

Issue 2 2013

THE GLOBE



**Dr Margaret Chan, WHO Director-General
urges strong alcohol policies**

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- 3 Dr Margaret Chan, WHO Director-General urges strong alcohol policies
- 5 Global public health community issues warning on alcohol industry conflict of interest
- 6 Scotland's Court of Session dismisses Scotch Whisky Association Appeal against MUP - 3rd May 2013
- 7 Drinks industry 'distorted' evidence on minimum pricing
- 8 Minimum pricing will bring "substantial health and social benefits" says new IAS report
- 9 Unhealthy drinking widespread around the world
Problem of unrecorded alcohol consumption
- 10 Southern African Alcohol Policy Alliance formed
- 11 Alcohol problems in the criminal justice system: an opportunity for intervention: new publication from WHO
Alcohol Reform "The Key to Addressing Violence"
- 13 Australia: Pre-drinking alcohol before arriving at nightclubs likely to lead to violence, study finds
- 14 Regulating density of alcohol outlets
"a promising strategy to improve public health"
- 15 More drinking outlets "means worse mental health"
- 16 Alcohol Ads on television "are associated with alcohol related problems"
Sweden calls for an end to alcohol advertising on national television
- 17 US underage youth drinking concentrated among small number of brands
- 18 Lower drinking ages "lead to more binge drinking"
- 19 Is it time for global guidelines on safe levels of drinking?
- 20 Russia debates proposal to raise drinking age
- 21 Australia: Rural Communities Combat Alcohol Harm
- 22 GAPC 2013

Dr Margaret Chan, WHO Director-General urges strong alcohol policies

The Turkish Green Crescent Society held an Alcohol Policy Symposium in Istanbul in April 2013.

Dr Margaret Chan, Director-General of the World Health Organization, addressed the symposium. Here we re-produce a slightly shortened version of her address.

Support for strong alcohol policies

“The large number of countries represented here today is a signal of the growing concern about the harmful use of alcohol, and growing determination to take action.

Health officials gave us a similar signal last year, when Thailand hosted a Global Alcohol Policy Conference. These events tell us that action at the policy level is needed.

They tell us that action is deeply desired by many governments, by many civil society organizations, and by the many millions of people around the world who have seen lives, families, careers, and communities devastated or destroyed by the harmful use of alcohol.

This includes the many people who have lost a relative or loved one following a drink-driving incident. Alcohol consumption can harm the user, but it can also harm the innocent.

Harmful drinking causes immense damage to health and societies and imposes a heavy burden on health systems and health budgets. It is a major risk factor, and it is a largely avoidable one.

Alcohol can be a killer. WHO estimates that the harmful use of alcohol is responsible for around 2.3 million deaths worldwide each year.

Alcohol can kill slowly, as it gradually contributes to diseases like cirrhosis of the liver, and cancers at several sites. Harmful drinking is also a major risk factor for cardiovascular diseases. Alcohol can kill quickly, sometimes instantly, when it contributes to traffic crashes, injuries, violence, violent crime, and suicide.

Harmful drinking makes a significant contribution to ill health and disability. It is a major risk factor for a range of neuropsychiatric disorders, which increase the burden on health systems and societies even further.

Harmful drinking is linked to much more than an increased risk of chronic noncommunicable diseases. Through various mechanisms, harmful drinking increases the risk of infectious diseases, like pneumonia and tuberculosis, and has a negative impact on treatment outcomes, also for HIV/AIDS.

Alcohol consumption during pregnancy can cause permanent physical and mental damage to the child. Bluntly stated, alcohol is a teratogen for the developing fetus.

These risks, this tragic and costly human harm, is largely avoidable.

Reducing the risks requires population-wide measures. Introducing these measures requires high-level commitment, and it requires a great deal of courage.

Ladies and gentlemen, The job we face is not an easy one. A societal problem, like harmful drinking, has multiple dimensions and contributing factors that extend well beyond the health sector. The health sector, acting alone, cannot implement an adequate range of effective alcohol policies.

Depending on the national context, efforts to protect populations from the harmful use of alcohol can require support from fiscal policies, trade policies, the judicial system, law enforcement, and government ministries responsible for youth, road safety, consumer affairs, and commerce.

On the positive side, all countries wishing to introduce or strengthen alcohol policies have a powerful instrument to assist them. This is the Global

strategy to reduce the harmful use of alcohol, endorsed by WHO Member States in 2010.

The strategy sets out a menu of policy options and supporting interventions for reducing the harmful use of alcohol. Each country can draw upon this menu to craft effective and affordable policies that match distinct national problems and priorities, as expressed in distinct cultural and religious contexts.

The strategy was carefully developed during wide-ranging negotiations and consultations that lasted nearly three years. Its unanimous endorsement was a landmark for public health, WHO, and its Member States.

Policies and their supporting interventions are based on solid scientific knowledge, backed by evidence of effectiveness and cost-effectiveness, and supported by practical experiences within countries.

This diversified menu of options is organized around 10 recommended target areas for action. Actions range in nature from community action, to responses within health services, to a number of regulatory measures.

Regulatory measures are particularly effective in preventing deaths and injuries from drink-driving, constraining the availability of alcohol, and reducing the impact of marketing, especially on young people and adolescents. Ways of countering the problems of illicit alcohol and home-made brews are also included.

Increasing the price of alcoholic beverages is one of the most effective interventions to reduce the harmful use of alcohol. For this approach to be successful, countries need to have in place an effective and efficient system for taxation matched by adequate tax collection and enforcement.

Unfortunately, alcohol consumption is expanding rapidly in precisely those countries that lack the regulatory and other capacities needed to protect their populations from alcohol-related harm.

On the positive side, research tells us that strong alcohol policies work.

A reduction in the density of stores selling alcohol has been shown, over time, to reduce rates of child maltreatment and drink-driving. Having fewer outlets has also been linked to fewer traffic crashes and pedestrian injuries.

Restrictions on the times when alcohol is available also have an impact. In one city in Australia, late-night assaults declined by nearly 40% when closing hours for alcohol purchase were turned back modestly.

In a city in Brazil, with one of the highest murder rates in the country, the introduction of restrictions on alcohol availability was followed by a 44% decline in murders. Price matters greatly. A recent systematic review suggests that doubling taxes on alcohol could reduce alcohol-related deaths by 35%, fatal traffic crashes by 11%, and the rates of sexually transmitted diseases by 6%.

Studies also show that taxes on alcohol can help prevent people from starting to drink. This approach is especially important in the many low- and middle-income countries that have high numbers of lifetime abstainers.

Ways to curtail the initiation of drinking become all the more important given the pressure to consume that comes with aggressive marketing of alcoholic beverages.

In short, national alcohol policies are needed, desired, entirely feasible, and highly effective.”

Global public health community issues warning on alcohol industry conflict of interest

More than 500 public health professionals, health scientists and NGO representatives from 60 countries signed a joint Statement of Concern about the activities of the global alcohol producers, which was sent to WHO Director General, Dr Margaret Chan in April 2013.

The Statement, which was written by a group of international experts under the auspices of GAPA, raises concerns about the conflict of interest between multinational alcohol companies and public health policies designed to tackle alcohol harm. Signatories argue that ‘unhealthy commodity industries’, such as the global alcohol producers, should have no role in the formation of national and international public health policies.

This Statement was drawn up in response to public announcements made by 13 of the world’s leading alcohol producers, outlining their commitments to implementing the WHO Global Alcohol Strategy. These commitments, which were launched by the industry-funded International Centre for Alcohol Policies (ICAP) in October 2012, outlined a series of “targeted actions” that global alcohol producers will deliver over the next five years. They include:

- Reducing underage drinking, via enforcement of current

laws and encouraging governments to introduce and enforce minimum purchase ages

- Continuing to strengthen and expand marketing codes of practice that are rooted in our resolve not to engage in marketing that could encourage excessive and irresponsible consumption, with a particular focus on digital marketing
- Making responsible product innovations

Professor Thomas Babor, from the University of Connecticut School of Medicine, USA, led the drafting of the Statement of Concern. He commented:

“Based on their lack of support for effective alcohol policies, misinterpretation of the Global Strategy’s provisions, and their lobbying against effective public health measures, we believe that the alcohol industry’s inappropriate commitments must be met with a united response from the global health community.”

The Statement outlines concerns about the alcohol industry commitments in four main arguments:

1. The commitments are based on questionable assumptions

2. The commitments are weak, rarely evidence-based and are unlikely to reduce harmful alcohol use

3. The Global Producers are misrepresenting their roles and responsibilities with respect to the implementation of the WHO Global Strategy, which gave the Global Producers no authority to engage in public health activities on behalf of WHO or in support of the public health community

4. Prior initiatives advanced by the alcohol industry as contributions to the WHO Global Strategy have major limitations from a public health perspective

Evidence to support these arguments is included in the Statement, which gives examples of how drinks bodies have attempted to obstruct effective policies, such as the Scotch Whisky Association’s legal challenge to the Scottish Government’s plans to introduce minimum unit pricing of alcohol.

Dr Evelyn Gillan, Chief Executive of NGO Alcohol Focus Scotland and a member of the Statement’s drafting committee comments:

“What we are witnessing is the global alcohol producers adopting the same tactics that

the tobacco industry used for years in their efforts to prevent public health policies that could save lives. In Scotland, these tactics have included attempting to discredit the scientific evidence and producing information that is at best misleading, and at worst simply untrue. It's time to shine a light on the activities of the global alcohol producers who put profit before the public good.”

The Statement was circulated throughout global public health and NGO networks and in less than a month it received endorsements from more than 500 alcohol scientists, public health researchers, health professionals, and NGO representatives working in areas related to alcohol prevention, treatment and control. It was also endorsed by 27 organizations that support prevention work.

It was then sent to WHO Director General, Dr Margaret Chan, with the aim of raising awareness amongst WHO officials of the strength and breadth of concerns regarding the alcohol industry's activities relating to the WHO Global Alcohol Strategy.

The British Medical Journal ran an in-depth analysis of the Statement and the issues surrounding conflicts of interest between the alcohol industry and public health.

In defending the criticisms posed by the Statement of Concern regarding the alcohol industry's global commitments, Marcus Grant, CEO of ICAP said:

“They are at least actions, and they are actions the industry can take, because that's what WHO asked for in the strategy.”

However, responding to the BMJ article, Dr Margaret Chan gave clarification on the role of the drinks industry in implementing the WHO Global Alcohol Strategy:

“The Global Strategy, which was unanimously endorsed by WHO member states in 2010, restricts the actions of “economic operators” in alcohol production and trade to their core roles as “developers, producers, distributors, marketers and sellers of alcoholic beverages.

“References to the WHO Global Strategy to Reduce the Harmful Use of Alcohol require some clarification, particularly concerning claims that industry is simply doing ‘what WHO asked for in the strategy.’ Not so.

“In the view of WHO, the alcohol industry has no role in the formulation of alcohol policies, which must be protected from distortion by commercial or vested interests.”

In this public response to the Statement of Concern, Dr Chan expressed gratitude “to the many researchers and civil society organizations that keep careful watch over the behaviour of the alcohol industry.

“This behaviour includes direct industry drafting of national alcohol policies, or drafting through the International Center for Alcohol Policies and other entities or “public health

consultants”, which it funds. As documented in recent reports, some of the most effective policy options to reduce the harmful use of alcohol, as defined by WHO, are conspicuously absent in these policies”.

The Statement of Concern is available on the Global Alcohol Policy Alliance website, www.globalgapa.org.

Scotland's Court of Session dismisses Scotch Whisky Association Appeal against MUP - 3rd May 2013

Alcohol Focus Scotland issued the following statement:

Scotland's national alcohol charity today calls on the Scotch Whisky Association to drop any further legal action and for minimum pricing to be implemented without delay following the positive judgement from the Court of Session.

Dr Evelyn Gillan, Chief Executive of Alcohol Focus Scotland said:

“The Court of Session has issued a clear, unambiguous judgement, and finds no grounds for the drinks industry's action against the Scottish Government. In light of this, we call on the Scotch Whisky Association to drop any further legal action.

“We know from the evidence in Canada that minimum pricing saves lives. With twenty-four

people dying every week in Scotland because of alcohol, there is no reason to delay this measure any further.

“The alcohol industry has consistently opposed minimum

unit pricing as they oppose any measures that are likely to be effective. They have followed in the footsteps of their colleagues in the tobacco industry by seeking to delay the implementation of policies

that are clearly in the public interest. Thankfully, today the public interest has prevailed over the profits of the big alcohol corporations.”

Drinks industry ‘distorted’ evidence on minimum pricing

Major alcohol producers and supermarkets ignored, misrepresented and undermined international evidence on effective alcohol control policies in an attempt to influence public health policy in Scotland to its advantage, according to a report published by the London School of Hygiene & Tropical Medicine (LSHTM) and the Department of Social Policy & Social Work, York University.

Jim McCambridge led the study that analysed the alcohol industry's input into the Scottish Government's 2008 Consultation on “Changing Scotland's relationship with alcohol” policy proposals which included measures to introduce minimum unit pricing and ban promotions.

The researchers found that industry submissions advocated for policies in line with their commercial interests and consistently opposed evidence-based approaches. Industry actors also made unsubstantiated claims about the adverse effects of policy proposals they didn't like and advocated for policies with weak evidence to support effectiveness.

Upon publication, the authors of the report commented:

“Commercial conflicts of interest should be made explicit and policy makers should treat industry actors' interpretation of research evidence with extreme caution.”

“It is for public debate whether and to what extent the health of the population may be compromised by the commercial interests of industry, and whether the apparent economic contributions of the alcohol industry fully take into account the health and other social costs their activities incur.”

The authors concluded: “For policy makers, key questions concern how the pursuit of commercial interests may conflict with broader public interests and lead to the marginalisation of scientific evidence in decision-making.”

Responding to the report, the Convener of the Health Committee of the Scottish Parliament, who was in post at the time of the 2008 public consultation, called for the

industry representatives to be recalled to Parliament and held to account over the misinformation.

The Scottish Health Committee previously recalled the Chief Executive of Whyte and McKay whisky company to the Committee in 2008 after he (falsely) claimed that minimum pricing would cost 400 jobs in Scotland. When he was recalled by the members of the Committee and asked for the evidential basis of his claim he was forced to revise the figure of 400 down to zero.

[A copy of the full report, Industry Use of Evidence to Influence Alcohol Policy: A Case Study of Submissions to the 2008 Scottish Government Consultation, is available to download at plosmedicine.org.](#)

Minimum pricing will bring “substantial health and social benefits” says IAS report

A new report, *‘Is alcohol too cheap in the UK? Setting the case for a Minimum Unit Price [MUP] for alcohol’* was published on the 1st May 2013 by the Institute of Alcohol Studies. The paper, written by Dr Tim Stockwell and Dr Gerald Thomas, reviews the most recent evidence on MUP, whilst addressing common criticisms of the policy. The authors conclude that policymakers can be confident that substantial health and social benefits will follow if the measure is introduced in the UK.



Dr Tim Stockwell

Main findings of the report include:

- In the UK, alcohol is 45% more affordable than in 1980, and both men and women can currently exceed the recommended low risk daily drinking guidelines for £1
- Data from Canadian provinces suggest that a



Dr Gerald Thomas

10% increase in average minimum price would result in the region of an 8% reduction in consumption, a 9% reduction in hospital admissions and a 32% reduction in wholly alcohol caused deaths

- Evidence shows minimum pricing targets the heaviest drinkers, whilst having minimal impact on the amount spent by moderate drinkers
- Individuals and families on low incomes would be among the least affected by minimum pricing
- Criticism of the research on minimum pricing from Canada and the University of Sheffield, much of it from commercial vested interest groups, has been inaccurate and misleading

The report suggests that the ‘real life’ evidence on the impact of

minimum pricing in Canada indicates that the estimated effects on the UK may be far greater than predicted by modelling from the University of Sheffield.

Katherine Brown, IAS Director of Policy, said: “It is essential that the evidence to support minimum pricing is presented in an accurate and balanced way, so that decisions about adoption of this policy can be based on the interests of the common good.

“Recent reports funded by vested interest groups have been misleading and inaccurate in their criticisms of minimum pricing, highlighting the conflict of interest between economic objectives and public health and well being.

“This report provides an opportunity to set the record straight on minimum pricing, and give policymakers confidence that fulfilling the commitment to introduce this measure in the UK will deliver significant health and social benefits without unfairly penalizing moderate drinkers or those on low incomes.”

To read the report in full, visit the IAS website at www.ias.org.uk

Unhealthy drinking widespread around the world

Problem of unrecorded alcohol consumption

Alcohol is now the third leading cause of the global burden of disease and injury despite the fact most adults worldwide abstain from drinking, according to a new study by the Centre for Addiction and Mental Health (CAMH) in Canada.

The research, part of the 2010 Global Burden of Disease study, was published in the journal *Addiction*. It also found that Canadians drink more than 50 per cent above the global average.

“Alcohol consumption has been found to cause more than 200 different diseases and injuries,” said Kevin Shield, the lead author of the study. “These include not only well-known outcomes of drinking such as liver cirrhosis or traffic accidents, but also several types of cancer, such as female breast cancer.”

The study reports the amount and patterns of alcohol consumption by country for 2005, and calculates estimates for these figures for 2010. It reveals vast differences by geographical region in the numbers of people who consume alcohol, the amount they drink, and general patterns of drinking. Some other findings:

- Drinkers in Europe and parts of Sub-Saharan Africa are the world’s heaviest consumers of alcohol, on average.

- People in Eastern Europe and Southern Sub-Saharan Africa consumed alcohol in the unhealthiest manner, as they frequently consumed large quantities, drank to intoxication, engaged in prolonged binges, and consumed alcohol mainly outside of meals.
- People in North Africa, the Middle East and South Asia consumed the least amount of alcohol.
- North Americans in general, and Canadians in particular drink more than 50 per cent above the global average, and show a more detrimental drinking pattern than most EU countries, with more bingeing.

The global burden of disease and injury attributable to alcohol is large and growing. In 2010, it was responsible for 5.5 per cent of this overall burden, third after high blood pressure and tobacco smoking, among 67 risk factors overall.

This study summarizes the results from population surveys, sales or production data, and data on alcohol consumption not covered in official records, from all countries, territories and regions.

Researchers also found that almost 30 per cent of alcohol consumed in 2005 was

“unrecorded” alcohol – referring to alcohol not intended for consumption, home-brewed alcohol, and illegally produced alcohol. In some regions, unrecorded alcohol constituted more than half of all alcohol consumed.

“The amount of unrecorded alcohol consumed is a particular problem, as its consumption is not impacted by public health alcohol policies, such as taxation, which can moderate consumption,” said Dr Jürgen Rehm, a study author and director of CAMH’s Social and Epidemiological Research Department.



Dr Jürgen Rehm

Improving alcohol control policies presents one of the greatest opportunities to prevent much of the health burden caused by alcohol consumption,” said Dr Shield. To improve these policies, information on how much alcohol people are consuming, and how people are consuming alcohol is necessary, and that is exactly the information this article presents.

Libya

The problems caused by unrecorded, and, in this case, illicit alcohol were dramatically highlighted by a major incident of alcohol poisoning in the officially 'dry' nation of Libya.

The Libyan health ministry reported that in Tripoli sixty people had died from drinking homemade alcohol and hundreds more had been poisoned.

“The toll of victims from the impure alcohol has reached 60 dead and another 709 cases of poisoning,” Osama Abdejalil, head of the health ministry's crisis team told a news conference about the outbreak. The numbers of victims were so great that hospitals in Tripoli became overstretched, with patients having to be sent to clinics in other parts of the country for treatment.

Health Minister Nour Doghman said the poisoning was due to methanol in the cheap brew known locally as Boukha, and Libyans have been urged to stop consuming any form of alcohol. Methanol, which is also used as fuel and is highly toxic, is often mixed with homemade alcohol to strengthen its alcoholic content.

Southern African Alcohol Policy Alliance formed

A Southern African Alcohol Policy Alliance (SAAPA) was formed in November 2012.

The delegates represent civil society organizations from seven countries in the region, together with NGOs from Kenya, Sierra Leone, Sweden and Norway.

The new alliance has the following objectives: to share knowledge and experiences of alcohol policy development, to respond to local challenges with appropriate policy interventions, to identify common policies that can be lobbied for in all countries in the region and to lobby as a regional block at the global level.

A Board for the new alliance was elected. Savera Kalideen from Soul City in South Africa became



Meeting in Johannesburg

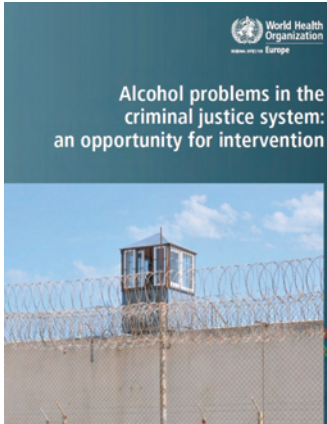


New SAAPA Board

the first Chair while Lovemore Mughandira from Blue Cross Namibia was elected Secretary of the Board. Other members are Nelson Zakeyu, Drug Fight Malawi; Jonas Ngulube, YMCA Zambia; Fanjanirina Holiarisoa, Blue Cross Madagascar; Mphonyane Mofokeng, Anti Drug Abuse Association of Lesotho and Smart Kachipare, Blue Cross Botswana.

Savera Kalideen, Chair of the Alliance commented: “It is critical that civil society is actively involved in alcohol policy development as this is the only way that our concerns and views will be represented in these policies”.

Alcohol problems in the criminal justice system: an opportunity for intervention: new publication from WHO



Alcohol is linked with crime, especially violent crime. Many people are incarcerated because of alcohol-related crime. Alcohol is not permitted in prisons except in a very few cases,

and illicit use of alcohol in prison is not a major problem. Nevertheless, imprisonment gives an opportunity to tackle alcohol problems in prisoners, with the potential for positive effects on their families and friends and a reduction in the risk of re-offending, the costs to society and health inequalities.

This new publication from WHO Europe describes an integrated model of care for alcohol problems in prisoners, with elements for best practice. The model starts with assessment of the seriousness of prisoners'

alcohol problems, using a validated screening tool, the WHO Alcohol Use Disorders Identification Test (AUDIT), and calls for interventions tailored to prisoners' specific needs.

By Lesley Graham, Tessa Parkes, Andrew McAuley and Lawrence Doi 2013, viii + 18 pages
ISBN 978 92 890 0290 5
Downloadable from: <http://www.euro.who.int/en/what-we-publish/abstracts/alcohol-problems-in-the-criminal-justice-system-an-opportunity-for-intervention>

Alcohol Reform “The Key to Addressing Violence”

Australia's leading alcohol research and education body has repeated its calls for alcohol reform ahead of a forum to discuss street violence in Sydney.

The Foundation for Alcohol Research and Education (FARE) has warned that calls for improved public transport and greater CCTV surveillance “fail to address the issue that alcohol, and not the individuals consuming it, is at the heart of the problem”.

The call from FARE and the forum were both prompted by

the death of teenager Thomas Kelly, who had been out in Kings Cross, an entertainment area of Sydney, when he was the victim of an apparently unprovoked attack. A punch to Mr Kelly's head knocked him to the ground, and he struck his head heavily on the pavement. He never regained consciousness.

Mr Kelly's death sparked a vigorous public debate over drinking culture and safety, and prompted a review of licensing venues in Kings Cross.

FARE Chief Executive, Michael Thorn said that in the wake of the unprovoked assault of Thomas Kelly, what was most needed now was strong political leadership.

There's a time for talking and a time for action. We know that reducing the availability and supply of alcohol is the most effective and cost saving measure to reduce alcohol-related violence. One only has to look at Newcastle where am closing times led to a 35 per cent reduction in after dark assaults to see how successful such an

approach can be. At this point it is clear that the only barriers to reform are the politicians themselves,” Mr Thorn said. Michael Thorn’s call was echoed by Mr Tony Brown, a long-standing advocate for the prevention of alcohol related violence in Newcastle. Mr Brown, Chair of the Newcastle Community Drug Action Team, stressed that the focus should be on the root cause of the problem.

“The alcohol industry would have us happily consider more trains, more taxis and more cameras; any option that distracts our attention from the simple fact that alcohol availability is a major cause of the problem. There are over 2200 licensed premises within the City of Sydney, but that’s still not enough for an industry determined to push more alcohol on every corner,” Mr Brown said.

Mr Brown says Kings Cross is not alone among Australian cities and towns with similar alcohol-related problems, and points out that it is important to acknowledge that alcohol-related crime is only half of the story.

“Notwithstanding the tragedy of last week’s events, it is also important to acknowledge that more young people suffer greater death, self-injury and misadventure from the dangerous oversupply of alcohol than violent criminal events,” Mr Brown said.

An eighteen year old male has been charged with the murder of Thomas Kelly. He was also charged with assault and bodily harm over three separate assaults on the same night.

The Ten Point Plan:

- Shorten late night trading hours
- Impose a moratorium on late night trading
- Make late night licensed premises contribute to the cost of alcohol-related harms
- Control the density of licensed premises
- Prevent the harmful discounting and promotion of alcohol
- Enforce responsible service of alcohol requirements
- Give people a say on the availability of alcohol in their community
- Introduce appropriate transport and crowd management options in high density areas
- Further the evidence base for alcohol-related policies through improved data collection
- Measure, evaluate, improve

Following the initial response to the Kelly case, and in the wake of the NSW Government’s announcement that it would introduce new restrictions to tackle alcohol-related violence in Kings Cross, FARE presented New South Wales Premier Barry O’Farrell with a comprehensive plan to reduce alcohol-related harms.

In addition to addressing the availability and oversupply of alcohol, the plan also advocates a ‘user pays’ model that would see late night licenced premises contribute to the cost of

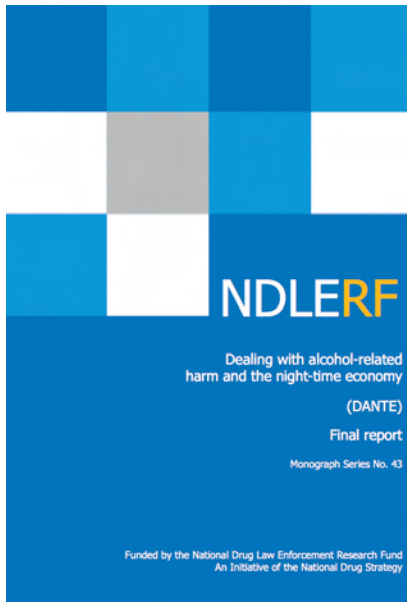
alcohol-related harms through the introduction of risk-based licencing fees, proposes that communities be given greater say on the availability of alcohol in their community, and calls for the introduction of appropriate transport and crowd management option in high density areas.

FARE Chief Executive, Michael Thorn, says that, while the issue of alcohol-fuelled violence is a complex problem it is not insurmountable and he called on the Premier to work with alcohol policy experts.

“FARE’s 10 Point Plan to Reduce Alcohol Harms in NSW represents a complete solution for the people and communities of NSW and I stand ready and willing to offer FARE’s assistance to the Premier,” Mr Thorn said. With 34 per cent of people from NSW affected by alcohol-related violence, Mr Thorn says this is not an issue limited to Kings Cross, as shown by the overwhelming majority of NSW voters who want more done to reduce the harms caused by alcohol misuse.

“The people of NSW know only too well the devastating effects of alcohol use and misuse and they also understand that those harms extend beyond the drinker and impact people in the broader community. Now is the time for the Premier to implement positive alcohol policy reforms that would address the concerns of the wider community and result in a safer and healthier NSW,” Mr Thorn said.

Australia: Pre-drinking alcohol before arriving at nightclubs likely to lead to violence, study finds



The increasingly common practice of drinking at home before going out is the major predictor of people experiencing harm or violence, Australia's largest study into alcohol-related nightlife crime has found.

The 'Dealing with alcohol-related harm and the night-time economy (DANTE)' study compared the effectiveness of alcohol-related crime prevention measures put in place between 2005 and 2010 through licensing regulation in Newcastle (NSW) and voluntary programs run in Geelong (Victoria). The study was conducted by researchers at Deakin University and Hunter New England Population Health and was funded by the National Drug Law Enforcement Research Fund.

Among the study's key findings was that the measures that dealt directly with alcohol

consumption employed in Newcastle, such as restricted trading hours, were the most effective in reducing alcohol-related crime. The harm associated with pre-drinking was also highlighted in the results.

"That drinking before going out was shown to be a major predictor of harm in the night-time economy indicates that addressing this practice requires strong action by government to turn this increasing trend around. The problem could be addressed by introducing a levy on packaged liquor to make it less attractive for people to pre-drink before going out clubbing," said Deakin researcher and study author, Associate Professor Peter Miller.

"Limiting trading hours was found to be immediately effective in reducing the alcohol-related crime rates in Newcastle.

"This type of intervention comes at no cost to the community and frees up police and other emergency staff to deal with matters other than drunks and alcohol-related violence, and should be considered wherever alcohol-related violence is identified as a problem," he said. The study found such measures need to be implemented across all venues, rather than just specific venues to ensure a level-playing field for business and act as a vehicle for cultural change amongst patrons.

A range of interventions was analysed in the study including locking patrons out of clubs after 1.30 am, clubs closing by 3.30 am, banning alcohol shots after 10 pm and limits on the number of drinks being served (as mandated by licence conditions in Newcastle) and the introduction of ID scanners, improved communication between venues and police and education campaigns (which were voluntary in Geelong).

The researchers also reviewed hospital and police records and ambulance callouts to evaluate the rate of alcohol-related violence. A massive program of 4000 patron interviews was conducted into alcohol-related crime and more than 120 unannounced venue observations were undertaken. Community attitudes towards alcohol-related harm and the available policy options were also canvassed.

"We found that the number of assaults in Newcastle dropped significantly during the study period while the interventions in Geelong had no impact," Associate Professor Miller said.

Other findings included strong, consistent policing using substantial personal fines was found effective, but requires policing levels which are seldom sustained. Lockouts appear to harm smaller bars and those that trade earlier and show no

evidence of being effective in their own right. Illicit drug use is fairly low, but does predict greater experience of violence and harm.

The community surveys revealed that most people believed alcohol was a problem in their entertainment precincts.

“We found that most people surveyed had witnessed an aggressive act in licensed venues and that nine out of ten people believed licenced venues should shut by 3 am. There was similar support for more police on the street,” Associate Professor Miller said.

The night-time economies, such as nightclubs and bars, are an important part of urban and regional centres. They provide entertainment and jobs for many people. However they are also places where violence and injury occur at great cost to the community.

“This study provided a unique opportunity to evaluate what works and what doesn’t by comparing two cities with similar populations that implemented different approaches to reducing alcohol-related violence,” Associate Professor Miller said.

“The evidence we have from the DANTE study should now be used by respective governments to implement proven strategies to seriously address the harms that result from excessive alcohol consumption in our entertainment precincts.”

Regulating density of alcohol-outlets “a promising strategy to improve public health”

Despite potential, many public health agencies unaware of how to use regulation of alcohol density to address excessive drinking

Regulating alcohol outlet density, or the number of physical locations in which alcoholic beverages are available for purchase in a geographic area, is an effective strategy for reducing excessive alcohol consumption and associated harms. A new report from the US Center on Alcohol Marketing and Youth (CAMY), at the Johns Hopkins Bloomberg School of Public Health, documents how localities can address alcohol outlet density, and outlines the critical role of health departments and community coalitions in these efforts. The report, published in the journal *Preventing Chronic Disease*, is an important resource for public health practitioners, many of whom are often unaware of the potential of this evidence-based strategy.

“Excessive alcohol use is the third leading cause of preventable death in the U.S., and responsible for approximately 80,000 deaths annually,” said lead study author David Jernigan, PhD, CAMY director. “Public health agencies are on the frontlines of addressing the toll alcohol misuse has on the public’s health, and are therefore well-positioned to inform communities about the benefits of addressing alcohol outlet density in their communities.”

The report notes that the public health profession has a tradition of promoting health and preventing harm through the use of evidence-based strategies, including land use and zoning codes. “Despite this tradition and evidence supporting regulation of alcohol outlet density, many public health professionals are unaware of its potential and do not know how to work with local authorities to implement the strategy,” said Jernigan.

The authors cite several examples of the significant relationship between alcohol outlet density, consumption and harms: in Los Angeles County, researchers estimated that every additional alcohol outlet was associated with 3.4 incidents of violence per year, and in New Orleans, researchers predicted that a 10 percent increase in the density of outlets selling alcohol for off-premise consumption would increase the homicide rate by 2.4 percent.

The report provides four ways in which states and localities can reduce alcohol outlet density: Limit the number of alcohol outlets per specific geographic unit, limit the number of outlets per population, establish a cap on the percentage of retail outlets per total businesses in a specific area; and limit alcohol outlet locations and operating hours. In addition, localities may use land-use powers to limit, deny or remove permission to sell alcohol from existing outlets.

A previously released Action Guide, *Regulating Alcohol Outlet Density* (see http://www.camy.org/action/Outlet_Density), developed by CAMY and Community Anti-Drug Coalitions of America (CADCA) – the nation’s leading substance abuse prevention organization, representing over 5,000 community anti-drug coalitions across the country – outlines nine specific steps community coalitions and public health departments can take to educate and inform policy makers. “By providing the data necessary to inform policy decisions and building partnerships with community coalitions, state and local health departments can offer critical support to states and localities in these efforts,” said report co-author Evelyn Yang, Deputy Director of Evaluation and Research at CADCA.

“Since the publication of the Guide, we’ve collected several case studies of local health agencies and community coalitions effectively working to regulate alcohol outlet density,” stated Jernigan. “With increased uptake by more agencies, communities can become healthier, safer places to live and work.”

Additional authors of “Using Public Health and Community Partnerships to Reduce Density of Alcohol Outlets”: Michael Sparks, MA, and Randy Schwartz, MPH (CADCA).

More drinking outlets “means worse mental health”

People with more liquor outlets in their neighbourhood have higher levels of harmful drinking and worse mental health than those who live further away from such outlets, according to new research at The University of Western Australia.

The Healthway-funded study was published online in the US journal *PLOS One*. It is significant because most research on alcohol outlet density has previously focused on violence, crime, safety and traffic accidents.

Co-author Associate Professor Lisa Wood, Deputy Director of UWA’s Centre for the Built Environment and Health, said the study reinforced the WA Health Department’s five-year plan for a healthier WA.



Associate Professor, Lisa Wood

“One of the suggestions in the five-year plan is limiting the density of alcohol outlets,” she said.

“We found that the average number of standard drinks per day and the rate of harmful alcohol consumption increased for each additional alcohol outlet in a neighbourhood.”

The researchers also found that the likelihood of being treated in hospital for anxiety, stress or depression increased as the number of alcohol outlets within walking distance (1600m) of home increased.

“While the association between alcohol outlet density and injury, crime and violence are well documented, this is one of the first studies internationally to specifically look at how this might impact on mental health disorders,” Associate Professor Wood said.

The study was based on Department of Health survey data from nearly 7000 Perth-based adults, and used geographical mapping to link this to the location of all licensed alcohol outlets in Perth.

“Our findings underscore the importance of limiting both the number of liquor store licences and the geographic density of outlets as a way to improve mental health and reduce other alcohol-related harm,” Associate Professor Wood said.

Alcohol Ads on television “are associated with alcohol related problems”

Thirteen year olds who are exposed to alcohol ads on TV, and who say they like the ads, may experience more severe problems related to drinking alcohol later in their adolescence, according to a study in the US medical journal Pediatrics, “Exposure to Alcohol Advertisements and Teenage Alcohol-Related Problems”.

The researchers surveyed nearly 4,000 school seventh graders, then followed up with the same students in eighth, ninth and tenth grades (though the size of the group participating decreased each year). The participants were assessed for:

exposure to certain television programs during which alcohol ads appeared, recognition and recall of the ads and products, how much they liked the alcohol ads shown on TV, frequency and amount of their own alcohol use and problems associated with alcohol use, such as trouble with homework or getting into fights. The researchers also assessed the students for other factors that may influence teens’ use of alcohol, such as parents’ education, whether or not they play sports, and knowing peers or adults who drink. Exposure to advertising was found to have a significant correlation with alcohol use, particularly

among girls. Liking the ads was connected with alcohol-related problems, particularly in boys. For both boys and girls, the more they were exposed to the ads and liked them, the more their alcohol use grew from seventh to tenth grade. On the basis of these findings and a growing number of findings in the literature, the authors conclude that exposure to alcohol ads on TV may influence alcohol use and alcohol-related problems among adolescents. They recommend media education and limiting exposure of youth to alcohol ads as part of prevention strategies.

Sweden calls for an end to alcohol advertising on national television

Sweden asks the UK to stop alcohol advertising in broadcasts to Sweden

Currently, alcohol advertising is broadcast on several Swedish TV channels even though there is a clear prohibition of alcohol advertising on radio and TV. This is because by broadcasting from the UK, TV channels have succeeded in circumventing the Swedish legislation. In 2011, IOGT-NTO filed a complaint with the Swedish Broadcasting Authority (SBA) against these broadcasts.

Now, as a result of this complaint, SBA has sent a letter to its British counterpart, Ofcom, requesting the UK to stop alcohol advertising in broadcasts to Sweden on the basis of the EU’s Audiovisual Media Services Directive.

The basis for Sweden’s demand to the United Kingdom for co-operation in this matter was provided by the adoption of the new EU Audiovisual Media Services Directive and the introduction of the so-called principle of the country of reception. The principle means, in this case, that Swedish law

applies even when an advert is broadcast from the UK but entirely or mainly targets Sweden and a Swedish audience.

Sweden prohibits alcohol advertising on TV, and IOGT-NTO says there is a political consensus and strong public support for this law. Sara Heine, Head of Unit at IOGT-NTO, said that SBA’s representations to the UK were a major step forward. The result was that either the UK could accede to the request of the SBA and stop alcohol advertising on Swedish TV, or the case would continue to be pursued at the EU level.

US underage youth drinking concentrated among small number of brands

First national survey examining brand preferences among underage youth

A relatively small number of alcohol brands dominate underage youth alcohol consumption in the United States, according to a new report from researchers at the Boston University School of Public Health and the Center on Alcohol Marketing and Youth (CAMY) at the Johns Hopkins Bloomberg School of Public Health. The report, published online by Alcoholism: Clinical & Experimental Research, is the first national study to identify the alcohol brands consumed by underage youth, and has important implications for alcohol research and policy.

The top 25 brands accounted for nearly half of youth alcohol consumption. In contrast, adult consumption is nearly twice as widely spread among different brands. Close to 30 percent (27.9%) of underage youth sampled reported drinking Bud Light within the past month; 17 percent had consumed Smirnoff malt beverages within the previous month, and about 15 percent (14.6%) reported drinking Budweiser in the 30-day period:

Rank	Brand	Reported Use in Previous 30 Days Among Underage Youth
1.	Bud Light	27.9%
2.	Smirnoff Malt	17.0%
3.	Beverages	14.6%
4.	Budweiser	12.7%
5.	Smirnoff Vodkas	12.7%
6.	Coors Light	11.4%
7.	Jack Daniel's Bourbons	11.3%
8.	Corona Extra	10.8%
9.	Mike's	10.4%
10.	Captain Morgan Rums	10.1%
	Absolut Vodkas	

Of the top 25 consumed brands, 12 were spirits brands (including four vodkas), nine were beers, and four were flavored alcohol beverages.

“For the first time, we know what brands of alcoholic beverages underage youth in the U.S. are drinking,” said study author David Jernigan, PhD, CAMY Director. “Importantly, this report paves the way for subsequent studies to explore the association between

exposure to alcohol advertising and marketing efforts and drinking behavior in young people.”

Alcohol is responsible for 4,700 deaths per year among young people under the age of 21. More than 70 percent of high school students have consumed alcohol, and about 22 percent engage in heavy episodic drinking. At least 14 studies have found that the more young people are exposed to alcohol advertising and marketing, the more likely they are to drink, or if they are already drinking, to drink more.

The researchers surveyed 1,032 youth ages 13-20 via an Internet-based survey instrument. Respondents were asked about their past 30-day consumption of 898 brands of alcohol among 16 alcoholic beverage types, including the frequency and amount of each brand consumed in the past 30 days.

“We now know, for the first time, what alcohol brands - and which companies - are profiting the most from the sale of their products to underage drinkers,” said

lead study author Michael Siegel, MD, MPH, professor of Community Health Sciences at the Boston University School of Public Health. “The companies implicated by this study as the leading culprits in the problem of underage drinking need to take immediate action to reduce the appeal of their products to youth.”

This research was supported by a grant from the National Institute on Alcohol Abuse and Alcoholism.

The Center on Alcohol Marketing and Youth monitors the marketing practices of the alcohol industry to focus attention

and action on industry practices that jeopardize the health and safety of America's youth. The Center was founded in 2002 at Georgetown University with funding from The Pew Charitable Trusts and the Robert Wood Johnson Foundation. The Center moved to the Johns Hopkins Bloomberg School of Public Health in 2008 and is currently funded by the Federal Centers for Disease Control and Prevention. For more information, visit www.camy.org

Lower drinking ages “lead to more binge drinking”

The US legal drinking age of 21 has been given further evidential support by a new study which shows that people who grew up in states where it was legal to drink alcohol before age 21 are more likely to be binge drinkers later in life.

The study was carried out by researchers at Washington University School of Medicine in St. Louis and published in *Alcoholism: Clinical & Experimental Research*.

The researchers tracked the long-term drinking behavior of more than 39,000 people who began consuming alcohol in the 1970s, when some states had legal drinking ages of 18. “It wasn’t just that lower minimum drinking ages had a negative impact on people when they were young,” explains first author Andrew D. Plunk, PhD, a post-doctoral research fellow in psychiatry. “Even decades later, the ability to legally purchase alcohol before age 21 was associated with more frequent binge drinking.”

The study shows that people who lived in states with lower minimum drinking ages weren’t more likely to consume more alcohol overall or to drink more frequently than those from states where the drinking age was 21, but when they did drink, they were more likely to drink heavily.

The effect was most pronounced among men who did not attend college. And the researchers say the findings should be a warning to those who advocate lowering the minimum drinking age. “Binge drinking on college campuses is a very serious problem,” Plunk says. “But it’s also important not to completely forget about young people who aren’t on college campuses. In our study, they had the greatest risk of suffering the long-term consequences linked to lower drinking ages.”

Plunk and his colleagues found that even decades later, men who grew up in states with a legal drinking age lower than 21 were 19 percent more likely to binge drink more than once per month. Among those who didn’t go to college, the odds of bingeing more than once a month increased by 31 percent.

Through surveys conducted in the early 1990s and again in the early 2000s, the researchers tracked the average daily alcohol intake, overall drinking frequency and the frequency of binge episodes — defined as five or more drinks during a single period of drinking for a man or four-plus drinks for a woman. They also looked at how often a person drank but did not binge, which is thought to be a less harmful drinking pattern.

“There’s a difference between tracking average daily

consumption of alcohol and measuring drinking patterns,” explains senior author Richard A. Grucza, PhD, an associate professor of psychiatry.

“Merely tracking average daily consumption can hide harmful drinking patterns. Averaging one drink per day doesn’t sound like much, but if that same person has all their drinks for the week in one sitting, well that’s a potential problem.”

Due to concerns about binge drinking on college campuses, some policymakers think that lowering the drinking age may encourage college students to moderate their alcohol use. “The ‘take away message’ is that we need to consider all of the potential consequences of changing the drinking age,” Plunk explains. “We shouldn’t be too narrow in our focus when we think about how young people are affected by these laws. This study shows there’s a large population that benefitted from a higher legal drinking age. Laws apply to everyone, but if they are based only on the impact on one group like college students, we may end up forgetting about how those laws affect other people.”

Plunk AD, Cavazos-Rehg P, Bierut LJ, Grucza RA. The persistent effects of minimum drinking age laws on drinking patterns later in life. *Alcoholism: Clinical & Experimental Research*, vol. 37 (3), March 2013

Is it time for global low risk guidelines on drinking?

A comparison of drinking guidelines around the world shows there's little consensus between countries on what constitutes safe or sensible alcohol consumption, say UK researchers.

Psychologists Dr Richard de Visser and Nina Furtwängler at the University of Sussex looked at government guidelines issued in 57 countries, including all 27 European Member States, and found "a remarkable lack of agreement" about what constitutes harmful or excessive alcohol consumption on a daily basis, a weekly basis and when driving.

Their study, published in *Drug and Alcohol Review*, showed there was also no consensus on whether it was safe for women to be drinking as much as men.

In particular, they found:

- Some countries refer to standard drinks, but do not define them in grams of ethanol (e.g., Kenya, Malta)
- Some countries do not define standard drinks, but offer general guidance encouraging moderate alcohol consumption and/or abstinence in certain circumstances (e.g., Belgium, India, Norway, Western Samoa)
- Muslim countries and eight of the 27 EU member States (including Cyprus, Greece and Hungary) do not have readily accessible guidelines.

- A standard unit of alcohol in Slovakia is 14g of ethanol compared with 8g in the UK.
- Among the 124 countries that allowed drivers to have alcohol in their blood, there was a ten-fold variation between the least (e.g., Panama) and most generous (e.g., United Arab Emirates).

Dr de Visser said: "We were surprised at the wide variation in guidelines. There is no international agreement about whether women should drink as much as men or only half as much. In some countries the weekly maximum is simply seven times the daily maximum, whereas in others there is an explicit statement that drinkers should have at least one alcohol-free day a week."

The suggestion that there should be internationally agreed drinking guidelines is controversial within the public health community. Some health advocates argue that drinking guidelines are a fundamentally misguided approach, and that there is no evidence that promulgating guidelines is effective in reducing alcohol harm. Professor Sally Casswell has attacked the whole concept of drinking guidelines as an example of 'neo-liberal ideology' and an alcohol industry -sponsored ploy to divert attention from policy measures that actually work. In an editorial in the journal *'Addiction'* Casswell

concluded: "Drinking guidelines as public policy fit well with the position of the transnational corporations manufacturing and marketing alcohol, which is to minimise the importance of the physical, economic, social and digital drinking environment and their role in creating it; drinking guidelines are a more precise version of the pervasive 'Drink Responsibly' messages promulgated by the alcohol industry."

Dr de Visser acknowledges that guidelines have limited success in encouraging moderation and that some young people often use alcohol labelling deliberately to drink at unsafe levels.

However, he says: "Despite these caveats, it is important for people who do want to adhere to recommendations to drink responsibly that there should be internationally agreed standard definitions of alcohol units and consumption guidelines. Agreed guidelines would be useful for international efforts to reduce alcohol-related harm by increasing people's capacity to monitor and regulate their alcohol consumption."

['Lack of international consensus in low-risk drinking guidelines'](#), by Nina Furtwängler and Richard de Visser, is published in *Drug and Alcohol Review* (January 2013)

Russia debates proposal to raise drinking age

The Russian parliament is considering a new bill that would raise the legal drinking age from 18 to 21 as part of a nationwide campaign to cut down on alcohol consumption.

“Today, Russia ranks first in the world for alcohol consumption per capita, including children and the elderly,” the bill’s sponsor Vyacheslav Festisov was reported as saying in the Russian media.

“This is 18 litres of alcohol a year per citizen,” he added. “[The] age of initiation to alcohol in recent years has declined from 15 to 11 years. Experts estimate that in our country, because of alcohol consumption, of 100 young men only 40 will live to retirement age.”

Festisov, who also serves as the Deputy Head of the Social Policy Committee in the State Duma, the lower house of the Russian parliament, added that alcohol was particularly detrimental to 18-year-olds.

“Eighteen-year-olds are not able to acquire an expensive and quality alcohol and, therefore, are limited to buying cheaper substitutes that threaten their lives and health,” he said. “It is about the younger generation we will lose if we do not take drastic measures. Half-measures will not help here.”

In 2012 President Vladimir Putin approved a ban on

all alcohol advertising after launching a campaign in 2010 to slash alcohol consumption in half in Russia by 2020.

The sale of alcohol has also been prohibited between the hours of 11 p.m. and 8 a.m., and street kiosks have been barred from selling alcohol.

Alcohol consumption has been one of the leading causes of death among working-age people, accounting for more than half of all deaths, according to a 2009 study from the University of Oxford.

More than 23,000 Russians die of alcohol poisoning every year, and 75,000 die from alcohol-related diseases.

“If current Russian death rates continue, then about 5 percent of all young women and 25 percent of all young men will die before age 55 years from the direct or indirect effects of drinking,” Professor Richard Peto, author of the study, said in a statement.

The study found that more than half of all deaths of people of working age in Russia were caused by alcohol. The researchers asked the families of 30,000 dead men and 20,000 dead women in the Russian cities of Tomsk, Barnaul and Biysk what the deceased person used to drink, and determined the cause of death from official death records.

They found that 59% of deaths in men and 33% of deaths in women between the ages of 15–54 were caused by alcohol. Most of these alcohol-attributed deaths were from alcohol poisoning, accidents, violence, or one of eight disease groups strongly related to alcohol, such as TB, pneumonia, pancreatitis or liver disease.

“When Russian alcohol sales decreased by about a quarter, overall mortality of people of working age immediately decreased by nearly a quarter,” Professor Peto added. “This shows that when people who are at high risk of death from alcohol do change their habits; they immediately avoid most of the risk.”

Teenage Drinking already declining

However, figures from the Health Behaviour of School Age Children suggest that teenage drinking may already be in decline in Russia.

The data, published by WHO/Europe, show a significant fall in alcohol and tobacco use by young people in the Russian Federation, with a decline in the number of 13-year-old girls who smoke at least once a week. Weekly smoking among 15-year-old boys and girls is also decreasing.

Similarly, alcohol consumption, which had grown steadily from

1998 to 2006, showed a marked decrease for both boys and girls.

While alcohol and tobacco consumption remains high in comparison to many of the 39 countries and regions participating in the HBSC study, the Russian Federation shows the lowest rates of any of the countries that were formerly part of the USSR.

“It’s welcome news that Russian teenagers appear to be making healthy choices in their lives and setting a good example to their parents,” said Zsuzsanna Jakab, WHO Regional Director for Europe. “However, this report also highlights areas where policies could be adjusted – for example, to encourage more physical activity – to ensure good health outcomes in the future.”

Oleg Churganov, of the Research Institute of Physical Culture in St Petersburg, led the team of Russian researchers: “The state has recently taken steps to regulate tobacco and alcohol consumption among teenagers and this has led to positive changes in young people’s health behaviour. We are also seeing the benefits of comprehensive health promotion programmes in the Russian Federation’s educational institutions and a sport development strategy that has yielded an increase in physical activity in the general population. We hope to be able to achieve the same in the group aged 11–15 years in the near future.”

Australia: Rural Communities Combat Alcohol Harms

A multi-million dollar research project involving 20 towns throughout the Australian state of New South Wales has shown that coordinated community action does reduce excessive alcohol consumption and harms.

Comprising 13 evidence-based, community-led interventions over a period of five years, and \$2.4 million in funding from the Foundation for Alcohol Research and Education (FARE), the ambitious project is claimed to be the largest and most rigorous evaluation of a community action approach to reduce risky alcohol consumption and related harms ever undertaken anywhere in the world.

Officially launched by The Hon Kevin Humphries, MP, Minister for Mental Health, Minister for Healthy Lifestyles and Minister for Western New South Wales at Parliament House, Sydney, the Alcohol Action in Rural Communities (AARC) project was shown to be effective in reducing alcohol consumption in rural communities, as well as rates of binge drinking, alcohol-related crime and residents’ experience of alcohol abuse.

Mr Humphries said the project demonstrated that communities do have an important role to play in complementing State and Commonwealth Government interventions and that when given the opportunity, local communities are prepared to work effectively with their local

government, health services, police, schools and researchers to formulate and establish effective evidence-based solutions.

“This world-leading research, conducted here in New South Wales, makes it clear that coordinated community action does make a difference. The results speak for themselves. Given the known relationships between excessive alcohol consumption and poor physical and mental health, these findings are particularly encouraging,” Mr Humphries said.

Compared to the control towns, the experimental communities saw a 20 per cent reduction in average alcohol consumption, a 42 per cent reduction in residents’ experience of alcohol fuelled verbal abuse, a 33 per cent reduction in alcohol-related street offences and a 30 per cent reduction in the number of residents who reported drinking at levels that placed them at high-risk of alcohol-related violence, accidents and injuries. Just as importantly, there was a positive cost-benefit: for every \$1 spent on community action the value of the returns to the communities was conservatively estimated at between \$1.75 and \$1.37.

AARC was a partnership between local communities, local government, government agencies, FARE, and the Universities of New South Wales and Newcastle.

The twenty NSW towns in the study included ten experimental communities where interventions included brief interventions in multiple health settings, high school-based interactive sessions on alcohol harms; improved GP prescribing of anti-alcohol medications and targeting high risk weekends.

David Crosbie, FARE's Research Committee Chairman said that the AARC project was a living, breathing experiment that reduced alcohol harms and improved lives. Beyond those communities and this project, the valuable information gathered will be of benefit to other Australians and other communities.

Key findings

- The total cost of implementing all 13 interventions in the ten communities was \$608,102 or \$61,000 per community.
- Community action is cost-beneficial. For every \$1 spent on action the value of the returns to the communities was conservatively estimated at between \$1.75 and \$1.37
- The experimental communities saw a 20 per cent reduction in average alcohol consumption, a 42 per cent reduction in residents' experience of alcohol fuelled verbal abuse, a 33 per cent reduction in alcohol-related street offences and a 30 per cent reduction in short-term high-risk drinkers, compared to the control towns.

GAPC 2013

Alcohol, Civil Society and Public Health: From Local and National Action to Global change

In January 2013, at a well attended press conference in Seoul, Dr Ok Ryun Moon and Professor Sungsoo Chun of the Korean Organising Committee, together with Derek Rutherford, Chair, and Professor Udomsil Srisangnam, Deputy Chair – GAPA, announced the forthcoming GAPC 2013 Global Alcohol Policy Conference, to be held in Seoul from 7 to 9 October 2013.



The general objective of the Conference will be to promote evidence-based alcohol policy through cross-sector participation, free from commercial interest. The Conference will:

- provide a forum to promote the utilization of scientific explicit and experiential knowledge in the alcohol policy process
- strengthen collaboration, networking and mobilization of stakeholders from three sectors - civil society, academia and policy makers and other public agencies
- advance the implementation of the Global Strategy to Reduce Harmful Use of Alcohol at national and sub-national level
- summarize the international evidence base for national alcohol control policies

The deadline for submission of abstracts of papers is 20 June 2013 and topics should cover alcohol related harms, effective policy and responding to harm.

For a fuller outline of the themes see the conference webpage <http://www.gapc2013.com/> where full details of the conference may also be found.

GAPC *Global Alcohol Policy Conference 2013*



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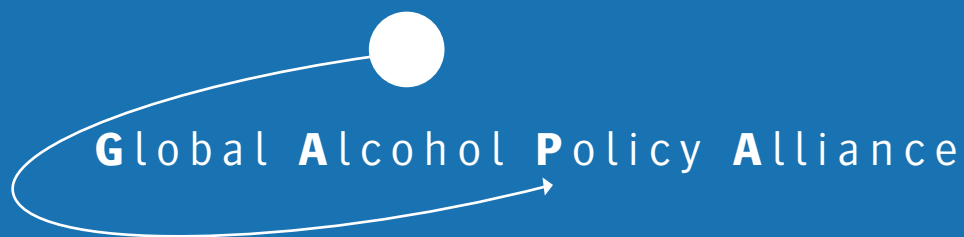
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