Alcohol industry’s social aspect groups exposed
Contents Issue 1, 2002

3. The International Center for Alcohol Policies
   Peter Anderson

8. The Amsterdam Group
   Derek Rutherford

12. Alcohol policies in EU member states
    Esa Österberg and Thomas Karlsson

14. Free alcohol for youth in Israeli clubs
    Shoshana Weiss

16. Hard liquor on American TV

18. Cultural aspects of drinking patterns and alcohol controls in China
    Ian Newman

22. Two thirds of Australian alcohol consumption “unsafe”
The International Center for Alcohol Policies: a public health body or a marketing arm of the beverage alcohol industry?

Peter Anderson

Alcohol Policy and the harm done by alcohol

According to its analysis of the global burden of disease the World Health Organization estimates that, worldwide, alcohol related deaths and disability account for greater costs to life and longevity than those caused by tobacco. The aim of alcohol policy should be to reduce this harm and alcohol policy options must be judged in the light of their impact on harm.

An overall strategy for policy on alcohol, an addictive substance, is to create an environment that helps people to make healthy choices and renders unhealthy choices more difficult or expensive. Alcohol policy must take into account the total drinking population, in order to define the scope of public health action. Alcohol policy should not be limited to “alcoholism”, the alcohol addict, or extreme physical illness, but should take into account both alcohol-related problems and alcohol dependence.

It should give attention to acute and accident problems, as well as to long-term problems. It should deal with social and psychological problems, as well as physical ones. It should tackle small and common problems, as well as major and less common consequences. Policy must be concerned with the adverse impact of drinking on the family and on other people, as well as on the drinker. Alcohol policy needs to take into account both a population’s general level of drinking and its patterns of drinking. Per capita alcohol consumption affects the prevalence of drinking problems. Further, alcohol consumption levels are not set. They fluctuate and respond to changes in such factors as market controls, political liberalization, production, buying power, urbanization, migration, real price, and marketing and trade.

The International Center for Alcohol Policies

Searching the Internet for alcohol policy returns the International Center for Alcohol Policies
The International Center for Alcohol Policies (ICAP) http://www.icap.org. The mission of ICAP, which is funded by the international beverage alcohol industry, is:

- To help reduce the abuse of alcohol worldwide and promote understanding of the role of alcohol in society.
- To encourage dialogue and pursue partnerships involving the beverage alcohol industry, the public health community and others interested in alcohol policy.

Sponsors of ICAP

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ICAP’s President is Marcus Grant, who was previously responsible for global activities for the prevention of substance abuse, including alcohol, with the World Health Organization (WHO), where he worked for 10 years. In his own words, Grant, who regards himself as a public health advocate, has seen again and again how much common ground exists between governments, industry and scientists and how willing those of good faith are to come together and explore that common ground in working partnerships.

The Philosophy of ICAP

ICAP’s philosophy statement is as follows: “As a basis for open dialogue with the scientific and public health communities, and as a contribution to meaningful discourse concerning beverage alcohol’s role in society, the companies sponsoring the International Center for Alcohol Policies believe:

1. The vast majority of people who consume beverage alcohol do so responsibly and in order to enhance the quality of their lives.

2. When consumed moderately and in a responsible manner by those with good health and dietary habits and who have no medical reason to refrain from drinking, beverage alcohol is associated with very few risks of harm and has been reported to have some beneficial effects on health.

3. Irresponsible consumption of beverage alcohol is associated with a variety of risks both to the individual and to the public in health, social, economic, and safety contexts. Irresponsible consumption refers to high levels of intake, either on single occasions or repeatedly, or to drinking in inappropriate circumstances or by those who should not be drinking at all.

4. Alcohol policies need to be based upon an objective understanding of available research on alcohol use and abuse; and should aim to create a reasonable balance of government regulation, industry self-regulation and individual responsibility.

Is ICAP really interested in public health, or is it really a marketing arm of the beverage alcohol industry? In a recent editorial, McCreanor and colleagues argued that ICAP’s role is the promotion of an industry-favourable alcohol ideology. In this paper, I would like to go further and consider whether or not an additional purpose of ICAP is to mobilise science to provide the information the beverage alcohol industry needs to market its products. One way of addressing this question is to read ICAP’s website and its main publications. ICAP has four priorities in its work, each of which will be discussed in turn.

Forge a More Integrated Approach to Alcohol Policy

ICAP aims to “develop a more integrated approach (to alcohol policy) that reassesses current theories with a primary focus on the differences between positive and negative patterns of drinking”.

Through its publications and statements, ICAP attempts to establish the concept of drinking patterns as a basis for alcohol policy and to promote elements of alcohol policy, which, according to the evidence base, are largely ineffective.

Drinking patterns and their consequences is a publication that attempts to make drinking patterns the basis for alcohol policy. It is unbalanced in its review of the literature and at times lacks comprehensiveness and authority in its analysis. It concludes that policy makers should shift their focus to eliminating negative drinking patterns by targeted strategies and to promoting beneficial patterns of drinking. Through its focus in attempting to discredit the single distribution model of alcohol consumption, the publication fails to review and analyse the extensive literature on the relationship between per capita alcohol consumption and alcohol related harm. There is no doubt that patterns of alcohol consumption are important for alcohol-related harm, but so are societal levels of alcohol consumption. A very good example of this is the post-war experience of alcohol and mortality in the countries of the European Union. In Sweden, for example, there is a very clear and strong relationship between alcohol consumption and alcohol related mortality (see figure).

Pooling the experience of a number of different European countries, time series analysis shows that there is a significant positive relationship between change in alcohol consumption and change in both overall and alcohol related death for each age segment of the population. The relationship is stronger in northern Europe than in southern Europe. For example, an extra litre of alcohol per person would result in a 12.4 per cent increase in homicides in northern Europe, but only a 5.5 per cent increase in southern Europe. However, since consumption levels are generally higher in southern Europe, the actual number of deaths attributable to alcohol is roughly equal in the northern and southern regions.

ICAP’s response to a more integrated approach to alcohol policy is to promote those policy options generally regarded as ineffective. This approach is evident in the first of ICAP’s two main policy guidelines, the 1997 Dublin Principles of Co-operation Among the Beverage Alcohol Industry, Governments, and Scientific Researchers. The Dublin Principles cover both alcohol and society and alcohol research. Principle C of alcohol and society states that: “Consumption of alcohol is associated with a
The International Center for Alcohol Policies

varieties of beneficial and adverse health and social consequences, both to the individual and to society. Governments, intergovernmental organizations, the public health community, and members of the beverage alcohol industry, individually and in co-operation with others, should take appropriate measures to combat irresponsible drinking and inducements to such drinking. These measures could include research, education, and support of programs addressing alcohol-related problems.

It is difficult to see how education, which most evidence has shown to be ineffective, particularly when implemented independently of other policy measures, is going to reduce the harm done by alcohol. It is not clear what programmes ICAP would like to implement to reduce alcohol-related problems. Reading other ICAP publications and documents suggests that they would not include evidence-based measures, such as those that deal with price or availability that have been shown to reduce harm.

In forging a more integrated approach to alcohol policy, ICAP aims to reframe the alcohol policy debate away from the point of view that alcohol consumption matters, to the point of view that it is irresponsible drinking that matters. ICAP aims to lead science and policy away from preventive measures and effective environmental strategies and towards an increasing focus on the choices of the individual drinker, ineffective or marginal interventions, and beneficial consumption of alcohol. The process neglects to mention the addictive properties of the substance, the lack of knowledge about harm amongst consumers, a welfare analysis of alcohol use and the economic rationale for government intervention in the alcohol market.

The ICAP approach to alcohol policy is selectively to review the evidence for effective policy in its own interests. For a more integrated approach to alcohol policy, read more sales for the alcohol industry. Drinking patterns and their consequences can be read as giving the industry good advice on how to increase the volume of alcohol consumed, and thus marketed, by trying to change the policy debate in the direction that minimizes the adverse risks to the industry.

Find a Common Language

ICAP has

set in motion a process of finding a less emotional and value-laden way of communicating as a basis for a more effective partnership.

This simply means trying to introduce a common language into alcohol policy and research that serves the beverage alcohol industry’s interests.


intended as a policy tool to assist in alcohol policy development at the international, national and local level."

The Geneva Partnership on alcohol emphasizes the need to bring people together to forge the common language.

Its preamble states:

“The is a growing recognition of the importance of establishing stronger relations between the public and private sectors at the international level. In this context, ICAP has taken the initiative to develop an agenda for partnership as a contribution to the global debate on alcohol policy. This document breaks new ground by identifying and promoting the complementary interests of the public health and scientific communities, the beverage alcohol industry, governments and the non-governmental sector. It builds upon the Dublin Principles and acknowledges the efforts of international organizations to develop alcohol policy. In its preparation, which has involved an extensive process of consultation, including regional and global meetings, input has been sought from a wide range of people involved in alcohol policy development, with the objective of formulating general principles mutually acceptable to all parties.”

The common language the beverage alcohol industry would like to promote is pleasure, the theme of one of its conferences and its proceedings, published as Alcohol and Pleasure, a Health Perspective. Alcohol and Pleasure was also about partnership building. In its conclusion, Grant says:

“It is through partnerships that it will be possible to build upon the success of the conference and to take forward the remarkably broad range of ideas covered by this volume.”

Alcohol and Pleasure is about establishing ICAP’s brand, credibility, and policy influence. This credibility is about giving the beverage alcohol industry good advice on the role of pleasure in alcohol consumption and how this can best be used for marketing its products.

Balance Interests for Developing Countries and Emerging Markets

According to ICAP:

Emerging markets, especially in developing countries, provide an opportunity for the
The International Center for Alcohol Policies

industry to work with the public health community to set new standards for abuse prevention and responsible marketing. Although the social environment may vary enormously from country to country, ICAP identifies common factors that can be used pro-actively around the world*. Some of the ways that ICAP balances the interests in new markets are through dialogues and country projects. As an example of dialogue, “ICAP convened a meeting among public health officials from developing countries and alcohol beverage company representatives active in emerging markets in 1999. The purpose of the meeting was to discuss ways in which meaningful partnerships concerning alcohol issues could be developed between industry, government, and the public health sector in the developing world.”

As an example of a country project, “ICAP is working with public health specialists in India to develop ongoing consultation on national alcohol policy issues of mutual concern. It worked with the local social aspects organization, SASPI (Society for Alcohol and Social Policy Initiatives), to begin a dialogue with government, public health, and the alcohol beverage industry to agree on an alcohol policy agenda for India. These discussions were based on the Asia-Pacific Regional Draft Charter on Alcohol, which in turn informed discussions of the Geneva Partnership on Alcohol: Towards a Global Charter.”

Balancing interests for developing countries and emerging markets means opening up and expanding markets in new areas of the world that traditionally have had a low level of alcohol consumption or have been previously closed to the international beverage alcohol industry. Little mention is made of the devastation that alcohol can do to the economies of already impoverished individuals, families, and communities.

In 1998, ICAP published Alcohol and Emerging Markets: Patterns, Problems, and Responses*. This is a descriptive review of existing patterns, problems, and responses of alcohol consumption and alcohol-related harm in sub-Saharan Africa, Asia, Eastern Europe, and South America. Only two policy approaches are specified: responsible promotional and advertising practices and alcohol education and initiatives which promote sensible drinking. Effective environmental strategies are not adequately addressed. Alcohol and Emerging Markets serves the interests of the international beverage alcohol industry in the development and promotion of its products in countries with emerging and accessible markets.

As Jernigan and Mosher* have written: “Research scientists in the developed world have an ethical responsibility not to profit from or contribute to the alcohol industry’s drive for new lucrative markets in countries which lack the infrastructure, resources and experience to respond effectively to the industry’s slick sales pitch.”

**Promote Responsible Lifestyles**

ICAP works “with industry and public health partners to promote responsible lifestyles in industrialised and developing countries*.

It notes that “the concept of responsibility differs widely depending on a range of cultural factors. As consumption patterns change – especially in countries where drinking is not necessarily a traditional part of the culture – it is important to constantly redefine responsibility in culturally sensitive ways.”

For the international beverage alcohol industry, promoting responsible lifestyles means promoting drinking in young people and in countries where drinking is not necessarily a traditional part of the culture.

**Learning about Drinking** attempts to be a review of how young people acquire the skills to drink alcoholic beverages. It is exclusive in the topics that are reviewed and neglects the harm that alcohol can do to young people.

**Learning about Drinking** fails to discuss learning about dying - in Europe, for example, one quarter of all male deaths at age 15-29 years is attributable to alcohol*. In the book’s index, neither intoxication nor dependence is listed. Alcohol poisoning is, but it receives one word under the heading “is the experimental drinking of youth a problem?” Binge drinking is mentioned, but only to be described under the heading “do negative expectations increase problems”, as an “emotionally laden word.” **Learning about Drinking** is another example where good advice has been given to the beverage alcohol industry on how to market its products, this time to young people.

**Drinking Occasions** is another example of promoting (ir)responsible lifestyles*. It is a single author publication describing the variety of drinking occasions that exist around the world. This book does not describe the harm done by alcohol related to these drinking occasions, or how different cultures might respond to harm. As the author writes about Spain: “Although most people drink each day, drunkenness is generally discouraged and looked down upon as a sign of weakness in a country where men take great pride in their masculinity”. The author neglects to mention that this same masculinity is a cause of road traffic accidents or of domestic violence, for which, in Spain, one quarter is alcohol related*. **Drinking Occasions** gives the international beverage alcohol industry good advice on how to build on existing cultural practices and market and integrate drinking within a wide range of other human activities in diverse cultures, without worrying about (because they are not mentioned) the harms such drinking occasions cause.

**Going forward**

Essentially, ICAP’s mission seems to be to reframe alcohol policy away from policy that minimises harm towards policy that promotes the positive aspects of alcohol consumption. Grant might argue that it has been public health that has created this space for ICAP to fill. ICAP’s own harm is that it attempts to fill this space in a disingenuous way.

ICAP’s actions are an affront to the 140 million people throughout the world who are dependent on alcohol, because it does not even consider them or their families or colleagues, let alone take any responsibility for them. ICAP does a disservice to alcohol policy and a disservice to the long term interests of the beverage alcohol industry. By failing comprehensively to discuss the harm done by beverage alcohol, and by failing to be balanced and comprehensive in its review of the scientific literature, ICAP perpetuates the view that the beverage alcohol industry is more interested in marketing than being “an industry with an impressive record of good
corporate citizenship”, as described by Grant. It is an industry that fails to be accountable for the products that it produces.

ICAP is involved in issues management, similar to the strategies employed by the tobacco industry and baby food manufacturers who have found it financially advantageous to manage issues that are perceived to be threatening to their survival12. If anyone is in doubt of this, remember the tobacco industry. Through internal documents of the industry released through litigation in the United States, it is clear that research on ‘safer’ cigarettes (light and ultra light cigarettes) that public health scientists pursued in good faith, was seen by the tobacco industry purely as marketing research and has had no benefit to public health, as the industry itself knew it would not13.

Through its publications, ICAP has recruited over 80 international scientists to write its philosophy and its policy approach. ICAP publications fail to mention that these scientists were paid by the beverage alcohol industry for their work. It should also be noted that four of the five publications included ICAP staff members as editors. As with all declarations of interest (which these international scientists should also state in their future alcohol-related scientific publications), this needs to be borne in mind when interpreting the evidence. ICAP publications provide selective evidence; they give less than half the story; they focus on benefits, not problems; they do not discuss alcohol dependence and the addictive properties of alcohol; evidence based policy to reduce the harm done by alcohol is not comprehensively reviewed or not reviewed at all; the presented evidence is not public health driven, and where it is, it is based on an incorrect interpretation of public health science: much of the evidence presented is descriptive and not analytical; and much of the evidence aims to confuse, not clarify. Nevertheless, what these publications do, albeit simply, is to provide the international beverage alcohol industry with good information and good practices to find novel ways of marketing its products in new markets, without worrying about the consequences (because they are not mentioned or admitted). Through this disingenuousness and naiveté, science has done a disservice to the public good. Babor12 has gone so far as to “call for a moratorium on further ‘dialogues’ with industry sources untilcohol scientists and the public health community can agree to what is in their legitimate interest, and how to avoid compromising our well-earned integrity”.

To repair the damage, public health and science need to continue to develop, provide and disseminate the best evidence for effective policy that reduces the harm done by alcohol; public health and science need to promote the expansion of this evidence base to cover a wide range of situations and a wide range of partners; public health and science need to provide a critique and challenge the words of the alcohol industry, without getting involved in dialogue, debate or partnership; public health and science need to carry out health impact assessments to evaluate the effect of the alcohol industry’s social and economic policies and programmes on health, in order to ensure accountability; and public health and science need to support non-governmental organisations and networks that have a specific role to play in informing and mobilising civil society with respect to alcohol-related problems, lobbying for policy change and effective implementation of policy at government level, as well as exposing harmful actions of the alcohol industry.

The 2001 Stockholm declaration on Young people and Alcohol of the World Health Organization14 explicitly states that: “Public health policies concerning alcohol need to be formulated by public health interests, without interference from commercial interests”. Reading the website and the publications of the International Center for Alcohol Polices leads one to the conclusion that, far from being a public health advocate, ICAP is but one of the marketing arms of the international beverage alcohol industry.

Dr Peter Anderson is an independent consultant in public health. Between 1992 and 2000, he worked with the European Office of the World Health Organization, where he was responsible for the development of the European Alcohol Action plan and the Action Plan for a Tobacco Free Europe.

References

The Amsterdam

Derek Rutherford

Is there common ground between public health and the industry and together with their social aspect groups can they be trusted in any form of partnership?

An examination of the words and actions of the industry should provide the answer.

The Amsterdam Group (TAG), formed in 1990, is an alliance of Europe’s leading producers of beers, wines, and spirits who work together as well as with governments and other interested groups in addressing social problems related to the excessive or inappropriate consumption of alcoholic beverages. TAG lists its objectives as: “encouraging responsible consumption and contributing to combating abuse; promoting understanding and tracking research on biomedical and social issues; and safeguarding responsible commercial communications through effective self-regulation.”

TAG’s member companies at European level are active in: the Confédération des Producteurs de Spiritueux, which has 35 national organisations, and the Confédération des Brasseurs du Marché Commun. TAG’s members are also active in industry actions on alcohol ‘misuse’ and education carried out by thirty world wide Social Aspect Organisations.

TAG has published two reports to the European Union in 1993 and 2000 which clearly show their opposition to the public health model. They state:

- Evidence suggests that the prevalence of alcohol-related problems is not directly related to the average per capita consumption, but rather to problematic patterns of drinking.
- Policies aimed at the reduction of overall per capita consumption (in the form of limiting the overall sales of alcoholic beverages through marketing and production restrictions and high taxation) does not address those who abuse the product.
- The notion of individual responsibility for drinking behaviour needs to be stressed and that no collective regulation can ever replace individual responsibility.

With regard to public policy Anderson and Lopez point out: “Public policy needs to take into account that harm is not restricted to heavy drinkers but at the same time recognise that most harm among those who are low average drinkers of alcohol arises due to episodes of intoxication or heavy drinking on isolated occasions. Policies to strongly discourage such behaviour in light drinkers must therefore also receive sufficient priority in implementing the public health response to alcohol problems in society.”

The following areas of concern are taken from the Amsterdam Group’s report and contrasted with the actions of their members.

**Young people and alcohol**

TAG will support and participate in education programmes which give balanced and accurate information about alcohol and its effects, aimed at:

- young people directly;
- parents, schools, youth clubs and other relevant authorities;
- ensure that all promotional and advertising campaigns are effective self-regulation;
- develop and promote materials which educate young people about the dangers of drinking and driving;
- train people in the HORECA sector (hotels, restaurants and cafes) not to sell to underage drinkers.

Contrast the above with the fact that members of TAG launched alcopops and continually bring new designer drinks onto the market especially appealing to the young.

**Drinking and Driving**

TAG says it is fully committed to encourage the industry to undertake practical steps to help reduce the number of drink-related driving accidents, by, for example:

- working with the hotel, restaurant, cafe and bar (Horeca) sectors to develop anti-drink driving initiatives, including encouraging the availability of alcohol-free products;
developing and supporting educational programmes which teach that driving when impaired by alcoholic beverages is unacceptable and that the law must be observed;  
- support research into issues such as the attitudes of drivers who drink excessively and how best to change them;  
- support focused activity aimed at the chronic problem of drinkers who persistently drive whilst over legal limits;  
- the industry will continue to collaborate with road safety organisations, governments and other interested parties. Educational programmes aimed at the young should be a priority.

Yet in its actions the Industry shows it is against effective legislation. In the early 1990’s CADD, the Campaign Against Drink Driving, approached the industry’s social aspect group in the UK, the Portman Group, for financial help and was told that if they dropped their campaign to reduce the legal limit and introduce random breath testing, money might be forthcoming. Over the years the Portman Group has continued to be against such action. In 1997 the British government said it was ‘mindful’ to reduce the limit to 50mgs per cent. Despite the EU recommending this limit, the UK remains one of three EU countries above it. The Portman Group has been implacably opposed to such a change. Portugal’s Social Aspect Group, on the day it was launched, requested the Portuguese Government to raise BAC from 0.5 per cent to 0.8 per cent.

Commercial Communications and Self Regulation  
TAG considers Commercial Communications should:
- be legal, decent, honest and truthful and conform to accepted principles of fair competition and good business practice;
be prepared with a due sense of social responsibility and be based on principles of fairness and good faith;
not in any circumstances be unethical or otherwise impugn human dignity and integrity.

Contrast this with the following

should not encourage excessive or irresponsible consumption, nor present abstinence or moderation in a negative way;
should not suggest any association with violent, aggressive behaviour;
should not be specifically aimed at minors nor show minors consuming beverages;
should not be placed in or on printed media or broadcast programmes directed primarily at minors rather than adults;
should not promote beverages in media, events or programmes at which the majority of the audience are known to be minors;
should not create the impression that consumption of beverages enhances mental ability or physical performance e.g. when in engaging in sports;
Policy Initiatives

Guinness attempted, in the late eighties, to influence the WHO European Alcohol Action Plan. As a consequence, the first draft of the plan entitled “Conviviality with moderation” which reflected Guinness’s views was rejected by member states.

The Portman Group has in the past attacked sensible drinking limits in the UK, and was instrumental in getting them changed. In addition, it challenged the whole basis of the European Alcohol Action Plan (EAAP) and offered “bribes” of £2000 to scientists to attack Alcohol Policy and Public Good – along with the promise to publish anonymously. ICAP was critical of both the EAAP and its theme - ‘Less is Better.’

The Amsterdam Group attempted to influence the Second WHO European Alcohol Action Plan by devising a number of amendments:

“a reduction in the harm that can be done by alcohol is amongst the most important public health actions that countries can undertake to improve the quality of life.” TAG suggested the amendment: “a reduction in alcohol misuse is amongst…”

“risk of alcohol related problems” TAG suggested it became, “consequences of alcohol misuse”

The statement that “alcohol is a psychoactive drug” was deleted - TAG did not like the word drug.

The sentence, “alcohol use and alcohol related harm, such as drunkenness, binge-drinking and alcohol related social problems are common among adolescents and young people in Western Europe” disappeared in TAG’s version.

“Responsibilities of the beverage alcohol industry and hospitality sector” is rewritten by TAG as “Industry-society partnerships to reduce alcohol misuse”,

“…promote high visibility breath testing on a random basis” becomes, in TAG’s version: “promote drink driving campaigns”.

“…place restrictions on the sponsorship by the drinks industry on sports” is, unsurprisingly, deleted by TAG.

The Amsterdam Group did not succeed in changing the plan, even though it put tremendous pressure on those governments over which it has influence. Dr Asfal, the then Director of WHO European Region, in the forward to the plan, said:

‘Throughout the preparation of this Plan, relations with the industry have been a particular concern, raised repeatedly in the Standing Committee of the Regional Committee and in the Regional Committee. The Plan contains some references to the role of industry and commerce. It proposes, for example, that the industry and the hospitality sector develop and implement programmes to reduce alcohol-related problems in the drinking environment. After the Regional Office held a meeting with the industry, the so-called Amsterdam Group, the Group delivered an extensive critique of the Plan, explaining the industry’s standpoint and offering suggestions for incorporating this in the text.

Although some of the proposals made by the Amsterdam Group were in accordance with the debate, there was no support from the Regional Committee for a global revision of the text.

Communication with the Group to promote reciprocal information sharing was, however, encouraged. Although some form of cooperation with the industry, commerce and the hospitality sector cannot a priori be ruled out, there was no support for recommending that local and national public health alcohol policies in general be developed in cooperation with them.”

The WHO Ministerial Declaration at its conference in Stockholm issued this caution:

“Public Health Policies concerning alcohol need to be formulated by Public Health Interests, without interference from Commercial Interests.”

WHO European Alcohol Action Plan considers it important to:

“support non-governmental organisations and networks that have a specific role to play in informing and mobilising civil society with respect to alcohol-related problems, lobbying for policy change and effective implementation of policy at government level, as well as exposing harmful actions of the alcohol industry.”

In June 2001 the EU Council of Health Ministers called for effective mechanisms to: ensure that producers did not produce alcoholic beverages specifically targeted at or designed or promoted to appeal to children and adolescents. The Council further recognised that alcohol is a key health determinant in the European Community.

It is clear that public health authorities and non governmental organisations, that have a particular concern in redressing alcohol related harm and the promotion of public policy, need to keep the industry and its allies at arms length. The industry cannot be allowed to set the political agenda on alcohol policy.

1. Peter Anderson and Alan Lopez, Alcohol and Health - implications for public health authority, WHO Regional Office for Europe, Copenhagen, 1995

Alcohol policies in EU member states

Esa Österberg and Thomas Karlsson

Alcohol policies in the 1950s

In the early 1950s there were large differences in alcohol policies among the present EU member states. In all Nordic member states as well as in Iceland and Norway, alcohol policy was built on high excise duties on alcoholic beverages and, with the exception of Denmark, on comprehensive state alcohol monopoly systems and strict personal control. In the Mediterranean EU member states there were only few alcohol policy measures in force, and many of these were motivated by industrial or commercial interests. In the Mediterranean as well as in many Central European countries the term alcohol policy was not even known.

Compared to the Nordic countries, special taxes on alcoholic beverages and especially on wine were very low in the Mediterranean countries in the early 1950s. As wine was in these countries the clearly preferred beverage, alcohol consumers in the Mediterranean countries hardly paid any alcohol taxes at all. Drinkers in the Nordic monopoly countries concentrated on drinking distilled spirits, the most heavily taxed form of alcohol in these countries.

In the Central European member states beer was the preferred beverage. Many of these countries have, however, a history of consuming distilled spirits, and also a history of temperance movements. In the early 1950s Ireland and the United Kingdom, had a strict and functioning licensing system especially for on-premise retail sales of alcoholic beverages. Belgium and the Netherlands had in force remnants of an earlier tight alcohol control system.

The Central European beer countries also collected special taxes on alcoholic beverages. However, the term Central European beer countries is not very good, as there are systematic differences in alcohol policies in these countries on the east-west dimension.

Converging alcohol policies

The second half of the twentieth century is a period of converging alcohol policies in the present EU member states (Karlsson & Österberg, 2001). The converging tendency cannot, however, be understood by referring to similar trends in groups of countries either on the basis of the preferred beverage or geographical location. The converging trend can, however, be understood when looking at trends in different areas of alcohol control.

In 2000-2001 the level of alcohol excise duties still follows the old distinction made on the basis of the preferred beverage. Alcohol excise duties are clearly lowest in the Mediterranean wine preferring countries as well as in other wine producing countries. They are highest in the Nordic countries, the former spirits drinking countries, followed by Denmark, Ireland and the United Kingdom. Those member states falling in between these extremes are all located in continental Central Europe.

Decrease in the control of alcohol availability

The control of the production, wholesale and retail sale of alcoholic beverages has decreased during the last fifty years in the present EU member states meaning that alcohol control measures targeted on alcohol availability and supply have lost ground. The most important explanations of this development are the increased importance of free market orientation and the growth of consumerism.

The creation of the single European market in 1993 alone has led to the abolition of many alcohol control measures starting from production, import, export and wholesale monopolies and ending in new regulations concerning licensing of retail sale outlets. In most EU member states granting of alcohol licences is nowadays a formal procedure where every applicant fulfilling some basic requirements, for instance, having no criminal record, will obtain the licence.

Also the growth of consumerism has put pressure on alcohol control measures, as consumers are not any longer willing to be guided by governments. Therefore, restrictions on the days and hours of retail sale of alcoholic beverages, as well as other obstacles to free consumer choice, have been increasingly criticised, and many restrictions have also loosened or been abolished. The legal age limits for buying alcoholic beverages have, however, been kept and even been made stricter during the last fifty years.

There are also many commercial operations being interested in increasing alcohol availability and consumption. Consequently, it is not infrequent to see contradictory governmental policies related to alcoholic beverages. The ministries of agriculture are trying to safeguard the interest of wine growers. The ministries of industry act in the interests of breweries and distilleries, while the ministries of social affairs and health aim to prevent the harms caused by alcohol. These conflicting interests have also affected the developments in alcohol availability.

Affecting alcohol demand

The control of alcohol demand is clearly an area that has gained in importance. In practice
this means more alcohol information and education as well as new or stricter regulations on alcohol advertisement and sponsorship. There are nowadays also more and harsher alcohol control measures aimed at certain alcohol-related problems like drunk driving and public drinking both generally and in certain problem-prone situations. Imposed or lower blood alcohol concentration (BAC) limits reflect the increases of alcohol-related problems in traffic but also the development of technical devices able to measure the BAC quickly and reliably.

In most EU members states there is nowadays either a national alcohol prevention or education programme and a responsible agency. Even in those member states which are lacking these kinds of programmes, like Greece, there have been serious discussions to introduce such programmes. Prevention and education programmes are not of course as such guarantees of effective action. However, their existence means that the alcohol issue has been included, in one way or another, in the national political agenda. That these kinds of programmes have become more prevalent is partly related to the activities of the World Health Organization as its European office has developed alcohol action plans agreed on by its member states.

**The trends will continue**

Alcohol policies are nowadays more similar in the EU member states than they used to be in the early 1950s. This overall converging trend consists of two kinds of developments. On the one hand, measures affecting alcohol availability are nowadays applied to a much lesser extent than fifty years ago. In other words, countries which in the 1950s practised strict alcohol control policies targeted on alcohol availability and supply have dismantled them, while countries that have begun to be interested in alcohol policies, have not focused on controlling the availability of alcohol. On the other hand, alcohol control measures targeting certain alcohol-related problems, or aiming to affect the demand for alcoholic beverages, have become more common in all EU member states. At first, it might be a little surprising that EU member states have at the same time abolished alcohol control measures affecting alcohol availability and known to be effective, and introduced control measures aiming to affect alcohol demand even if they are known to be much less effective at least in the short run.

Our basic explanation for the decreasing control of alcohol availability is that guaranteeing free movement of capital, goods, services and labour has been the leading principle in organising the world economy in recent decades. Therefore, many alcohol control measures affecting alcohol supply have been seen as obstacles to free trade in alcoholic beverages, and have been abolished. It is difficult to see that this trend would be discontinued or turned, even if public health and social policy considerations have gained increased importance in the EU during the last decade. Consequently many of the remaining control measures on alcohol availability will most certainly be challenged in the future. In any case, it seems to be impossible that structures like the comprehensive alcohol monopoly system could be rebuilt in any EU member state.

Consumers mostly see alcoholic beverages as ordinary commodities satisfying individual needs in many ways. Because of alcohol information they are or should be aware of the possible harmful effects of their drinking. Most alcohol consumers, however, believe, rightly or wrongly, that they are able to control their own drinking and do not need any direct guidance from the government. Therefore, it is very difficult to legitimate measures restricting alcohol availability by referring to the harmful effects of drinking alcohol. We believe that this kind of situation will continue in the EU member states even in the future. And finally, there are no signs that the alcohol industry would in the future take a more favourable stand towards restrictions on alcohol availability than at present. In summary, it can be projected that alcohol control measures aimed at affecting alcohol availability will in the future become fewer and weaker.

**Alcohol-related problems**

Despite the decline in alcohol consumption in some EU member states alcohol-related problems have not disappeared. Besides affecting the drinker himself, alcohol consumption often has negative side-effects on third parties: the drinker’s family, friends or the local community. Therefore, it is quite common that drinker’s environment tries to affect drinking by informal social control, which can take the form of direct personal control or the form of more or less developed social and cultural norms about where, when and how drinking should or should not be practised. In some countries, this traditional way to cope with alcohol-related problems is not any longer working as it used to. As informal alcohol control is losing ground, we may in the future see new and more formalised alcohol control measures trying to restrict alcohol consumption in the workplace, in educational or public care buildings, in government offices, in public transport, in sports or other leisure events as well as in parks and streets.

This tendency may also be seen in legal or official measures aiming to affect certain groups of alcohol consumers: for instance, higher age limits, more alcohol information for pregnant women, attempts to prevent known drunkards or intoxicated persons from buying alcohol, harsher controls of drinking in sports arenas or in other problem-prone leisure situations, increasing the legal responsibility of on-premise places for the behaviour of their patrons, harsher controls of alcohol advertising and sponsorship, banning alcohol sales in gasoline stations and increased enforcement and lower BAC limits in traffic.

There are also other possibilities for regulating alcohol-related problems. One way could be to try to define and find alcoholic or problem drinkers, and then to try to cure them or to educate, persuade or force them to decrease or stop drinking or change their drinking habits. The other potential way is to use alcohol excise duties as an instrument for preventive alcohol policy. The first way, as well as alcohol information and education, is convenient for the majority of the drinking population and for the alcohol industry as these measures do not really affect conventional drinking or alcohol production and trade. These measures are, however, costly to governments, and ultimately to the taxpayers. Increasing excise duties on alcoholic beverages is politically difficult as it decreases the amount of alcohol consumption, production and trade but from the point of view of the government or local authorities it would be cheap to introduce. In most cases it would also be a sure way to collect more tax revenue.

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Free alcohol for youth

Shoshana Weiss

A recent study among Israeli youth aged 14 to 18, carried out in November-December 2000 and published in Alcologia, revealed that about 37 per cent of respondents reported being drunk at least once in the last year. About 67 per cent of the participants visited pubs, bars, or clubs where alcohol was served in the previous year. Senior high school students visited such places more (67 per cent - 10th-11th grades, 80 per cent - 12th grade) than junior high school students (40 per cent). It is clear that visiting public drinking places is common among Israeli adolescents, in spite of the fact that the supply of alcoholic beverages to minors in bars, pubs, and clubs is prohibited by a law of which there is no serious enforcement.

While such studies among teenagers appear frequently, data concerning Israeli army personnel are confidential. In spite of this, some findings have been published in the past and revealed a much higher proportion of alcohol use among soldiers (18-to-21-year-old youngsters) in comparison to high school students. In addition, studies among university students (18+ years old) also showed a higher proportion of alcohol drinking compared to high school students. Adolescents, soldiers, and college and university students visit pubs and clubs in the weekends (Thursdays- Saturdays). Those clubs are open from midnight until six in the morning and nowadays serve as the main source of entertainment for Israeli youth.

Alcoholic drinks in supermarkets are not expensive and the price of beer is the same as or lower than the price of fruit juices. Naturally, the cost of alcoholic beverages in clubs or pubs is more than that in supermarkets or grocery stores. However,
local and foreign alcohol producers make intensive efforts to increase the consumption of alcohol in Israel, including the offer of free alcoholic beverages to young people in many clubs and pubs at weekends. It is reasonable to assume that the clubs do not lose money and that the alcohol industry supplies the clubs with some brands either free or at reduced prices in order to establish brand loyalty among the young sector of the population.

Whatever the precise financial arrangement, clubs are unlikely to distribute free alcoholic beverages without the co-operation or permission of the producers. While alcohol is served free, mineral water or fruit juice are generally expensive in the clubs. In the light of the difficult economic situation in Israel, and the fact that most adolescents and soldiers have restricted disposable income, it is inevitable that they choose free beer rather than expensive juice. In addition, there are clubs that offer young people alcoholic drinks such as vodka, tequila, wine, rum, gin, beer, and champagne for only 2 NIS (40 American cents).

Invitation cards to such events are distributed in central stations, trains, near schools, near military camps, and are also sent by mail to certain young people that registered as “members” in these clubs or pubs.

Mostly, the names of the alcohol brand sponsors are not mentioned on the cards, but sometimes the brands’ names do appear, such as the local “Goldstar” or the foreign “Tuborg” beer. However, once in the clubs, young people can get free beers from local breweries such as Tempo Beer Industries as well as those of foreign origin such as Heineken and Carlsberg, some of which are produced by licence in Israel, as well as imported distilled spirits and wines of many foreign brands.

As can be seen, foreign alcohol producers of beers, wines, and distilled spirits behave in Israel in a way that is forbidden in their own countries, taking advantage of the absence of local regulations and law enforcement and the difficult economic condition. As well as the imported drinks, the foreign brands produced in Israel by licence or distributed by the local industry are marketed in a way which is unacceptable in their countries of origin. Furthermore, as can be seen in the examples, most invitation cards are aimed at 18+ years old youngsters (mainly soldiers), but some are aimed at 17-to-18-year-old students.

Many of the youth clubs that offer free alcohol are located in kibbutzim. The kibbutz is a small co-operative enterprise, a voluntary closed society based on communal property, production (both agricultural and industrial) and labour, and on communal consumption and living arrangements. Many urban youngsters drive to those clubs from towns and cities. This fact makes the “free alcohol” phenomenon even more dangerous, since many traffic accidents can be attributed to the “drink as much alcohol as you can” habit. Indeed, a number of recent fatal accidents
Free alcohol for youth in Israeli clubs

happened when young people were on their way home to the city from such “rural” clubs. Thus, thousands of young people are on the roads between midnight and six o’clock in the morning at weekends, after drinking free alcoholic beverages, or very cheap alcoholic drinks. Police presence on the roads at these times is very limited.

The Israel Society for the Prevention of Alcoholism is consulting with legal experts concerning ways to cope with the free alcohol phenomenon in youth clubs. In addition, the Association is having a series of meetings with police officers and establishing co-operation in order to increase the enforcement of the law concerning the supply of alcohol to minors in clubs on the one hand, and the law concerning driving under the influence of alcohol (BAC - 0.05 per cent) on the other.

Shoshana Weiss is the Director of The Israel Society for the Prevention of Alcoholism

Hard liquor on American TV

The alcohol industry made a big breakthrough in the United States recently when NBC, one of the four largest national broadcasting networks agreed to begin accepting advertisements for hard liquor. It is five years since some local and cable television stations began to air commercials produced by Seagrams and a number of other companies for drinks such as vodka, gin, and Scotch whiskey – a move which broke an informal agreement dating back over fifty years.

The television advertisements will have to observe a set of conditions. They will only be able to be shown after nine o’clock at night and the actors who appear in them must all be at least thirty years old. Before they can run commercials for their own brands, the distillers will be obliged to run for four months a series of social-responsibility messages on such topics as designated drivers and moderate drinking.

There is, however, considerable concern that the commercials could be easily watched by youngsters. “This is more than the camel’s nose under the tent,” said George Hacker, director of the Alcohol Policies Project at the Center for Science in the Public Interest. “It's the first foot forward that will result down the line to opening the door for hard-liquor ads looking like beer ads.”

The decision by NBC is a major victory for liquor marketers who have long been anxious to gain access to the extremely important
Hard liquor on American TV

advertising medium of television. “We’re very pleased we have the opportunity to gain the efficiencies in our advertising and marketing programmes,” said Gary Galanis, a spokesman for Guinness UDV, the first company to advertise.

Since 1996 several national cable TV networks and over two hundred local TV stations - some owned by the broadcast networks like NBC – have accepted commercials for vodka, Scotch whiskey, and rum as well as for lower-alcohol products like liqueurs and blended specialty drinks such as Baileys Original Irish Cream.

“There’s a momentum gathering here,” said Randy Falco, president for the NBC Television Network division of NBC in New York. “We thought we’d get in front of it with a pretty strict set of guidelines.” He went on to say that this “is obviously a sensitive subject” and added that “the standards speak for themselves, particularly as they relate to young people.”

Beer and wine advertising has been on television since commercials first appeared. There were no such spots for liquor from 1948, when the distilled spirits industry introduced its voluntary ban, until that ban was lifted in November 1996.

When the ban was lifted, there was a move in Congress and within federal agencies to have it reinstated or formalised in a law. These efforts petered out as the end of the ban did not immediately lead to a flood of liquor commercials.

Gary Galanis claimed that the guidelines under which Guinness UDV will advertise on NBC ought to satisfy the critics because “it’s a solid, strict code.” There are nineteen conditions, one of which is a provision that the commercials may appear only on programmes where the audience has at least 85 per cent of viewers who are 21 or older. In addition, the advertisements must not promote distilled alcohol products “as a ‘mark of adulthood’ or ‘rite of passage’ ” and may not show or represent consumption on camera.

An NBC executive said that they had been approached in the past but that until Guinness UDV began talking to NBC several months ago there were never any serious discussions with a company willing to “work with us on the protocols and standards” outlined under the guidelines.

However, George Hacker, of the CSPI, said that he was concerned about the appearance of commercials for hard liquor on broadcast television networks “because of their nature, their broad audience, which is very different from running spots on golf matches or equestrian events” shown on cable networks “where the audience can be carefully targeted.” He also said he would like to see “messages that tell the true story” about drinking “that are approved by public health agencies” rather than liquor company executives.

The move is also causing apprehension among medical professionals. According to Dr John Slade, a professor specialising in addiction at the Robert Wood Johnson Medical School at the University of Medicine and Dentistry in New Jersey, “The alcoholic beverage industry seeks to increase its sales in the name of ‘moderate drinking.’ At the same time, it continues to make money by selling alcohol to heavy drinkers, to underage consumers, and to those whose drinking is acutely dangerous to themselves and others. The industry’s professed interest in public health would be less self-serving if it promoted moderate drinking in parallel with effective efforts to reduce immoderate drinking.” Public health experts point out that the tragic result is that many young people feel it is perfectly all right to get drunk, as long as they don’t get behind the wheel of a car.

As for the three other big broadcast networks, they had similar responses to NBC’s decision. Spokesmen for ABC, CBS and Fox Broadcasting all said they had no plans now to change their policies against accepting liquor commercials.

George Hacker is in no doubt about the dangerous consequences of the advertisements for distilled spirits or about the motivation of the alcohol industry: “NBC’s shameful acceptance of liquor ads that threaten our children’s health and safety is a clear sign that voluntary advertising standards do not work. When they become inconvenient or stand in the way of easy money, they play second fiddle to economic concerns. Remember, that liquor marketers, until 1996, voluntarily stayed off TV, until they decided to reverse the steady decline in liquor consumption and go after the beer industry’s customers. This latest assault on America’s children demands official action.”
Legend tells that Du Kang, living in the Xia dynasty (2100 BC - 1600 BC) invented alcohol. Today some Chinese still use his name to indicate alcohol. Others attribute alcohol’s origin to Yi Di, the daughter of emperor Yu, who tasted the drink and “felt cheerful” (Lee, 1987). In the agricultural communities along the Yellow River there is archaeological evidence of alcohol production 7000 years ago. In fact some archaeologists argue that the earliest crops were cultivated for the brewing of alcohol rather than for the purpose of food.

Lessons from history
The Chinese have continually regarded jiu as the representation of happiness and the embodiment of auspiciousness. At the same time, they regard it as one of the “Four Vices” or disasters. This double view of alcohol is reflected in China’s history.

Early Chinese literature includes many references to alcohol. Dynasties appear to have fallen as a result of alcohol. The historical record clearly suggests that, at different times, governments have acknowledged alcohol-related problems and have used policies to prevent these problems. For example, the Emperor Yu (2205 - 2198 BC) imposed an alcohol tax to reduce consumption. During the Han Dynasty (220 - 206 BC) a variety of laws were passed to control consumption. In 206 BC a fine of four ounces of silver was imposed if three or more people were found drinking together. The idea was to curtail drinking at feasts, a practice that encouraged excessive alcohol use. In 147 BC alcohol production was totally prohibited, but in 98 BC a revision in the law specified that only government officials could manufacture and sell alcohol, thus establishing a government monopoly.

During the Wei regime (220 - 264 AD) infringement on the government’s alcohol monopoly was punishable by death. At the same time as these restrictions, intended in part to prevent public health problems from alcohol use, there were actions promoting alcohol use for the public good. In 179 B.C. the social welfare legislation provided wine, corn, and meat to all old men.

With time the government alcohol monopoly gave way to the private manufacture of alcohol under licence. By the 5th century alcohol production again was causing problems and it is reported that the Emperor ordered all manufacturers, sellers, and consumers of alcohol beheaded. Similar penalties for alcohol production were again evident in the 11th and 12th century when the Mongol leader, Kubla Khan, is said to have banished all alcohol manufacturers from China (Cherrington, 1924).

In the same way Julia Lee (1986) in a review of Chinese poetry showed that heavy drinking and drunkenness have at times been fashionable and then fallen out of favour.

The Chinese government today has chosen not to interfere with the traditional patterns of alcohol use. There are no laws regulating the purchase, consumption, or selling of alcohol. Instead today alcohol use appears to be controlled by culture, tradition, social pressure, and the economy. The few scholars who have looked at Chinese alcohol use have concluded that Chinese may consume less alcohol than other ethnic groups for a variety of reasons.

Chinese society is based on strong family units and people exercise considerable influence on one another. Family and community norms effectively shape behaviour (Fei Ping, 1982).

Both Confucian and Taoist philosophies emphasise moderation, a standard widely applied to alcohol use in China today (Sue, et al., 1985).

The Confucian ideal of “moral drinking” that emphasises alcohol’s role in strengthening all that is good in a person mitigates against abuse.

Chinese are highly “situation-centered,” and therefore unlikely to exhibit reckless behaviour in a social setting (Hsu, 1981). The avoidance of embarrassment and the concept of “face” are powerful forces against drunkenness.

Chinese traditionally drink alcohol only when eating. Drinking with food decreases the rate of alcohol absorption and may also reduce the amount consumed (Johanson & Schuster, 1981; Kalant,
It is believed that alcohol should be consumed slowly to enhance its pleasure (Wang, et al., 1992).

The ceremony associated with eating, most evident in toasts and other rituals, dictates when drinking occurs (Cherrington, 1924). The small size of the glasses or drinking cups also defines use.

Traditionally, when drinking Chinese play games requiring cognitive and motor skills, especially at banquets. The goal of the game is not to get drunk because getting drunk is the penalty for losing (Barnett, 1955; Fei Ping, 1982; Moore, 1948). Playing games while drinking heightens sensitivity to the state of intoxication (Cicero, 1980).

Chinese do not typically frequent western-style bars. Banquets and other drinking occasions are infrequent (Singer, 1972). Solitary drinking is looked down upon (Williams, 1998).

For many Chinese, economic conditions restrict the use of alcohol to special occasions.

Some believe the physiological flushing response—the reddening of the upper body, especially the face—restricts alcohol use. There is mixed evidence to support this conclusion (Schwitters, et al., 1982; Park, et al., 1984).

Home production of alcohol depends upon the availability of grain, the economy, the alcohol makers’ (usually the women) inclination to make the alcohol, and the auspiciousness of the occasion.

China is a large and diverse country. These different traditions will vary in importance from place to place.

As China continues to open to the West these traditional and cultural constraints against alcohol abuse will be severely tested. Already in the urban areas and in the special economic zones they are being largely discarded.

Consumption

In a country as large and as diverse as China it is difficult to estimate actual alcohol consumption. WHO estimates that 81 per cent of Chinese alcohol consumption is in the form of spirits, 18 per cent as beer and 1 per cent as wine. Per capita alcohol consumption has increased 402 per cent between 1970 — 72 and 1994 — 1996 making it one of the fastest-growing alcohol markets worldwide. Considering the Chinese population is 1.3 billion, a small increase in the percentage of alcohol users represents large numbers of people and significant profits for the alcohol industry. Per capita consumption however is as yet low, 5.4 litres of pure alcohol per adult 15 years and older compared to 8.9 litres in the United States, 9.4 litres in the UK and 12.5 litres in Denmark (WHO, 1999).

Making meaning from these numbers is difficult. Some 80 per cent of China’s population lives in rural areas and an even larger percent could be considered poor. Their ability to purchase alcohol is limited. They are much more likely to produce their own alcohol in quantities that are unrecorded. This means the estimated consumption of 5.4 litres per person actually applies only to the more affluent Chinese, who tend to live in the urban and economic development regions of the country. China is one of the world’s largest producers of alcohol: it will surpass the USA in the near couple of years to become the world’s largest producer of beer. China is already the world’s largest producer of spirits; however, the consumption of spirits is declining in favour of wine and beer.

In the 1970’s the government built breweries in almost every province and semi-autonomous region except Tibet. The government is reported to have invested some $800 million in brewing technology. It is reported that more than 50 foreign companies have joint ventures related to alcohol production in China. No one company dominates the alcohol production market. One
Cultural aspects of drinking patterns and alcohol controls in China

of the largest breweries, Tsingtao, is moving aggressively to increase its market share.

What do we know about adolescent alcohol use? Not much.

Li et al. (1996) in a study of students in grades equivalent to U.S. grades 6, 8, and 10 in Beijing reported that 70 per cent of their sample had consumed alcohol at least once and that beer was the alcohol of choice. The average age of first use was age 12.

Zhang (1997) studied alcohol use among a sample of high school students in Shanghai in grades equivalent to U.S. grades 10, 11, and 12, and found that, 77 per cent had used alcohol in the past year, 29.3 per cent had used alcohol in the past month.

Lifetime use among the Shanghai (males 91 per cent; females 89 per cent) and Beijing (78 per cent) samples, two cities with considerable western exposure, was similar to the lifetime use in the USA (80 per cent), while last-30-day-use was significantly higher in the USA (51 per cent) compared to Shanghai (males 36 per cent; females 23 per cent) and Beijing (20 per cent).

Qu, et al., (2000) reported that 59 per cent of the students in grades equivalent to U.S. grades 11 and 12 in Hohhut, Inner Mongolia, a relatively remote area with limited exposure to Western influences, had consumed alcohol in the last year — a rate similar to other areas. Use in the last 30 days was comparable to other Chinese samples (22 per cent).

As in most societies there is a relationship between parental and youth drinking and differences in male and female drinking. Adolescents’ drinking patterns tend to resemble their parents’ drinking patterns. Female drinking is relatively rare, at least in public. The percentage of female recent drinkers (last 30 days) is low — in the Shanghai sample 23 per cent, Beijing 16 per cent.

Changing patterns

The increasing consumption of alcohol is associated with the changing political and economic conditions and the opening of China to the West. This increased contact with the West has allowed the sharing of Western images of alcohol use — images that are not always accurate and which tend to encourage risky drinking. The availability of western brands of alcohol has created a special appeal that is cosmopolitan and western, especially for young people. The development of brew pubs, usually joint ventures, has attracted young people. Increased competition has led to lower prices.

Nevertheless the influence of culture as a constraint against risky drinking is still apparent. Asked where they usually did their drinking the majority of students reported “at festivals and at parties,” the time honoured occasions for drinking. The differences in drinking patterns among Inner Mongolian and Han students also illustrates this point.

Mongolians have a reputation for heavy drinking and consider drinking capacity a sign of status among males. Yet our survey data from Inner Mongolia suggested that Han (ethnic Chinese) students consume alcohol much more frequently than Mongolian students. However, when the quantity consumed at each drinking occasion is examined Mongolian students report drinking significantly more than Han students. The Mongolian students explained this by saying that their drinking was more likely to be restricted to special celebrations when excess use was more likely to be tolerated. Their drinking patterns appear to reflect long-standing indigenous Mongolian cultural practices. The Han, most of whom recently moved to Inner Mongolia, have tended to lose touch with their more traditional cultural practices and as a consequence appear to be more open to the acceptance of western drinking practices displayed in alcohol advertising and portrayed in movies, television, and other images from the west. Their drinking no longer relates to the traditional drinking occasions.

The complicated challenge of policy development

If the trend in per capita alcohol consumption continues, alcohol-related problems are likely to increase and gain more attention. With an increase in the number of automobiles, the effect of alcohol on drivers will become more noticeable. It is estimated that half of all traffic crashes involve drivers who have been drinking (China Daily, Feb. 4, 1996). The development of technologically sophisticated workplaces will mean the effect of alcohol on employee performance will become more evident. Similarly, contact with the west will increase the recognition of alcohol’s role in social problems such as family break-ups and crime. It is estimated that one-third of serious crimes committed by adolescents involve alcohol (China Business Weekly, June 17, 1996). The tolerance for certain drinking practices will decrease. As this occurs there will be a tendency to look to the government to help reduce alcohol-related problems.

A natural tendency could be for the government to adopt alcohol control policies used in other countries, in the West for example, to address similar problems. The introduction of these policies into a very different cultural setting will need to be carefully evaluated. Policies that interfere with traditional drinking practices are likely to be openly rejected or thwarted by the public.

A careful analysis of the traditional roles that alcohol plays in Chinese society illustrates this point. Alcohol use is an integral part of religion. Alcohol in various forms is an important part of Chinese medicine. Alcohol is a critical element in hospitality. Alcohol is important in cooking and as part of the meal. Alcohol has traditionally been an important part of special celebrations and festivals. Accepting these traditional roles for alcohol illustrates how difficult it would be to adopt policies like those in the West that are reported to be effective in reducing alcohol related harm.

For example, raising the price, restricting the hours of sale, restricting home manufacture,
setting a minimum age for purchase and use, and restricting the place of sale could all potentially interfere with alcohol’s role in religion, medicine, hospitality, special celebrations, cooking and the rituals associated with meals. Policies that support the maintenance of traditional Chinese drinking practices will likely be well received. Policies that support traditional drinking practices, even though these carry some risks, will therefore need to be given serious consideration. The risks associated with traditional drinking appear to be significantly lower than the risks associated with western-style drinking.

If the introduction of policies to control alcohol itself carries some risks what then is the alternative? Perhaps attending to the most obvious problems associated with alcohol abuse, such as drunk driving, would be an initial approach. It’s hard to say. At the very least the focus would then be on the “problem behaviour,” whatever it is, and not automatically on alcohol itself.

What is important, as this brief paper has attempted to show, is that policies to prevent and reduce alcohol-related risks and harm need to be in concert with the values and the traditions of the society. In societies as different to the West as China’s the challenge of policy development will depend first on a careful understanding of local traditions and culture. A first step in policy development would be to encourage traditional indigenous controls. As societies become more like those of the West, western policy options may become effective. In the meantime, and in the hope that societies can maintain something of their uniqueness, Chinese policymakers and policy advisers will need to reflect on their own cultural traditions for guidance in reducing alcohol related harm and not quickly adopt foreign strategies. And while this is a controversial point, they should also look to their traditions and cultural values for the basis of low risk patterns of alcohol use. From a policy perspective, it is significantly easier to maintain a behavioural pattern, even if it includes some risks, than to change it.

**Ian Newman is Professor of Health Education at the University of Nebraska.**

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**References**


Two thirds of Australian alcohol consumption “unsafe”

More than two-thirds of the alcohol drunk in Australia is ‘high risk’, and the cost is estimated at 3300 deaths a year.

According to research by Professor Tim Stockwell and his colleagues, Australia’s “heroic binge-drinking culture” regularly pushes consumption beyond safe levels, with 18-24 and 14 to 17-year-olds the biggest offenders. The researchers analysed data provided by the 1998 National Drug Strategy Household (NDSH) survey, calculating the volumes of alcohol consumed at the different risk levels proposed by the National Health and Medical Research Council in its guidance on “sensible drinking” levels designed to help reduce alcohol-caused deaths in Australia, estimated to have been 3290 in 1997.

In the guidance, male drinkers are advised to drink no more than an average of 40 g alcohol per day and females no more than an average of 20 g of alcohol per day to prevent chronic health problems (for example, alcoholic liver cirrhosis).

It is also recommended that, provided there are no other situational or individual risk factors (such as driving or being pregnant), men drink no more than 60 g on any day and women no more than 40 g to prevent acute conditions associated with bouts of intoxication (for example, alcohol-related injuries).

Unfortunately, Professor Stockwell’s calculations suggest that this guidance is not followed by a rather large number of Australians. He found that 39 per cent of total consumption was being drunk by people who exceeded the low-risk limits for chronic harm (36 per cent for men, 45 per cent for women). He also found that 51 per cent of total consumption occurred on days when the drinker exceeded low-risk limits for acute harm (53 per cent for men and 47 per cent for women). Drinking that was risky for either acute or chronic harm was found to comprise 67 per cent of total consumption. For young men aged 18-24 years this figure was a remarkable 93 per cent of all alcohol consumed.

Commenting on the findings, Professor Stockwell said the figures disproved the popular perception that alcoholics were the only ones affected.

“For every alcohol-related death, there’s an average of 25 years of life knocked off because a lot of it involves young people, through road crashes or violent offences or suicide,” he said. “We, like many other nations, draw a veil over what alcohol is. It’s putting a lot more lives at risk than people realise.”

Professor Stockwell said the study was particularly timely as for the first time for years alcohol consumption was on the rise in Australia. While full-strength beer sales had fallen, those for pre-mixed drinks – most popular in the under-30s market – had soared.

“These statistics show that, the way we’re using alcohol, it’s not a benign product,” Professor Stockwell said. “We need to regulate it very carefully.”

He suggested that the recent increase in alcohol sales could be linked to deregulation of the market.

“Everywhere there’s longer trading hours, more outlets. It’s more available, it’s regarded as a commodity like breakfast cereal or milk,” he said. “But most of the drinking that’s going on is not doing people’s health any good — and much of it is quite unsafe.”

Professor Stockwell said the problem of alcohol abuse could be even worse than the study suggested because total sales indicated people were under-reporting their drinking by as much as half.

“It doesn’t all get tipped down the sink or sold to tourists,” he said. “It’s just not being reported. People forget, they under-estimate, they fib.”

With most alcohol consumed after people had exceeded their safe quota of standard drinks for one day, the years of life lost to excessive drinking outweighed those possibly saved by supposed protective effects of light drinking in relation to heart disease.

“If (drinkers) could all try and drink within the limits, many thousands of lives would be saved in Australia,” Professor Stockwell said.

Letters: How much alcohol is drunk in Australia in excess of the new Australian alcohol guidelines?

Tim R Stockwell, Penny Heale, Tanya N Chikritzhs, Paul Dietze and Paul Catalano


The Courier-Mail, Australia. 21 January 2002
Further publications available from the Institute of Alcohol Studies

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**Alcohol Problems in the Family**

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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.