

THE GLOBE

**Disturbing trends in
European youth drinking
- latest figures**

Contents Issue 3, 2004

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THE GLOBE

GLOBAL ALCOHOL POLICY ALLIANCE

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Alcohol Policy Network

The Bridging the Gap project (2004-2006) is co-financed by the European Commission, the Norwegian Policy Network on Alcohol and Drugs (ACTIS), IOGT-NTO Sweden, the Government of Norway and Eurocare, in partnership with the European Cultural Foundation, the European Public Health Alliance, the European Youth Forum and the World Health Organization. The partners represent governmental, non-governmental, health professional and research organisations from Austria, Belgium, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Ireland, Italy, Latvia, Luxembourg, Malta, Netherlands, Norway, Poland, Portugal, Romania, Slovak Republic, Slovenia, Spain, Sweden, Switzerland, Turkey and the United Kingdom.

The remit of the project is to create a European Alcohol Policy Network, to report on alcohol policy in partner countries, to convene a European conference, "Bridging the Alcohol Policy Gap in Europe", to convey complex policy issues in an innovative way to young people through theatre sketches contrasting stakeholder views on alcohol policy, to prepare an alcohol policy questionnaire for young people by young people, to prepare an alcohol advocacy policy manual and training school, and to provide alcohol policy support to new Member States.

Since its first meeting in Warsaw, in June 2004, the Policy network has produced a statement in which it proposes that a Policy on Alcohol for Europe and its countries¹ address the following issues:

1. Reduction in drinking driving

1. Recognising the heavy burden that drinking and driving² places on premature mortality, harm to people other than the driver and economic costs to society;
2. Effective legislative, executive, administrative and other measures necessary to reduce drinking and driving should be implemented;
3. Drinking driving policies should take into account the following principles:

- A maximum blood alcohol concentration limit of 0.5 g/L (and breath equivalent) 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;
- Reducing the maximum blood alcohol concentration for all drivers to 0.2g/L would significantly further reduce the harm done by drinking and driving;
- Unrestricted powers to breath test, using breathalysers of equivalent and agreed standard, should be implemented throughout Europe;

- Common penalties for drinking and driving, with clarity and swiftness of punishment, should be introduced throughout Europe; penalties should be graded depending at least on the BAC level, and should include license penalties, license 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 license suspension for a minimum period of 6 months; and
- 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.

II. Education, communication, training and public awareness

1. Recognising that education and information approaches can be effective in countering the marketing practices of the commercial alcohol industry and in mobilising public support for alcohol policy measures, but that unfortunately, in general, it is difficult to show any long-lasting effects of school based education in reducing the harm done by alcohol;
2. Effective and impartial³ education, communication, training, school, college and university-based programmes, and other alternative forms of education, including culture and the arts, and informal youth based initiatives should be implemented to empower and enable all people to make healthy choices and to raise public awareness;
3. Impartial education, communication and training,

should take into account the following principles:

- Public awareness of alcohol policy issues should be strengthened and promoted using all available communication tools;
- Broad access to effective and comprehensive school, college and university-based education and on the health risks including the intoxicating and addictive characteristics of alcohol consumption should be provided, based on evidence-based health promotion principles;
- Public awareness on the health risks including the intoxicating and addictive characteristics of alcohol consumption and on the benefits of reducing hazardous and harmful alcohol consumption should be increased;
- Public access, in accordance with national law, to a wide range of information on the commercial alcohol industry as relevant to the implementation of alcohol policy should be provided;
- Effective and appropriate training or sensitisation and

awareness programmes on alcohol policy to persons such as health workers, community workers, social workers, media professionals, educators, decision-makers, administrators and other concerned persons should be addressed;

- Education on the harm done by alcohol and what can be done to reduce it should be provided to all involved in the alcohol production, sales and supply chain; and
- Awareness and participation of public and private agencies and nongovernmental organisations not affiliated with the commercial alcohol industry in developing and implementing intersectoral programmes and strategies for alcohol policy should be promoted.

III. Regulation of the alcohol market

III. 1 Packaging and labelling of alcohol products

1. Recognising the importance of appropriate packaging and labelling⁴ of alcohol products;
2. Effective legislative, executive, administrative and other measures necessary to ensure appropriate packaging and labelling should be implemented;
3. Packaging and labelling policy should take into account the following principles:
 - Alcohol product packaging and labelling should not promote an alcoholic product by any means that are false, misleading, deceptive or likely to create an erroneous impression about its characteristics or health effects, including any term, descriptor, trademark, figurative or any other sign that directly or indirectly creates the impression that a particular alcoholic

product is more attractive or healthier than another alcoholic product;

- Alcohol product packaging and labelling should not promote an alcoholic product by any means, including any term, descriptor, trademark, figurative or any other sign that directly or indirectly appeals to minors⁵;
- Each unit package of alcoholic products should carry warnings determined by ministries of health, describing the harmful effects of alcohol when driving or operating machinery, and during pregnancy or other appropriate messages determined by ministries of health; and
- Each unit packet and package of alcoholic products and any outside packaging and labelling of such products should, in addition to health warnings, contain information on its alcohol concentration (per cent by volume), alcohol content (grams of alcohol), calorific value and ingredients that might lead to allergies.

III. 2 Price and tax measures to reduce the harm done by alcohol

1. Recognising that price and tax measures are a highly cost-effective and important means of reducing the harm done by alcohol to all segments of the population, including young people and heavier drinkers;
2. Tax policies and, where appropriate, price policies, on all alcohol products, including wine and wine based products, should be introduced by all Member States and the Community as a whole so as to contribute to the health and economic objectives aimed at reducing the harm done by alcohol;

3. Tax policies and tax levels should take into account the following principles:

- The price of alcohol should take into account the external costs of consumption, the inadequate knowledge that consumers have about the harm done by alcohol and its dependence producing properties;
- The price of alcohol should be increased in line with inflation;
- Taxes should be proportional to the alcoholic content of alcoholic beverages, including all beverage types and with no threshold. Higher alcohol concentration beverages such as liquors and spirits should be taxed at a disproportionately higher level, in view of their high alcohol concentration;
- Countries should retain the flexibility to use taxes to deal with specific problems that may arise with specific alcoholic beverages, such as designer drinks aimed at young people;
- Taxes should be increased throughout Europe up to a minimum level. Countries with higher taxation should not reduce their taxation levels; and
- A proportion of alcohol taxes can be earmarked (hypothecated tax) to fund programmes to reduce the harm done by alcohol.

III. 3 Illicit trade in alcoholic products

1. The elimination of all forms of illicit trade in alcoholic products, including smuggling, illicit manufacturing and counterfeiting are essential components of alcohol policy;
2. Effective legislative, executive, administrative or other measures should be implemented to ensure that all unit packages of

alcoholic products and any outside packaging of such products are marked to assist in determining the origin of alcoholic products and any point of diversion and to monitor, document and control the movement of alcoholic products and their legal status.

III. 4 Travellers allowances within the European Union

1. Recognising the failure of an upward harmonisation of alcohol taxes within the European Union resulting in a cross-border disparity in alcohol taxes, and Recognising that the standard guidance for individuals to carry across European Union borders without paying excise tax in the country of residence is currently 10 litres of spirits, 20 litres of intermediate products, 90 litres of wine and 110 litres of beer (overall equivalent to about 270 bottles of wine), resulting in a substantial increase in alcohol consumption in some countries that is not reflected in official statistics;
2. Effective legislative, executive, administrative and other measures should be implemented to progressively reduce the personal allowance to about one seventh of the current limit, the equivalent of 40 bottles of wine (a 40 day supply for a heavy drinker, which is equivalent to the current allowance of tobacco which represents a 40 day supply of 20 cigarettes a day).

III. 5 Restrictions on the availability of alcohol

1. Recognising that reducing the number and density of outlets, including availability in supermarkets and general retail stores, changing the location of outlets and reducing the days

and hours of opening can all reduce the harm done by alcohol;

2. Countries that regulate outlets through number and density, location and hours and days of sale should not relax their regulations; countries without such regulations or with very liberal regulations should consider introducing them or strengthening them.

3. Measures to manage the availability of alcohol should take into account the following principles:

- Impact assessments on health and the social environment should be undertaken when opening new or changing existing outlets.

III. 6 Sales to minors

1. Recognising that alcohol consumption, the harm done by alcohol and binge drinking amongst young people is increasing at an alarming rate;
2. Effective legislative, executive, administrative and other measures necessary to restrict sales to minors should be implemented;
3. Measures to restrict sales to minors should take into account the following principles:

- The sales of alcoholic products to persons under the age set by domestic law, national law or eighteen years, whichever is the higher, should be prohibited;

- All sellers of alcoholic products should place a clear and prominent indicator inside their point of sale about the prohibition of alcohol sales to minors and, in case of doubt, request that each alcohol purchaser provide appropriate evidence of having reached full legal age;



- Within supermarkets and other general retail stores, alcoholic products should be placed in a section clearly separated from the sale of other products that might appeal to minors, such as sweets, snacks, toys, or soft drinks;

- The distribution of free alcoholic products (including brand related paraphernalia such as t-shirts, ashtrays, glasses, caps, etc.) should be prohibited to minors; and

- Penalties against sellers and distributors, such as withdrawal of licence or temporary and permanent closures, in order to ensure compliance with relevant measures should be implemented.

III. 7 Alcohol advertising, promotion and sponsorship

1. Recognising that a comprehensive ban on advertising, promotion and sponsorship would reduce the harm done by alcohol, and that self-regulation is an ineffective mechanism to reduce the harm done by alcohol;

2. Effective legislative, executive, administrative and other

measures necessary to strictly regulate advertising, promotion and sponsorship of alcohol products through statutory controls should be introduced both within and across borders;

3. Regulation of advertising, promotion and sponsorship should take into account the following principles:

- All forms of alcohol advertising, promotion and sponsorship that promote an alcoholic product by any means that are false, misleading or deceptive or likely to create an erroneous impression about its characteristics, health effects, or hazards should be prohibited;

- All forms of alcohol advertising, promotion and sponsorship that promote an alcoholic product to minors should be prohibited;

- Appropriate health warnings or safety messages should accompany all alcohol advertising and, as appropriate, promotion and sponsorship;

- The use of direct or indirect incentives that encourage the purchase of alcohol products (sales promotion) should be prohibited;

- Expenditures by the alcohol industry on advertising, promotion and sponsorship should be disclosed to relevant governmental authorities;

- Article 15 of the Television Without Frontiers Directive should be enforced in all Member States under statutory control. Article 15 should be strengthened by adding time limits, programme limits, and limits on concentration of alcohol advertising;

- All alcohol advertising, promotion and sponsorship on radio, television, print media and, as appropriate, other media, such as the internet, where not part of a comprehensive ban, should be restricted to information about the product only, with messages and images only referring to the origin, composition, means of production, and patterns of consumption;

- Technologies and other means necessary to regulate cross-border advertising, promotion and sponsorship should be developed;

- Countries which have a ban on certain forms of alcohol advertising, promotion and sponsorship have the sovereign right to ban those forms of cross-border alcohol advertising, promotion and sponsorship entering their territory and to impose equal penalties as [sic] those applicable to domestic advertising, promotion and sponsorship originating from their territory in accordance with their national law; and

- A proportion of the total expenditure by the alcohol industry on advertising, promotion and sponsorship can be considered for earmarking to fund independent public health programmes to reduce the harm done by alcohol.

IV. Reducing harm in drinking and surrounding environments

1. Recognising that drinking and surrounding environments can impact on the harm done by alcohol;
2. Effective legislative, executive, administrative and other measures necessary to improve drinking and surrounding environments to reduce the harm done by alcohol should be implemented;
3. Measures to improve drinking and surrounding environments should take into account the following principles:

- Urban planning, community strategies, licensing regulations and restrictions, transport policies and management of the drinking and surrounding environments should ensure that all peoples, and in particular local residents, are free from the injurious, noxious and polluting effects, including noise pollution, that result from alcohol intoxication;

- Introduction and strengthening of alcohol sales and licensing laws which prohibit the sales of alcohol to minors and intoxicated persons;

- Adequate policing and enforcement of alcohol sales and licensing laws;

- Effective and appropriate training for the hospitality industry and servers of alcohol to reduce the harmful consequences of intoxication, harmful patterns of drinking and the risk of drinking and driving; and

- Server training programmes can be backed up by civil liability for subsequent alcohol related accidents, including drinking driving accidents to increase their effectiveness.

V. Interventions for individuals and families

V. 1 Interventions for hazardous and harmful alcohol consumption and alcohol dependence

1. Recognising the heavy burden that hazardous and harmful alcohol consumption and alcohol dependence place on the health care sector, individuals, families and societies, and Recognising that brief interventions for hazardous and harmful alcohol consumption are amongst the most cost effective of all health sector interventions;

2. Effective legislative, executive, administrative and other measures necessary to promote the widespread delivery of interventions for hazardous and harmful alcohol consumption and alcohol dependence should be implemented;

3. The following principles should be taken into account:

- Appropriate, comprehensive and integrated guidelines based on scientific evidence and best practices to promote reductions in hazardous and harmful alcohol consumption and adequate treatment for alcohol dependence should be developed, disseminated and implemented;

- Effective programmes aimed at promoting the reduction in hazardous and harmful alcohol consumption, in such locations as educational institutions, health care facilities and workplaces⁶ should be designed and implemented;

- The identification and management of hazardous and harmful alcohol consumption should be included in national health and education programmes, plans and



strategies, with the participation of health workers, community workers and social workers as appropriate; and

- Programmes for diagnosing, counselling, preventing and treating hazardous and harmful alcohol consumption and alcohol dependence should be established in statutory and non-statutory health care facilities, specialised centres and rehabilitation centres.

V. 2 Interventions and assistance for family members of people with alcohol dependence

- Recognising that harmful alcohol consumption and alcohol dependence can harm the health, safety and development of family members;
- Effective legislative, executive, administrative and other measures necessary to promote the widespread delivery of support and help for the family members of people with harmful alcohol consumption and alcohol dependence should be implemented;
- The following principles should be taken into account;

- A comprehensive community-based system which includes close cooperation between the police, social workers, the courts and judicial system, non-governmental organisations and professional diagnostic and counselling services for family members who suffer alcohol-related violence, should be developed;
- Children of parents with harmful alcohol consumption and alcohol dependence should be a high priority for psychosocial assistance and programmes to prevent social exclusion; and
- Programmes for diagnosing and counselling adult family members of people with harmful alcohol consumption and alcohol dependence should be established in health care facilities, specialised centres and rehabilitation centres to prevent and help with emotional and psychological disorders.

VI. Implementing policies

1. Each European country (and, where relevant, local community, municipality and region within a country), and the European Union as a whole, should

develop, implement, periodically update and review comprehensive multisectoral alcohol policy strategies, plans and programmes;

2. When developing and implementing comprehensive multisectoral alcohol policy strategies, plans and programmes, the following principles should be taken into account:

- Country and European (and where relevant local community, municipal and regional) coordinating mechanisms or focal points for alcohol policy should be established or reinforced and financed⁷;
- Effective legislative, executive, administrative and/or other measures in developing appropriate policies for preventing and reducing the harm done by alcohol, and the harm done by other people's drinking should be adopted and implemented;
- The setting and implementing of public health policies with respect to alcohol policy should be protected from commercial and other vested interests of the alcohol industry;
- Cross-border cooperation in the formulation of proposed measures, procedures and guidelines for the implementation of policies, plans and programmes to reduce the harm done by alcohol should be adopted;
- Cooperation, as appropriate, should be made with competent international and regional intergovernmental organisations and other bodies to achieve the implementation of policies, plans and programmes to reduce the harm done by alcohol, including the European Commission and the World Health Organization;

- The effective implementation of policies, plans and programmes to reduce the harm done by alcohol should be adequately financed; and
- For the purpose of effective alcohol policy, legislative action or the implementation of existing laws should be used to deal with criminal and civil liability, including compensation where appropriate.

VII. Research, surveillance and exchange of information

1. Research and research programmes, surveillance, and exchange of information at the local, regional, country and European levels in the field of alcohol policy should be developed and promoted;
2. Principles should include:
 - The initiation, promotion and encouragement of transparent and independent research that addresses the determinants and consequences of alcohol consumption, the harm done by alcohol, the effectiveness of policies and programmes to reduce the harm done by alcohol, and the effectiveness of strategies and approaches to implement effective policies and programmes to reduce the harm done by alcohol;
 - The promotion and strengthening of training and support for all those engaged in alcohol policy activities, including research, implementation and evaluation;
 - A system for the epidemiological surveillance of alcohol consumption and related social, economic and health indicators should be established;
 - Cooperation should be made with the European Commission and World Health Organization

in the development of general guidelines or procedures for defining the collection, analysis and dissemination of alcohol-related surveillance data;

- Establishment of programmes for regional, country, and European surveillance of the magnitude, patterns, determinants and consequences of alcohol consumption and the harm done by alcohol. Alcohol surveillance programmes should be integrated into regional, national, and European health surveillance programmes so that data are comparable and can be analysed at the regional, country and European levels, as appropriate;
- Alcohol surveillance and exchange of information between regions and countries should be established;
- The exchange of publicly available scientific, technical, socioeconomic, commercial and legal information, as well as information regarding practices of the alcohol industry should be promoted and facilitated;
- Annual reports of the alcohol industry for shareholders should include reports on how the alcohol industry has minimised the harm from its products in terms of production, marketing and sale, and any infringements of existing laws, regulations and codes of practice;
- An updated database of laws and regulations on alcohol policy and, as appropriate, information about their enforcement, as well as pertinent jurisprudence, and cooperation in the development of programmes for regional, country and European alcohol policy should be established and maintained;
- Updated data from regional, country and European

surveillance programmes should be maintained; and

- A Europe wide system to regularly collect and disseminate information on alcohol production, manufacture and the activities of the alcohol industry which have an impact on alcohol policy activities should be established and maintained.

References

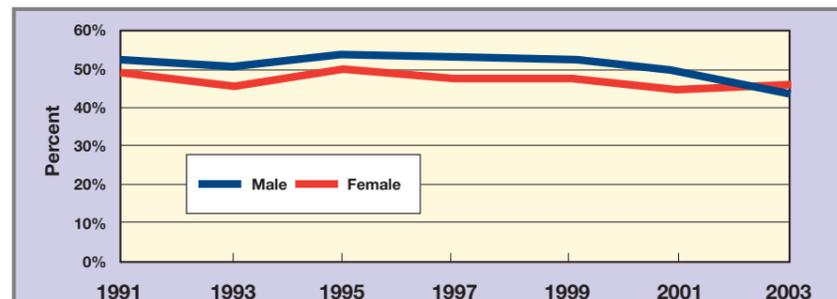
1. The partners recognise that the policies stated in this document must be developed and implemented according to the circumstances, perspectives, legislative, executive and administrative structures, and interpretation of the evidence appropriate for each country.
2. Notwithstanding that drinking can be an important cause of boat, plane and train accidents in some communities, attention is placed on drinking and driving in this policy since alcohol related road accidents far outweigh other alcohol related transport accidents in the Community as a whole.
3. Impartial education would preclude, for example, school based education provided by the commercial alcohol industry.
4. "packaging and labelling" means each unit container (bottle, can, box or other type of container), text, characters or graphics on the unit container, labels on the unit container, and any outside packaging and labelling, where a number of unit containers can be placed in wrapping or in a box.
5. "minor" is a person under the age set by domestic law, national law or eighteen years, whichever is the higher, to whom the sale of alcoholic products is prohibited
6. Special attention should be paid to the alcohol industry, whose employees are at particular risk of harmful alcohol consumption and alcohol dependence, and which was one of the first industries to implement successful workplace programmes.
7. Where mechanisms, structures or organisations currently exist, these should not be replaced, but rather strengthened or redefined as appropriate.

Alcohol: Our Kids' Drug of Choice

This article first appeared as a publication of the Center on Alcohol Marketing and Youth, based in Washington D.C.



National Research Council / Institute of Medicine, Reducing Underage Drinking: A Collective Responsibility



Girls Catch Up to Boys: 9th- to 12th-Graders Who Drank in Last 30 Days
Source: Centers for Disease Control and Prevention, Youth Risk Behavior Surveillance System

Alcohol is the most commonly used drug among America's youth. More young people drink alcohol than smoke tobacco or use marijuana.

National Research Council/Institute of Medicine, 2004

- Each day, more than 7,000 kids in the United States under age 16 take their first drink.
- 1 in 5 eighth-graders is a current drinker.
- 1 in 5 youth, ages 12 to 20, binge drinks (5 or more drinks on one occasion).
- Most kids drink to get drunk: more than 90 per cent of the alcohol consumed by 12 to 20-year-olds is drunk when they are bingeing.

Underage Drinking Harms and Kills Our Children

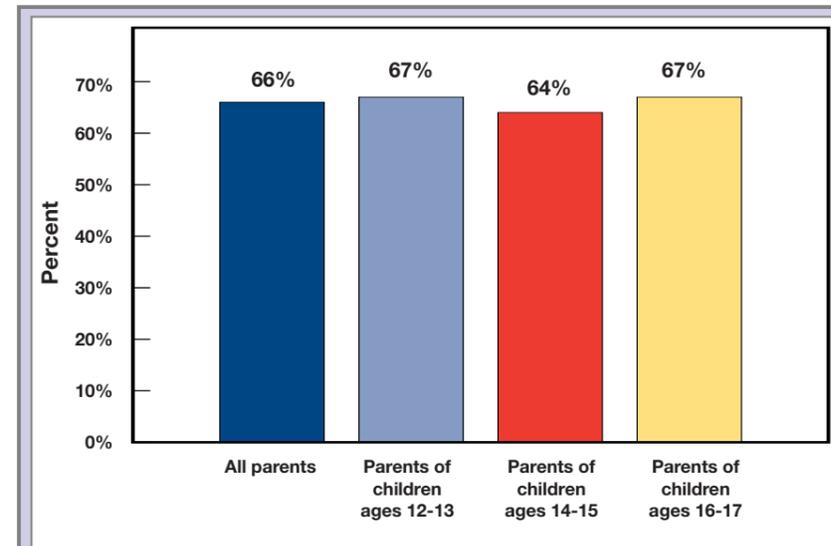
Alcohol use by children, adolescents, and young adults under the legal drinking age of 21 produces human tragedies with alarming regularity.

National Research Council/Institute of Medicine, 2004

- Each day, three teens in the United States die from drinking and driving, and at least six more die from other alcohol-related causes.
- Teenage girls who binge drink are up to 63 per cent more likely to become teen mothers.
- Underage drinking costs the United States \$53 billion a year in medical care, lost productivity, and the pain and suffering of young drinkers.

Alcohol Advertising: Reaching Kids Where They Live
While many factors may influence an underage person's drinking decisions, including

The average age at which young people, ages 12 to 17, begin to drink is 13 years old.



Parents Believe Seeing/Hearing Alcohol Ads Makes Teens More Likely to Drink Alcohol

Source: Peter D. Hart Research Associates / American Viewpoint, 2003

among other things parents, peers and the media, there is reason to believe that advertising also plays a role.

Federal Trade Commission, 1999

- A USA Today survey found that teens say alcohol ads have greater influence on the desire to drink in general than the desire to buy a particular brand.
- A study published in The Journal of the American Medical Association found that the number of beer and distilled spirits ads tended to increase

with a magazine's youth readership. For every 1 million underage readers ages 12 to 19 in a magazine, researchers generally found 1.6 times more beer advertisements and 1.3 times more distilled spirits advertisements.

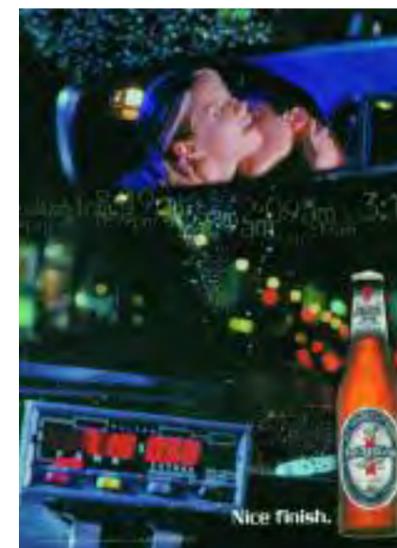
- A study of children ages nine to 11 found that children were more familiar with Budweiser's television frogs than Kellogg's Tony the Tiger, the Mighty Morphin' Power Rangers, or Smokey the Bear.

Institute of Medicine Calls for Industry Reforms and a Public Health Watchdog

In the committee's opinion, alcohol companies should refrain from displaying commercial messages encouraging alcohol use to audiences known to include a significant number of children or teens when these messages are known to be highly attractive to young people. It is not enough for the company to say: "Because these messages also appeal to adults, who will predominate in the expected audience, we are within our legal rights."

National Research Council / Institute of Medicine (IOM), 2004

- IOM called on the industry to move to a standard of not placing ads where underage youth are more than 15 per cent of the audience—the proportion of youth in the population.
- IOM called on the U.S. Department of Health and Human Services to monitor alcohol advertising and report its findings to Congress and the public.



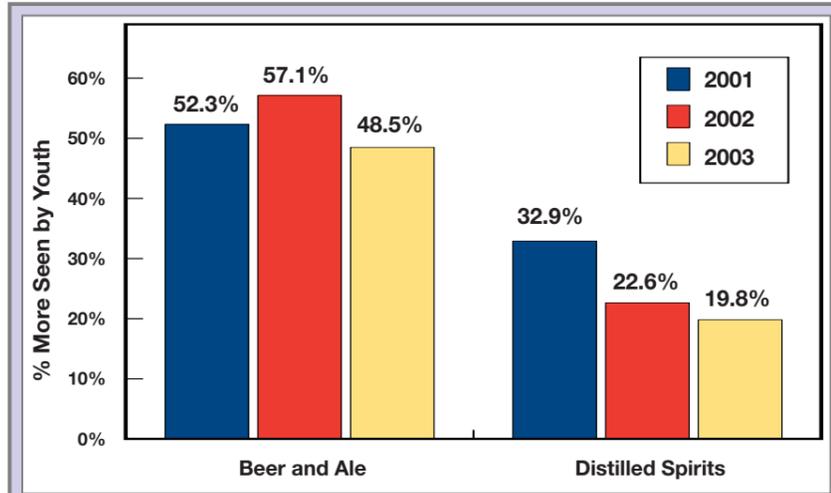
Every day, 7,000 kids under age 16 take their first drink.

Why the Alcohol Industry's 30 per cent Threshold Fails to Protect Youth

- Because youth, ages 12 to 20, are only 13.3 per cent of the national TV viewing audience, the alcohol industry's current threshold of not placing ads where underage youth are more than 30 per cent of the audience allows alcohol ads to be placed on programs where there are more than twice as many youth as in the viewing population.

CAMY Documents Youth Exposure to Alcohol Ads

Using standard advertising industry databases and methods, the Center on Alcohol Marketing and Youth (CAMY) at Georgetown University has documented widespread exposure of



Underage Youth Saw More Alcohol Ads Than Adults in Magazines, 2001 to 2003*

* See www.camy.org for details; per capita comparison based on gross rating points
Sources: TNS Media Intelligence/CMR, Mediarmark Research Inc.

underage youth to alcohol ads and marketing on television, radio, and the Web and in magazines.

Alcohol Web Sites: Cyber Playgrounds for Kids
Alcohol Web Sites Attract Large Numbers of Underage Youth

Alcohol company Web sites received nearly 700,000 in-depth visits – visits that went beyond the age-verification page on the site – from young people under the legal drinking age in the last six months of 2003 alone. In fact, 13.1 per cent of all in-depth visits to 55 alcohol Web sites were initiated by underage youth.

Games, Cartoons, Music and High-Tech Downloads Fill Alcohol Web Sites



Video games such as a water-balloon toss, pinball, car races, shooting aliens and air hockey, as well as customized music downloads and IM (instant messaging) accessories were found throughout alcohol company



CAMY Alcohol on the Web Report:
Clicking with Kids: Alcohol Marketing and Youth on the Internet
Available at www.camy.org.

web sites, especially beer and distilled spirits Web sites.

No Effective "Carding" on the Internet

Alcohol industry marketing codes hold out the promise of limiting access to only legal-age adults by working with the computer industry. However, underage youth have easy access to alcohol Web sites since the majority of parental control software programs are largely ineffective at preventing youth from visiting these sites. A CAMY report for 2003 showed that as many as 76 per cent of the alcohol brands eluded parental controls half the time or more.



Magazines: Alcohol Marketing Reaches Youth

- America's youth saw far more alcoholic beverage advertising in magazines than did people of legal drinking age from 2001 to 2003 on a per capita basis.
- Alcohol companies placed their ads in magazines with high youth readership, including Rolling Stone, Vibe, Maxim, InStyle and Sports Illustrated.



Magazines with High Youth Readership and Alcohol Advertising, 2001 to 2003

	Rolling Stone*	Vibe*	Maxim	InStyle	Sports Illustrated*
Average per cent youth readership	31.8 per cent	39.2 per cent	24.5 per cent	21.7 per cent	24.0 per cent

Total alcohol ad spending \$	45,919,010	15,100,412	67,667,310	24,028,300	123,949,321
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*Composition and spending based on national editions.

Sources: TNS Media Intelligence/CMR, Mediarmark Research Inc.

- Between 2001 and 2003, alcohol companies spent \$990.3 million to place ads in magazines. Distilled spirits advertising is especially prevalent in magazines because of the broadcast television networks' voluntary ban on distilled spirits ads. During that time, distilled spirits advertisers accounted for 75 per cent of the dollars spent on alcohol advertising in magazines.

Beverage type	2001		2002		2003	
	Ads	Dollars	Ads	Dollars	Ads	Dollars
Beer and ale	292	30,524,944	291	33,991,692	465	54,893,009
Distilled spirits	2,840	254,375,577	2,697	260,802,078	2,330	228,207,697
Alcopops	73	6,944,474	96	10,294,433	29	3,009,913
Wine	411	28,534,584	514	38,857,593	417	39,947,891
TOTAL	3,616	320,379,579	3,598	343,945,795	3,241	326,058,509

Sources: TNS Media Intelligence/CMR, Mediarmark Research Inc.

CAMY Magazine Reports:

Overexposed: Youth a Target of Alcohol Advertising in Magazines

Available at www.camy.org.

Sex Differences in Adolescent Exposure to Alcohol

Advertising in Magazines

Summary available at www.camy.org.



Alcohol: Our Kids' Drug of Choice

Alcohol Radio Ads: Tuning in to Kids

In 14 of the 15 largest media markets CAMY studied in the summer of 2003, young people ages 12 to 20 heard more radio alcohol advertising per capita than adults over age 21. In five of these top 15 markets, underage youth also heard more radio alcohol advertising than young adults ages 21 to 34 on a per capita basis.

In its study, CAMY analyzed more than 50,000 radio ads airing in 104 markets across the nation. CAMY's analysis shows that 28 per cent of these airings occurred when underage youth were more than 30 per cent of the listening audience. According to revised industry marketing codes announced in September 2003, underage youth should not constitute more than 30 per cent – a change from 50 per cent – of the audience for alcohol ads.

CAMY Radio Reports:

Radio Daze: Alcohol Ads Tune in Underage Youth

Youth Exposure to Radio Advertising for Alcohol – United States, Summer 2003
Available at www.camy.org.



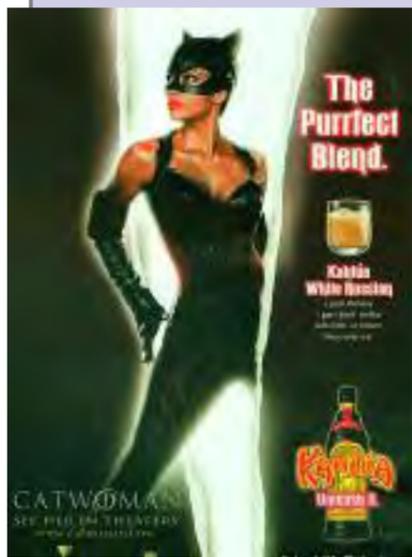
Girls & Alcohol Advertising: Exposure to Alcohol Ads is a Girl Thing Too

Given the latest public health data on the closing of the gender gap in underage drinking, parents have even more reason to worry. Their daughters are being overwhelmed with alcohol ads portraying drinking as glamorous and fashionable.

David H. Jernigan, Ph.D., Research Director, Center on Alcohol Marketing and Youth

A study conducted by CAMY and published in the Archives of Pediatrics & Adolescent Medicine found that in 2002, underage girls were even more overexposed to alcohol advertising in magazines than boys, and that girls saw more alcohol advertising in magazines than women age 21 and over.

CAMY's study found that underage girls saw 68 per cent more beer advertising than women, age 21 and over, on a per capita basis. The difference in overexposure was most striking for ads for alcopops: girls saw 95 per cent more advertising than legal-age women on a per capita basis.



African-American & Hispanic Youth: No One Left Behind When It Comes to Kids & Alcohol Advertising

African-American youth have historically had lower rates of alcohol use and abuse than other youth, and African-American communities have been proud of that. That is what makes the Center's report striking and upsetting. African-American parents, teachers, health professionals and clergy do not need to have their hard work and success in protecting their children undermined by the alcohol industry's advertising and marketing.

Dr. David Satcher, M.D., Director of the National Center for Primary Care, Morehouse School of Medicine, and former U.S. Surgeon General

- Alcohol advertising was placed on television programs most popular with African-American youth. Alcohol advertisers spent \$11.7 million in 2002 to place ads on all 15 of the programs most popular with African-American youth, including Bernie Mac, The Simpsons, King of the Hill, and My Wife and Kids.
- Alcohol advertising in magazines and on the radio overexposed African-American youth. Compared to non-African-American youth, African-American youth saw 66 per cent more beer and ale advertising and 81 per cent more distilled spirits advertising in magazines in 2002. On radio, they heard 12 per cent more beer advertising and 56 per cent more ads for distilled spirits than non-African-American youth on a per capita basis.



Hispanic Youth & Alcohol Advertising

The Center found that Latino children were even more likely than other youth to see alcohol ads in English-language magazines, and more likely to hear distilled spirits and alcopop ads on the radio. ... The alcohol companies need to do a better job of self-regulating and stop inappropriate advertising. The Institute of Medicine recommends that the industry move its ads to better ensure that adults are more likely to see, hear and read them than young people—an obvious solution that is long overdue.

—U.S. Congresswoman Lucille Roybal-Allard and David H. Jernigan, La Opinion

- Alcohol advertising was placed on a majority of the TV programs most popular with Hispanic youth. Alcohol advertisers spent \$23.6 million to place ads on 12 of the 15 programs in English

and Spanish that were most popular with Hispanic youth in 2002, including Las Vias del Amor, Ver para Creer, That '70s Show, and MADtv.

- Hispanic youth saw and heard even more alcohol advertising in magazines and on the radio than non-Hispanic youth. Hispanic youth saw 24 per cent more beer and ale and 24 per cent more distilled spirits advertising than non-Hispanic youth in English-language magazines in 2002. Hispanic youth heard 11 per cent more distilled spirits advertising and 14 per cent more advertising for alcopops on English-language radio than non-Hispanic youth on a per capita basis.



We consider the entire advertisement both racist and sexist. It strongly perpetuates derogatory stereotypes of Latinas.

—Congressional Hispanic Caucus
CAMY Reports on African-American and Hispanic Youth Exposure:

Exposure of African-American Youth to Alcohol Advertising

Exposure of Hispanic Youth to Alcohol Advertising

Available at www.camy.org.

Taking Action to Protect Our Kids

Growing concern about the continued high rates of underage drinking in the United States and the role played by alcohol industry advertising practices has pushed policymakers and communities to take action. Efforts to reduce the exposure of underage youth to alcohol advertising range from the introduction of legislation in Congress to the passage of local ordinances to the adoption of new

state rules to the creation of task forces by state attorneys general. Here are examples of how policymakers and communities are trying to protect our youth:

- The "Sober Truth on Preventing Underage Drinking Act," or "STOP Underage Drinking Act," was introduced on July 21, 2004 by a bipartisan group of U.S. senators and representatives. The STOP Underage Drinking Act employs many of the well-tested policies and programs recommended in the Institute of Medicine's September 2003 report to Congress. It funds measures that will reduce alcohol's availability to teens, better enforce drinking laws, and provide more resources for local community efforts. It also funds a small pilot media campaign that could serve as a model for a national adult-oriented campaign to educate parents about this issue. It provides for public health monitoring of the amount of alcohol advertising reaching our youth.
- Philadelphia's City Council unanimously passed in December 2003 an ordinance banning future alcohol advertising on city-owned property. By adopting this ordinance, the City Council banned alcohol advertising from the public transit bus shelters used by many schoolchildren when traveling between school and home each day. The City of Philadelphia owns all public transit bus shelters and administers the seventh-largest public school system in the United States.
- The State of Ohio adopted in May 2004 an administrative rule prohibiting alcohol billboards within 500 feet of schools, parks and churches. Previously, billboards could have been within 500 feet of a school, park

or church as long as they were not visible from them. Ohio Parents for Drug Free Youth championed this reform and was supported by many other groups. While alcohol industry trade associations call for the 500-foot limit in their marketing codes, the Ohio rule is more specific, and makes the industry's voluntary ban enforceable.

- The National Association of Attorneys General created in the summer of 2004 the Youth Access to Alcohol Task Force to reduce underage drinking. The mission statement for the task force states: "The Task Force studies youth exposure to alcohol advertising and access to alcohol, educates state Attorneys General on ways to reduce access and change social norms about underage drinking, and partners with national and state entities to augment and enhance on-going efforts to stop underage drinking. The Task Force examines the alcohol industry's marketing practices, including television, radio, Internet and print advertising, and the effectiveness of the industry's self-monitoring programs, and works with the industry to reduce access. The Task Force compiles data on best practices related to liquor enforcement, legislative initiatives, parental education, and campus enforcement and education programs, and exchanges information among states regarding these programs and initiatives. The Task Force tracks Congressional and federal agency efforts to respond to the problem of underage drinking."

To learn more about these initiatives and other actions being taken to reduce underage youth exposure to alcohol advertising, visit: www.camy.org/action/.

Competition Policy and Alcohol: a Dangerous Cocktail

Anne Rosenzweig
Alcohol and other Drugs Council of Australia (ADCA)

Summary

The evidence is unequivocal: alcohol consumption contributes heavily to drug related morbidity and mortality on an international scale and levels of harm are closely associated with availability. We have been able to measure some of the vast costs associated with this burden of injury and disease. We have also demonstrated the success and cost effectiveness of a range of strategies to reduce alcohol related harm. It is therefore reasonable to expect governments and policy makers across portfolios to draw on this solid evidence base when developing measures that may impact on alcohol consumption. In some instances, such as drink driving legislation and many health strategies, this would appear to be the case. However, in other spheres where the linkages are not so intuitive, policy and regulation have not kept pace with research outcomes

In Australia, one area in which the evidence base has not been adequately reflected is national competition policy. Over the last decade, the Australian Government has driven a reform agenda which seeks to apply competition principles to a range of regulations including those that govern the sale of alcohol. The ultimate aim of reforming liquor licensing legislation is to increase competition between alcohol retailers. However, evidence shows that this is likely to have negative consequences for the health and safety of individuals and the Australian community. It also negates the considerable potential of licensing legislation, particularly where well monitored and enforced, to reduce alcohol harms.

Background

At the strategic level, drug policy in Australia - and alcohol policy as a component thereof - is jointly formulated and endorsed by the federal and state/territory governments. Some jurisdictions also have local alcohol and other drug policies. Liquor licensing legislation, however, is solely the purview of individual state and territory governments, while competition policy is determined by the federal government. This division of effort across areas which may impact heavily on one another has, at times, been the cause of friction between levels of government, researchers, the alcohol and other drug workforce and non-government organisations.

The issue of Australia's competition policy and how it relates to state and territory liquor licensing regulations has generated considerable public and political debate in recent years. The topic had particular salience throughout 2004 after an announcement by the federal government that five states/territories had failed to address anticompetitive elements in their liquor licensing regulations. This resulted in penalties totalling A\$27 million being imposed on the relevant jurisdictions through deductions to their 2004 competition payments.

National Competition Policy in Australia

In April 1995, all Australian governments reached settlement on a national competition policy for Australia and signed a number of agreements to guide the process of review and reform of regulations that were considered to be anticompetitive. These activities were consistent with global movements in micro-economic reform at the time.

As part of these agreements, the eight Australian states and territories undertook to review their legislation and remove barriers to competition unless they could demonstrate that retaining a particular restriction was in the public interest and could not be met by other means. Liquor licensing legislation was one area that was identified for review across jurisdictions.

In turn, the federal government has been making annual payments to

states/territories as a means of sharing the gains arising from the reforms as well as providing financial incentives for jurisdictions to implement their agreed competition policy commitments. These payments are based on a yearly assessment conducted by the National Competition Council of jurisdictions' progress in implementing their reform commitments. Where existing legislation is deemed to impede competition, the council may recommend to the Treasurer funding suspensions or, as was the case with the liquor licensing regulations, funding deductions.

No ordinary product

We know that alcohol is not just another commodity. Unlike benign or healthful products it is a drug that, when misused, is second only to tobacco use as a preventable cause of death and hospitalisation in Australia (National Expert Advisory Committee on Alcohol 2001). In the ten years from 1992, an estimated 31 133 deaths were caused by alcohol related disease and injury (Chikritzhs et al. 2003) and in 1998-99, alcohol misuse cost the Australian community over \$7.5 billion (Collins & Lapsley 2003). It has been estimated that of all the alcohol consumed by Australians in 2001, at least 80 per cent was consumed in ways that put the drinker at risk of acute and/or chronic alcohol related harm (Chikritzhs et al. 2003). These patterns of consumption occur in an environment in which alcohol is an entrenched part of most social occasions, including celebrations, sporting events and other recreational activities. Additionally, industry groups representing producers and retailers are well organised and resourced, with many having a strong voice in local, state and national media and governments.

Trends in youth alcohol consumption are particularly concerning, with over 45 per cent of 18-24 year olds

drinking at least once a month in excess of Australia's guidelines for acute harm, compared with approximately 20 per cent across all ages (Chikritzhs et al. 2003). It is therefore not surprising that this population group is over-represented in injuries arising from assault and road accidents. Young people between 15-24 years account for over 50 per cent of all alcohol related serious road injuries (Chikritzhs et al. 2000) and over 30 per cent of all hospital admissions for injuries resulting from alcohol related assault (Matthews et al. 2002).

What are the likely impacts of relaxing licensing regulations?

It is likely that amending licensing legislation in order to increase competition in the retail alcohol sector will result in greater numbers and types of outlets selling alcohol. Anecdotal evidence, some of it from licensees themselves, suggests that it will also place pressure on licensed venues to engage in unsafe serving practices such as selling to underage and/or intoxicated patrons, heavy price discounting and more frequent or extended happy hours.

Research over 50 years in developed countries has demonstrated that the cheaper and more available alcohol is in a community, the higher the consumption and the greater the harms caused by the use of alcohol (Edwards, Anderson & Babor et al. 1994; Babor, Caetano & Casswell et al. 2003). When researchers examined the relationship between homicides in New Orleans, Louisiana, and two measures of outlet density they found that those neighbourhoods with a high density of alcohol outlets also had high rates of homicides, even after controlling for other possible confounders such as social disintegration, unemployment and race (Scribner et al. 1999).

Studies in Finland cited by Babor, Caetano & Casswell et al. (2003; p.

125) showed marked increases in consumption and harm when, in 1969, beer with up to 4.7 per cent alcohol was allowed to be sold by grocery stores and it became easier to get a restaurant licence. At this time, the number of off-premises sales outlets increased from 132 to approximately 17 600 and on-premises venues increased from 940 to more than 4000. Further, it appeared that the increase in outlets was associated with an increase in overall consumption of alcohol by 46 per cent. The change in regulations also seemed to have a marked impact on health outcomes. In the ensuing five years, hospital admissions increased by 110 per cent for men and 130 per cent for women while mortality from liver cirrhosis increased by 50 per cent. In terms of arrests for public drunkenness, there was an increase in arrests by 80 per cent for men and 160 per cent for women.

Australian studies have shown high correlations between rates of alcohol consumption and crime. When examining the relationship between alcohol sales and assault in the Australian state of New South Wales (NSW), Stevenson, Lind & Weatherburn (1999) found a significant relationship within the state's capital city (Sydney) and in country areas. The researchers also looked at the relationship between alcohol sales in NSW and property damage and public disorder and found that both offence types occurred more frequently in areas with greater sales of alcohol (Stevenson, Lind & Weatherburn 1999b).

Of course the flip side of all this is that we also know that liquor licensing regulations, particularly where well monitored and enforced, may reduce alcohol related harms by lowering the incidence of heavy alcohol consumption. In summarising the international evidence regarding the effects of regulating physical

Competition Policy and Alcohol: A Dangerous Cocktail

availability of alcohol, Babor, Caetano & Casswell et al. (2003; p. 133) report that 'reductions in the hours and days of sale, numbers of alcohol outlets, and restrictions on access to alcohol, are associated with reductions in both alcohol use and alcohol-related problems'.

Unfortunately research indicates that compliance with current regulations in Australia is low. A study conducted by the NSW Bureau of Crime Statistics and Research (Donnelly & Briscoe 2002) showed that large numbers of young people are being served alcohol on licensed premises when they are plainly intoxicated. In this context it was surprising to see the results of subsequent research showing that over a six year period less than 2 per cent of all licensed venues in NSW were prosecuted for serving alcohol to an intoxicated person or allowing an intoxicated person to remain on their premises (Briscoe & Donnelly 2003). Clearly there are already significant issues that need to be resolved around the monitoring and enforcement of existing licenses before state and territory governments should consider granting even a small number of additional licenses.

Conclusion

In light of the evidence on the effects of increased alcohol availability it is clearly inappropriate to treat restrictions governing the sale of alcohol like those that regulate the sale of other commodities. Added to the considerable public health concerns, the economic rationale often espoused by the Australian Government in defence of competition reform does not bear scrutiny in this case. While fiscal benefits may indeed result from greater competition between alcohol retailers, the likely increase in alcohol related harm will have economic impacts of its own through greater social, health and law enforcement costs.

There is little doubt that liquor licensing legislation requires reform across Australian jurisdictions. However, the basis for such reform should not be the enhancement of competition between retailers, but rather the reduction of alcohol related harm. Only then may licensing legislation realise its public health potential.

ADCA – Who we are and what we do

The Alcohol and other Drugs Council of Australia (ADCA) is the peak, national, non-government organisation representing the interests of the Australian alcohol and other drugs sector, providing a national voice for people working to reduce the harm caused by alcohol and other drugs. ADCA works collaboratively with the government, non-government, business and community sectors to promote evidence-based, socially just approaches aimed at preventing or reducing the health, economic and social harm caused by alcohol and other drugs to individuals, families, communities and the nation.

ADCA strongly opposes the Australian Government's current stance on increasing competition in the retail alcohol industry. We have repeatedly called for liquor licensing to be removed from the competition reform agenda and for the 2003/04 competition payment deductions to be reversed. Our position is detailed in a submission to the Australian Productivity Commission's recent inquiry into competition policy arrangements. However, when the discussion draft of the inquiry report was released in November 2004, we were dismayed to find that the commission had not addressed public health concerns associated with applying competition principles to liquor licensing legislation.

ADCA's submission to the inquiry can be found in full

at: www.adca.org.au/policy/submissions/Productivity_Commission.pdf

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Focus on Youth Drinking

The ESPAD Report 2003, Alcohol and Other Drug Use Among Students in 35 European Countries, has recently been published and show continued disturbing trends among young people of school age. The target group were those who would become 16 during the year of data collection.

In two thirds of the ESPAD countries the vast majority (90 per cent or more) have drunk alcohol at least once in their lifetime. Not all these, of course, drink on a regular basis. The report states that "a student who has been drinking at least 40 times can be labelled as more of a regular customer".

The highest number reporting use of alcohol 40 times or more in a lifetime include Denmark, Austria, the Czech Republic, the Netherlands, and the United Kingdom (43-50 per cent). The lowest proportion is reported in Turkey (7 per cent), followed by Greenland, Iceland, Norway, and Portugal (13-15 per cent). (Fig 1)

More boys than girls report this level of alcohol consumption. Although in a few places (the Isle of Man, Finland, and Norway) the gender distribution is about equal, no country reports a prevalence rate among girls exceeding that of boys.

A higher frequency of alcohol use is shown among students who had consumed alcohol ten times or more during the last thirty days, that is at least every third day on average. About on quarter of the respondents in the Netherlands and about one fifth in Austria, Belgium, Malta, and the United Kingdom (17-21 per cent) reported this frequency of alcohol use. On the other hand, in some countries this frequency is hardly

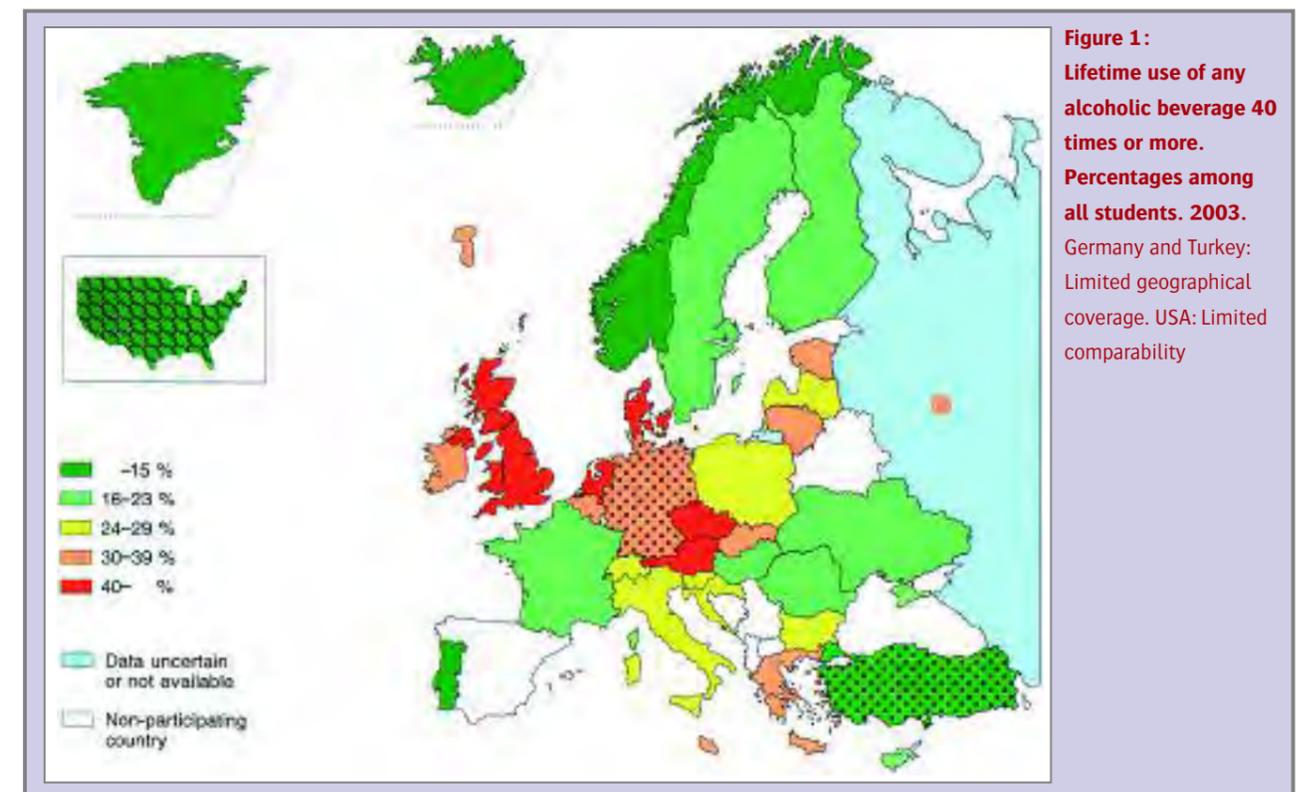
reported at all. Very low prevalence rates are mainly concentrated in the Nordic countries.

Many of the respondents report frequent beer drinking. The proportions of students who had consumed beer three times or more during the last thirty days varies between 10 and 44 per cent.

The highest figures are found in Denmark, Bulgaria, the Netherlands, and Poland (40-44 per cent). The smallest figures were reported from Norway and Turkey (10 and 14 per cent respectively).

The report goes on to point out that drinking beer "is a predominantly male behaviour in most ESPAD countries". The only exceptions are Iceland and Greenland where girls drink roughly the same amount of beer as boys. (Fig 2)

A smaller group of the respondents had been drinking wine and beer



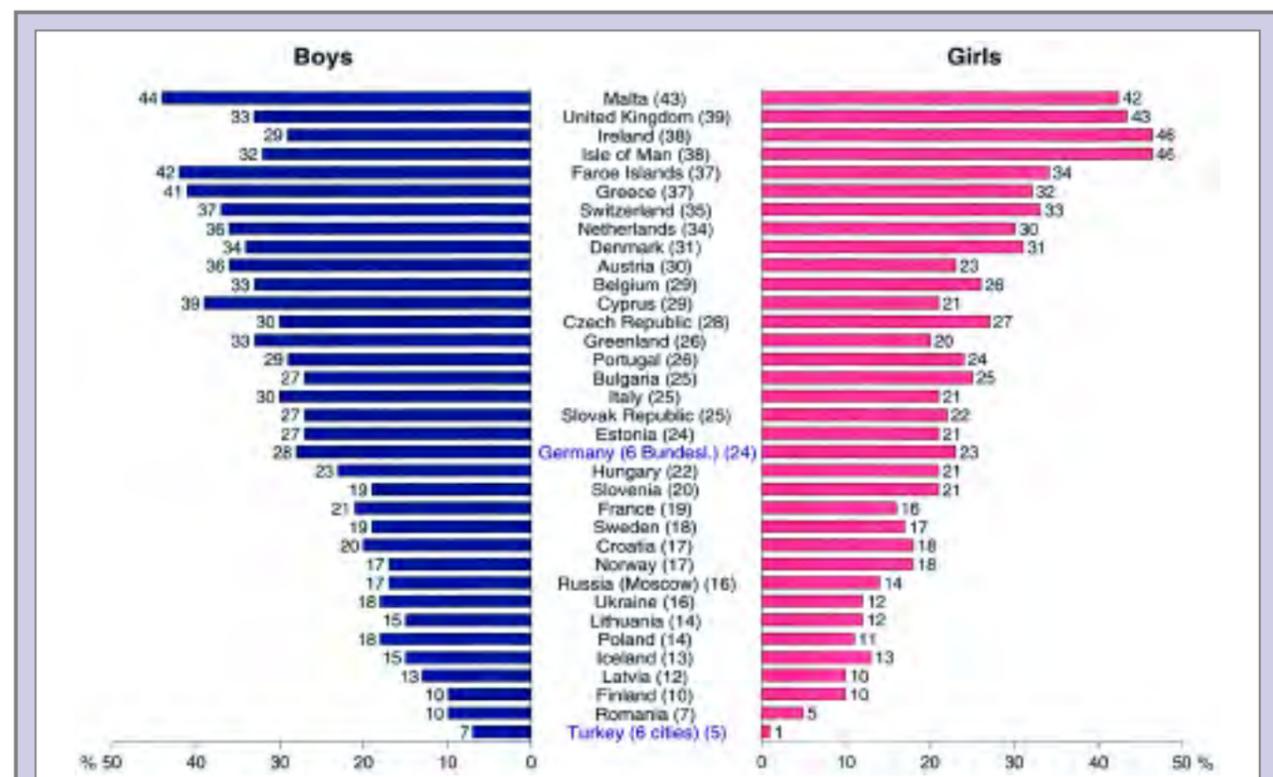
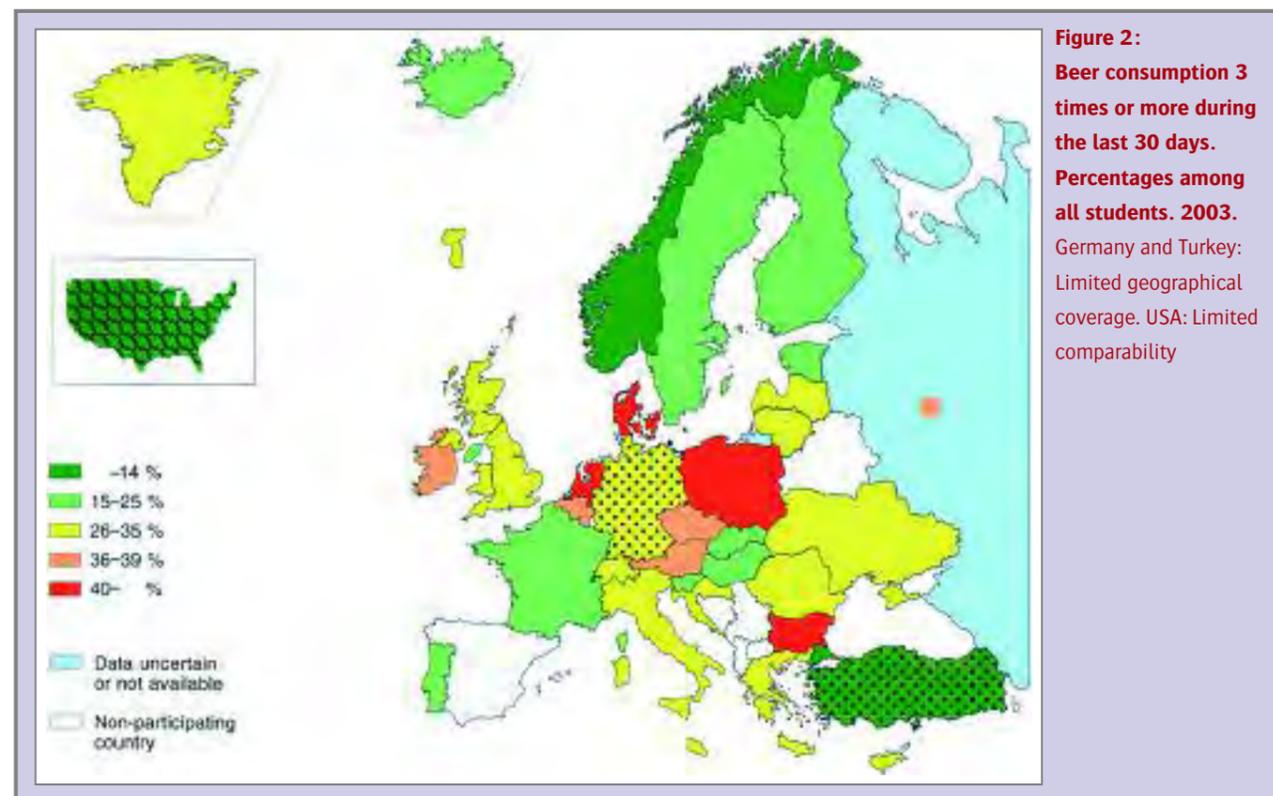


Figure 3:
Consumption of spirits 3 times or more during the last 30 days. Percentages among boys and girls. 2003.
 Values within brackets refer to all students. Data sorted by all students. Germany and Turkey: Limited geographical coverage. The Netherlands: Pre-mixed drinks not included.



been drunk twenty times or more include Denmark, Ireland, the Isle of Man, the United Kingdom, Estonia, and Finland (26-36 per cent). In other countries only a few reported this high frequency of drunkenness. In Turkey only 1 per cent had been drunk twenty times or more and in Cyprus, France, Greece, and Portugal the figure was about 3 per cent.

In most of the countries there are more boys than girls who report this frequency of drunkenness. In no country are the girls in a majority. However, in a relatively high number of countries the gender distribution is roughly even. These countries include those of the British Isles and most of the Nordic countries. (Fig 4 overleaf)

The number of students who have been drunk during the last thirty days is, of course, much smaller, but the highest ranked countries are in most cases the same. Thus, in Denmark and Ireland about 25 per cent of the respondents had been drunk that often. High prevalence rates were also found in the United Kingdom and the Isle of Man.

The report says: "The frequency of having five or more drinks in a row, sometimes referred to as 'binge drinking', provides an alternative measure of heavy alcohol use. The proportion indicating such consumption three times or more during the last thirty days vary [sic] considerably over the ESPAD countries."

The highest number of young people reporting this pattern of behaviour is found in Denmark, Ireland, the Isle of Man, Malta, the Netherlands, Norway, Poland, and the United Kingdom (24-32 per cent). As can be seen, there is a concentration of countries to the north and western parts of Europe, Malta being the only exception. The lowest binge drinking figures were found in Cyprus, France, Greece, Hungary, Iceland, Romania, and Turkey. (Fig 5 overleaf).

during the last thirty days. In most cases the proportion is lower than 20 per cent, although Malta is an exception at 35 per cent. Other high prevalence countries include Austria, the Czech Republic, Greece, Italy, and Slovenia (21-23 per cent).

The number of respondents who had been drinking spirits during the last thirty days varies considerably. The Republic of Ireland and the United Kingdom figure prominently in the higher frequency group, although they concede top place to Malta where the figure was 43 per cent. Ireland, the United Kingdom, the Faroe Islands, Greece all report figures of between 37 and 39 per cent.

In about half the countries, more boys than girls report such frequent

consumption of spirits. Conversely, the same number of countries report prevalence rates which are equal or almost so between the sexes. The report says that "only three countries report proportions among the girls that exceed those of the boys. These countries are all high frequency countries and they are all part of the British Isles, Ireland, the United Kingdom, and the Isle of Man. (Fig 3)

Some of the respondents have a limited experience of getting drunk, whilst others become intoxicated more frequently. However, in thirty of the thirty-five countries the majority have been drunk at least once.

The countries with the highest proportion saying that they had

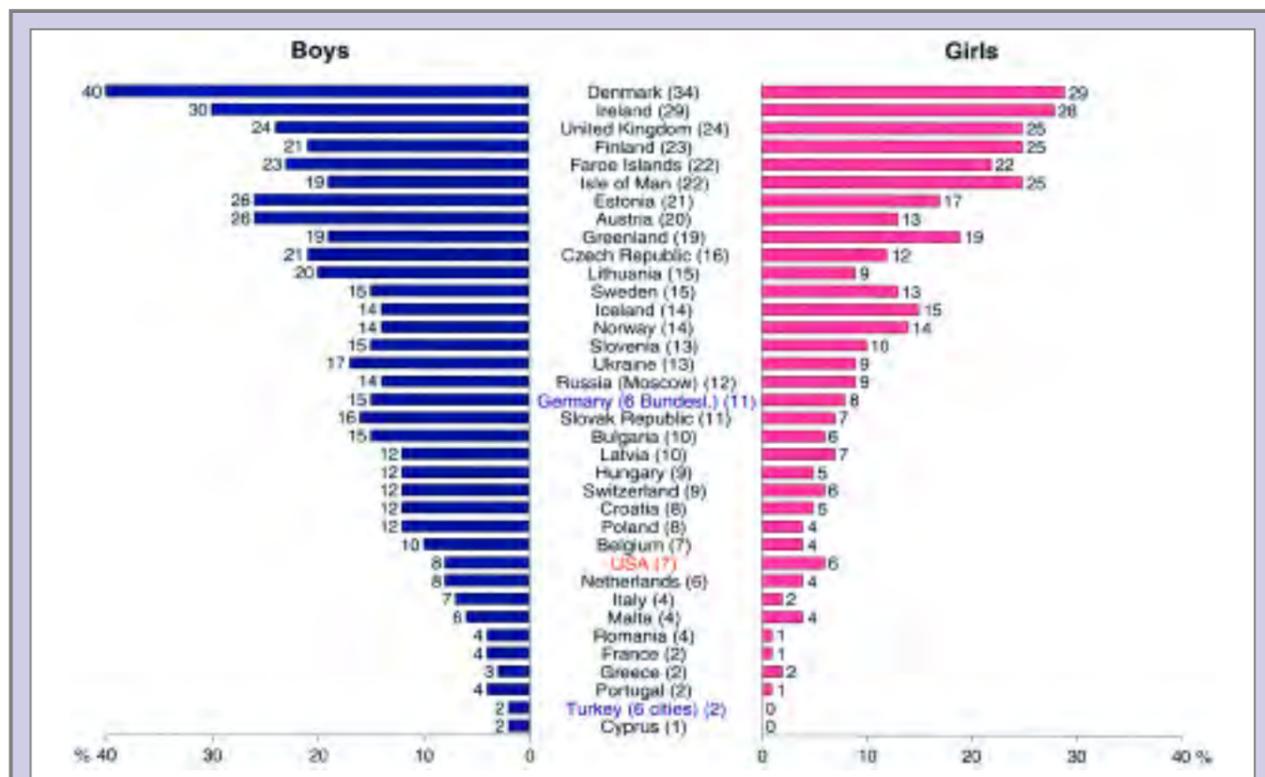


Figure 4:
Proportion of boys and girls who have been drunk 10 times or more during last 12 months. 2003.
 Values within brackets refer to all students. Data sorted by all students. Germany and Turkey: Limited geographical coverage.
 USA: limited comparability.

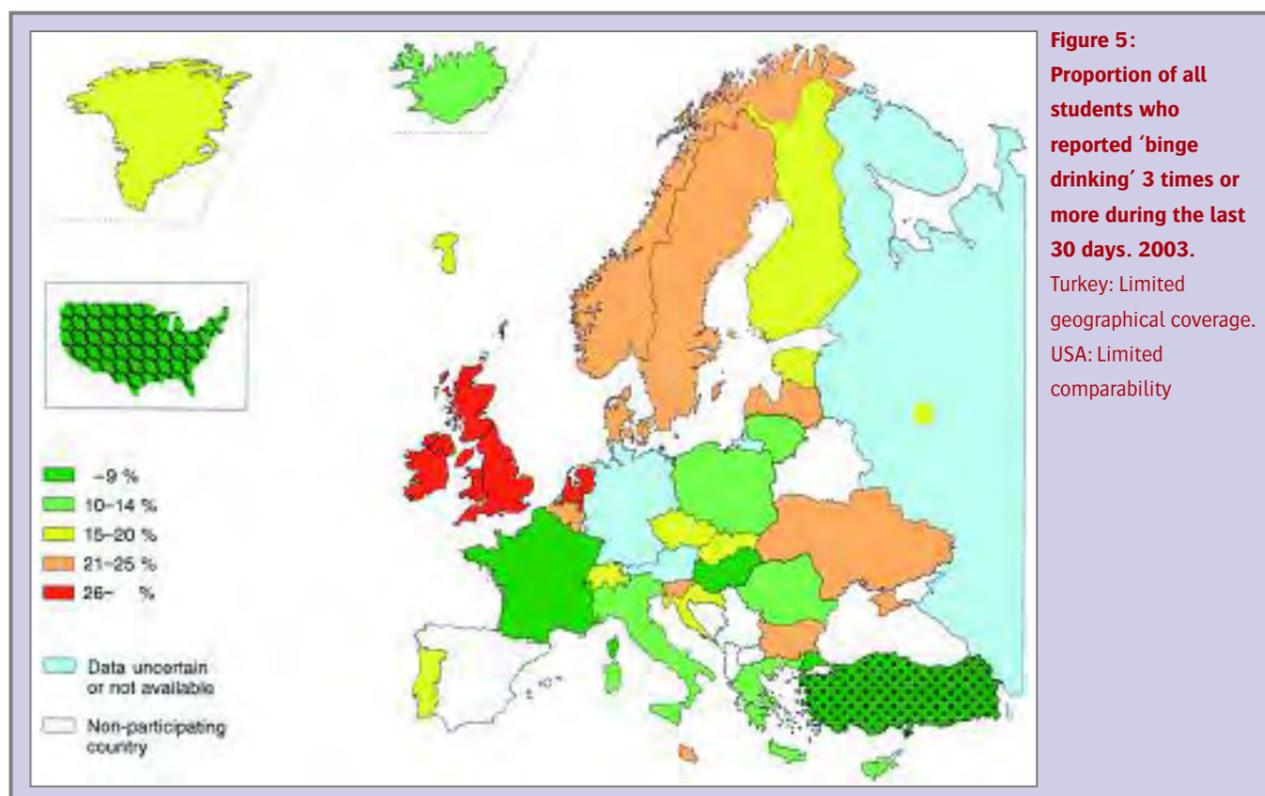


Figure 5:
Proportion of all students who reported 'binge drinking' 3 times or more during the last 30 days. 2003.
 Turkey: Limited geographical coverage.
 USA: Limited comparability



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

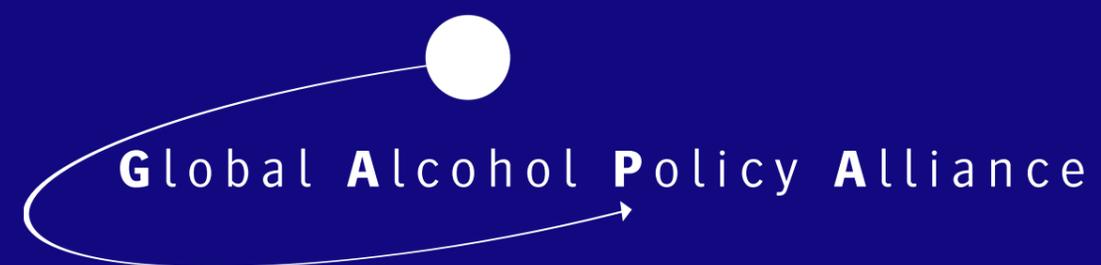
Alcohol Problems in the Family: A Report to the European Union

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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