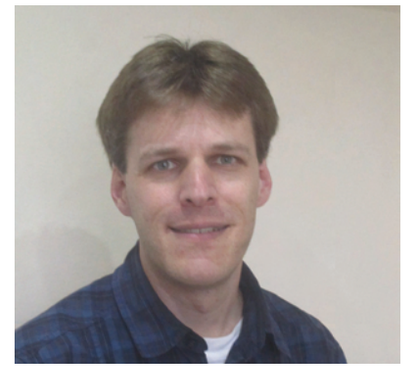
The ALICE RAP project website: www.alicerap.eu

German medical students not taught about alcohol problems

A survey among German medical students investigated whether future physicians in Germany received adequate training to treat various diseases during undergraduate education. The main conclusion was that German medical students did learn how to treat hypertension and diabetes; however, treatment of alcohol use disorders and smoking was hardly covered during undergraduate study. The survey was co-ordinated at Göttingen University (Germany); various researchers from Charité – University Medical Centre, Hamburg Medical School as well as the University of Birmingham and University College London contributed to the paper published online in the scientific journal 'Addiction'.

A total of almost 20,000 medical students were surveyed regarding their preparation for clinical practice. Thus, the sample comprised half of all medical students enrolled at 27 medical schools participating in the study. Only one in five fifth-year students thought they knew how to treat alcohol use disorders and smoking, and only 7% of students felt they were able to counsel a smoker willing to quit. Over half of fifth-year students wished to learn more about these addictive disorders during undergraduate medical education.

The health consequences of problem drinking and smoking are at least as devastating as the consequences of general medical disorders with similar prevalence such as hypertension and diabetes. In Germany, one in ten hospital admissions is accounted for by alcohol use or smoking. Problem drinking affects 5% of the population and shortens life-expectancy by approximately 23 years. At least one in two smokers dies from smoking-related disease, totalling 140,000 preventable deaths in Germany each year. The economic cost to society caused by problem drinking and smoking is estimated to exceed 40 billion Euros annually.



Dr Tobias Raupach

Study coordinator Dr Tobias Raupach (University Medical Centre Göttingen and University College London) said, "Physicians tend to focus on prescribing medication and carrying out diagnostic and therapeutic procedures. As a consequence, the identification and in-depth discussion of risk factors receives less attention. Yet, communication is at the heart of treating addictive disorders. Thus, the acquisition of communication skills required to help problem drinkers and smokers should be promoted during undergraduate medical education."

Leading alcohol beverage producers agree to extend common marketing standards and reinforce self-regulation across the EU

But alcohol control advocates are not convinced
Leading producers from the beer, wine and spirits sectors have launched an initiative to strengthen independent advertising self-regulatory schemes for alcohol beverage marketing by establishing a set of common standards for their marketing communications throughout the European Union.

However, critics of the alcohol industry responded by saying that industry self-regulation has consistently failed and that there is no reason to believe the new initiative will make any significant difference.

Responsible Marketing Pact
Under the Responsible Marketing Pact, AB InBev, Bacardi, Brown-Forman, Carlsberg, Diageo, Heineken, Pernod Ricard and SAB Miller, which together represent a majority of European alcohol advertising spend, will work with the World Federation of Advertisers (WFA), EU and national associations to agree and implement common standards for responsible advertising and marketing aimed at adults of legal purchase age, which will be subject to external scrutiny through independent monitoring and public reporting.

The claim is that, for the first time ever, the Responsible Marketing Pact will create common, rigorous standards supported by major beer, wine and spirits producers throughout the EU to:

- Prevent minors from inadvertently seeing alcohol beverage marketing communications on social media. This will include common standards for effective age-controls, Facebook sponsored stories, user-generated content, sharing/forwarding functionality, etc.

- Set a common adult demographic standard for alcohol beverage marketing communications across all media, thereby limiting undue exposure of minors to drinks ads. This will take the form of a common baseline standard that ads may only be placed in media where at least 70% of the audience is reasonably expected to be above legal purchase age.

- Prohibit any alcohol beverage marketing communications that might be particularly attractive to minors by ensuring that the content of ads appeals primarily to adults. The initiative will provide consistent guidelines and enforcement in both letter and spirit of rules to ensure ads primarily appeal to adults of the legal purchase age.

Once these standards have been agreed, implementation and compliance will be independently monitored by Accenture and national advertising self-regulatory organisations (SROs) across Europe, and will be publicly reported. The initiative also aims to task SROs with enforcing the standards at the national level with sanctions including public naming and shaming, mandatory pre-clearance for future campaigns, and referral to the competent national regulatory authorities in cases of repeat offences.

The Responsible Marketing Pact takes the form of a "commitment" by WFA and the companies to the European Alcohol and Health Forum (EAHF). The EAHF is the flagship programme of the European Strategy to support Member States in reducing alcohol-related harm. Chaired by the European Commission, it brings together alcohol beverage producers, civil society and consumer representatives, the medical profession, the advertising and retail sectors and others to promote voluntary actions to help reduce alcohol-related harm in Europe.

As an EAHF commitment, the Responsible Marketing Pact has to comply with the monitoring and reporting requirements of the EAHF. It will be subject to continuous oversight by the European Commission and WFA will present a first progress report on implementation and compliance with the agreed common standards by June 2013. A final report is due by February 2015.

"This is a unique case of our industry pooling its collective resources and experiences to build common alcohol marketing standards that will stand the test of time. The pact represents a

major milestone in responsible marketing", said Andrew Morgan, President of Diageo Europe.

"By setting self-regulatory standards that go significantly further than the law, and verifying that these are complied with, we will make a tangible difference to the governance of beverage alcohol marketing. This is an excellent example of the contribution of voluntary action to the objectives of the European Strategy on reducing alcohol-related harm", said Christian Barré, CEO of Domecq Bodegas, Pernod Ricard.

"Self-regulation is not the answer"

Responding to the launch, a network of alcohol control organisations led by Eurocare issued a statement arguing that Policy makers must not rely on self-regulation, but rather follow up through more statutory measures to protect the consumers.

The organisations urged the European Commission and Member States' officials not to jump on easy solutions in a new EU Alcohol Strategy 2013-2020.

"It cannot be left to the producers of a harmful product to decide how, when and where it will be marketed. Policy makers must not rely on self-regulation, but rather follow up through more statutory measures to protect the consumers. The content of this pact is basically the old ineffective measures of self-regulation in a new package. What we are witnessing are two powerful industries formally coming together to fight regulation- this is alarming", said Mariann Skar, Secretary General of the European Alcohol Policy Alliance.

Not only the lack of effective regulation that reduces the volume of marketing is of great concern, but also the internal character of the self-regulatory system is problematic. *"The very least the Commission should do is setting the standards for the self-regulation – and standards aimed at protecting health should be meaningful and drawn up in consultation with the health community, with a clear mandate for progression to more overt regulation (Loi Evin) when it becomes clear that the industry is not abiding by them",* says Dr Nick Sheron, the Royal College of Physicians (UK) representative to the EU Alcohol Forum.

A self-regulatory approach to alcohol marketing and health warning labels has recently been put forward as an important element in a new EU Alcohol Strategy. However, self-regulation has proved not to fulfil its purpose. For example, back in 2007, the UK Government tried a voluntary labelling scheme. Regrettably, the industry did not keep its own promises and only 15% complied with the agreement they drafted themselves.

"The alcohol industry has had more than a fair chance to prove self-regulation can work", says Andrea Lavesson, President of Active – sobriety, friendship and peace. *"Evidence shows that self-regulation does not work for protecting children and youth".*

Europe is still the heaviest drinking region in the world, and the problems arising from alcohol harm are not only matters for Member States alone, but need to be addressed at the EU level to be effectively solved.

Eurocare, together with 28 European and national NGOs (see list below), calls for the European Commission and governments to take concrete and binding decisions that will help us all to address the alcohol related harm in the new EU Alcohol Strategy.

SIGNATORIES

Actis (Norway)
Active – Sobriety, Friendship and Peace (Europe)
Alcohol Action Ireland
Alcohol Concern (United Kingdom)
Alcohol Policy Youth Network - APYN (Europe)
ANPAA - Assocation Nationale de Prevention en Alcoologie et Addictologie (France)
Asociacion Ex-Alcoholicos Españoles (Spain)
Association of European Cancer Leagues (Europe)
Associacio Rauxa (Spain)
CRA-Ricardo Pampuri (Portugal)
VAD (Belgium)
EMNA (Europe)
European Association for the Study of the Liver (Europe)
EPHA - European Public Health Alliance (Europe)
Estonian Temperance Union (Estionia)
Fundación Salud y Comunidad (Spain)
IOGT International
IOGT Germany
IOGT-NTO (Sweden)
National Tobacco and Alcohol Control Coalition (Lithuania)
National Youth Council of Ireland (Ireland)
North West Alcohol Forum (Ireland)
Novo Rumo (Portugal)
Royal College of Physicians (United Kingdom)
SOCIDROGALCOHOL (Spain)
Sociedade Anti- Alcoólica Portuguesa (Portugal)
Standing Committee of European Doctors (Europe)
STAP (Netherlands)
UTRIP (Slovenia)
PARPA (Poland)
Youth Association No Excuse (Slovenia)

Study on the affordability of alcoholic beverages in the EU

The European Commission DG SANCO has published a study on the affordability of alcoholic beverages in the EU, with a focus on excise duty pass-through, on- and off-trade sales, price promotions and pricing regulations.

The new study, prepared by RAND EUROPE, is based on the knowledge that, in spite of extensive evidence that raising alcohol prices reduces alcohol consumption and harm, the real price of alcoholic beverages is decreasing across the EU. Yet governments have at their disposal many types of pricing policies to address alcohol harms. In addition to taxes, there are also restrictions of promotions and discounts, bans on below-cost sales, and the introduction of a minimum price on a unit of alcohol.

However, RAND say that there remain many gaps in the understanding of the various factors that affect how different pricing policies translate into actual price changes across the EU. The study therefore focuses on four areas of inquiry:

- The link between changes in excise duties and changes in alcohol consumer prices – the extent to which changes in alcohol taxes are passed through to consumers
- The trends in the ratio of on-trade to off-trade consumption of alcohol, and their drivers
- Trends in regard to alcohol price promotions and discounts in the on- and off-trade across the EU
- Regulations in Member States' on-price promotions and discounts, their compliance and effectiveness

The main findings of the report are:

- Different countries vary in the extent to which changes in excise duties are passed through to consumers in the prices they pay, and there are variations for different beverages and for different types of premise
- For example, there is less than full pass-through for beer excise duties both in the on- and off-trade in Ireland and Finland, whereas they are more than fully passed through in the off-trade in Latvia and Slovenia
- There is a trend towards more off-trade consumption in many EU countries
- Both formal alcohol policy and social and economic changes may influence the movement of alcohol consumption between the on- and off-trade sectors. For example, the current economic downturn may be helping to encourage off-trade consumption, partly because of lower prices
- Alcohol price promotions are widespread throughout the EU. For example, price promotions and discounts are common in both on- and off-trade in France, Ireland, Latvia, the Netherlands, Poland and the UK
- Many different types of non-tax pricing regulations are used across the EU, but little is known about their effectiveness in reducing alcohol harms

The Further study on the affordability of alcoholic beverages in the EU can be downloaded at: ec.europa.eu/health/alcohol/docs/alcohol_rand_2012.pdf

Irish Republic and Northern Ireland come together to hold first All-Island conference on alcohol

Irish Republic Minister of State Róisín Shortall and Dr James Reilly, Ireland Minister for Health, attended the first all-island conference on the issue of alcohol abuse held in Armagh early in 2012.

The conference was jointly opened by both Ministers for Health, Dr James Reilly and Mr Edwin Poots and brought together policy makers and representatives from a range of agencies from north and south of the border to explore common issues and challenges in relation to alcohol culture and alcohol harm. The conference focused, in particular, on the challenges relating to alcohol and young adults. Establishing a cross-border minimum unit price for alcohol was one of the ideas being discussed.

Commenting, Minister Reilly said "This conference has set the scene for a longer term, all-island collaborative approach

Róisín Shortall
Minister of State for Health, Republic of Ireland

for tackling issues relating to alcohol abuse. It makes sense to work together on an all-island basis to reduce levels of alcohol consumption, in order to save lives and reduce the burden of alcohol abuse to society. The areas we would like progress on a North/South basis are measures

> Alcohol sports sponsorship to end in Republic of Ireland
> Subsequently, Minister of State for Health, Róisín Shortall, pledged to put an end to alcohol sponsorship of sports events. "I am committed to phasing that out over a reasonable period of time," she said in the Dáil. There is "no room for ambivalence in our approach".
>
> Ms Shortall was responding to Fianna Fáil spokesman on children Charlie McConalogue, who asked if the Government was committed to banning "the advertising of alcohol in conjunction with sports events".

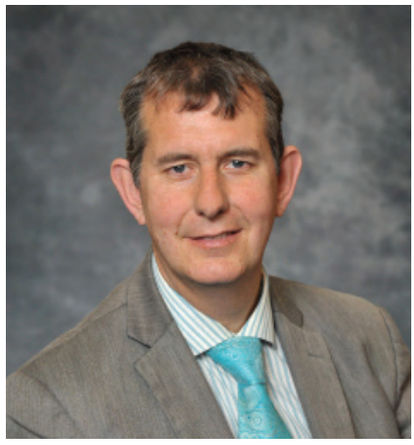
to reduce the availability of cheap alcohol, and treatment and rehabilitation of those affected by alcohol misuse".

Minister Edwin Poots said: "There is no doubt; alcohol misuse is one of the main threats

Dr James Reilly
Minister for Health, Republic of Ireland

to public health in Northern Ireland. Research has shown that it costs Northern Ireland up to £900 million every year, and almost £250 million of these costs are borne by the Health and Social Care Sector. If we do not take significant and robust action, the costs to Northern Ireland, and the health and social care system in particular, will continue to grow.

"I believe that alcohol is a cultural and societal issue - one that has a significant impact on both sides of the border and indeed across the UK. It makes sense that we share common goals and ambitions and, where appropriate, work across the UK and Ireland to develop a consistent and long-term approach. Today's conference is the perfect opportunity for us to build a consensus of common goals and to look at how we can work together most effectively to reinforce the actions already underway in each jurisdiction."



Mr Edwin Poots, Minister for Health, Northern Ireland

The key objectives of the conference included:

- To broaden understanding of the impact of alcohol abuse across the island of Ireland

- To consider particular challenges relating to alcohol and young adults and our drinking culture

- To consider possible broad strategic responses

- To consider ways in which responses across the island of Ireland could be better co-ordinated.

Minister of State with responsibility for Primary Care and Drugs Strategy, Róisín Shortall, stated: "Alcohol use and misuse is an area where both jurisdictions can achieve a lot together - especially in dealing with the challenges that alcohol presents for young adults. I am particularly concerned with the relationship Ireland has with alcohol. My Department has a report on alcohol from the National Substance Misuse Strategy Steering Group which shall shortly be brought to Government."

At the conference, expert contributions came from Sir Ian Gilmore, who chairs the UK Alcohol Health Alliance and also the European Alcohol and Health Forum Science Group; Dr Peter Anderson, an international public health consultant and expert on alcohol policy and Dr Fiona Measham, a renowned researcher in the fields of drug and alcohol use, gender, licensed leisure and the relationship between crime and culture.

The conference was jointly organised by both Departments of Health, the Institute of Public Health in Ireland, the Public Health Agency in Northern Ireland and Co-operation and Working Together, the cross-border health partnership.

French Breathalyser Law

Since 1 July 2012, all motorised vehicles, except 2 or 3 wheeled vehicles with an engine capacity of less than 50cc, on French roads must be equipped with a Government-approved portable breath testing device. The driver of the vehicle is responsible for ensuring compliance with the law, whether or not he or she owns the vehicle or it is owned by a third party, such as a rental or company car company or is borrowed. The law also applies to foreign vehicles. The only other exceptions are the drivers of coaches which are required, by law, to be equipped with an interlock device.

Drivers are meant to use the devices to check that they are not exceeding the French legal alcohol limit for driving of 50mg%. The introduction of the devices is another step in the French government's campaign against drink driving which is stated to be the single main cause of road deaths in the country. Announcing the move, the French Interior Ministry stated that in 2010, alcohol was responsible for 31% of fatal accidents, and if all drivers had complied with the legal limit for driving, 1,150 lives could have been saved since 2006.

The breathalysers, which cost around €2, are available in a range of retail outlets such as supermarkets. The fine for not carrying one of the devices is €11. Drivers are instructed to breathalyse themselves one hour after consuming the last alcoholic drink, and to store and use the breathalysers in a temperature of between 10%C and 40%C.

However, in some other countries the policy of requiring self-testing of alcohol levels is regarded as controversial because of the danger that either the breathalyser itself malfunctions or the driver fails to use it correctly with the result that he or she is given a false reading.

Australia - voters support alcohol cor
"tells lies" about fet

Australian voters are more supportive of alcohol control measures than might have been supposed, but the alcohol industry is less honest about alcohol harm than might have been hoped. These are the messages promoted recently by the leading Australian advocacy body, the Foundation for Alcohol Research and Education (FARE).

The results of a national-wide opinion poll released by FARE shows that regardless of voting intentions, a majority of Australians perceive alcohol as a problem in Australia and support policies such as health warning labels and restrictions on alcohol advertising that would reduce alcohol-related harms.

The Poll

The polling found that a majority of Australians (76%) believe that Australia has a problem with alcohol, a majority view also held by Coalition voters (75%), Australian Labour Party voters (79%) and Green voters (81%).

A majority of voters from each of the three major parties were also in agreement that more needs to be done to reduce alcohol-related harms, led by Coalition and ALP voters (77%) and 71% of Green Voters. 67% of Green voters support a ban on alcohol advertising on television before 8.30pm, followed closely by a majority of Coalition voters (65%) and ALP voters (62%).

FARE Chief Executive, Michael Thorn commented that the broad support among voters from all three major parties for policies that would reduce alcohol harms, made continued government inaction even more puzzling. He said the poll results reflected poorly on the effectiveness of governments around the country to reduce alcohol-related harms significantly, and he urged the Commonwealth Government to act decisively.

"This is not a problem without a solution. The Commonwealth needs to fund an on-going and comprehensive national public education campaign to promote Australia's official alcohol guidelines; it needs to remove the loophole that allows for alcohol advertising to be televised before 8:30pm; and it needs to introduce mandatory health warning labels for alcohol products sold in Australia," he said.

In Australia, responsibility for alcohol policy is shared between the federal government and the individual states, and Michael Thorn added that the State Governments also have a major role to play in reducing alcohol-related harms.

Michael Thorn

He said that FARE called on the New South Wales Government to maintain the freeze on licencing in various parts of the territory, to provide support to local communities that want to take greater control over the way alcohol is marketed and sold, and introduce measures to stop the prolific discounting and promotions by the big alcohol retailers.

A majority of Green voters (67%) support health warning labels on alcohol products, as do ALP voters (64%) and Coalition voters (60%).

There were some notable differences in voting intentions. Of significant note, the polling found that Coalition voters (86%) were slightly more pessimistic than their ALP (77%) and Green (73%) counterparts, in believing that alcohol related problems will remain the same or get worse over the next five to ten years.

Mr Thorn believes the polling contains a valuable message for all three major parties.

"As a nation, we can no longer afford to ignore the issue of alcohol reform. This is not an issue to be endlessly debated and never addressed. As we draw closer to a Federal election, the major parties need to take note that a majority of Australians, irrespective of political persuasion, want real action now," Mr Thorn said.

ntrol measures while alcohol industry al alcohol problems

Meanwhile, a detailed analysis of the alcohol industry's submissions to a Parliamentary Inquiry has exposed "a raft of false, misleading and unfounded claims".

'Lies' Exposed

The damning finding was announced as alcohol industry representatives met in Canberra to present to the House of Representatives Inquiry into Fetal Alcohol Spectrum Disorders (FASD), and it called into doubt the veracity of the industry claims.

FARE analysed four alcohol industry submissions from the Winemakers Federation of Australia (WFA), the Brewers Association of Australia and New Zealand Inc (Brewers), the Distilled Spirits Industry Council of Australia (DSICA) and the Australian Wine Research Institute (AWRI). The analysis found that, between them, the alcohol industry bodies made a total of ten false or misleading claims regarding FASD, and the effectiveness of interventions to prevent FASD.

FARE commented that the industry submissions demonstrated a total lack of commitment to preventing FASD, two of the industry submissions even talking down the need for action, suggesting current activities to prevent FASD were sufficient. FARE Chief Executive, Michael Thorn said it was crucial that none of the industry's unsubstantiated claims went unchallenged.

"This is not simply 'claim' and 'counter claim'. This is about separating the facts from the industry fiction. The alcohol industry is so hell bent on putting profit ahead of public health that it's prepared to bend or even disregard the truth completely, to suit its own agenda," Mr Thorn said.

FARE is highly critical of the alcohol industry bodies that claim pregnancy warning labels recommending abstinence from alcohol may result in anxiety among pregnant women and even lead to termination.

"This is scare mongering at its worst. There is not one shred of empirical evidence to support that position. The alcohol industry wishes to propagate the myth that it is somehow risky to ensure consumers are appropriately informed of the potential harms from its product. The truth of the matter is the risk they are really concerned about is to their own bottom line," Mr Thorn said.

The alcohol industry used its submissions to promote the voluntary, industry-funded DrinkWise labels, which have long been criticised by the public health sector for being small, weak and ambiguous. On this issue, the alcohol industry's position also runs counter to the current evidence-base, which states that labels are most effective when they are mandatory, comprise of both symbol and text, are applied prominently to the front of the product and include a range of specific messages.

A recent assessment of the evidence-base regarding alcohol warning labels by the Parliamentary Library stated that such labels should be arresting and found it was debateable whether the DrinkWise labels met that criteria.

Mr Thorn says the alcohol industry submissions have added nothing to the FASD policy landscape.

"FASD is the most common preventable cause of birth defects in Australia; a lifetime condition, with a devastating impact. Yet the alcohol industry would have you believe that it's not a significant problem. In their submissions to the Inquiry, the alcohol industry hides behind false claims and uses the inquiry as a vehicle to promote its own vested interest," Mr Thorn said.

Economic and health savings to be made if Australian adults cut their alcohol consumption by five standard drinks a week

A Deakin University study, funded by VicHealth, the health promotion arm of the State of Victoria, shows significant economic savings and health benefits could be achieved if Australian adults cut their alcohol consumption by 3.4 litres a year.

Deakin health economists, working with researchers with the National Stroke Research Institute, estimated the economic savings and health benefits from reducing alcohol consumption in Australia. They found that a 3.4 litre cut per adult per year could result in a $789 million annual saving to the health sector and in one third fewer cases of alcohol related disease (such as alcohol dependence, suicides, injuries and cancers), deaths and working days lost.

"Excessive alcohol consumption is a global health issue, with around 13 per cent of the Australian adult population having long term drinking problems," said Anne Magnus, a Senior Research Fellow with Deakin's Population Health Strategic Research Centre.

"Through this study we calculated the potential economic and health benefits if a realistic reduction in alcohol consumption were achieved, which is an important consideration in light of the current political and policy interest in Australia, and overseas.

"We found that considerable economic and health benefits could be gained if Australian adults drank an average of five standard drinks less each week. This is equivalent to three-four less glasses (150 ml) of wine or four-six less cans (375ml) of beer (full to light strength respectively) each week."

The researchers modeled the likely outcomes of a drop in alcohol intake from the average 9.8 litres per adult per year to 6.4 litres. They looked at economic and health impacts as well as the effect on workforce productivity, household duties (such as cooking, shopping, cleaning, child care and maintenance) and leisure time.

They found potential cost savings of $789 million in the health sector, $427 million in workforce productivity and $21 million in home-based productivity. These savings were due to 98,000 (35 per cent) less cases of disease and 380 (38 per cent) less deaths related to long term high risk levels of alcohol consumption and 21,000 (34 per cent) less healthy years of life lost as a result of this risk factor.

The results also showed five million fewer working days lost and a drop of 54,000 lost days of household duties would be possible.

However the results were not all positive, with the researchers estimating a potential 1000 additional early retirements because the data showed that high risk drinkers reported staying in the workforce longer than lower risk drinkers.

Ms Magnus said this work showed, in understandable concrete terms, the sizeable benefits of prevention efforts that aim for realistic and achievable reductions in alcohol consumption in Australia.

"It also shows where those benefits are most likely to be felt," Ms Magnus said. "Most benefits will occur in the health sector, followed by the paid work force with not so much benefit going to the unpaid workforce or leisure time of individuals.

"These results can be compared with the benefits of realistic reductions in other harmful behaviours such as smoking or physical inactivity, so that policy makers concerned with disease prevention can assess more accurately where the largest gains are realistically possible and hence where to direct their efforts."

The results of this study will be published in the American Journal of Public Health and currently appears 'ahead-of-print' online on the journal's website.

This study was part of a project funded by VicHealth, completed in 2009, to evaluate the health, economic and financial benefits of reduction in prevalence of six health risk factors – alcohol, physical inactivity, high BMI, tobacco smoking, inadequate fruit and vegetable consumption, and intimate partner violence.

Earlier Pub closures "reduce alcohol related crime"

Also from Deakin University, the university's gambling expert, Professor Linda Hancock has called on Victorian regulators to draw on the latest research from New South Wales (NSW) which shows 3am closures of hotels (pubs) reduced alcohol related crime in Newcastle, NSW.

New research by Dr John Wiggers, Director of Population Health, Hunter New England, NSW, into closure of hotels in the Newcastle Central Business District (CBD) was presented at a Deakin Forum held in Melbourne to address more effective regulation of gambling and alcohol venues in Victoria.

"Evidence of the harms of both alcohol and gambling to individuals, families and communities is well documented," Professor Hancock said. "The big question is how better regulation and enforcement could work under the new regulator, the Victorian Commission for Gambling and Liquor Regulation.

Dr John Wiggers

Professor Linda Hancock

Professor Hancock cited Gary Banks, Chairman of the Productivity Commission, who was also a keynote speaker at the forum.

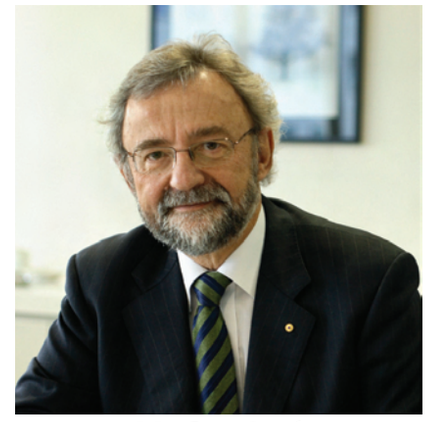
"Gary has been critical of the States' "light touch" gambling regulation, the influence of alcohol and players loss of control in his 2010 Gambling report," s`he said.

Professor Hancock said Dr Wigger's research showed a 35% reduction in assaults with 3am hotel closures.

"Mandated early closure of 14 hotels in the Newcastle CBD has reduced alcohol-related crime," she said. "This reduction has been maintained in an evaluation, three years later."

Other findings include:

- 35% reduction in night-time non domestic assaults and 50% reduction in night time street offences requiring police attention
- 26% reduction in night-time assault-related injury presentations to local hospitals.
- Earlier closure has broad public support: a survey of 376 randomly selected Lower Hunter household members the research found
- 77% supported the reduced trading hours conditions and 80% supported the lock-out conditions.



Mr Gary Banks

"Why can't Victoria implement 3am closure and early lockouts in licensed premises to reduce alcohol-related offences?" Professor Hancock asked. "A six month trial of 3am closures of all licensed premises including Crown Casino would have a dramatic impact on reducing alcohol-related crime in the CBD."

Researchers at the forum also gave the latest evidence on how gambling and alcohol harms need to be addressed by better licensing decisions, better compliance with 'host responsibility' and codes of conduct on responsible gambling and responsible service of alcohol and up-scaled enforcement.

Hello Sunday Morning Success of blog site to encourage sobriety

'**HSMers**'

What started with a 22 year old waking up with a hangover has now developed into an Australian self-help initiative to encourage sobriety and to challenge cultural assumptions about alcohol, with thousands of supporters. The initiative has been so successful it is now going international.

In 2008 Chris Raine, a 22 year-old from Brisbane, woke up after a night of heavy drinking and read that Australia's national binge drinking culture - a culture that he was very much a part of - cost the country over A$15 billion and was responsible for the death of over 260 young Australians, each year.

He felt strongly that existing government communication (fear-based advertising campaigns) designed to tackle youth binge drinking was widely missing the mark. It seemed neither relevant nor meaningful to his life and motivations and, he was sure, to the majority of other young Australians.

Chris Raine

He decided that this was important enough to him to try to think of a better solution. Chris spent 2009 researching and understanding binge-drinking culture in young Australians. Central to this process, Chris took the decision on 31 December 2008 to give up alcohol for the entirety of 2009. He felt this would be the best way to experience fully what it would personally take for a young Australian to limit, control and be genuinely non-reliant on alcohol in their life, emotionally, socially and psychologically.

Throughout the year, he candidly chronicled his journey through a blog, 'Hello Sunday Morning' (www.hellosundaymorning.com) attracting a following of over 1000 people. Over the year it evolved to represent a community of bloggers aged from 18 to 30, from all over Australia who have committed to an extended period of sobriety (3/6/12 months) in order to give them the space and motivation to honestly explore their relationship with alcohol through a period facing life's challenges, and celebrations, without alcohol. The 'participants' of HSM are self-selecting and voluntarily participate in the program. Since its inception on 1 January 2009 the blog has grown from one blogger to 4600 bloggers or 'HSMers' worldwide and over 180 in the UK.

The programme

HSM does not operate a clinical service and the HSM programme is not consistent with traditional brief-intervention or population health campaigns. HSM takes a networked approach to health promotion. Rather than create and disseminate messages to an audience, HSM constructs a communication network across blogging and social networking platforms. That network of participants communicate with each other as they attempt to change their own drinking behaviours and broader cultural attitudes to alcohol. The blogging community is a highly connected community of individuals who discuss the process of challenging individual behaviours and cultural practices of alcohol consumption. These community connections are evident in the activity on the website with - on average – five new blogs posted each day, several with very active comment threads attached to them. Often, blogs take on a very personal narrative and focus on the specific life events of the 'HSMer' .

Evaluation of the HSM project has found that students undertaking the three month challenge have a significant influence on the drinking choices of their friends. This stage of the project allows this influence to impact a wider group through the use of social media.

The evaluation report presents a picture of HSMers' motivations and achievements:

1. **Key themes in HSM blogs**
   Participants blog about their drinking practices and culture and their attempts to change their individual behaviours and influence their peers. Participants used the blogs to offer strategies

and ideas for changing drinking behaviours and cultures. The blog analysis demonstrated how participants change over time from describing drinking behaviours to reflecting on their life, culture and attempts to change.

2. **Motivators for commencing HSM**
   Participants are motivated to participate in HSM by dissatisfaction with their current life circumstances, the desire to change, the idea of a personal challenge, or the need to intervene in problematic drinking behaviours.

3. **Key goals in HSM blogs and how successful people were in achieving their goals**
   Participants' goals include an aim to improve their health (70.5%), improve their well-being (51.9%), change their individual drinking behaviours (26.9%), learn to socialize without needing alcohol (23.6%) and to save money (23.3%).

4. **Challenges in completing the HSM process and abstaining from alcohol**
   Participants indicated that social pressure, the length of commitment, and confronting aspects of personal and mental health that were previously masked by alcohol consumption were challenging parts of the program.

5. **Consequences or implications of being in HSM for participants (if any) and consequences/implications of the research more broadly**
   Analysis of the HSM blogs indicates that participants change their individual relationship with alcohol and their perceptions of drinking culture across the course of their HSM experience. The blogs offer a real-time and continuous commentary on the experiences and progress of participants.

Information can be obtained from www.hellosundaymorning.com.au

Threat to alcohol field from loss of library resources

Members of the Substance Abuse Librarians and Information Specialists (SALIS) have called for urgent action to halt the closure of specialist libraries and databases, before valuable resources and expertise are lost forever. They say that the internet has created a paradigm shift in the way information is published, searched and retrieved, affecting the perceived value of libraries and librarians.

The SALIS group say that in this uncertain environment, access to the historical and current literature of the AOD field must not be compromised. In an editorial in the journal Addiction, they call for collaboration among librarians, the research community and other stakeholders to maintain alcohol, tobacco and other drug (ATOD) library services and preserve core collections; fund digitization; and create digital repositories.

Since SALIS started actively campaigning against the closure of (ATOD) libraries and databases in 2004, more than twenty-five libraries and databases worldwide have been downsized or closed, their resources dispersed or destroyed.

In 2004 SALIS waged a campaign to persuade the U.S. National Institute on Alcohol Abuse and Alcoholism to reverse its decision to cut funding for ETOH, the most comprehensive alcohol science database in the world. Then in 2006, when the U.S. National Institute on Drug Abuse closed its library, a collection of great value dating back to the mid 1930s, SALIS brought the issue to the forefront of the ATOD media.

The SALIS group warn that if action is not taken, important documents could be lost forever, especially the grey literature, i.e. unpublished reports and working papers, government documents, and programmatic materials, which tend to disappear when libraries are closed.

Editorial: Collective amnesia: reversing the global epidemic of addiction library closures. Mitchell, A.L. et al 2012: Addiction

Alcohol the most common addiction but opioids associated with highest risk of death

People with an opioid addiction had the highest risk of death when compared with rates for alcohol and other drugs, according to a new study by the Centre for Addiction and Mental Health (CAMH) in Toronto, Canada.

For those dependent on opioids, the risk of death was 5.71 times higher than healthy individuals in the population of the same age, gender and race. Those with methamphetamine use disorders were next highest with a 4.67-fold risk, followed by those with addictions to cannabis (3.85), alcohol (3.83) and cocaine (2.96). Alcohol dependence was related to the highest number of deaths overall.

The study, available online in the journal Drug and Alcohol Dependence, is the largest North American study to compare mortality rates among different drug users with the longest follow-up. It tracked records of more than 800,000 individuals hospitalized with drug dependence between 1990 and 2005. Of this group, more than 188,000 died during this period.

The findings mean that if 10 individuals in the general population died, then over the same period there would be 57 deaths among people dependent on opioids, which includes prescription opioids as well as heroin.
"One reason for undertaking this study was to examine whether methamphetamine posed a particular threat to drug users, as it has been called "'America's most dangerous drug,'" says CAMH Scientist Dr Russell Callaghan, who led the study. Globally, methamphetamine and similar stimulants are the second most commonly used class of illicit drugs.

"The risk is high, but opioids are associated with a higher risk. We also wanted to compare mortality risks among several major drugs of abuse, as this comparison hasn't been done on this scale before."

Alcohol dependence affected the highest number of individuals, with 166,482 deaths and 582,771 hospitalizations over the study period. In the methamphetamine group, there were 4,122 deaths out of 74,139 hospitalizations, and for opioids, 12,196 deaths out of 67,104 hospitalizations.

Specific causes of mortality were not examined in this study, so the deaths may not be directly caused by drugs but due to related injuries, infectious disease or unrelated reasons. The researchers are now exploring mortality causes for each drug group, which may also point to reasons why women had a higher risk of death for alcohol, cocaine and opioids than males.

"These are not occasional, recreational drug users, but people who have been hospitalized for drug dependence," notes co-author Dr Stephen Kish, Senior Scientist at CAMH.

To calculate mortality rates, Dr Callaghan and colleagues examined hospital records of all California inpatients with a diagnosis of methamphetamine, alcohol, opioid, cannabis or cocaine-related disorders from 1990-2005. They excluded records with evidence of multiple drug use disorders. The inpatient records were then matched to death records from the California Vital Statistics Database. Rates were adjusted by age, sex and race to the California population in 2000.

"One surprising finding was the high rate of death among cannabis users" says Dr Callaghan. "There could be many potential reasons, including the fact that they may have other chronic illnesses such as psychiatric illnesses or AIDS, which can also increase the risk of death."

The findings point to the importance of brief interventions for people receiving medical care for drug dependence on other related risks such as infectious diseases or injuries, says Dr Callaghan.

The Centre for Addiction and Mental Health (CAMH) is Canada's largest mental health and addiction teaching hospital, as well as one of the world's leading research centres in the area of addiction and mental health. CAMH is fully affiliated with the University of Toronto, and is a Pan American Health Organization/ World Health Organization Collaborating Centre.

Caffeinated Alcohol Beverages pose special risks

Young people who consume caffeinated alcoholic beverages (CABs) experience more adverse effects than those who consume alcohol alone. One feature is that CAB's tend to encourage increased consumption of alcohol, but CAB drinkers experience higher levels of harm even when the amount of alcohol consumed is held constant.

These are among the main findings of a new report from the Canadian Centre on Substance Abuse (CCSA) and the Centre for Addictions Research of British Columbia (CARBC). The report examines the trends and risks of alcohol and caffeine consumption in Canada, and provides targeted recommendations for policy makers, public health organizations, healthcare providers and researchers.

The full report can be found at: *http://www.ccsa.ca/2012 CCSA Documents/CCSA-Caffeinated-Alcoholic-Beverages-in-Canada-2012-en.pdf* **Caffeinated Alcoholic Beverages in Canada: Prevalence of Use, Risks and Recommended Policy Responses.**

There is also an accompanying policy brief on alcohol and caffeine: *http://www.ccsa.ca/2012 CCSA Documents/CCSA-Alcohol-and-Caffeine-Policy-Brief-2012-en.pdf*

CCSA and CARBC have also developed alcohol and caffeine fact sheets for parents and youth, both obtainable from CCSA:

Youth – Alcohol and Caffeine: a Bad Buzz
Parents – Alcohol and Caffeine: a Bad Buzz

US alcohol consumption falls in 2009

The latest annual surveillance report produced by the National Institute on Alcohol Abuse and Alcoholism (NIAAA), on apparent per capita alcohol consumption in the United States, shows the first fall in apparent per capita alcohol consumption in 10 years.

The report, which updates consumption trends through 2009, shows that US per capita consumption of ethanol from all alcoholic beverages combined in 2009 was 2.30 gallons, representing a 0.9 percent decrease from 2.32 gallons in 2008.

Between 2008 and 2009, changes in overall per capita consumption of ethanol included increases in 9 States, decreases in 34 States and the District of Columbia,and no change in 7 States.

Analysis of overall per capita alcohol consumption by census region between 2008 and 2009 indicated decreases of 0.4% in the Midwest, 0.9% in the South, and 1.2% in the West, with no change in the Northeast.

However, the national public health objectives as set out in 'Healthy People 2010' has set the national objective for reducing per capita alcohol consumption to no more than 1.96 gallons of ethanol.

NIAA concludes that the prospect of reaching the Year 2010 national objective does not appear promising. From 1999 to 2008, there was a trend of increasing per capita consumption. 2009 is the first year in a decade in which a decrease in per capita consumption has been observed. To meet the 2010 objective, per capita alcohol consumption will need to decrease by 14.8 percent within one year.

NIAA Apparent Per Capita Alcohol Consumption: National, State, and Regional Trends, 1977–2009. 2011

TV alcohol advertising may play role in underage drinking

Study shows that minors who recognize ads for beer and spirits are more likely to drink

Minors who were familiar with television alcohol advertisements were more likely to have tried alcoholic beverages and binge drink than those who could not recall seeing such ads, according to a study presented at the Pediatric Academic Societies (PAS) 2012 annual meeting in Boston USA.

"Underage drinking remains an important health risk in the U.S.," said lead author Susanne E Tanski, MD, MPH, FAAP, assistant professor in the Department of Pediatrics at Children's Hospital at Dartmouth, Dartmouth-Hitchcock Medical Center. "In this study, we have shown a link between recognition of nationally televised alcohol advertisements and underage drinking initiation and heavier use patterns."

Previous research by Dr Tanski and her colleagues showed an association between seeing smoking and drinking in movies and adolescents engaging in these risky behaviors. This study expanded on that research by exploring whether there is an association between young people's exposure to television alcohol advertising and substance use.

The researchers surveyed a national sample of 2,541 youths ages 15 to 20 years. Participants were asked about their age, gender, race, if their friends drank, if their parents drank, whether they had a favorite alcohol ad and whether they owned alcohol-branded merchandise. They were also asked questions to assess whether they engaged in "sensation-seeking" behavior.

Participants were then shown 20 still images selected from television ads for the top beer and spirit alcohol brands that aired on national television in the year before the survey as well as 20 ads for fast-food restaurants. The images were digitally edited to remove the brands and logos. Individuals were asked if they remembered seeing the ad, if they liked the ad and if they knew the product or restaurant being advertised.

Results showed that 59 percent of underage youths previously drank alcohol. Of those who drank, 49 percent binge drank (had more than six drinks in a row) at least once in the past year.

Familiarity with TV alcohol advertising was significantly higher for drinkers than for non-drinkers. Other factors linked with drinking alcohol included older age, seeing alcohol in movies, having a favorite alcohol ad, having greater propensity for sensation seeking, having friends who drink alcohol, and having parents who drink alcohol at least weekly.

Among those who drank alcohol, familiarity with TV alcohol advertising was linked with greater alcohol use and binge drinking. Other factors linked with more hazardous drinking included owning alcohol-branded merchandise, having a favorite alcohol ad, older age, male gender, sensation seeking and friend drinking.

Familiarity with fast-food TV advertising was not linked to drinking behavior, suggesting that the relationship between alcohol ad familiarity and drinking is specific and not due to overall familiarity with advertising, Dr Tanski said.

"At present, the alcohol industry employs voluntary standards to direct their advertising to audiences comprised of adults of legal drinking age," Dr Tanski said. "Our findings of high levels of familiarity with alcohol ads demonstrate that underage youth still frequently see these ads. While this study cannot determine which came first — the exposure to advertising or the drinking behavior — it does suggest that alcohol advertising may play a role in underage drinking, and the standards for alcohol ad placement perhaps should be more strict."

Controversy over changes to criteria for substance use disorders

Controversy has been aroused by proposed changes to the diagnostic criteria for alcohol and other substance use disorders in the new edition of the *Diagnostic and Statistical Manual of Mental Disorders (*DSM), the standard classification of mental disorders used by mental health professionals in the United States and contains a listing of diagnostic criteria for every psychiatric disorder recognized by the U.S. healthcare system.

In past DSMs, the 11 criteria for alcohol and other drug use disorders were divided into two related diagnoses: dependence and abuse. Dependence was diagnosed if a person met three of seven possible criteria items. If the person did not meet the threshold for dependence, then abuse could be diagnosed if the person endorsed any one of four remaining items. The DSM-5 committee felt that asking clinicians to work their way through items for two syndromes was more complicated than was necessary. The group was also reluctant to continue using a diagnosis that involved a person meeting only a single criterion, as the abuse diagnosis currently does. "One item is not a syndrome, even if you repeatedly have problems with that item," said Dr Mark Schuckit, editor of the Journal of Studies on Alcohol and Drugs and a member of the Substance Use Disorder Work Group for the DSM-5.

Hence arose the decision to meld the separate abuse and dependence categories into a single diagnosis in which a person has to meet two or more items for a diagnosis. With the DSM-5, a person can have an "alcohol use disorder" or a "drug use disorder" but not specifically abuse of or dependence on alcohol or other drugs.

"Our goal was to try to make the criteria easier for the usual clinician to use, and so we're no longer asking them to remember one criteria set for abuse and a separate set for dependence," said Schuckit.

But the proposed changes have received significant criticism. Professor Griffith Edwards, doyen of British alcohol researchers, wrote in a letter to the editor in the same issue of JSAD, that there was no convincing case for the proposed changes.

"The impression is given of a field in disarray," Edwards continued. "Revisions are sometimes necessary, but unnecessary revisions are likely to be without benefit."

Edwards argued that experience working with patients had shown that there is, in fact, an intermediary step of disruptive drinking, such as alcohol abuse, that does not meet the higher threshold for dependence. Further, he stated, the new, single category would deviate significantly from the diagnostic criteria set out by the World Health Organization in its diagnostic manual, the International Classification of Diseases. "The consequence may be that the DSM comes to be seen as enshrining an American point of view, whereas the ICD would be the international currency," Edwards concluded.

On the other hand, according to Schuckit, factor analyses performed on the group of 11 criteria have shown that these symptoms currently used to diagnose abuse and dependence statistically constitute approximately 1.2 disorders—not exactly one group, but certainly closer to one group than to two. Proponents of the change to a single, combined diagnosis also argued that it is simpler for both lay people and clinicians to understand.

"While I see both sides of the issue, the majority of the argument and the best data favored putting them together," said Schuckit.

A recent article in The New York Times (May 11, 2012) suggested that this change could result in many more people being diagnosed as having a substance use disorder than was seen using the DSM-IV and may strain health care resources. In response, Schuckit said the committee evaluated data on more than 100,000 cases using both the current abuse-and-dependence approach in DSM-IV and the proposed substance-use-disorder approach in DSM-5, which combines abuse and dependence. The committee found that the number of people diagnosed did not change much across the two diagnostic schemes.

"It was unfortunate", Schuckit said, "that The New York Times article had some major inaccuracies." Schuckit concluded that although people are often resistant to change, it is a healthy process. "Science marches forward, so it makes sense that every decade or so, people who are using the science in order to best diagnose disorders should reevaluate what's happened over that decade," said Schuckit. "The DSM is reflecting what we know now that we didn't know 10 years ago."

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