

New Series Issue 2 2001

THE GLOBE

**Trade treaties,
alcohol and public
health**



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Alcohol policy in Europe: what can the European Union do?

Peter Allebeck

In February, 2001, the Swedish government, which then held the presidency of the European Union (EU), hosted a WHO ministerial conference on youth and alcohol. This was a follow-up to the European Conference on Health, Society and Alcohol, held in Paris 1995, at which the European Charter on Alcohol was adopted. This charter sets out ten strategies that provide the framework for implementing the WHO European Alcohol Action Plan (EAAP), which was adopted by the WHO Regional Committee for Europe in 1992¹. The first phase of the EAAP was evaluated in 1998 and, in 1999, the Regional Committee agreed a second phase to span the period 2000-2005². Both the Charter on Alcohol and the EAAP are good examples of how action at a European level can help reduce alcohol related harm in society.

The fact that the conference brought together both the WHO and the EU was not simply coincidence. In its most recent National Alcohol Action Plan the Swedish government has stressed its willingness to contribute to an inter-sectoral strategy to reduce alcohol related harm within the EU and has emphasised the need to promote an increased exchange of ideas between the WHO and the EU³.

While alcohol has long been an important part of the agenda of WHO Europe, its place in EU health policy has been less clear. Instead, alcohol has generally been left to agricultural or industrial policy. This has been a particular concern for Sweden but also for some other countries that have recently joined the EU. In particular, there is concern about the contradictions that arise when ministers strongly endorse initiatives to reduce the availability of alcohol at meetings of the WHO

Regional Committee and then support increased imports of alcohol at EU meetings the following month. Thus, any move that improves relations between the WHO and EU in the area of alcohol policy should be strongly supported by the public health community.

Of course, the WHO and EU are different bodies. One is composed of 51 member states, the other of 15, which may become 27 in an uncertain future. One has health as its main objective while the other emphasises free movement of persons, products and capital. However the EU also emphasises its contribution to peace, democracy and social progress and article

152 of the Amsterdam Treaty highlights public health as a goal to be pursued. Thus, it is clear that health policy issues could and should be given a higher priority within the Union than they are at present.

Europe offers many opportunities to observe the effects of differences in drinking culture and alcohol policy. Some would argue that comparisons of alcohol policy over time and between countries or regions are impossible due to confounding by ethnic differences, perhaps even biological differences, cultural traditions, economic development, etc. But there are so many 'natural experiments', so many high quality data bases and so much alcohol research capacity in Europe that we now have an overwhelming mass of research – and data still to be analysed – on the relations between drinking cultures, alcohol policy and alcohol related harm across Europe.

Comparative data between west European countries, i.e. the countries that now form the EU, have been available for decades. One general conclusion that can be drawn is that there has been a convergence of both drinking



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patterns and at least some aspects of alcohol policy. During the period 1970-1990 there has been a remarkable reduction of alcohol consumption in the previously high consuming countries in southern Europe, particularly France and Italy, whereas the consumption in some northern countries, such as Finland and Denmark, has increased⁴.

There has also been a convergence in the pattern of beverage preferences, in the sense that countries that previously had one dominant beverage type (e.g. wine in Italy, Portugal and France, beer in England, Ireland and Austria, spirits in Iceland) have converged on a mix of around 50 per cent beer, 35 per cent wine and 15 per cent distilled beverages⁵. In the policy arena, although large differences in alcohol policy remain between EU countries, there has also been convergence in some areas, such as drinking and driving regulations, attitudes to alcohol at work and (at least to some extent) restrictions on alcohol advertising.

The situation within the former eastern European countries is far more complex and there are many fewer high quality data. But the recent experiences of these countries offer remarkable opportunities for comparative research on the effects of policy changes on drinking patterns and alcohol related harm. While changes in western Europe have resulted in overall beneficial trends in indicators in both consumption and alcohol-related mortality and morbidity⁶, trends in the former communist countries are less encouraging.

Although sales data from the Baltic republics suggest low levels of consumption compared to western Europe, alcohol related mortality is almost twice as high⁷ and data from surveys have confirmed that consumption is high⁸. Indicators of alcohol related harm in the Baltic countries display a dip around 1985, also seen in other former Soviet republics, generally attributed to the drastic anti-alcohol policy under Gorbachev⁹. Also in Hungary, official consumption levels are not very different from those in southern Europe, but the mortality from liver cirrhosis is around three times higher than in these countries, and has been increasing during the 90s¹⁰. In a comparison

of Hungary and Poland, Varvasovsky et al. pointed out that, in spite of many similarities, alcohol related mortality in Poland has been lower and they have suggested that this can be attributed to difference in national alcohol policies¹¹.

In the debate on the enlargement of the EU, the issues that are at the top of the agenda mainly relate to economic development, agricultural policy and the common labour market. The scale of the health divide within EU (unless something really remarkable happens in the next few years) is hardly ever mentioned. Alcohol related mortality and morbidity is a major contributor to this divide.

The EAAP offers a framework for alcohol policy in Europe that all EU countries, and perhaps even more the candidate countries, would benefit from implementing to a higher degree than is the case at present. The EU offers an institutional and regulatory infrastructure that could do much for implementation of alcohol policy. The example of Bovine Spongiform Encephalitis (BSE) shows that when there is a political pressure and consumer action, the EU can take drastic and very costly measures in the field of public health. It has recently been agreed that all cattle slaughtered at over 30 months will be tested for BSE - a huge undertaking. Without detracting from the seriousness of BSE, at least for cattle, its impact on human population health is small. This should be contrasted with the hundreds of alcohol related deaths in Europe on any weekend. Would it not be appropriate to decide on intensified breath testing for drink-driving, particularly on major holidays?

We are faced with a dilemma: generally, health and social issues fall outside the scope of EU



regulation. Any country that would like to strengthen its policies to reduce alcohol-related harm is, in principle, fully entitled to do so. But when Sweden and Finland sought to maintain monopolies on production, import/export and sale of alcohol on grounds of public health this was deemed to be contrary to the gospel of free trade and an open, common market.

The accession of Sweden to the EU is a long story of how many elements of alcohol policy, on which there was broad political consensus, had to be abandoned in tedious negotiations about import quotas, production and distribution systems, and sales regulation¹².

The EU must realise that alcohol policy is a part of social and public health policy, which in some instances must have priority over industrial and trade interests. Many of the actions agreed on in the EAAP aim to reduce the availability of alcohol, which by necessity means restrictions in trade and marketing of alcohol. Examples cited from the EAAP and comments on what they might imply for EU policy are:

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- Control the availability of alcohol at major public events where alcohol related harm occurs.
- Prohibit alcohol at under-age leisure time activities or sporting events and provide a wide range of food and non-alcoholic beverages.

Many public events are sponsored by the alcohol industry. Is the EU prepared to restrict such sponsoring, particularly at events targeted at youth? Typically, the beer industry offers light beverages, but with poorly hidden advertisements for stronger beer.

- Ensure high levels of enforcement of current drinking-driving legislation.
- Produce high visibility breath testing on a random basis.

The need to increase and raise the visibility of breath testing has already been mentioned. Furthermore, in many countries, alcohol is sold in restaurants and shops on the motorways – both for drinking on the premises as well as in bottles to buy.

European motorways are major axes for intercontinental transport, a large part of which is commercial traffic. Should we not restrict access to alcohol on European motorways? Those who wish to enjoy a good lunch with a glass of wine would have to go to a nearby town – to the benefit of local economies.

- Develop a taxation policy that ensures a high real price of alcohol.
- Use alcohol taxes to fund alcohol control activities, including health education, research into alcohol policy and support to health services.

In the evaluation of the EAAP it was noted that some countries had reduced the alcohol tax in part as a move towards tax harmonisation within the EU¹³.

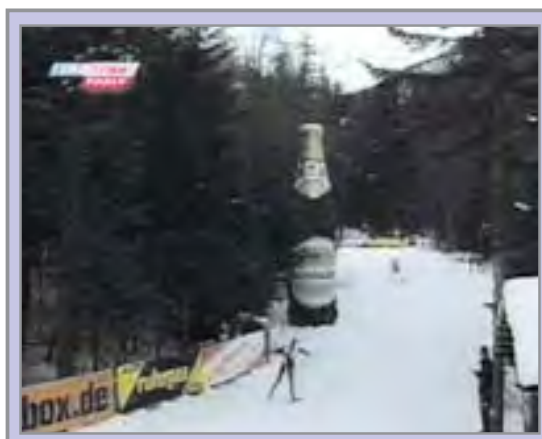
Governments face huge pressure from industry to reduce taxes further. How can we raise awareness within the EU about the contribution of fiscal policy to alcohol policy and thus to public health?

In summary, there are a number of areas where the EU regulations, or at least recommendations, could help member states implement effective

alcohol policy. The broad framework, as well as some concrete recommendations, has been outlined in the EAAP and the European Charter on Alcohol, on which all EU members have agreed.

As the BSE case illustrates, the EU is prepared to restrict free trade in the interests of public health. It is time to raise awareness within the policy making bodies of the EU about the role of alcohol as a major public health issue, and show that the EU does have instruments that might reduce harm in society.

Peter Allebeck is Professor of Social Medicine at the Vasa Hospital, University of Göteborg, Sweden and this article is reproduced with the kind permission of the European Journal of Public Health.



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Trade treaties, alcohol

by Jim Grieshaber-Otto and David Jernigan

There was a time when it was not necessary to pay much attention to trade treaties.

They were important, of course – dealing with disputes over border controls for alcohol, alcohol taxes, price mark-ups – all issues that are likely to affect alcohol consumption and hence public health. Many of the disputes involving alcohol that arose under the General Agreement on Tariffs and Trade (GATT) during the 1980s and early 90s had important ramifications for alcohol. However, to most people involved in alcohol policy, trade policy and disputes seemed arcane, complicated, and largely irrelevant.

But those days are gone.

New generations of ‘trade’ treaties, including the World Trade Organization (WTO), contain rules that extend far beyond trade and reach to the very heart of domestic governmental authority. These so-called ‘free trade’ rules are sweeping in scope and fundamentally at odds with health-based alcohol control. New, broader rules on services are now being negotiated in Geneva – even prior to WTO meetings planned for November 2001 in Qatar. These critical negotiations, essentially unknown to the public, could undermine the ability of governments around the world to manage alcohol markets in the interest of public health.

The time has come for public health advocates to make sense of the seemingly incomprehensible ‘alphabet soup’ of treaty acronyms, and to demand greater public involvement in negotiations that are already well underway.

What do the latest international trade treaties have to do with efforts to minimize alcohol-related harm? Plenty. As we shall see, the two are frequently in conflict.

Recent impacts on alcohol regulation

International treaties have already impaired government efforts to control alcohol availability and alcohol-related harm.

Taxes

One of the most common and effective ways to prevent alcohol-related problems is to tax alcoholic beverages so that they become more

expensive and hence less accessible. Under the very broad ‘national treatment’ provisions of many trade treaties, governments are prevented from taxing alcohol or anything else in ways that even unintentionally or incidentally protect domestic production from foreign competition.

For example, governments that seek to discourage citizens from developing a taste for new, foreign alcohol products having a higher alcohol content than local products may run afoul of national treatment rules. In 1999, a WTO panel ruled that Chile could not tax foreign spirits with a high alcohol content

at a higher rate than low alcohol pisco, a Chilean liquor.

The United States and Europe have long used GATT national treatment rules to challenge Canadian alcohol pricing and taxation policies. A GATT ruling pressured the Ontario government’s retail alcohol monopoly to lower its prices for alcohol because its minimum pricing requirements were judged to discriminate against lower-priced US products. In Europe, European trade agreements have been used to challenge the levels of Norwegian taxes on wine and Danish excise duties on spirits. In Asia, WTO panels have struck down differential taxes on imported alcoholic products in Japan and the Republic of Korea.

Physical availability

Governments can also reduce the accessibility of alcohol by maintaining state monopolies, and by regulating the amount and the manner in which alcohol is sold. Here too, treaty rules prevent monopolies from treating domestic products and producers more favourably than their foreign counterparts.

In Canada, for example, provincial alcohol monopolies were required to provide greater marketing exposure for foreign products. A similar ruling affecting state alcohol control systems in the US has not yet been implemented. In Finland, the national alcohol monopoly was weakened after Finland applied to join the European Union and became subject to the European Free Trade Agreement in 1994.

Advertising

Controlling or restricting advertising is another way for governments to prevent harm caused by alcohol. But the European Court of Justice recently ruled that Sweden’s law limiting alcohol advertising, passed in 1979, was an obstacle to the free flow of goods and services and that it affected foreign alcohol products more adversely than more familiar domestic products. Sweden’s domestic court is now set to rule on whether the measure is “proportionate” to its purpose, according to EC

and public health

treaty law, and not a disguised barrier to European trade. However, even if the result ultimately is favourable to public health, Sweden, like other countries, remains exposed to other, more serious challenges to alcohol advertising restrictions in the future under WTO rules.

The crux of the matter: underlying incompatibility

There is an underlying incompatibility between efforts to minimize alcohol-related harm and the latest generation of international treaties that promote the freer flow of goods, services and investments.

International trade treaties are designed to foster lower prices, greater competition, more vigorous marketing and greater economic efficiency, leading, according to standard economic theory, to increased production and consumption of the product in question, in this case, alcohol. The treaties are likely to be increasingly successful at boosting consumption, particularly in emerging markets.

Under their provisions, alcohol becomes cheaper as taxes are lowered, more accessible as market restrictions are eliminated, and more desirable to consumers as alcohol products are advertised and otherwise promoted. But of course, from a societal perspective, increasing consumption of alcohol is likely to lead to more public health problems.

Much has been made of the fact that the WTO and other agreements allow for exceptions for public health. However, these are very limited in scope and are interpreted narrowly. In fact, only once in the 50-year history of the GATT and the WTO has any member country used treaty exemptions successfully to protect a public health law (i.e. the still being contested French ban on asbestos). New generations of trade agreements are designed to place ever-greater restrictions on government actions. Each round of negotiations for new or

expanded international treaties has made it more difficult for member countries to maintain control over their domestic alcohol policies.

In North America, the Canada-U.S. Free Trade Agreement was enlarged and expanded in the form of the North America Free Trade Agreement (NAFTA). NAFTA in turn served as the model for the Multilateral Agreement on Investment (MAI), which failed in part because of intense public opposition to its extensive reach. NAFTA provisions also serve as the basis for the broad, 34-country Free Trade Area of the Americas agreement (FTAA) now under negotiation.

“Services”: the next frontier

The WTO represents a major departure from its predecessor the General Agreement on Tariffs and Trade (GATT) (see box, page 8), which applied only to government measures (usually taken at national borders) affecting trade in goods. The WTO contains a legally binding dispute resolution process. It also includes the first multilateral agreement on services. The General Agreement on Trade in Services (or GATS) remains little known and poorly understood by the general public.

Why is the GATS important? It is very broad. It explicitly includes regional and local governments and delegated non-governmental organizations, and deliberately affects within-the-border regulatory activities of governments. Moreover, it applies not just to discriminatory but also to non-discriminatory domestic regulation — that is, government measures can violate the agreement even when they are applied equally to foreign and domestic service suppliers.

GATS provisions also overlap with, and can take precedence over, other treaties dealing with ‘goods’. The WTO’s binding dispute settlement process means that countries maintaining GATS-inconsistent measures must bring those laws into conformity or face punishing trade sanctions. Like other WTO agreements, GATS exceptions and exclusions are narrow, will

likely be interpreted restrictively, and are very unlikely to shield alcohol-related public health measures from the force of the treaty.

While some of most restrictive provisions of the GATS apply only to measures listed by members, the treaty also contains an obligation for repeated re-negotiations to broaden and deepen its application. Negotiations to expand the GATS are now well underway and will continue even if WTO members fail, as they did in Seattle in 1999, to launch a new round of WTO negotiations in Doha, Qatar this November.

Potential Impact of the GATS

The GATS stands in stark contrast to many other international treaties. Its potential impact on public health is also significant. The GATS and the current re-negotiation of the treaty could have a major impact on alcohol policy worldwide in the following areas.

Alcohol monopolies The GATS monopolies provisions add new and significant constraints on the public health and other activities of alcohol monopolies. The treaty requires that public alcohol monopolies be bound by specific GATS commitments made by their governments. Members’ commitments on ‘distribution services’, which would normally include alcohol, are likely to be particularly important in re-negotiations.

Despite the fact that the Nordic countries have exempted alcohol from their commitments in distribution services, the European Community (EC) has not. In December 2000 the EC proposed that all GATS members eliminate “trade . . . barriers” in distribution services with exceptions for only a “very limited number of extremely sensitive products”. The powers of existing alcohol monopolies — including those in the Nordic countries which were resolutely defended during the European integration process — will unquestionably face new, intense pressures during the current round of GATS re-negotiations.

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Advertising National prohibitions or restrictions on alcohol advertising appear to be contrary to GATS rules on national treatment and market access. This could prove especially important in the Nordic countries, particularly since these countries have made extensive GATS commitments in ‘advertising services’ and have not exempted alcohol-related advertising.

Unlike European Community treaty rules, GATS disputes in this area would be judged with no deference to national or EC treaty law. Countries intent on maintaining or instituting advertising restrictions should thus avoid

making any commitments in this sector. Nordic countries need to consider modifying their current commitments to guard against future GATS challenges to their advertising laws.

Other availability restrictions Aside from the activities of alcohol monopolies, member governments exercise control over the access and availability of alcohol by, for example:

- restricting the number, or licensing, of distribution outlets or drinking establishments in particular regions;
- restricting the sale of certain classes, or strengths, of alcoholic beverages in grocery

stores, petrol/gas stations or stadiums;

- restricting hours of sale of alcohol.

These and similar restrictions could run afoul of GATS rules, especially if member governments make commitments in distribution services relating to alcohol.

International health-based alcohol policy initiatives Alcohol policy is increasingly linked to international ‘trade’ policy, and is often in direct conflict with it.

For example, at the European Ministerial Conference on Young People and Alcohol held in Stockholm last February, governments

The WTO at a glance

The World Trade Organization (WTO) was created in 1994 as a result of the “Uruguay Round” of international trade negotiations. The 124 participating governments agreed to dramatic changes to the previous trade regime, notably a stronger and legally binding dispute settlement process, and the expansion of rules into areas never before recognized as trade policy. 142 countries are now members of the WTO, but its activities remain dominated by the largest trading powers – the United States, the European Union, Japan and Canada. The WTO administers fifteen separate multilateral agreements, most of which were newly created in 1994. WTO members are bound by all these agreements, which include the following:

GATT 1994: The General Agreement on Tariffs and Trade was drafted in 1947, repeatedly modified, and superseded by the WTO in 1994. The GATT was designed to gradually reduce tariff and other border measures that are barriers to trade in goods. GATT rules have been used to challenge “discriminatory” practices and taxes on alcohol in several countries in Europe, and in Canada and the United States. Since 1994, WTO rules on goods have been used to eliminate allegedly discriminatory taxes on foreign alcohol products in Japan, Chile and the Republic of Korea.

GATS: The General Agreement on Services is exceptionally broad and is designed to be continuously expanded. All services related to alcohol will be “on the negotiating table” in repeated, ratchet-like rounds of re-negotiation the first of which is now underway. (See main article for implications of GATS for alcohol).

TRIPS: The agreement on Trade-Related Intellectual Property Rights is best known for its requirement for member countries to establish 20-year monopoly patent rights for pharmaceuticals. In a non-alcohol case that has

possible ramifications for alcohol, the threat of an intellectual property rights challenge pressured acceptance of the “Gerber Baby” image on infant formula packages, despite national public health laws prohibiting the use of such imagery.

SPS: The agreement on Sanitary and Phytosanitary measures deals with laws and regulations regarding food and food safety. It was used to successfully challenge Europe’s ban on beef produced with artificial growth hormones. In this case, the WTO panel ruled that the ban was not based on “sound science” and that it discriminated against North American beef, which is predominantly hormone-treated. The agreement threatens the ability of governments to take action against products that have not been proven safe for the market.

TBT: The Agreement on Technical Barriers to Trade brings governments’ “technical regulations” within WTO oversight, requiring that they not be “more trade restrictive than necessary”. Although it has not been used this way yet, this agreement could be used to challenge national efforts to place health warning or ingredient labels on alcohol bottles.

The WTO operates through its own supranational enforcement and dispute resolution framework. Disputes are decided by WTO-appointed panels that meet in closed session and whose rulings are based on WTO law. Third party intervention is rarely permitted. The only way to overturn a WTO panel or appellate board decision is by winning the consensus of all signatory countries, including the country that brought forward the original complaint. WTO rulings are binding on members; that is, members are required to bring their inconsistent measures into conformity, or face trade sanctions until they do.

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committed themselves to meet specific targets, policy measures and support activities contained in their European declaration on Young People and Alcohol. These measures are designed to protect young people from pressures to drink and to reduce the harm that alcohol can cause them.

Many of these policies – including restricting alcohol availability and advertising — are, in principle, at odds with existing GATS rules and may come into more direct conflict if GATS is expanded. If an ever-greater number of domestic and international health policy options are not to be compromised or placed permanently out of reach, citizens and their governments need to work toward a more balanced approach to GATS and similar treaties.

Alcohol policy in developing countries

Alcohol researchers have drawn attention to the prospect for rapid growth in alcohol consumption in developing countries and the serious harm this growth is likely to entail. Many developing countries do not have well established regulatory structures that are capable of regulating alcohol supply or availability, restricting advertising, separating alcohol use from harm, or treating alcohol-related problems. Increased alcohol consumption can also exacerbate poverty, proving particularly devastating in developing countries.

Despite this, the European Communities and the US have formally proposed that all GATS member countries liberalize their distribution services, which would include alcohol distribution. It remains to be seen how developing countries will respond to these negotiating requests during intense GATS negotiations, and how citizens of Europe, the US and other developed countries will respond when they reflect upon the potential public health consequences of the GATS proposals their governments are making.

Where from here?

Grasping the significance of trade agreements is not an easy task. The language of these agreements is difficult to understand; the far-reaching power of trade dispute panels hard to fathom. But since alcohol regulations have already been ruled to be barriers to trade and are clearly at risk in current GATS negotiations, the default strategy of alcohol control advocates to ignore the impact of trade treaties is untenable.

Rather than tacitly acceding to ever-increasing, ratchet-like controls over alcohol policies, public health advocates need to engage actively in the process that determines their countries' negotiating position. The failure of the Multilateral Agreement on Investment and the attempted Seattle round of World Trade

Organization negotiations show that public comment, advocacy and protest can have a significant effect on trade treaty negotiations.

Public health voices need to be heard, in the relevant ministries, in professional journals in the public health field, in the news media, in international health fora and at trade negotiations. For individuals and organizations involved in all aspects of alcohol policy, becoming actively involved in the GATS negotiations now taking place in Geneva is a critical, and urgent, point of departure.

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GAPA web site



We are pleased to announce the launch of the Global Alcohol Policy Alliance (GAPA) web site, at www.alcohol-alliance.org.

GAPA was established to reduce alcohol-related harm worldwide by promoting science-based policies independent of commercial interests. GAPA's web presence will be an important asset to worldwide prevention efforts

Our web team has created a site that is accessible, yet highly functional. Information is readily available and pages are optimized for quick navigation. Though still under construction, several features of the site are already

available to visitors. For example, the events page has a link for you to notify GAPA of upcoming events relevant to our mission. Also, an electronic edition of The Globe, the official journal of the Alliance, is available through the web site; please see the first issue of the GAPA series, "WHO Challenges the Drinks Industry."

The site will continue to grow, to better serve the international prevention community. Our web team is working on ways to improve the current site, including web-based discussion groups to facilitate the exchange of information and ideas concerning prevention and alcohol-related harm. The site will also provide current news in global prevention, research updates, industry information, and country reports-in English and the national language-in the very near future.

We encourage you to visit our site, and to register as an affiliate. By registering, you sign up for our e-mail newsletter, online discussion groups, and access to affiliates-only information. If you have questions or comments, please contact GAPA@alcohol-alliance.org.

The arguments about the regulation of trade, as set out in the previous article, are particularly relevant to the question of marketing alcohol to young people. Here we summarise a new global status report on alcohol and young people, see how effective advocacy is countering the threat of alcopops in the United States, and, to begin, look at the marketing of alcohol in Israel.

Marketing beer in Israel

Shoshana Weiss

Part of the increase in alcohol problems reported in Israel in the last decade may be attributable to the consumption of beer.

Wines and some distilled spirits originated from grapes, rather than beer, have traditionally been Israeli-Jewish drinks. On the other hand, according to a nationwide study, beer was the most popular alcohol beverage among adolescents, until 1998 when it was replaced by wine. Consumption of beer may be influenced by advertisements and, indeed, there are more advertisements for beer in newspapers, magazines, and on Israeli television channels than for wines and distilled spirits.

This may reflect the fact that the use of wines is more integral to learning about drinking within the framework of Jewish religious and family life, whereas it is more likely that beer drinking is encouraged by other, non-religious, and foreign influences.

With the absence of regulations on alcohol imports, beers are flowing into Israel from about twenty-five countries in all the five continents to join domestic brands.

The prices of beers in supermarkets are very low and are similar to the prices of mineral water or

fruit juices. In addition, a peculiar phenomenon has recently developed in some parts of Israel: in many pubs and clubs, especially those popular with young people, beer is free at weekends, whereas soft drinks are relatively expensive. The aggressive promotion of their brands by the brewers, what might be called the “drink as much beer as you can” phenomenon attracts thousands of youngsters. Furthermore, young women on the staff of the pubs or clubs, promoting the various brands, pour the free beer into the mouths of the youngsters using test tubes or beer-pistols.

Summer is the busiest period in Israel for beer marketing. Every weekend during the summer of 2001, Heineken sponsored concerts for young people using the slogan: “Connect to Heineken on the beach”. Tempo Beer Industries (the Israeli producer of Maccabee and Goldstar beers) conducted a huge two day beer festival, with the co-operation of Tel Aviv municipality, under the title: “Tel Aviv – the beer town with the highest Goldstar pub in the world”. Most beer brands arranged “marketing festivals” in supermarkets, offering the possibility of prizes, such as computer games, disks, holidays in Israel, T-shirts, picnic sets, and parasols. Also in the summer of 2001, television advertisements on the Israeli commercial channel portrayed women as sex objects (Goldstar), emphasized seduction (Tuborg), or showed a young person making tremendous efforts and suffering considerable trials in order to get hold of one bottle of the best beer (Heineken).

As far as newspaper advertisements are concerned, Tempo Beer Industries continued to create a “competition” between their two brands – Maccabee and Goldstar. Tempo made efforts to increase sales by trying to promote





beer as a typical Israeli drink (Maccabee), and by taking advantage of the fact that Israelis like to travel, offering the opportunity to win exotic holidays such as safaris in Kenya, diving in Zanzibar, or gastronomic tours of Tuscany. The more you buy Goldstar beer, the greatest is the chance of winning. One Goldstar advertisement shows three young people around the age of 18 buying hundreds bottles of Goldstar beer in order to increase their chances of winning a holiday. There is no doubt that this advertisement encourages heavy drinking among the young.

A Maccabee beer advertisement attempts to portray their product as a feature of Israeli life. It is in two parts showing a young man delivering pizzas, not a typical Israeli food, and a young man standing near a stand selling watermelon, very much a traditional Israeli food. The text reads: "Be a little of this and a little of this – be an Israeli. Maccabee beer – small country, great beer".

Another advertisement in this Maccabee series of advertisements portrays a woman under the same slogan. The intention is to persuade Israeli women, most of whom prefer wine and distilled spirits, "to be Israeli" and to drink beer.

Another Maccabee beer advertisement implies a connection with the Maccabee Tel Aviv basketball team, which won the European

Championship in the summer of 2001. This sporting success brought some joy to the hearts of the Israelis during a difficult phase in the Palestinian conflict.

The headline of the advertisement says: "There are two ways to make the nation happy: the first is Maccabee and the second is Maccabee too". At the bottom the text reads: "The beer of the country welcomes the team of the country... Maccabee beer – small country, great beer". Thus, Tempo Beer Industries exploit the fact that they share a name with a popular team to persuade people to drink their product.

Although Israel is a developed country, it is a third world country as far as alcohol control

measures are concerned. There are no laws controlling advertising, other than one which prohibits alcohol advertising in youth magazines, there are no laws regulating the importation of alcohol, and there is ineffectual enforcement of the law which prohibits the sale of alcohol to minors in pubs, clubs, or other public drinking places. It is possible for minors to buy alcohol in supermarkets and grocery stores. The beer producers take advantage of this weakness in the law, flooding the supermarkets with cheap beers, letting various pubs provide free beers to youngsters, producing advertisements aimed at encouraging excessive drinking, and portraying beer as a typical Israeli drink.

There are several things that ought to be done to deal with the situation. In 1994, proposals for the regulation of alcohol advertising were introduced into parliament at the instigation of the Israel Society for the Prevention of Alcoholism (ISPA). The measure passed the initial stages of the law-making process in October of that year. However,

strong outside pressure resulted in the transfer of the proposal from the "Drugs and Alcohol Committee" to the "economic Committee", where it was quickly buried. ISPA is currently making efforts to bring this proposal before the parliament once again.

Annually ISPA conducts hundreds of prevention workshops aimed at junior and senior high school students. About 40,000 students participate in these every year. Starting in September 2001, the workshops for junior high school students included the issue of alcohol advertising in Israel. In addition, two new modules on advertising were developed for teachers to use after the workshops and inserted into the "teacher kit" along with the examples of the beer advertisements put out in the summer of 2001.

In September 2001, ISPA began discussions with the police on the enforcement of the law on the supply of beer to minors at "beer festivals" and on the "free alcohol" phenomenon in pubs. The efforts to limit importation of alcoholic beverages and to pass a law prohibiting the sale of alcohol to minors in supermarkets and grocery stores have so far met with no success.

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Alcopops appear in the USA

Several years after they appeared in Europe, alcopops have reached the United States. Their appearance coincided with the time of the year when teenagers attend prom and graduation parties – traditions familiar to anyone who has seen any of the countless “rite of passage” films produced over the years. Critics of the booze industry recognise an attempt to ensure that these young people, as they move from school to college, growing from adolescence to adulthood, are recruited to the ranks of regular drinkers.

In the United Kingdom and elsewhere, the drink industry was accused of aiming these sweet, fruit-flavoured drinks at the teenage market. It was a way, the argument went, of accustoming young people to the consumption of alcohol when they might otherwise find the taste of conventional drinks – beer, distilled spirits – unpleasant. The same reaction has met their launch in the United States. The Center for Science in the Public Interest (CSPI), commissioned a poll to assess the public perception of alcopops. Unsurprisingly, the findings show that they appeal more to teenagers than to the adult market for which the producers claim they are intended and that these same young people are more likely to drink them.

Pulling no punches, George Hacker, CSPI’s director of alcohol policies, told a press conference in Washington that “booze merchants formulate the products and the design of their labelling and packaging specifically to appeal to people who don’t like the taste of alcohol, which includes teenagers. Alcopops are gateway drugs that ease young people into drinking and pave the way to more traditional beverages.”

In the poll, by a margin of three to one, teenagers showed a greater familiarity with alcopops than adults and seventeen and

eighteen year olds were more than twice as likely to have drunk them. The majority of both adults and teenagers polled believed that alcopops were aimed at people below the legal age of purchase, which in the United States is twenty-one. There was an overwhelming opinion that alcopops were made to taste like lemonade in order to lure young people into trying them: 90 per cent of teenagers and 67 per cent of adults took this view.

The poll also showed that:

- 41 per cent of teenagers had tried alcopops;
- 90 per cent of teenagers agreed that drinking these new, sweeter drinks would make it more likely that they would try other alcoholic beverages;
- twice as many 14 to 16 year olds preferred them to beer or mixed drinks;
- more than half of all the teenagers questioned pointed to attributes of the products – their sweet taste, the disguised taste of alcohol, and their easy-to-drink character – as major reasons why they would choose them in preference to beer, wine, or cocktails.

Hacker has no doubt about the motivation of the drink industry: “Companies that market starter brews and alcopops aren’t peddling adult drinks. Those alcopop drinks can have



serious implications for America’s youth and for alcohol-related problems throughout society.” It has been shown in many studies that early onset of drinking means a greater likelihood of problems later in life. George Hacker quoted a study by the National Institute on Alcohol Abuse and Alcoholism which indicated that young people who begin drinking before the age of fifteen are four times more likely to develop alcohol dependency than those who delay starting until they are aged twenty one.

Research shows that ten million Americans between the ages of twelve and twenty drink alcohol and, according to CSPI, it kills more teenagers than all the illegal drugs combined. In addition, the Center says that alcohol is a major factor in the four main causes of death among teenagers – car accidents, unintentional injuries, homicides, and suicides. Figures calculated for the U.S. Department of Justice show that underage drinking cost the nation something of the order of \$53 billion in 1996 alone.

The CSPI’s alcopop campaign is a model of successful advocacy. The Globe asked George Hacker how it was done:

From the very beginning, says Hacker, we planned our efforts to maximize the potential



for media exposure. Even in advance of our research activities, we “pitched” the story (alcopops’ appeal to underage persons) to a number of television and print outlets, and, as a result received early coverage in *Newsweek* that brought credibility (and other reporters) to the issue. By hooking up, early on, and working closely with a popular television news magazine for a lengthier feature story, we were able to educate the producers and frame the issue on our terms.

We also took care to: audio and videotape our focus groups of teenagers (who, unaided, said brilliantly provocative things about alcopops) for later use in the media; create strong visuals and a solid press package that would

slice through ordinary news clutter. We recruited a U.S. Congressman and several strong, representative youth-advocacy and alcoholism organisations as allies at the press-conference, and even sponsored taste tests for reporters of several brands of alcopops to demonstrate how much like soft drinks, as opposed to alcohol, they tasted.

In addition, our press materials provocatively reported a national poll (by a prominent polling firm) that demonstrated the new alcopop drinks “lured” teens to alcohol. We dubbed them “starter suds.” In those materials, we also announced demands that the appropriate government agencies investigate and do something about the new

teen-oriented concoctions. In anticipation of our press event, we left few stones unturned, and aggressively promoted the story to television networks. Fortuitously, our press conference coincided, generally, with the introduction of the first television ads for Mike’s Hard Lemonade, one of the more popular brands. Their off-beat presentations also received some coverage.

CSPI’s alcopops’ campaign will continue as one element in our efforts to combat alcohol marketing to young people. In particular, this issue provides strong evidence of the need for a national media campaign to counter underage drinking, another measure we have been promoting among national law makers.

Drinking epidemic among the young

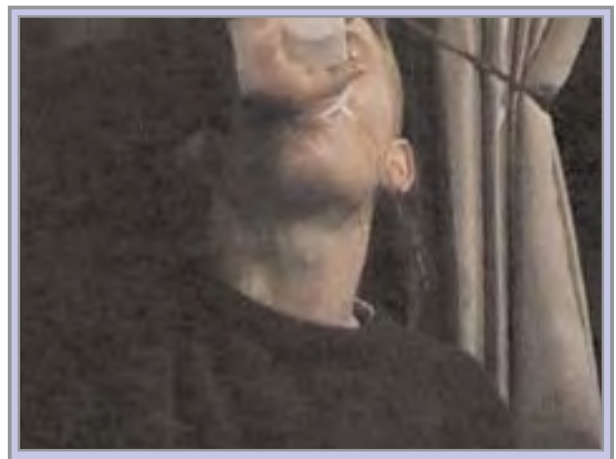
“Alcohol use among young people is approaching the status of an international epidemic,” says David Jernigan in his *Global Status Report: Alcohol and Young People*, published recently by the World Health Organization (WHO).

According to Dr Jernigan, quoting the *Global Burden of Disease Study*, in 1990 five per cent of all deaths among young people and children aged from five to twenty-nine were caused by the use of alcohol. Evidence gathered from

around the world indicates that, among young people, the practice of binge drinking is continuing to grow. What was once a phenomenon of the developed has now spread to developing countries. This situation is exacerbated by the proliferation and sophistication of marketing techniques which far outstrip the availability or development of prevention techniques.

The *Global Status Report* draws attention to the fact that the producers of

alcoholic beverages have “intensified their targeting of young drinkers in recent years, introducing an array of inexpensive new products”. Alcopops, alcoholic so-called energy drinks, and pre-mixed cocktails are examples of the sort of product which is now available worldwide. Their flavours and packaging are designed to meet the tastes of young people. In addition to this, youthful consumption of inexpensive products such as beer and cider is increasing, at least in those developing countries where evidence is available.



Drinking epidemic among the young



As far as harms are concerned, David Jernigan reports that globally young people are starting to drink earlier. For some time, longitudinal studies have indicated that the sooner young people start drinking alcohol, the more likely they are to suffer dependence and other negative effects later in life. “There is no evidence,” says Jernigan, “that alcohol use has any health benefits for young people.”

Furthermore, the way young people in developed countries drink often leads to consequences such as alcohol related car crashes, homicides, suicides, and drownings. As these patterns of drinking spread to developing countries, it is likely that they will have an effect on youth mortality and morbidity “of equivalent or greater magnitude as a result of the relative lack of health care services and other mitigating or protective factors”.

The way the drink industry promotes its products has played a considerable part in the increasing similarity between the patterns of drinking around the world. Aiming its marketing directly at youth, the industry uses competitions, games, and cartoons on web pages, popular music, alcohol-branded CDs, and the sponsorship of sporting events. Jernigan emphasises that these activities are now prevalent in parts of the world “with few

of the health and safety protections available in developed countries”.

The report shows that boys are more likely than girls to drink and to drink heavily. The exceptions are several European countries where there has been a sharp rise in the level of drinking among young females. Although evidence from research into youth drinking in many developing countries is “relatively rare”, where it exists, for example in Brazil, Chile, and Mexico, there has been an increase, especially among young women. Educational approaches, which might have been expected to be most

effective among this group, have met with success. On the other hand, studies have shown that “policy approaches, including minimum drinking age, higher taxes, and regulation of marketing, can be effective”.

The findings set out in the Global Status Report should provide strong encouragement for action. “It is critical,” says Jernigan, “that countries begin to monitor alcohol use and consequences among young people.”

Nevertheless, he cautions that “monitoring a ship that is sinking will not save the lives of those on board... The global alcohol market is dominated by a few multinationals, whose concentrated resources fuel the world-wide expansion of alcohol marketing.”

Since the problem is international, so must be any solution, says the report. Measures need to be taken by the drink industry itself, by governments, by public health policy makers, and by international and non-governmental organisations. If the high level of alcohol-related harm among young people in developed countries is not to be matched in the rest of the world, the specific action is required. The Global Status Report sets out four main recommendations:

- Use of alcoholic beverages should not be promoted in any way among young people. This includes the creation of products oriented to young drinkers; the appropriation of activities, images and language such as games, cartoon characters and slang to promote alcoholic beverages; and the packaging of alcohol in amounts and at prices oriented to the limited financial resources of most young people.
- National governments should employ a culturally appropriate mix of policies to support the above, including restrictions on the content and placement of alcohol advertising and marketing materials, the promotion and implementation of health-oriented taxation policies, and limits on the availability of alcohol to young people such as minimum age drinking laws.
- International organisations should follow the lead of WHO and the World Bank, which has already adopted a policy requiring the public health situation to be considered in approving any new investments in alcohol production. Alcohol is and should be recognised as a special product. International trade agreements must allow exceptions in order to restrain trade in alcohol, when such exceptions are taken to support the health of the public.
- WHO should commit itself to the identification, documentation, publicising and building of capacity for the implementation of effective strategies; and to working with national and international governmental and non-governmental organisations to ensure the creation and preservation of alcohol controls that will prevent alcohol related morbidity and mortality among young people and the population at large.



The social cost of underage drinking

Interview with Catherine Stihler MEP

Catherine Stihler's report "Public health: drinking of alcohol by children and adolescents" is based on a Commission recommendation for a future Directive. Ms Stihler is Rapporteur of the Environment, Public Health, and Consumer Policy Committee of the European Parliament. This interview originally appeared in the Rapporteur, an independent weekly magazine covering the European Parliament. It is reprinted with permission of the editor.

Why did you push so hard to secure this rapporteurship?

This issue of underage drinking is one that is very close to people's hearts. At the World Health Organization's conference on underage drinking at Stockholm three weeks ago, it was said that a quarter of young men's deaths in Europe are in some way alcohol related! The highest rate of binge-drinking across the EU amongst fifteen year olds is in Scotland, so this report will have an obvious impact upon constituents, who often feel as if we are too far away.

So why do you think underage drinking is on the increase?

Well, I don't know. We need systematic data collection on the causes, nature and scale of the problem, and this crucial recommendation will appear in my report. We need to understand the pressures on young people to abuse alcohol. If we don't include young



Catherine Stihler

people in consultation then we will not reach an answer, and this leads to a lot of problems in local communities we can see on a day to day basis across the EU, which again is why this Directive can be effective for people in local communities. They've all had this experience: that's where it hits home.

But is it possible to tackle underage drinking in practical terms?

We are not able to say definitively without this systematic information gathering. Academic expertise exists, but Member States can collect data on this in different ways, so there needs to be more cohesion to get a true European picture. All Member States have existing restrictions on sale to minors, and enforcement of these is one of my suggestions. But drinking and driving is an example of how we can bring about a change in drinking culture. People of my generation generally tend to see it as unacceptable, but this only took place after years of continual high profile advertising and a comprehensive

drive towards educating people as to the dangers. There needs to be a comprehensive health education aspect in this report, and this is a priority of the Swedish Presidency. The young are drinking at the same levels as their elders but cannot experience any of the attendant health benefits of alcohol consumption that older drinkers can, even when drinking in moderation. Clear labelling of alcohol units is a first step I am recommending, but only a very small one. One statistic that came through from the WHO conference was that in no European country do adolescents below twenty years of age drink more than their elders. We need to think about the examples our young people are following. Parental influence has to be taken into account, and we must all accept the social responsibility we bear.

How much responsibility do advertisers bear? Do you think that they have been acting irresponsibly?

It depends who they are. If you see some of these adverts they're very clever, very hip, very suggestive, and they make drinking appear attractive, which is bound to appeal to younger people. As I am lobbied I am sure some of them will be very responsible, but you can't tar everyone with the same brush. The industry is totally self-regulating at present, and I want to know more about what industry are doing to help the problem. I am interested in what is best practise. What criteria are they using to regulate themselves? Do we need to have any outside controls?

You have not yet presented your report in committee. How do you think discussions will go there?

This is such an important issue to get right. Everyone will want to have their say, and it will boil down a lot to cultural attitudes to alcohol. I am looking forward to the debate in committee. My other colleagues' perspectives are sure to make it stronger. It is quite exciting.

The regeneration

Case Histories in Alcohol Policy, published by the Trauma Foundation of San Francisco, contains first hand experiences of alcohol policy advocates on the front line as they deal with the problems faced by people in their own communities. Below, we reproduce, in slightly adapted form, one of the chapters. It chronicles the advances and set-backs in one campaign. Readers of the Globe will learn a great deal from the story of Roseland and the Revd James Meeks. Of course, the political, legal, and social circumstances are peculiar to Chicago but the general principles of successful advocacy remain universal and can be adapted to local situations.



In late 1996, the Revd James T. Meeks, of the Salem Baptist Church in Chicago and at least 200 volunteers — about 80 per cent of them church members — began a crusade to rid their neighbourhood of unwanted liquor stores and taverns. It was a battle already waged throughout Chicago, in 26 of the city's 50 wards. Though many wards are growing more diverse, the city's reputation as the nation's most segregated still has merit. . . . Most of the neighbourhoods that championed the cause, Meeks' included, have been overwhelmingly African American, with sizeable low-income populations. Meeks and his organization brought fresh energy to the fight. Taking advantage of a 1907 state law, they voted to shut down 29 establishments in the November 1998 election. Thirteen

others were voted dry in other parts of the city in that election. The law gives voters the power to ban the sale of all alcohol (whether consumed on the premises or not), of carry

out liquor only, or of hard liquor only in the smaller voting precincts which make up a ward. It provides a unique degree of local control in such a large city. In the past decade, voters in the 9th Ward, where Salem is located, have used this power more frequently than those in any other, voting to ban altogether the sale of alcohol in eight voting precincts. Although about two dozen of the establishments remain open as their owners challenge the vote in court, community leaders say the campaign has provided much-needed inspiration to a neighbourhood many abandoned long ago. . . .

. . . A sympathetic mayor and revamped law helped further [the] cause. But much of the credit lies with an organisation at least 10,000 strong that has made its home in the far South Side Roseland neighbourhood.

Mobsters to Moratoriums

It almost seems fitting that this city, once home to Al Capone and the bootlegging and prostitution that gave him legendary status, could become a national example of local control over alcohol.

As city officials annexed chunks of previously unincorporated property in the late 1800s, residents in middle-class neighbourhoods sought ways to protect themselves from what were then known as saloons. In 1894, the City Council adopted an unwritten policy: all aldermen would respect any colleague's wish to keep a portion of his ward dry. A state law giving city residents sweeping powers of local control — the power to dry up any voting precincts or individual addresses — was passed in 1907. By 1909, nearly two-thirds of the city was dry with the remaining licensees "jammed" into slums, working-class neighbourhoods, and the Loop, the city's central business district. Later came Prohibition and Capone, and huge profits from alcohol for him and his gang. And although in April 2000 a federal judge struck down the part of the law that allowed voters to target specific addresses as a violation of due process, the law

of Roseland

Alysia Tate

overall has withstood numerous legal challenges. It is a national anomaly, says Jim Mosher, an attorney and senior policy advisor at the California-based Marin Institute for the Prevention of Alcohol and Other Drug Problems. No other big city allows voters such local control.

A study published in the May 1999 *Journal of Studies on Alcohol*, showed that a typical New Orleans census tract with two liquor stores, convenience stores, or grocery stores that sold alcohol had a homicide rate 24 per cent higher than a census tract with one such business.

The Illinois “local options” law (also known as “vote-dry”) that now allows residents to ban such outlets requires petition signatures from 25 per cent of a precinct’s registered voters to put a “dry” vote for that precinct onto the ballot.

Until 1995, loopholes typically protected bar owners. The city clerk was allowed to accept only the first set of petitions in a given precinct — whether the signatures were good or not. Thus bar owners could file phony sets of petitions, causing all sets to be thrown out. Beginning in 1995, a set is thrown out, the next is substituted until a valid set is found, partly due to lobbying from Mayor Daley, multiple filings are allowed.

After his election in 1989, Daley pushed for a change in city law that made community input part of any liquor licensee’s approval process. Stores had to give notice to registered voters within 250 feet of their businesses; in 1997, the city took over that responsibility, sending out notices itself. The city’s three-member License Commission holds hearings in which residents can give comment. A number of city attorneys hit the streets in 1996 and 1998 to hold workshops on the law for residents, and provide them with copies of the law and sample petitions. Those efforts were well under way before Salem took up the fight.

Familiar Fight

The problems presented by liquor outlets are far more obvious in the city’s mostly poor,

largely black communities, such as the South Side Auburn Gresham neighbourhood that surrounds St Sabina Catholic Church.

Fr Michael Pflieger, who leads the church, has become the city’s best-known activist against alcohol, particularly in terms of how it is marketed to young people. For Fr Pflieger, it is not a new fight. In the early ’80s, much of his effort focused on drugs, particularly crack cocaine. Everywhere he went, he said, people told him he’d have to do something about tobacco and alcohol first.

So he and his supporters started counting billboards advertising those products. They found 118 in a 10-block radius of the church and painted over many of them. They surveyed local stores to find out how many were selling to children.

They even spent more than two months along 79th Street with young people conducting their own sting operation, and discovered that 22 of the 34 stores they targeted were selling to teens who “looked 13 and 14.”

Within three weeks of the sting operation, the city began its own programme aimed at cracking down on such sales thanks at least in part to the efforts of St Sabina’s members. In 1994 Fr Pflieger led a campaign that resulted in a citywide ban of grain alcohol, an ingredient used to make crack.

“When our children see grain alcohol—a drug-use product — sold in corner stores, it tells them this drug thing is legal and accepted,” said Pflieger. “It’s one thing to keep talking about the plague of drugs; it’s another to begin taking action to end it.”

But Pflieger didn’t really get involved in Meeks’ campaign with Salem Baptist members. Meeks said other religious leaders didn’t offer to join in and he didn’t ask. It was a project they could handle themselves, he said. Pflieger agreed.

“The whole beauty of this vote-dry initiative is it gives power to the people who are there,” he said. “You don’t get a victory if it depends on outside influence.”

Heating Up

In 1998 Mayor Daley’s campaign against unwanted bars and liquor stores revved into high gear. Legal assistance, he announced, would be provided to community groups squaring off against industry attorneys. Residents’ complaints about problem liquor stores had increased in the mid-’90s.

Daley didn’t like “irresponsible” store owners who allowed crime to fester in and around their establishments. Residents on the city’s North and West Sides began taking advantage of the mayor’s receptiveness. Fifteen precincts had passed local options in 1996. The number grew to 20 in 1998.

In spite of the growing popularity of vote-dry initiatives, License Commission officials instructed residents that they should be used as “a last resort,” according to one of Mayor’s aides. Steps that should be taken first, he said, include negotiating directly with bar and liquor store owners. Daley didn’t focus on negotiating when he kicked off the 1998 campaign, however. “That’s what democracy is all about,” he announced, according to news reports. “If you decide in your precinct to do this, you will have the full support of my administration.”

Daley made that pledge before a crowd at Salem, where Meeks and his fleet of volunteers, hard at work on the issue, had become the issue’s prime advocates. They began organizing in 1996 to put a measure on the 1997 ballot, only to discover that a county official had given them the wrong election year. They learned that they couldn’t put the measure on the ballot until the next city election, which was in 1998.

Blooming Again

Crime also has taken its toll in the community of Roseland, both in terms of lives lost and a community’s reputation shattered. Meeks and other Roseland residents must drive or take buses out of their neighbourhood to find a sit-down restaurant, a chain grocery store, a bowling alley, or a roller rink.

Revitalizing Roseland

Until recently, the neighbourhood's main 20-block commercial strip had 29 bars and liquor stores on and around it. Over time, it changed from a shopping district that drew young and old alike to a strip of stores that cater mostly to teens. Three hundred businesses, according to Meeks, left between 1974 and 1994; many were never replaced.

And although murder rates fell dramatically over the last decade in the 5th Police District which covers most of Roseland, the district averaged 52 murders per year between 1990 and 1998, according to annual reports published by the Chicago Police Department.

In spite of this situation, many of Roseland's residential streets have neatly kept lawns as well as well-organised block clubs, small neighbourhood associations where families plan events, clean sidewalks, organise to solve problems, and simply know and watch out for each other. They had grown tired of watching the liquor stores come in as the other stores left.

A campaign to promote economic development in Roseland, therefore, meant ridding it of many of those establishments, Meeks said. He has seen firsthand the problems that poorly managed liquor stores and taverns can bring: selling to teens, allowing drug dealing, or just providing hangouts for potential criminals. Meeks helped conduct a neighbourhood study which revealed that 60 per cent of the area's crimes—including prostitution and drug sales—revolved around liquor stores and bars.

"Something had to go," Meeks said. "We were not going to be able to encourage people to come in and put retail stores and shops in our community."

Solid Foundation

In 1996, church leaders decided it was time to do more for Roseland. Fostering economic development meant fighting liquor stores, they decided. Salem's members care about their church and respond when Meeks calls, said church administrator Veronica Abney. But the start of their fight against alcohol was their first attempt at a large-scale legal and political battle, she said. Salem became a launching pad, she said, for a new political leader in the ward and prompted other churches to look to Salem for help and advice in fighting alcohol outlets in their neighbourhoods.

Roseland residents had already used vote-dry before Meeks arrived, though not on such a large scale. In 1991, for instance, they voted to ban the sale of alcohol in one precinct. The following year, they tried to pass similar bans in two precincts, but were successful only in one. Two more precincts were voted dry in 1996. Neither effort relied on, nor generated, a lasting organisational structure. But 1998 would become an unprecedented election year, with a solid organisation pressing for a vote in four precincts.

Never before, Meeks said, had the community banded together in such a sweeping campaign to oust unwanted liquor stores. Over the last several years, he said, residents had lost patience as crime continued around many of the liquor stores and few other, much-needed businesses came to Roseland.

According to Meeks and his supporters, Meeks came up with the idea for the larger push in 1996. As he looked at the urban blight that plagued the community, Meeks said, he started thinking about what he could do. Reading Charles Sheldon's *In His Steps*, a book which, among other things, chronicles a failed campaign to ban alcohol, helped crystallise the idea in his mind. Others helped him execute it.

Meeks and his staff did their homework, according to Neal. They gathered statistics about the spread of liquor stores in the neighbourhood, even mapping their locations citywide to show how Roseland stacked up against other communities. Quantifying the problem, Neal said, made the problem

undeniable to those who attended Salem Church when Meeks began preaching about it.

Meeks appealed to church members in sermons. Never were there fewer than 100 to 200 volunteers. The number eventually reached close to 1,000. Different people often came each time to ask questions and get instruction, and Meeks and key staff members met each weekend to make detailed plans for the day in a designated "war room" in the church. Volunteers, in teams of two to four, went door-to-door through the community to win residents over to their cause.

Church staff and key volunteers kept track of where each group was at all times. Twenty-five volunteers were made deputy registrars, registering interested residents to vote so they could sign petitions. They contacted every block club president in the ward, especially those in precincts where liquor stores were targeted.

But the campaign was not without its problems. The group first mobilised in anticipation of the 1997 election, when they thought they could get the issue on the ballot. But after mounting an initial campaign, they found out that there was no municipal election that year, and had to repeat their efforts several months later as the November 1998 election approached. While that was disappointing, Neal said the group learned much between the two campaigns, including the power of the opposition. "The next time we went out it just gave us even more focus," he said. "I learned this was a big fight and the liquor industry was not going to give up."



The pews are filled during a typical Sunday worship service at Salem Baptist Church of Chicago

Revitalizing Roseland

For Linda Tigue, who works in the cafe at House of Peace, the fight was moral, not just economic. She had watched things get worse in Roseland during the nine years she had called it home. And after helping a former neighbour whose husband had attacked her in a drunken rage, she had seen firsthand how alcohol could destroy lives. “She couldn’t understand how socially drinking could wind up in that situation,” Tigue said.

She decided to volunteer in the campaign and circulated sheets of petitions. It wasn’t hard convincing people to sign, Tigue said, even though opponents had begun a campaign of their own to encourage people to remove their names. Some of the opponents, Tigue said, even ended up on her side.

All they had to do was look out their windows to see the spread of the unwanted stores. In fact, she said, she didn’t realise how many residents were eager for change. Most were more than happy to sign her petitions. “Many prayed we had had something like this a long time ago,” she said.

When the ballots were counted on Election Day, a total of 634 voters agreed to ban liquor stores in their four precincts, compared with 402 who backed the stores. The 9th Ward, it appeared, would now ban the sale of alcohol in a total of seven of its precincts. As they celebrated their victory, supporters had little idea of the fight that remained.

Stumbling Blocks

Just a handful of the stores and taverns voted dry in Roseland have actually closed, thanks to appeals from owners and industry attorneys, who charge fraud was wide-spread in the vote. West suburban Franklin Park attorney Michael E. Lavelle told Illinois Appellate Court justices in an April 5, 2000, hearing on the case that election judges illegally assisted voters in the voting booths, judges and others shouted through windows at voters and coerced them, some booths were located outside of judges’ view, and judges sent some voters to the wrong precincts to vote.

One justice joked about the charges. “That sounds like a Chicago election,” said Appellate Court Justice Michael P. Tully. “Is there something wrong with that?” The justices, however, may take Lavelle’s allegations seriously enough to send the case back to a

lower court for trial, where Lavelle would argue that the election should be declared null and void. “We’re saying the sum total of all the fraud that existed is a reason for throwing it out,” he said.

Jim Scanlon, attorney for the Chicago Board of Election Commissioners, however, argued that Lavelle was making “broad, sweeping generalizations” without enough specifics, despite accusations of wrongdoing such as voting machines being placed outside of judges’ view. “There’s no allegation that this was done intentionally by judges of election or with an intent to commit fraud,” Scanlon said.

Justice Tully, however, indicated Lavelle may get his day in court. “The presumption I would have is that it’s improper, it’s probably fraudulent,” he told the attorneys. “To say this was a fair election would be a disgrace.” But Tully and other justices are not debating the constitutionality of the law, notes Jennifer Hoyle, spokeswoman for the city’s Law Department. Only the results of one election are at issue. Some opponents, however, take a stronger stand.

As the law grew more popular, industry leaders claimed Daley was simply anti-restaurant, anti-bar from the start. Others challenged the law on different grounds. “We feel the initiative is racist,” Tracey Walker, spokeswoman for the City-Wide Liquor Association, told the editorial board of the Chicago Sun-Times. “Vote-dry is being publicized as the saving grace of the African American community...but in some instances the vote-dry initiatives are damaging,” she said.

Though he opposes stores that do bad business, the group’s president, Larry Stevens, said liquor store and tavern owners “get a bad rap” they don’t deserve. Politicians and community leaders, after all, get notice of licenses up for approval before the stores open their doors, Stevens said. Before resorting to vote-dry, community members should ask owners to participate in redevelopment efforts. “Why can’t we be a part of that, since we’re already in the neighbourhood as business people?” he asked. “Some people may want to change their business just to stay in the neighbourhood.”

Stevens’ group sent about 30 of its members to the 9th Ward to pass out palm cards and talk to voters on election day in an attempt to

convince them to oppose the measure, he said. Local owners hired their own attorneys to help circulate counter-petitions urging residents to remove their names from the petitions that placed the measure on the ballot. Local owners also used their own attorneys to challenge the measure in court, but Stevens said the organisation, if asked, will gladly spend some of the \$20,000 to \$30,000 it takes in from members and liquor companies each year to assist the effort.

Although he heard that owners paid homeless people to push their message on election day, Stevens said his group had nothing to do with such tactics.

Stevens’ group and the Roseland owners, however, did get consulting help from lobbying experts at the Wine and Spirits Distributors of Illinois, according to executive director Paul Jenkins. The group represents 30 companies statewide. The law, he said, represents a kind of “social engineering” that unfairly places the blame for problem liquor stores on law-abiding owners, many of whom live in black neighbourhoods. In response, Meeks says only a few bars and liquor stores in their neighbourhood are owned by African Americans, and even fewer owners actually live in the community. Meeks and Beale say they are working to help those that want to stay open without selling liquor. And both are puzzled by the lack of response they got to their offer to pay 75 per cent of the salaries of anyone employed by such establishments while he or she underwent job training.

Meeks said he worked with the city to create the programme and informed owners about it through certified mail. On the first day of the training, two people showed up — one an owner who came to see if it was legitimate, the other a woman who used to work for a neighbourhood liquor store.

Whether Roseland will take up the fight again if a judge rules the election invalid remains to be seen. “Definitely, the community would have to step up and push for this if that’s how it works out,” Abney said, because the four-year effort has exhausted church leaders.

But no matter what happens, the campaign has been a successful one for Meeks, all the more so because it happened in a community that hungered for change but had lacked the leadership to create it. He has talked with

Revitalizing Roseland

leaders in Baltimore, New York, Memphis, and other cities who would like to follow Chicago's model. He says he's willing to help however he can. In his mind, and the minds of his supporters, he was simply carrying out God's work. "The poor have no defence mechanism to fight these giants," he said. "In the absence of defences, you have a helpless and hopeless people. We just stood up with the poor."

Lessons Learned

Meeks and his supporters linked alcohol to their neighbourhood's other problems. When he called for help in fighting the industry, volunteers certainly answered. But they also made their share of mistakes, and learned much along the way.

Recruit supportive elected officials to your cause. Mayor Daley's appearances and willingness to provide legal assistance from City Hall helped Roseland's campaign, say organisers. Daley is making strong inroads among supporters in the 9th and other black wards.

Build a group of volunteers. In this case, an institution provided the campaign's base of support. But Salem had made efforts to provide

programmes and events to strengthen ties among members well before the campaign began. Once it began, those members could be mobilised quickly and effectively.

Create and communicate a vision. Part of the reason so many volunteers signed up in Roseland, says Neal, was that Meeks communicated so clearly what the problem was and what could be done. "You have to have the vision written out for them in a way that's easy to understand," Neal said. "Then let them do what they do best," which is go out and talk to others about it, he added.

Use the issue as a vehicle for local alliances. Although they did not really work together, Meeks and Pflieger said consulting with each other is a helpful, important part of such local battles. While you must caution against "outsiders coming in and pushing an agenda," said Pflieger, it's good for leaders to share ideas and back each other's campaigns. Certainly, it can provide common ground for much closer alliances, even in neighbourhoods with significant racial and economic differences.

Strong leadership can mobilise local people to action. Strong leadership in the 9th Ward

inspired and motivated volunteers to get organised and work together for a common goal. "Empowering a neighbourhood that believes it can control what happens here," said Pflieger, is the most important part of a successful campaign.

Don't underestimate the opposition. Roseland organisers did not expect to see homeless people trying to intimidate voters outside the polls, or for most of the stores to remain open two years after they voted to close them. As Neal said, "This was a big fight and the liquor industry was not going to give up."

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Case Histories in Alcohol Policy
Published by the Trauma Foundation
www.tf.org

Profits or health Olcott Gunasekera

Half of the world's population of six billion people lives in Asia. Expansion in this area has been a central aim of transnational companies. Sri Lanka is a classic example of how big alcohol and big tobacco have influenced internal policy. They have achieved the postponement by over three years, although not yet the abandonment, of a Bill to stop the advertising of alcohol and tobacco and bring these products under systematic control.

Fifty two per cent of the families of Sri Lanka live below the poverty line. Their earnings are less than US\$ 1.00 per person per day. Studies have shown that many of the users spend 30 – 40 per cent of their meagre family income on alcohol and tobacco.

The disastrous effects of the habit of drinking on the economic and social development and the well-being of the family and people prompted the Government of Sri Lanka in

1998 to appoint a special committee to formulate a national policy for the control of alcohol, tobacco, and illicit drugs.

Legislation to implement the recommendations of the Committee was drafted and gazetted by the Parliament of Sri Lanka as far back as September 1999. Draft bills so gazetted are, under normal circumstances, placed on the Order Paper for discussion and ratified by Parliament within

three to four months. For example, a draft bill to protect the rights of the ageing population that was published at the same time, became the law of the land in January 2000. However, as regards the Alcohol and Tobacco Bill, an invisible hand prevented its coming on to the Order Paper before Parliament was prorogued in October 2000.

The draft Bill was revived in early 2001 and when the Bill was almost ready for re-gazetting the alcohol lobby took up the issue of defining what an alcohol product actually is. Even in the draft Bill of 1999, 'alcohol product' was interpreted to mean "a beverage containing a volume of one percent or more of alcohol". The industry made representations to the Ministry of Finance that the percentage of alcohol to make a product classified as an alcohol product should be raised to 4 per cent. It was a sinister move by the beer industry, and

without any consultation, the government has decided to create a new excise band of Rs. 5.00 per litre for beers of less than 4 per cent alcohol. A further concession was to allow beer to be sold at special beer outlets.

The main argument, at least on paper, for lowering the taxes on beer and making it more accessible was the belief that the beer lobby has promoted the belief that it would resolve the increased production and consumption of unlicensed liquor.

The policy makers have failed to acknowledge two things: firstly, according to figures presented to the government by the beer industry itself, the increase in beer production and consumption has not reduced the production and consumption of unlicensed liquor and, secondly, beer is a 'bridging' drink that introduces people to drinking other alcoholic beverages.

The phenomenal increase in beer production and consumption during the decade 1989 - 1999 is illustrated in the statistical table below.

This increase is an outcome of a series of policy changes by the government that were favourable to and in support of the beer industry on the one hand, and the intense marketing programme of the industry on the other. In 1995, the excise duty on all beers was reduced by 70 per cent creating a new situation of demand exceeding supply. Two BOI projects approved by the government came into production in 1998. BOI stands for Board of Investment and such projects are given special tax concessions and incentives on investments with foreign collaborators.

The Lion Brewery Ltd., which is a BOI project, has become within two years of operation the market leader. The major shares of Lion Brewery are held by the Ceylon Brewery Ltd., which is the oldest brewery in the country, and Carlsberg Ltd. of Denmark, one of the first transnational corporations to have invested in the beer industry in Sri Lanka. The layout of the new plant has been designed for a six-fold increase in production from 300,000 hectolitres (i.e. 30 million litres) to 1.8 million hectolitres (i.e. 180 million litres) to cater for an expanding market.

With no restrictions on advertising, a well-orchestrated comprehensive advertising programme was launched in 1997/98 using all media. Neon signs, bill boards, huge wall spaces of building in prominent places, sponsorships of games and cultural events, tee shirts, key tags – anything and everything that could be used to promote the product - were used. The company even won an international award for the most successful campaign for launching a new product.

The use of the 'Lion' as brand name was intentional. Lion is the symbol of the nation and a symbolic lion is depicted in the nation's flag. The majority population in Sri Lanka is Sinhala, meaning the Lion's race. Deliberately a controversy was started by punning on the word's 'lion's race', asking the question 'Is there a Lion in you' in the advertisements. By this means the product was brought to the attention of the whole nation. The Minister of Government in charge of the subject of Cultural Affairs had to take cognizance of the widespread anger and protest at using the lion

symbol in a product like beer. He wrote to the Company; but there was no response.

The industry was aware that a major factor that affected sales was the limitation of sales outlets. According to the regulations current in 1998, beer could be sold at licensed outlets along with hard liquor. The company was able to get the government to change the regulations to enable beer to be sold at restaurants under a special licensing scheme to be issued on the recommendation of the Ministry of Tourism. Since this change, restaurants have been mushrooming in the country and the outlets have more than doubled.

According to unofficial records the sale of beer in the year 2000 showed only a marginal increase to 42 million litres. The recent decision of Government of adding a third excise band for beers with less than 4per cent alcohol that could be sold at special beer outlets, to the existing two excise bands of less than 5per cent and over 5per cent, at the instance of the beer lobby, is to bring into being the necessary marketing environment for the industry to get to the next levels of production. There was no transparency in any of these actions and the people or the Ministry of Health were never consulted.

The only hope for temperance is grassroots action. Governments are failing the people. The profits of the industry have won over the social and economic development and the well being of the people.

Olcott Gunasekera is Regional Secretary, IOGT Regional Council for South and South East Asia

Beer Manufacture in Litres

	1989	1996	1997	1998	1999
Ceylon Brewery Ltd		19,079,686	22,079,088	19,121,681	10,532,475
McCallum Brewery Ltd		3,587,200	4,608,168	4,070,183	3,357,345
United Brewery Ltd				4,896,598	5,232,144
Lion Brewery Ltd				11,696,842	22,821,754
Total	7,894,000	22,666,886	26,687,256	39,743,304	41,943,718

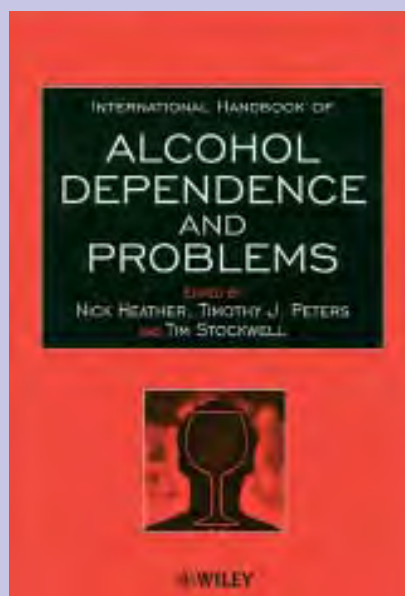
The International Handbook of Alcohol Dependence and Problems

Editors, Nick Heather,
Timothy J. Peters, and
Tim Stockwell

Published by John
Wiley & Sons Ltd

There is a vast literature on alcohol problems and alcohol dependence, but **The International Handbook of Alcohol Dependence and Problems** is unique in setting out a comprehensive survey of the whole field of alcohol studies “from neurochemistry to sociology and from research on the molecular basis of dependence to large-scale studies of the primary prevention of alcohol problems”. The editors are Nick Heather, Professor of Alcohol and Other Drug Studies at the University of Northumbria, Timothy J. Peters, Head of the Department of Clinical Biochemistry at King’s College, University of London, and Tim Stockwell, Director of the national Drug Research Institute, Curtin University, Western Australia. All are distinguished scholars in the field and contribute important chapters to the Handbook. Their stated intention is “to provide, for the first time in a single volume, a complete source of information and reference for all major aspects of alcohol studies and all contributory disciplines – in short, alcohol studies from A to Z”.

Of course, to chronicle the subject comprehensively would require more than the 900 pages of this volume, and the editors make no claim to have covered every aspect. What they do succeed in doing is bringing together a wide spectrum of opinion and expertise. In a subject which inspires such strong feelings and often polarised attitudes, this is no mean achievement. Proponents of particular theories or practitioners in arcane by-ways may well find glaring omissions, but anyone who needs a



general reference work will welcome the publication of the Handbook and find it an invaluable tool whether they be research workers or engaged in the front line of alcohol problems.

The contributors, most of them internationally recognised experts on the topics they present, were asked to produce “authoritative, science-based reviews of knowledge in their areas of special interest”. This is not a book where you will find new, peer-reviewed research. It is essentially an exposition of the present position in their respective areas. The intended readership includes all those with an academic, research, clinical, counselling, or policy-orientated interest in alcohol-dependence and problems. The principle advantage of the handbook will be to increase communication between scientists and practitioners from the wide range of disciplines and professions that make up the world of alcohol studies. The list set out by the editors emphasises the width of that range: physicians, psychiatrists, GPs, ward, practice, and community nurses, occupational therapists, psychopharmacologists, biochemists, academic, clinical, and forensic psychologists, sociologists, anthropologists, social workers, probation officers, counsellors

of all sorts, health economists, health care commissioners, and policy makers. “The failure of communication between combinations of these groups,” say the editors, identifying a major problem, “is often deplored and we hope that the book can assist in remedying this situation by giving readers an insight into areas of knowledge that might not otherwise come to their attention”. It will also be useful to those teaching in medical schools where the subject has, at least in the past, been cursorily treated.

There are helpful synopses at the beginning of each chapter for those to whom the specific subject is not their field of speciality. Clinical pathology, for example, may be something of a mystery to those of us involved in policy or therapy, but a synopsis in accessible language gives an insight and useful information. Similarly, not all physicians treating alcohol-related diseases may require a detailed account of preventive policy, but they do need to know what are the main initiatives going forward.

The editors have wisely rejected any attempt to impose a standard terminology on authors. Within their contributions the writers are the arbiters of these things – *cujus regio, ejus religio*. One author uses the term “alcoholism”, another “alcohol dependence”. Still others prefer “problem drinking” or “alcohol abuse”. The editors do make the point that, in the title of the book and the Part headings, it is implicit that they accept “the now commonly-held view that alcohol dependence and alcohol problems, while often empirically correlated on the individual level, are conceptually independent dimensions of alcohol-related harm”.

There is no doubt that this book will prove invaluable to everyone in the extensive variety of specialities covered in the different chapters and to anyone else involved in the complex field of alcohol dependence and problems.

Andrew Varley.



Further publications available from the Institute of Alcohol Studies

Counterbalancing the Drinks Industry

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

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

Alcohol Policy and The Public Good

Alcohol Policy and the Public Good: A Guide for Action

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

Medical Education

Medical Education in Alcohol and Alcohol Problems: A European Perspective

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

Alcohol Problems in the Family

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

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



Marketing Alcohol to Young People

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



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