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THE GLOBE



**Birthplace Honours
Global Alcohol Policy Alliance**

THE GLOBE

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From left to right,
Robert Pezzolesi,
Derek Rutherford and
David Jernigan pictured
after the presentation of
the Proclamation

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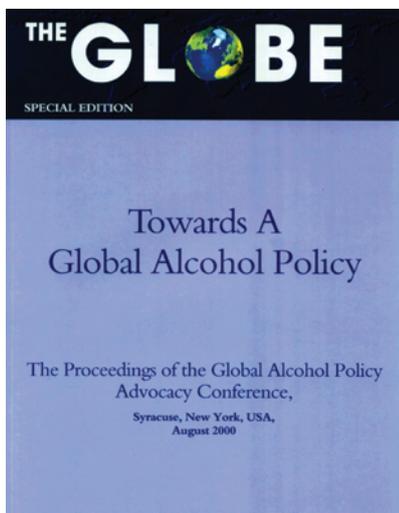
TEN YEARS OF GAPA HONOURED

The Global Alcohol Policy Alliance was formed in Syracuse in August 2000. The international conference drew 240 representatives from 28 countries. It was sponsored by WHO, Institute of Alcohol Studies and Marin Institute and financially supported by the Robert Wood Johnson Foundation and Alliance House Foundation.

At a ceremony launching the New York Alcohol Policy Alliance in Syracuse 2010 Joanne M. Mahoney, County Executive of the County of Onondaga and Stephanie A. Miner, Mayor of the City of Syracuse, honoured GAPA by issuing a Proclamation that the fourth day of August, two thousand ten be Global Alcohol Policy Alliance Community Recognition Day in the City of Syracuse and Onondaga County.

The Proclamation (see back page) pays tribute to the work and development of GAPA during its first decade.

In receiving the Proclamation, Derek Rutherford, Chair of GAPA, said "There is no corner of the world that remains unaffected by the present alcohol epidemic and the harm that results from its abuse. Almost 2.5 million people worldwide die every year of alcohol-related causes and a large number of these happen to be young people.



Of note are the conference proceedings 'Towards a Global Alcohol Policy' published by The Globe in 2000 after the conference (http://www.globalgapa.org/regions/usa/events/syracuse_2000.html)

For the past five years GAPA has supported the WHO initiative for a Global Alcohol Strategy through its contact with Member States and the publication of *The Globe*.



Councilor William M. Ryan reading the Proclamation

GAPA was delighted when, in May 2010, the World Health Assembly adopted resolution WHA63.13 - Global Strategy to reduce the harmful use of alcohol. GAPA will continue its support and advocacy of the Strategy.

GAPA's mission is to reduce alcohol-related harm worldwide by promoting evidence-based policies independent of commercial interests.

The celebration coincided with the launch of the New York Alcohol Policy Alliance initiated by Robert S. Pezzolesi of the New York Center of Alcohol Policy Solutions.

The New York Alcohol Policy Alliance (NYAPA) is a new coalition working towards evidence-based alcohol policies in New York State. In its first few months, NYAPA has signed on organizations representing 41 of New York's 62 counties.

New York, with a population of about 20 million, is the third-largest state in the US. State rates of adult heavy and binge drinking are higher than the US national average. Underage drinking alone costs the state about \$3.5 billion per annum.

As with many other states, New York faces a flurry of deregulatory pressures, as alcohol industry and related interests seek to dismantle regulatory structures and expand alcohol access and availability.

NYAPA member organizations are committed to the most effective alcohol policies as determined by the most authoritative public health research, such as that from the US Task Force on Community Preventive Services, the US Institute of Medicine, and the World Health Organization.

Proof

135 university presidents and chancellors have opened a debate on the minimum legal drinking age in the U.S. Should it be lowered? Researchers say decades of data make the answer clear as gin.

Story by **Mat Edelson**

Illustrations by **Joe Cepeda**

When scores of college and university presidents and chancellors agree on any one issue, it's bound to garner notice. But when the subject is college binge drinking, and the thing they agree upon is to sign a Web pledge created by a group that encourages debate about lowering the minimum drinking age, the media firestorm that follows is almost a fait accompli. Such is the case with the Amethyst Initiative, a concept created by John M. McCardell, Jr., president emeritus of Middlebury College in Vermont.

On its website, the Amethyst Initiative boldly proclaims, "Twenty-one is not working." The Amethyst pledge argues that since Congress pressured states to raise the minimum drinking age to 21 in 1984, a culture of off-campus "clandestine 'binge drinking'" has developed and students have not significantly changed their behavior. (Public health researchers dispute both points.)

It is a startling argument, one that caught the attention of *The New York Times*, *The Wall Street Journal*, and more than 100 newspapers and media outlets. It also moved 135 college and university presidents—including former Hopkins President William R. Brody—to sign the pledge. And though some presidents, including Brody, signed to pledge to raise issues and seek solutions outside of changing the drinking age, as McCardell notes, "I would say many of the signatories of Amethyst do, in fact, support lowering the drinking age."

But, would lowering the drinking age help cure or only exacerbate the problem?

There's no doubt that binge drinking is a huge problem on college campuses. According to a 2008 National Institute on Drug Abuse (NIDA) survey, 41 percent of college students said that in the two weeks prior to their interview they had engaged in binge drinking, defined as having consumed five or more drinks within two hours.

But it's not just binge drinkers who are creating problems. Alcohol use in general by students has created a crisis. The National Institute on Alcohol Abuse and Alcoholism (NIAAA) figures show that alcohol consumption annually plays a role in the deaths of 1,700 college students, 599,000 unintentional nonfatal injuries, 696,000 assaults and 97,000 sexual assaults, including date rape. Given those horrifying numbers, one can understand why college administrators are anxiously looking at new strategies to attack these issues.

But is lowering the minimum legal drinking age (MLDA) the answer? Bloomberg School faculty who've studied the problem are unanimous in their response:

No.

"I've not seen one shred of evidence that allowing an earlier onset of legal drinking in 18- to 20-year-olds will have any positive impact on them," says Debra Furr-Holden, PhD, an assistant professor of Mental Health who specializes in drug and alcohol dependence epidemiology. Furr-Holden's comments echo those of her colleagues: The data show that raising the drinking age from 18 to 21 has had numerous public health benefits, which investigators fear will greatly erode if the drinking age is lowered.



"I've not seen one shred of evidence that allowing an earlier onset of legal drinking in 18- to 20-year-olds will have any positive impact on them," says Debra Furr-Holden.

The National Highway Traffic Safety Administration (NHTSA), for example, has estimated that 900 lives are saved annually due to MLDA laws, with more than 25,000 lives saved since 1975.

Researchers have confidence in their arguments because the move has been so well studied. In the 1970s, partially in response to the lowering of the voting age to 18 in 1971, 29 states dropped their MLDA below 21 between 1970 and 1975. Studies done in the immediate aftermath showed a significant jump in teenage auto accidents. Pressure came from citizen groups to push the MLDA back to 21. That happened under the Uniform Drinking Age Act of 1984, which was a great research opportunity," says David Jernigan, PhD, associate professor of Health, Behavior and Society, and one of the country's foremost experts on alcohol public policy.



The reason the Act was an epidemiological goldmine is that it wasn't implemented all at once. In fact, Congress left it up to the states whether to change their laws or not. The cutlass the feds held over their heads was slashing 10 percent of a state's annual federal highway funding if it didn't comply. The resulting variations between states—some such as Washington and Pennsylvania had age 21 minimums on the books since the 1930s, some moved from 18 to 21 in 1984, while others such as Wyoming and South Dakota didn't fully go to 21 until 1988—allowed “so many natural experiments, easy comparisons that public health researchers could make,” says Jernigan. The resulting sophisticated, quantitative analysis has continued for decades. “There have been literally hundreds of studies that have looked at the law,” he says. “The preponderance of the evidence is clear: These laws have saved thousands of young people's lives.”

College administrators are, understandably, concerned with those they're paid to protect, namely the nation's roughly 18 million college students. They look at the devastation alcohol is creating on and off their campuses, and think there has to be a better way, especially because so many of their students started drinking in high school. NIDA statistics show that 72 percent high school seniors have consumed alcohol at some point in their lives. “But the law says ‘don't drink,’”

notes John McCardell. “How can we say this law has been effective?”

Public health researchers tend to look at the larger picture, including the rest of the age 18 to 20 population who never go to college but would also be affected by any national change in the drinking age (see sidebar next page). These young adults make up, by some estimates, nearly half of the entire demographic.

Looking at the overall group, Susan Baker, MPH '68, says it is impossible to ignore the effect of raising the MLDA to 21. “The decrease in alcohol-related crashes involving drivers [under 21] was far greater than in any other age group. It dropped fatal crashes,” notes Baker, a Health Policy and Management professor and co-director of the NIAAA's Training Program in Alcohol, Injury and Violence. Conversely, she predicts, “If you lower the drinking age, young people are going to drink and drive more and crash more and kill more people and not just themselves.”

The numbers bear out Baker's assessment. According to the NHTSA, between 1984 and 1998, fatal crashes involving drunken youth dropped 61 percent. Driving after binge drinking dropped 45 percent, while binge drinking itself fell 22 percent.

That last statistic is of particular interest to researchers. The claim that binge drinking suddenly showed up on campus when the MLDA was raised is, in David Jernigan's opinion, patently false. “Show me the evidence that that's something new,” demands Jernigan,

adding that in more than 25 years of research, no such data has ever crossed his desk. Quite the opposite. “Binge drinking has always been there,” he adds. “That's what we battle here, that's true. But 21 didn't create that.”

In fact, Jernigan says it may help combat it.

It's hard to argue that, nation-wide, increasing the MLDA to 21 didn't alter behavior patterns. In the first seven years after the new drinking age was rolled out, Jernigan notes, the number of 18- to 20-year-olds who said they were currently drinking dropped from 59 percent to 40 percent. Though that decline reversed itself a bit by the turn of the millennium, it was still significantly below pre-MLDA 21 levels.

Similarly, there was an on-campus impact, especially with regard to drinking and driving. From 1982 to 1991, covering the transition period, students who reported driving after consuming several drinks dropped by 27 percent.

Given all this data, Jernigan is asked how he feels about Amethyst's claim that “Twentyone is not working” on college campuses.

His answer is surprising. “I would agree. Twenty-one isn't working.”

He goes on to explain, “The reason it isn't working is because the rest of the environment completely undercuts it. We set that law out there by itself as if it's supposed to do the whole job. Of course, it's not.”

Jernigan points to the drinking stats on campus as an example of where MLDA 21 needs help. The law didn't do much to significantly change the overall prevalence of drinking. In 1991, 74.7 percent of all college students reported having a drink in the previous month. In 2007, it was 66.6 percent, still a vast majority. And binge drinking numbers have hardly changed in 25 years.

But Jernigan insists that lowering the MLDA isn't the answer. Nor is alcohol education per se. “There's a naïve belief among educators that you can educate your way out of anything. What the research has shown over and over again in my field is that alcohol education all by itself doesn't work,” says Jernigan.

The disconnect between education and the surrounding physical environment is often too hard for college students to resist. “If you tell a

Though many question why adults under 21 can vote and join the military, but can't drink a beer, injury prevention pioneer Susan Baker says, "I just don't get that 'if you're old enough to fight for your country, you're old enough to put a harmful substance into your body.'"

person in a school room 'don't drink' and they walk outside to a neighborhood that's surrounded by bars, restaurants and convenience stores with posters telling them how wonderful [drinking] is, what educational program is going to be able to balance that level of 'positive' messaging?"

Even freshman orientations that include alcohol awareness components have limited effects. "The follow-up shows there's no difference in behavior," notes Jernigan. "That is what alcohol education finds over and over again. You get a difference in knowledge, but not a difference in behavior."

So is the situation hopeless? Not exactly. Jernigan says there are a few examples of universities and their communities who've joined forces to impact drinking, often spurred on by student alcohol-related tragedies. Frostburg State University was one such community. In November 1996,

a freshman there died after consuming a minimum of six beers and 12 shots of vodka at a frat party. In 2005, alcohol-laden hazing by teammates nearly killed a field hockey player. And in February 2006, an intoxicated student reportedly vomited and choked to death in his off-campus home.

In response, Frostburg's leadership phased in a zero tolerance policy for illegal alcohol consumption both on and off campus, including parent notification of student violators. Off-campus alcohol violators also had to face a university judicial board. Outside the university's borders, the school and the bars took aggressive action to enforce existing laws and curb policies that encouraged excessive drinking. The goal, according to Frostburg President Jonathan Gibraltar, who arrived on campus in August 2006, was to alter the "culture of alcohol abuse." It appears to have worked; according to *The Washington Times*,

Frostburg officials claimed that second offenders of the school's alcohol policies dropped by 89 percent the year after the new policies began on-campus, and off-campus citations fell 39 percent after Gibraltar brought those offenders before Frostburg's judicial board.

Jernigan says Frostburg and the University of Delaware have worked with businesses surrounding their campuses to create the kind of controlled environment that can be effective. The key, he insists, is limiting access to alcohol through legal, economic and social constraints. "You create a town gown coalition," he says. "You go into the bars that predictably ring a college campus and you do things like getting rid of drink specials, pitchers of alcohol and any kind of unlimited serving. You get rid of drinking games. You make the on-premise service safe. You support strong enforcement of checking ID."

Jernigan admits that such efforts are time consuming and go against the



BETWEEN ACCESS AND CONSUMPTION

Debra Furr-Holden, PhD, has made a career out of studying populations vulnerable to public policy. That's why she's concerned by talk about lowering the drinking age. So while college presidents are debating such a proposal, Furr-Holden is considering a group that's so far been left out of the discussion: Those in the affected age group who are neither in college nor employed.

Among those in this population—often poor and minorities—she notes, "this will be 100 percent to their detriment."

"We know for a fact that there's a relationship between access and consumption," says Furr-Holden, an assistant professor in Mental Health at the Bloomberg School. "When we remove the access barrier for these 18- to 20-year-olds who are not in college and are unemployed, these kids will have increased access with no interventions or services. And many of these kids are uninsured."

Furr-Holden, who received a five-year, \$3 million Presidential Early Career Award for Scientists and Engineers in 2006 for her work studying how alcohol and drugs contribute to youth violence, has combed alcohol access points in Baltimore, Washington, D.C., and the San Francisco Bay Area to observe and survey youth behavior. Her findings are disturbing. "Forty percent of kids who frequent nightclubs and bars are not employed, not in college, and already have the beginning of pathology in the use of alcohol and drugs," she says.

In Furr-Holden's opinion, restricting access until 21 is crucial for protecting the young people who fall into this group. On one hand, she notes that most young drivers can't handle alcohol at all. "Kids who are 18 to 20 are 10 times more likely, with any blood alcohol

content, to be involved in a crash. Even if they've had one drink," she says.

Then there's the fact that this is a population long primed by advertising and pop culture to think highly of drinking. A report by Dartmouth and University of Oregon researchers in the March issue of *Archives of Pediatrics & Adolescent Medicine*—which includes an accompanying editorial by Bloomberg School associate professor David Jernigan—noted a link between adolescents who wear alcohol-branded merchandise and the onset of a positive mindset regarding the use of alcohol.

"This study presents some of the strongest evidence to date that ownership of alcohol-branded merchandise is a powerful predictor of kids initiating drinking," Jernigan says. "Self-regulation doesn't work."

"It's interesting," says Furr-Holden, of the effect of alcohol-related media on youth. "Very young kids—9, 10, 11 years old—report a very high level of harm from alcohol use. So if you ask those kids 'How harmful is it if you have five drinks?' they'll say 'Oh, that's bad, you'll be drunk.' Ask that same kid when they're 14 and they'll say, 'It's not harmful. It's fun.'"

Add in evidence that those who delay drinking or drug use until their 20s are far less likely to fall into the cycle of use, dependency, treatment and relapse, and it's easy to understand why Furr-Holden is greatly concerned about any attempt to lower the MDLA. "The kids who most need the protection will get nothing but increased access," she says.

—ME

grain of many college administrators who don't like the idea of playing cop and who hope that lowering the MLDA would eliminate excessive drinking and its associated health consequences. "This problem on college campuses is unpleasant. It's incredibly unpleasant to have to notify a parent that their kid has suffered an alcohol related injury. It is incredibly unpleasant to have to be in the position of enforcing the age 21 drinking laws. Apparently some college presidents do not like being in that business."

Asked if what they really might be objecting to is the cost of such enforcement, Jernigan is blunt.

"I would argue that it will cost them more if they don't have these laws."

If there is to be a debate over the MLDA, researchers interviewed for this story say it has to be an honest one, with all the cards laid on the table. In the case of the Amethyst Initiative, that means questioning some of the group's assertions and pointing out areas of impact the initiative has yet to address.

Of the former, perhaps most notable is Amethyst's notion that lowering the drinking age is essentially an act of fairness and equity. "Adults under 21 are deemed capable of voting, signing contracts, serving on juries and enlisting in the military," reads the statement signed by the 135 administrators, "but they are told they are not mature enough to have a beer."

"I don't buy that argument," counters Sue Baker. "At a certain age, you go from junior high to senior high. So, if you're old enough to go to senior high, you're old enough to do drugs? I just don't get that 'if you're old enough to fight for your country, you're old enough to put a harmful substance into your body.'"

Jernigan, who is also a sociologist, points out that American society has consistently decreed that the passing of time allows the assumption of different responsibilities. Eighteen-year-olds "can't run for Congress, for president, and in a lot of states can't rent a hotel room," he notes. "We have lots of different ages of majority. For sex crimes it's 16. Smoking is 18. Alcohol is 21. They speak to our consensus as a society around what is going to protect our children and permit their development."



"There have been literally hundreds of studies that have looked at the law," says David Jernigan. "The preponderance of the evidence is clear: These laws have saved thousands of young people's lives."

Advocates for lowering the MLDA also contend that legalizing drinking for all college age students will create a less clandestine, more controlled atmosphere where students stay or come on campus to consume alcohol as opposed to going to off-campus frat parties and bars. But Debra Furr-Holden, who has interviewed numerous young adults on their drinking habits, says that's an unproven assertion. "We have no data to support that. I don't think most of the on-campus opportunities for drinking are going to appeal to the population we most want to impact, which are heavy binge drinkers. They want to drink in ad-lib locations; bars where excessive drinking is allowed, clubs, fraternity and private parties ... it's just not going to appeal to the most problematic of the group."

Phil Leaf, PhD, a Mental Health professor and director of the Bloomberg School's Center for the Prevention of Youth Violence, is also skeptical. "If you're not living on campus, why would you come on campus just to get alcohol? Unless it's amazingly cheaper on campus, in which case you're going to get some heat from the local bars."

Left unaddressed by any effort to lower the drinking age are two major areas of concern. The first is the 25 percent of college students who, according to the NIAAA, report that their academics are suffering because of alcohol use. The second is the potential impact that lowering the MDLA to 18 would have on high schoolers and

their underage friends. "You tend to know people closer to your age than not," says Leaf. "Some of the people in high school will be 18 in their senior year. It increases access just because of relationships with people who will legally be able to purchase."

And that access, says Jernigan, could guarantee that some kids will never get to college, or at least not to the college of their choice. "Human brains, as it turns out, are not mature until the early 20s. The research that's been done on 16- and 17-year-olds [shows that] heavy drinking in that period leads to demonstrably lower test scores. And when they do MRI imaging of these kids, you see less activity in the brain than in nondrinking kids of the same age."

Despite all these reasons for rejecting a lower MLDA, Jernigan says that the Amethyst Initiative can be the beginning of an important dialogue. He says it all depends whether college administrators truly want to solve the problem as opposed to getting off the hook for enforcing the existing law on their campuses.

If it's the former, he just wants them to be armed with public health facts.

"I'm really glad they care about the problem," he says. "If this debate they're calling for can lead to more widespread use of solutions that are based in science, then I'm all for the debate. But if it leads us down the road to increasing access to alcohol for a group that is hugely at risk of adverse consequences from drinking, then I think it's all a big mistake."

Reprinted with kind permission of Johns Hopkins Public Health (<http://magazine.jhsph.edu/>), Summer 2009

ROW OVER NEW US D ON ALCO

The latest version of the highly influential Dietary Guidelines for Americans, issued by the Federal Government of the US, have been condemned by some alcohol control advocates as a threat to public health and safety.

Revised every five years, the guidelines include both nutrition advice and recommendations regarding alcohol consumption. But the draft guidelines issued for consultation have been attacked by the Marin Institute as too alcohol-friendly and as scientifically dubious and likely to be exploited by the alcohol industry.

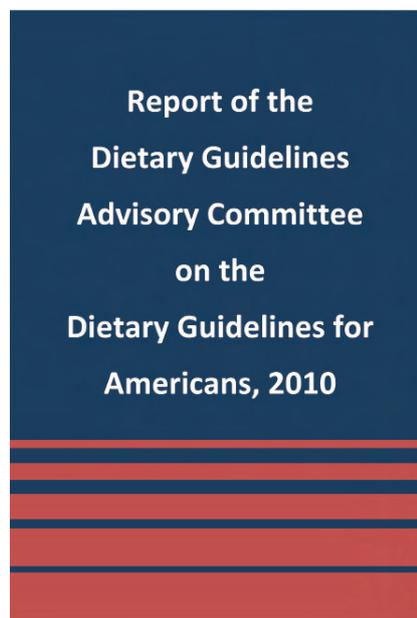
The Guidelines

The new advice on alcohol was drawn up by a panel of expert scientists who reviewed the available scientific literature, particularly in regard to the health impact of 'moderate' alcohol consumption.

They concluded that an average daily intake of one to two alcoholic beverages was associated with the lowest all-cause mortality and a low risk of diabetes and CHD among middle-aged and older adults. However, the panel continued:

“Despite this overall benefit of moderate alcohol consumption, the evidence for a positive

association between alcohol consumption and risk of unintentional injuries and breast and colon cancer should be taken into consideration.



The Dietary Guidelines Alcohol Committee recommends that if alcohol is consumed, it should be consumed in moderation, and only by adults. Moderate alcohol consumption is defined as *average* daily consumption of up to one drink per day for women and up to two drinks per day for men and no more than three drinks in any single day for women and no more than four drinks in any single day for men. One drink is defined as 12 fl. oz. of regular beer, 5 fl. oz. of wine, or 1.5 fl. oz. of distilled spirits.

The substantial epidemiological literature is based on studies where individuals report their “average” intake as drinks per day, month or year. Because most US citizens do not drink every day, the DGAC also recommends that the definition for moderation be based on this general “average” metric over the course of a week or month instead of an exact threshold of “one drink per day for women or two drinks per day for men” each day. The Committee further explored whether there was compelling evidence to expand the definition of moderation to include a specific healthy pattern of consumption, but could not find one particular pattern of consumption that had a strong evidence base and could provide more clarity than the recommendation above. The DGAC did find strong evidence that heavy consumption of four or more drinks a day for women and five or more drinks a day for men had harmful health effects. A number of situations and conditions call for the complete avoidance of alcoholic beverages.”

DIETARY GUIDELINES

ALCOHOL

MARIN ATTACKS THE GUIDELINES

Marin Institute, based in California, USA, promptly attacked the new Guidance, as too pro-alcohol, and in particular for softening or abandoning the old advice that the maximum recommended consumption was two drinks on any day for a man, and one drink for a woman. In a statement, the Marin invited supporters and other alcohol control advocates to submit comments to the Dietary Guidelines Alcohol Committee objecting to the Committee's suggestion "that increased daily consumption is safe", and to tell the Committee "they are making unscientific and potentially dangerous recommendations that the alcohol industry will surely use to its advantage."

Marin identified three particular failings of the new Guidance:

A Dangerous Shift from Daily to Average Consumption Guidelines

The Report suggests that alcohol consumption guidelines be based on average consumption, rather than per-day consumption (as the current Guidelines recommend). The Report also states that drinking up to 4 drinks per day, three times a week for men and 3 drinks per day, twice a week for women would constitute "moderate" drinking, as long as

the average limits over one week are not exceeded. This type of drinking behavior poses serious risks to the general public, and should not be recommended by any agency concerned about public health.

Studies of "Moderate" Drinking are Seriously Flawed

Moderate drinking is associated with myriad health risks, including numerous cancers (e.g. breast and oesophageal) and chronic illnesses such as pancreatitis. In addition, the evidence regarding health benefits from drinking alcohol is questionable at best. There have been zero randomized controlled trials—the gold standard for scientific evidence—for low alcohol consumption levels and mortality outcomes to date. Without such evidence, we should remain as conservative as possible when drawing scientific conclusions regarding any alleged health benefits of moderate alcohol consumption.

Alcohol Industry Misuse of Public Health Recommendations

The substantial shift to recommending higher per-occasion and per-day alcohol consumption, plus suggestions that the questionable benefits from drinking outweigh the known risks, are gifts to the alcohol industry. The Committee must be aware



Michele Simon, Research and Policy Director, Marin Institute

that the Report's messages about alcohol consumption will be misinterpreted by the powerful corporations and trade organizations that sell and promote alcoholic beverages. The alcohol industry has a long history of exploiting the Dietary Guidelines for their benefit, and the suggestions contained in the Report lend themselves to further misuse.

Marin concluded:

"We are especially concerned that, despite the Report's caveats, the industry will use the new recommendations to promote alcohol consumption and increased consumption.

We ask that the Committee revise the Report and subsequent Guidelines to send a much more cautionary, evidence-based message regarding alcohol consumption to the public.

We specifically ask that the new Guidelines maintain the formulation of 2/1 drinks per-day consumption of alcohol for men and women, respectively."

UK licensing reform

‘a mistake’

The end of 24 hour licensing is in sight in the UK, following the defeat of the Labour Party in the general election and the arrival of a new Coalition government comprising the Conservative and Liberal Democrat Parties.

On taking office the new government was quick to announce that the previous government’s Licensing Act would be re-balanced in favour of local communities, with local licensing authorities being given more powers to control the number and trading hours of licensed outlets.

It is widely accepted in the UK that the Labour Government’s Licensing Act, which took effect in 2005, failed to deliver the new ‘continental café’ drinking culture that was promised. In what already has come to seem a rather strange episode in the history of UK alcohol policy, the Labour government based its reforms on the assumption that it was artificially restricted opening hours that had played a key role in creating a culture of binge drinking, and that extending drinking hours would therefore have the effect of civilizing drinking habits and reducing the problems of large scale drunken behaviour in the night time economy.

The current political and popular consensus is that, in making these assumptions, the Labour government was being at best somewhat naïve.

One Labour Party elder statesman and former deputy leader of the Party, Lord Hattersley, went on record describing the introduction of 24-hour licensing as New Labour at its silliest. Lord Hattersley added:

“Looking back to 2003, when the new and undeniably disastrous licensing law was passed, it is almost impossible to understand why New Labour ministers expected anything except a rise in alcohol-related crime and nights of misery for honest citizens who lived near pubs, clubs and wine bars. The only answer to the conundrum is that this ghastly error represented New Labour at its silliest, as personified by Tessa Jowell, then the Secretary of State for Culture Media and Sport, who pioneered the legislation and took responsibility for its implementation.”



Police also attack new Licensing Act

Police chiefs as well as politicians have also started to criticise the Labour Government’s licensing reforms. Sir Hugh Orde, President of the Association of Chief Police Officers agreed with the Coalition government’s view that the new licensing act was a mistake. And Sir Hugh told the BBC that those who benefited from longer licensing hours should help pay for the extra policing required.

Sir Hugh told the Andrew Marr Show: “I think 24-hour drinking frankly was probably a mistake. The culture in the UK is different from other parts of Europe, where it is far less threatening and far more successful. We need to take that legislation away and indeed I would welcome the notion that if we have longer licensing hours the people making the money pay for some

of the policing that has to be put in place to keep those people safe when they're out under the influence of alcohol."

KENT police agreed. Ian Pointon, Chairman of the Kent Police Federation, said late-night drinking had created more problems than it had solved and had resulted in fewer officers being available to fight crime during the day.

Speaking to local media, Mr Pointon said: "I think the introduction of 24-hour drinking without the requisite change in culture was a mistake.

"The idea was that we would somehow develop a Continental café culture but that hasn't happened, especially in town centres.

"The feedback from officers is that they've had more problems since the 24-hour laws came in.

"They're also working into the early hours, which means they're not available at other times of the day when the public would like to see them.

"It's time to have a long, hard look at the licensing hours coupled with the drinking culture in this country."

Mr Pointon's criticism of 24-hour drinking is shared by Kent's former Chief Constable, Mike Fuller, who had warned against its introduction in an interview with local Kent in January, 2005.

Alcohol increases aggression – but only in some

A study published in the journal *Addiction* suggests that drunkenness increases the risk for violent behaviour, but only for individuals with a strong inclination to suppress anger.

The two authors, Thor Norström and Hilde Pape, applied an approach that reduces the risk of drawing erroneous conclusions about cause and effect. They conclude that their study adds to the body of evidence suggesting that drinking may in fact increase physical aggression. The authors elaborate this conclusion: "Only a tiny fraction of all drinking events involve violence and whether intoxicated aggression is likely to occur seems to depend on the drinker's propensity to withhold angry feelings when sober."



Hilde Pape

The study is based on self-reported data from a general population survey of young people in Norway. Nearly 3000 individuals were assessed twice, first at 16-17 years of age and again at ages 21-22. The participants were divided into 3 equally large groups with respect to anger suppression. Among individuals who reported a high inclination to suppress feelings of anger, a 10% increase in drinking to the point of intoxication was associated with a 5% increase in violence. Researchers observed no such association among those who did not habitually suppress their angry feelings.



Thor Norström

Norström T. and Pape H. Alcohol, suppressed anger and violence. *Addiction* 2010; 105: 10.1111/j.1360-0443.2010.02997.x
Website: <http://www3.interscience.wiley.com/journal/123548032/abstract>

IRELAND LOWERS DRINK-DRIVE LIMIT



The Irish parliament has passed The Road Traffic Bill 2009, which reduces the Blood Alcohol Concentration (BAC) for drivers from the current limit of 80mg to 50mg, and to 20mg for novice and professional drivers. It also introduces mandatory testing of all drivers involved in collisions in Ireland where injury occurs.

The adoption of this Bill that received wide cross party support in the Irish Parliament, leaves the UK and Malta as the only two EU countries with a 0.8g/l BAC limit.

Alcohol Action Ireland, the national charity in Ireland for alcohol-related issues, congratulated both the Government and the Opposition parties who supported the Bill. Fiona Ryan, its Director, said: "Some 100 people have died on our roads so far this year and it is estimated that 1 in 3 road crashes in Ireland are alcohol-related. The lowering of the drink drive limit



Fiona Ryan

will ensure greater safety for all of us using the roads".

Alcohol, even in comparatively moderate doses, significantly impairs drivers' capabilities and slows their reactions. Experience in other countries provides overwhelming evidence that a reduction in drink driving limits has a direct impact on the number of deaths and injuries of road users. For example, in Switzerland, where the limit was reduced from 0.8 to 0.5g/l in 2005, there were 44% less alcohol-related road deaths in 2006-2008 compared with the period 2002-2004. A similar drop was also registered in Austria when the limit was reduced from 0.08 to 0.05 in New South Wales; for instance, fatal collisions fell by 8% and serious collisions by 7%, while in Queensland, fatal collisions fell by 18% and serious collisions by 14% .

Over the past nine years Ireland has seen an impressive 41% reduction in the number of road deaths, from 411 in 2001 to 241 in 2009. With 54 deaths per million on Irish roads, it ranks 7th safest country in the EU. Ireland's progress has been recognised with the "Road Safety PIN Award 2010" at the 4th ETSC Road Safety PIN Conference in Brussels on the 22nd of June. One of the most

important measures of Ireland's success was the introduction of Mandatory Alcohol Testing in 2006 and tougher penalties for drink driving offences in 2007. The announcement of the new roll out of safety cameras shows that the Government is also committed to further reducing speeding. However, up to one third of road deaths on Irish roads every year are estimated to be alcohol-related. The introduction of lower BAC limits will only help Ireland reduce drink driving and become a safer country to travel to.

The European Transport Safety Council highly commended the resolve of the Irish Transport Minister Noel Dempsey T.D. and the Irish legislators. Speaking from Brussels, ETSC Executive Director Antonio Avenoso said: "This is one of the most important steps in road safety which any country keen on the health of its people can make. Lower drink-drive limits will mean fewer deaths on the roads and less human grief and injury".

EU ALCOHOL POLICY CONFERENCE

Paola Testori Coggi, The European Commission Director-General for Health and Consumers, addressed the participants of the 4th European Alcohol Policy Conference, organized by Eurocare (European Alcohol Policy Alliance) on 21-22 June 2010 in Brussels.

The conference series is regarded as a key element in the field of alcohol policy in the European Union, and conferences take place every two years. The latest conference attracted over 260 delegates from 28 different countries.

Speaking as part of the welcoming session, Ms Testori drew attention to the impact of harmful alcohol consumption on the European population, particularly on young people, and the EU actions in response to this. She set out the following headline statistics: 23 million Europeans are estimated to be dependent on alcohol every year; alcohol causes nearly 200,000 deaths annually in the EU, a figure which includes around 50,000 deaths from alcohol caused cancers; every second driver who dies in a single-vehicle traffic crash is under the influence of alcohol; alcohol is responsible for 25% of all deaths of young men in the 15-24 age group. The Director-General made

reference to a French survey on young people published in 2007, which demonstrated that in many EU countries the rates of binge drinking are rising. She stated that alcohol is a drug, and that her intention is to make the protection of young people a key priority for the Directorate-General for Health and Consumers. Ms Testori also drew attention to the impact



Paola Testori Coggi

that alcohol consumption has on the brain development of young people. “Alcohol is a drug that affects brain development, such as memory and personality. This is particularly serious until the end of the development stage of a human being – at around 20 years”, she said.

While outlining the European Commission’s recent actions in this field, Ms Testori focused in particular on the EU Alcohol Strategy launched in 2006, which constitutes the basis for cooperation between the EU

and the Member States. The Director-General praised the progress that has been made so far, but underlined the still uneven implementation of good practices and compliance of the commitments that Member States took in the frame of such strategy.

The Director-General highlighted the role of the European Alcohol Health Forum, set up by the Commission to implement the EU Alcohol Strategy and opened to different stakeholders, such as NGOs, industry, media actors and other partners. The Forum is an open platform for voluntary action in the field of the fight against alcohol; 150 voluntary initiatives have been undertaken today, and Eurocare figures as one of the most active members to this extent.

As regards alcohol marketing, one of the issues discussed within the Forum, she underlined the variable response of Member States and the work carried out by the members of the Alcohol Health Forum in this field. She also expressed her wish to see in the future a minimum set of requirements to protect young people from aggressive alcohol marketing put in place across the EU.

While recognizing the fundamental contribution of the Commission in developing the structures aimed at implementing the EU Alcohol Strategy, Ms Testori stated her desire to focus even more on delivering concrete results in the near future. In conclusion, she thanked the NGO community for actively participating so far in this process, and underlined the essential role that they play in the fight against alcohol.

The 5th European Union alcohol policy conference will take place in Copenhagen in 2012 and it will be research-oriented.

European Youth Network supports alcohol policy

A key presentation at the conference was made by Jan Pelozza of the Alcohol Policy Youth Network (APYN), the body originally set up by Eurocare and the European Youth Forum, but which has now achieved independent status in its own right.



Jan Pelozza

Jan Pelozza said that the main objective of APYN was to empower young people in taking part in decision making. APYN believed in active citizenship, in not staying quiet. Its motto is: 'Nothing for us without us'.

APYN did not approve of cooperation or collaboration with the alcohol industry. This approach originated from the viewpoint that one cannot use crime to fight against crime.

In regard to prevention of alcohol harm, emphasis should be put on new media, especially new social media and the peer pressure they promote. The Internet had become a new space where

people 'hang out', and therefore control over advertising on the Internet was crucial to protect young people effectively from the marketing tactics of the alcohol industry. Health promotion campaigns were the main way of reaching young people so far, but were they enough? One consideration was that the majority of young people did not visit health promotion websites on the Internet. So while the alcohol industry was making full use of modern media it did not follow that those who wished to promote health could use the same methods. To achieve results, what was needed was

- a total ban on advertising, including new media
- decreased availability of alcohol
- increased prices of alcohol products.

If all stakeholders are really and sincerely working on diminishing the burden of alcohol harm, then we should use these three measures and not purely education campaigns, which are not that effective.

Trends in European liver death rates: implications for alcohol policy

Changing alcohol consumption has led to a three- to fivefold increase in liver deaths in the UK and Finland, and a three- to fivefold decrease in France and Italy. Increasing consumption from a low baseline has been driven by fiscal, marketing and commercial factors – some of which have occurred as a result of countries joining the EU. In contrast, consumption has fallen from previously very high levels

as a result of shifting social and cultural factors, a move from rural to urban lifestyles and increased health consciousness. The marketing drive in these countries has had to shift from a model based on quantity to one based on quality, which means that health gains have occurred alongside a steady improvement in the overall value of the wine industry. Fiscal incentives – minimum pricing, restricting

cross border trade and more volumetric taxation could aid this shift. A healthier population and a healthy drinks industry are not incompatible.

Royal College of Physicians. Full version downloadable at: <http://www.ingentaconnect.com/content/rcop/cm/2010/00000010/00000003/art00016>

Is the protective effect of alcohol a myth?

Higher social status, better overall health could explain the link, researchers say

A major French study links moderate drinking to a lower risk for cardiovascular disease, but challenges the notion that moderate drinking is the cause of the benefit. Instead, the researchers say, people who drink moderately tend to have a higher social status, exercise more, suffer less depression and enjoy superior health overall compared to both heavy drinkers and lifetime abstainers.

Boris Hansel and colleagues studied 149,773 people from the Urban Paris-Ile-de-France Cohort and split them into four groups; never, low, moderate and high alcohol intake. The low and moderate groups of both males and females displayed a more favourable health status than the groups that never drunk or drunk large amounts. Moderate male drinkers were more likely to have lower cardiovascular risk, heart rate, stress, depression and body mass index. They also scored higher with subjective health measures such as respiratory function and physical activity. Similar trends were seen in moderate female drinkers who had lower blood pressure and waist circumference. Importantly, the findings showed moderate alcohol consumption

is a powerful general indicator of optimal social status and this could be a key reason for improved health in these subjects. For both genders, alcohol intake was strongly associated with increased concentrations of High Density Lipoprotein (HDL) in the blood plasma. However, it could not be shown that the influence of alcohol on HDL had a cardio-protective effect and the authors stress that these results are not necessarily evidence of alcohol providing cardiovascular protection.

Commenting on the study, Dr Carla A. Green, a senior investigator at the Kaiser Permanente Center for Health Research in Portland, Ore., said, "There is increasing evidence that a lot of the health benefits that have been attributed to alcohol consumption are due to healthy habits that also include moderate alcohol consumption."

There might be some beneficial effect of alcohol itself, but "based on research to date, it has a much smaller effect than has been thought in the past," Green said.

She cited a recent study she led on alcohol consumption, health status and use of health services. "Heavy drinkers appear to avoid going to doctors," Green said. "The reasons include shame and not wanting to be



Dr Carla A. Green

lectured. So heavy drinkers are not going to get the health care they need and will get sicker."

SOURCES: Boris Hansel, M.D., endocrinologist, Hopital de la Pitie, Paris; Arthur Klatsky, M.D., senior consultant, cardiology, Kaiser Permanente Health Plan, Oakland, Calif.; Carla A. Green, Ph.D., senior investigator, Kaiser Permanente Center for Health research, Portland, Ore.; May 2010 European Journal of Clinical Nutrition

Formation of the Nigerian Alcohol Prevention Youth Initiative

Around 40 young people from all parts of Nigeria attended a youth workshop in Abuja in August to launch the Nigeria Alcohol Youth Prevention Initiative (NAYPI). Exploring the viability of such an initiative arose from the CRISA conference in Abuja 2008 when Onyeonula Wilson gathered together a group of young students. Since then, with the support of Professor Obot of CRISA and Derek Rutherford of GAPA, work on the initiative has progressed with the adoption of a constitution and registration with the Corporate Affairs Commission of Nigeria.

The aims of NAYPI are to: involve young people in the field of alcohol harm prevention at both national and local levels, create bridges of cooperation with other non-governmental organizations within and outside Nigeria that work on alcohol policies and prevention initiatives, and provide services that will empower and equip youths to be active and efficient in the development, monitoring and evaluation of alcohol prevention programmes.

An outcome of the workshop was the formation of a team of ten persons, drawn from the six geo political zones of Nigeria, and led by the following



officers: Franklyn Chukwuma (Chairman) Faculty of Medicine, University of Nigeria, Enugu Teaching Hospital, Ateke Joshua (Vice Chairman) Faculty of Medicine, University of Port Harcourt, Anuli Okoye (Secretary), and Onyeonula Wilson (Coordinator)

Since the workshop, the President of the Nigerian Medical Students' Association, NIMSA, Patrick Ezie, has signed a Memorandum of Understanding between the Medical Students' Association and the Youth Initiative. NIMSA has over 30,000 medical students in membership.

European Alcohol Policy Youth Network

Approximately 30 representatives of the Alcohol Policy Youth Network's member organizations gathered together in Budapest as part of an 18 month project co-funded by the EU Executive Agency for Health and Consumers. The project's objects are to assess young people's views on

alcohol-related harm, assist youth NGOs to be active players in alcohol policy development from local to European levels and to support youth NGOs in strengthening their capacity to implement action through their networks.

The conference discussed alcohol policies and young people with a special focus on cultural realities and differences regarding alcohol consumption and social inclusion in alcohol policies.

The conference brought together a number of experts and representatives from institutions working on alcohol policy including Dirk Meusel (Executive Agency of Health and Consumers), Derek Rutherford (Global Alcohol Policy Alliance), James Higgins (European Youth Forum) and Ruth Ruiz (Eurocare) .



New Zealand Government outlines 'balanced plan' for alcohol reform

Pendulum 'swung too far towards liberalisation'

The New Zealand Justice Minister, Simon Power, has unveiled the Government's integrated and comprehensive alcohol law reform package. The package is the Government's response to the Law Commission's review of alcohol laws contained in the report: *Alcohol in Our Lives: Curbing the Harm*, and represents a step back from the liberalizing policies of previous governments, particularly in regard to young people.

"The statistics can't be ignored and clearly show a problem with alcohol that must be addressed," Mr Power said.

"Alcohol is estimated to contribute to 1,000 deaths a year, and is a major driver of crime, being implicated in 30 per cent of all police recorded offences, 34 per cent of recorded family violence, and 50 per cent of all homicides.

"What the Government has heard from the New Zealand public is that the pendulum has swung too far towards relaxation of alcohol laws. Today we are responding to the public's call for action. This package adopts in full, or in part, 126 of the 153 Law Commission recommendations, as well as making other changes.

"It focuses on minimising alcohol-related harm, including

crime, disorder, and public health problems, and zeroes in on where harm is occurring - particularly around youth.

"But there is a balance to be struck between not unfairly affecting responsible drinkers and dealing with the considerable harm alcohol causes."



Simon Power

Key features of the package include:

- Making it an offence for anyone other than a parent or guardian to provide alcohol to an under-18-year-old without a parent's or guardian's consent.
- Where alcohol is provided to an under-18-year-old the parent, guardian or authorised person will need to ensure the alcohol is supplied in a responsible manner.
- Allowing the Minister of Justice, in consultation with the Minister of Health, to ban alcohol products which are particularly appealing to minors or particularly dangerous to health.
- Empowering local communities to decide on the concentration, location, and hours of alcohol outlets (including one-way-door policies) for both on and off-licences in their area through the adoption of local alcohol policies.
- Setting national default maximum hours of 7am - 11pm for off-licences and 8am - 4am for on-licence, club licence, and special licences for local authorities who do not adopt a local alcohol policy.
- Introducing a graduated approach to purchasing alcohol - 18 years of age for on-licences and 20 years of age for off-licences.
- Restricting Ready To Drink beverages (RTDs) such as alcopops to 5 per cent alcohol content and limiting RTDs to containers holding no more than 1.5 standard drinks.

- Broadening the matters that must be considered in licensing decision-making to include such things as the object of the Act, the provision of the local alcohol policy, and whether the amenity or good order of the area would be lessened if the licence is granted.
- Strengthening the law on the type of stores eligible for an off-licence to reinforce the current approach that dairies and convenience stores are not eligible.
- Increasing penalties for a range of licence breaches, including allowing an intoxicated person to be on licensed premises, allowing violent behaviour to take place on premises, and running an irresponsible promotion.
- Widening the definition of 'public place' in liquor bans to include car parks, school grounds and other private spaces to which the public has legitimate access.
- Strengthening the existing offence of promotion of excessive consumption of alcohol by making it apply to any business selling or promoting alcohol, and setting out examples of unacceptable promotions, such as giving away free alcohol.
- Making it an offence to promote alcohol in a way that has special appeal to people under the purchase age. These changes will apply to any

promotion, including TV advertising and billboards.

- Investigating a minimum pricing regime by giving retailers a year to provide sales and price data. If they are not forthcoming the Government will consider regulatory options for obtaining this data.
- Improving public education and treatment services for people with dependency issues.
- Requiring Parliament to lead by example by removing its licensing exemption.

Mr Power concluded:

"This package is a starting point for Parliament's consideration of our alcohol laws and we will listen carefully to the public through the select committee process.

I hope to introduce legislation to Parliament in October and plan to pass it into law before the end of this parliamentary term."

Dr Sarah Greenaway, Researcher, SHORE and Whariki Research Centre, School of Public Health Massey University, Auckland commented:

"While much of the government response is viewed as a step in the right direction, public health practitioners have expressed disappointment that important recommendations have not been implemented.

Members of Alcohol Action NZ argue that: "This is the same



Dr Sarah Greenaway

strategy behind the Government's recently announced drink-driving proposals: largely limit policy action to youth measures and ignore, or put out to more research, any measures that would actually interfere substantially with the commercialisation of alcohol."

The government has not supported recommendations to increase the price of alcohol or to restrict alcohol advertising and sponsorship."

Workers Significantly Affected By Co-Workers' Drinking Habits

Australian workers are significantly affected by other people's alcohol drinking and at a considerable cost, according to a study published in the *Medical Journal of Australia*.

Caroline Dale, from Epidemiology and Population Health at the London School of Hygiene and Tropical Medicine, and Michael Livingston, from Turning Point Alcohol and Drug Centre, Melbourne, conducted a study to estimate the cost of extra time worked by Australian workers due to their co-workers' alcohol drinking.

Mr Livingston said that around a third of Australian workers have experienced negative effects from their co-workers' alcohol drinking, with 3.5 per cent of workers reporting having to work extra hours to cover for others. "Our findings show that the experience of having a heavily drinking co-worker is common in the Australian workplace," Mr Livingston said.



Caroline Dale

"The cost of alcohol use in the workplace is multifaceted and considerable, and can be caused by a reduction in the productive workforce from premature mortality or morbidity, absenteeism due to alcohol-related sickness, and reduced productivity while at work." Mr Livingston said that, on average, those workers who reported working additional hours in the year because of their co-workers' alcohol drinking habits worked an additional week annually, costing the Australian economy \$453 million.

"Among those who had to work extra hours because of co-workers' alcohol drinking the burden was considerable," Mr Livingston said.

"The large annual cost we estimated at the population level of Australian Dollars 453 million for extra hours worked because of co-workers' alcohol drinking is comparable to estimates of the cost of alcohol-attributable absenteeism in Australia.

"We did not attempt to attribute economic costs to the harms to workers whose work performance was negatively affected by the alcohol drinking of their co-workers, or whose health and safety were put at risk through accidents or close calls, although they are likely to be substantial.



Michael Livingston

"While our estimate of the cost to co-workers of alcohol use by heavily drinking colleagues is large, it may represent the tip of the iceberg."

The *Medical Journal of Australia* is a publication of the Australian Medical Association.

StopDrink Network says BIG NO to alcohol in the Thai-EU Free Trade Agreements



Reported by Thaksaphon Thamarangsi,
Center for Alcohol Studies

In June over 300 representatives of the Alliance for Alcohol Problem Prevention (AAPP) and its partners gathered in front of the Ministry of Commerce (MOC) to deliver to the Deputy Minister, Alongkorn Pholabutr, a statement protesting against the inclusion of alcohol in the negotiation for the Thai-EU Free trade Agreement.

Komron Choodecha, AAPP representative claimed that whilst

the value and volume of alcohol imported from the EU would still be less than that produced by the domestic sector, the inclusion of alcohol in the Thai-EU FTA would significantly stimulate Thai alcohol consumption. However, with the decrease in duty from 60% to 0% a major leap in the alcohol beverage market is to be expected.

AAPP considers that alcohol is no ordinary commodity, negatively affecting health, social well-being and the economy. It should not be regarded the same as other commercial products. Therefore AAPP urges the Thai government to review and consider withdrawing alcohol from already agreed Free Trade Agreements including ASEAN Free Trade Area (AFTA) and Thai-Australia FTA.

Liberalization of alcoholic beverages cannot be entirely based on economic competitiveness concepts but has to take into consideration sustainable social development and other concerns.

The inclusion of alcohol in free trade agreements benefits only a few people. The collective benefit is dwarfed by the negative impact. The inclusion of alcohol would also significantly limit Thai ability to control alcohol-related problems in the long run.

AAPP maintains that it is not opposed to Free Trade Agreements in general since Thailand has to be in line with the modern world. But during negotiations for such agreements a thorough consideration of a nation's social well being and its sustainable development must be given as much regard as economic prosperity.

Mr Alongkorn, Deputy Commerce Minister, said "I see the necessity to exempt alcohol from the negotiation because alcohol is a dangerous product which could do harm to our youth and society as a whole. So we should not promote it. Additionally we should review the need to withdraw alcohol and tobacco for societal benefit".

(from Daily news Newspaper 18/10: translated by Thaksaphon Thamarangsi)



300 representatives of AAPP including university students



AAPP representatives submit open statement to Mr Alongkorn Pholabutr, Deputy Commerce Minister

Korean Public Health Advocates seek new Alcohol Action Plan

Professor Sungsoo Chun, one of Korea's leading advocates, writes:

The Blue Bird Plan¹ launched by South Korean Ministry of Health and Welfare in August 2006 was the first national alcohol action plan in Korea. It was focused on changing the traditional drinking culture and social acceptance of alcohol instead of implementing alcohol control policy.

The Blue Bird Plan was launched in 2010². Its main purpose being to: "refresh the social atmosphere with keen awareness of the seriousness of alcohol harm; minimize alcohol harm by improving health promotion and lifestyle; reduce prevalence of alcohol use and alcohol related accidents; decrease risky drinking behavior of high-risk groups; and enhance alcohol-related medical and rehabilitation services and create public/private social safety environment against alcohol harm".

Despite systematic efforts and trials having been encouraged by the Government, during the last few years alcohol-related problem indices have gone in a negative direction. High risk drinking among adults has increased from 14.9% in 2005 to 19.7% in 2008; among 19 – 28 age group from 14.0% to 23.0%³; the alcohol-related death rate has increased from 8.5 per 100,000



Professor Sungsoo Chun

persons in 2002 to 9.4 in 2008⁴. It is difficult to reduce alcohol-related harm and change drinking culture by only increasing public awareness of the seriousness of alcohol harm and improving lifestyle by health promotion. It is necessary to establish a comprehensive alcohol control policy in Korea and public health advocates have urged the inclusion of key alcohol policies and action strategies for the Health Plan 2020.

Firstly, strengthening the alcohol licensing system related to alcohol sales and specifically directed at problem areas. Second, Liquor Tax Levy in Korea consists of a high tax rate for high priced alcohol and a low tax rate for low priced alcohol. This liquor tax was implemented without proper consideration of the percentage of alcoholic content in different beverages, and this is a loophole that leaks tax revenue and further contributes to consumption of

the high percentage alcohol⁵. Secondly, the liquor tax rate system can't control alcohol consumption, so it is necessary to change to a system that is closer to that of other developed countries.

Having noted the Thai system of earmarking a percentage of duty for health promotion activities, it has become very apparent that it is appropriate to levy a Health Earmarked Tax, since alcohol has produced problems for Korean national health and its people.

Thirdly, at present, restricting alcohol advertising through general broadcasting begins at over 17% alcohol volume and should be reduced to 5%. TV hours for alcohol beverage advertising are restricted to after 10pm but large numbers of teenagers are also still watching. To protect teenagers, extending the advertising hours restriction for TV, radio, and cable TV to after 11pm should be enacted. An Advertising Restriction Law to prevent media advertisement inside and outside commercial areas of cities, subway stations, and electronic bulletin boards would be useful as would penalizing corporations when they break the laws.

Fourthly, the establishment of a "National Professionals Committee for Alcohol Policy" to offer proposals for improvement

in research on alcohol harm, education methods, and providing information to the general populace and legislative bodies.

Minors should not be provided with easy access to alcohol because the Korean drinking culture is pervasive, persuasive, and does not provide adequate regulations and control to protect and educate the people. The Korean Government should try its best not to support and extend the damages caused by alcohol use among the families, communities and minors of the nation.

Sungsoo Chun, MPH, Ph.D.
Professor, Department of Public Health, Graduate School of Health Science and Welfare, Sahmyook University
Director, Korean Institute of Alcohol Problem (KIAP)
President, Korean Society of Alcohol Science (KSAS)

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Alcohol policy training in Malawi and Botswana

Recent efforts by the alcohol industry to develop industry-friendly alcohol policies in Malawi and several other Sub-Saharan countries have spurred opposition from Malawi civil society groups. A new policy process has been initiated by Drug Fight Malawi who recruited a number of other NGOs to join an Alcohol Policy Task Force. The task force includes amongst its members: the National Youth Council, the Teachers Union and networks for human rights and HIV/AIDS organisations. Strengthened by civil servants from relevant ministries, it has set out to draft an evidence-based National Alcohol Policy as an alternative to the one promoted by alcohol producers.



All participants at the training program in Malawi with the Hon Minister Aaron Sangala in the middle of the front row

The drafting process started in 2009 and was broad and inclusive. Altogether 15-16 major NGO networks and government agencies joined in the efforts. The work has been based on the local situation coupled with the international evidence base. Training in evidence-based alcohol policies was part of the process.

One training program was held in cooperation with the Norwegian development organisation FORUT (Campaign for Development and Solidarity) and Blue Cross Norway. A module-based training package, which can be adapted to the local situation in each country, was used. The focus of the program is the situation of developing countries in particular.

Aaron Sangala, Minister of Internal Affairs and Public Security, addressed the participants and said that the training program had come at the right time for Malawi, as civil society organizations and the Government of Malawi have embarked on a national alcohol policy consultation process. He commended civil society for taking this initiative, but he challenged them to interact with opinion leaders at all levels in order to rally support behind an evidence-based alcohol policy in Malawi.



“Reducing alcohol-related harm worldwide by promoting science-based policies independent of commercial interests”

The Global Alcohol Policy Alliance is a developing network of non-government organisations and people working in public health agencies who share information on alcohol issues and advocate evidence-based alcohol policies.

Resource centres affiliated to GAPA are already operating in the EU, USA, South America, India, South East Asia and Western Pacific regions. It is envisaged that the Alliance, in the not too distant future, will be able to establish centres in Africa.

History

An international consultation of experts and advocates met in 2001 in the USA to exchange views and experience and to find a way of co-ordinating efforts. At the consultation it became quite clear that there was a commonality of interest in the alleviation of alcohol problems. An urgent need to monitor the marketing strategies undertaken by the global alcohol industry as it seeks to increase sales and circumvent health promotion policies was recognised. Although impossible to match the financial resources of the international drinks companies and the “social aspect” groups which speak for them, it became clear that with a sharing of scientific knowledge and expertise we could become a united resource in helping governments around the globe to formulate strategies to counter the health and social problems created by alcohol consumption.

The meeting resolved that the Global Alcohol Policy Alliance be established.

Mission Statement

The GAPA mission is to reduce alcohol-related harm worldwide by promoting science-based policies independent of commercial interests.

Objectives

- Provide a forum for alcohol policy advocates through meetings, information sharing, publications, and electronic communications; with the purpose to disseminate information internationally on effective alcohol policies and policy advocacy;
- Bring to the attention of national governments, international governmental and non-governmental agencies and communities the social, economic, and health consequences of alcohol consumption and related harm; with the purpose to advocate for international and national governmental and non-governmental efforts to reduce alcohol-related harm worldwide;
- Co-operate with national and local organizations and communities to alleviate alcohol-related problems;
- Encourage international research on the social and health impact of the actions of the multinational alcohol beverage industry;
- Monitor and promote research on the impact of international trade agreements on alcohol-related harm;
- Monitor the activities of the alcoholic beverage industry;
- Place priority on research and advocacy regarding those parts of the world where alcohol problems are increasing;
- Ensure that member groups in those areas have the technology and support capacity to participate in a global network for communication and action.

Board Members

Listed below are the members of the GAPA board:

Mr Derek Rutherford, UK, Chairperson
Dr Sally Casswell, New Zealand, Chairperson, Scientific Advisory Panel
Mr Øystein Bakke, Norway, Secretary

Dr S Arulrhaj, India
Mr Sven Olov Carlsson, Sweden
Dr Michel Craplet, France
Mr George Hacker, USA
Dr David Jernigan, USA
Dr Ronaldo Laranjeira, Brazil
Professor Isidore S Obot, Nigeria
Dr Shanti Ranganathan, India
Dr Srisangnam Udomsilp, Thailand
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Joanne M. Mahoney
County Executive
Onondaga County

Proclamation

County of Onondaga
City of Syracuse



Stephanie A. Miner
Mayor
City of Syracuse

- WHEREAS,** The Global Alcohol Policy Alliance was formed in Syracuse on August 5, 2000 at the Global Alcohol Policy Advocacy Conference; and
- WHEREAS,** The Global Alcohol Policy Alliance has since become a leading international voice for public health alcohol policy, with member organizations from Africa, Asia, Australia, Europe, North America, and South America; and
- WHEREAS,** Problems related to alcohol consumption are among the world's major public health concerns and constitute serious hazards for human health, welfare and life; and
- WHEREAS,** Evidence-based alcohol policies have been shown to be effective in reducing alcohol related problems; and
- WHEREAS,** The World Health Assembly has recently endorsed the first-ever Global Strategy to Reduce the Harmful Use of Alcohol, which was supported by the Global Alcohol Policy Alliance; and
- WHEREAS,** The City of Syracuse and County of Onondaga commend the Global Alcohol Policy Alliance for its tireless advocacy in promoting science-based alcohol policies.

NOW, THEREFORE, I, JOANNE M. MAHONEY, County Executive of the County of Onondaga and **I, STEPHANIE A. MINER,** Mayor of the City of Syracuse, do hereby proclaim the fourth day of August, two thousand ten as

**Global Alcohol Policy Alliance
Community Recognition Day
in the City of Syracuse and Onondaga County**

IN WITNESS WHEREOF, we have hereunto set our hands and caused the Seals of the County of Onondaga and the City of Syracuse to be imprinted this fourth day of August, two thousand ten.

Joanne M. Mahoney
Joanne M. Mahoney
County Executive

Stephanie A. Miner
Stephanie A. Miner
Mayor

