

Issue 2 2003

# THE GLOBE

## Drinking and driving in Europe



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## THE GLOBE

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ISSN 1460-9142

# Drinking and driving in Europe

## Designated driver campaigns not value for money

2.2 million Euros in two years spent by the European Commission to promote designated driver campaigns to combat drink driving is not value for money for European tax payers according to a new report on Drinking and Driving in Europe published by Eurocare.



Whilst such campaigns are appealing, they have little impact on improving road safety and reducing death and injury from alcohol related accidents.

The European Union has set a target of halving the number of people killed in road traffic accidents from the present 40,000 a year in the existing fifteen Member States. Available statistics indicate that at least 10,000 lives can be saved annually if drink driving was eliminated.

Dr Peter Anderson, the author of the Report, said:

*"If the drink industry wishes to spend their money on designated driver campaigns so be it, but there is certainly no need for the European Commission to waste taxpayers money on them."*

Eurocare makes the point that monies in the Commission's Drink Driving budget would be better spent on publicity campaigns promoting policy options which are effective such as lowering the legal limit, enforcing the legal limit and automatic disqualification of drivers. Promoting designated drink driving campaigns will make little, if any, dent in the direct costs of road traffic accidents which cost the EU over 45 million Euros.

### DRINKING AND DRIVING IN EUROPE

#### A EUROCARE REPORT TO THE EU

The European Union has set itself a target of halving the number of people killed in road traffic accidents in the present fifteen

countries of the Union. These deaths amounted to 40,000 a year between 2000 and 2010. The attention is to achieve this 50 per cent reduction by harmonization of penalties, and the promotion of new technologies to improve road safety. There is an even greater scope for improvement in the applicant countries, where the road infrastructure is less developed and where vehicles are less likely to be fitted with the latest safety technology. Nearly one third of the death and disability caused by motor vehicle accidents is due to alcohol; this can be substantially reduced by a more uniform and lower blood alcohol concentration limit, adequate enforcement through unrestricted powers to breath test,

and automatic licence suspension when over the legal limit.

A common playing field should be provided for the road users of Europe, including professional drivers, with equal parity and without disadvantage across countries. Road users expect strict road safety measures and strict reductions in drinking and driving. They expect to be subjected to the lowest level of risk that is in operation throughout Europe. The following Eurocare recommendations aim to achieve a target of halving the deaths and disability adjusted life years due to drinking and driving between 2000 and 2010, aim to provide European road users with a consistent



#### BELGIUM

##### BOB Campaigns

The Belgian Road Safety Institute (IBSR) and the Belgian brewers (Arnoldus) have developed together in 1995 the BOB concept. The character of the

concept, compared to other designated driver campaigns, lies in the personalization of the designated driver symbolized by "Bob" a sympathetic person whose name is easily understood and remembered. Furthermore: BOB is the person who does not drink when he has to drive, and who is responsible for driving the rest of the party home safely. Therefore, BOB is essential to get any party going and this concept has become very popular in only a few years' time.

# Drinking and driving in Europe



## DENMARK

### “Hustler with style”

“Hustler with Style” is a designated driver campaign: the appointed hustler does not drink alcohol at the party and makes sure that others get home safely. The particularity is that this national campaign is run at technical schools for 17 to 24 years old students.

European platform on drinking and driving and aim to make European roads alcohol free.

Although the prevention of drinking-driving has been described as one of the public health success stories of the last quarter of the 20th century, the downward trends stabilized or

increased at the end of the 1990s, and there is clearly considerable room for improvement.

Of all modes of transport, driving on roads is the most dangerous and the most costly in terms of human lives. Drivers in Europe expect stricter road safety measures, such as

improved road quality, better training of drivers, enforcement of traffic regulations, checks on vehicle safety, road safety campaigns, and strict reductions in drinking and driving.

The most effective measures to reduce alcohol related road traffic accidents are lowering the legal level of blood alcohol concentration, supported by deterrence through unrestricted powers to breath test. Lower legal levels of blood alcohol concentrations are effective for young and inexperienced drivers.

The Maastricht Treaty provided the European Union with the legal means to establish a framework and introduce measures in the field of road safety as well as obviating sources of danger to health, such as drinking and driving.

Although logically the legal drink driving limit should be zero, a concerted effort to reduce drink driving in the countries of the European Union based on a uniform blood alcohol concentration limit of 0.5g/L and of 0.2g/L for novice drivers and drivers of public service and heavy goods vehicles, supported by national enforcement and publicity, could reduce drink driving fatalities by at least 10 per cent, saving some 1,000 lives annually. Eventually, the limit should be reduced to 0.2g/L for all drivers.

Licence suspension and vehicle actions can be effective in reducing reoccurrence of alcohol related road traffic accidents, when combined with remedial programmes. Comprehensive community based programmes that combine media campaigns, educational campaigns and responsible serving practices, although expensive, can lead to further reductions in drink driving fatalities.

Policies that reduce the availability of alcohol for example through price increases, and minimum legal drinking ages also reduce alcohol related road fatalities.

The least effective policies are those that attempt to separate drinking from driving through educational programmes alone, server interventions alone and alternative transportation programmes.

### Eurocare’s paper, makes the following recommendations:

1. A maximum blood alcohol concentration limit of 0.5 g/L (and breath equivalent)



## FRANCE

This campaign, organized by « la Prévention Routière » is directed at young adults from 18 to 25 years old when they meet for a party. As for the other campaigns, a non alcohol drinking driver has to be designated before the celebrating event takes place.

# Drinking and driving in Europe



## FRANCE

Over April and May 2002, young people between 14 and 25 years old can participate to a contest to propose script for 5 short-movies to be viewed on TV and in cinemas in December 2002

Marketing virus campaign: e-mails will be sent to 20.000 young people from 15 to 25 years old to recall the designated driver concept and to encourage them to visit a dedicated website for more information. Because the e-mail will be very appealing to them, it should be spread over with a large multiplying effect.

- should be introduced throughout Europe with immediate effect; a lower limit of 0.2 g/L should be introduced for novice drivers and drivers of public service and heavy goods vehicles, with immediate effect; countries with existing lower levels should not increase them.
- By the year 2010, the maximum blood alcohol concentration limit should be reduced to 0.2g/L for all drivers.
- Unrestricted powers to breath test, using breathalysers of equivalent and agreed standard, should be implemented throughout Europe; 50 per cent of all European drivers should have been stopped and breath tested at some time by the year 2010.
- Common penalties for drinking and driving, with clarity and swiftness of punishment, need to be introduced



## THE NETHERLANDS

Bob campaign in the Netherlands: "Bob jij of Bob ik?"

The Bob campaign in the Netherlands, coordinated by 3VO was launched on 14 December 2001. The ambition was to further develop and propagate the BOB campaign in the Netherlands.

throughout Europe; penalties should be graded depending at least on the BAC level, and should include licence suspensions, fines, prison sentences, ignition locks and vehicle impoundment; all drivers on European roads with a BAC level greater than 0.5 g/L should have an unconditional licence suspension; based on the existing range of licence suspensions in European countries, Eurocare suggests a minimum suspension period of 6 months.

- Driver education, rehabilitation and treatment schemes, linked to penalties, including the return of suspended licences, need to be strengthened and implemented throughout Europe for drinking and driving offenders, including those with evidence of dependence on alcohol, based on agreed evidence based guidelines and protocols.
- Because of limited evidence for their effectiveness in reducing drinking and driving, public education efforts to persuade drinkers not to drive after drinking, programmes to encourage servers to prevent intoxicated individuals from driving, and organized efforts to make provisions for alternative transportation should not be the main cornerstones of drinking and driving policy.
- Although the beverage alcohol industry has a responsibility in reducing drinking and driving, drink driving laws and regulations and public education campaigns should be set and implemented throughout Europe independent of the beverage alcohol industry.
- Lowered blood alcohol concentration limits, the introduction of unrestricted powers to breath test and the introduction of common penalties, such as automatic licence suspension when over a limit of 0.5 g/l should be supported by major publicity campaigns to inform the drivers of Europe of the new measures.
- A monitoring system, with common and standardized measures across European countries, should be put in place to produce annual reports on drinking and driving in Europe, the implementation of these recommendations, and on the

# Drinking and driving in Europe

**PORTUGAL**

**Pan-European campaign: "Driver 100% Cool" 2002/2003**

**The concept of designated driver will be for the first time implanted in Portugal. As it is the first time, the campaign will be concentrated in the greater Lisbon area, with some elements with national coverage. ANEBE, the Portuguese SAO will coordinate the campaign.**

progress to achieving a target of halving deaths and disability adjusted life years due to drinking and driving between 2000 and 2010.

## The Eurocare report says:

Although the number of road accident deaths in the European Union dropped at the beginning of the 1990s, in recent years, the downward trend has stabilized. In the year 2000, road accidents killed over 40,000 people and injured more than 1.7 million in the fifteen countries of the existing Union. The age group most affected is the 14-25 year olds, for whom road accidents are the prime cause of death. One in three Europeans will be injured in a road traffic accident at some point in their lives. This directly costs the European Union 45 billion euros. Indirect costs (including physical and psychological damage suffered by the victims and their families) are three to four times higher. The annual figure is put at 160 billion euros, equivalent to 2 per cent of the Union's GNP.

The European Commission has estimated that one quarter of these deaths, 10000, are due to alcohol, at a cost of 40 billion euros per annum. This figure is likely to be an underestimate, since the global burden of disease study of the World Health Organization estimated in European countries that 45 per cent of the burden of disability arising from motor vehicle accidents for men and 18 per cent for women is attributable to alcohol. Between 1 per cent and 5 per cent of drivers have blood alcohol levels above their country's maximum limits, accounting for up to 20 per cent of fatal and serious injuries, and up to 25 per cent of driver fatalities. Fatal accidents involving large goods vehicles and buses account for about 18 per cent of all fatal accidents. Once involved in a road accident, large vehicles have the potential to cause severe property damage, disruption, delay, and traffic congestion especially in tunnels, on bridges, on main arterial roads, or in densely populated urban areas.

The lowering of the Blood Alcohol Concentration (BAC) level has been a

**SPAIN**

**Pan-European campaign: "Lince" 2002/2003**

**The designated driver campaign is completely new in Spain where the road safety campaigns were focalized around the concept "if you drink, don't Lince".**

contentious subject in some countries, such as the United Kingdom, where the Government has been reluctant to move on this despite assurances given before coming into power. In the report Dr Anderson argues forcefully for a lower level:

The risk of traffic accident increases exponentially with the BAC level. There is a 38 per cent increased risk of accidents at 0.5g/L and nearly 5 times the risk at 1.0g/L. Lowering BAC levels consistently produce less drinking and driving across all BAC concentrations and reduce alcohol-related road traffic accidents.

When Sweden lowered the BAC level from 0.5g/L to 0.2g/L in 1990 fatal alcohol-related accidents were reduced by 10 per cent. Similar experiences were found in Austria, Belgium and France following lowering of their BAC levels. Lower BAC limits for young drivers can reduce fatal crashes and injuries by up to one quarter.

A key target to reduce drink driving fatalities in Europe is to lower the legal maximum BAC limits and make these consistent across Europe. Of 29 Member States, applicant and EFTA-EEA countries, five have a legal limit of

# Drinking and driving in Europe



## GERMANY

### “Don’t drink and drive”

In Germany, since 1993 DIFA has been running campaigns called “don’t drink and drive”. A complete website delivers information to young drivers. In addition, the German Brewers association, has developed an interactive game on internet called night-ride.



0.8g/L, 17 a limit of 0.5g/L (including Lithuania with a level of 0.4g/L), two with a level of 0.2g/L and five with a level of zero (see Table 3 in technical section of document). Logically the legal BAC limit (and breath equivalent) should be zero, which implies in practice a BAC measurement of between 0.1 g/L and 0.2 g/L, depending on the tolerance level that is allowed for. On the basis of

accumulative research evidence and analysis, the maximum BAC limit of 0.5 g/L, which was first proposed by the European Commission in 1988, should be the recommended maximum legal limit within countries of the European Union. There should be a lower limit of 0.2 g/L for novice drivers and drivers of public service and heavy goods vehicles. Countries with existing lower levels should not increase them.

Over time, the maximum BAC limit should be reduced to 0.2g/L for all drivers in all countries.

The main benefit of more uniform legal maximum BAC limits is to provide a clearer and more consistent message to all drivers of private cars and of passenger and freight vehicles that drinking and driving is a dangerous activity. From a driver perspective more uniform limits will also provide a standard reference for country based enforcement and Europe-wide publicity campaigns. Where drivers are driving within countries of the European Union, they should be aware of a uniform limit above which, if they are caught, they will know they have committed a drink driving offence.

Not only should BAC levels be reduced, but they also need to be consistently enforced, says the report:

Testing in connection with another motoring offence or selective testing based on drivers who have judged to have been drinking alcohol will miss most drivers who have BAC levels over the legal limit. Observation without the use of breathalyser equipment will miss at least one half of those with a BAC level greater than 1g/L. Effective enforcement requires unrestricted powers for high visibility breath testing using breathalyser equipment of an agreed technical European standard. The introduction of unrestricted breath testing is known to result in more than a 20 per cent reduction in fatal crashes.

The country with the most experience of unrestricted breath testing in the form of random breath testing is Australia. Motorists are stopped at random by police and required to take a preliminary breath test, even if they are not suspected of having committed an offence or been involved in an accident. The defining feature is that any motorist at any time may be required to take a test, and there is nothing that the driver can do to influence the chances of being tested. In 1999, 82 per cent of Australian motorists reported having been stopped at some time, compared with 16 per cent in, for example, the United Kingdom. The result was that fatal crash levels dropped by 22 per cent, while alcohol-involved traffic crashes dropped by 36 per cent. Random breath testing was twice as effective as selective

# Drinking and driving in Europe

checkpoints. For example, in Queensland, random breath testing resulted in a 35 per cent reduction in fatal accidents, compared with 15 per cent for selective checkpoints.

Drink driving laws must be publicized to be effective. If the public is unaware of a change in the law or an increase in its enforcement, it is unlikely that it will affect their drinking and driving. Studies in California demonstrated that publicity doubled the impact of new laws and new enforcement efforts to reduce drinking and driving.

In addition, the report suggests, there needs to be a common penalty for dinking and driving throughout Europe, graded depending on at least the BAC level:

Currently, there is a wide range of penalties in terms of length of maximum licence suspension, disqualifications and prison sentences. Penalties should include licence suspension, fines, prison sentences, ignition locks and vehicle impoundment. The key to effectiveness is clarity and swiftness of punishment.

Licence suspension can reduce fatal accidents by one quarter and can deter future offences. Although, without some form of education,

counselling or treatment programme, the effects of suspension might last only as long as the period of suspension, which could be relatively short. All drivers on European roads with a BAC level greater than 0.5 g/L should have an unconditional licence suspension; based on the existing range of licence suspensions in European countries, Eurocare suggests a minimum suspension period of 6 months.

Prison sentences and fines provide a penalty for failure to conform to the probation requirements established by the courts and may provide the legal basis for referring offenders to treatment programmes, which have been shown to reduce future offences. Placing interlocks in the ignition to prevent an impaired driver from operating the vehicle can reduce drinking and driving, although usually only for the time that the interlock is in place. Interlocks can also be used as a preventive measure for drivers of public service and heavy goods vehicles. Impounding the offender's vehicle or removing the vehicle licence plate are effective in reducing future episodes of drinking and driving.

There is an important role, says Dr Anderson, for education, rehabilitation and treatment programmes across Europe:

Convicted drinking drivers represent a heterogeneous group. Some offenders can be classified as high-risk drivers who drink; others might be classified as problem drinkers who drive. Indeed, a large segment of the patient population being treated for alcohol dependence has entered treatment because of an alcohol-impaired driving conviction. Education, rehabilitation and treatment schemes can reduce both future drinking and driving offences and alcohol-related accidents by 8-9 per cent.

In the same way, brief treatments based in accident and emergency departments can be effective in reducing subsequent alcohol-related trauma and hospitalization, although the results tend to fall off over time. Driver education, rehabilitation and treatment schemes, linked to penalties, including the return of suspended licences, need to be strengthened and implemented throughout Europe for drinking and driving offenders, including those with evidence of dependence on alcohol, based on agreed evidence based guidelines and protocols.

Some measures favoured by governments are of limited effectiveness, the report claims:

Public education efforts to persuade drinkers not to drink before driving and not to drive after drinking, programmes to encourage servers to prevent intoxicated individuals from driving, and organized efforts to make provisions for alternative transportation, whilst all appealing, have been found to have only limited effectiveness and should not be the main cornerstones of drinking and driving policy.

Server training programmes, which attempt to prevent drinking and driving by identifying intoxication and refusing service, have not been found to be successful on their own in reducing drink driving. However, when backed up by civil liability for subsequent alcohol related traffic accidents, they can be effective in reducing drinking and driving.

There has been very little evaluation of designated driver programmes. The information that is available would suggest that they are not as effective as a measure to prevent alcohol-impaired driving as originally envisioned, and there is no evidence to date that they lead to a reduction in drinking and driving.



## MALTA

**"Stay alive = don't drink and drive"**

**In Malta, a campaign was run in 2000/2001 by the SAO, The Sense Group, on the designated driver concept but also including a strong "don't drink and drive" message.**

# Drinking and driving in Europe

Nor, according to the report, are the alcohol industry's efforts any more likely to prove an answer to the drink driving problem:

Although the beverage alcohol industry has a responsibility in reducing drinking and driving, the policy measures supported by the beverage alcohol industry (public education efforts to persuade drinkers not to drive after drinking, programmes to encourage servers to prevent intoxicated individuals from driving, and organized efforts to make provisions for alternative transportation) tend to be those with the least evidence for effectiveness in reducing drinking and driving. Whereas those policy options (lowering of legal blood alcohol concentration levels, introduction of unrestricted or random breath testing, and the introduction of alcohol policy measures,



**UNITED KINGDOM**

**The drink drive campaign focuses on the excuses people give for drinking and driving. It's target audience is 17-24 year olds.**

**FEEL  
FINE TO DRIVE**



WHAT WILL IT TAKE TO STOP YOU DRINK DRIVING?  
A £5000 FINE.

**UNITED KINGDOM**

such as increased taxation or restrictions on legal drinking ages) with the best evidence for effectiveness in reducing drinking and driving tend to be opposed by the beverage alcohol industry. Further, there is concern that designated driver campaigns have been and can be used by the beverage alcohol industry as a vehicle to market their own products, confusing the public and losing the credibility of the campaigns, which become perceived as a direct activity of the beverage alcohol industry. Thus drink driving laws and regulations and public education campaigns should be set and implemented throughout Europe independent of the beverage alcohol industry.

The Eurocare report suggests the ambitious target of halving the deaths and disability adjusted life years due to drinking and driving in Europe between 2000 and 2010:

A monitoring system, with common and agreed measurement and reporting procedures across European countries, should be put in place. Annual reports should be published on drinking and driving in Europe, describing the implementation of any new measures and monitoring the progress to achieving the target of halving drink driving related deaths and disabilities.

# Hidden television advertising in the Netherlands

## Wim van Dalen

The Dutch alcohol industry invests many millions of Euros in advertising its products. In the mass-media the amount spent in 2001 was 100 million euros, an increase of some 38 million since 1995. In The Netherlands STAP (The Foundation for Alcohol Prevention) is active in systematically monitoring the marketing activities of the alcohol industry, retailers, restaurants, and other alcohol advertisers.

There are no legal restrictions on alcohol advertising in The Netherlands, although, since 1991, a self-regulatory code had been in existence: the Advertisement Code for Alcoholic Drinks (Reclamacode voor Alcoholhoudende Drank). Compliance with this code is evaluated by a committee consisting of members put forward by advertisers and broadcasting organisations. In 2002 STAP sent in sixty-eight complaints regarding alcohol advertising which it believed contravened articles of the code. Thirty-seven of these were upheld.

## Sponsorship: a welcome alternative to television advertising

Because of the increased number of broadcasting stations, television advertising has become more expensive, leading to a search for alternatives. This explains the growing number of television programmes and events which are sponsored by the alcohol industry. In 2002 in The Netherlands, eight of the top twenty most active sponsors of youth events were brands of alcohol: Bacardi was number two on the list and Heineken was number three. It is very difficult to monitor the amount of money spent on this kind of activity. It is also difficult to combat these youth-targeted marketing strategies because the self-regulatory code states that more than 25 per

cent of those participating must be under eighteen years of age before a complaint can be accepted. Even were it possible to monitor the proportion of those aged under 18 at a pop festival, for example, the 25 per cent rule would still make it possible to reach an enormous number of very young people without the rule being broken.

## Dutch television: dripping with drink

Another means of finding a large target audience is to sponsor television programmes. In order to achieve an overall picture of the size and impact of these marketing activities, STAP has investigated how many television programmes contain a reference to alcohol. This research was carried out by Karin Hommen in close co-operation with the Communications faculty of the University of Amsterdam (UvA). The results of the study show that, in 60.8 per cent of a total of 528 programmes investigated, there was a reference to alcohol. In 80 per cent of these, alcohol was prominently and favourably featured: it tastes good, it is relaxing, or it creates a pleasant atmosphere. The investigation into alcohol on television – the 528 programmes were broadcast on both public and commercial stations - was carried out in September and October, 2002.

## Sponsoring: yes or no?

In many television programmes the mere presence of references to alcohol does not imply sponsorship: these programmes simply reflect the popularity of alcohol in social situations or as a tasteful drink. However, that does not mean that this kind of promotion is not important. Some scientists argue that this hidden form of alcohol promotion has even more influence on attitudes to alcohol than the constant bombardment of programmed television commercials.

In 81 per cent of the 528 programmes investigated sponsoring may have been involved, since specific brand names of alcohol beverages were clearly visible on the screen – the process known as “product placement”. The conclusion is that in many cases it is not clear whether sponsorship is in play.

## Alcohol's positive portrayal

In 80 per cent of the situations where alcohol is shown on television, it appears in a favourable light. In 9.2 per cent of the references to alcohol the negative aspects of its consumption are also mentioned. The positive references are to the taste (23.6 per cent), the relaxing effect (24.2 per cent), the companionable atmosphere created (19.6 per cent), and temptation and sexual contact (8.3 per cent).

## Heineken breaks the media law

Shortly after the publication of the new research on hidden advertising, STAP sent in a complaint to the Ministerial Directorate of the Media. During a period of two months, forty issues of a new television programme for young people, sponsored by the brewer Heineken, were broadcast, all of them without the obligatory mention of the name of the sponsoring brand at the beginning and end of the programme. The aim of Heineken was to let people discover by themselves that the brewer was the sponsor behind the popular programme, which was made by “rebellious” young broadcasters. The obvious hope that the programme was a more effective marketing tool by not mentioning the sponsor's name. STAP is awaiting a response.

## Dr van Dalen is the Director of STAP (The Foundation for Alcohol Prevention) in The Netherlands.

# First the target was tobacco. Then burgers. So how has Big Alcohol stayed out of the lawyers' sights?

Adam Jones

A century or more ago, tortured aesthetes would express their exquisite yearning for death with an unfiltered French cigarette in one hand and a shot of hard liquor in the other. Today, rising concern about obesity would seem to make a chocolate bar a more lethal choice than a measure of absinthe.

While tobacco remains the most vilified of the legal vices, makers of fattening foods are now also being besieged by hostile lobby groups, lawyers, politicians and the media, all seeking to hold them to account for their customers' poor eating habits. In the latest sign of the pressure food producers are under, Kraft, the multinational, has announced it is to cut portion sizes and reduce fat and sugar content.

In contrast - and to the private amazement of some food and tobacco executives - makers of alcoholic drinks have escaped the same level of scrutiny. This is perhaps surprising: drinkers after all cause or suffer a broader range of social ills than over-eaters, including road accidents, violent crime, unwanted pregnancies, marital breakdowns, disease and absenteeism.

Moreover, globally, alcohol consumption has been rising. Average per capita consumption

around the world rose 12 per cent between 1990 and 2001, according to World Drinks Trends, a standard industry data source. The broadest surge has been in the emerging markets of Latin America and eastern Europe, where it has often gone hand in hand with economic growth.

According to the World Health Organisation, 140m people suffer from alcohol dependence.

Even in the US - where many of the legal threats to tobacco and food manufacturers have emerged - alcohol is getting easier to buy. Some states have loosened rules forbidding Sunday sales and rolled back laws that stopped residents buying direct from out-of-state winemakers. In South Carolina there is momentum to get rid of one of the oddest licensing quirks in the US: the rule that says all spirits served in the state's bars have to be poured from the sort of mini-bottles found on aircraft.



Several states have recently legalised in-store tastings of spirits, which is great news for Big Alcohol's profits. Frank Coleman, of the Distilled Spirits Council of the United States, says: "To get people to buy up from a \$20 bottle of Scotch to a \$40 bottle, you have to get them to taste it."

So has Big Alcohol - the loose grouping of spirits, beer and wine multi-nationals such as Diageo, Allied Domecq, Brown-Forman, Anheuser-Busch, SABMiller and Heineken - really succeeded in presenting itself as just another manufacturing industry? Not quite. But it has shown an ability to influence the public health debate in ways that could be instructive to beleaguered food executives.

One reason the alcohol industry has largely escaped tobacco-style litigation is that consumption in some rich nations is declining. The British may show an increased thirst for wine; beer consumption has risen in Ireland. But in the US - in spite of the emergence of Modern Drunkard, a magazine and website that smirkingly celebrate alcoholic



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According to the World Health Organisation, 140m people suffer from alcohol dependence.



The 'Modern Drunkard' website

it may be harder for drinkers to plead ignorance in court. *"The dangers associated with over-consumption of alcohol are arguably far better known."*

Last month a TGI Fridays restaurant franchisee from Ohio paid \$21m to settle a lawsuit brought by the parents of two teenagers killed in a car crash caused by a drunk customer. But this is a threat to retailers, not directly to producers of alcoholic drinks.

Third, Big Alcohol has benefited precisely because of the growing concern with tobacco use and obesity. The Robert Wood Johnson Foundation, one of the industry's most powerful critics, which has given \$5bn to health

causes, says childhood obesity is now its main concern. Although treatment for alcohol abusers is still a funding priority, the foundation has decided that prevention is no longer a primary goal.

Similarly, the World Health Organisation has concentrated its recent efforts on cutting tobacco use. In the 1980s its European arm made one of the boldest experiments since Prohibition to cut general drinking, calling for per capita consumption to dwindle in Europe to just 75 per cent of 1980 levels by 2000. But, despite some success in France, the goal was not achieved, and the WHO has not committed itself to any new targets for reducing consumption in Europe or worldwide. The last time the assembly of WHO member nations adopted a resolution on alcohol was 1983. Since then there have been many resolutions on tobacco.

Derek Yach, the WHO executive director in charge of its work on tobacco, alcohol and bad diet, admits that Gro Harlem Brundtland, its director-general, *"hasn't really engaged substantially in the alcohol area"* for fear of compromising the WHO's work in cutting tobacco use. The WHO was worried the tobacco and alcohol lobbies would join forces to

oppose it if Dr Brundtland opened a second front against alcohol, Dr Yach said.

Rather, the WHO has been seeking a dialogue with industry. Drinks companies complained after they were not invited to a May 2002 meeting that led the WHO to claim that young people were being aggressively wooed. Representatives of some of the biggest drinks companies were then invited to meet WHO officials in February - the first such meeting.

The WHO remains concerned about the marketing of alcohol to the young and about the "ubiquity" of drinks advertisements. At a conference in Stockholm, Dr Brundtland railed against the targeting of the young by marketers, likening this "manipulation" to an incident she experienced as a student when her drink was spiked with 96 per cent proof medical alcohol.

Dr Yach is pragmatic about involving industry in a way that would be unthinkable for the WHO on tobacco. Alcohol does not have *"anywhere near the lethality of tobacco"*, he said: *"The nature of the product lends itself to having a more flexible approach."*

Drinks companies have succeeded in much of the above for two reasons. First, they have shown a willingness to submit to responsible self-regulation - something largely missing from the food industry. Second, they have successfully encouraged a distinction between overall consumption and the need to curtail patterns of excessive drinking.

Big increases in drinking have tended to attract the attention of public health campaigners, thanks to an influential school of thought that directly links higher average consumption to a higher incidence of alcohol-related harm. If countries reduce per capita consumption through curbs on advertising and availability, alcohol-related problems will also decline, the thinking goes. The alcohol lobby has long claimed that this is a discredited, "neo-prohibitionist" theory that punishes responsible drinkers with higher taxes and shorter bar hours.

The balance of power between these two viewpoints - one leaning toward across-the-board cuts in boozing, the other seeking to limit action to specific problems such as binge drinking - varies around the world. But there are signs that Big Alcohol may have neutralised

excess - consumption has fallen. The average American consumed the equivalent of 6.7 litres of pure alcohol in 2001, down from 8.3 litres in 1980. The French also drink much less than they used to 30 years ago, as do the Italians.

A second reason, argues John Banzhaf, the George Washington University law professor who was a pioneer of smoking lawsuits and is now at the forefront of obesity litigation, is that



John Banzhaf

# First the target was tobacco. Then burgers. So how has Big Alcohol stayed out of the lawyers' sights?

the worst of the threat posed by the control-of-consumption theory.

A warning shot was fired by David Byrne, the European Union commissioner for health and consumer protection, who challenged the drinks industry to prove that voluntary codes of conduct can work. However the commissioner's office now says no crackdown is planned.

Self-regulation in Britain is carried out through the Portman Group. Its independent complaints panel bared its teeth in May in what was described as a "landmark" decision against an alcopop called fcuk Spirit. This sugary, fruit-flavoured drink - made by Constellation Brands, the world's biggest wine company - borrowed the name of a popular clothing brand and had to be withdrawn after it was deemed more likely to appeal to under-18s than to adults.

Although fcuk Spirit launched in the autumn of 2001, the panel acted only in May 2003 because it had to wait for the public to

mainstream advertising outside the US, where they have been incorporated for a long time.

Diageo, the world's biggest spirits company, is launching television adverts for Smirnoff vodka that exhort drinkers in the UK and Ireland to know when to stop. It also bankrolled an African feature film based round Michael Power, a fictional hero who features in its Guinness adverts. The film contains sensible drinking messages as well as product placement.

Alcohol's cause is helped by the fact that so many governments rely on the tax revenue it brings in. Scientific claims that moderate drinking can be good for your health have been another factor in the argument.

Big Alcohol has also emphasised the limitations of its power in order to placate opponents. The leading producers stress that



The Portman Group's website for responsible drinking

**"The more you make drink available, the more people will actually drink and the more harm will be done to health."**

complain first. By this time the UK alcopop sector was declining anyway.

Individual companies have also found ways of showing that they are serious about fighting alcohol abuse. Internal codes of conduct have been strengthened. Messages about responsible drinking are creeping into

much of the world's alcohol is made by small operators that would register on few regulatory radar screens, not least because many are illegal producers.

Even so, the alcohol industry faces some degree of backlash. In Ireland, a taskforce on alcohol abuse found last year that drastic measures had to be taken after consumption increased 41 per cent between 1989 and 1999. Ireland liberalised its licensing laws in 2000, stretching the basic trading hours to 12.30am, Thursday to Saturday. Police statistics suggest that this coincided with a big rise in public drunkenness and disorderly or violent behaviour.

Revised legislation bans "happy hours" and imposes an 11.30pm closing time on Thursdays to ensure that young drinkers show up for lectures or work on Fridays. The taskforce has recommended an increase in taxes to reduce average consumption.

Ireland's toughening stance on general alcohol consumption contrasts with plans in England

and Wales where an overhaul of licensing laws will clear the way for 24-hour pub opening. Hand in hand with this planned liberalisation, the government is drawing up a long-awaited strategy for limiting alcohol abuse. But some public health experts are dismayed by the direction of reform.

Griffith Edwards, the founder of the National Addiction Centre at King's College London, says: *"The more you make drink available, the more people will actually drink and the more harm will be done to health."*

The contradictions in the UK reflect the paradox of alcohol. While many individuals believe it is a commodity that enriches their lives, it all too clearly ruins the lives of a few. The same is true of fattening foods, seen as a legitimate indulgence by many but a debilitating habit for others.

The modern tendency for policymakers to seek dialogue with Big Alcohol rather than call for aggressive cuts in general consumption will continue to disappoint those seeking a harder line. But a similar pattern of collaboration rather than confrontation may well emerge in the food industry - leaving tobacco as a lonely public health pariah.

**Adam Jones is a journalist with The Financial Times. We are very grateful to the Editor of that newspaper for permission to reproduce the article which appeared in the edition of 8th July, 2003.**



fcuk Spirit

# Alcohol consumption and fatal accidents



Major new research carried out in Canada shows a strong connection between alcohol trauma, including traffic accidents, and per capita consumption.

Published recently in *Addiction*<sup>\*</sup>, the work by Ole-Jorgen Skog of the Centre for Advanced Study, the University of Oslo, studied data covering almost fifty years from all the provinces of Canada. Skog shows that the increase in the consumption of alcohol by Canadians over the second half of the twentieth century has had a major effect on most types of fatal accidents. He further shows that this is comparable with Europe over the same period.



These findings are particularly important at the moment, especially in countries

like the United Kingdom and Australia which are formulating national alcohol strategies and, at least in the case of the former, the government has "set its face" against a population-based alcohol policy, in the words of one Health Department official.

In an editorial in the edition of *Addiction* in which Professor Skog's work is published, Howard Holder of the Pacific Institute of Research and Evaluation based at Berkeley, California, says: "The evidence is now clear that countries with high per capita alcohol consumption have higher rates of alcohol

harm and countries with lower per capita alcohol consumption have lower rates of harm. The scientifically demonstrated effects of higher retail alcohol prices, limits on hours and days of alcohol sales and limits on alcohol purchasing ages have confirmed both the importance and relevance of a public health approach to alcohol policy."

Professor Skog's previous work in Europe indicated much the same relationship between per capita consumption and accidents (5.2 deaths per 100,000 inhabitants as opposed to the 5.9 he found in Canada). In Southern and Central Europe it was found that there was a stronger link between alcohol and traffic accidents than other types of accident, whereas in Northern Europe this was reversed. Skog's explanation for this phenomenon is that there is stronger compliance with national drink-driving laws in northern than in southern Europe.

"The Canadian data," says Professor Skog, "seem to suggest that alcohol is quite strongly associated with both types of accidents. This might suggest that Canadian drinking patterns are closer to the ones found in Northern Europe, while at the same time Canada does not profit from the same level of compliance with BAC [blood alcohol concentration] laws. If this is correct, Canada may be combining 'the worst of two worlds' in respect to alcohol related accidents."

Accident mortality rates were stable for Canadian men until the middle of the 1970s and began to decline thereafter. If the observed association between alcohol consumption and fatal accidents is causal, there is an explanation for this trend. Alcohol consumption in Canada was increasing until the middle of the 1970s and "pulled in the direction of increasing accident mortality rates. This force apparently was counterbalanced by other forces, pulling in the opposite direction, towards reduced mortality (e.g. different sorts of accident prevention measures). Consequently, fatal accident rates did not change greatly. When alcohol consumption started to decrease towards the end of the 1970s both forces were pulling in the same direction, and accident mortality rates started to decrease."

It appears, therefore, that alcohol consumption is an important factor in explaining the changes in accidents rates over a period of time. Of course, differing drinking patterns – as those between Northern and Southern Europe, for example – are also important. It is crucial, as Professor Skog implies, that further studies are carried out – some have already been implemented – into how specific measures, such as the price of alcohol, can have the desired effect on accident rates. Given the increased penetration of alcohol marketing in the developing world and the culture of youth binge drinking elsewhere, the issue requires urgent attention if governments are to avoid marked increases in fatal accidents resulting from alcohol consumption.

\* *Alcohol consumption and fatal accidents in Canada, 1950-98*, Ole-Jorgen Skog, Centre for Advanced Study, The Norwegian Academy of Science and Letters, the Department of Sociology, University of Oslo, Norway, *Addiction*, Volume 98, Number 7, July, 2003.

# Memory impairment after binge drinking

The morning after an evening of binge drinking, the functioning of a person's memory is significantly impaired despite the fact that blood alcohol concentration may have returned to zero by that time. The impairment is most noticeable in long-term memory during the course of a hangover. This was shown in a study of alcohol hangover effects carried out by Dr Joris Verster of the Utrecht Institute for Pharmaceutical Sciences in The Netherlands.

The results are published in the April issue of the journal *Neuropsychopharmacology*.



drinking, long-term memory functioned significantly worse in the alcohol group when compared to the non-drinking group. Short-term memory and recognition were not significantly affected by alcohol hangover.



## Unknown alcohol hangover effects

The effects of acute alcohol intoxication on performance and behaviour are well known. Prevention campaigns warn of the risks to driving safety and the impairment of daily activities caused by alcohol. It is well documented that excessive alcohol use is often the cause of fights, violence and arguments. In contrast, the alcohol hangover effects after an evening of binge drinking are less well studied.

A substantial number of students drink large amounts of alcohol on single occasions, resulting in alcohol hangover. Dr Verster's findings are specifically important for these young people, since their major daily activity is learning and remembering. The results show that in addition to paying attention to the acute

effects of alcohol intoxication, prevention and public awareness campaigns should also focus on the negative effects of alcohol hangover the day after an evening of binge drinking.

## Results

Forty-eight students participated in the Utrecht study. Subjects were randomized into two groups: one consumed a large amount of alcohol mixed with orange juice (comparable to 8-10 beers), whereas the other consumed only orange juice without alcohol. The evening before drinking and the morning after drinking all subjects performed a memory test. In this test, fifteen words were learned.

The number of words they could remember was assessed immediately after learning (short-term memory) and one hour thereafter (long-term memory).

Learned words were presented along with a series of distracter words to assess recognition. The study showed that, after an evening of binge

## Further details are available from:

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# Study links early alcohol use and behaviour problems in young adulthood



Children who are drinking alcohol by seventh grade – that is about twelve years old - are more likely to suffer employment problems, abuse other drugs,

and commit criminal and violent acts once they reach young adulthood, according to a RAND Health study released today.

RAND Health, based in Santa Monica, California, is the United States' largest independent health policy research organization, concentrating on medical quality, health care costs, and delivery of health care, among other topics.

Following a group of young people from seventh grade through to the age of 23, researchers found that youthful drinking was not only associated with an increased likelihood of people having academic and social problems during their teenage years, but was associated with a heightened risk of behaviour problems at least through their early twenties.

*"Early drinkers do not necessarily mature out of this problematic lifestyle once they become young adults,"* said Phyllis Ellickson, a RAND researcher and the study's lead author. *"Early alcohol use is a signal that someone is likely to have more problems as they transition into adulthood."*

Researchers say the findings suggest that adolescents who drink are at high risk and should be targeted early with intervention programs that focus not only on alcohol, but also cigarette smoking, use of illicit drugs, and perhaps other problem behaviours. The study appears in the May issue of the medical journal *Pediatrics*.

Underage drinking is a major national problem, with estimates suggesting that by the eighth grade one quarter of all adolescents

have consumed alcohol to the point of intoxication. In addition, adolescent drinking plays a key role in the four leading causes of death among teens-car accidents, accidental injuries, homicides and suicides.

The RAND findings are from a study that followed about 3,400 youths who were recruited in 1985 from thirty socially and economically diverse schools in California and Oregon when they were enrolled in 7th grade. Participants were surveyed during the 7th grade, 12th grade and at age 23 about their current use of alcohol, tobacco and other drugs, and about a number of behavioural issues.

At the outset of the study, about three-quarters of the seventh graders had used alcohol. Researchers labelled 46 per cent as "experimenters" (had consumed alcohol, but fewer than three times in the past year and not within the past month) and 31 per cent as "drinkers" (three or more alcoholic drinks within the past year or any drinking in the past month).

Non-drinkers (those who had never drunk alcohol) accounted for 23 per cent of the seventh graders.

**"Early alcohol use is a signal that someone is likely to have more problems as they transition into adulthood."**

Students who used alcohol by the seventh grade were far more likely than non-drinkers to report using other substances, stealing and having school problems. For example, the drinkers were nineteen times more likely to be weekly smokers or hard drug users, and 4.5 times more likely to have stolen items in the past year when compared with non-drinkers. Experimenters reported fewer problems, but were still 2.5 times more likely to have used hard drugs and twice as likely to have stolen when compared with non-drinkers.

The differences remained at the twelfth grade, although they were less pronounced.

Compared with non-drinkers, drinkers were five times more likely to be weekly marijuana users, three times more likely to use hard drugs or experience several drug-related problems in the past year, twice as likely to have been suspended or dropped out of school, and about twice as likely to engage in violent or criminal behaviour in the past year.

Experimenters were about twice as likely to be weekly marijuana users, use hard drugs, and have multiple drug problems, 1.2 to 1.7 times more likely to engage in violent or criminal behaviour, and 1.5 times more likely to commit a felony or be suspended from school.

*"Early drinking clearly is associated with other problems that develop in school and in many other settings,"* said Joan S. Tucker, a RAND psychologist and another author of the report. *"Differences between drinkers and non-drinkers show up early and persist over time."*

At the age of 23, those identified in the seventh grade as drinkers still showed significantly more behaviour problems than those who had been non-drinkers. The drinkers were two to three times more likely to use hard drugs, experience multiple drug problems, or have undergone alcohol or drug treatment, three times more likely to have been arrested for drunk driving, twice as likely to engage in violent or criminal behaviour in the past year, and nearly 1.5 times more likely to report missing work for no reason.

The differences were smaller for the group identified as experimenters in seventh grade. Compared with non-drinkers, experimenters were twice as likely to have multiple drug problems, 1.6 times as likely to engage in criminal behaviour, use hard drugs, or have undergone alcohol or drug treatment, and nearly twice as likely to have been arrested for drunk driving.

*“These results suggest that drinking in early adolescence may be among the most important risk factors for a wide variety of*

*behaviour problems during the transition to young adulthood,”* Tucker said. *“Preventing drinking initiation before Grade 7 may help reduce these later problems.”*

Researchers say it is not clear what mechanisms link early alcohol use to behaviour problems later in life. It may be that alcohol disrupts the development of adequate social and academic skills that are needed to succeed later in life or early alcohol use may signal that an individual is predisposed to use drugs and develop other behavioural problems.

# Ireland to act on alcohol abuse

The liberalisation of alcohol laws has been a dangerous failure in Ireland.

This is the strong message behind the Irish Government’s swift moves to curb alcohol abuse. Measures which, it is hoped, will pass through the Dail and the Senate in six weeks, include a ban on serving people who are already drunk and making it illegal for under-18s being in pubs after 8.00 p.m.

The Bill introduced by the Minister of Justice will also make licensees responsible for the conduct of drinkers on their premises, ban “happy hour” and “drink as much as you can” promotions, allow the covert monitoring of bars by police, the restriction of opening hours on Thursdays, and allow for the temporary closure of bars which violate regulations.

Between 1989 and 1999 consumption of alcohol in Ireland increased by a staggering 41 per cent, bringing the country to the top of the European league. In the last thirty years consumption has tripled. Ireland also has the unenviable distinction of leading Europe in the amount of 15 and 16-year old binge drinking whilst at the same time being the only country where girls now equal boys as far as this particular phenomenon.

The proposed measures in Ireland stand in contrast to those taken by the British Government which, in its new Licensing Bill, is intent on liberalising the law. The liberalisation of licensing law in Ireland some time ago has been a major contributor to the problems its Government are now seeking urgently to remedy. The influential Irish Times says in an editorial: “The consequences of excessive drinking are visible late at night on the streets of our cities, towns and villages. They are reflected in crowded accident and emergency wards in hospitals and, all too frequently, victims of alcohol-related violence end up on mortuary slabs.

“The rise in alcohol consumption was facilitated by longer pub opening hours, introduced some years ago, and it has been

reinforced by extensive advertising and promotional campaigns.”

Michael Martin, the Irish Minister of Health, is promoting a new Bill set to impose strict limitations on alcohol advertising. Mr Martin intends to restrict where such advertisements can be exhibited, forbid sponsorship of children’s and adolescent’s leisure activities by the drinks industry, stop advertising campaigns designed to appeal to under age drinkers, and impose a “watershed” on television, cinema and radio advertising in order to minimise the exposure of children to the alcoholic products. No alcohol advertising would be allowed near schools or on public transport.

In this context, the Minister attacked the sponsorship deal between the Gaelic Athletic Association (GAA) and Guinness: *“I believe Guinness supporting All-Ireland hurling is the wrong message to be sending out to the young people of this country. Alcohol should not be associated with sporting success.”*

Stephen Rowen, the Director of the Rutland Centre, a leading agency in Ireland for residential treatment of addiction, discussing what needs to be done to tackle the chronic problem of alcohol abuse, says, *“Rolling back the pub opening hours to where they were before the summer of 2000 would help. . .*

*“... The hospitality industry has benefited greatly from the prosperity of the past decade. Irish people should be justifiably proud of the successes in recent years in successfully competing for the excellence of the products of our thriving economy. But there is a dark side to our prosperity. . . That dark side must be carefully examined in the contest of too much suffering for Irish people caused by drink.”*

# Slovenia's story – an eight years struggle for alcohol legislation



**Dr Zdenka Cebasek-Travnik**

Slovenia's story begins in 1994 at the first meeting of the counterparts to the European Alcohol Action Plan. It was the first opportunity to meet representatives of the countries that had already succeeded in reducing their alcohol consumption. In

working groups we discussed the situation in each country represented. Slovenia was (and still is) an example of a typical wet culture where alcohol is cheap, easy to come by, and frequently used by everybody. There were only two main pieces of alcohol legislation – the ban on the advertising of alcohol (from the time when Slovenia was part of Yugoslavia) and the law on road traffic safety, by which random testing on alcohol was introduced. But there were no limits of age, time or location for the selling alcohol, so literally anyone could have bought it twenty four hours a day.

There were no prevention activities as far as alcohol problems were concerned. Any prevention money in the state budget was used mainly in the field of illicit drugs – despite the fact that the extent of alcohol problems was (and still is) about one hundred times greater. There was a lack of epidemiological data and public awareness of the harm, done by alcohol was extremely low. The only aspect comparable to European Union countries was the treatment system for alcoholics and their families.

As a national counterpart to the EAAP, I felt very depressed and powerless, even hopeless, when a counterpart from France tried to encourage me: *"Don't worry. Things will be better. Your story reminds me of my country many years ago. With an effective national alcohol policy you can change them. But remember – changes will be very slow and a 'time unit' for change is about four or five years. I wish you good luck."* That was in 1994, when I just arrived from The United States of America, where I spent a year at the Johns Hopkins

University in Baltimore studying a substance abuse programme which included both alcohol and drug policy.

The term "alcohol policy" was very new to me. It was not used in the Slovenian language before and we had to find a suitable translation. The same was true of the European Alcohol Action Plan, which needs eight words to be understood (Evropski akcijski na\_rt za zmanj\_evanje\_kodljive rabe alkohola). In fact, Slovenia had its temperance movement more than hundred years ago and some kind of national alcohol policy thirty years ago. But they had little or no impact on alcohol consumption, because no legislation on alcohol use was in force.

I was appointed as a national counterpart to the EAAP in 1994. Shortly after the meeting in Vienna, I had my first struggle with the Minister of Health. I was accused of causing considerable harm to the international conference 'Wine and Health', which was held in Ljubljana in November 1994. I had told journalists that wine was not as good for health as the participants in the conference were claiming. The journalists were confused by the contradictory messages and decided not to report the issue. The Ministry of Health had sponsored the conference, as a way of teaching the Slovenian people to drink less harmfully. I tried to explain to the Minister what the role of a national counterpart should be but that was my last official appointment with him.

Over the next years Slovenia got new governments and new ministers of health. Most of them did not like to meet me in my role as an EAAP counterpart. There was a time when I was 'persona not grata' at the Ministry and I had to find other allies. I started with journalists. Some of them - mostly women, in fact - were interested in my work as a clinician

treating alcoholics and only a few were interested in alcohol policy. I wrote some articles and sent them to our biggest newspapers, but they were not published. I asked editors what was wrong with them – the answer was, “*Who are you that I should publish your article?*” Many years later I was told the truth – the content of my articles was not acceptable to the newspaper proprietors.

In the meantime, some journalists became tired of drugs and drug problems and ‘rediscovered’ alcohol and wrote good articles on the subject. They even got used to asking me questions on alcohol policy and I was recognised as an expert in the field. Together with some other professionals, we made some progress on the prevention front and created programmes for children and families. Public awareness started to rise.

A new era in Slovenian alcohol policy started when Dr Dusan Keber, professor at the School of Medicine, started to write columns on public health in our biggest newspaper. He wanted to write on alcohol problems too and asked me to meet him. He came to my office and instead of fifteen minutes he stayed for two hours and left with a big bag of literature on alcohol policy. Afterwards we had a number of discussions on the issue and he asked me what would be the first important thing to do. “Alcohol legislation,” was my answer, “I do not have the power to bring it before Parliament.” A few months later Dr Keber became Minister of Health. At the time of our conversations I was unaware of this possibility. He did not forget our discussions and soon invited me to bring forward proposals for a law on alcohol, supporting preparations for the law throughout the process. In 2003 the Law on alcohol was adopted by the Slovenian Parliament. After two ‘time units’ of alcohol policy described by my French colleague, Slovenia got a law that restricted access to alcohol and provided an official background for a national alcohol policy.

As a national counterpart from a “wet culture” country, I would like to make some other comments regarding alcohol policy. These are the recommendations which arise from my work:

How does one start an alcohol policy when the country has:

- a low budget for alcohol prevention and a high one for illegal drugs

- low interest among the media which are occupied with illegal drugs
- the need for change in public opinion on alcohol.

Firstly, it is very important to involve the media. Try to identify interested journalists and their media. It might well be that, as in Slovenia, those interested journalists are female. Invite them on an individual basis and show them your work and ideas. Be provocative but not insulting, present the opposite case when conferences that favour alcohol occur, arouse the professional curiosity of journalists, at such significant times as the run-up to elections prepare questions and ask for clarification from politicians.

Draw attention to the alcohol industry’s marketing policy and advertisements when they are specifically aimed at youth.

It is not at all easy to win support from the community, but here are some ideas:

- get your message to people where they spend their time - shopping centres, bars, discos, public events – rather than expecting them to come to such events as lectures
- target all generations
- do not be moralistic:
  - no prohibition
  - reward sobriety
- the use of non-governmental organisations is important - people usually do not believe the politicians. NGOs are able to develop advocate groups to support the law or other alcohol policy issues in a much more effective way. In Slovenia the most influential is the foundation “Z glavo na zabavo” (a free translation might be “You can choose – Win or loose”) which organises leisure activities in public places (pubs, discos, sports stadiums, supermarkets) alongside the Agency for Traffic Safety. Alcohol is not prohibited, but only sober participants can get awards. Further information is available at <http://www.fundacija-zgnz.si>

The next important step is to find potential allies in the health system, road safety agencies, insurance companies, non-alcoholic beverages industry, the Church and political parties. If motivated, they all can

promote ideas of alcohol policy with no additional funds.

The health system has proved very reluctant in accepting any procedures for dealing with alcohol problems. But proper education for health workers (school of medicine, school of nursing, other educational programmes) can make a difference. Be creative in promoting education for health workers (Workshop: “How to sell prevention?”) and in interesting patients (Brochures: “Where are the borders?”).

Finally, how to involve politics and politicians? I suggest the “Slovenian way”:

- be patient, wait for the appropriate time (could be some years),
- be aware, identify the people who could give significant help (that have enough power and are not compromised by alcohol associations)
- do not miss any opportunity to tell them about the problem
- get them involved – ask questions at public meetings.

Finally, here are some tips for those who recognised themselves at the beginning of this story. If your country has no alcohol policy, you can act as a catalyst that will enable changes:

- you can start without money, but to make the enterprise useful and effective in the long run, stable funding is needed – state budget
- use a systemic approach for all projects – Who has got a problem?
- get the media involved – use their power, but be realistic
- recognise and use the help of politicians “now” – they come and go
- And do not be offended if you are not invited to the launch of the law on alcohol even if you initiated it. If it is good – it will work and you will know that your work had an impact. If it does not work, wait for proper time and suggest changes.

**Dr Cebasek-Travnik is the Slovenian Counterpart to the European Alcohol Action Plan.**

# Youth see more TV commercials for beer than for sneakers, gum or jeans

“The industry’s own guidelines are so permissive that, in practice, they amount to no limits at all. It is like a promise not to drive faster than 125 miles per hour – that doesn’t slow you down much. These industry codes do little to protect youth from ads that promote alcohol consumption.”



**Dr A. Kessler**  
**Dean of the Yale University School of Medicine**  
**and former U.S Food and Drug Administration**  
**Commissioner**

The Center on Alcohol Marketing and Youth at Georgetown University has found that youth<sup>1</sup> exposure to alcohol advertising in 2001 was substantial and pervasive.

Other key findings from the study, include:

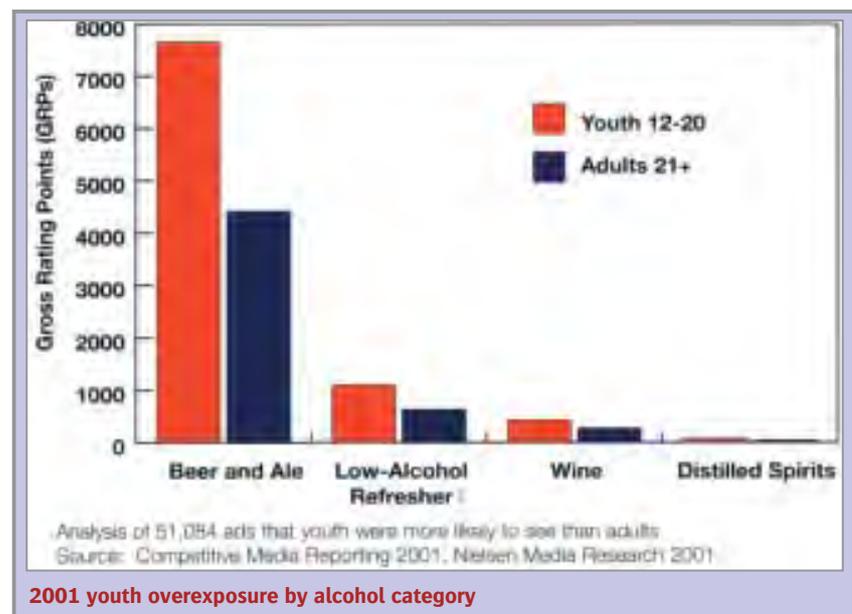
**Youth saw more commercials for beer than for juice, gum, chips, sneakers or jeans.** The beer and ale advertising delivered to the under-age youth audience in 2001 was greater than advertising for various products normally associated with youth audiences. Beer and ale advertising exceeded the advertising delivered to youth audiences for fruit juices and fruit flavoured drinks, gum, skin care products, sneakers, non-carbonated soft drinks, and sportswear jeans.

**One quarter of alcohol advertising on television in 2001 was more likely to be seen by youth than adults.** Of the 208,909 alcohol commercials on television in 2001, underage youth, ages 12 to 20, were more likely than adults of legal drinking age to have seen 51,084 of them or 24.5%.

**Youth saw almost as much television alcohol advertising as adults.** Even when adults were more likely to see television alcohol advertising than youth, in many, instances youth exposure was substantial. For

example, youth saw two beer and ale ads in 2001 for every three seen by an adult. Furthermore an estimated 30% of youth saw at least 780 alcohol commercials in 2001.

**Alcohol ads on youth-oriented networks and programmes overexpose youth.** Youth were routinely overexposed to alcohol advertising, in 2001 on five networks: WB, UPN Comedy, Comedy Central, BET and VH-1. Two programming categories – music video and entertainment programmes and variety shows – more effectively, delivered alcohol advertising to the youth audience than to the adult audience. Youth saw 48% more advertising, than adults on music video and entertainment programmes. Variety, programmes delivered 26% more advertising to youth audiences than to adults.



## About This Report

This report was based on data, applications and analysis commonly used by advertisers, advertising agencies and television networks and stations in order to plan, buy and sell television advertising. For this analysis, the Center on Alcohol Marketing and Youth commissioned Virtual Media Resources to analyse 2001 data from Competitive Media Reporting and Nielsen Media Research.

### Alcohol Industry Codes Fail to Protect Youth

The alcohol industry’s voluntary guidelines for ad placement on television for the substantial exposure of youth to alcoholic beverage advertising. The beer and distilled spirits industries call for no advertising on programmes with a 50% or more youth audience. However, in 2001, only one percent of all network and cable television programmes tracked by Nielsen (187 out of 14,359) had an underage audience of 50% or more – the industry threshold. Further, even this meagre 50% threshold was violated, as alcohol advertisers spent \$1.8 million to air 3,262 commercials on shows with more youth viewers than adults.



### The FTC Should Act

Awareness of the level and type of advertising that reaches young people is the key to change. For years, parents, policy makers and media were unaware of the prevalence of tobacco

advertising to Youth. It was only after public outrage against the tobacco industry’s marketing practices that policy makers took notice and then took action.

### Television Shows with High Youth Viewership and Alcohol Advertising

**Popular teen programs have alcohol advertising**

Another analysis shows how the current voluntary industry guidelines expose teenagers, ages 12 to 17, to significant amounts of alcohol advertising. In 1999, the Federal Trade Commission reported that alcohol ads had appeared on “at least 3 of the 15 television shows reported to have the largest teen audiences,” citing a list of popular television programs from a Washington Post article on marketing to teens.<sup>3</sup> “These shows may be among the best ways to reach teens, although they often have a majority legal age audience,” the FTC continued. In calendar year 2001, The alcohol industry spent over \$31 million and placed 1,441 ads on 13 of the 15 prime time network programs with the largest teen audiences for the week of October 15-21 (a time period comparable to that for the shows cited in the Washington Post article in the FTC report).



“It appears the alcohol industry’s advertising self-regulations aren’t worth the paper on which they are printed. Parents should be alarmed to hear that their kids are seeing more TV ads for sneakers, jeans, gum, juice or other popular youth products. Something is terribly wrong when youth see almost as many alcohol commercials as adults. ”

**Wendy J. Hamilton, National President, Mothers Against Drunk Driving(MADD)**

# Youth see more TV commercials for beer than for sneakers, gum or jeans

## Advertising and Underage Drinking

A 1996 study of children ages nine to eleven found that children were more familiar with Budweiser's television frogs than with Kellogg's Tony the Tiger, the Mighty Morphin' Power Rangers, or Smokey the Bear.<sup>4</sup>

A USA Today survey found that teens say ads have a greater influence on their desire to drink in general than on their desire to buy a particular brand of alcohol.<sup>5</sup>

Research has found that exposure to and liking of alcohol advertisements affects young people's beliefs about drinking, intentions to drink, and actual drinking behaviour.<sup>6</sup>

There is a need for more rigorous monitoring of the advertising practices of the alcohol industry. The Federal Trade Commission reviewed alcohol industry advertising and marketing practices in 1999 and issued a report that recommended several "best practices" for the alcohol industry to reduce children's exposure to alcohol advertising. The Center's study reveals that

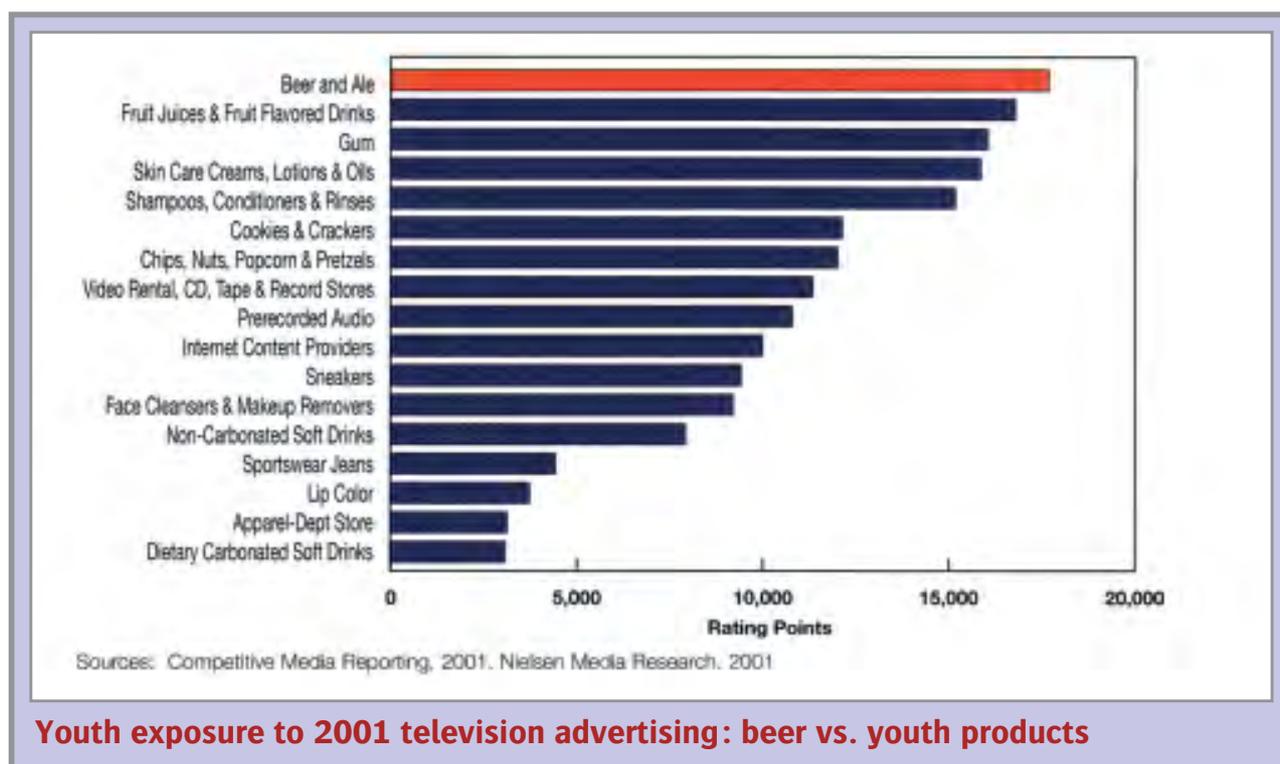
alcohol companies have fallen short of the FTC's recommendations.

### Get involved

Go to [www.camy.org](http://www.camy.org) or call (202) 687 1019 to learn more about how alcohol advertisers are exposing America's youth to alcohol advertising. Sign up for regular updates on this

issue and learn how you can take action to protect the kids in your life.

**To see the full report and learn more, go to [www.camy.org](http://www.camy.org).**



1 For this report, unless noted otherwise noted, "youth" are defined as persons ages 12-20, and "adults" are defined as persons ages 21 and over.

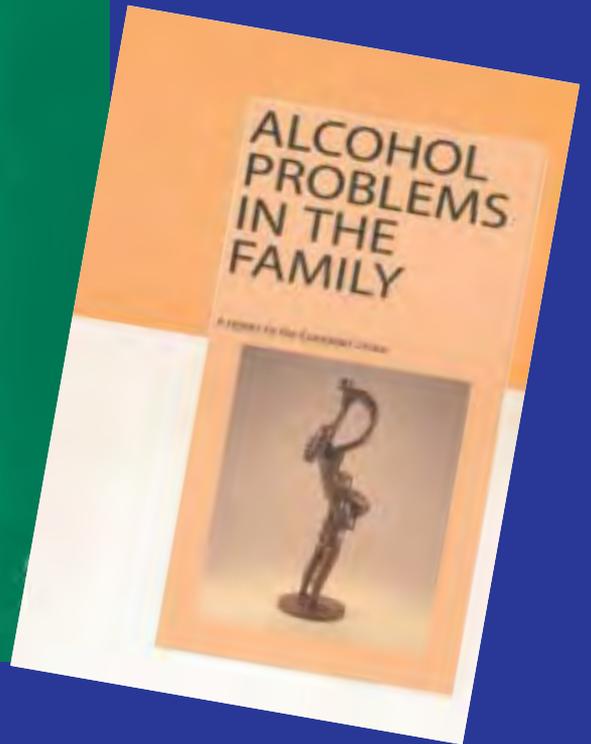
2 Although they are called "low-alcohol refreshers" by the alcohol beverage industry, many of the beverages in this category contain five percent alcohol, more than most beers

3 Federal Trade Commission. (September 1999). *Self-regulation in the Alcohol industry: A Review of Efforts to Avoid Promoting Alcohol to Underage Consumers*: 9.

4 Leiber, L. "Commercial and character slogan recall by children aged 9 to 11 years: Budweiser frogs versus Bugs Bunny." Berkeley: Center on Alcohol Advertising, 1996.

5 Horowitz, B., M. Wells. "Ads for adult vices big bit with teens" USA Today (31 January 1997): News 1A.

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# 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**

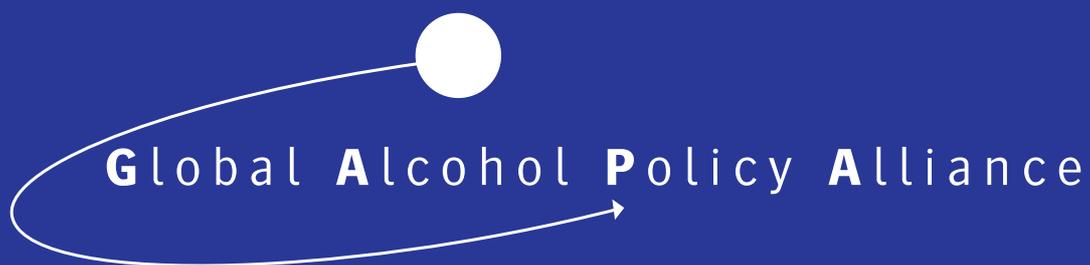
A report produced with the financial support of the European Commission describing the nature and extent of family alcohol problems in the Member Countries, giving examples of good practice in policy and service provision, and making recommendations to the European Union and Member Governments.



## 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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