THE GLOBE

SPECIAL EDITION

Towards A Global Alcohol Policy

The Proceedings of the Global Alcohol Policy Advocacy Conference,

Syracuse, New York, USA,
August 2000

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Edited by Andrew Varley

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How the conference came about and its

In the mid-1990s a core group of organisations on both sides of the Atlantic saw the need for an international network of alcohol policy advocates. In 1995 a small number of US advocates attended a European non-governmental organisation conference in London which was preparing a statement for the World Health Organization's European Ministerial conference to be held in Paris later that year.

The feasibility of establishing a global alliance for the prevention of alcohol related harm was assessed at that time. Eurocare – an alliance of over forty agencies in the EU –showed that an alliance could be successfully established if the will were there. The need for such a network was accepted, and it was agreed that this would best be done from the United States. The Marin Institute agreed to take responsibility for the initiative. However, lack of resources prevented further action being taken until late 1998. In the meantime, with support from IOGT International, David Jernigan of the Marin Institute produced the book Thirsting for Markets which highlighted the targeting by the global alcohol industry of developing countries and the use of marketing strategies which would not be countenanced in the developed world. In the Spring of 1999 the organisations sponsoring this conference met in Chicago and decided to organise a Global Alcohol Policy Advocacy Conference in Syracuse.

Alarmed by the activities of alcohol policy advocates in the USA, and by the European Regional Office of the World Health Organization's Health For All target of a reduction in per capita alcohol consumption in Member States of 20 per cent, sections of the alcohol beverage industry reacted by establishing "social aspect" groups during the 1980s and 90s. These groups were set up at national, regional, and international levels to counter the activities of advocacy groups and to influence social and health policies of national and international governmental organisations. Example of such industry financed groups include the Century Council in the US, the Portman Group in the UK, the Amsterdam Group in the EU and the International Center for Alcohol Policies (ICAP) at the international level.

Whilst recognising the legitimate commercial interests of the drinks industry, it would nonetheless be imprudent to allow it and its social aspect groups to set the alcohol policy agenda. The reasons for this are illustrated by some of their actions:

- When the Portuguese government lowered the drink drive limit to 80mgs per cent, the Amsterdam Group called for reinstating it to 100mgs per cent.
- On the publication of Alcohol Policy and the Public Good commissioned by the WHO and produced by seventeen internationally respected alcohol research scientists, the Portman Group offered other scientists £2000 each if they would 'rubbish' the report and permit their criticisms to be published with or without their names.
- The Amsterdam Group and Anheuser-Busch worked to undermine the French government's ban on advertising in sports arenas during the Soccer World Cup, and have lobbied the European Commission continuously to have such advertising bans declared contrary to the Treaty of Rome and illegal.

The European Alcohol Action Plan 2000-2005, approved by Member States of the WHO European Region, calls upon its Members to support non-governmental organisations that promote initiatives aimed at preventing or reducing the harm that can be done by alcohol.

Clearly there is need for an international advocacy network to act as a public health and safety counterbalance to the activities of the alcohol beverage industry; to exchange information and strategies which will reduce under-age drinking and alcohol-related violence and injuries; to prevent inappropriate alcohol promotions and sponsorships; and to monitor international trade agreements which may affect public health polices particularly in developing countries.

The Conference addressed these main themes in the plenary sessions and the papers given are published in this special edition of The Globe.

The Conference called for an international network of organisations independent of the alcohol beverage industry which would bring together global experience and competence to advocate for policies at international and country level to reduce the harm that can be done by alcohol.

We take this opportunity to thank all the sponsors of the Conference: the Center for Science in the Public Interest, Washington DC; Eurocare; FACE (Facing Alcohol Concerns through Education) Michigan; IOGT International; the Robert Wood

The Need for International Partnership for Alcohol Control Policy and Advocacy

Dr Shekar Saxena

Dr Saxena is Co-ordinator of the unit of Mental Health Determinants and Populations of the Department of Mental Health and Substance Dependence at WHO Headquarters. He is also an Additional Professor at the All-India Institute of Medical Sciences, New Delhi.

Alcohol is responsible for an estimated 774,000 deaths per year. It is also responsible for an estimated 3.5% of the total burden of diseases using disability adjusted life years lost (DALYs) method. Though the developed countries face larger problems due to alcohol at present, the rate of rise is the highest for developing countries. The latter countries also have fewer resources to take care of this additional burden, hence face a massive challenge in the coming years.

WHO is the leading international health agency. Our mandate includes reduction of the negative impact of psychoactive substances on health. These include alcohol, illicit drugs, and prescribed drugs. To achieve this aim our activities include assessing the health related problems of alcohol and advising the Member States on the best strategies for alcohol control policies. We raise awareness of the problems in this area and take measures to co-ordinate the efforts of other international organisations, NGOs, and Member States. It is our aim to provide global leadership on alcohol policy and problems.

There has been a complete reorganisation of WHO's work on Alcohol. The Department of Substance Abuse has been merged with that of Mental Health within the Cluster of Non-communicable Diseases and Mental Health. To respond to the multifaceted health impact of alcohol, a Task Force on Alcohol has been formed. This new structure is expected to provide the leadership role to carry forward the work within WHO, including the Regional Offices as well as to collaborate with external partners.

Recent activities of WHO include the publication of technical material such as Alcohol Policy and the Public Good, EURO (1994), Global Burden of Disease (1996), Guide to Drug Abuse Epidemiology (1997), Alcohol and Public Health in Eight Developing Countries (1999), and Global Alcohol Status Report (2000). Work is in progress to develop some new publications, that include- International Guidelines for Monitoring Alcohol Consumption and Harm; Alcohol Policy and the Public Good – 2, EURO; Alcohol Epidemiology in Developing Societies; Alcohol Policy in Developing Countries; Social Consequences of Alcohol Consumption; and Supply Side Initiative, EURO.

Building on what has been achieved and set in place over recent years, WHO has extensive plans for the future. It is our aim to enhance the scientific base for the neuroscience of alcohol dependence. We need to look for an answer to the question as to whether alcohol dependence is a disease of the brain. If this is the case, what can be done for that disease?

We intend to encourage and facilitate the strengthening of the epidemiological base for not only alcohol consumption and alcohol related problems but also regional and national patterns and for trends and early warning signs. Hard facts are essential and useful for effective advocacy.

More work needs to be done in analysing the links between economic development and alcohol related problems and between poverty and alcohol use. Do countries become richer by producing and selling more alcohol? Do poor people drink more and become poorer? These are questions of vast significance, especially for developing countries.

In approaching all these aims, partnerships is a key feature of our work. The task of alcohol control is too massive for any one organisation to undertake. Different organisations have varying strengths and weaknesses and there is a need for strategic partnerships. Working together is the name of the game! There are a large number of prospective partnerships: international agencies such as the International Labour Office, UNICEF, UNESCO, the World Bank; regional organisations; non-governmental organisations within the various

Member States and, indeed, those states themselves; and the media which, throughout the world, can have large influence. If several of these organisations were to co-operate then a powerful partnership can be formed to achieve our aims on a global basis.

An important event in the near future is the Ministerial Meeting being organised by WHO - EURO. The alcohol Action Plan will be extended and the "Declaration on Young People and Alcohol" will be signed. If we can bring ministers together then peer pressure can be brought to bear on those who have been unwilling to implement the measures we all believe necessary and experiences can be shared. It is important that we extend the Action Plan to all the regions of WHO. This will help produce better science, a higher level of advocacy, and more effective partnerships.

I extend my support to the Global Alcohol Policy Advocacy Conference here at Syracuse and look forward to taking back with me, useful ideas and plans to decrease alcohol problems in the world. ■

Global Overview of Alcohol Problems

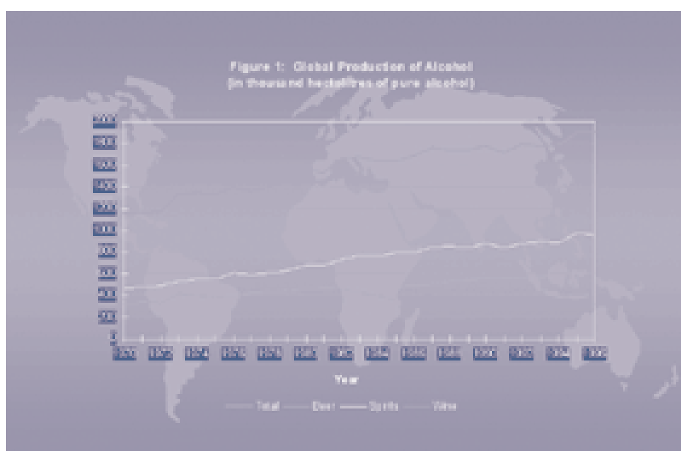
Dr David Jernigan

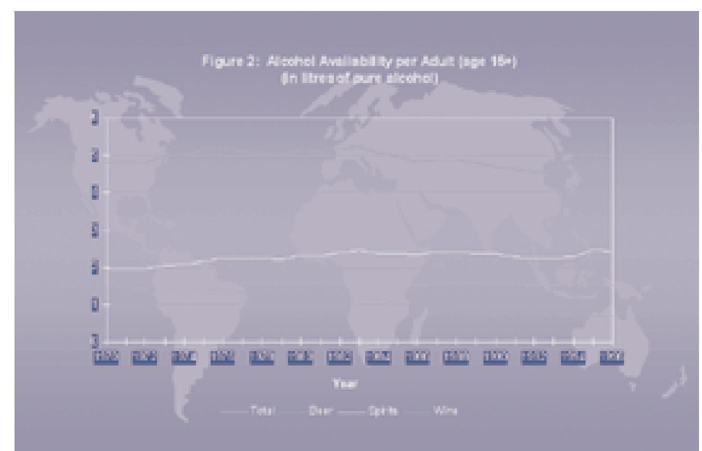
Dr Jernigan is the Associate Director of the Marin Institute for the Prevention of Alcohol and Other Drug Problems, Marin County, California.

My job today is to set the stage by sharing with you what we know about alcohol problems around the world. It is a somewhat daunting task, but would be worse if I had not spent the better part of the past four years trying to answer the question.

Before I get more specific, I would like to begin by saying that in this presentation, I will be defining the term "problems" more broadly than health, safety or even personal or family or community well-being. From a global perspective, I think we have a responsibility to look at alcohol and alcohol problems in the broadest way possible. Later presentations at this conference will look, for example, at the potential alcohol problems that lie in wait as a result of trade agreements, and at the activities of the alcoholic beverage industry in funding front organizations that attempt to mask promotion of alcohol in the guise of prevention of alcohol problems. Those fall within my definition of alcohol problems, and I will include some comments about the global state of the alcohol industry in this brief presentation, as well as an overview of health and social data available to us.

Moving on first to the latter, my comments are





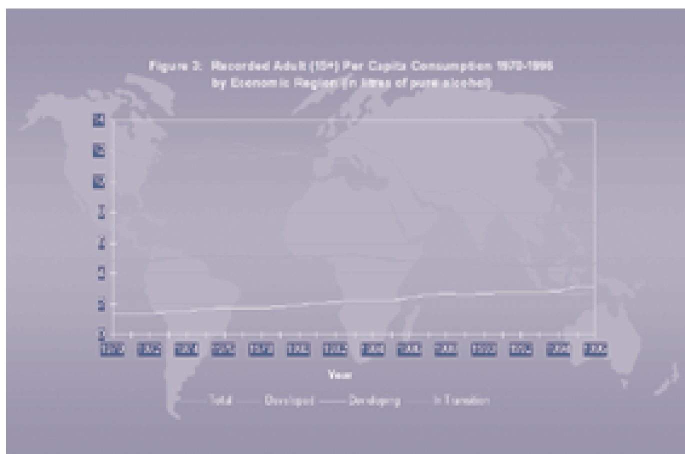


Table 4. Per capita consumption of pure alcohol (litres) per adult, 15 years of age and over adjusted for unrecorded production and trade

Country	Year	Recorded	Adjusted	Adjustment
[illegible]	[illegible]	[illegible]	[illegible]	Adjusted for legal production of [illegible]
Brazil [illegible]	[illegible]	[illegible]	[illegible]	Adjusted for government estimate [illegible]
Chile [illegible]	[illegible]	[illegible]	[illegible]	Increased by [illegible]
Denmark [illegible]	[illegible]	[illegible]	[illegible]	Increased by [illegible] to reflect unrecorded consumption
Ecuador [illegible]	[illegible]	[illegible]	[illegible]	Adjusted for clandestine production [illegible]
Estonia [illegible]	[illegible]	[illegible]	[illegible]	Adjusted for police estimate [illegible]
Finland [illegible]	[illegible]	[illegible]	[illegible]	Increased by [illegible] to account for unrecorded consumption
Greece [illegible]	[illegible]	[illegible]	[illegible]	Increased by [illegible] litres per capita to reflect unrecorded consumption
Hungary [illegible]	[illegible]	[illegible]	[illegible]	Increased by [illegible] litres per capita to reflect unrecorded alcohol consumption
Republic of Moldova [illegible]	[illegible]	[illegible]	[illegible]	Adjusted to reflect estimate that [illegible] consumption accounts for [illegible] of total consumption
Russian Federation [illegible]	[illegible]	[illegible]	[illegible]	Adjusted to reflect estimate that per capita unrecorded consumption was [illegible] litres

primarily based on WHO's recently published Global Status Report on Alcohol, which most of you should have received with your conference registration materials when you arrived at the hotel. This report is the result of more than three years of passive epidemiological surveillance of the global situation regarding alcohol and health. Lacking the resources to conduct surveys and detailed field research in the many countries of the world, we relied heavily on secondary and other documentary sources on the one hand, and expert informants on the other, employing regional experts from various parts of the world to assist us in locating studies or raw data regarding those areas. We also benefited from databanks developed by the Marin Institute, the Food and Agricultural Organization of the United Nations, the Dutch Distillers, the European Regional Office of WHO, the Pan American Health Organization, and WHO's Global Programme on Evidence and Information for Health Policy, as well as numerous unpublished conference reports and memoranda from WHO regional offices and from Member States. As we gathered the individual country data, we also submitted it at various stages for review by our regional experts, by the WHO regional offices, and through them by the WHO Member States.

The report is based on a database that is designed to provide the foundation for ongoing monitoring of alcohol use, problems and policies, and hopefully this report will be the first of several more frequent overviews of the global situation.

The report has two parts: an overview of the global situation regarding alcohol and health, and profiles of alcohol use, problems and policies in 174 WHO Member States – all of the countries for which we were able to locate some kind of data. Included is a discussion of the overall socio-demographic situation, the state of alcohol production and the alcohol industry, alcohol consumption and prevalence of use, health effects of alcohol use, and national policy responses for each country profiled. The profiles range in length from 1 to 5 pages.

In terms of the global situation, we begin by reviewing the types of alcohol products and trends in alcohol production and availability worldwide. There is a vast array of alcohol products used throughout the world. Many of these are local or regional, such as pulque in Mexico or sake in Japan. The three most common types of alcoholic beverage are beer from barley, wine from grapes, and several widely available types of distilled spirits. These are the three categories focused on for the most part in the global overview and the country profiles.

Using data primarily from the Food and Agricultural Organization, we estimated that alcohol production, particularly of beer and spirits, has grown steadily since 1970, while

Table 7. Prevalence of heavy drinking in selected countries in the Region of the Americas

Country	Total (%)	Male (%)	Female (%)	Definition
Brazil (*Moreira et al., 1996*)	15.5	-	-	>30g/day
Costa Rica (*Bejarano et al., 1996*)	9.7	-	-	men: >78.5g/day; women: >47 g/day
Mexico (*Medina-Mora, Tapia & Rascon, 1990*)		31.1	5.0	>=5 drinks at least once/week
Mexico (*Secretaria de Salud, 1995*)	23.0	-	-	>=5 drinks on an occasion
Paraguay (*Miguez & Pecci, 1997*)	35.6	-	-	>78.5 g/occasion
United States of America (*US Department of Health and Human Services, 1996*)	5.4	9.3	1.9	>=5 drinks on 5+ occasions in past month
United States of America (*US Department of Health and Human Services, 1996*)	15.5	22.8	8.7	>=5 drinks at least once in past month

Table 8. Annual prevalence of drinking in selected European countries

Country	Male (%)	Female (%)
Estonia (*Narusk 1991*)	97.0	86.0
Finland (*Simpura, Paakkanen & Mustonen, 1995*)	90.0	82.0
Greece (*Madianou et al., 1987*)	93.4	77.8
Hungary (*Buda, 1987*)	93.4	78.6
Netherlands (*Inge et al., 1997*)	88.4	76.3
Norway (*Harkin et al, 1997*)	89.9	80.3
Poland (*Harkin et al., 1997*)	93.8	84.1
Portugal	85.2	66.8
Spain (*Gili Miner & Gini Ubago, 1987*)	90.0	80.0
Sweden (*Hurst, Gregory & Gussman, 1997*)	90.0	75.0
Switzerland (*ISPA, 1993*)	90.0	77.0

wine production has been falling since the middle of the 1980s.

Expressed in terms of availability per adult, age 15 and over, again spirits and beer have kept up with or stayed slightly ahead of population growth, while wine production has fallen behind it. Throughout the report, we focus on consumption per adult rather than overall per capita consumption. This is because of the significant differences in the age structures of national populations. In order to make our figures more comparable across nations, we had to take into account the fact that in some developing countries, close to half the population may be under the age of 15.

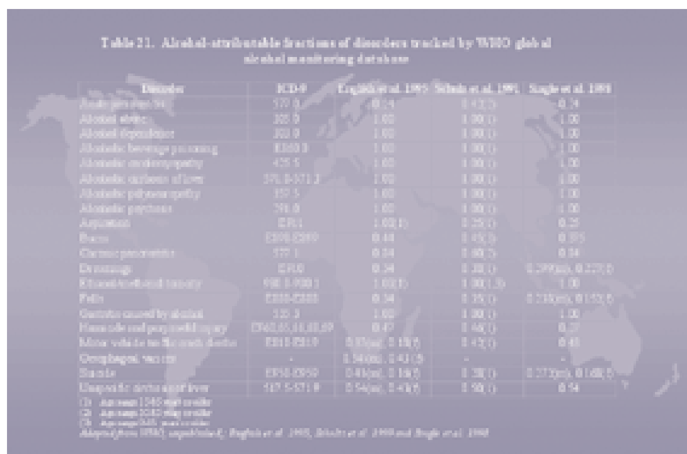
In terms of adult per capita consumption, we also looked at what is happening in the aggregate in the different economic regions of the world. Using the World Bank's classifications, we found that recorded alcohol consumption has been falling in the established market economies, i.e. the world's wealthy countries; rising in the areas of the world traditionally known as developing, that is Latin America, Africa and Asia with the exception of Japan; and falling as well in terms of recorded consumption in the countries of the former Soviet Union. However, in the latter case, the issue of unrecorded consumption is significant. For the most part, unrecorded consumption does not significantly influence the direction of the curve for the wealthy nations. If anything, in the developing nations, it would either remain constant or increase the slope of the curve. However, in the former Soviet Union, loss of control of the market has led to an explosion in unrecorded consumption, compromising the reliability of the green line in the graph in terms of accurately depicting the trend in drinking.

Estimating the actual size of unrecorded alcohol consumption is quite difficult. Some idea of the magnitude of this difficulty may be obtained from this slide, which shows a few of the studies we were able to locate of the difference between recorded and actual consumption based on in-country estimates of the unrecorded segment of the market. There are no standard ways of measuring unrecorded consumption, and some of the methods used can be quite creative. However, these studies are all from official or academic sources, and they show that in some cases recorded consumption underestimates actual consumption by a factor of four or more.

The issue of unrecorded consumption also encompasses a significant alcohol problem in many countries, which is the problem of illegal production and sale of alcohol. Additives from battery acid to methanol to chicken parts to other drugs are reportedly added to alcohol produced and sold through so-called informal channels. This problem periodically receives media attention, particularly when a batch produces a cluster of deaths from drinking poorly made or poisonous drink. However, although the illicit supply may be substantial in certain countries, and while batches of that supply may periodically cause health problems, the vast majority of the alcohol supply is legal, and the vast majority of the world's alcohol problems result from consumption of the legal supply.

Per capita consumption is a useful indicator in terms of establishing trends over time. However, it tells us nothing about how alcohol is actually being used, i.e. the distribution of consumption within populations. For this we reviewed published and unpublished surveys of alcohol use within each WHO region. For the most part around the world, men drink more and are more likely to drink heavily than women. This is evident in estimates of heavy drinking from counties in the Region of the Americas, as shown in this slide.

The European region is more of an exception, in that both men and women drink alcohol in large numbers. However, men are still more likely to do most of the heavy drinking in most countries. The European drinking pattern is rapidly spreading to the rest of the world, and we are finding greater numbers of women worldwide starting to consume alcohol. Alcohol producers as



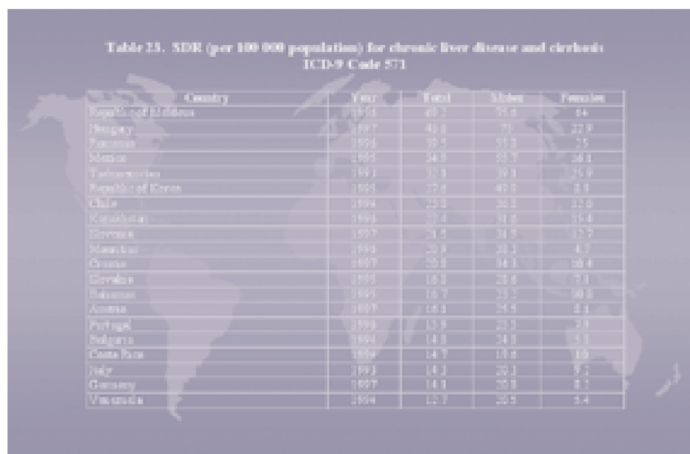


Table 2.5. Global burden of disease and injury attributable to alcohol use in 1990

Region (World Bank)	Deaths (thousands)	As % of total deaths	Years of life lost (thousands)	As % of total of years of life lost	Years of life disabled (thousands)	As % of total of years of life disabled	Disability-adjusted life years (DALYs) (thousands)	As % of total DALYs
EME	83.8	1.2	2 530	5.1	7 687	15.6	10 204	10.3
FSE	53.0	1.4	2 063	5.7	3 180	11.9	5 243	8.3
IND	112.9	1.2	2 723	1.4	1 974	2.3	4 697	1.6
CHN	114.1	1.3	2 118	1.8	2 737	3.6	4 856	2.3
OAI	97.4	1.8	1 882	1.8	3 191	5.1	5 059	2.8
SSA	170.7	2.1	4 425	2.0	3 169	4.6	7 602	2.6
LAC	138.1	4.5	3 319	5.9	6 201	14.7	9 520	9.7
MEC	5.6	0.1	229	0.2	437	1.0	666	0.4
World	773.6	1.5	19 287	2.1	28 400	6.0	47 687	3.5

Source: Murray and Lopez 1996

Leading Global Beer Producers

Corporation	Country	Global Market Share 1979/80	Global Market Share 1998
Anheuser-Busch	USA	6.48% (1)	10.3% (1)
Heineken	Netherlands	2.84% (4)	6.2% (2)
Miller	USA	4.83% (2)	4.4% (3)
South African Breweries	South Africa	0.93% (17)	3.8% (4)
Companhia Cervejaria Brahma	Brazil	2.01% (5)	3.8% (5)
Interbrew	Belgium	*	3.3% (6)
Carlsberg	Denmark	3.08% (3)	2.8% (7)
Grupo Modelo	Mexico	1.34% (12)	2.5% (8)
Kirin	Japan	*	2.5% (9)
Foster's	Australia	1.74% (8)	2.3% (10)
Total mkt. Share of top ten		27.99%	48.7%

Sources: Cavanagh and Clairmonte 1985:51; Impact Databank 1999. * indicates not in the top thirty in 1979/80.

well have recognised this, and have targeted campaigns to women in various countries to encourage them to drink alcoholic beverages.

One such campaign, done in Malaysia by the Bacardi company, marketed a 40 percent alcohol product as an elixir of health for women who have just given birth.

However, despite such marketing, it is still the case that global alcohol is primarily marketed to and drunk by men, and women often pay the cost, in terms of domestic violence, loss of household income, sexual assault and so on.

Most alcohol in the world is consumed in the country of its production. However, approximately 10 percent of alcoholic beverage production enters into international trade. The bulk of this trade occurs between the wealthy nations, both on the export and import sides. As this slide shows, most of the leading spirits and beer exporters are developed countries. Mexico is the only developing country among the leading exporters, and its primary trading partner is the United States.

Turning now to the health consequences of alcohol, this topic has received considerable attention in the scientific research literature, and the global overview includes a brief description of the wide range of health conditions related to alcohol use. In the database that we have built that underlies this report, we have collected data on health conditions that have been shown to be likely to be related to and/or caused by alcohol. Although the issue of causality is sometimes a tricky one, we relied in part on several meta-analyses of hundreds of studies that have estimated the percentages of health problems caused by alcohol. This slide shows the conditions on which our database collects data and studies, as well as the percentage of each condition estimated by the meta-analyses to have been caused by alcohol use.

In the database, we track 20 alcohol-related injuries and diseases. In the global overview, we estimated age-standardized death rates for mortality from three alcohol-related conditions: alcohol dependence syndrome, chronic liver disease and cirrhosis, and motor vehicle crashes. These three were chosen because of the availability of data on them. Age-standardized death rates adjust for differences in the age structures of populations, so that our data may be more comparable across countries. Mortality from alcohol is a function of level of drinking, pattern of drinking, and availability of health resources. In the case of cirrhosis, the inclusion of cirrhosis as a result of infectious diseases in tropical climates must also be taken into account. However, this slide shows a disproportionate level of mortality from chronic liver disease and cirrhosis in post-communist and in developing countries, and may be seen as a possible indicator of the general level of alcohol-related problems in those countries.

The Global Burden of Disease study conducted

Leading Global Distilled Spirits Producers

Corporation	Country of HQ	Brands in top 100	Global Market Share 1991	Global Market Share 1998
UDV (Diageo)	UK	18	10.5% (1)	16.9% (1)
Allied-Domecq	UK	8	9.4% (2)	8.3% (2)
Seagram	Canada	7	8.7% (5,8)**	6.9% (3)
Bacardi	Bermuda	2	7.7% (3)	5.7% (4)
Pernod Ricard	France	3	5.7% (4)	4.7% (5)
Jim Beam (Fortune)	US	1	4.8% (6)	4.1% (6)
UB Group	India	2	3.7%(8)	3.4% (7)
Suntory	Japan	2	4% (7)	3.0% (8)
Brown-Forman	US	3	*	2.6% (9)
Canandaigua	US	6	2.5 (10)	2.2% (10)
Total mkt share of top ten			57%	57.8%

Source: Impact Databank, annual reports. * indicates not in the top ten in 1991. ** rankings given for Allied-Lyons and Pedro Domecq, who merged in 1994.

Leading Spirits and Beer-Exporting Countries (1996)

Country	Spirits Exports (metric tons)	Rank	Beer Exports (metric tons)	Rank
United Kingdom	651 151	1	234 557	9
France	377 779	2	**	
Germany	190 903	3	837 071	2
Netherlands	126 981	4	**	
Ukraine	126 000	5	1 197 482	1
Italy	116 382	6	**	
United States of America	109 617	7	325 229	7
Hungary	97 451	8	509 715	3
Mexico	90 601	9	491 666	4
Ireland	79 962	10	**	
Luxembourg	*		431 992	5
Canada	*		361 416	6
Denmark	*		283 497	8
Czech Republic	*		212 186	9

by the World Bank, WHO and the Harvard School of Public Health attempted to estimate mortality as well as years lost from death and disability due to alcohol use in 1990. As the first column shows, mortality is most striking in sub-Saharan Africa, Latin America, China and India. This study took a somewhat controversial offset against mortality in the wealthy nations due to the possible protective effect of alcohol against mortality from heart disease. However, even with this offset, the last column shows that alcohol use contributed to 10 percent of overall years of life lost due death and disability in the wealthy countries.

Moving from the profile of alcohol use and problems to the structure of the alcohol supply itself, the past decade has witnessed the continued consolidation of the largest producers, with the combination of Guinness and Grand Metropolitan creating a global giant in Diageo, by far the world's largest purveyor of global distilled spirits brands. With the pending sale of Seagram to the Italian conglomerate Vivendi, it is expected that Seagram's spirits division will be spun off and offered for sale. Diageo is the most likely buyer.

As the biggest gets bigger, its global marketing grows as well. The major global alcohol brands rely on marketing for their cachet. Diageo's predecessor Grand Metropolitan spent US$1.5 billion on marketing in 1996.

Advertisements such as this one typify the image that Diageo seeks for its products in developing countries. They are a sign of progress into the world's elite, a badge of status more affordable and feasible than actual economic development and prosperity.

At the same time, the company's local affiliate in Zimbabwe plays on the racial tensions in that country to market a locally-produced whisky named after a general of the pro-slavery side in the U.S. civil war, and backed by the flag of the U.S. confederacy.

Looking at the global brewers over a twenty year period, the course of consolidation is even more evident. Through a complex network of cross-licensing and contract brewing, the global brewers have secured near monopoly control over the world's major markets. Each of the above brewers dominates its home market. Carlsberg and Heineken are the major players in Southeast Asia, with Guinness (now part of Diageo) allied with Heineken. Guinness plays a strong role in Africa, but the dominant player there is the South African giant, South African Breweries. The North American brewers have tried to cement alliances with the South American brewers, having been effectively shut out of Asia and Africa. Eastern Europe and China, markets that have opened up more recently, are battlegrounds populated by larger numbers of companies.

While the world's fourth largest brewer touts its local connections in advertising on the African continent, it now dominates several Eastern and Central European markets. Number seven Carlsberg's image of success has been this woman, who over the past two decades, in the predominantly Muslim country of Malaysia, has increasingly become identified with the beer itself, to the point of living inside of it.

The final section of the global overview reviews what is being done to control alcohol problems throughout the world. In particular, the overview provides data collected in the WHO global alcohol database on policies being followed by Member States. These lists are by no means complete, but rather suggest a minimum of nations with the following policies:

- Prohibition – 7 countries
- Minimum drinking age laws – 67 countries
- Alcohol monopolies – 19 countries
- Licensing systems – 50 countries
- Restrictions on alcohol advertising – 37 countries
- BAC limits for drivers – 54 countries

In conclusion, how do we find the alcohol situation in the world, and what do we recommend in the Global Status Report be done about it?

- Alcohol consumption is declining in developed countries, rising in developing world
- Men do most of the drinking worldwide
- Alcohol makes a significant contribution to the global burden of disease
- The evidence is sufficient to suggest that alcohol is a significant threat to world health.
- Production of alcohol for export is concentrated in developed countries, and in the case of beer and distilled spirits, in the hands of a few large companies.
- These producers spend heavily on marketing to stimulate demand for their products.
- In many new markets, alcohol's revenue-enhancing potential is seen but not its costs.

Risk Factors in the Global Burden of Disease, 1990

Risk factor	Deaths (thousands)	As % of total deaths	Years of life lost (thousands)	As % of total years of life lost	Years of life disabled (thousands)	As % of total years of life lost	Disability-adjusted life years (DALYs) (thousands)	As % of total DALYs
Malnutrition	5 881	11.7	199 486	22.0	20 089	4.2	219 575	15.9
Poor water supply, sanitation and personal hygiene	2 668	5.3	85 520	9.4	7 872	1.7	93 392	6.8
Unsafe sex	1 095	2.2	27 602	3.0	21 100	4.5	48 702	3.5
Tobacco	3 038	6.0	26 217	2.9	9 965	2.1	36 182	2.6
Alcohol	774	1.5	19 287	2.1	28 400	6.0	47 687	3.5
Occupation	1 129	2.2	22 493	2.5	15 394	3.3	37 887	2.7
Hypertension	2 918	5.8	17 665	1.9	1 411	0.3	19 076	1.4
Physical inactivity	1 991	3.9	11 353	1.3	2 300	0.5	13 653	1.0
Illicit drugs	100	0.2	2 634	0.3	5 834	1.2	8 467	0.6
Air pollution	568	1.1	5 625	0.6	1 630	0.3	7 254	0.5

Source: Murray & Lopez, 1996

(We collected data on revenue from alcohol as a percentage of total national budgets, but were able to obtain it for only a few countries. Nonetheless, in some developing countries the percentage of the national budget coming from alcohol may be as high as 24 percent, and more usually ranges in the 2 to 4 percent range, a not insignificant contribution to national budgets.)

- Public health-related technologies to reduce demand for alcohol are more prevalent in developed than developing countries. This is true of policies as well as of educational and treatment programs. In general, the spread of alcohol marketing and promotion has far outpaced the spread of technologies to prevent and treat alcohol-related problems.
- Such policies are threatened by free-market reforms. Even where policies to control alcohol use and problems exist, they are being undercut by the liberalization of markets that is the primary economic trend of our time.
- Monitoring of alcohol use and problems is critical and needs improvement.

The report endeavors to provide as accurate a picture of alcohol use and problems around the world as we could compile. However, it is also filled with caveats about the quality of data and the paucity of organized efforts to monitor alcohol use and problems outside of a few countries in the developed world. Again, the magnitude of alcohol's contribution to global death and disease is proportionally far greater than the resources devoted to monitoring or reducing that contribution.

We also conclude in the report that WHO Member States need to adopt comprehensive national programmes of education, treatment and regulation to prevent alcohol-related problems; that such programmes must be consistent with local cultures and mores; and that effective, scientifically-tested prevention technologies exist and should be adopted

Images like this one, used by Guinness in many developing countries in the 1980s, offer a picture of alcohol as an asset to health and well-being. In fact, returning to the Global Burden of Disease study, this study found that alcohol ranked above tobacco and illegal drugs in terms of its impact on global death and disability. Yet the resources devoted to alcohol-related problem prevention and treatment are dwarfed by the attention and resource given at this point in time to tobacco and illegal drugs. It is our hope that this report will contribute to the evidentiary basis for a higher priority on alcohol both at the national and at the global level, shoring up the case that we can make as advocates for stronger and more effective alcohol policies. ■

Science and Policy Advocacy

Professor Sally Casswell

Professor Casswell is a social scientist and holds a Personal Chair at the University of Aukland, New Zealand.

It is good to see a gathering of people concerned about the nexus of science and alcohol policy and concerned to ensure that there is science carried out which will serve the public interest. In this presentation I aim to remind us why having such a science base is important, and consider some of the ways in which its usefulness can be enhanced. Most importantly I will argue that we need to work collectively to ensure that this science base continues to develop and to be put to use.

The Ubiquity of Research in the Policy Arena

It is probable that very few alcohol policy debates occur anywhere in the world without some mention of a research finding. At least this is true for the industrialised world and, I suspect, is increasingly true in countries with fewer resources.

The Role of Research in the Policy Arena

In a hotly contested policy debate, which alcohol policy almost always is, research based knowledge will be entered into the debate by almost all, if not all, the interests represented. Sometimes these will be different research findings and sometimes they will be the same research findings with different interpretations being drawn. It is not an uncommon experience to have one's own research quoted back to one and interpreted as supporting a policy which one believes may not be in the best interests of public health. This happened to us in the debate last year on the minimum purchase age in New Zealand. We have carried out a series of annual surveys over the past decade which have shown a marked increase in the proportion of those younger than the minimum purchase age who had drunk large quantities in typical drinking occasions. We are an example of country in which aggregate consumption is declining but there are issues of concern still and one example is increase in youth intoxication. We also found about 40% of the underaged reported they had access to licensed premises. These data were interpreted by public health advocates as evidence of a climate in which it was preferable not to lower the legal minimum age but rather to increase enforcement. This same evidence was interpreted by others to support a lowering of the age since the status quo had not prevented the increases in binge drinking from occurring.

The Limitations of Research in the Policy Arena

Those who supported a lowering of the age were conscious of the drop in the age of voting to below the minimum drinking age, and changes in the perceived status of young people which makes using the law to protect them from access to alcohol seem unreasonable. They felt young people needed to be given the chance to show their individual responsibility and the law prevented this from happening, thereby impeding the civilising process. Some of the elected policymakers may also have been conscious of the forthcoming election in which the 18 year olds were voting for the first time. The police at HQ level were conscious of the complexities of the existing legislation which made enforcement difficult and the various sectors of the alcohol industry were no doubt conscious of their ongoing need to recruit new cohorts of drinkers and of the fast approaching millennium celebrations. The point here is that any research in any policy debate is interpreted in the context of such ideological beliefs and such interest positions. As Carol Weiss has put it, information will only impact on the policy debate when there is sufficient congruence with ideology, interests and institutions (Weiss, 1983).

The research must also be perceived as salient. I was particularly interested in the way the U.S. research on minimum drinking age did not feature in the New Zealand policy debate last year and the contrast with the situation in 1989 when, despite a strong liberalising trend in other policy decisions, the attempt to lower the age was defeated. The U.S. research evidence on the impact of the drinking age on traffic crashes played a large part in the debate in 1989. However, in 1999 after a decade of further declining road traffic fatalities in New Zealand, cemented into place by the random breath testing legislation

passed in 1993, there was very little mention of the U.S. evidence on traffic crashes. Instead, the U.S. featured as the only country in the world with a minimum drinking age higher than ours.

Value of Public Health Research

Having stressed that in the policy process, - a complex and non linear process- research evidence is but one strand and must compete with cultural, social, political and economic values and beliefs, I now want to go on to stress the importance of having research based knowledge in the policy arena. I have already mentioned its ubiquity, which is in part because of the desire on the part of the policy maker to be seen to be acting in a rational manner. Research findings provide an alternative source of logical arguments from those of the interest groups and, as we know, a range of different interest groups to support their positions will supply research findings. If the public health perspective is not strongly supported by research findings in the policy arena then the public health perspective will be less effectively represented in the policy development process.

Research Knowledge as a Commodity

To some extent, seen from this angle, research based knowledge is a commodity. It needs to be relevant to the consumer, it benefits from being new or at least repackaged to meet the specifics of the current situation. It also gains from being local and therefore contextualised. While some positivist scientists still try to promote the idea of universal truths policymakers in many countries have tired of being presented with evidence from the Finland of the 1970s.

Rigour and Validity

What research cannot be, if it is to be useful to policymakers, is quick and dirty. Research gains its credibility and therefore its usefulness for policymakers from its rigour and validity. The research process runs in large part on the peer review system. This system means that if the research process used is systematic, and there is a transparent audit trail which allows other researchers to see what was done, how the data were analysed and how the interpretations link to the data, the research will eventually be accepted by the rest of the research community, however unpalatable the findings are in policy terms. This is the strength of the research input to the policy arena and should be defended. If advocates require immediate information, given that research is a long and expensive business, they should gather their own intelligence and impressions and make clear that that is what it is.

Framing of Research Questions

Because research is a lengthy and expensive business not a lot of it will be done, making it crucially important that the questions the research asks are relevant to the policy arguments. If the research is not framed to be directly relevant to the policy issues it may still play a part in the policy process, but as a way of making it look as if something is being done about a problem when effective policy implementation has been avoided. This is research in the function of the fig leaf, to borrow a phrase from a Polish colleague (Moskalewicz, 1993). Research which falls into this category often takes the form of the repetitious documentation of the extent and nature of alcohol-related problems, and the endless search for every individual level characteristic which is correlated with them.

Individual versus Environmental

This focus on the characteristics of the individual experiencing problems supports a particular approach to problem prevention, the targeting of groups of individuals, usually on the basis of age and gender, (since despite the expensive search for finer distinctions they are usually the only targeting classifications it is practical to make). This approach and the research which underpins it is at the expense of investigation of the environmental characteristics which are what can be tackled by public policies. Witness the search for the personal characteristics of the drinking driver in the 1970s to the exclusion of any focus on the locations in which they drank (Mosher, 1983). Similarly, the focus of all the longitudinal studies of the 1970s and 80s which looked at the relationship between alcohol and deviant behaviours or psycho-social variables. Our longitudinal study has, I think, been the only one of the large scale multi-component longitudinal studies to ask questions relevant to two key policy areas: first, the effect of exposure to alcohol advertising and second, easy access to alcohol when a teenager. In both cases the results show that the liberal policies in place had a negative impact on subsequent drinking and alcohol-related problems (Casswell & Zhang, 1997; 1998).

Inequalities and Social Justice

One interesting aspect of the search for personal characteristics related to alcohol problems has been the lack of attention paid to different patterns of drinking and related problems depending on relative disadvantage within the community. Maybe this has been a hangover from the alcoholism perspective, as one of the emphases of the alcoholism discourse was that anyone might contract it. But there are some patterns of

disproportionate problems in the least advantaged. Alcohol related mortality has been found to be class related (Makela, 1999). Heavier quantities during a drinking occasion have been found to be more common among the unemployed (Hammer & Vaglum, 1990) and less well educated (Midanik & Clark, 1994; Dawson et al 1995). In less resourced countries the pattern of drinking and the resources put into alcohol are constraints on development (Abramson, 1997). Research in the US has demonstrated the clustering of alcohol outlets in poorer locations and the impact of this on problems (Alaniz, 1998; Alaniz et al, 1998). And marketing is sometimes aimed at the least advantaged minorities (Alaniz et al, 1999). The side effects may then impact on the even less advantaged, women and children. One role for research is to ensure the voices of the most disadvantaged are heard in the policy debate. There are a number of papers in this meeting that do this.

For those with the fewest expectations of achieving status or material wealth intoxicated drinking occasions provide an opportunity for getting away from it all which is more affordable than the skiing holiday. The financial benefits accrue to the increasingly globalised alcohol industry contributing to the increasing gaps between the very rich and the poor.

Benefits versus Costs

Another characteristic of research carried out from a public health perspective is that it does focus on the harm associated with alcohol, since the use for which the research is intended is to reduce that harm. In a paper written in 1993 on the way the political economy affects the framing of research questions I wrote in passing that the "description of the undoubted pleasures associated with drinking has, not surprisingly, tended to be the province of market researchers assisting with the development of campaigns to increase sales of alcohol beverages." (Casswell, 1993). Little did I know then that a few years later a number of public health researchers would be participating in an international conference entitled "Permission for Pleasure" organised by the international industry-funded social aspects organisation, ICAP.

Industry Developments

This leads me to my final issue, why it is currently necessary to work to ensure that public health oriented research flourishes. ICAP was established in 1995, set up by ten multinational alcohol producers. Its goal is to promote an alcohol industry favourable ideology and its strategies include the building of visible partnerships with public health advocates and researchers (McCreanor et al, 2000). It is the first global example of its kind in the alcohol field but there have of course been many national and some regional level organisations and also direct

DEVELOPMENT INDICATORS

Country * LDC	Population in millions	Life Expectancy Years	Adult Literacy % 15 & over	Under 5 Mortality per 1000 births	Women Mortality per 100,000	Low birth weight % of Infants	GNP per capita
Bangladesh*	124.8	58	38%	106	440	50%	$ 360
Bhutan*	2.0	61	42%	116	380	NA	$ 430
India	982.2	63	50%	105	410	33%	$ 370
Maldives*	0.2	65	95%	87	350	13%	$ 1,180
Nepal*	22.9	58	36%	100	540	NA	$ 220
Pakistan	148.2	64	39%	136	NA	25%	$ 500
Sri Lanka	18.6	73	90%	19	60	25%	$ 800
	1298.9						
Indonesia	206.3	65	84%	56	450	8%	$ 1,110
Malaysia	21.4	72	84%	10	39	8%	$ 4,530
Myanmar*	44.5	60	83%	113	230	24%	$ 220
Philippines	72.9	68	94%	44	170	9%	$ 1,200
Thailand	60.3	69	94%	37	44	6%	$ 2,740
	405.4						
China	1255.7	70	80%	47	65	9%	$ 860
	2960.0						
USA	274.0	77	99%	8	8	7%	$ 29,080
South Asia	1320.1	62	48%	114	NA	33%	$ 385
Developing Countries	4702.8	62	70%	95	NA	18%	$ 1,299
Industrialised Countries	847.9	78	98%	6	NA	6%	$ 27,146

Source: The State of World's Children 2000, UNICEF

funding and commissioning of research by industry sectors in the past.

The existence of ICAP however, has moved things to a different level. This is in part because of the resource it has available to host such international conferences, commission research and writings, and because of its explicit determination to reframe the research based knowledge into a form less threatening to the industry than much of the output of public health science. The ICAP book "Alcohol and Emerging Markets: patterns, problems and responses", for example, included credible research but the introductory and concluding chapters packaged the material to minimise public health implications. These recommend industry involvement in the development of alcohol policy in the emerging markets of developing countries. Only two policy approaches are specified in the chapter on the appropriate role for the industry: responsible promotional and advertising practices, and alcohol education and initiatives which promote sensible drinking. As is usual with industry oriented material, effective environmental strategies such as controls on availability or pricing are not adequately addressed.

ICAP is providing advice and assistance in developing countries. It is attempting to set the dominant agendas for the framing of alcohol research questions in ways which will not be effective for public health advocacy. Furthermore, these developments have occurred during a time of something of a vacuum at WHO (although it is very good to sense changes in this situation and find that three people from WHO are participating in this meeting). It appears that ICAP has set out deliberately to fill that vacuum and in times of financial constraint the temptation to accept assistance from industry sources, and hope for the best in terms of longer term direction, is there for national and international bureaucrats, and for advocates and for researchers.

Conflicting Interests

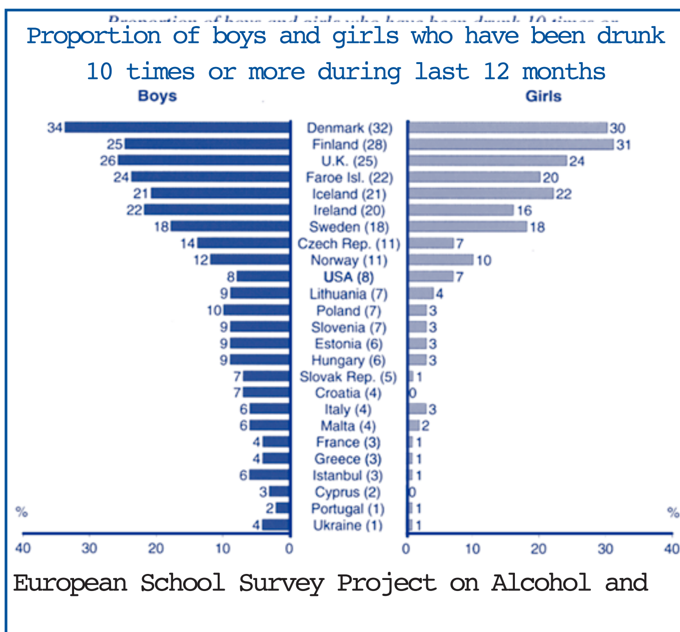
The evidence suggests, however, that such a partnership between science and the alcohol producers is not in the interests of public health. Analysis of industry funded advocacy, as with the ICAP material just mentioned, shows a partial representation of the alcohol situation, excluding environmental strategies for which there is evidence of effectiveness. Is this accidental? Could it be changed by persuasion? Is there room for an authentic partnership with a shared vision between the producers and marketers of alcohol and public health? Or is there an underlying conflict of interest which means that the perspectives will always differ and finding the appropriate policy resolution should be left to be the unenviable task of the policy makers?

We (and others) (Greenfield et al., 1996) have used survey data to examine this question of conflict of interest, and this can perhaps be seen as a small example of framing research questions in a policy relevant way. Public health policies set out to reduce the number of heavier drinking occasions which are associated with much harm. The industry spin on these kind of drinking occasions is that they are confined to small numbers of people who can be targeted to change without impacting on the majority of drinkers. And it is true that it is a minority who report heavier drinking occasions. However, analysis of the proportion of the alcohol market which is consumed in such heavier drinking occasions shows it to be, in a drinking culture like ours, a very significant amount. If we take only those drinking occasions in which men drink eight or more cans of beer or shots of spirits and women drink six or more, the calculations show nearly 40% of the market is accounted for by these heavier drinking occasions, and therefore a significant proportion of profits come from those drinking occasions. This gives another perspective on why the producers may be less keen on the environmental strategies which have been shown to be effective in reducing such drinking occasions.

Funding and Forums : the Global Need

To return finally to the issue of protecting public health science and improving its relationship with advocacy.

Ideas are transmitted in writings and in meetings such as this one. Research is a social and political act as well as a scientific one. The book Alcohol Policy and the Public Good, published in 1994, which summarised the evidence on effective policies gained much of its credibility from the contribution of 17 leading alcohol researchers from many different countries and covering a number of different disciplines; its impact is illustrated by the number of languages – eight – it has been translated into, as many here know. A second international collaborative project is currently underway, again with the support of WHO, to bring the research evidence up to date, and also, importantly, to deal with the implementation of such effective policy. This book is due out in 2002. This enterprise is being carried out with minimal financial resources but they are sufficient to enable the researchers to work together to produce a work of ideas which is responsive to the broader policy arena, including the issues and claims made by industry interests.



Proportion of boys and girls who have been drunk 10 times or more during last 12 months

European School Survey Project on Alcohol and

There is a need for researchers to be able to meet, discuss issues and exchange the results of research framed in ways which are immune to the influence of the industry sector's interests.

I applaud the organisers of this conference for their efforts to do just that. At this meeting we are a disparate group and will have many different perspectives on alcohol and what can and should be done to reduce alcohol related harm. This is not a problem. It can enrich and enliven the debate and still result in productive discussion, since we all share a common primary goal of reducing harm. We can also be cognisant of the legitimate interests of the producers and marketers of alcohol in our debate. But we need meetings such as these, and research funded and disseminated without any industry help, to ensure that there are no constraints resulting from the enormous power and resource the global alcohol corporations have available, and that our constraints are only those of our own inadequacies and uncertainties as we seek to improve the science base for advocacy.

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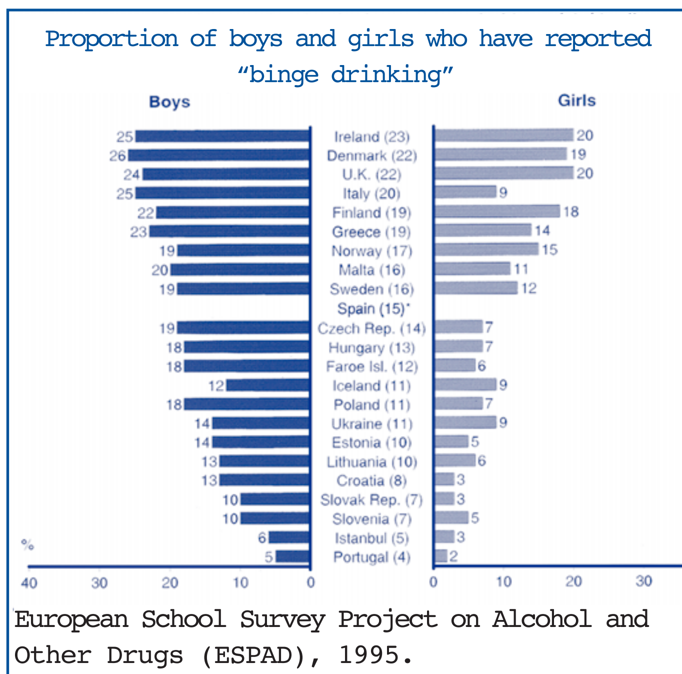

European School Survey Project on Alcohol and Other Drugs (ESPAD), 1995.

Alcohol and Young People in Europe

Andrew McNeill

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EUROCARE is an alliance of alcohol problems and alcohol policy organisations drawn mainly from the member countries of the European Union. Its purpose is to address alcohol policy issues in the European Union, which exerts an increasingly strong influence over national policies. The main examples of this are alcohol taxation and commercial communications (advertising). But the European Union is now an important influence also in regard to drinking and driving, and since 1993 the Union has claimed competence in the field of public health, which, obviously, has important implications for the whole alcohol issue.

The increasing importance of the European Union for alcohol policy means, of course, that the alcohol industry, primarily in the form of the Amsterdam Group, maintains a powerful presence. In 1993, the Amsterdam Group published 'Alcoholic Beverages and European Society', a large, glossy, pseudo-scientific report which was circulated widely within European Union institutions and in the member countries. The main purpose of this report was to attack as a neo-prohibitionist conspiracy the Alcohol Action Plan for Europe promoted by the World Health Organization. EUROCARE's first major publication was a defence of the WHO Action Plan against the Amsterdam Group.

This battle continues, with particular reference to the issue of alcohol and young people. The current phase of the WHO Action Plan contains important provisions regarding children and young people.[1] The main aims are delaying the onset of regular drinking, reducing the amount consumed, especially by the very young, and reducing the frequency of intoxication.
Strategies include:

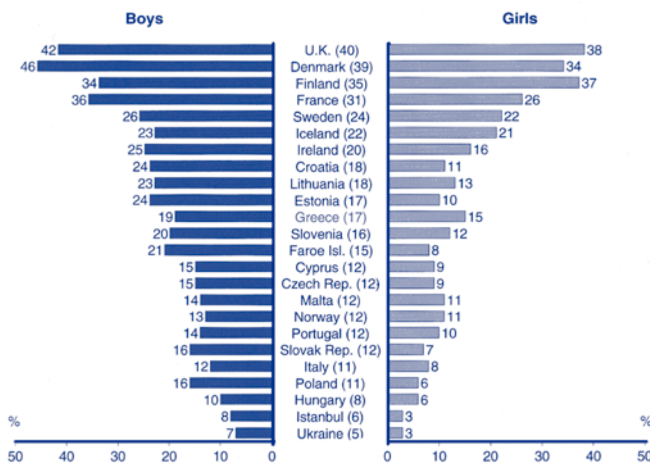
- increasing alcohol taxes;
- prohibiting alcohol at under-age leisure-time activities or sporting events;
- measures to protect children and young people from exposure to alcohol promotion;
- advertising codes that avoid using young people in alcohol advertisements and with the aim of preventing the promotion and advertising of alcohol products which may appeal in particular to children and young people;
- prohibiting the alcohol industry from sponsoring all young people's leisure-time activities, and
- measures to restrict young people's access to alcohol.

In some parts of Europe, things appear to be moving in the direction recommended by the Action Plan. In both France and Spain, for example, a goal of national health policy is to delay the onset of regular drinking in adolescence. In the Madrid region of Spain, the legal age for purchasing alcohol has just been raised from16 from 18.

The WHOs proposals are an agenda for action. For them to become more than a set of pious aspirations will require a social movement of support extending far beyond the Health Ministries of the member countries and out into the wider society. Helping to create that wider support is the task of advocacy, and that is all about overcoming the major obstacles to alcohol policy – political, economic and cultural, that exist at national and international levels.

The nature of these political and economic obstacles is obvious from recent events in which EUROCARE has been involved with the European Union.

Proportion of boys and girls who have been drunk at the age of 13 or younger. Marked country:



European School Survey Project on Alcohol and Other Drugs (ESPAD), 1995.

Prompted by the concern over 'alcopops', the Working Group on Alcohol and Health set up by the Directorate of the European Commission concerned with public health, decided to prepare a Recommendation on Drinking of Alcohol by Children and Adolescents. EUROCARE assisted the Commission by drafting the background briefing. This was not intended to be a partisan or polemical document, but a purely descriptive one stating simply why the subject of alcohol drinking by children and adolescents deserves the attention of the European Union. The Recommendation, which would be a formal statement of policies recommended by the Council of Ministers to all Member States, would have appeared some time ago but for opposition from the alcohol industry.

There was an objection to one piece of terminology: where the draft referred to the problems of alcohol consumption by children and adolescents, the industry insisted that these be referred to as problems of 'alcohol misuse'. It is of course a long-standing refrain of the industry that there is such a thing as alcohol use, which is practised by the responsible majority and which is wholly benign, and that alcohol problems only stem from the alcohol misuse practised by a small minority of irresponsible people. The only new departure is that this exercise in sophistry is now being applied to children as well as adults.

The second objection was to all references in the draft to illegal drugs, and these consequently were removed. Hence, the briefing document no longer refers to the ways in which the alcohol and drug scenes have partially merged in youth culture or to the ways in which alcohol products are being promoted on the basis of their psychoactive properties.

Finally, the industry demanded that text be added, referring to the absence of any plan to ban alcohol advertising in the European Union and extolling the virtues of existing, self-regulatory codes of advertising and marketing.

We understand that the officials in the Directorate have now been instructed that in future the alcohol industry, normally in the form of the Amsterdam Group, must be consulted on the preparation of all official documents concerned with alcohol in the context of health policy.

In the time that remains, I will indicate why we drafted the background briefing the way we did by describing some current trends in alcohol consumption by young people in Europe. Some of these issues arise with young people in all Western countries while others are more specific.

The Background

The place to start is with the huge rise in the prevalence of psychosocial disorders in young people that has affected most of the Western world since WW2.[2] Nearly all developed countries (Japan appears to be the major exception) have seen substantial increases in a range of psychosocial problems including crime and conduct disorders, depression, suicidal behaviour and alcohol and drug problems and the increases in these problems have been restricted to young people.

In the search for explanations, there is evidence for some countries that the poor have a disproportionately high mortality from alcohol and that in the young, deprivation, social exclusion and alcohol and drug problems are all interrelated.[3]

However, it is very unlikely that poverty or social exclusion can serve as general explanations of the post WW2 rise in these problems. The increase in problems was most marked from the 1950's to the 1970's, a golden era in the developed world of economic growth, low unemployment and improved living conditions. Moreover, the massive unemployment and poverty of the 1930's were not characterised by such an increase in crime or other psychosocial disorders[2]. Indeed, a number of Western countries have never in their history had such low levels of alcohol consumption and harm as they did in this period.

It is argued that a more likely explanation of the post-war malaise, lies in factors specific to young people, such as teenagers' increased freedom and independence in the context of a youth culture which tends to insulate young people from the influence of adults, in particular their parents, and to increase the influence of the peer group. Arguably, the youth culture, with its values of "sex, drugs and rock'n roll", and youth markets for music, fashion, places of entertainment and, of course, for alcohol and

other drugs mark off adolescents as a separate group in a more decisive way than in earlier generations.[2]

While it is the economic obstacles, which include opposition from the alcohol industry, that are a main theme of this conference, arguably the cultural dimension is of at least equal importance. For in many parts of the Western world the fundamental problem for alcohol advocacy is that it has become increasingly difficult to frame the issue in a way congruent with the prevailing values. Since the early 1980's, surveys of young Europeans have shown a marked shift in values, centred on a growth in individualism. The main features are a greater demand for personal autonomy and control, combined with greater tolerance in personal and sexual morality, declining respect for traditional values, and declining confidence in major institutions such as the police and the government.[4]

Contemporary cultural values that centre on the cult of the individual and his or her right to guilt-free pleasure naturally tend to result in alcohol control policies being resisted as illegitimate curtailments of personal autonomy. Moreover, modern youth culture is a major market for alcohol products, and what is seen by some as the contemporary youth malaise is regarded by others as a splendid set of marketing opportunities for a wide range of psychoactive substances.

In recent years new products have been designed and produced exclusively for young consumers, the products known appropriately enough as 'designer drinks'. These position alcohol in the youth marketplace in two key ways. They blur the distinction between alcoholic drinks and soft drinks, disguising the presence of alcohol and thus providing what has been described as an 'easy alcohol delivery'. In this way, alcoholic drinks are made attractive to those too young to have acquired the taste for the conventional variety. They also blur the distinction between alcohol and illicit drugs, helping alcohol to compete against a range of psychoactive products in an increasingly competitive marketplace.[5]

Before considering this aspect further, however, a qualification should be entered regarding the dangers of treating Western societies as monolithic entities, alike in all relevant respects. There is in fact a wide range of cultural, social, economic and political differences not just from continent to continent but from country to country and indeed region to region.

Notwithstanding the phenomena of globalisation and convergence of drinking patterns, there remain important differences in drinking attitudes and styles in various parts of Europe. There are, for example, the contrasts between the Northern countries, with their traditions of 'explosive' drinking of mainly spirits and beer, and the Mediterranean, wine-consuming countries with, traditionally, strong informal sanctions against drunkenness but high levels of chronic health damage from alcohol.

The most obvious differences, however, are those between Western Europe and the United States. There are major contrasts in regard to the general cultural and social context as well as specifically in relation to alcohol and other drugs.

In regard to the general context, there is of course the continuing importance in the US of an abstinence culture based on some branches of Protestantism, a culture which is now of only very limited significance in most of contemporary Europe.

Presumably related to this difference, in no European country is alcohol consumption per se illegal for adolescents, unlike parts of USA. Only one European country, the UK, has a legal drinking age properly so-called, and that is the age of 5. What are referred to as drinking age laws are, in fact, laws governing the purchase of alcohol and its consumption in some public settings. Where there is one, the legal purchase age in Europe is normally 18 years, but in some countries it is 16 and in a few it is 20, in contrast to the 21 age laws of the US.

These cultural and legal differences influence the goals of preventative programmes. These are more likely to have as their goal the prevention of any drinking at all by adolescents in the US than they are in Europe, where they are more typically designed to prevent excessive drinking or the harm from drinking rather than drinking as such.[6]

In view of the potential importance for advocacy of the alcohol-violence link, it is also worth noting that there are vast differences in mortality patterns in adolescents and young adults in the US compared with virtually the whole of Western Europe. American young people are 10-15 times more likely than their European counterparts to be victims of homicide, and the violent death rates in general far higher in the US than in Western Europe. It has been suggested that this is probably due mainly to policies allowing driving at younger ages, combined with the ready availability of guns. (See Appendix)

Of course, in other respects both within and between Europe and North America, similarities are greatly more important than differences. In both continents the peak age for a range of psychosocial disorders is 15-25, and both share major alterations in the social construction of

adolescence. There have been significant changes in the timing of adolescent transitions. Earlier puberty is an obvious example, as well as earlier initiation into sex and extended periods of economic dependency and time spent in the education system. The age of first menstruation has dropped from 15-17 100 years ago to around 12-13 today in Europe and America: the age of male voice deepening has dropped from around 18 to 14. A growing minority of children are reported to be experiencing puberty below the age of ten. On both sides of the Atlantic, the current age of sexual initiation is around 14.

The result of these changes is a considerable prolongation of the period of adolescence and 'youth' compared with that experienced by previous generations. Indeed, it is suggested that, especially perhaps in males, the period of 'youth' extends from the age of 13 or 14 to the early thirties, an age when previous generations would have considered themselves not so much grown up as almost middle aged.

Current Developments

The continent of Europe is of course huge and extremely diverse, but some key themes and current developments appear to be international in scope, albeit with exceptions, of which Germany seems to be the largest.

In the first place, generally by the age of 15 most Europeans have had a drink, and substantial minorities are already drinking on a fairly regular basis. In most countries, boys continue to drink significantly more than girls, although the gender gap has narrowed[8]. Generally, although most Europeans have their first real taste of alcohol at the same age as in the past i.e. in their early teens, regular drinking tends to begin at an earlier age than it used to. For younger teenagers the main source of alcohol is of course their parents and their home.

Beginning to drink is thus for most Europeans a recognised part of the transition to adulthood and in most European countries, teenagers report experiencing more positive than negative consequences from alcohol use. Positive consequences include having a lot of fun, feeling more friendly and outgoing, feeling relaxed, forgetting problems and feeling happy.[8]

Countries with high rates of drunkenness tend to be found in the North of Europe and as far as alcohol-related problems are concerned, the highest levels are reported, not surprisingly, in the UK and the Scandinavian countries, those countries reporting the highest frequencies of drunkenness. Problems include individual ones such as accidents and injuries; relationship problems with parents or friends; sexual problems (unwanted or unprotected sex) and delinquency problems (fights, troubles with police, drink driving).[8]

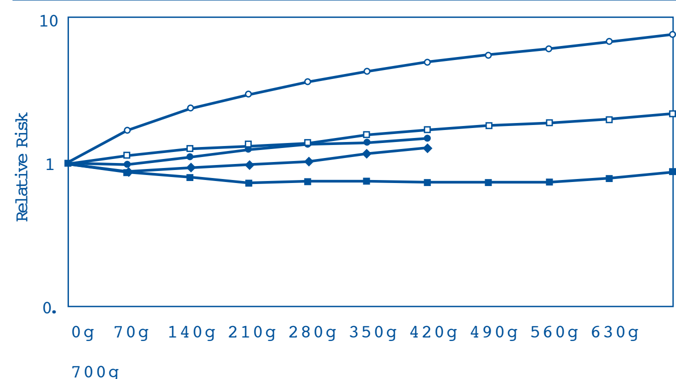
In terms of attitudes to alcohol and drinking behaviour, there appears to be an international trend towards a more hedonistic attitude to drinking, consciously using alcohol for its pleasurable psychological effects. Associated with this is a trend of increased drinking to intoxication.

Increased binge drinking and intoxication in young people – the pattern of consumption associated with Northern Europe - is now reported even in countries such as France and Spain in which drunkenness was traditionally alien to the drinking culture and in which the overall level of alcohol consumption is declining fairly steeply. In the Mediterranean countries, changes in drinking styles are associated with changes in beverage preferences, beer replacing wine as the main beverage of choice for young people. There are anecdotal reports that this change of beverage preference is linked to the increasing spread and popularity of Anglo-Irish

Table 1

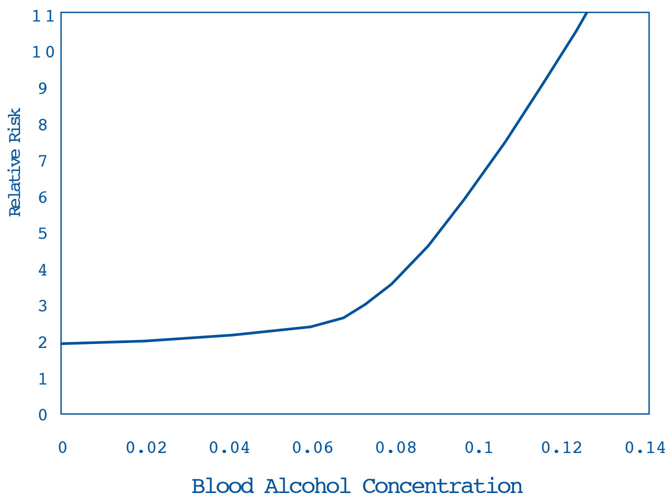
- Cirrhosis of the Liver
- Cancers
- Accidents, injuries and violence
- Dependence
- Adverse outcomes of pregnancy
- Other psychosocial/Physical effects

Figure 1
Risk of long-term chronic health



- ○ esophagus cancer
- □ breast cancer
- ● coronary heart disease (men)
- ◆ males-overall mortality
- ■

Figure 2
Relative risk of accidents by blood



style pubs across Europe.

Current trends in alcohol consumption cannot be considered separately from developments in regard to illegal drugs and the emergence of what have been termed the 'recreational drug wars'. In the UK, there was a brief period of considerable anxiety in the major brewing companies that a whole generation of consumers could be lost to the 'drug' culture.[5]

A leading brewer commented: "Young people seem less prepared to sip beer for hours, culturally they like short, sharp fixes....five years ago there were fewer alternatives to getting a buzz or getting a high. The challenge to the industry is to make alcohol part of that choice."

In the event, these fears were not realised. The industry did succeed in making alcohol part of that choice: alcohol has become an option in the 'polydrug pharmacopoeia'. Among many young people, distinctions between legal and illegal drugs have largely collapsed, with the same language being used about the psychoactive effects of alcohol and illegal drugs.

In order to compete successfully against the Rave drug culture, the alcohol industry had to embrace it. The marketing of alcohol products as recreational drugs became noticeable during the 1990s.

Broadly, the key transformations the industry has engineered to compete in the new psychoactive market are:

- Creating a whole new range of 'designer drinks' – ice lagers, alcopops, white ciders, spirit mixers and buzz drinks aimed at the new generation of consumers.
- Increasing the strength of alcohol products
- Marketing alcohol products as lifestyle markers in sophisticated campaigns to appeal to niches in an increasingly fragmented and volatile alcohol market.
- Opening a whole new range of café bars, theme pubs and club bars to attract young consumers.

An obvious strategy is to give alcohol products names and images borrowed from the drug culture. So, for example, early designer drink products were given names such as 'Raver', 'Blastaway' and 'DNA', a reference to the initials MDMA which denote the drug Ecstasy. In the UK, the most popular brand of cider among youth is 'Diamond White': White Diamond is the popular name of an Ecstasy-type dance drug. Other examples are 'Lemon Jag' (in England, the word jag means a drinking bout, in Scotland it is used by drug users as a term for shooting up) and 'K', another cider (Special K is the street name for a drug used as a substitute for Ecstasy). Internationally, therefore, an important current feature of young people's drinking is the importance of the 'buzz.' Many young people now

Table 2

- Many epidemiologic studies indicate that alcohol may protect against CHD.
- Caution is necessary in interpreting the epidemiologic findings methodologic limitations are substantial.
- Several biological mechanisms may operate.
- The weight of evidence in favour of protection is now substantial.
- Drinking pattern appears to be important
- Beverage differences in protection are minimal.
- Protection has been observed only in middle-aged and older populations.
- Even within these groups, protection may be confined to certain subgroups.
- Potential for public health benefit is limited

Table 3

- ? Ischemic Stroke
- ? Peripheral Vascular Disease
- ? Diabetes
- ? Cholelithiasis (gallstones)
- ? Cognitive Functioning/Dementia
- ? Other Physical Disease Benefits
- ? Psychosocial Benefits

drink in order to get drunk. Drunkenness is widely tolerated, indeed positively approved of. This is not to say that all young people do this all the time. Clearly they do not. And, as suggested earlier, there are national variations.

But drinking to get drunk does seem to be the pattern favoured by a substantial and growing minority of young people and to have a disproportionate cultural importance. It is this pattern that tends to receive celebrity endorsement in young people's media and it is reflected in the common assumption that if young party-goers can remember what they were doing, then they cannot have had a very good time.

A number of related themes have thus been identified in relation to the youth alcohol market and the meaning of youth alcohol consumption[9]. People from countries where these themes are not much in evidence may look on what follows as a warning for the future:

- The alcohol market is increasingly driven by the young, especially students
- There has been a ecline or demise of inter-generational drinking
- The period of adolescent youth has been extended
- Drinking as consumerism.

Young people use the same kind of criteria to evaluate and purchase alcohol as they would any other product. They take into account the symbolic value of alcoholic drinks, selecting products that fit the image, style and fashion with which they wish to be identified. This is the importance of branding as a marketing strategy.

- Repertoire drinking – an expression of the more hedonistic and experimental approach, with drinkers not remaining loyal to one type of drink but consuming a very wide range of products, selecting different types and brands according to the occasion and their needs at any one moment. From the alcohol industry's point of view, the assumption or at least the hope is that repertoires formed in the early years exert a continuing influence.
- Drinking as ready-made leisure. Drinking is an integral part of young people's 'leisure lifestyle', and leisure itself is a product that is purchased. Contemporary youth purchase and consume leisure rather than creating it for themselves. Alcohol (and other drugs) are among the range of available leisure choices that also include cinemas, fast food, computer games, and thrill rides.
- Drinking (and drug taking) as hedonism. The principal motive for drinking is not enhancing a meal, quenching thirst or protecting against heart disease – it is gaining a 'buzz' or a 'high'.
- Drinking as 'time out': time spent drinking is defined as time out from the normal rules and expectations that govern social behaviour. Young people expect and indeed plan in advance to behave differently when drunk or high than when they are sober. When drunk, therefore, young people are not necessarily in their own eyes 'out of control' in the way disapproving adults may think. Drinking and some drug-taking is a matter not of totally losing control but of "controlled decontrol", the deliberate manipulation of consciousness to achieve a state of disinhibition.
- Drinking combined with illicit drug use. Increasingly, alcohol is evaluated and selected as one mind altering substance among others to be used in conjunction with or as an alternative to these other substances according to the purposes of the consumer on a particular occasion, buzz value, the setting, price and availability and, of course, the dictates of fashion.

Functional for young people

The main conclusion therefore is that they drink because it meets their needs in regard to social interaction and peer approval and alcohol is deliberately used for its mood altering properties.

Implications

These trends and developments in relation to alcohol and young people provide plenty of challenges to alcohol advocates. Fortunately, other people have come to this conference armed with papers on successful strategies for tackling youth drinking to be presented in the working groups. Here, I can only refer very briefly to some obvious implications of the picture I have presented of youth drinking in Western Europe.

One implication is that drinking behaviour is so intertwined with other aspects of youth culture that it is impractical or counterproductive to treat it in isolation. Most obviously, to the extent that the markets for alcohol and the illegal drugs

Table 4
Canadian Low-risk drinking

- Drink no more than 2 standard drinks (SD) on any day.
- Limit your weekly intake to 14 or fewer SD for women.
- Drink slowly to avoid intoxication, waiting at least one hour between drinks; take alcohol with food and non-alcoholic

Table 5
Canadian Low-risk drinking

- Emphasise that alcohol drinking is a choice.
- State that following the guidelines will minimise risk, but mot eliminate it.
- Stress that amounts specified are upper limits for daily and weekly drinking.
- Itemise special populations who should abstain or limit use to less than the maximum limits.
- Discourage starting to drink for heart benefit.
- Encourage consultation for drinking problems.

ARF and CCSA, October 1997

are merging, policies (for example, increasing the taxes on alcohol) that succeed in affecting alcohol use may also affect the use of other drugs, and vice versa, the nature of the effect depending on whether the relationship between them is complementary or substitutive.

Another, related implication is that health education messages about illegal drugs which ignore alcohol (and tobacco) and vice versa are artificial and lacking credibility.

A third is that conventional health education messages promoting 'safe drinking' and moderation may fall on pretty deaf ears. To the extent that young people approve of drunkenness and see it as the purpose of drinking, the idea of restricting consumption to one or two drinks is an alien concept, likely to be rather rudely rejected as an unwelcome invitation to become prematurely middle aged and very boring.

Fourthly, environmental approaches to prevention are particularly important for the young. It is they who are most likely to be attracted to high risk drinking environments, and of crucial importance in the contemporary scene is the way in which alcohol is marketed.

Table 6
Alcohol drinking, Ontarians, 1997

Percent and 95% confidence limits

	Men	Women
Abstainers	17 (15,20)	24 (21,26)
Within limits	58 (55,61)	66 (63,69)
Exceed limits	25 (22,28)	10 (8,12)

* Weekly limit or daily limit on weekly basis

Table 7

- No scientific basis for recommending increased alcohol drinking by the population.
- Policies and programs to reduce risky drinking in the population are needed.
- For individuals, recommendations should take account of risks and benefits.
- Most drinkers need no specific advice.
- Heavy drinkers should cut down; abstainers

Increasingly, in a very real sense modern consumers, especially young ones, do not consume beer, wine or spirits: they consume branded products, and all the imagery and associations that go to make up a brand. Marketing is therefore of the essence, commercial advertising being merely the conspicuous endpoint of a whole process. It is worth remembering that in some European markets, alcopops succeeded in becoming the fastest growing new alcoholic product of all time on the basis of minimal if any paid advertising.

Conclusion

As seen from a European perspective, the most obvious feature of the current situation is the interplay between the local and the international. The alcohol market is fragmented and volatile and it is subject to the whims of fashion. What is "in" and what is "out" can vary from country to country, region to region, and fashions can change rapidly.

At the same time, the basic elements of this alcohol culture are increasingly international in scope. Thus, for example, 'alcopops' arrived in Western Europe and North America from Australia via the UK. The company which put the pressure on the European Commission in regard to the Recommendation on alcohol and young people was America's Anhauser-Busch.

However localised the problems may appear to be, they actually form part of a complex pattern that now extends around most of the world.

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Balancing the risk and benefits of moderate drinking

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Research conducted over many years has made it clear that a wide range of the health and social problems arise from drinking alcohol, in particular, from heavy drinking.

However, recent evidence indicating that there are significant health benefits from moderate drinking requires us to consider if and how these benefits should be taken into account in devising public health approaches to reducing the overall burden of health problems in the population.

In this presentation I will briefly review the health risks and benefits associated with drinking alcohol and suggest approaches to balancing these risks and benefits, thus providing a basis for health advice on drinking.

I will also outline one attempt to balance risks and benefits that resulted in the current Canadian low-risk drinking guidelines. I will end by pointing out some implications of the research evidence for alcohol policy and programs.

Much of the background work behind this presentation has been a joint effort with colleagues, notably Drs Jürgen Rehm and Susan Bondy, and I wish to acknowledge them.

Table 1 provides a summary of well-known adverse health outcomes that are caused by drinking alcohol. The scientific basis documenting these risks is strong - arising out of decades of epidemiological, clinical, laboratory and basic science research. For some of these adverse outcomes the risk relationships with alcohol are well understood. In the interest of time I will deal only with the risk curves for the first three categories of harm.

It is well established that alcohol is a cause of cirrhosis of the liver. It is also known that the risk curve of alcoholic liver disease in relation to drinking is curvilinear - that is, the risk is low at low levels of consumption, but it begins to increase progressively and more steeply as higher levels of consumption are approached.

With regard to cancers, the research evidence makes it clear that drinking alcohol is a cause of cancer of the mouth, pharynx, larynx, and oesophagus, and probably also of cancer of the liver. The evidence concerning alcohol's rôle in the causation of cancer of the stomach and pancreas is still unclear. However, there is growing evidence that alcohol drinking is a risk factor for cancer of the breast and colorectal cancer.

The risk curves, based on meta-analyses, for five health outcomes in relation to weekly alcohol consumption in grams, namely, oesophageal cancer, breast cancer, coronary heart disease, and overall mortality in men and women are shown in Figure 1.

Note the risk curves for the two cancers, oesophageal cancer and breast cancer. The relationship is essentially positive and monotonic in both instances, that is, risk increases steadily as the amount of alcohol consumed increases. Further, there is no level of consumption that is without risk; that is, there is some risk even at very low levels of consumption. Although the risk relationship for breast cancer and alcohol consumption is less strong than that for oesophageal cancer, a recent meta-analysis showed that the risk increases about 10% for each 10 g increase in alcohol consumption per day, which is the amount of alcohol contained in a serving of beer in many countries.

With regard to accidents, specifically motor vehicle accidents, risks have been clearly related to alcohol consumption, as measured by

blood alcohol concentration (Figure 2).

In this instance the risk is curvilinear, that is, low at low levels of consumption and beginning to increase steeply at around 0.05 grams per cent, a level that is now the legal limit in some countries. At 0.08 grams per cent, the legal limit where I live, the risk is increased about three times. A 70 kg person can achieve this blood alcohol level with two drinks taken in close succession.

So much for the risks. What about the benefits of drinking alcohol?

Many epidemiological studies indicate that alcohol may protect against coronary heart disease (CHD) (Table 2). Caution is necessary in interpreting the epidemiological findings because the methodological limitations are not insignificant. However, the epidemiological evidence is strengthened by clinical and laboratory studies indicating that several biological mechanisms may operate in providing this protection, most notably, alcohol's favourable effects on cholesterol, blood clotting, and, probably, insulin resistance. Thus, the weight of evidence in favour of protection is now substantial.

Although the CHD benefit appears to persist across the continuum of alcohol consumption, from very low amounts to quite high amounts, it must be emphasised that most of the benefit is achieved with very modest consumption, perhaps as little as a drink every other day.

The risk curve for CHD in relation to weekly alcohol consumption is illustrated in Figure 1. At all levels of consumption shown, there appears to be benefit, that is, benefit extends up into the heavy drinking range. However, most of the benefit is achieved at lower drinking levels, and little is gained by drinking at higher levels. In other words, for CHD protection, a little is enough and more is not better.

The literature indicates that drinking pattern is important; in particular, binge drinking is not protective. Beverage differences are minimal. Most of the benefit appears to come from the alcohol in wine, beer and spirits, and not from other constituents of the beverages. Protection has been observed only in middle-aged and older populations, and even within these populations, some, but not all of the evidence suggests that it may be confined to certain subgroups, for example, those who are insulin resistant, or persons who are at higher risk than the average for the population.

Finally, it must be stressed that the potential for public health benefit is limited to populations with a high risk of CHD.

If alcohol consumption protects against coronary heart disease, perhaps it also protects against stroke and peripheral vascular disease, which share some of the same pathogenic mechanisms.

With regard to stroke, the evidence is clear that heavy drinking is a risk factor for stroke. The evidence concerning moderate consumption is less consistent. However, the weight of evidence does suggest that low level drinking may offer some protection against stroke, apparently by reducing the risk of ischaemic stroke, the most common form of cerebrovascular accident. However, further studies are needed to differentiate risk relationships by stroke type, along with research into the underlying mechanisms.

With regard to peripheral vascular disease, the evidence is mixed. However, in the analysis of a recent cohort study of 22,000 men in the United States, it was found that drinking seven or more drinks per week substantially reduced the risk of this debilitating disease. Further, results from a recent prevalence study suggest that part of the protective effect is mediated through alcohol's favourable influence on the cholesterol profile.

With regard to diabetes, there is growing evidence from cohort studies of a protective effect from drinking alcohol, perhaps through alcohol's favourable influence on insulin sensitivity.

There is now good evidence that moderate alcohol consumption protects against gallstones, possibly thorough its effects on cholesterol metabolism.

Although there is some evidence that moderate alcohol consumption may retard cognitive decline in older people and possibly protect against dementia, the picture is by no means clear at this point.

A similar situation concerns several other physical disease conditions, such as rheumatoid arthritis, kidney stones, bone density and infection. In each instance, at least two recent studies have reported some protection associated with alcohol consumption, but much more evidence is needed before any conclusions can be drawn.

With regard to psychosocial benefits, relaxation and the lessening of symptoms of stress are among the most commonly cited benefits of moderate drinking, not only in popular accounts, but also by scientific writers. These effects could be caused by alcohol itself, or by other factors that are associated with drinking. The research evidence is not clear at this point as to the benefit that should be attributed to alcohol itself.

Balancing risks and benefits

The coexistence of both benefits and risks from drinking, particularly in the context of moderate

drinking, presents the challenge of how to balance these risks and benefits.

One the one hand, we know that even moderate amounts of drinking increase the risk of outcomes such as cancers and accidents and injuries. On the other hand, moderate amounts of drinking reduce the risk of coronary heart disease, a leading cause of deaths in many industrialised countries. The evidence is growing that moderate drinking may reduce the risk of some other disease conditions, as well.

What is needed is some kind of summary measure to balance these effects, not only to provide an estimate of the overall public health impact of drinking in a population, but also, to provide a basis for evidence-based advice on just what is low-risk drinking.

Each summary measure that could be considered has its limitations and drawbacks, and some can be applied much more readily than others with data that currently exist.

Overall mortality in relation to alcohol consumption, for example, has been calculated in numerous studies, and meta-analyses bringing together these studies have been carried out.

Years of life lost is a measure that gives greater weight to deaths at earlier ages. This measure has been used along with overall mortality to provide a more complete and balanced picture of the mortality impact of drinking in a population.

Overall measures of morbidity and disability in relation to alcohol consumption are much less commonly found in the literature, than are measures of overall mortality.

One measure that takes into account both premature mortality and morbidity is disability adjusted life years, defined as the years of life lost plus years lived with disability. This measure is currently being used in the Global Burden of Disease Study being conducted under the auspices of the World Health Organization, and hopefully will be applied more widely in future studies.

The bolded curves in Figure 1 show overall mortality in relation to weekly alcohol consumption for men and women. These curves come from a meta-analysis of many studies. For both men and women there appears to be an overall mortality benefit associated with low levels of weekly alcohol drinking. However, in women the benefit has disappeared once drinking reaches 140 g of alcohol per week and for men the benefit disappears at about 210 g per week. As drinking increases above these levels, so does the risk of death.

The research evidence on risks and benefits, including the balancing of risks and benefits through the summary measure of overall mortality, just illustrated, has been used in Canada to develop low-risk drinking guidelines.

The core elements of these guidelines are shown in Table 4. In Canada, a standard drink is defined as containing 13.6 g of alcohol. This is the amount of alcohol in a "regular" strength bottle of Canadian beer or a 1 1/2 ounces shot of spirits.

The guidelines advise that drinkers should drink no more than two standard drinks on any day. Further, weekly intake should be limited to fourteen or fewer drinks for men and nine or fewer drinks for women. All drinkers are advised to drink slowly to avoid intoxication, to wait at least one hour between drinks, and to take alcohol with food and non-alcoholic beverages.

These core elements are set within a context (Table 5). The guidelines emphasise that alcohol drinking is a choice. They state that following the guidelines will minimise risk, not eliminate it. They stress that the amounts specified are upper limits for daily and weekly drinking, not usual amounts. They itemise an array of special populations who should abstain or limit use to less than the maximum amounts specified in the guidelines. They discourage starting drinking for the heart benefit, stating that less risky alternatives for reducing heart risk should be considered. They also encourage anyone who is concerned about their drinking to consult with a professional.

Once guidelines like this have been accepted, it seems appropriate to try to find out whether the general population is drinking within the guidelines, or whether substantial proportions are exceeding the recommended upper limits. In Ontario, Canada, we had the opportunity to examine drinking in the population through a survey conducted just after the guidelines were adopted. We found that about a fifth of men and a quarter of women were abstainers. Further, 58% of men and 66% of women were drinking within the limits. Thus, most Ontarians do not appear to be at high risk of suffering alcohol-related problems, since they are either abstainers or they are drinking within the guidelines. However, 25% of men and 10% of women exceeded the weekly limit or the daily limit on a weekly basis, and could be at risk for alcohol-related problems.

Let me finish by suggesting some implications of the research literature for alcohol policy and programmes.

Despite all the attention in the media that has been given to the health benefits of drinking, there is no scientific basis for recommending increased drinking by the population. Rather, the evidence makes it clear that policies and programmes to reduce risky drinking are what is needed.

For individuals, recommendations should take account of risks and benefits within the context of their particular characteristics and environment.

Most drinkers, at least in Ontario, are low-risk drinkers, and need no specific advice beyond the general drinking guidelines. However, heavy drinkers should be advised to cut down.

Finally, abstainers need not start drinking to improve their health. There are other less risky interventions that will improve health and well-being. ■

Alcohol and poverty

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I. Introduction

The development decade of the 1950s gave much hope to policy makers and politicians of newly established nations in the developing world to uplift the economic wellbeing of their people. Now 50 years down the road, while there is visible measure of development and improvement, however at the same time the divide between the rich and the poor has widened. To address fulfilment of basic needs and poverty, we need to address what perpetuates poverty and wasteful consumption patterns. Alcohol, like other addictive drugs such as tobacco and narcotics, certainly holds back the development of many societies in developing countries. However, many of our countries do not give alcohol the resources accorded to both narcotics and tobacco. Since the alcohol problem is not given the due urgency it warrants, comprehensive statistics on alcohol consumption and its net effects on society are simply not available in most developing and low-income countries.

The reality about alcohol consumption is, the developed countries are drinking less and in contrast, consumption of alcohol in developing countries is increasing. International alcohol transnationals are merging and fewer of them are now supplying the bulk of the world's demands. The future's market is in the developing world, particularly Asia. Alcoholic beverages are advertised and marketed as products that bring

sexual prowess, success and power. Parallel to international brands of alcohol, cheaper and more potent locally brewed spirits, both legal and illicit, are freely available and compound the problem. Alcohol consumption creates and perpetuates poverty and a host of other problems. The living standards in developing and low income countries tell us that the burden on poor countries will be devastating.

Alcohol use causes 3.5 percent of all global death and disability in the world.[1] This puts alcohol on the same level with measles, tuberculosis and malaria and more than five times as significant as illegal drugs in terms of its impact on global health.[2] The burden of alcohol use falls heaviest on developing countries.

II. Alcohol consumption

France is noted to be among the top consumers of alcoholic beverage in the world consuming some 11 litres per capita income. Malaysia, though a small country, is the tenth largest consumer. Each year Malaysians spend over US$500million on alcohol. While the per capita consumption is 7 litres, however drinkers drink heavily. Among the drinking population, the Malaysian Indians who make up about 10% of the population are by far the heaviest drinkers with an annual consumption of absolute alcohol exceeding 14 litres.[3] Beer consumption in Malaysia is at 11 litres per capita, is comparable to that of European countries known for their high consumption. The easy availability of alcoholic drinks in coffee shops, supermarkets, sundry shops and plantations together with aggressive advertising and promotions are driving Malaysians to drink. The average age for alcohol dependence is 22 years.

III. Expanding markets in developing countries

The American and European markets are saturated hence alcohol transnationls are looking towards Asia and developing countries, not just to expand sales, but also to set up production facilities. Asia has a young population and a growing economy. Carlsberg AS of Denmark with the recent merger has become one of the biggest brewers in the world, and the biggest in Asia, outside Japan. This company views Malaysia as a "very important and attractive market" It has invested about US$20 million to expand production by 25 percent to 125 million litres a year to cater for growing demands and exports. Besides Malaysia, Carlsberg has breweries in Indonesia, Thailand, Vietnam, Nepal, Hong Kong and China. In Asia, Carlsberg's biggest market is Thailand.[4]

Heineken makes the most widely available beer in the world and has the greatest presence in the developing countries. It is sold in 150 countries and brewed in 50 including Malaysia, Indonesia, Vietnam, Thailand and Papua New Guinea. About one quarter of its sales comes from the Asia Pacific and African regions, which were its most rapidly growing markets.[5]

IV. Alcohol marketing targets the poor

Just as alcohol companies targeted the Hispanics and the Afro-Americans in the US[6] in the seventies with sleek advertising and sponsorship activities, the alcohol transnationals are now targeting the developing world, which presents a huge potential market.

Coffee shop is a way of life in Malaysia and it does not matter which coffee shop you step into, in which corner of the country, one cannot escape from Guinness, Carlsberg, Heineken and Anchor beer adverts plastered on the walls. Here these alcoholic beverages are sold and consumed without a licence. At supermarkets, beer and stout cans are lined up beside Coca-Cola and Pepsi giving alcoholic beverages the same classification with soft drinks.

I will now present some examples of advertising and promotions in Malaysia.

1. Targeting Malaysia's Poor Indian drinkers
   a. The 1980s Guinness campaign, "Guinness Stout is good for you" has been a successful campaign in capturing the poorer working class. This drink is promoted as a drink that "will put back what the day takes out" and is appealing to the poor because it contains more alcohol than beer for the same price.
   b. Deepavali – Religious occasions such as the Hindu festival of lights is not spared in the advertising campaign. Here the Malaysian Indians, traditionally poorer and the heavy drinkers in Malaysian society are targeted.
   c. Carlsberg's "Long Cool Dane" campaign primarily targeted drinkers in the rural areas

2. Making health claims – dangerous lies
   a. Some advertisements are nothing short of dangerous in their misleading claims. While it is illegal to make health claims in some countries, in Malaysia alcoholic drinks such as Yomeishu which contain 14 percent alcohol, and DOM Benedictine which contain 40 percent alcohol claim health giving and medicinal properties. DOM Benedictine is promoted as a health restorative particularly targeted at mothers who have just given birth. It claims it is "simply full of goodness" and helps give you a greater resistance to colds and indigestion."
   b. Guinness Stout advertisement implies it is good for male fertility

3. Targeting native drinkers
The native peoples of Sabah and Sarawak celebrate the local rice harvest festival called Gawai. Anchor advertises its alcoholic drinks to be drunk as part of this celebrations

4. Sponsoring activities
a. Guinness Anchor beer company has often targeted the poorer Malaysia Indian community with its sponsorship activities. The company would regularly bring in film stars and celebrities from India to appeal to the Malaysian Indian cinema buffs and organise on the road variety shows in a number of major cities and towns. The company has also tried to ingratiate itself with the Indian community by sponsoring variety shows in cooperation with social organisations such as the Malaysian Indian Graduates Association to raise funds for scholarships for poor Indian students.
b. Carlsberg aimed at getting youngsters to be Information Technology literate by pledging to give 10 cents for every crown cork or can-ring from small bottles or can. The real intention of this is of course to increase consumption in the name of charity.

V. Alcohol creates poverty

The Samsu Menace
Parallel with the international and more expensive alcoholic beverages, there exists the local, cheap, potent brew, which has an even more devastating impact on the poor. In Malaysia, the biggest victims of alcohol are the poor rural Indian labourers who largely work in rubber and oil palm estates. Here alcohol is a major cause of poverty. They drink samsu, (a locally distilled potent spirit) and toddy (which was systematically introduced by the British during colonial times) Of the 200,000 alcohol dependents in the country, 75% are samsu drinkers.

The rural Indians in Malaysia look upon samsu as a scourge besieging the community unrelentlessly. They spend about US$5.5million (RM20million) a year on samsu. These drinks are packaged in small bottles of between 140-175ml and cost between US$0.40 –$0.80 (RM1.50 – 3.00) At such incredibly low prices, it is obvious that these potent drinks are specially packaged to appeal to the poor. A regular drinker can down six bottles a day, which works out to RM9.00 or about three-quarters of his daily pay. In a month he can spend about RM300 on samsu which is about how much he earns.[7]

According to a survey conducted by the Consumers Association of Penang, we found about 150 brands of samsu available in the market. The brands are wide ranging from western symbols such as Apollo, 007 and Father Christmas, that of Indian historical heroes such as Sivaji, Veera Pandian, and Asoka to animals such as cat, snake, peacock and lion and even Hollywood's King Kong. These are very potent drinks and the alcohol strength ranges between 37-70 % proof.

The labels on these samsu bottles make all kinds of outrageous claims including it curing rheumatism, body aches, low blood pressure and indigestion. Labels also claim it is good for the elderly, painful joints, those with poor appetite and for mothers who are lactating. If taken regularly it can even prolong your life. With such claims the women have started to consume alcohol.

These drinks are sold mainly in sundry shops, without liquor licence, and various sales tactics used to encourage consumption. Some shopkeepers sell on credit or offer free bottles to drinkers who buy more of the liquor. Because the business is lucrative, even some households sell it, making it even more convenient for drinkers. They are able to escape the arms of the law because the sellers claim all the stocks they possess are for personal consumption.

The samsu menace ruins families and contributes to the break down of the basic social fabric of society. Often it is the women who bear the brunt of this problem – wife battery, discord in the home, abused and deprived children, non-working or chronically ill husbands who become a burden to both the family and society. Besides loss in family income, the burden of the family is worsened when the drinker falls ill, cannot work and needs medical treatment.

The pattern of locally brewed alcohol gripping the lives of poor people is evident in developing countries around Asia. In Sri Lanka for example a survey revealed 43% of shanty dwellers were alcohol users. Nearly 30% of their expenditure was on alcohol and the majority of them were used to illicit brews. In the estate sector, 65% of males and 42% of females consumed alcohol.[8] Alcohol consumption continues to show an upward trend and signs of getting more generalised as a result of an increase in the availability of licit as well as illicit liquor over a wider area through an increase in the number of licensed and unlicensed outlets throughout the country.

VI. Children and alcohol

More teenagers in Malaysia are starting to drink alcoholic beverages at an earlier age. 45% of Malaysian youth under 18 consume alcohol regularly. Of all the legal and illegal drugs, alcohol is by far the most widely used by teenagers, and according to a national survey many are regularly drinking to excess.

In 1997 Alcopops, or alcoholic lemonades and sodas with 4-5% alcohol hit Malaysia and targeted urban youths. They went by brand names such as Hooch, Stinger, DNA and Two Dogs and the bottles were colourful with cartoon characters which clearly indicated they were designed to specially appeal to the youths. They were initially sold in nightspots and soon made their way to supermarkets and sold along with soft drinks. In the UK alcopops have been in the centre of controversies and studies show that they contribute to an increase in underage drinking.

In the plantation setting where adults are trapped in the samsu problem, children are exposed to alcohol early in life. It is common for children to buy samsu for their parents. Shopkeepers freely sell alcohol to children. In an oil palm estate in the state of Kedah, we met a 14-year boy hooked on samsu. He had dropped out of school four years ago and has since been working picking up oil palm fruits. How did he get addicted? "I first tasted it out of curiosity and I liked it," He said. "The first time I drank a whole bottle, I felt good so I decided to drink samsu regularly. Once I asked my father why he drank samsu and he told me that he had to drink to replenish his energy after working hard all day. After I started working, I felt I deserved to drink samsu as I work hard too." Each time this boy ran to the shop to buy samsu the shopkeeper never asked him if the samsu was meant for him or his father.[9] This boy is lucky that a concerned adult stepped in and he is getting some help. But the reality is there are numerous children in the plantation who are predisposed to alcohol and have started drinking. Many will not have an opportunity for any intervention. According to the Malaysian National Task Force for Child Workers steps must be taken to eradicate child labour in estates, as it is clear that young estate workers are more likely to become samsu addicts than their school going counterparts.

VII. Loss for the nation

Nations that have calculated the cost of alcohol on their societies often show figures that run into billions of dollars. While the cost has not been calculated for Malaysia or many other developing and low income countries, it is anyone's guess the burden on the nation is substantial when you calculate: medical care, lost of productivity through absenteeism, accidents at work, loss of job skills, salaries for police and social workers, court costs, repairing damage to property and cars, insurance payments. In Malaysia:

- 38% of those who died in road accidents had alcohol in their blood.
- 30% of hospital admissions in Malaysia for head injuries had alcohol in their blood
- 25% below average in work performance of alcoholics[10]
- Alcoholics are 3.5 times more likely to be involved in accidents
- Alcoholics are 16 times more likely to be absent from their jobs
- 10% reported having health problems

VIII. Burden is greater on poorer countries

Effects of alcohol are more devastating on developing countries. There are 1.3 billion people in developing countries living on less than US$1 a day. These countries which are already faced with other more urgent basic needs problems, such as malnutrition, infectious diseases, drought, etc, losses and burdens due to alcohol are a criminal waste and will further stretch the already limited resources. Resources for the assessment of the alcohol problem, its prevention and treatment are simply non existent.

The living standards of the developing countries tell us that these countries are totally unprepared to face the onslaught of an alcohol epidemic. About 840 million people are malnourished, nearly three-fifths of the population lack access to sanitation, a third have no access to clean water, a quarter do not have adequate housing and a fifth have no access to health services of any kind. 850 million people in developing countries die each year from curable infectious and parasitic diseases such as diarrhoea, measles, malaria and tuberculosis.[11]

In a country like India where about 53% of the population live below the income poverty line, spending money on alcohol will have serious consequences. In the state of Orissa it was poverty borne of intemperance where country liquor played havoc with the meagre earnings of the villagers. All 170 families in the Chatua village were spending Rs One lakh every year on sharaab, the local brew. This amount saved within one and a half years will be enough to construct an ayurvedic hospital at Chatua for the benefit of the people in 42 villages of the area.[12]

The southern Indian state of Goa's tourism industry has seen a backlash in its alcohol problems. Goa has the highest incidence of alcoholism in the country. It has also recorded the highest rate of vehicular accident with one-third of hospital admissions are alcohol related ailments and injuries and accounts for 10% of deaths.[13]

But a more serious problem would be that of a threat to food security for the poor and this is already starting to happen through a business venture brought about by the Canadian Multinational, Seagram. The Indian government

has approved Seagram to turn coarse grains, which is the poor person's staple food, into whisky, a rich man's drink. According to Indian scientists this will have serious impact on India's food security as 150 – 200 million people still depend on coarse grains for nutrition.[14] In a country where 50% of its population are undernourished it would be obscenely unethical to convert food grains into whisky.

The concerns are valid as scientists predict that the farmers will start off as contractors supplying grains to Seagram but may end up as bonded labourers. More seriously according to a concerned scientist, "India with its cheap labour and cheap food grains offers a great potential for Seagram to produce whisky at low cost and export it to make huge profits. The scientists see this project as destructive whichever way and do not want to see the country's poor left even poorer and hungry in the process.

IX. Prohibition – India's experience

In the context of developing countries, India serves as a good reference as to whether prohibition is the right strategy to adopt. Prohibition is enshrined in the Constitution of India and states including Andhra Pradesh, Haryana and Gujarat have imposed it. The Andhra people were formerly among the heaviest drinkers in India. The women blamed arrack the local liquor popular among the rural folks for rising domestic violence and the impoverishment of families. Ground-movement led by women has led to prohibition, which brought a dramatic effect on society. However Andhra Pradesh had to reverse the prohibition policy for several reasons including smuggling, failure of the state agencies to monitor the state's long and porous border, and illicit brewing had gone up by 20-30 times.[15] Loss of revenue though obvious is seldom acknowledged. What is clear is there must be well-grounded economic policy in place such as taxation of various kinds and promoting a social climate that discourages drinking if prohibitions are to work.

X. Conclusion and recommendations

Fighting alcohol requires resources, which seem a never-ending problem among developing countries governments, NGOs, health workers and social workers. In fact it appears we should be fighting poverty and fulfilling basic needs first. The world has more than enough resources to accelerate progress in human development for all and to eradicate the worst forms of poverty. It has been estimated that the total additional yearly investment required to achieve universal access to basic social services would be roughly $40billion or 1% of world income. That covers the bill for basic education, health, nutrition, reproductive health, family planning, safe water and sanitation.[16]

Ample resources are available but perhaps not channeled for human development. (Transparency)

It is clear that alcohol should be seen as a poverty issue in developing countries. Considering developing countries do not have much resource, we should think in terms of cost-effective measures. It is more cost effective to improve health and spend on prevention rather than on treatment which poor countries cannot afford anyway. Borrowing from lessons learnt from the tobacco epidemic the following are some suggestions:

A. National Action

Nationally governments must have a commitment to tackle the alcohol problem; and not denounce it on the one hand and promote on the other. There must be a national policy to control alcohol abuse.

1. Ban advertising and promotions

Ban on all forms of advertising (direct and indirect) and promotional activities of alcohol companies.

2. Introduce a licensing system that limits the number and locations for sale, time of availability and the size

Ban the sale of liquor in small sizes such as 145ml. There should be a limit on the size of bottles and limit drinking hours.

3. Alcohol tax

If health budgets of developing countries are averaging 1% of the national budget it is unrealistic to expect any resources from government for comprehensive alcohol control activities. It would be more realistic to generate money from taxing alcohol more, which is accepted as the most universal regulation. Experience from tobacco control show us that a separate taxation can be used for health promotion and health sponsorship funds to replace alcohol industry support of sports and other sponsorship activities, public education and rehabilitation programmes.

4. Eliminate subsidies

Government subsidies in the form of tax deductions for alcohol marketing as a cost of doing business must be eliminated.

5. Community-based health programmes

Most countries cannot afford to train health and social workers specifically to tackle alcohol problems. In communities where a major portion of the population does not read or write, it is crucial to devise simple, creative and low budget health programmes. Local government, health groups and other community organisations should all be involved in alcohol control programmes. Health groups can play a key role in the development of comprehensive national alcohol control programmes. Simple training manuals should be developed for workers on the field.

B. International action

The alcohol problem must be addressed in a more concerted manner by international organisations such as the World Health Organisation and the United Nations Drug Control Program. We must also address market expansion to developing countries.

6. World Trade agreements

World trade agreements need to make special provision for alcohol to ensure these agreements may not be used to weaken health and safety regulations regarding alcohol.

7. Duty-free status should be removed

Remove the duty free status of alcoholic beverages sold at airports and during in- flight services.

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Alcohol & Violence: A Public Health Approach

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Introduction

In recent years, public health experts in the United States have begun to recognise violence as a public health issue. Although the field of violence prevention within public health is growing, the need remains to bridge this work with prevention efforts in alcohol policy. This paper explores this relationship by outlining alcohol and violence prevention policy efforts.

First, a brief overview of the Trauma Foundation's "Alcohol Related Injuries and Violence" (ARIV) Project will illustrate the need to compile and review existing literature on these subjects so communities can use their findings. Second, this paper will provide examples of environmental prevention strategies to reduce alcohol-related violence. Although environmental and primary prevention has served as a powerful framework in the alcohol-policy movement, this model is often scarce within the violence-prevention field, where many efforts continue to focus solely on the individual. Nevertheless, the efforts of California's Violence Prevention Initiative will offer an example of a comprehensive environmental approach to violence prevention.

An Overview of the "Alcohol Related Injuries and Violence" Project

Although many studies have identified alcohol use as a major risk factor for violence, the number of prevention Programmes does not approach the size or severity of the problem, and the injury control field has focused primarily on preventing drinking and driving. The "Alcohol Related Injuries and Violence" (ARIV) Project, funded by Robert Wood Johnson Foundation, was the first centralised source of information for community groups wanting to reduce injuries and violence caused by alcohol. In January 1999 the project published Preventing Alcohol-Related Injury and Violence: Resources for Action[1], a manual for advocates and researchers featuring fact sheets;

overviews of research and prevention literature; a listing of organizations working to reduce alcohol-related injury and violence; and profiles of advocates. Following are some brief examples of the alcohol and violence research available at the time of the ARIV manual's publication.

When discussing alcohol-related violence, we must first recognise the dangerous role of beer consumption in comparison to other alcoholic beverages. Beer accounts for 81% of all alcohol consumed hazardously, while liquor makes up only 16%, and wine 4%, of that total.[2] This finding is of crucial value to communities that devise environmental prevention strategies targeted at specific substances.

Although violent crimes are frequently reported in U.S. news, their relationship with alcohol is seldom mentioned. Alcohol was involved in 42% to 66% of homicides and serious assaults, 13% to 50% of rapes and sexual assaults, 36% of convicted violent offenders and up to 85% of incidents of domestic violence.[3]

Studies that explore the role of alcohol in domestic violence have found a significant relationship between the two. Research available when the manual was published reveals that two-thirds of partner-abuse victims reported alcohol as a factor; about half of alcohol-related violent incidents reported to police involved current or former partners of the offenders; and binge drinkers are three times more likely to abuse their partners.[4]

In addition to domestic violence, the ARIV manual reviews the relationship between alcohol and rape/sexual assault. Among its findings, this review reveals that alcohol use by victims and offenders is present during a large number of rapes and sexual assaults, and that between 27% and 36% of offenders convicted of rape/sexual assault were drinking at the time of the offence.[5]

In the recent years the growing problem of firearm injury and death in the U.S. has propelled headlines of shootings to international attention. Gradually, the availability of guns and the role of the gun industry and political groups such as the National Rifle Association have come into question. However, the role of alcohol in shootings and the resulting tragedies is seldom explored. A review of available literature on alcohol and firearms reveals, for example, that 35% to 63% of firearm-fatality victims had alcohol in their blood, that adolescent suicide victims with alcohol in their blood were nearly five times more likely to have used a firearm, and that about 4% of all alcohol-related violent incidents involved a firearm.[6]

Finally, an often overlooked public-health issue is self-inflicted violence such as suicide. Once again, information on the role of alcohol in suicides is scarce. Nevertheless, existing research begins to shed light on this relationship: between 18% to 66% of suicide victims have alcohol in their blood at time of death; drinkers are twice as likely to commit suicide in the home; and alcohol may be a factor in "spontaneous" or "impulsive" suicides.[7] This final finding is significant as the suicide-prevention field develops efforts to educate the general public on the nature of suicide as a permanent solution to a temporary emotion. The availability of alcohol in times of distress is further aggravated by the availability of firearms, as victims of "impulsive" suicides tend to kill themselves with a gun.[8]

Environmental Strategies to Reduce Alcohol Related Violence

In the face of alcohol-related violence, injuries and death, communities across the United States have turned to primary environmental strategies to address these problems. An environmental approach differs significantly from the more traditionally adopted individual-focused prevention strategies. Where individual prevention efforts focus on behavior change, an environmental approach zeroes in on policy change. Consequently, the emphasis is not on the relationship between the individual and that person's alcohol-related problems, but rather on the social, political and economic context of those problems. To create such a framework, a community must engage its citizens not as observers or recipients of messages intended to change behavior, but instead as advocates who organize to improve the social and political context of their community.[9]

Environmental prevention strategies, therefore, examine the public-health implications of the availability of alcohol and its promotions. When employed by empowered communities, this approach becomes a powerful threat to the wealthy and ubiquitous alcohol industry. The industry itself touts a framework that counters environmental prevention strategies. Where environmental prevention focuses the debate on public policy, the industry insists on highlighting individuals, free choice and the free market, which ultimately absolves them of responsibility for a community's health.[10] With profit as its motivator, the industry uses culturally appropriate symbols and language to gain new markets and influences political structures through monetary contributions to campaigns. In contrast, the community uses grassroots mobilisation to effect common-sense policies that keep the industry in check at the

local level.

For communities to enact effective environmental prevention, they must address the role of the alcohol industry and acquaint themselves with its marketing strategies. As with any business, the alcohol industry uses four elements in marketing: product, place, price and promotion. Product refers not only to the alcoholic beverage but also to the size, color and style of the packaging (e.g. can, bottle, etc.). Price is of great importance to the industry, particularly as low-priced, high-potency, large-container beverages saturate low-income communities. Place refers to the type of business where alcoholic beverages are available, as well as events. Finally, the industry has invested millions of dollars in promotions that attract a diverse market, including youth, women, people of colour, and, more recently, the gay community. Philanthropy can also be classified within promotion because the industry uses "charitable" efforts and event sponsorship to improve public relations. An understanding of these components, commonly referred to as "The Four P's of Marketing," serves as a useful framework for communities as they develop environmental prevention strategies.

"The Four P's of Marketing" are also useful in reviewing existing environmental strategies. For example, communities across the United States have addressed alcohol-related violence by creating policies to limit the availability of particular alcohol-industry products. Especially among low-income communities, an over-availability of malt liquor and fortified wines has resulted in increased violence in neighbourhoods. As mentioned earlier, the problem lies not only in the fact that these beverages are high potency, they are also bottled in large containers that are marketed as single-sitting servings.

Many communities have focused organising efforts on place (i.e. where alcohol is made available in their neighbourhoods). Low-income communities across the country suffer from a saturation of businesses selling alcohol. Consequently, policy goals have focused on reducing the over-concentration of outlets through moratoriums, and resident surveillance of problem alcohol outlets. More and more, activists are looking to improve the economic infrastructure of low-income areas to build a defence against over-availability of alcohol. As a community's economic base improves, small grocery stores, for example, would not rely as strongly on the sale of cheap alcohol to survive. In addition, addressing where alcohol is sold also extends to devising policies on alcohol availability at community events and celebrations , to reduce alcohol-related violent incidents.

Alcohol-policy efforts in the U.S. have pointed to price as perhaps the most effective environmental prevention strategy. Specifically, communities seek to increase the price of alcohol by levying alcohol taxes. Research suggests that alcohol-tax hikes result in a reduction of alcohol-related violence and crime.[11] The alcohol industry has fought efforts to increase these taxes with well-financed campaigns and legal counsel. Policy efforts relating to the price of alcohol have also sought to reduce the availability of single cans of beer and malt liquor, which are sold cold and meant to be consumed immediately, and to reduce the sale of cheap high-potency products in large containers.

Finally, community activism has been most vocal on the issue of promotion.

Community groups and advocates have protested the use of cultural symbols and sexual imagery to promote the sale of alcohol. Efforts have focused specifically on the industry's blatant targeting of youth through the use of cartoons and youth-attractive images and slogans. With campaigns such as Cinco de Mayo and Hands Off Halloween, communities have reclaimed traditional holidays that the alcohol industry turned into drinking opportunities through advertisements and event sponsorship. Urban centres such as Los Angles, Baltimore, and Oakland have made significant policy gains by pushing for local ordinances that limit the outdoor advertising of alcohol through billboards.

The preceding overview of environmental prevention strategies stresses the role of the community. Perhaps the greatest lesson learned in U.S. efforts to reduce alcohol-related violence and injury is that great success has come from grassroots community organising that has challenged the omnipresent alcohol industry. Despite the industry's financial resources, communities have used "people power" to ensure the health and well-being of their neighbourhoods and future generations.

California's Violence Prevention Initiative

Similarly, community organising can prove to be a sound foundation for environmental efforts in violence prevention. Integral to successful violence prevention is the investment in communities. Following is a brief overview of California's Violence Prevention Initiative, funded by The California Wellness Foundation (TCWF). The goal of the Violence Prevention Initiative (VPI) is to improve the health of Californians by reducing violence against youth through a range of statewide prevention efforts.

Since youth are disproportionately represented as victims of violence, this initiative focuses on young people up to the age of 24.

In late 1992, the Board of Directors of TCWF approved the first phase of the VPI and grant-making began the following year. The board authorised the initiative for a 10-year period and allocated $60 million to create a comprehensive effort to prevent violence. The principles of the VPI include: involving youth as part of the solution; supporting broad community participation; advancing creative collaboration in community-building efforts; developing new leadership among community advocates and public-health professionals; and promoting social change through public policies that help prevent violence against youth.

The VPI is unique in its comprehensive multi-dimensional approach. The Initiative includes a Community Action Programme component that funds local collaboratives across the state to work as a unified statewide movement. In addition, these efforts are supported by the Initiative's Research Programme, which provides communities with the data necessary to effect environmental change. The Programme also plants the seeds for future research and strengthens the academic dialogue on a public-health approach to violence prevention. The initiative also includes a Leadership Programme, which provides fellowships to academic and community leaders to support and develop their efforts in violence prevention.

A unique component of this initiative is its Policy Programme, which allows the initiative to move beyond service provision into policy advocacy efforts based in community organising. The policy goals in the first five years of the initiative focused on alcohol, firearms and increasing financial resources for youth Programmes. In the second phase, the alcohol piece was dropped and, regrettably, foundations in California have been reluctant to fund a statewide alcohol-related youth violence project. Nevertheless, the first five years of the initiative resulted in the signing of progressive and sensible legislation in California to reduce the over-availability of firearms -- for example, a ban on "junk guns," which are frequently involved in violence; a purchasing limit of one gun per month; and a ban on assault weapons. The initiative also created a generation of young activists in the state who have mobilised to create policies in the fields of alcohol, firearms, juvenile justice and violence prevention. As part of the Initiative's research component a study was conducted which identified a link between alcohol outlet density and youth violence.[12]

The funding of a comprehensive Violence Prevention Initiative in the state of California is significant and unique in the country. This is especially important given the political climate in California, where the political powers have deemed incarceration to be the primary solution to violence. For example, a projected $181 million of state general funds were allocated for youth violence prevention in '98–'99. In contrast, during the same fiscal year, California spent more than $4 billion in the Department of Corrections.[13] Both the previous and current governors have stated that the way to address violence prevention is through incarcerating youth. However, the Initiative recommends a far more comprehensive approach rooted in public-health prevention models.

Recommendations for a public-health approach to violence prevention.

Based on its successes and seven years of experience, the Violence Prevention Initiative proposes that true violence-prevention efforts must include the following elements. First, they must be rooted in the public-health model, which proposes that it is not possible to be healthy in an unhealthy environment. Second, prevention efforts must be community-based; namely, those working closely on or being affected by an issue are the most effective experts to shape the solutions within their communities. And finally, violence prevention must be proactive. The criminal justice system only deals with the problem after a crime has already occurred. Real prevention starts early and builds a protective environment, in order to reduce the risks of violence. The Violence Prevention Initiative is currently creating legislation that would funnel violence prevention funds into the Department of Health and Human Services, which promotes the appropriate model for prevention. As seen earlier, funds currently considered to be allocated for "violence prevention" are actually used to incarcerate our state's future.

Conclusion

Although successes have been achieved in both the alcohol-policy and violence-prevention fields, the two are working largely in separate spheres. We must continue to develop stronger collaboration between these fields and build on the community base that has resulted in significant social change. We cannot address alcohol-related violence without challenging the political forces working against us: namely, the alcohol industry, the firearm industry, and a political climate that prefers to incarcerate youth rather than invest in their education and future.

It is our sincere hope that this gathering of

global leaders in the field of alcohol policy will provide an opportunity for international collaboration in preventing alcohol-related violence.

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The "French Paradox" the facts of the problem

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Epidemiological studies show that the frequency of coronary vascular attacks (myocardial infarction) is less pronounced in France than in certain other western countries, despite the fact that French lifestyle comprises the same risk factors of arteriosclerosis, particularly a comparable consumption of animal fats leading to the same biological disturbances (blood cholesterol levels in particular). This phenomenon has been given the name "The French Paradox" by an amazed Anglo-Saxon writer. The term had an immediate media success. According to many commentators the higher consumption of alcohol or of wine was sufficient in itself to explain this protective effect.

Most writers recognise, of course, that even a moderate consumption of alcohol leads to an increase in the frequency of many diseases (cancers, diseases of the digestive and neurological systems); it is the same with accidents due to heavy drinking. However, the fact that an important part of general mortality is due to myocardial infarction, (around 50,000 out of 500,000 annual deaths) may explain that there is a protective effect in moderate consumption. Besides, the symbolic and emotional weight of this "cardiac protection" ignores the other risks of alcohol consumption. The argument of the "French paradox" is at the moment exploited by the producers and taken up by certain sections of the media greedy for sensationalism and paradox. According to certain studies, it is only wine which would have a particular protective effect, but for other writers, the type of drink is of little importance. Alcohol or wine seem to act by increasing the HDL-Cholesterol level, that which is called the "good cholesterol" (ie the fractions HDL-2 and HDL-3) and the level of Apo-lipoproteins AI and AII, but also by lessening the aggregation of blood platelets.

Methodological difficulties

The defenders of this thesis advise moderate consumption of alcohol to obtain this protection. Even with this reservation, the phenomenon merits a critical attention for the following reasons:

- It is difficult to conduct epidemiological studies in this field where the risk factors are numerous: certain of these factors, like consumption of food, of drink, of tobacco are interlinked and may complicate matters. The biological mechanism of infarction is complex, social parameters play also an important role in the outcome of this illness and in its treatment.
- Numerous biases are possible when consumption and causes of death are recorded. One recent study[1] showed that myocardial infarctions were under-recorded in France in comparison with other countries. It is in this way that the cause of so called "sudden death" is more important in France than in other countries: for it turns out that a certain proportion of these deaths should really be attributed to infarction. This difference in the measurement of risk of dying of heart attack should be taken into account in looking at the gap which there seems to be and which seems to lead to an advantage in French way of life.
- For ethical reasons, it is not easy to give a definitive proof: an association or correlation is not a causal relationship. Statistical analyses can never eliminate the role of risk factors as yet unknown and will never be able to take into account non-quantifiable factors. So the moderate drinkers of alcohol and people less vulnerable to infarction may be one and the same, that is to say may belong to a same sub population, for reasons which have nothing to do with alcohol consumption.

Limits of the protective effect of alcohol

The protective effect of alcohol on myocardial

infarction is limited:

- in most studies, this effect reaches its maximum with the consumption of 10 grammes of pure alcohol per day, ie one glass. It is only in some studies that there is a greater effect in consumption beyond that level;
- the protective effect is of interest only to patients at risk of infarction, that is to say men of over 50 years of age and women after the menopause;
- one study[2] seems to have proved that this protective effect holds sway on one section of the population only (genetically determined by the existence of the genotype peculiar to an enzyme which intervenes in the transportation of cholesterol). This sub group would be limited to 16% of the general population.

Questions in abeyance

The alcohol, the juice or the pips?

It is still not clearly established whether the protection comes through the alcohol or through another component in the alcoholic drinks. Neither are the results clear concerning the differences between drinks, in particular wine and beer. In the 60s it was whisky which had gained this reputation following on from research published in Anglo-Saxon countries. The protective effect seems therefore to be attributed to different drinks according to the latitude of the research laboratories!

The wine producers lay stress upon the role of flavonoids or resveratrol, antioxidant products which might also be of benefit in illnesses other than myocardial infarction. The Bordeaux wine producers are today in the front line in praising the richness of their wines in these different components, but the Burgundians are not to be left behind; they have begun to test resveratrol on laboratory rats. Let us note that certain components considered to be protective are provided by the grape for they are contained in the pips or the skin of this fruit. It is however not certain as to whether the fruit itself or the juice of the grape contain in sufficient quantities these active substances, the concentration of which would not become effective until transformed into wine and particularly into red wine. In addition, some researchers claim that to be operative these protective substances must be dissolved in alcohol! Let us raise the fact that one experimental study[3] on a laboratory animal (a dog) showed that consumption of grape juice diminished one of the risk factors for myocardial infarction, the aggregation of blood platelets. To set up precise studies, we are perhaps lacking grape juice drinkers! The efficacy of the grape as a fruit also needs to be explored. Laboratories are already proposing dried extracts taken from the grape. Finally we must add that these protective substances also exist in other vegetable products, (blackberries, peanuts....)

Plonk or good wine?

In a recent edition (10th December 1999) of the most famous French literary TV program, the journalist Bernard Pivot naively questioned the reality of the "French paradox". After a doctor, non specialist in the question, had peremptorily affirmed the importance of wine, a sociologist C. Fischler tried in vain to qualify the statement and insisted upon the relativity of medical knowledge by quoting the propositions, which today are ridiculous, of the medical leading lights of the 1930s when they defended the therapeutic powers of wine. To try to bring the discussion to a close, the journalist, well known for his love of wine and food, twice affirmed the importance of "wine but good wine". It seems that in fact a plonk rich in tannins could do the job very well. I shall add, as a (moderate) wine drinker, that the true "good wine" has no need of this health argument. Moreover let us note that it would be better, even for the producers, if wines were not classed as medicines. Effectively, if they were, it would be logical that they should follow medical legislation, then their sale would be forbidden… as for all medicaments whose toxic dose is too close to the beneficial dosage.

Olive oil, goose fat or snails?

Many factors might intervene to explain the protective effect of certain diets, such as the distribution of calories between the different meals. All foods in the diet count: fresh fruits and vegetables, fish and cereals seem favourable, this is why the diet, given the name "Mediterranean" which is rich in these products, has been so valued. Other peculiarities in the French diet like the consumption of garlic, onions, and nuts have also been mentioned. The most important factor appears to be the nature of the lipids consumed. Certain fats of animal origin (butter, cream, red meats) are the most dangerous, but not all vegetable oils are recommended: sunflower, soja, mais, grape seeds oils are not especially favourable, unlike oils taken from the olive and from the rape seed. Goose and duck fat seem to possess an ideal balance between saturated and unsaturated lipids (let us be precise and state that it is the fat contained in the meat and not the foie gras). The benefits of the "Cretan diet" are particularly highly spoken of: it combines olive oil, fish, fruits and fresh vegetables but also bread and other cereals, beans and other pulses. Perhaps we should also add the consumption of small local snails which eat particular herbs such as purslane,

rich in alpha linolenic acid.

A local or a global explanation.

It seems really naive to try to find the explanation of a complex phenomenon simply in "cooking recipes". It is true that the benefits of the Cretan diet have been known for a long time[4]. They were revealed in 1950 through the results of a task carried out by the Rockfeller Foundation. Sent out to improve the health situation in Greece, the researchers discovered that the Cretans had a longer life expectancy than the Americans! In the following years other studies - one financed by Euratom - confirmed this fact and proved the interest in consumption of lipids of vegetable origin, of cereals and of fresh fruits and vegetables. It was at the beginning of the 80s, that some researchers brought forward other conclusions, hastily drawn from comparison of epidemiological data between the North and the South of Europe: they began to assert that wine consumption was responsible for the Mediterranean advantage, as if there were no other differences between the diets and lifestyles of the different European regions.

We must therefore come back to a wider perspective, taking into account the many factors of daily life, as the results of the MONICA programme, launched in 1985 by the WHO, encouraged. They indicate that France comes within a North-South gradient with a decline in cardio-vascular diseases. The French quite simply are lucky... to live in France, moreover the beneficial effects of this situation are felt to greater advantage in the South of the country than in the North, whilst the consumption of alcohol, and even of wine, is less important there.

Recommended course of action

The possible health benefits of alcohol consumption and above all the mediatisation of studies difficult to interpret and the exaggeration of those effects pose different problems and place many health professionals in a difficult position.

For the patient at risk of heart attack

To reduce the frequency of heart attacks, it remains preferable to act upon other risk factors (suppression of smoking, balanced diet and physical exercise...) rather than having recourse to a method of risk, alcohol consumption. It is equally possible to utilise the scientifically proved properties in certain drugs, like aspirin, or in vitamin supplements like folic acid, vitamin E, which are contained in many foods and which today are added to multivitamin compounds.

For the doctor practitioner

He is confronted by the impossibility of knowing in advance the sensitivity and tolerance to alcohol of each of his patients. However there is no reason to ask a cardiac patient to change his habits if he is a moderate alcohol drinker.

For the health educator

His position is more difficult, for he has to beware of providing an excuse for dangerous consumption:

- Every general message runs the risk of being distorted into an incentive to drink which will increase all the other risks of drinking: many abstainers and moderate consumers encouraged in this way to drink alcohol, will increase their consumption and create for themselves problems which they would have spontaneously avoided.
- From the collective point of view, the phenomenon poses technical and ethical difficulties to alcohol policy in particular if the population is already seriously affected by the other consequences of excessive consumption. Of course the solution is to value moderation, but this simple solution is going to enter into conflict with words favourable to alcohol and will lose its credibility. Messages favourable to alcohol risk being heard by those for whom they will have no interest, that is to say young men, who, with this medical backing, will take numerous medical and social risks without any immediate advantage for their heart.

A case to be followed with care

From their origins, wine and alcohol have been considered as medicines: in many cases, some effects such as antiseptic and antalgic were real and useful. These properties present no more interest because of the richness of modern pharmaceutical speciality, even if they are still used in popular remedies. The mythology of alcohol has now enlarged with expected effect in prevention. This new dream will be more difficult to quit by simple mortals who are looking for the justification of their quest for pleasure.

Political and media impact.

In France today, the "French paradox" does not have a great importance amongst public health specialists by reason of a better understanding of the phenomenon and also because the approach to the alcohol problem has recently been completely overthrown by several reports asserting that alcohol is a drug like any other. "The new French alcohol policy has arrived ", as we say about the Beaujolais nouveau. In these official reports, alcohol is now considered as a drug among others,

"une drogue dure parmi d'autres". France has to face this terrible novelty... 45 years after the position of WHO. This new official thinking is held by a new public agency: Mission Interministérielle de Lutte contre la Drogue et la Toxicomanie (MILDT). One could say that "the official image" of alcohol in France is today more determined by the social consequences of drunkenness and by the binge drinking of the young than by the presence of alcohol on the table amongst other foods.

However, public opinion and the opinion makers are far from subscribing to these official pronouncements. The media, the local press and magazines of practical life in particular, are always printing great articles with fine sounding titles on the benefits of alcohol consumption upon the heart, the brain and the rest. The work of persuasion therefore is to be done at the heart of the population who have been badly informed and amongst professionals in communication, which is still more difficult for they prefer to move in the direction which is pleasing to the reader and they are subjected to powerful pressures, in particular from the producers of alcohol and their advertising agencies.

Scientific truth and human interpretation

- We must first consider whether the "French paradox" does indeed exist, i.e. whether the frequency of myocardial infarction is indeed weaker in France than in other countries, when all risk factors are identical. We saw that infarctions are under recorded in France. An important point was revealed in a study[5] published in May 1999, researchers worked on the hypothesis, which is biologically legitimate, that in order to explain the occurrence of cardiac problems it was necessary to take into account the past alimentary diet. This hypothesis can be illustrated by a popular image: the arteries become blocked up as a result of the accumulation of fats due to former and repeated diet errors. Taking into account the years 1965 – 1970, these epidemiologists have proved when examining the food facts that the French exception does not exist. Until 1970 the French did in fact have a lower consumption of animal fats than the British, which would therefore explain that they are today less affected by myocardial infarction. The consumption of wine therefore would be but an indirect marker which appeared to be in this case of the "French paradox" a "confounding factor", a factor of confusion which is still going to cause a lot of ink to flow.
- If the "French paradox" does all the same exist, at any rate in smaller proportions than it seems today, it remains still to be explained in a satisfactory manner, without prejudice. Now, it is not yet proved that this paradox is due to the consumption of alcohol or of wine. We saw that the medical, dietetic and social characteristics which intervene are numerous, closely interwoven and many are still unknown. Let us take the example of the well known Lyon study[6]. Two comparable groups of patients recovering from heart attack were given two different diets: the former the classical one, the latter the Cretan diet plus the freedom of taking every week two meals without constraint and with two glasses of red wine at home or in a restaurant. It was found that life expectancy was longer in the second group. Is it really surprising? How can we say bluntly that it is because of the wine or even the diet? Would not it be possible that life expectancy is longer only because people were given the possibility of living with more pleasant perspectives.

Say we accept that the consumption of wine or alcohol does indeed have a role to play, let us once again recall the important points:

- the effect is interesting only for patients running risk of heart attack
- the effect is at its maximum at a dose of one glass a day;
- it is possible to obtain equally effective protection without taking any risks peculiar to alcohol consumption, by acting on the other risk factors.

Myths and Reality

The diet called "Mediterranean" no longer exists in the Mediterranean area, not by a long chalk, it is no more the dominant diet of the inhabitants, especially amongst the younger generations, apart from some rural regions where traditions persist... like the island of Crete. From the 50s, at the time of the Rockfeller Foundation study, investigators had found that the Cretans themselves were wanting to abandon certain traditions and to "improve" their diet with "modern" foods which are the cause of health problems in the so called developed world. This change has taken place (Thank you M. Rockfeller, Thank you M. MacDonald!) and the rates of cardio vascular diseases are increasing regularly in the regions of the Mediterranean thus far preserved.

Through a real paradox, this traditional diet is today scarcely practised except in certain experimental studies where patients, having survived a heart attack, are placed under a particular diet regime. Everywhere else, this diet

of the "good old days", evoked with nostalgia, rises out of a myth, that of the bucolic life of our ancestors (who in many cases used to die quite often as a result of famine and of diet deficiencies).

It is interesting to note how most researchers and commentators have taken hold of the ingredients of this traditional diet to put them forward: consumption of wine, of garlic or of onions - emblematic products of the French cuisine - have been used in this way to explain the phenomenon of the French paradox. These explanations, functioning like clichés, have been seized upon out of naivety or through commercial interest when it is a question of wine. The symbolic strength of these foodstuffs perhaps explains that the changes in eating habits have been forgotten: the taking into account of these changes and the length of exposure to risk had in this way been neglected by all researchers whilst it has been used for a long time for the understanding of the epidemiology of cancers due to tobacco. This lights up the other paradox according to which the countries counting the most smokers, Greece and Spain, present for the time being cancer levels below those of countries where smoking has recently diminished, but which are still "paying the bill" for past intoxication. In the case of France, we can unfortunately foresee an increase in diseases due to tobacco, in particular amongst women. It will probably add up to an increase in the frequency of infarctions of the myocardium, when the people who have followed a bad diet since the 1970s arrive at the age when this illness occurs. The "good old times" are really in the past, the pessimists will say. "The fight must go on" will say the supporters of José Bové. Men always need to dream of the Golden Age, would be another conclusion.

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6 Renaud

The health claims of alcohol: contextual considerations for Africa and the developing world

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Traditional African communities did produce and consume alcohol. Indeed, in certain communities, consumption of alcohol formed an important component of communal rituals and ceremonies. Alcohol was used in prayer, in atonement to the gods, in oath taking, and in various forms of gift exchanges. At ceremonies, elders would often take the first sip and, passing the gourd round, other participants would take their turns on the basis of age. Women would sometimes partake in this drinking ritual, but theirs would be even more of a token sip. The socialising benefit of alcohol was thus appreciated and utilised. Consumption of large amounts of alcohol was frowned upon and indeed would require a level of social detachment to be engaged in by anyone. Alcohol consumption was predominantly but not exclusively a male thing. It was however rare for children to drink, except for a surreptitious draining of an adult's empty gourd. But drinking was evenly, albeit thinly, spread among adults with no particularly age group noted for disproportionate consumption. Traditional beverages such as palm wine do have some nutritional value known to individuals in traditional societies, but was not used as an excuse for regular or heavy consumption as they were very much aware of their intoxicating effect. What has been said of Africa was largely true of most traditional societies in what is now known as the developing world[1].

What has changed? There is substantial evidence for a much higher level of current consumption in most developing countries. In virtually all non-Moslem, and some Moslem, African countries, the evidence is that consumption of industrial beverage, especially beer, has increased substantially in the last three decades or so. While the trend for the consumption of industrial beverage can be followed, that for the consumption of traditional beverages is difficult to follow. However, there is evidence that industrial brews may have supplemented some but not replaced traditional alcohol beverages. Indeed, in order to package traditional beverages and give them the status of industrial beverages, smart entrepreneurs have begun the industrial manufacture of traditional beverages such as chibuku in Zambia and palm wine in Nigeria. Another change in the drinking landscape is the distribution of drinkers across the age groups. Rather than the even and thin spread of drinking across the different ages, it would appear that young people are the predominant consumers of the increased alcohol product. Across most of the continent, a small segment of the community that is mainly composed of men in their twenties and thirties are the ones responsible for the increased consumption. Also, gender disparity in drinking is changing with more women now involved in alcohol consumption. The drinking norm has also changed. Rather than the ritualised drinking that was common, drinking now occurs outside of ceremonies or festivals, even though those are also now associated with increased alcohol consumption. Drinkers no longer require the excuse of a festival to drink and do not now commonly observe a drinking liturgy. Traditional restraints of the communal setting have

disappeared in most towns and cities, and are disappearing in many villages.

What has not changed? Drinking in most of Africa is still episodic rather than regular. It is rare to find a pattern of alcohol consumption with food that may be characteristic of middle class people in North America and Western Europe. What has changed is less the pattern of drinking than the quantity consumed.

The health claims of alcohol are based largely on the observation that the incidence of coronary heart disease is less among drinkers than abstainers. In summary, the findings suggest that a pattern of regular low to medium consumption of alcohol (of up to two drinks per day) over several years is protective against the development of coronary heart disease[2]. This finding has been replicated in Europe and North America mostly among those in the latter part of middle age. There is no evidence that a particular type of alcohol has advantage over others in offering this protection. However, there is evidence that this benefit is highly dependent on the pattern of drinking[3]. Frequent moderate drinking, especially when taken with meals, appears to be necessary for the benefit to occur[3,4]. Heavy bingeing on alcohol does not only confer no benefit but indications are that it might be a risk factor for ischaemic heart disease[5].

The commonest risk factors for coronary heart disease are a diet high in fat, lack of physical exercise, and smoking. These risks are more likely to produce a cardiac event after many years of exposure to them. The protective effect of alcohol is more likely to be observed in individuals in late middle life or in the elderly. Of course, the benefit is a statistical one: a given drinker cannot be sure of protection; rather the protection is more likely to be manifest in a group of drinkers. The risk factors associated with coronary heart disease are not inevitable consequences of being alive or of living in a particular environment. They are life-style attributes that are in fact uncommon in traditional societies. Several years ago, doctors who trained in Nigeria’s medical schools had very poor clinical knowledge of the manifestations and management of coronary heart disease, especially of myocardial infarction. That was because they hardly saw any cases during their training. With changes in life-style and with increasing consumption of fatty food and more sedentary lifestyle, cases of coronary heart disease are increasing. However, such increase in the number of cases cannot translate to a significant public health benefit for the society should individuals take on regular moderate drinking. That is because, even now and according to the World Health Organisation in its World Health Report 2000[6], the estimated mortality due to ischeamic heart disease in most of Africa is still relatively low. The rate for Africa is about one third of the rate for much of North America and about one fifth of the rate for most of Western Europe. While the projection is that by the year 2020 ischeamic heart disease will be the third most important cause of disability-adjusted life years (DALYs) in developing countries, it will be second most important in developed countries. By the same projection, road traffic accidents will be the second most important cause of DALYs in 2020 in developing countries, but only fifth in developed countries[7]. There can therefore be little doubt that the risk-benefit ratio associated with use of alcohol in North America and Western Europe can not be extrapolated to Africa

There are of course other considerations as well. Apart from differences in drinking pattern and risk of coronary heart disease, Africa is also very different from North America and Western Europe in regard to age distribution. In much of Africa, life expectancy is less than 50 years for both sexes. Those African countries with life expectancy substantially above 50 years are in fact mostly Moslem countries in the north of the continent where alcohol consumption is relatively very low. The low life expectancy in most African countries results from a combination of factors, principal among which include high infant mortality, effects of under nutrition, and communicable diseases. To this must be added the ravage of HIV infection and accidental deaths. Much of the infant mortality and mortality due to communicable diseases would be eliminated if potable water became available to a larger segment of the communities. It is estimated that between 50% and 65% of the populations in many African countries has no access to safe water[8]. The cost of procuring water for a day’s use from vendors (not necessarily safe water) for an average family of four in most of Lagos, Nigeria will buy three to four pints of beer. The estimated rate of contraceptive use for 1996 for Africa was 17%[8], of which the use of condom can only be a fraction. A young man in Lagos wishing to have a healthy and long life should have no difficulty deciding whether to spend money on water for basic needs and sanitation, on a condom for safe sex, or on beer for its promised protection against coronary heart disease. While the price of beer is far below the consumer price index, those of essential commodities defy any economic, social, or public health rationale. It would appear that many African countries have difficulty deciding on the provision of essential services or encouraging the availability of cheap beer.

But the choice is not made easy for young Africans. Brewery industries control enormous money and influence. With the former, they are able to conduct sustained advertising campaigns that target the youths. With the former, they are able to get away with false and dangerous claims about the value of alcohol. In many African countries, advertisements suggesting health benefits of alcohol that would not be permitted in North America or in Western Europe are carried on the print and electronic media. Popular sports are sponsored to present the message and to further glamourise drinking, again with the youths being the target.

The effects of drinking by the young and active in the continent still remain to be adequately studied. But given the prevalent drinking pattern in Africa and the age group that does most of the drinking, it is no surprise that alcohol use contributes substantially to the incidence of accidental death. In spite of the fewer per capita number of vehicles on the road, the rate of mortality due to road traffic accident in Africa is twice that of North America[6]. That due to drowning is ten times higher. The reasons for these differences are not difficult to find. Other than the drinking pattern, the roads most commonly lack sidewalks or railings. In many African countries, there are no legal restraints on drinking before driving. Nigeria, the most populous African country and one reputed to have one of the highest rates of road traffic accidents in the world, has no law against or process to discourage drunken driving[9,10]. It is easy to see that even with a moderate amount of alcohol, the risk of being killed or maimed on such roads must be considerably higher than on a well-paved pedestrian walkway in New York, even when the same amount of alcohol is involved. Also, an accident on the road or an accidental fall into a river or a stream where there are no rescue services, where hospital services are paltry, and where doctors are few is more likely to result in death than in a clime where these services are more readily available.

Accidental deaths are not the only outcomes that characterise the outcome of drinking in Africa. Deaths from injuries such as homicide and violence (other than wars) are three times higher in much of sub-Saharan Africa compared to North America (a contrast that would probably surprise many)[6]. In South Africa, a country with one of the highest rates of sexual violence in the world, a 1994 report suggests that about 70% of abuse of women is mainly caused by alcohol and drug abuse[11]. Unfortunately, mild to moderate drinking does not guarantee that accidents or injuries will not occur. On the contrary, the risk curve between consumption and these outcomes could be linear[2], so that consumption at the lower end of the spectrum is still often associated with negative outcomes. When the reality of sporadic heavy consumption pattern that is common on the continent is taken into account, then the balance sheet is decidedly quite red!

If we move from what is known or plausible to what is probable, the evidence remains that drinking holds no overall benefit for Africans today. We do not fully understand the effect of alcohol, even in moderate quantities, on the immune system, but what we do know does not suggest that alcohol consumption would help in disease prevention. Indeed, there is evidence that alcohol has an inhibitory effect on the body's natural defence mechanisms[12]. In an environment with highly prevalent communicable diseases, the balance sheet for alcohol is likely to be negative. There is debate about the role of alcohol in risk-taking behaviour. However, there is no debate now that the high level of HIV infection in much of the continent, especially in the southern part of the continent, is traceable to heterosexual activities. It is probable that even with moderate amount of alcohol, individuals are more likely to ignore the injunction about safe sexual practices.

In conclusion, the health claims made for alcohol and supported by research conducted in North America and Western Europe need to be set in the context of developing countries. The benefit derivable from drinking has been demonstrated for a particular pattern of drinking but we lack evidence that this benefit can accrue in places where the pattern of alcohol consumption is markedly different. There is a need to determine the benefit and risks associated with different drinking patterns, in both sexes, and in different age groups[13]. The significant variation in age pyramid between much of the developing world and developed countries should be a focus of analysis in the overall discussion of the risk-benefit balance. Also, what are the other effects of the prevalent pattern and level of drinking in developing countries on immunity, on violence, and on the productivity of the large segment of these societies, those aged below 35 years?

Governments in Africa in particular need to be aware the so-called prevention paradox relating to the acute consequences of bingeing[14]. But they must also consider the increased likelihood that negative consequences will follow drinking in their context because some basic infrastructures are lacking and that when such consequences occur their health care services may be unable to meet the needs of those affected. A mix of policies will be necessary to tackle alcohol-related problems in general[15]. In trying to combat the onslaught of

marketing strategies by multinationals involved in alcohol production in particular, governments will need to take cognisance of the overall negative economic consequences of unrestrained alcohol production and use in their countries[16].

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Public Health and Ethics

Can alcohol control policies ever be morally justified?

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This Conference is considering ways in which individual governments and voluntary organisations can confront the global alcohol industry which causes so much misery to individuals from the (usually excessive) consumption of its products. The Conference seeks to promote a coordinated approach that may be undertaken by advocates around the world to promote healthy and safe alcohol policies. Greater regulation of the Industry seems to be out of favour in most countries where it has previously been successful in controlling many of the worst problems whilst developing countries often lack the infrastructure and the resources to create the necessary regulatory mechanisms. Moreover, the policies of the World Trade Organisation almost certainly preclude any attempts to control unfettered trade liberalisation even in the presence of a massive and global public health problem.

Advocates must therefore concentrate on other policies to limit harm and many of these are based on the principle of controlling the average consumption within countries by taxation and other mechanisms. This means that we are seeking to control the individual behaviours of our citizens by various levels of persuasion ranging from health education messages to full legal sanctions against the drug. I am very committed to these efforts and have, indeed, been actively involved in promoting them throughout my professional life. Nothing in this paper should be construed as a retreat from that position. I fully agree that "Alcohol misuse is the United Kingdom's most insidious social problem. It is a major contemporary public health issue, far overshadowing that of tobacco and dwarfing the problems of illicit drug abuse. Although alcohol is our favourite and most widely used drug, it is also our most damaging one."[1] However, controlling the behaviours of others raises important moral issues even when it is motivated by pure altruism and I want to examine what might be the justification for seeking to restrict the autonomous decisions of others. This is a problem which faces the health policy maker in almost every field one cares to consider[2]. Too often it fails to find an answer.

Individual rights and State responsibilities

Individuals surrender some personal autonomy in order to live in Society: it is absurd to believe that a Society could be built on the unbridled autonomy of all of its members. We accept that individuals must modify their wishes and desires to accommodate the needs of those with whom they live and work. Tension will always exist between the wish of individuals to express their personal autonomy and the wish of Society to control those expressions for the wider good of the community. Membership of a community brings responsibilities as well as privileges and children are taught from their earliest years to come to terms with the laws and mores of the society to which they are admitted. One of the principal reasons for coming together in groups is, after all, for mutual defence and support. Individuals look to their tribe, nation or state group to provide them with protection against those who might otherwise cause them harm. Society mediates its wishes through various institutions and principally through the State which normally exercises its powers through the policies it adopts.

These principles are self-evident but, almost inevitably, the 'devil is in the detail'. Most members of society except perhaps the most frail and vulnerable would accept their responsibility to assist the community against external attack, if necessary by taking up weapons to defend the Society. Yet what if the threat is not an external one but an internal one?

The European Charter on Alcohol[3] states that all people have certain rights in relation to alcohol consumption which it is the responsibility of the state to uphold: -

- Protection from the negative consequences of others' drinking behaviour
- Valid impartial information about the consequences of alcohol consumption.
- Freedom for children to grow up in an environment protected from its negative consequences and from the promotion of alcohol.
- Accessible treatment and care for those damaged by excess intake.
- Freedom to live an alcohol free lifestyle.

Does the State, however, have any responsibility to protect individuals against the personal consequences of their own behaviours or to control the environment in which individuals choose to live? In the words of Barry Hoffmaster "In a social, political and legal climate that extols individual freedom and individual rights, it is difficult to justify infringing on the liberties of persons, especially when doing so is supposed to be in their own self-interest"[4].

In public health, interference with people's liberty to prevent the spread of infectious disease is accepted with varying degrees of enthusiasm in different communities. Regulation of quite personal matters such as the disposal of bodily products, food preparation, invasion of bodily integrity, control of sexual behaviour and the grazing of one's animals are usually accepted when the reasons for them are understood. These types of regulation are exercised under what Gostin[5] has defined as 'police powers'. Yet can these principles be extended to behaviours whose consequences are likely to fall largely or exclusively on the individual concerned? Suicide, drug abuse and neglect of one's health are usually frowned upon in most societies. Are we morally justified to express this displeasure by actively seeking to change or remove those behaviours? Gostin[6] believes that public health workers must be able to demonstrate five criteria before doing so . These are:-

- A significant risk based on scientific methods
- The effectiveness of the regulation
- That economic costs are reasonable when compared with benefits
- That personal burdens are reasonable when compared with benefits
- That public health burdens are fairly distributed

We must equally recognise that the activities of the State may not always be benign: Public health measures have been introduced, apparently for the best motives, which are so intrusive to individual choice that Society as a whole rejects them. Compulsory smallpox vaccination is an obvious example[7]. Similarly the public health intervention may be both unnecessarily intrusive and based on poor science: compulsory HIV testing is such an example. Finally well-planned and efficiently organised policies may have unforeseen consequences which create greater harm than the benefit the policies were intended to provide.

Alcohol policies are based on the wish to reduce the very considerable health impact on Society from alcohol induced disease, violence both within family groups and in public places, and the destruction of social harmony with which excess use is all too often associated. They usually involve some reduction in the overall consumption of the product. They are part of Pelerine's 'central, unavoidable dilemma' namely – "that effective preventive measures can benefit a whole society only if they limit autonomy and involve some coercion"[8]. Whilst consumption by individuals is not directly controlled, for some the effect of the policy will involve reducing consumption below a level which, it is claimed, denies them the 'potential health benefits' of alcohol[9]. Neither can we claim that these effects are just an incidental byproduct of the policy. They are the very essence of the policy. Those of us who support the so-called 'consumption model' want every person to drink less, both those whose consumption gives cause for concern and those who are unlikely ever to suffer any ill effects from their drinking together with those who seem to obtain some measure of protection against heart disease[10].

Autonomy and utilitarianism

The modern renaissance of public health began in the nineteenth century, principally in England, in response to the tremendous population movements resulting from industrialisation. Appaling sanitary conditions required state action and the concept of public health spread rapidly in the then developing world. The movement drew on the philosophical ideas of the time and particularly those of Jeremy Bentham who used the term 'utilitarianism'[11] to describe the primary purpose of the State. His pupil, John Stuart Mill, wrote the definitive essay but he was a critical disciple: Bentham's overemphasis on happiness

and his antipathy to natural rights created severe problems for Mill who tried in his essay to reconcile other philosophical concepts such as justice and liberty with the crude utilitarianism of his teacher. Utilitarianism as espoused by Mill was entirely appropriate to the pursuit of the 'sanitary ideal' and its desire to improve the living conditions of individuals which could only be done by corporate action.

The emergence of new public health challenges such as those which led to the creation of the 'personal health services' and now policies to control individual behaviours create severe problems for the application of utilitarianism and the logical inconsistencies intertwined within it. What may be good for the majority may not be good for individuals[12]. Mill was aware of the writings of Immanuel Kant and his insistence on personal autonomy. Kant believed that people must always be seen as ends and never as means. Unlike utilitarianism, his philosophy gave less consideration to social action: as Chadwick[13] points out "....Kant's liberalism is the ultimate belief in autonomy and not only the possibility but the necessity of individual choice." This is the ultimate moral dilemma that modern public health programmes must address and they have been very reluctant to do so.

Alcohol control policies cannot rely on a crude utilitarianism for their moral justification precisely because they infringe the principle of autonomy and, in some cases, deny individual choice. Yet the consequences of that free choice have been abundantly documented in the statistics presented at this Conference. It would be equally wrong to do nothing.

The modern adoption of autonomy in North America has led to worrying results even for native Americans[14] and its gradual spread into Europe and into societies which embrace a more communal approach presents further problems. Many cultures in Africa readily accept that decisions can be taken on behalf of individuals by tribal chiefs and elders. Voices are raised in Europe against the supremacy of autonomy. Soren Holm[15], for example, argues that the principles of beneficence and justice are equally important and must restrict unbridled autonomy.

Feminism, Beneficence and 'Principlism'

Similarly, Diniz and Gonzales[16] writing from the rich vein of feminist ethics conclude that principlism and liberal ideology, by giving pre-eminence to autonomy "preserve the interests of the socially advantaged.." They point out that feminist ethics defines its very nature by its search for changes in those social relations which are characterised by human domination and by that subordination which impedes the exercise of free will (Diniz and Gonzales op. cit.). Can anyone seriously doubt the immense power of the large multinational drink trade which has the power to influence and in many cases dominate the policies of national governments? Similarly the ubiquitous and highly effective advertising of alcohol seriously challenges individual free choice among the citizens of those governments. Feminist writings then can give us extremely valuable insights both into the creation of alcohol control policies and into their moral dangers. Feminist writers have a strong awareness that public policies often have an unanticipated adverse effect on those they are seeking to help. Too often it is the poor and disadvantaged who suffer harm from compulsory public health measures whilst the rich and powerful are unaffected. Efforts in the nineteenth century to prevent sexually transmitted disease by controlling female prostitutes is the classical example[17].

Nevertheless, by challenging the social order as presently constructed feminist ethics provides a model for a policy of resistance to the worst effects of the all powerful Drinks Industry and a moral right to intervene on behalf of those disadvantaged by the effects of an unregulated capitalism.

The principle of beneficence provides ambiguous help to us in the resolution of our central dilemma. Whilst it reminds us that policy makers must always seek the best interests of individuals, it also urges them to show beneficence to the community as a whole. Individuals who suffer as a result of their abuse of alcohol should be equally deserving of our moral concern. They are not merely casualties in a free market in which only the strong can survive. Policies for alcohol control must be able to offer both hope and help to them. Punitive tax rises are unlikely to have an unerringly beneficial effect on all groups within Society. Some socially deprived families may find that money for household necessities is diverted into paying the additional alcohol tax. However, a major tax increase twenty years ago provided Kendall[18] with a unique opportunity to monitor the subsequent drinking habits of a group of problem drinkers whose usual intake was already known. In this closely defined group alcohol consumption was reduced and no effect on other household expenditure was observed.

The evidence[19] suggests, however, that doctors often do not act beneficently towards either their patients or the wider community: almost half would not take steps, for example, to bring problem drinking to the attention of the Driver and Vehicle Licensing Agency despite its potential for harm both to the individuals concerned and to those with whom they come into contact. Such

behaviour may result from a desire to respect individual autonomy by preserving confidentiality. Too often two or more of the so-called 'four principles' of medical ethics conflict with one another resulting in ambiguous moral choices.

Fortunately, we are not dependent on utilitarianism or on so-called 'principlism' to judge the moral validity of public health policies. Other schools of ethics can provide useful insights and possible ways forward. I would like to discuss virtue ethics, a school with which I am delighted to identify myself.

Virtue ethics

Virtue Ethics will always be associated with the name of Aristotle. Contrary to the expectation that it is the pursuit of virtue at the extreme end of the behaviour spectrum, Aristotle argued that virtue was the mean equilibrium point between two extremes or 'vices'. Curiously and only coincidentally, temperance (moderation) is listed as one of the virtues to be encouraged although Aristotle certainly did not restrict its application to the consumption of alcoholic liquor. Aristotle argued that the moral man (women didn't count in Aristotle's day) should pursue virtue. Thus the character of the policy maker assumes the central issue in any consideration of the morality of an alcohol control policy; not so much what is the right thing to be done as our motive for doing it. In order to be moral the policy maker must be seen to be demonstrating virtue both in the formulation and execution. Onora O'Neill[20], noting that recent writing on justice has focussed on rights rather than obligation sees no real conflict with virtue ethics. She writes:-

"A [constructivist] approach, I hope, ... can point towards both justice and virtue. The touchstones of' abstraction and universalisibility on which it relies will be available for all: they can provide guide-lines but do not offer complete instructions for building lives or societies. At each time and place, those who hope to move towards justice and towards virtue will have to build, and to rebuild, shaping the institutions, politics and practices which they find around them, and their own attitudes and activities, to meet standards which, they believe, can be standards for all within the domain of their ethical consideration". p213)

There has been a renewed interest in virtue ethics and its application to various parts of medical practice. Toon[21] from the perspective of a primary care physician has written of "the virtuous practitioner" on behalf of the College responsible for their training. From the opposite end of the spectrum, Horner (op.cit2.) has written about the characteristics of the virtuous public health physician. Weed and McKeown[22] looked at virtue ethics from the perspective of epidemiology, another discipline concerned with whole communities rather than individuals. They conclude that virtue ethics has much to offer public health. They write: "We may not be able to teach virtue, but perhaps it can be learned. Virtuous professional practice should be emulated, encouraged, valued and nurtured. We can work to create an environment which focuses attention on the virtues and professional conduct as well as on our responsibility to the public health. While we recognise that there are other important ethical problems for professional epidemiologists beyond those identified in the Science news articles, we believe that virtue ethics probably has an important role to play in their solutions. We also recognise that virtue ethics as described here arises from a Western philosophical orientation. Epidemiologists from other traditions may wish to examine how well virtue ethics 'fits' within their moral frameworks. Awareness of a disregarded yet vital ethical theory is only the first step. The next is the daunting task of looking within oneself for the purpose of cataloguing the virtues and vices that reside there. It is perhaps not too bold a claim that such introspection, coupled with opportunities to be well mentored and to mentor well, may in the end, improve the profession and practice of epidemiology".

Aristotle's concept was of a community in which all would pursue virtuous behaviour within a city state which would itself promote virtuous behaviour both in its citizens and also in its own policies. He was not faced with a global village largely at the mercy of unrestrained market forces nor a global drink trade whose effect is very far from benign or the promotion of virtue. Nevertheless the concepts he developed can be applied to our present dilemma.

Virtue ethics emphasises the role of personal behaviour and motivation for good. It assumes that there are values to which all should aim. Western Europe seems to be losing those values: Denscombe studied the level of alcohol use among 1000 young people in Leicestershire[23] and found significant variations between ethnic groups. South Asian young people had less favourable attitudes to drinking alcohol and were likely to drink far less frequently. Further analysis showed that these behaviours had a religious basis although the variation between Muslim, Hindhu and Sikh young people was not great. Ethnic differences in the long term psychiatric effects of alcohol in adults are more confusing. South Asian men were almost twice as likely as European men to be admitted to a

psychiatric hospital for alcohol related problems whilst South Asian women were less than half as likely to be admitted as European women[24].

It is difficult to believe that any but some England football 'supporters' actively seek to abuse the acute effects of alcohol and even they do not wish to become alcohol dependent. Similarly, it is difficult to believe that the alcoholic actively seeks such a state. The high relative incidence of suicide among this alcohol dependent group hardly suggests that it is a lifestyle to which they aspire.

Alcohol control policies by their emphasis on reduction of consumption actively encourage virtuous behaviour by individuals. Indeed as long as they remain focussed on the promotion of individual well being it would be churlish to question their morality. This priority given to the needs of the individual is more likely to occur if the policy makers are themselves trying to pursue virtue through the policies they adopt.

Once the emphasis begins to switch towards the need to reduce the cost to the health care system or to the many other social costs of alcohol abuse, then utilitarian concepts are forcing themselves back into the discussion and concern for individual autonomy is once again put at risk.

Conclusions

Two final conclusions follow from this discussion:-

Firstly alcohol control policies must retain an element of free choice, however restricted such a choice may seem to be. This is not the place to discuss the extent to which genuinely free choice is limited by advertising or by health education messages or indeed by the actual cost of alcohol products. All of these undoubtedly influence individual drinking behaviour. It can be argued that strong-minded individuals do have the choice not to be influenced by such factors.

This is not so if, for example, a policy of total prohibition is adopted. Free choice is then not only denied but legal powers are used to try and monitor the chosen level of (non)consumption. Prohibition does not remove alcohol from society; the powerful groups within it will still gain access to the drug whilst the poor and disadvantaged are likely to become criminalised for making similar efforts. Moreover, there is a logical inconsistency here insofar as most governments have sought to prohibit any use of some drugs such as heroin, cocaine etc. The moral justification for their actions is, presumably that the social effects of the drugs are so serious and so threatening to Society that total prohibition is the only way of controlling their effects on individuals and upon Society. Such prohibition policies have not been notably successful and can have very serious unforeseen consequences.

Nevertheless if it is accepted that some drugs are so damaging to Society that prohibition is the only way forward (and I certainly do so) it would be difficult to exclude alcohol from such drugs. Its effects can be equally severe individually and it causes very great damage indeed to Society as a whole, probably more so than these so called 'hard drugs'. One can only comment that total prohibition of any particular behaviour, whilst justifiable in a civilised society, nevertheless requires greater moral justification than policies designed to limit or control excesses of behaviour.

Secondly, it is important to secure public participation in the policy making process. At the very least there must be a widespread understanding of the necessity for taking action and the particular policy proposed. Health education programmes would seem to be an essential precursor of such policies. Ideally, an attempt to secure a democratic involvement in the policy making process should be sought although this is notoriously difficult to achieve. Meetings and consultations are often 'hijacked' by special interest groups, so defying any real possibility of assessing the will of the so called 'silent majority'. Initiatives such as the 'Had Enough' campaign at Cornell University and the University of North Carolina, however, are discovering a high level of hidden support for control policies among College students[25]. Similarly, independent opinion polls may show a surprising degree of resistance to further relaxation of regulatory powers[26]. Unfortunately, the Drink Trade cannot be expected to stand aside whilst this process is going on. It will be exercising its undoubted power over governments both informally and formally as well as making direct appeals to the public. Previous experience suggests that a programme of disinformation and, in some cases, misinformation can be expected with a high media profile that alcohol policy advocates will be unable to match. Nevertheless, despite all these potential pitfalls it is essential that individuals should know, understand and accept that their choices are being restricted.

Only then can we be sure that our alcohol control policies are morally justified.

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Counteracting Sports Marketing by the Drinks Industry

Dag Revke

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Foreword

This is an extended version of the presentation I gave at the Global Alliance conference in Syracuse August 3. 2000. Originally the presentation also included some videos and pictures and text to the pictures. The presentation relies heavily on the visual elements. The slides from the presentation can be seen on the internet at the address: www.alkokutt.no/syracuse

In my presentation I have chosen to focus on Carlsberg's marketing strategy. The reason for this is not that Carlsberg is the worst company, but because this gives you a picture of how integrated sports marketing has become in a drink companies overall marketing strategy.

Introduction

Sports and alcohol do not belong together. That is a historical statement deeply rooted in the values, traditions and culture that the Norwegian Sports Confederations and Olympic Committee have tried to communicate to Norwegian youth for decades.

Nevertheless, more or less legal alcohol advertisements are flickering on practically every sports programme on television, and stories of the excesses of Norwegian and foreign sports stars keep recurring in the media. Alcohol can be found in the sports setting at games, parties, gatherings and journeys.

The sports arena has thus developed into an area of suspense between different interests. Trying to wind up such a composed and complicated problem as alcohol and sports one will soon have to relate to the whole knot at the same time. As a result of the joint project with the Norwegian Football Association and with the help of the media, other problems have also been put on the agenda. These includes alcohol advertisement within sports, beer tents, serving alcohol in hospitality boxes and even sales inside the arenas, the emergence of so called sports pubs, discounts at selected pubs both to supporters but also to sports celebrities, the making of own label club beers or supporter beers and the celebration of victories with alcohol.

At the international level, the drinks industry is only too keen to have alcohol linked with sporting prowess, fitness, success and enjoyment. In order to make this link as strong as possible the alcohol producers use a marketing mix in which events, arenas with surrounding facilities, sports clubs, teams, stars and supporter clubs and materials – including toys – are all connected with a brand of alcohol. At the same time the packaging, promotion and advertising materials surrounding the alcohol products themselves are connected with the relating sports theme.

When the drinks industry becomes a major provider of popular sports locally, nationally and internationally, they are able to use that provision to deliver many other messages on how people should perceive alcohol in life. Thus creating an impression that alcohol not only is a normal commodity. But also an important part of having fun. By using sports need of money and fans loyalty, the industry is able to normalise, sanitise and legitimise alcohol on the grounds that it gives pleasure and causes little discernible harm to most of those who use it.

Sports sponsorship by the drinks industry is basically about how alcohol should be perceived in society.

About AlkoKutt

AlkoKutt is an umbrella for voluntary efforts to reduce alcohol consumption. An action taken by 54 voluntary organisations and political parties in Norway in order to get people not to drink in certain situations, i.e. non-alcohol zones.

The AlkoKutt Campaign consist of a number of very different organisations, with different views on alcohol and alcohol consumption. AlkoKutt is not a temperance movement in the traditional sense. Initially, this campaign was called an historical alliance for the reduction of alcohol consumption.

The common denominator is the ambition to cut down average consumption. But still some prefer to advocate moderation, whereas others will recommend total abstinence. The contradiction in this is bridged in the sub-title of the campaign – situational abstinence. Even though we have

different views on alcohol, we do agree with one thing: certain places in situations in life are best kept free from alcohol.

Learn more about AlkoKutt on our web site http://www.alkokutt.no

In our opinion, there are five main arguments against linking alcohol to sports in general.
Environmentally: Being such a large sector, sports organisations are one of society's most important socialisation arenas. Here, young people learn social conventions and ways of being together that will mark them for great parts of their lives.
The social aspect: In all groups of children and young people there will always be someone who has seen the damage made by alcohol at close range, for instance in their own family. Some young people may also have developed a tense relationship to drugs and alcohol, and a "moist" sport setting may accelerate this problem. For these two groups, the world of sports should be a place of refuge.
The results: It is a well-documented fact that alcohol and its after-effects cause bad results. It also reduces the actual value of the experience given through the activities.
The social reputation: Governments support sports with a preventive motive, and private sponsors do not wish for the clubs to be subject to negative comments in the press. On a long-term basis, the "image" sports have for public contributors, sponsors and society in general will benefit from reducing their associations to alcohol
Safety: The fact that hundreds of thousands of parents leave the responsibility for their children to the clubs, for shorter or longer periods of time is a very big declaration of trust. Leaders and/or adolescents who are under the influence of alcohol increase the risk for injuries, accidents or other negative events.

Accordingly, two groups of arguments form the basis of the fight against drinking in connection with sports events. These are:
Safety. Alcohol in combination with strong feelings and many people being gathered in one place may cause or accelerate quarrels, trouble and fighting. It might also slow down an emergency evacuation.
The environment. Sports events should have a family-friendly atmosphere that makes it possible to bring children there.

Ready For New Goals

The Norwegian Confederation of Sports and Olympic Committee is the largest member organisation of AlkoKutt. The confederation has a long tradition for combating alcohol use and abuse in the sports setting. But it is a long way from the confederation and out to the active sports. The Norwegian Football Association, its largest sub organisation, has therefore become a prioritised co-operational partner for AlkoKutt.

The Norwegian Football Association and AlkoKutt have since 1994 been working together for improving the relationship football has to alcohol. The focus has especially been directed towards creating a completely non-alcoholic environment for the young players belonging to the age-defined categories. The FA especially wants to develop the football setting into a safe and good place for children.

It has been important for AlkoKutt not to be regarded as an external actor but as a mainstay in the FA's internal marketing.

This principle was confirmed through a resolution of the board in The Norwegian Football Association 28 November 1994, where the co-operation got its mandate and its anchoring. The Board stated that:

"It is in the self-interest of The Norwegian Football Association that the environment at large and especially in all age-defined categories is completely non-alcoholic, that none of our athletes show up for training or competitions affected by the after-effects of alcohol, and that our tribunes are safe, family friendly and free of alcohol."

The objective and the justification of the project were further clarified in The FA's plan of action for 1996-1999.

This co-operation has resulted in the project "Ready For New Goals", which is directed towards the coaches and leaders of the oldest age-defined categories.

You can read more about the project at this web-address:
http://www.alkokutt.no/english/html/sports.html

Norway Cup 1996

Norway Cup is the world's biggest football tournament for youth, and there is an extremely high activity at Ekebergsletta during that week. In 1991, AlkoKutt established a Cupertino project with Norway Cup. We are sponsoring the category for the oldest boys, and we have a stand, activities and an active marketing of the sports setting as an alcohol free zone during the tournament week every year. It was natural that this venture was made part of "Ready for New Goals".

One of the highlights of Norway Cup tournament is the annual festival at Ullevaal Stadium. Here, the Norwegian teams play against well-known European teams. The last years, the opponent has been Liverpool FC, and the arena has been jammed

by enthusiastic Norway Cup participants and young Liverpool fans.

English football is extremely popular in Norway. Some of the youngsters even have a "loyalty conflict" when Norway plays against Liverpool! It is thus a sad sight to see that many children walk around like living beer advertisements both during the festival and throughout the whole cup. In addition, the match programmes have also been packed with "indirect" advertisements for Carlsberg.

After the tournament in 1996, the steering committee for the joint project between AlkoKutt, the FA and Norway Cup discussed the strong promoting of Carlsberg during Norway Cup. The steering committee chose to send a memo to the organisers of Norway Cup. The memo focused solely on the fact that the organisers take part in establishing children's and young people's loyalty to a beer label. We strongly urged the Cupertino partners to make sure that future Norway Cup festivals do not become instruments for such a marketing strategy.

The reaction from Liverpool was that they came back to Norway Cup in 1997 with "Probably…" on their shirts.

When asked why Liverpool played with "Probably…" on the shirts, one of the players said that they thought it would be fun to make a laugh at the strict Norwegian advertising laws.

When playing against Norwegian teams in Norway, Liverpool have since 1998 always played with no logo on their shirts. And all the indirect advertising for Carlsberg has been removed from match programs. Even though this perhaps has created even more attention to the Carlsberg's sponsorship, it also sends out a powerful message; Some people still believe that alcohol and sports do not mix and they try do something about it.

The Beer War

There has for a long time been an ongoing conflict between Norwegian and foreign breweries and the Ministry of Social Affairs about the interpretation of [illegible] alcohol ads [illegible] 198[illegible] breweries [illegible] pre[illegible] corpor[illegible] 199[illegible] their [illegible] advertise beer under the cover of non- or low-alcoholic beverages.

Age
16-24
24-44
45-64
65 plus
28 25 20 15 10 5 0 0 5 10 15 21
Units of alcohol per person per week

Norwegian sports clubs and arenas have become the battleground for this conflict. The National Directorate for the Prevention of Alcohol and Drug Abuse has reported many violations of the law to the police. Most of these cases are connected to sports events. In retaliation, the Brewery Association reported the Ministry of Social Affairs and the Directorate to the police for their interpretation of the alcohol act.

The Municipal Court of Oslo ruled January 19th 1999 that the company names and corporate logos of the breweries Hansa and Aass was old and well established and not designed in order to evade the law. But the Supreme Court, in a verdict in January 2000, fully and unanimously rejected the verdict in the lower court and supported the Governments view that brewery logos on sports shirts are alcohol ads.

Norway was the host of The World Ice Hockey Championships '99 and the German brewery Warsteiner was originally one of the sponsors of the games. Under Norwegian law, alcohol advertisement is strictly prohibited and so the Organising Committee therefore applied for an exemption from the Alcohol Act. The Committee's application was accompanied by considerable publicity. Sports bodies in Norway, far from objecting to the connection between breweries and sport, worried about a possible end to international events taking place in Norway. The four main newspapers echoed this view.

The Minister of Social Affairs, as she was entitled to do by the alcohol law, decided in the end to grant the Ice Hockey World Championships '99 a limited exemption from the ban on alcohol ads. The consequences of the exemption were immediate. Only a few days after the exemption was announced, charges were dropped which related to illegal alcohol advertising during the Alpine Skiing World Cup in Kvitfjell. It appears that this decision may have fundamental consequences also for these other cases.

By granting an exemption, the Minister gave the initiative to other sports federations and clubs. At an international football match at Brann Stadium a month after the exemption, the name of the German brewery Krombacher filled all the advertisement boards in the stadium, and appeared on television pictures. As you know, the home team, Brann FC, was then already under investigation for advertising Hansa beer.

Sports marketing

Sports marketing has become an important tool for the drinks industry to challenge local, national and international laws and guidelines concerning alcohol marketing. In some countries they have been able to change or twist the laws without much resistance, in other countries they have meet fierce opposition.

Sports sponsorship by the drinks industry was in fact put on the European agenda due to the World Cup in Soccer in France in 1998. The American brewery Anheuser-Busch, with its number one beer Budweiser, has been associated with the international football association for 13

years. In front of the 1998 World Cup it took this relationship further and signed on as one of the 12 main sponsors. France, for many years among the leading nations in the per capita consumption of alcohol, introduced in 1991 a ban on direct and indirect alcohol advertising in connection with sports events, the so called Loi Evin. The clash was inevitable.

A-B did spend more than $20 million for the right to call Budweiser the official beer of the cup, have signboards on the match arenas and use the cup logo in advertising and promotion. The Wall Street Journal suggests that A-B knew about the French law that restricted alcohol advertisement when they signed up as a sponsor in 1995. The American Beer Company thought intensive-lobbying efforts with France's then conservative government could somehow win them an exemption. France proved them wrong!

Anheuser-Busch is also sponsoring the 2002 Olympic Winter Games in Utah. In a $50 million deal amongst other things Budweiser is becoming the Games official malt beverage. The sponsorship has not been without controversy in Utah. Alcohol is strongly opposed by the Mormon church, which counts about 70% of Utah's population as members. George Van Komen will tell you more about that.

In Malaysia in 1998, the Government banned Carlsberg's sponsorship of the Commonwealth Games in Kuala Lumpur, just two months before they began. The Malaysian cabinet had decreed that all trace of Carlsberg in relation to the games must be removed. Fleets of buses and taxis were then already proclaiming the company's sponsorship, banners hung in shops and it was advertised on thousands of gallons of tinned and bottled beer.

During The Asian Games in Bangkok in 1998, City police wanted an alcohol sale ban imposed after some drunken spectators at Supachalasai Stadium were arrested for throwing empty water bottles onto the field. Carlsberg Beer, which provided a US$10-million sponsorship for the games and was given the right to sell its beer at the stadiums, expressed its strong disagreement to the police move. In the end the police admitted that Carlsberg had the right to sell beer at the stadiums and the police said that they would not seek to interfere with its interest.

Also in the Netherlands, Germany, Scotland, Finland and Denmark, sports sponsorship by the drinks industry has generated some controversy.

Extra cool in Denmark

Together with representatives from the Ministry of Health, the Ministry of Industry and business and consumer organisations, Hagen Jorgensen started in February 1999 negotiations about new guidelines for marketing of alcoholic beverages in Denmark. Hagen Jorgensen had initiated the negotiations because he was not satisfied with how the breweries in Denmark were acting in relation to the old guidelines from 1990. Those guidelines also strongly prohibited the use of corporate logos on sports shirts. Just two days before the negotiations about new guidelines for marketing of alcoholic beverages in should start, Carlsberg launched a 50 million Danish Krone sponsorship deal (6 million USD) with the Danish football club FC Copenhagen. Carlsberg wanted to launch a new low alcoholic beer called "X". On the clubs jerseys the letter "X" should be printed above the corporate logo for Carlsberg. The Consumer Ombudsman could not accept this and Carlsberg then suggested that "Pilsner" should be placed below the "X" instead of the Corporate Logo. Hagen Jorgensen could neither accept this. The latest suggestion from Carlsberg was the name "Carlsberg Extra Cool", which the Consumer Ombudsman also rejected. This was a parallel process to the negotiations. In the end the negotiations about the guidelines collapsed. The Danish Consumer Ombudsman released instead his own recommendations for marketing of alcoholic beverages. The Minister of Industry set aside the Consumer Ombudsman's decision and took over the negotiations herself. As expected, the result of those negotiations was that corporate logos now are allowed in Denmark, they are not considered as alcohol ads. FC Copenhagen played the last season with a clean Carlsberg logo on their shirts. It is much easier with a corporate logo than a whole novel that nobody understands, said Carlsberg's CEO, Mr. Hening Flem, after the decision to allow corporate logos was known.

Freedom of choice?

In 1998 14 years old Krystle Newquist was suspended from her Little League baseball team in Chicago. Her crime was to have used a duct tape to cover the name of the sponsor, The Carousel liquor store and lounge, from her jersey. Local league officials said she was out of uniform and ordered her to remove the tape. According to league rules, players are required to wear uniforms that are identical in colour, trim and style – a policy that includes any words or pictures.

Newquist refused and was suspended for the season. She said that her grandfather died from liver damage caused by alcoholism, and did not want to advertise for a product that killed her grandfather.

Lemont Little League officials refused requests by Newquist's parents to switch teams or buy new

uniforms for the team even though permission was granted from the Little League International headquarters.

To avoid a legal battle, the owners of the pub and liquor store decided to end their 25-year sponsorship of Lemont Little League teams. Instead, they said they would donate their $500 sponsorship fees to the Lemont Open Pantry.

Not only about beer

Even though beer is by far the most visible alcoholic beverage in sports, the spirits industry is also focusing more and more on sports marketing.

The premier football league in Ireland is called Smirnoff League. To leverage this sponsorship, Smirnoff ran a poster advertisement campaign showing the famous statue of Christ the Redeemer overlooking Rio. In the campaign Christ was balancing a football on the back of his neck, when viewed through a bottle. The producers defended themselves by saying it was a witty reference to Brazil's obsession with football.

Ballantine's began its close association with the sport of snowboarding when the brand became the first ever major commercial tour sponsor with its 1993/94 sponsorship of the officially recognised professional snowboarding tour. By co-sponsoring the Ballantine's World Pro Tour along with the International Snowboarding Federation, the brand was able to establish its authority in the sport. The Ballantine's brand was all over the slope, on the vaults, on big signboards and billboards at the start, in the slope and in the goal area. And even on the participants, at the podium and on the prizes. And a snowboarding team, sporting Ballantine's colours, competed in various championships around Europe. At the same time numerous events were organised in European winter resorts to coincide with the World Cup.

Later, the label moved from an overall involvement with the sport to the freestyle side of the sport. Initiated and created by Ballantine's, six invitational half pipe events - The Ballantine's Urban High Half pipe Grand Prix - took place in resorts across Europe from December 1997 to April 1998 and offered the highest prize money ever for a half pipe event in Europe. (A $175,000 prize fund in Gerlos, Austria).

At the same time several live concerts with DJs and bands of worldwide repute was set up in open air before and after the competitions. Amongst others the dance act The Prodigy, which Ballantine's had a partnership with in 1997 and 1998. The concept - Ballantine's Urban Highs - involved extreme sports and leading edge music combined with interactive hi-tech media.

"We know that the youth of today are inspired by music, sport and modern technology and with the Ballantine's Urban Highs we are able to offer them an event which appeals to them at all these levels",' explained Richard Glowar, International Marketing Director for Ballantine's Finest. This concept developed in Europe allows young people to experience, in one event, extreme sports and leading edge music combined with interactive hi-tech media. We know that the youth of today are inspired by music, sport and modern technology and with the Ballantine's Urban Highs we are able to offer them an event which appeals to them at all these levels".

Why sports sponsorship?

Sports sponsorship has grown to become a key element in the marketing plans of many companies, globally, nationally and locally. Sponsorship is seen as an inexpensive form of advertising. Favoured target groups, at sporting events, in pubs and in front of the television, are easily reached. Big sporting events direct themselves towards a very large number of people, especially when they are transmitted on television.

Reaching potential customers is cheap (low contact price). Media coverage is an important part of sports sponsorship gain. Important events are transmitted live on television and generate considerable coverage in the printed press the days before and after the event. This type of message can be particularly effective because consumers typically see this in a different light than they see traditional advertising.

Alcohol marketing is not only about reaching the market that already exists, it is to a very large extent about reaching the consumers of tomorrow. One of the main arguments against sponsorship has been the effect it is said to have on children and young people. Sports are important to many young people. The attitudes and the behaviour they meet in their associations with sports will probably influence their own attitudes and behaviour. Creating brand allegiance among children is an investment that will reap its reward in future consumption and profit. It is a temptation from which the industry appears unable to restrain itself.

Since big sports events are transmitted all over the world, they can act as an effective tool for big multinationals to circumvent national bans and restrictions on advertising, even in the country which is hosting the event

Why should we react?

Andreas Morisbak, the head of development in the

Norwegian Football Association, once wrote that "many people would probably say that sports and alcohol do not belong together". However, this does not correspond to the fact that alcohol actually to a large extent is present in different connections in the sports setting. Why is that? Do we wish it to be like that? Do we consider properly how it should be - and do we do something with ourselves and our surroundings given the fact that the relationship between sports and alcohol should be cooler than it is?

I think this pinpoints the reasons for trying to react against the aggressive marketing techniques by the drinks industry. But to be able to do justify action against sports marketing by the drinks industry, we must be able to establish a connection between sports marketing, consumption and harm.

The drinks industry defends itself by saying it has a right to all reasonable commercial freedom and that there is no demonstrated correlation between levels of advertising and overall levels of alcohol consumption or alcohol related harm in so called mature markets, or with the proportions of people who have alcohol related problems.

A mature market can be defined as one in which the capacity of the population to buy the product or take up the service has been fully used up. In such a market there will be no additional new buyers in so far as increases in the population will provide them, and all those who buy are doing so as much and as often as they want. In such a market advertising will only contribute to brand shifting, it is claimed.

Many consumer product markets are said to be mature in the sense that overall demand for that product has reached a ceiling and no amount of advertising can change this. But the fact that a market has stopped growing does not mean that sports sponsorship is having no effect on consumption or the beliefs and attitudes that sustain that consumption.

Another point is that the alcohol market is not a uniform market. There are many sub-markets for alcohol: heavy consumers, male drinkers, female drinkers, young drinkers, sports fans etc. And there are many situations where the overall attitude towards drinking will regulate consumption: during pregnancy, when driving or working, being mentally distressed, attending a sports event, watching a football match on television at home or in a pub, etc. And sports marketing is used heavily by the drinks industry to boost sales in so called emerging markets.

A striking example from the US is the recent use of the female basketball star Lisa Leslie in a commercial for Bud Light. In USA all other major sports organisations ban active players from endorsing alcoholic beverages. But the new basketball league for women does not follow this rule. One reason for this could be that young African American women drink very little alcohol.

What is the effect of sports marketing?

But measuring the effects of sports marketing by the drinks industry is a complex task. Given that marketing is one of a number of influences on drinking, it is difficult to separate out the effect of marketing alone.

Cultivation theory points out that it is the cumulative effect rather than the immediate and isolate impact that matters. The young become habituated and not vaccinated to marketing. Even very small influences may sum up and give a massive impact in the end. This suggests that alcohol advertising may influence adolescents to be more favourably predisposed to drinking and that the effect of advertising on youth alcohol consumption is through its impact on their alcohol expectancies which are known to be related to subsequent drinking behaviour. That is, advertising may have a cumulative effect on the perceptions youth have about the likely benefits that will accrue from drinking alcohol.

Men like sports and men like beer. In such a connection we understand that the drinks industry do everything they can to connect beer and sports. But it is time to react when suspicious use of individualism, sexism and aggressive masculinity evident in much of the alcohol advertisements, looks for and finds a cultural resonance within sections of sports. Sports is an important setting for young men who are trying to establish their sexual identity and who are trying to figure out what it means to be a man in our society, sports can be one way to help them figure that out or to bewilder them.

But I do not want to overestimate the effect advertising and sponsorship has on consumption, many other factors are also a part of the complex. And we have yet to see any scientific study on the effect of the drink industry's total marketing mix. Questions, which have to be addressed in this connection, are amongst others what effect sports sponsorship has on attitudes towards control policies, i.e. restrictions on sales and tax increase on alcohol? And does sports sponsorship reflect, reinforce or create a more liberal attitude towards drinking?

It is possible that the most significant effects of sports marketing is on the social climate surrounding alcohol. When the drinks industry spends money to have its name, logo and products associated with sports, it is looking for more than sales. In the long run, it hopes that people will believe that a good part of their enjoyment of

sports depends on the corporation. If this happens, people are more likely to support what the corporation wants.

What can we do about it?

So what can we do about sports marketing by the drinks industry? I think we can do a lot, if we want to. And the most important thing we should do is to frame the issue as a public health issue, as protection of minors and as an exploitation of sports goodwill in the eyes of people. Sadly, up until now the drinks industry has been successful in framing the issue as some kind of philanthropy, as a matter of freedom of speech and with devastating consequences for the world of sports if a ban is introduced.

As health advocates we should cooperate strongly on this issue. We should be monitoring, collecting and sharing information about industry bad behaviour. Disseminating this information and rising awareness among policy makers and the public at large should be a primary task for such a cooperation.

I know that some people think that the only feasible alternative is legislative rules locally, regionally and internationally. But this is a long and cumbersome way to go, and I honestly hope we do not have to go down that path.

We could also exploit the opportunities that the market gives, urging shareholders to invest in publicly responsible companies. We should also try to sort out possible alternative sponsors or sources of income for sports organisations.

I strongly call for voluntary action by the drinks industry, by the media industry and by the advertising industry to protect children from alcohol marketing campaigns. Alcohol companies must especially take responsibility for their online advertising messages, since they are so difficult to regulate by governments. If they really are serious about their willingness to self-regulate, then regulating the internet should be no problem.

But first and foremost it must be the responsibility of the world of sports to acknowledge and do something about the fact that they cannot in the long run expect to sustain the healthy image of sports if they continue their close relationship with the drinks industry.

Think Locally – Act Globally – Love Sports

The need for a wake up call covering sports marketing by the drinks industry thus seems urgent. This need has been foreseen by me and others, who have long since observed the ways products and images of alcohol cross borders both nationally and ethically. Sports marketing by the drinks industry is huge, encompassing and infiltrating all levels of sports and integrates into the drinks industry's overall marketing strategy.

Modern brand marketing seeks to link brands to consumer passions and emotions and less to specific product attributes. This is something, which fits the drinks industry perfectly. After all they are for the most part selling image and identity. Sustained high levels of brand recognition and association are a key requirement to accelerated sales growth in a competitive global marketplace.

Sport promotes feelings of well being; mental alertness, physical agility, human pleasure, and enjoyment. There is no finer way of promoting fitness and health than by actively participating in sport.

Commercial organisations are only too keen to associate their products with sport. Such association provides a favourable image for the product giving it youthful appeal, an advertisement for a clean and wholesome lifestyle.

Whilst there are many products which can be associated with sport, there are a number which can only be described as a mismatch – namely tobacco and alcohol.

It is my firm position that competitive athletes, sports organisers and countries who seriously try to counter the negative effects of alcohol never should be placed in such agonising positions. The most obscene marketing method of all is perhaps a commercial enterprise seeking to take control of our love for sports.

This challenge must be countered both at the national and at the international level. Marketing without boundaries demands co-operation across boundaries. We should adopt the industries tactics; think globally – act locally. I also think it is important to get allies from other sectors than alcohol prevention. There are a lot of people out there who agree with us.

The fight against tobacco advertisement has shown us that it is possible to influence both national and international legislative bodies and to change the public perception of a product. But this demands long term engagement, co-ordination and co-operation.

And a final caveat. If we do not do this for the love of sports, we should not be doing it! ■

Alcohol Company Sponsorship and the 2002 Salt Lake Winter Olympic Games

Dr George J Van Komen

Dr Van Komen is a specialist in Internal Medicine practising in Salt Lake City, Utah.

During the Atlantic Olympic Games in 1996, my family and I were visiting friends in England. We stayed in Shenley, a small village north of London. Each morning, I would jog along the main road and I would pass the local pub. Then one morning, I noticed a blazing new sign, a banner that stretched all the way across the front of the pub, proudly announcing that Budweiser was the "official" beer of the 1996 Atlanta Olympic Games.

How inappropriate and despicable, I thought. The Olympics and beer is definitely a bad mix. Salt Lake City, had just been selected as the site for the 2002 Winter Olympic Games, and I decided right then, that I was going to see to it that Budweiser did not exploit Utah, our kids or our conservative family values by becoming the official beer of the Salt Lake City Winter Olympic Games.

How idealistic and naive could I have been? Recently, once again, we have been told that the Olympics are all about the athletes.

However, I can assure you that the Olympics are much more about money than the athletes. If it were not so, we would not have the alcoholic beverage sponsorships, which bring in a whole lot of money.

As the Olympic Games have expanded over the past several decades, so have their budgets. During this period the Olympic Committees have openly embraced sponsorships by alcoholic beverage companies. Anheuser-Busch for the past 20 years, has not only sponsored the Olympic Games, but has been one of the major financial supporters of the three Olympic Training Centers in the United States. Although, the actual amount of the beer sponsorship in Salt Lake City is a tightly guarded secret, reports from other sources indicate that the sponsorship is worth at least $50 million.

The Olympics is a sporting event that attracts kids – and a lot of them. A recent January 2000 news release from the Salt Lake Olympic Organising Committee reported on how popular the Olympic Games are for children. "This information" stated the news release, "could be a boon to advertisers who are trying to tap into the powerful youth market." Anheuser-Busch, I am sure, has known about this powerful youth market during the past 20 years, ever since they developed their initial relationship.

The Olympics is a worldwide sporting event for everyone: families, children and especially the young athlete. Surveys, however, show that underage drinking is a huge problem in communities throughout the world. In the United States, alcohol use among our youth is a serious public health crisis. According to a recent United States government report, underage alcohol use cost our country in 1998 an incredible $58.4 billion.[1] This prompted a recommendation from the U.S. Department of Justice that an excellent way to reduce underage drinking in a community is to "prohibit alcohol sponsorship of public events."[2] There is no more visible or larger public sporting event for children and youth in the world today than the Olympic Games. For this reason alone, this important United States Department of Justice recommendation calls into question the advisability of having a beer sponsorship for the Salt Lake 2002 Winter Olympics, an activity that will, no doubt, become one the largest "public events" that has ever occurred in Utah.

Utah is now paying and will continue to pay a costly price for this Olympic beer sponsorship. In 1996, Utah's conservative alcohol advertising laws were changed abruptly, after a lawsuit was filed against the state of Utah by the beer tavern owners in Utah. The lawsuit opposed the restrictive Utah laws that limited the type of advertising used by Anheuser-Busch during the 1996 Atlanta Summer Olympic Games. This included billboard as well as other forms of public alcoholic beverage advertising. Prominently present at the Utah Alcoholic Beverage Control Commission public hearing where the lawsuit was discussed was a team of attorney's representing Anheuser-Busch. Utah's alcohol advertising laws were dramatically changed after this single hearing with little if any resistance, which

allowed the then secret negotiations for the beer sponsorship by Anheuser-Busch for the 2002 Winter Olympics to continue to move forward.

The citizens of Utah will now have to prepare for an extravaganza of flashy, youth directed, prominently located billboards promoting Budweiser beer during the 2002 Winter Olympic games. Utah also faces the potential of having beer tents and beer gardens stretch widely across the state during the 2002 Winter Olympic games. Law enforcement will need to prepare for an increase in crime and public drunkenness. Serious consideration will have to be given to this increased risk for the safety and well-being of our worldwide guests and all those attending the 2002 Winter Olympic Games.

An Anheuser-Busch representative recently boasted in an editorial in our community paper that a local group, namely the group I head, Utah's Alcohol Policy Coalition, continues to "stand alone" opposing the beer sponsorship of the 2002 Winter Olympics. Today, however, we can begin to change that by uniting together as groups and organisations and form a world-wide organisation, taking back our Olympic games and favour Olympic games that are free of alcoholic beverage advertising.

In 1914 Anheuser-Busch stated that "Pure beer, such as Budweiser, is the nation's greatest aid to temperance, promoting both physical and moral well being." In 1918, we were told by Anheuser-Busch that their malt beverages would give "new strength and vigour and are of inestimable benefit." We now know that these were lies.

As a physician, I still find it offensive that alcoholic beverages, including Budweiser beer, continuing to be portrayed as a food to this day, a food that promotes good health. Beer does not promote good health. Beer contains alcohol and alcohol is a drug, and this drug causes more harm, more pain, more illness, more death worldwide than all illegal drugs combined. For this single reason alone it is totally inappropriate that alcohol, namely Budweiser beer, be chosen to be a sponsor of the 2002 Salt Lake Winter Olympic Games.

Can something be done? We are not powerless. I ask each of you to join with me in opposing this disagreeable sponsorship. Together we will call on Anheuser-Busch, the Salt Lake Olympic Organising Committee, the United States Olympic Committee, and the International Olympic Committee, to make the Olympic games alcohol advertising free. Alcohol already has football, basketball, baseball and soccer. All we want back is one alcohol-free sport - the Olympics.

To limit the value of the Olympic beer sponsorship I suggest we follow these seven steps:

- Form a worldwide coalition opposing alcoholic beverages, such as Budweiser beer, sponsoring the Olympic games.
- Ask for meaningful dialogue between members of this newly formed coalition and both the Salt Lake Organising Committee and Anheuser-Busch, something that has not been granted despite repeated requests by our smaller local coalition over the past several years.
- Write letters to the Salt Lake Olympic Organising Committee, the United States Olympic Committee and the International Olympic Committee regarding the inappropriateness of the beer sponsorship.
- Write editorials to newspapers throughout the world expressing the need to stop alcohol advertising during the Olympic Games.
- Find Olympic athletes who feel devoted enough to this issue, that they will openly oppose alcoholic beverage sponsorship of the Olympic Games.
- During the Olympic games create visible opposition to Anheuser-Busch's alcohol advertising. This may include picketing "beer tents" or "beer gardens" put up by Budweiser during the time of the Olympic games.
- Arrange to have positive "counter-advertising," using both the print and broadcast media, as well as local advertising, such as billboards, during the time of the 2002 Winter Olympic games in Salt Lake City.

In summary, the goal will be to find ways to make a positive impact on the health and safety of the world's population, by restricting alcohol advertising during the 2002 Salt Lake Winter Olympic Games, and all future Olympic games to come. Let us create enough noise today, that our concerns will loudly and powerfully resonate, not only to Salt Lake City, but also into every Olympic games throughout the world to come.

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Social Aspect Groups

Derek Rutherford

Derek Rutherford is Co-Director of the Institute of Alcohol Studies, London, and Secretary of Eurocare

The last two decades of the twentieth century have witnessed the alcohol beverage industry taking the initiative to present itself not as a naked profit seeker but as commercial enterprise with a concern for the responsible use of its products. Part of the impulse towards this changed attitude arose from a perception that the industry ran the risk of the same sort of sanctions that had been taken against tobacco.

On both sides of the Atlantic the industry believed that its interests were under attack. For example, in the United Kingdom, from the middle of the nineteen seventies, a succession of reports appeared proposing the implementation of various aspects of alcohol control policy. These reports emanated from the Royal Colleges of Physicians, Psychiatrists, and General Practitioners, the British Medical Association, the Government's Advisory Committee on Alcoholism, and, more significantly, the British Government's Central Policy Review Staff and the House of Commons Select Committee on Preventive Medicine.

A similar move towards an alcohol control policy was, at the same time, evident in the USA. This marked a shift away from the 'disease model', which had dominated the alcohol policy agenda since the ending of prohibition. This trend in the USA did not escape the notice of the global alcohol industry, to which the spectre of prohibition was sufficiently real for a leading English wine expert to speak in a radio broadcast of her fear that the UK would be affected by the "new prohibitionist" movement in America..

Perhaps it was understandable that there was so much alarm within the alcohol beverage industry in the light of the World Health Organization's "Health for All" target of a 25 per cent reduction in alcohol consumption in all member states by the year 2000. No commercial enterprise could ignore so considerable a threat to its profitability. In 1984 Tim Ambler, of Grand Metropolitan, set out what he considered to be the principal dangers faced by the industry in a confidential document circulated within the alcohol industry. These consisted:

- excise duties to be raised faster than inflation.
- more vigorous measures to be taken to reduce drunken driving
- restrictions on retail hours, licences etc.
- funding rehabilitation for those suffering the effects of alcohol abuse
- advertising and other marketing restrictions
- warning labels on alcoholic drinks and posters for all retail establishments
- ingredient labelling

Ambler stated:"It is generally agreed that the tobacco industry re-acted to not dissimilar threats in a passive, inadequate manner and most of all too late…. dead customers ring no tills…. profit and social responsibility are entirely compatible."

Before this warning was issued, there had been attempts to set up industry sponsored bodies to consider the social aspects of its product. However, there were many who were sceptical, possibly regarding any such move as either a sign of weakness or an admission of a responsibility they did not wish to assume. It took time to convince many in the industry of the worth of a more subtle approach. Sectoral interests and a long history of lively competition militated against united action and a belief that such groups would inhibit the industry's primary purpose - commercial growth - delayed their establishment. The South African Industry Association for Responsible Alcohol Use (ARA) comments on such difficulties, describing how "it took almost five years to create a loosely constituted forum". In 1986 this forum became the Social Aspects of Alcohol Committee and in 1996 adopted its present name.

According to the drinks executive journal "Impact International", any reluctance disappeared when, in 1989, the Portman Group was established in the UK.

"The Dutch group, STIVA, founded in 1982..… remained largely unknown outside its home country. It was not until the founding of the UK Portman Group in 1989 that social aspect organisations began raising their profile…"

Factors for the Portman Group's Success

In the United Kingdom the political climate was and remains favourable to the alcohol industry, with which the National Council on Alcoholism was told by the Secretary of State for Health in 1981 to find "common ground". The subsequent attempts on the part of by the Department of Health and the Drinks Industry to create a national forum including the alcohol abuse agencies failed. As a result, the Industry set about organising its own social aspect group and The Portman Group came into being and was looked on

with favour by the government from its inception. The first Director of The Portman Group was Dr John Rae, formerly the Head Master of Westminster School. He brought to the post first-rate communications skills, wide and influential connections, and an air of academic respectability. The industry's skill in recruiting the right people has continued, as might be expected from so large a commercial enterprise. As the 1997 General Election approached, and with it the likelihood of a victory for the Labour Party, The Portman Group's newly-appointed second Director had impeccable New Labour credentials and wide network of among those who now form the British Government.

Alongside these efforts, the industry looked to establish a role in the field of alcohol research. It funded the Edinburgh University alcohol research group and establishing a professorial Chair.

It was these successes that 'prompted drinks' marketers elsewhere to follow suit. Social Aspect Groups appeared throughout the world: the Century Council in the United States, Enterprise and Prevention in France, The DIFA Forum in Germany, ARA, as is mentioned above, in South Africa, and the Beer, Wine & Spirits Council in New Zealand. Besides these organisations in individual countries there appeared at regional level the Amsterdam Group in Europe and in Asia , the Pacific Alcohol Policy Forum.

There have, of course, also been efforts to set up international bodies to promote the interests of a global industry and to set social aspect issues in an international context. The International Federation of Wine & Spirits, first formed in 1951 has been given a new life exemplified by the name adopted at its relaunch in 1999, La Renaissance. Perhaps the most active and noticeable of these bodies is the International Center for Alcohol Policies (ICAP) with its headquarters close to the levers of political influence in Washington, DC. Under the directorship of Marcus Grant it has produced the Dublin Principles, the Global Charter, and The Geneva Partnership Accord Initiative in partnership with health professionals and representatives of the drink industry.

The aim of these organisations is to appear benign and public health friendly. There is no doubt that they have been successful in learning from the mistakes of the tobacco industry.

It is necessary to ask a number of questions. Is there common ground between public health and the industry and if so, where is it to be found and where does control of the agenda lie? Can social aspect groups be trusted and, were this to be the case, is some form of partnership be possible?

The answer to these questions can only be determined by examination of a selection of the industry's statements and its responses to different aspects of alcohol policy and of their insistence that their policies are based on 'sound scientific research.'

Warning labels

The Association for Responsible Alcohol Use (ARA), the social aspect group of the South African drink industry, says on its website (www.ara.co.za/ara/): "The weight of evidence suggests that warning labels are not an effective instrument to achieve these goals. In addition, in South Africa the industry has a voluntary restraint on drawing the attention of the public, through its product advertisements, to scientifically established health benefits of moderate alcohol consumption. The imposition of warning labels on the industry runs the risk of the voluntary restraint being abandoned. In such an eventuality, a health warning and a health benefit message could well appear on the same label!"

Availability

On this subject ARA's website proclaims: "There is no evidence, capable of withstanding sound scientific scrutiny, to suggest a causal relationship between the availability of beverage alcohol and per capita consumption and, in particular, alcohol related problems. Hence, as a mechanism to control for beneficial ends, restricting availability is ineffective."

Advertising

A number of incidents indicate the industry's attitude to any limits on its methods of advertising. They indicate quite clearly a desire to evade rather than implement willingly any moves towards responsible regulation. After vigorous lobbying by Guinness, the Council of Europe in 1991 removed the recommendation to ban advertising from its alcohol policy document.

Then in October 1996, at a conference West goes East in Prague, the Amsterdam Group urged Eastern European countries not to introduce alcohol advertising legislation on the grounds that self regulation was both cheaper and more efficient than statutory control. To this day the Amsterdam Group is persistent in its lobby of the European Commission to have the French Government's Loi Evin, which prohibits on TV and in sports arena alcohol advertisements, declared illegal. Anheuser Busch made strenuous efforts to undermine the effects of this law during the Football World Cup held in France in 1998.

Taxation

Richard Owen the head of the Amsterdam Group made the following statement at the EU Alcohol and Health Working Party 1997: The efficiency of the recommended arsenal of consumption control measures (e.g. tax increase and reductions in availability) may well result in a reduction in the

official consumption figures but without reducing the number of problem drinkers. Further more such strategies are likely to lead to an increasing market for smuggled and illegally-produced goods, as has been seen in some countries. The industry believes that a strategy which results in a large proportion of illicit merchandise, and encourages the development of organised crime, cannot be in the best interests of society.

Attempts to raise tax in a number of US States have been resisted with utmost determination by the industry.

Drink Driving

In March 1993, when the Portuguese social aspects organisation was being launched, its Director criticised 'the excessive rigour' of the alcohol limit of 50 mgs per cent for drivers and pointed out the need for the Government to revert to 80 mgs per cent.

In the United Kingdom the Campaign Against Drink Driving (CADD) approached the Portman Group for financial help and was told that, if they dropped their campaign for random breath testing and lowering the legal limit to 50mgs per cent, they could be funded. It is superfluous to say that CADD received no money.

In 1998 the British Government, under the Prime Minister, Tony Blair, issued a Consultation Document in which it declared that it was 'mindful' to reduce the limit to 50mgs. per cent. This formula in British Government pronouncements usually indicates a firm intention. However, the proposal has now been abandoned, at least for the foreseeable future, not least because of determined lobbying by the industry and Portman Group.

Binge Drinking

ICAP maintains that there is no global consensus on the definition of a binge. 'Within certain cultural contexts, risky drinking behaviours such as bingeing may be normative and associated with specific

• Develop a process training that responds to the necessities and the local reality. • Promote the participation of leaders through developing the sensitivity to give them the answers they seek. • Strengthen the family circle in order to improve the condition of the	combination of various elements of the different stages.	• Workshops. • Educational sessions. • Cinemaforums. • Panels. • Round tables. • Seminars. • Conferencing. • Encounter. • Retreat. • Camping.	• Development of attitudes, skills and conduct to attenuate tendency of consumption of drugs among educators, counsellors, students, clergy and ecclesiastic leaders, women, parents, civil servants, and NGO's,
individual, the family and social life. • Strengthen, integrate and consolidate a community organising structure.		• Meetings. • Workshops. • Seminars.	• District Committee. • Regional Commissions. • Yes to Life March. • Sports tournament. • Cultural Festival. • Prevention week of Health Fair. • Activities developed by collaborators. • Networking and
• To know the reality and the behaviour of individuals related to alcohol and the problems produced by consumption. • To strengthen discussion and analysis of studies that will improve the projects. • To maintain information		• Workshops. • Conferences. • Surveys. • Interviews.	involvement of multiple agents in prevention. • Developed three studies on children in fifth and sixth grade in primary schools. • Developed one study on children in primary school in the Indian area. • Developed specific prevention programs with children in primary schools.
that will enrich the knowledge base of those involved in prevention activities. • To carry out a permanent evaluation that permits modification, abolition or		• Monthly evaluation using specially created instrument. • Six month period evaluation. • Annual evaluation.	• Trained members of the different committees and commissions. • Gain skills in planning and evaluation.

occasions…. Perhaps it is time to move away from nebulous terms such as 'binge' and towards a more clear distinction between responsible and reckless drinking behaviour…. Clearly a binge is not always a binge'.

This view has been widely ridiculed by health professionals, including a former Public Health Service Director, Dr Philip Lee. It accords well, of course, with ICAP's constant emphasis on Permission for Pleasure and its belief that:

"The trend away from controls over alcohol availability is likely to continue as new evidence regarding the benefits of moderate consumption becomes more widely publicised." (Gay Peddle)

Alan Lopez, a co-author of The Global Burden of Disease makes the point that "a very generous definition of what is heavy or hazardous drinking and exaggerating the relative importance of cardio protective effects of alcohol might sell alcohol and make them look like concerned citizens, but is it really ethical and is it the appropriate health context?…. We at WHO see any cardio protective effects of alcohol being largely outweighed in rich countries by the harmful effects of alcohol, and in poor countries, cardio protective effects are negligible in the overall public health context."

Alcohol and Young People

In February 1998 the Portman Group launched a special campaign with the National Union of Students entitled "It all adds up". The logo adopted for the campaign was "2f3m4". This refers to the previous Conservative Government's raising two years before of the so called safe limits for drinking: two to three for drinks for a woman, three to four for a man. It should be noted that this 1998 campaign was aimed at young people and the then Labour Public Health minister, Tessa Jowell, associated herself fully with it. She said that the "campaign is an excellent example of co-operation between the government and the private sector. Everyone needs to know where sensible drinking ends and serious health risks start. Everyone needs to know about when not to drink at all and about how very modest drinking can offer health benefits to certain age groups. The campaign is about spreading sensible information about sensible drinking. That is why I welcome and applaud it."

On its website, the Institute of Alcohol Studies used the logo and pointed out that the British media, at the time when the previous government raised the limits, derided the measure and lampooned the then Secretary of State for Health, Stephen Dorell. The response of The Portman Group was the threat of legal action to protect its "intellectual property?" The IAS were accused by Jean Coussins, Dr Rae's successor as Director of the Group, of distorting the industry's campaign on the grounds that we said that it encouraged people to drink.

The diagram we published on our internet site shows that the average weekly consumption, in all age groups, is well below the sensible drinking message.

Average weekly consumption of alcohol by gender and age, 1996-97

In mainland Europe the situation is hardly better. Angered by the fact that health officials had not consulted them on an initial draft of the Alcohol and Young People Statement, Anheuser Busch and the Amsterdam Group were able to gain access to Commissioner Byrne of the European Union's Consumer Protection and Health Directorate even before the document was ready for public consultation. Many of those involved in public health will think it regrettable that the head of a non-European Drinks Company can have such apparent influence on the formulation of EU policy.

WHO Policy Initiatives

In an earlier attempt to bring pressure to bear, when the first European Alcohol Action Plan was in preparation for its publication in 1992, Guinness attempted to promote their own draft version of the plan entitled 'Conviviality with Moderation'. On this occasion, the attempt failed.

In 1994 the Portman Group met officials of the UK Department of Health and expressed concern about the Government's sensible drinking message and its endorsement of the European Alcohol Action Plan. Shortly after the meeting, the Government embarked on a review of the sensible drinking limits. The announcement that the limits were to be raised from 14 units to 21 for women and from 21 and 28 for men was delayed until the day the WHO Ministerial Conference on Health Society and Alcohol opened in Paris. The message of that conference was Less is Better. The then UK Minister for Health dismissed the WHO was a collection of 'bureaucrats' and claimed that science was on his side.

The Amsterdam Group devised a number of amendments to the Second European Alcohol Action Plan, including:

- "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 life" became "a reduction in alcohol misuse is amongst…"
- "risk of alcohol related problems" became "consequences of alcohol misuse"
- the statement that "alcohol is a psychoactive drug" was removed

- 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.
- "Responsibilities of the beverage alcohol industry and hospitality sector" became "Industry-society partnerships to reduce alcohol misuse"
- "promote high visibility breath testing on a random basis"
  became the anodyne "promote drink driving campaigns"
- "place restrictions on the sponsorship by the drinks industry on sports" was, perhaps unsurprisingly, deleted.

The industry and its social aspect groups are anxious to exploit any research which indicates a cardio-vascular protective effect of alcohol. Because this is a comforting story, it is one which both people and politicians are happy to be told. It is remembered more than any other fact about alcohol and is imbedded in the public's consciousness. This has practical and alarming results: the present Prime Minister has said that he does not intend to curtail alcohol and sports sponsorship because "alcohol is good for you".

We cannot ignore the influence and efforts of social aspect groups whether we work at local, national, regional, or international level. They can undo what has been achieved by advocates over the years at all levels of activity and can make any progress difficult. They are an impediment to making effective policy change in the future. Why else would the industry give them such substantial funds? ■

Trade Agreements

Dr Jim Grieshaber-Otto

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1 Key elements

It is important briefly to review the key elements of international treaties that affect the regulation of alcohol.

Only three of the most important ones will be considered. These obligations are contained in most international agreements, including the old General Agreement on Tariffs and Trade (GATT), the European integration agreements, the North American Free Trade Agreement (NAFTA), and many of the dozen-or-so new World Trade Organisation (WTO) agreements that came into effect in 1995.

National treatment

The national treatment obligation has been described as the "golden rule of international trade law". It requires governments to extend the best treatment that is given domestically to its treaty partners – to treat foreign goods, services or firms at least as well as domestic ones. This obligation has been used most frequently to ensure that internal taxation and regulations are not applied to alcohol and other goods in a way that affords protection to domestic production.

National treatment has been interpreted more broadly than most people recognise. It requires not just formally equal treatment, but rather treatment that results in "effective equality of opportunities" for imports.

This broad obligation clearly constrains governments' ability to regulate alcohol. For example, from a public health standpoint, it may be eminently sensible to try to "freeze" preferences for traditional, local liquors and to discourage consumers from developing a taste for new, foreign types of liquors – especially ones with higher alcohol content. From the perspective of most international commercial treaties,

however, such measures are seen chiefly as illegal protectionism that discriminates against foreign suppliers.

In fact, any 'freezing' of current conditions – which is an essential tool of practical regulation (in fact, a tool which can make the difference between pragmatic regulation and no regulation at all) – any such 'freezing' can be vulnerable to challenge as a de facto national treatment violation in that it affects new or prospective foreign goods or suppliers more adversely than local firms continuing on with their current business.

Restrictions on state monopolies

A number of treaties expressly constrain the activities of state enterprises and monopolies, including public alcohol monopolies. For example, some agreements require such enterprises to make any purchases or sales "solely in accordance with commercial considerations, including price, quality, availability, marketability, transportation and other conditions of purchase or sale". This clearly limits the ability of policy makers to utilise state alcohol monopolies to reduce or restrict alcohol supply, especially in a manner that can be argued to discriminate against imported alcohol products.

These restrictions are no longer limited to activities directly related to trade in goods, but increasingly apply to measures relating to services and investment. As a result, wherever foreign-owned alcohol manufacturers, distributors or retailers operate, any alcohol regulation measures that rely on state monopolies must be carefully crafted so as not to impinge on the activities of foreign investors and service providers. This, as we know, is becoming increasingly difficult.

Elimination of Quantitative Restrictions

Many international agreements are designed to reduce or eliminate restrictions on trade that are quantity-related. Such quantitative restrictions include, for example, quotas allowing only a limited amount of a product — or class of product — to be imported.

Limitations on governments' quantitative restrictions in the alcohol sector are not limited to alcohol as a good. These limitations also apply to "services" and "investment". For example, limitations on the number of service suppliers and service operations are seen as quantitative restrictions. As a result, regulatory measures to limit alcohol supply by limiting the number of retail outlets, total volume, or total sales could run afoul of aspects of international services treaties. It should be noted that, within covered sectors of the WTO services agreement, such quantity-based restrictions are prohibited absolutely, even if they are non-discriminatory, applying equally to domestic and foreign services and suppliers.

2. Effects

What effects have these international treaty commitments already had on government measures affecting alcohol availability and control?

Many of the effects have been documented by eminent researchers who are present in the audience today.

Most importantly, perhaps, European integration has severely constrained the ability of the alcohol monopoly systems of Finland, Norway and Sweden to stringently control alcohol in the interest of public health. And, as we know, thanks to some people in this room, important elements of those systems have, so far, withstood the onslaught and remain an important bastion for the future.

European integration also brought new limitations on quantitative restrictions that precluded aspects of Germany's efforts to prevent the proliferation of low-alcohol content beverages, and that ended the Netherlands' minimum prices for gin.

In North America, GATT rules have been used for more than a decade to challenge provincial liquor boards to provide more listings for imported beer, wine and spirits and to lower minimum prices on US-produced beer.

More recently, the broad application of WTO rules on national treatment has been used successfully to challenge alcohol taxation policies in Japan, Chile, and Korea. WTO rules, unlike those of the GATT, are binding and backed up by trade sanctions. As a result, these countries must now change their respective laws, pay compensation or face retaliation.

One of the most striking features of these examples is that international commercial agreements have affected most adversely those alcohol regulation measures that are generally seen to be among the most significant or promising from a public health standpoint.

More generally, the examples highlight one key message of this presentation, that there is an underlying incompatibility between alcohol control measures and international treaties that promote freer movement of goods, services and investment.

3. Future prospects, themes

What can we expect in the future?

Without a change in direction, we can expect these types of treaties to be broadened and deepened and to have an even greater adverse effect on alcohol regulation. In the words of Canada's chief NAFTA

negotiator and subsequent WTO Ambassador John Weekes: "The new trade agenda has gone beyond traditional border measures ... to include issues that were formerly thought of as purely domestic..."

Many provisions of the various WTO agreements remain surprisingly little known and poorly understood by policy makers, traders and investors alike. But together, they constitute a very powerful mechanism for challenging a wide range of alcohol regulations. It may only be a question of time before WTO rules are used routinely to reinforce competitive pressures governments already face...

- to cast an even deeper "chill" on policy experimentation...
- to "freeze" existing alcohol regulations...
- and to begin to "roll back" current measures to conform to increasingly restrictive and comprehensive international treaties.

Since the central issues have changed so profoundly and so quickly, it is useful to highlight some key themes.

Increasingly, the main issues surrounding international commercial treaties are not about:

- trade The broader these agreements become, the more likely they are to affect measures – including domestic alcohol control measures – that were never before considered to be "trade-related". Increasingly these agreements constitute global rules restricting government regulation.
- "discrimination" Many agreements contain provisions that go well beyond issues of differential taxation or other methods of "discrimination" against foreign companies; they place absolute restrictions on non-discriminatory government regulation.
- using existing protection Public health exceptions and other treaty provisions that purportedly protect vital government measures are limited, uncertain and temporary. They are almost universally interpreted narrowly. (For example, in over 50 years of GATT and WTO jurisprudence, only one public interest measure has ever been saved by the GATT Article XX exception for health measures.) Moreover, some of the most onerous investment and services provisions of treaties make no allowances for exemptions (even for sound public policy purposes) under any circumstances. Finally, some agreements contain commitments for ever-increasing, ratchet-like tightening through successive rounds of re-negotiation, making any existing protection a target for elimination during future re-negotiation.
- goods Treaties are not limited to measures that apply to goods. They also apply to services and investment ... including, for example, measures affecting alcohol distribution services, licensing, advertising, and commercial establishment. And where treaty provisions on goods, services and investment overlap, recent WTO decisions indicate that panels will generally apply the most liberalising provisions.
- specific treaties It is no longer appropriate to focus exclusively on the impacts of one treaty. (For Sweden to brace itself against further effects of European integration at the expense of guarding against other, even more intrusive, international treaties such as the WTO is unsustainable.) Many different treaties affect alcohol and other regulation, creating a complex web of mutually reinforcing, binding obligations. This web constantly 'tightens' on governments as agreements are repeatedly re-negotiated.
- nationalism These types of treaties constrain the ability of all governments to regulate effectively – and not just in the alcohol sector but in all sectors. And because they are enforced by powerful economic sanctions, international trade and investment treaties tend to 'trump' other international agreements that are aimed at the protection of public health, human rights or the environment. Protecting the regulatory authority of governments can thus be seen not as an exercise of nationalism, but rather as an attempt to redress these imbalances and to safeguard democratic accountability.

It should be clear that we are no longer talking about simple "trade" agreements here:

- Even measures that only incidentally affect trade ...
- even measures that provide domestic and foreign firms equivalent treatment...
- even measures that don't apply directly to goods ...

all of these measures are vulnerable to challenge if they affect market access, conditions of competition, intellectual property, services, or investments of international corporations.

Indeed, referring to these agreements as "trade" agreements is misleading. In a nutshell, they are international commercial treaties designed to facilitate international business by constraining democratic governance.

Three other important items should be considered before this section is concluded.

First, treaty provisions on "investment" are likely to prove increasingly important for alcohol regulation.

For example, NAFTA contains a powerful

mechanism for foreign investors to bypass domestic laws and courts, allowing them to use an alternative investor-state dispute settlement process to directly challenge government regulation behind closed doors. (The same provisions were contained in the Multilateral Agreement on Investment which was negotiated for three years but which failed when France unexpectedly withdrew from negotiations in late 1998.)

The first investment case of this type resulted in the Canadian government rescinding its public health regulation of a neurotoxic gasoline additive, issuing an apology, and paying the company $(US) 13 million.

US tobacco companies threatened a similar case against the Canadian government's proposed plain-packaging of cigarettes, arguing that NAFTA rules meant Canada would have to compensate tobacco companies many hundreds of millions of dollars if Canada implemented the plain packaging proposal... which was soon withdrawn.

In another investment case that should 'ring bells' in the alcohol sector, Canada's monopoly postal services are being challenged as unfair to a company providing express package delivery services...

Over a dozen NAFTA investor-state cases are now underway – many involving hundreds of millions, some even billions, of dollars.

Many more investment cases involving domestic regulation appear inevitable, not just in NAFTA but, using different processes, at the WTO also.

Second, alcohol researchers should pay particular attention to negotiations on "services" that are now underway at the WTO. Essentially unknown to the public, these services negotiations are designed to broaden and deepen an existing WTO services agreement and bring a much greater degree of government regulatory authority under WTO oversight and dispute settlement. All services imaginable, including all services relating directly or indirectly to alcohol, are now on the negotiating table. This is a critically important new area, and the NGO group Canadian Center for Policy Alternatives has just published a valuable report on the very broad significance of these new WTO "services" negotiations.

Finally – and this is relevant to developing countries in particular – many of the same constraints that treaties place on governments' ability to minimise alcohol-related harm also constrain governments' ability to maximise economic benefits from the commercial activities of global alcohol corporations in their domestic markets. These constraints make it far more difficult for governments to negotiate local job creation, technology transfer, or local content provisions in exchange for granting foreign corporations access to publicly-owned resources, for example, or access to domestic markets. These effects call into question the strategy of using foreign alcohol investment to spur local economic development.

4. Strategies

Until more balanced international rules are developed, the immediate challenge facing alcohol policy researchers is to defend national and local alcohol measures from further erosion and to ensure that international efforts to regulate alcohol are not overridden by commercial treaties.

This will require

- obtaining a good understanding of the international constraints
- co-ordinating efforts with researchers in other affected areas
- intervening directly with government representatives in health and related areas, many of whom are not aware of the impact of these agreements
- developing and promoting alternative approaches, such as the European Alcohol Action Plan and the International Framework Convention for Tobacco Control.

One of the most difficult initial challenges in all these efforts will be to overcome a natural sense of disbelief and denial of the scope and magnitude of the issues that these treaties raise ... and the understandable urge of already-very busy people to avoid dealing with them.

But deal with them we must.

And there are reasons for optimism. Public concern about the impacts of international commercial treaties will almost certainly grow. As will co-operative approaches and mutual support among researchers.

The recent experiences of Seattle and of the defeated Multilateral Agreement on Investment demonstrate the strength of well-organised citizens' movements committed to protecting and enhancing democratic governance.

Your intervention is essential to prevent the foreclosure of flexibility in global alcohol policy. Your commitment and expertise could also prove vitally useful in other sectors.

There are many people around the globe who would welcome the opportunity - indeed, would be delighted – to begin working closely with you on this critical issue....and soon. ■

A brief history of Australian alcohol policy

Professor David Hawks

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Australia is a federated country comprising six states and two territories. Health and therefore alcohol policy is largely the responsibility of the state and territory governments with the exception of some taxation and labelling arrangements. To the extent that Australia had a national alcohol policy prior to the National Campaign Against Drug Abuse initiated by the Hawke government in 1985, it was formulated by a National Standing Committee on Alcohol which reported to a Standing Committee of Health Ministers. This latter committee was comprised of both state and federal ministers for health.

Work on a national alcohol policy was in fact started in 1984, a year before Mr Hawke convened a "drug summit" as part of his National Campaign against Drug Abuse. With the announcement of a national campaign against drug abuse the work of the Standing Committee on Alcohol was taken over by the Alcohol Sub-Committee appointed to advise the Ministerial Committee on Drug Strategy following the latter's establishment.

Together with a subcommittee on tobacco, the Alcohol Sub-Committee was the first such committee established under the Ministerial Council of Drug Strategy. The early establishment of an alcohol subcommittee is in itself significant when it is considered that the Drug Summit was precipitated by a concern about the rising incidence of opiate addiction in Australia. While subsequently national policies regarding such things as methadone, cannabis, amphetamines, AIDS and HIV were published the first national policy emanating from the Ministerial Council on Drug Strategy was the policy on alcohol. This policy was formerly promulgated in 1989 though a draft policy had been provided as early as 1987. The policy did not however have an easy passage. I have already described elsewhere (Hawks, 1990) the "watering down" of this policy such that while its objectives largely survived ministerial interference (itself an interesting story) its detailed strategies, particularly those relating to taxation availability and promotion were relegated to an appendix and considered to be examples only of the actions which might be taken.

This process of dilution not withstanding a number of initiatives were taken following the introduction of this policy statement, the chief among which were:-

- The promotion of "safe" or safer levels of consumption for men and women.
- The introduction of uniform alcohol legislation and the lowering of blood alcohol levels in several states to 0.05. Following the US example the federal government had precipitated the standardisation of this legislation by refusing to provide states with federal funding to those states resisting it.
- The introduction of a zero blood alcohol level for probationary drivers and the prolongation of this probationary period so effecting a policy which while not seeking to raise either the prescribed drinking or driving age effectively precluded doing both together among this age group.
- The labelling of containers of alcohol with the number of standard drinks contained therein. A standard drink was defined as 10 grams of absolute alcohol. Provision of this information enabled drinkers to relate the advice they were receiving in relation to safer levels of consumption to their preferred beverage.
- The introduction of thiamine to flour, (though not yet to beer).
- The introduction of a truly random form of breath testing in those states which had not yet adopted it.
- A systematic research challenge to the authority and veracity of the Advertising Standard Council's management of the Advertising Code in relation to alcohol; challenges to both its independence and its operation.
- The removal of all tax on beers having less than

3% alcohol by volume in some states.

- The amendment of state licensing legislation in several states so as to acknowledge the objective of minimising the harm associated with the sale and consumption of alcohol in licensed premises. Included in such legislation was the recognition of the duty of care of licensees and their agents and the concept of responsible service – subsequently extended to include private hosts.
- The documentation of the economic costs, including the health costs, and benefits of alcohol.

Lest you think that there have only been policy successes in Australia I should also detail some of the failures before listing some of the current policy directions heralded in the as yet embargoed 1999-2000 alcohol plan.

- Beyond the identification of the number of standard drinks (and that in a smaller print than was recommended) there have been no alcohol warning messages placed on alcohol containers.
- There is yet little legal precedent or enthusiasm for such among the legal profession for prosecuting licensees deemed to be in breech of their legal responsibilities as defined in the various licensing acts. It is however notable that lawyers representing licensees have now warned them of their liability.
- Despite the alleged (and widely publicised success) of several local agreements between licensees, local authorities and the police, (called Accords in some states) there is little evidence of there having achieved their objective, that is, a safer drinking environment, or if achieved that these benefits have been sustained.
- There is of yet no tradition of pro-active police enforcement of the licensing law with most police interventions being reactive to particular incidents.
- While there are numerous examples of hospitality training, some of which acknowledge the duty of care of retailers, and have health and police input, employment in the retail trade is not yet predicated upon receiving an accredited training. As a consequence alcohol continues to be the only potent drug, the dispensing of which requires no formal training.
- Attempts to revise the taxation system so that the tax imposed on alcoholic beverages reflects the alcohol strength have not succeeded with the exception that beers of less than 3% alcohol by volume have had the tax removed from them. Australia has only recently introduced a goods and services tax, the effects of which on alcohol sales has yet to be discerned. At present the tax impost upon alcoholic beverages bears no relationship to the alcohol content of beverages, for example, the tax on the alcohol in light beers is higher than the tax on the alcohol in regular beers.
- Thiamine has not yet been added to beer, despite evidence that those most at risk of Korsakoff's syndrome are predominantly beer drinkers and eat too little flour products to benefit significantly. There has however been some recent evidence suggesting that even so there has been a decline in the incidence of Korsakoff psychosis in the Australian population.
- Of particular relevance to this meeting is the fact that despite valiant attempts in a number of states there has not been established a national advocacy group for promoting health policies in relation to alcohol. There are however a number of state based bodies which include advocacy within their remit. They however enjoy a precarious financial status.
- Finally the formal advertising of alcohol products remains a matter of industry self-regulation, albeit with a greater degree of independent input to the vetting procedure. In fact, the formal advertising of alcohol presents fewer concerns now than does the sponsorship of just about everything else by alcohol companies.

The Alcohol Subcommittee of The Ministerial Council of Drug Strategy has now been replaced by the National Expert Advisory Committee on Alcohol. The Alcohol Action Plan 1999-2003 is currently available in draft form. Principle among its initiatives has been the revision (again using the auspices of the National Health & Medical Research Council) of the guidelines for responsible consumption for men and women. These guidelines, which are currently in the form of a consultative draft, both broaden and redefine the guidelines last revised in 1992 and reflect in part advances in our understanding of the effects of different patterns of drinking, the alleged health benefits of drinking and concerns about drinking and pregnancy.

Particular features are:-

- The specification of weekly limits and the differentiation between men and women.
- The definition of upper daily limits and recognition of occasional higher drinking days.
- The recommendation that there be several alcohol-free days.
- Qualified advice regarding drinking and pregnancy.
- Advice regarding the interaction of alcohol and pharmaceuticals.

- Concerns about both the long term and short term effects of alcohol.
- Advice regarding the avoidance of drinking in high risk situations.
- Responsibility for service in private and public drinking environments.
- Attention to a number of specific groups, including those with health and social problems, those with relatives having drinking problems, those with psychiatric problems, older people, younger people and abstainers.

The document also deals with the alleged health benefits. It is acknowledged that at low levels of consumption – 1 to 2 standard drinks two or three times a week – there is some benefit to those at risk of heart disease, principally men over the age of 50 and post menopausal women whose lifestyles would otherwise place them at risk. It is acknowledged that these benefits can be achieved in other ways and that their recognition should not lead to the encouragement of abstainers to drink.

To bring this description of the development of Australia's alcohol policy right up-to-date the National Expert Advisory Committee on alcohol has recently published in draft form its national action plan to cover the period 1999-2003. The overall objective of this plan is to minimise alcohol-related harm to the individual and the community associated with the misuse of alcohol. Subsidiary objectives are:-

- To reduce the risk to the community of criminal offences and other alcohol-related crimes, violence and anti social behaviour.
- To reduce the personal and social disruption, loss of quality of life, loss of productivity and other economic costs associated with the harmful use of alcohol.
- To increase access to a greater range of high quality prevention and treatment services.
- To promote evidence based practises through research and professional education.

Of the strategies identified by the advisory committee the following will be of particular interest to this audience:-

- Improving the effectiveness of legislative and regulatory initiatives.
- Ensuring the responsible marketing of alcohol.
- Enhancing harm reduction in the drinking environment.
- Increasing harm reduction in relation to drink driving.
- Adjusting pricing and taxation.

It is only the first of these which is given priority in the document itself.

The Action Plan sets out the aims of each strategy, identifies what will be achieved, how it will be achieved, what the identifiable output will be and who is responsible. It is therefore eminently detailed and specific. It remains however to see how energetically it will be pursued; at least it cannot be faulted in its comprehensiveness or detail.

Of particular importance is the availability of a methodology for evaluating the effectiveness of these strategies. This methodology includes the use of geographic plotting of both consumption and indices of harm, the specification in drink driving and accident data of the last place of consumption and the application of aetiological fractions to hospital morbidity and mortality data (English et al, 1995). As is also the case in Canada and the US a number of exercises have been undertaken enabling the economic costs of alcohol-related problems to be estimated (Collins & Lapsley, 1996).

The application of this methodology is illustrated by the evaluation undertaken of the Northern Territory program, Living With Alcohol (Chikritzhs et al, 1999).

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The impact of alcohol in Latin American countries

Marva Dixon

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This paper is intended to show the impact of alcohol in Latin American countries on young people, violence, advertising and trade, with special attention to policy responses to these problems and issues. To approach this subject I will divide the paper into four sections:

- a brief overview of alcohol in Latin American culture and history;
- a description of alcohol use and young people in Latin America;
- a summary of data and factors involved with alcohol-related crime and violence;
- a description of prevention programs policies designed to deal with drinking problems among young people.

I hope to share information that will help build the foundation for global collaboration on alcohol policy, promoting and developing on-going structures for networking among advocates and, most of all, to promoting co-ordinated programs of action that may be undertaken by advocates around the world to promote healthy and safe alcohol policies in Latin America in general, and in particular on the Atlantic Coast of Central America and Panama.

One of the problems that those seeking to prevent alcohol problems face is the lack of political goodwill and economic support from Latin American governments for projects and programs to counter harmful effects of drinking alcohol. Most such programs have been developed by volunteer groups, churches and non-governmental organisations, with very few resources available to help them to face this problem.

Alcohol in Latin American culture and history

To approach alcohol consumption it is necessary to review it as a cultural and social phenomenon through human history, including its uses and effects on individuals, in families and in society. While alcohol use may have started as a comfort to human beings, through the ages it has become a serious problem of human creation that transcends every physical, psychological, economic, social and ecological difference. Alcohol problems have no respect for religion, ethnicity, politics, age or gender.

The standard of consumption of alcohol that the rich world exports and imposes on the developing world submits developing nations to a relationship of exchange that worsens their dependency, perpetuates their internal lack of balance, and threatens their cultural identity. For example, alcohol advertisements use sports activities, as well as elements such as nature or images of beautiful men and women to subtly stimulate a feeling among adolescents that alcohol consumption is a necessity. These advertisements add further inducements to those already existing in our cultures and attached to events such as the celebration of a birth, first communion, or baptism; ceremonies such as birthdays and marriages, deaths and funerals, the ninth day; and social celebrations in general. The advertisements add to our subjugation to alcohol, and keep us from detecting the extent of our alcohol problems, as alcohol has become more and more a part of our culture.

Both Catholicism and Protestantism condemn intoxication, but neither group forbids their members to drink alcohol as a beverage to accompany their meals, or counters belief in the medicinal qualities of alcohol. These erroneous ideas keep us from connecting alcoholism with the excessive use of alcoholic beverages. In addition to addiction, this use causes damage to the body and the brain, as well as to the economy, family, community, and society as a whole.

This helps to explain why intoxication is not a socially criticised phenomenon, but only elicits negative reactions when drinking habits result in rude behaviours. However, alcohol problems are wide-ranging and complex phenomena, and each person, group, institution, church, and state has an obligation to build programs and projects with the intention of minimising or eradicating the social problems that these phenomena have caused to Latin American countries and to the rest of the world.

From the beginning of the past decade there has been an intense worldwide preoccupation with the consumption of illicit psycho-active substances and the issue of international traffic in drugs. The intensity of this preoccupation is such that one could conclude that the problems linked with the consumption and abuse of alcohol are not as important today as they were in the past. As a result, just as in the past alcohol and the problems that derive from it are not a major concern today. Yet alcohol influences the stability of the family and of labour, as well as socio-economic levels in society due to decreases in productivity.

A complicating factor on the Atlantic Coast of Central America has been the development of tourism. On the Atlantic Coast tourism has influenced alcohol consumption by creating a social dynamic in which alcohol is very accessible and sold freely in different establishments and even illegally in private homes. Lack of meaningful activities for young people make them more vulnerable to initiating consumption of alcohol. In an environment already overrun with poverty, lack of educational opportunities, attitudes of rebellion and aggression, juvenile delinquency, prostitution, crime and suicide, alcohol can exacerbate the deterioration of the health of young people.

Alcohol and young people

It is a basic fact, well known but often forgotten, that alcohol is the drug that registers the largest number of active consumers. Along with tobacco, alcohol is the drug which individuals consume to make their entrance to using other drugs. It is rare for drug users not to have used alcohol or tobacco as their drugs of entry. In Costa Rica, for example, in 1987 the Institute on Alcoholism and Drug Dependence (IAFA) carried out a drug use prevalence study on a sample of 2083, of which 3.5 percent (n=73) had used illegal drugs. Of that number, 81 percent (n=59) had also used alcohol. In contrast, of the non-consumers of illegal drugs (n=2010), only 34.2 percent (n=687) used alcohol (PAHO 1990).

Beginning in the 1970s, when young people imitated the conduct and attitudes of the hippies' style of life, drug traffic ahs brought along with it more easy availability of drugs including alcohol, as well as other problems of the trade such as money laundering, execution and murder, delinquency, prostitution, suicide and damaged health among our young people. In recent years, consumption of alcohol and other drugs have become more frequent among adolescents and young people. Since alcohol use is often the entry point to use of other drugs, earlier initiation of alcohol use is of great concern. Regarding initiation of alcohol use, in Costa Rica there are some meaningful statistical differences, according to sex or age. In 1995, 33 percent of boys reported drinking by the age of 15, compared with only 10.6 percent of girls. A national study on consumption of alcohol and other unlawful drugs revealed that 47 percent of

Statement regarding the creation of a Global Advocacy network for

On 5 August 2000, the Global Alcohol Policy Advocacy Conference adopted the following statement and resolution by acclamation:

Alcohol's global impact

Alcohol use has resulted in significant losses to public health and safety throughout the world. Despite a possible protective effect for select groups in the population of low levels of alcohol use (less than one drink every two days) against heart disease and other long-term health conditions, globally the net effect of alcohol on death and disability is negative.

The World Health Organization has estimated that alcohol accounts for 3.5 per cent of the total of all Disability Adjusted Life Years (DALY's) lost to disease and disability in the world, a share exceeding that of tobacco. Its contribution to global disability outstrips the impact of both malnutrition and occupational hazards.

Alcohol's impact is greater in much of the developing world, where alcohol use contributes to poverty and other social problems, and where alcohol-related death and disability far outstrips any possible protective effect. Yet this is the very part of the world in which the multinational alcohol companies are most aggressively expanding, and have been shown to market their products in unsafe and unethical ways.

While alcohol provides employment and revenue to the state, numerous studies done primarily in developed countries have found that it also imposes considerable costs to public revenues in relation to health and social services and the criminal justice system, and has a negative impact on industrial productivity. Although alcohol's relationship with violence is complex, there is ample evidence that, particularly in countries with drinking patterns that lead to frequent intoxication, greater drinking will lead to greater incidence of violence.

A call for action

Recognising that the use of alcoholic beverages poses substantial risks to the health and safety of individuals, communities and society, we call on governments at local, national, regional and international levels to take action and to adopt policies that will prevent alcohol-related problems.

Such actions should be scientifically grounded, taking into account the substantial body of scientific research that has measured alcohol-related harm and the effectiveness of alcohol policies in reducing that harm. They should be culturally sensitive, embedded in and responsive to the rich cultural diversity within and among nations. They should be politically viable and enforceable, attentive to the importance of implementation in the effectiveness of policies.

Rights and responsibilities

Just as individuals are responsible for their actions regarding alcohol, larger entities must also act responsibly. Governments have a duty to safeguard the rights of citizens, and especially children and young people, to protection from the harmful actions of others. We affirm these rights to be:

- The right to safe environments. All people have the right to a family, community and working life protected from injuries, violence and other negative consequences of alcohol consumption.
- The right to know. All people have the right to valid impartial information and education, starting early in life, on the consequences of alcohol consumption.
- The right to protection of young people. All children and adolescents have the right to grow up in an environment protected from the negative consequences of alcohol consumption and, to the extent possible, from the promotion of alcoholic beverages.
- The right to health services. All people with hazardous or harmful alcohol consumption and members of their families have the right to accessible treatment and care.
- The right to abstain from drinking. All people who do not wish to consume alcohol, or who cannot do so for health or other reasons, have

the right to be safeguarded from pressures to drink and to be supported in their non-drinking behaviour.

The alcohol industry has legitimate commercial interests with a primary responsibility to its shareholders. Commercial interests that profit from the alcohol trade have a basic responsibility not to present themselves as objective guardians of the public interest, or as entities whose primary goal is the prevention of alcohol-related problems. They are also responsible for respecting laws relating to availability and marketing, and ensuring that their products are responsibly served. However, due to the clear conflict of interest regarding consumption of their products, they should not be involved in the education of young people regarding the use of their products.

Non-governmental organisations in many countries have been at the forefront of alcohol control. They have a unique role, and deserve the support of governments in playing that role. We affirm the call of the 2000-2005 European Alcohol Action Plan for governments to support non-governmental organisations and self-help movements that promote initiatives aimed at preventing or reducing the harm that can be done by alcohol, and we commend it to all regions of the world. Actions by governments to achieve this outcome include the following functions:

- Support non-governmental organisations and networks that have experience and competence in advocating policies at international and country levels to reduce the harm that can be done by alcohol;
- Support organisations and networks that have a specific advocacy function within their remit, such as associations of health care professionals, representatives of civil society and consumer organisations;
- Support non-governmental organisations and networks that have a specific goal 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 .

A Global Advocacy network for Alcohol Policy

There is need for an international network of organisations independent of the alcoholic beverage industry that can bring together global experience and competence and advocate for policies at international and country levels to reduce the harm that can be done by alcohol. Such an organisation would include health and welfare professionals, citizens of all ages, and consumer and research organisations without financial ties to the alcohol industry.

To this end, we propose to organise and seek broad support and recognition for a global advocacy network for alcohol policy with the following aims:

- to provide a forum for alcohol policy advocates through meetings, information sharing, publications, and electronic communications;
- to disseminate information internationally on effective alcohol policies and policy advocacy;
- to bring to the attention of international governmental and non-governmental agencies and communities the social, economic and health consequences of alcohol consumption and related harm;
- to advocate for international and national governmental and non-governmental efforts to reduce alcohol-related harm world wide;
- to co-operate with national and local organisations and communities to alleviate alcohol-related problems;
- to encourage international research on the social and health impact of the actions of the multinational alcohol beverage industry;
- to monitor and promote research on the impact of international trade agreements on alcohol-related harm;
- to monitor the activities of the alcoholic beverage industry;
- to place priority on research and advocacy regarding those parts of the world where alcohol problems are increasing;
- to ensure that member groups in those areas have the technology and support capacity to participate in a global network for communication and action. ■

Abstracts from papers given during workshops

Workshop 1:

Demonstrating the Need for Alcohol Policy
Alcohol Violence Against Children and Women in the Azores

After a representative survey on the patterns of drinking frequency in the whole country (Portugal), repeated three times (1985, 1991 and 1997), the author carried out two others also with representative samples in Azores and Madeira.

In Azores about 15% of population over 14 (190,000) drink from one to more than five times a day (and it is estimated that at every time 2 to 3 drinks are consumed), while other 15% drinks 2-3 times a week, also with 2 to 3 drinks a time. On the other side 38% are ritual consumers drinking 5-10 times a year, and 33% abstainers. That means that 28,000 from 190,000 are problem drinkers.

In Madeira Island (209,000 over 14) the situation is still worse.

A common feature of alcoholism in Azores where the author for the moment works is a generation phenomenon. About 50% of alcoholics in author's group therapies have alcoholic fathers and a number of them have already a son with the same problem. Young people consumption habits in Azores and Madeira are a concern in these Regions. About 5.5% of the 15-24 age group consume from two to five drinks a day. And from those who drink alcohol 13% consume rather liqueur and about 8% whisky.

Alcoholism in these regions is often associated with poverty and misery, promiscuity and inadequate housing, unemployment and violence against children and women.

About 82% of children victims of neglect or violence had father, mother or both alcoholics.

Some hundreds of Azoreans expelled from USA and Canada after trial and a period of time in prison for acts associated with drug trafficking, drug addition and alcohol consumption adds a new concern in the Region of Azores.

Professor Aires Gameiro,
SAAP (Sociedade Anti-Alcoolica Portuguesa), Portugal

Preventative Work and Alcohol Control Policy in Vietnam

Vietnam is a poor developing country in South East Asia with a population of 78 million. Due to the country's history of war against the French, the USA and the Chinese the economic development has been slower than in most of the other countries in the ASEAN region. A much higher percentage of the GDP has been used for security and re-education of the people of the South compared to a situation with stabile political and social environment.

Yet, the legislation in Vietnam has not touched the questions of alcohol in different aspects. There is no law concerning alcohol and traffic nor alcohol and work. The Vietnamese divide beer from wine and liquor. The traditional drinking pattern is that males are drinking a lot of beer and some rice wine, mostly home brewed. After the Doi Moi, the renovation and new economic order, the private market has been involved.

With the increasing number of motor vehicles in the country and the development of specialist labour more and more people are concerned about the situation. Sooner or later the parliament must look into the problem with alcohol as well as they now are deeply concerned about the illegal drugs.

To reach the new generation with young Vietnamese women and men with a message of healthy lifestyle, whom all are born after the war, with different possibilities to access the international media and culture, are a challenge for the society. Who will support – the donor countries – the international organisations – the market?

Phan Thanh Hao, Vietnam

Related Crime on Alcohol
Case Study: Kampala District
Background

The crime associated with alcohol has been increasing in Uganda more especially in the city slums of Kawempe and Nabweru of Kampala City and its suburbs. Alcohol has become as a major concern in Uganda, at first it was a primarily concern but today it effects both the economy and social effects and courses in Uganda.

Research

Owing to the effect of alcohol and drugs, Uganda youth development link has organised and conducted seminars and workshops in Uganda for the last four years. Interviews have been carried out to examine the effect of alcohol in society and among the problems that have been put forward are:-

Divorce has become order of the day due to alcohol where one of the partners does not follow the instructions and likes of the other.

Home violence has increased in so many areas where some have resulted into death.

Drop out of school, due to alcohol as a factor. Students no longer go to schools instead end up in bars, and parents have also neglected to pay fees for their children due to the fact that they no longer save to cater for the family.

Rampant rape cases according to Kawempe police station have been a result of alcohol thus crime punishable by death or imprisonment for life.

Theft is also on the increase since all the youth that could work to earn a living end up in bars and have no time to work instead want things for free without sweat.

Accidents, according to statistics in Uganda police traffic department, most of the accidents are contributed by the use of alcohol, which leads drivers to

lose control of vehicles.

Increased prostitution in Uganda, due to alcohol people lose control of themselves, thus prostitution becomes order of the day leading to the spread of Aids.

Alcohol also leads to death in Uganda, its alleged that the Kanungu suicide act of the followers of the movement for the restoration of the ten commandments of God, that most of them were addicts to alcohol which lead to more than 580 people losing their lives.

Activity

Having analysed situation critically, UDYEL decided to share the research with other people concerned with the abuse of alcohol. The steps taken include the following:-

Sensitisation of local leaders was the first priority in which local leaders (LC) also saw the need and they identified the pier educators who were taught skills of counselling as to use them to inform people about the effects of alcohol. The topics conducted included problems associated with alcohol, solutions to the problems, poverty education, counselling techniques and healthy effects, etc.

In these seminars, parish-cancelling groups (pcg) were formed which helped us to get information that was never received before.

The PCG started conducting seminars in schools, approaching special groups, churches and mosques and families, recreating activities and village communication. Disseminating counselling materials.

Results

Information spread throughout the counties and the whole country in which people have become more aware of crimes associated with alcohol. Students who have dropped out of school, some went back and they are more grateful of our efforts.

Divorce cases have reduced. This is due to the decrease of cases reported to police and to some local leaders.

Counselling. So many clients have been referred to us for counselling assistant.

Recommendation

- Teaching people about the effects of alcohol.
- To stop advertisements of brands of alcohol.
- More organisations should come forward to fight the use and abuse of alcohol.

Kyagulanyi Ali, Social Worker, Uganda

Adverse Consequences Associated with Malt Liquor Beer Consumption among African American Men in South Central Los Angeles

African American men are known to drink less but have higher rates of alcohol-related arrest and health problems. Few studies have examined the relationship between malt liquor beer (MLB) use and negative consequences (physical, inter/intra personal, impulse control, social responsibility). The purpose of this study is to determine the adverse consequences of MLB use among African American men.

Respondents were recruited from randomly selected barbershops in the South Central neighbourhood of Los Angeles (n=210). Respondents completed a self-administered, pencil and paper survey that assessed alcohol use, community standards related to alcohol use, Rapid Alcohol Problem Screen (RAPS), Drinker Inventory of Consequences (DrInc), and basic socio-demographic data. The mean age of the sample was 45 (SD=17), 18% had not completed H.S, 16% were unemployed, 47% were married or living as married, and 50% earned less than $20,000 per year. We compared respondents who reported any MLB use in the last 90 days (n = 105) versus those reporting no MLB use (n = 57, non-drinkers were excluded from this analysis. In multivariate analysis, MLB use was significantly associated with more adverse physical consequences, lower impulse control, more inter and intra personal conflicts, and lower social responsibility when compared to non-MLB drinkers. MLB use may contribute to higher overall alcohol-related harms among African American men. Implications for alcohol policy related to availability and advertising of this high alcohol content beverage is examined.

Dr Didra Brown Taylor, Ph.D, Collaborative Alcohol Research Center,
Charles R Drew University of Medicine and Science, Los Angeles, California

Workshop 2:

Faith Communities
Inter-Faith Communities Role in Advocacy

Most societies today face an escalating situation of alcohol abuse which results in serious damage to a significant minority of the world population. The current political and economic situation demands that Faith Communities to be flexible and innovative so as to be relevant in response to contemporary needs.

This will involve dealing with wider issues of life-style and of justice rather than with the mere chemical dimensions of alcohol. It calls for inter-faith communities becoming more engaged in advocacy on alcohol policy with a culturally sensitive approach. Though primarily intended to influence policy makers and implementers, advocacy should involve wider ecumenical participation of all stake holders at various levels. Inter-faith communities should view advocacy as a people oriented empowering process. While recognising the global market trends, advocacy needs to be placed within the framework and the demands of local civil societies. Spiritual distress may be both a cause and an effect of substance abuse. Therefore, the inter-faith communities need to approach advocacy on alcohol from both spiritual and moral dimensions. The approach should be on enabling those afflicted to realise their integrity and strength and in helping them avoid becoming captive to the forces of abuse and addition. It would also require supporting the promotion of a comprehensive and coherent policy on alcohol, including involvement in effective ‘harm reduction’ oriented programmes. The task of advocacy needs to be seen within the framework of individual and community liberation and the health and welfare of the community at large.

Jonathan N Gnanadason, Secretary, International Christian Federation for the Prevention of

Alcoholism and Drug Addition, Switzerland

The Role of Faith Community in Advocacy

Historical Role of Religion and Substance Abuse: Discussion of the historical role of the faith community in "soul sickness" and the tendency of religious leaders to leave the problem to the medical profession in recent years. Where we are today.

- Every year, cigarettes kill more Americans than WWII did (Mark Gold, MD U Florida)
- 3,000 American teenagers start smoking
- 40% of America's 6th graders have tried alcohol (Join Together)
- 42% of America's teenagers occasionally ride with a drunken driver. (U of Indiana)
- All our wars combined have not killed as many Americans as drunken drivers have
- College students spend more money on alcohol than on books
- The USA has 6% of the world's population and uses 60% of all illegal drugs
- Marijuana is the *1 cash crop in the USA
- Only Russia has more of its population behind bars than the USA does
- 80% of Americans behind bars have a substance abuse problem

THE CHANGING ROLES:

Recent successes in prevention by faith communities.

Drug strategies for the faith community:

Using the basic drug strategies used by nearly all government and philanthropic organisations, compile a list of things that the faith community can do to supplement each.

- Informative Dissemination: Churches can establish alcohol/drug prevention resource centres with handouts and research data for teens and parents. (Materials are available from government clearing houses.) Occasional sermons and Sunday School lessons can address substance abuse. Tapes providing practical, Christian advice for drug problems, etc. can be made widely available to youth.
- Preventive Education: The religious community can certainly enhance preventive education through guest speakers, youth peer leadership programmes, and parenting programmes. Mentoring: the single most effective programme for reducing the risk of drug abuse.
- Alternatives: Most juvenile crime of all sorts, including alcohol/drug abuse, takes place between the time that school is out and the time that parents go home. After school programmes at churches and synagogues would greatly reduce drug abuse and violence by children in any community.
- Problem Identification: Few people in any community have as much opportunity to identify substance abusers and high risk children, intervene, and refer them to a proper source of help. When education mentioned above starts, the opportunities for identification and referral expands greatly.
- Community-based Process: Churches can reinforce the message that youth receive from the schools and the police by clearly defining their position.
- Environmental Approach: Changing the social norms or values of any community is nearly impossible to do until all the faithful decide to take a stand and speak up whenever they see something that violates religious values.

Ken Welch, Louisiana Alliance for the Prevention of Under Age Drinking, New Llano, Louisiana

World Alcohol Awareness Day: A Proposal

The General Assembly of the International Federation of Blue Cross recommended amongst other things that:

- A world day without alcohol be instituted similar to the day without tobacco and the day for combating AIDS
- That alcohol be recognised as drug no. 1

Contracts with WHO showed that it is nearly impossible to implement such a day. The International Abstinence Organisation (IOA) accepted to work on this problem. In the following years we proposed that, instead of having one day, a theme could be chosen which could be followed throughout a whole year, such as:

1998 Alcohol and Family
1999 Alcohol and Violence
2000 Alcohol and Sports
2001 Young People and Alcohol – Drinking their lives away – young people and alcohol

Hans Reuttiman, General Secretary of the International Federation of the Blue Cross, Switzerland.

Dealing with Student Drinking on Indian Campuses

Drinking is one of the greatest problems facing the campuses today. No doubt it is a major irritant to campus peace. Quite sadly many of our students get hooked onto alcohol without being aware of the fact that they are entering a trap from which there is no escape.

Hardcore drugs are available in any country, even in developing countries. Professor Shekhar Saxena of WHO had earlier pointed out in a WHO Conference the financial implications of alcoholism in a developing country and shown how a family of addicts confront various problems like school drop out, malnourishment, poverty, violence and disease. It must be noted that many of our students come from homes where addiction is a problem. Addition spoils health and leads to spiritual depletion.

Many of our campuses are quite unaware and blissfully ignorant of this growing menace. As a consequence, many campuses are not geared up to face when it encounters an addiction related issue. The teachers are ill-equipped to handle the issue and vary often serve as wrong role models.

The present state of affairs is quite alarming and needs immediate attention(1).

There should be a multipronged strategy to encounter alcoholism in the campuses and should be addressed to the different sections of the student community.

Prevention: The Colleges should take all steps to prevent a youth from experimenting with alcohol. This can be achieved through seminars/symposia/workshops, etc. Students should be used to spread the message of temperance. Saying 'No' to alcohol alone should be the

method.

Programmes involving the campus community should be evolved and the messages should be taken to the community around.(2)

Directing/counselling treating: Our campuses should have trained personnel to detect/Counsel/direct victims for treatment.

Attention to students from homes of addicts: Special attention should be given to students coming from homes where addiction is a problem. Counsellors, Chaplains and Hostel Wardens have a very special responsibility in this.

Fight against alcohol can form part of the curricular programme and also the outreach programmes in developing countries.

Colleges and Universities have the responsibility of making the campus alcohol free.

- This will be shown in the paper as per the data available with the paper presenter from a recently conducted study in about 15 colleges in the State of Tamil Nadu in India.
- Project ADAT (AIDS, Drugs, Alcohol and Tobacco) of the All India Association of Christian Higher Education will be shown as a model.

Professor J Dinakarlal, Scott Christian College, Tamil Nadu, India

Workshop 3:

Alcohol and Economic Development Youth Economic Development and the Alcohol Movement in Los Angeles

Bill Gallegos is Co-Chair of the California Latinos United for Healthy Communities and Albert Melena is now lead Organiser for CWP's youth alcohol policy initiative in Pomona, CA. Together they were instrumental on the LA ban on billboards that depicted alcohol, tobacco and sex ads. As a team they are now organising with Bernardo Rosa, the third member of the team, on the Cinco De May Con Orgullo Campaign. The Cinco de Mayo campaign is our effort to stop the alcohol and tobacco sponsorship, marketing and advertisement of this cultural holiday. They've begun to assemble a collaborative of Latino activists, Substance Abuse prevention providers and country supporters to initiative an ordnance to stop the Budweiser sponsorship of the Cinco de Mayo Event at the Whittier Narrows County Park in Los Angeles County.

The overall vision and what they will be discussing is the connection of economic development of healthy businesses to offset the proliferation of alcohol outlets in communities of colour and the need to partner with healthy businesses in the sponsorship of cultural holidays. The three points that they will cover is:

- How to educate the community and train youth in mobilising to enact specific ordinance changes surrounding the Cinco de Mayo celebration.
- How to encourage other types of sponsorship that will partner healthy businesses to support cultural celebrations.
- How to implement a Youth Entrepreneur programme that partners with a youth alcohol policy mobilisations for local policy changes that supports healthy business start ups as a solution to the high density of alcohol outlets start ups in poor communities of colour.

The strategy therefore is not only to promote the collaboration of already existing businesses to the sponsorship of Cultural events but also to train youth to start their own healthy business as a response to the proliferation of alcohol outlets. This strategy mixes community based organising and the application of education (how the alcohol industry historically targets communities of colour), community mobilisation and economic development for the creation of a empowered community invested in their own health and well being.

Bill Gallegos, Co-Chair, California Latinos United for Healthy Communities, Pomona, California and Albert Melena, Lead Organiser, Pomona Youth Alcohol Policy Initiative

Baltimore City Wide Billboard Ban and Beyond

As founder and former co-chair of the Baltimore City Wide Liquor Coalition, I am honoured, pleased and excited to be given this opportunity through the scholarship grant to attend the global alcohol conference in Syracuse, New York.

Being a lifetime community activist, it's encouraging to know that issues surrounding alcohol are looked at globally.

Looking at the negative alcohol addition impacts, a global perspective could be the key vehicle for sharing and learning how to create long-term policy changes to protect the health, welfare and safety of children, families and communities around the world from one of the most powerful and embedded industries in the world that makes much of its profits on the demise of those they court into various forms of addictions, innocent children and adults.

If we were to close our eyes while listening to the world news on TV as reporters give details of the wars that have been declared in other countries across the seas we would hear descriptions such as:

- Troops were deployed to save innocent families and children from their enemy.
- Upon arrival, U.S. troops found homes either boarded, destroyed, or unfit to live in.
- Blocks and blocks of people walked aimlessly, often as if they were the walking dead, or sat staring into empty space, some with needles in their arms.
- Many areas looked like a ghost town – no stores, trash piled high.
- Not unusual to come across addicts sharing needles in an effort to run away from the pain of living hell.
- Long lines formed outside the few shelters that offered rationed one-meal-a-day, shower, and (for a lucky few) change of clothing and a cot for the night.
- Not unusual to find children wandering alone because the enemy has either killed their parents or holds them hostage by feeding them their addictive drugs – not before they have been forced to give up their schooling, job training, programmes, their families, their dreams, their pride and their support from community-based systems.

When you open your eyes to see the TV local news of your neighbourhood you will find the same descriptions as those results of the wars overseas. The only

difference is that in the United States we have never had a president declare this a war right here. The Enemy is the industries that are allowed legally to design their weapons of choice – legal drugs – such as alcohol and tobacco – knowing that they are the gateway drugs to hardcore drugs and crime that bring the industries their greatest profits. And the government looks the other way and plays hide-and-seek while our children suffer endlessly as their minds and bodies die with no hope, and spirits/souls are forever lost to the results of the addictions of their parents, peers, and selves to drugs such as alcohol.

It is efforts such as the Global Conference that may offer ideas and methods for a true declaration of war to be made, and bring in any and all needed to win this war on our children, our families and our communities.

We must find ways to create prevention to addictions for youth. It is also important to see how racism and classism drive and are directly ties to the overall problems we are facing around the world with weapons of choice, drugs -addictions - crime..

Bev Thomas, founder and former chair, Baltimore City Wide Liquor Coalition

Alcohol as a Hindrance to Development

- Progress with hangover
- Increasing alcohol consumption, but no social security infrastructure
- Thirsting for new markets
- Developing countries
- Eastern European countries
- The enlargement of The European Union
- Strategy for raising awareness among politicians

Anders A Aronsson, Chair, International Institute of IOGT-NTO Movement, Sweden

Workshop 4:

Policies for Student Populations Seeking Indigenous Norms as the Basis for Policy Development in Inner Mongolia

Ninety percent of a sample of Shanghai middle school students reported ever using alcohol compared to 80% of US students and 69% of students in Hohhut, Inner Mongolia. US students were more likely to have drunk alcohol in the last 30 days (52%) than Shanghai (29%) or Hohhut (19%) students. Among students in Hohhut, a larger proportion of indigenous Chinese (Han) have ever consumed alcohol (81%) compared to Mongolian students (61%).

Han students were more likely to report ever having been drunk. Shanghai is perhaps the most Western-oriented city in China; Hohhut is one of the least. It is hypothesised that the difference between the Shanghai and Hohhut students is a reflection of exposure to Western culture and of traditional cultural constraints (norms) on alcohol use. This suggests the encouragement of cultural constraints could be one focus for alcohol policy development. This paper suggests that local norms should drive policy development, not Western policy models. This suggestion is discussed in light of normative and attitudinal data from a sample of 870 Hohhut students.

Professor Ian M Newman, Ph.D, University of Nebraska, Lincoln (Presenter), Ming Qu MD Med, Wanqing Zhang MEd, Jianping Xue MD, Qian Geng BSc, MEd, Dip, MEd

Environmental Approaches to Alcohol Problems at Colleges and Universities

Despite heightened attention and increased actions at colleges and universities to reduce student alcohol problems, high-risk alcohol use continued at an alarming rate. One of the chief lessons taught by nearly two decades of prevention research is the need for a comprehensive approach that not only addresses the specific educational needs of individuals but also seeks to bring about basis change at the institutional, community, and public policy level. Decisions that people make about alcohol use are shaped by the physical, social, economic, and legal environment that in turn can be shaped by a committed group of local prevention advocates, higher education officials, government official, and others. The U.S. Department of Education's Higher Education Center for

Alcohol and Other Drug Prevention advocates an environmental management approach that calls for college officials, working in conjunction with the local community, to change the campus and community environment that contributes to alcohol problems. Through a combination lecture and discussion this session will provide an overview of the environmental management approach and describe how campus community coalitions are emerging as a promising way to approach the student drinking problems. It will include strategies for bring campuses and communities together in a comprehensive way to address alcohol and other drug problems among students and provide resources for community groups on working with college campuses.

This session is intended for campus and community representatives, such as prevention specialists, community activities, health educators, administrators, public officials, law enforcement officials – both on and off campus – and other community members.

Bill DeJong, Ph.D., Director, Higher Education, Center for Alcohol and Other Drug Prevention, Newton, Massachusetts

The HadEnough Campaign: Student Action to Change the Campus Drinking Culture

In recent years, the use of media campaigns as part of campus strategies to reduce high-risk drinking among college students have been much discussed in the college AOD prevention community. Ad campaigns based on social norms theory have gained currency as one approach to shifting student perceptions and behaviours concerning alcohol use, and results on some campuses has shown promise. However, lasting change also requires the adoption and enforcement of alcohol policies to address environmental factors that may encourage or accommodate heavy drinking. Such policies will be far easier to implement and enforce if developed with student input and support.

This presentation introduces the HadEnough campaign, a research, communications, and advocacy project aimed at generating student support for practices and policies that discourage high-risk drinking. Rather than focusing on influencing individual drinking behaviours or perceptions, the HadEnough project seeks to shift the campus alcohol culture by building intolerance for heavy drinking. Taking social norms approaches a step further, research-based messages reinforce student weariness with the second hand effects of heavy drinking, and encourage student action to change cultural and environmental factors that condone, accommodation, or encourage heavy alcohol use.

CSPI is implementing the three-year pilot project in collaboration with Cornell University and the University of North Carolina at Chapel Hill, with a view to making the research and media tools available to other campuses for replication if the project is successful. Findings from an April, 2000 tracking survey and lessons learned from the project will be presented.

Learning objectives:

- Understand the difference between individual vs. environmental approaches to the prevention of alcohol abuse.
- Describe how intolerance for secondary effects of binge drinking can be used to promote student action to address alcohol problems and improve the campus quality of life.
- Cite ways for students to take action and get involved in changing the campus alcohol culture.

Kimberly Miller, M.A., Manager of College Initiatives with Center for Sciences in the Public Interest's Alcohol Policies Project. Chair, Policy Committee of the National Capital Coalition to Prevent Underage Drinking (NCCPUD), Washington D.C.

Workshop 5:

Alcohol Policy Advocacy – California Style

Background:

It is a fact that the alcohol industry is a powerful force in California. It manifests as wine producers, beer producers plus a huge retail industry with many trade organisations. They have a reputation as "having their way" with the state legislature. It is also a fact that California is fortunate and unique in the U.S., having a 15-year old statewide organisation dedicated to environmental prevention of alcohol problems through changes in alcohol policy. The members of the California Council on Alcohol Policy are primarily policy activists in their local communities. They bring their local community mobilisation strengths and issues to the statewide organisation so that together they can move a state legislative agenda. Despite the money and power of the alcohol lobby, the Cal Council has had numerous policy victories over the last decade.

Content: Panellists will describe different facets of the state's community mobilising effort: youth, faith-based constituents, coalitions of residents from both large inner cities and smaller cities; developing a network and finding common ground for a state legislative campaign; creating training curricula and providing technical assistance; hiring a lobbyist; and using the media strategically. Summary will include examples of policy victories.

Joan Kiley, Director, Alcohol Policy Network of Alameda County

Sharon O"Hara, President, California Council on Alcohol Policy, Ventura

Reverend Cleo Malone, Executive Director, The Palavra Tree, Inc, San Diego

Zelene Cardenas, Director, United Coalition East Prevention Project, Los Angeles

Workshop 6:

Legislative Advocacy – Three Case Studies

Promoting Alcohol Regulations and a More Restrictive Alcohol Policy: Facing a Difficult Challenge

The European Alcohol Action Plan emphasises the role of

legislation as an essential part of a comprehensive policy. However, only four legislative measures:

- An age limit (18 years), which applies to buying and drinking in pubs, bars, discos, and restaurants, but not in supermarkets and grocery stores (from 1968 and 1977) and an amendment in 1990);
- A restriction on selling alcohol to inebriates (from 1977);
- A permitted Blood Alcohol Concentration of 50 mg/per cent from all drivers (from 1982); and
- A restriction on alcohol advertisements aimed at youth (from 1991), are existed in Israel. All these regulations are not enforced at all, or are not enforced effectively.

The paper will describe ISPA efforts in the 90's in the Israeli Parliament (the Knesset) in order to initiate various legislative measures, which can have impact on access to and availability of alcohol, the research projects which have supported these efforts and the recent (year 2000) change in tactics, which hopefully may lead to some success.

Dr Shoshana Weiss, D.Sc
The Israel Society for the Prevention of Alcoholism (ISPA)

Raising Alcohol Excise Taxes: The New Mexico & Louisiana Experiences

New Mexico and Louisiana (plus five additional States) are part of the Multi-State Strategic Planning Group that met in Denver during the month of April, 2000. This workshop was co-sponsored by the Center for Science in the Public Interest (CSPI) and the American Medical Association (AMA).

This purpose of this workshop will be to explore the policy of increasing alcohol taxes in order to generate funds to pay for a variety of alcohol-related costs that these States have incurred as the result of (excessive) alcohol consumption. Strategies to effect change at the policy level will be the primary emphasis. The effect of raising taxes on alcohol and its effects on consumption, particularly teens will be discussed.

New Mexico increased its alcohol taxes in 1993 and has used those revenues to set up thirty three county DWI Planning Councils throughout the State. These revenues pay for enforcement, prevention, and treatment at about 10 million/year. Since these Councils have been created, New Mexico has fallen from Number 1 in DWI-related fatalities to Number 4. (The closing of New Mexico's drive-up windows played a significant role as well).

Special emphasis will be on the McKinley County's model known as the "local option". The "local option" allows this (and only this) country's citizens to vote to increase their own alcohol taxes. Three times since 1989, an increase in this rural county's alcohol tax has been passed and renewed generating about $800,000.00/yr for prevention and treatment. Results from a ten-year outcome study will be shared. Activists throughout New Mexico are trying to get the local options for all counties.

Recent data on the cost of hospital based, alcohol related diseases will be presented as well. This data will be featured as an avenue to generate popular support for increasing alcohol taxes.

Louisiana is in the midst of a legislative session (as of this writing) where they are trying to increase their alcohol taxes for the first time in 50 years! Despite massive opposition from the alcohol industry, victory seems possible. Revenues generated will be used for teacher salaries, health care, and highways. All public dissemination materials will be presented, including newspaper ads, radio spots, legislative direct mail pieces, letters to the editor, visuals, as well as a PowerPoint presentation on alcohol excise taxes. Win or lose, their recent experience will be of great value to others contemplating similar action.

Glenn Wieringa, MRC, Health Educator, New Mexico Department of Health, and
Sharron Ayers, Executive Director, Louisiana Alliance to Prevent Underaged Drinking, Baton Rouge

Workshop 7:

Changing the Structure of Alcohol Supply Restricting the Type of Commercial Alcohol Outlets in Puerto Rico

This presentation will discuss how the coalition to Reduce Under-Aged Drinking in Puerto Rico (COPRAM) pursued the following:

- Restrict the type of commercial alcohol outlets
- Restrict alcohol sales at mini mart
- Prohibit alcohol sales in non-traditional outlets (laundromat, movie theatre)
- Clearly distinguish between bars/nightclub and restaurant
- Require alcohol sales in restaurant be made only with food
- Prohibit sales in the public places and glass containers
- Restrict the distance from an alcohol outlet and school, churches and other entities
- For new licensees of alcohol outlets
- Coalition building with support of community and industry. Youth and Media Advocacy.

Mary Jo Vazquez, Pacific Institute for Research and Evaluation, Washington, DC, and Militiza Lopez, Acting Director, Coalition to Reduce Under-Aged Drinking in Puerto Rico

Three Policy Opportunities: Thailand as a Case Study

Thailand, like many developing nations, faces a challenge to reduce public health costs from alcohol misused in an environment dominated by large, competitive alcohol-producing corporations, as increasing number of joint ventures, limited internal resources for control, few established policies, and a need for tax revenue from alcohol sales.

In 1999 the Thai government privatised much of the Thai (spirit) alcohol industry. In the late 1990s the brewers in Thailand began to compete to capture more of the middle – and lower – income sectors of the beer market, leading to a proliferation of competing brands. At about the same time the Thai government initiated strategies to reduce highway crash deaths. These three events each represent policy changes that could affect the consequences from alcohol consumption. These events are discussed as policy opportunities in light of

their actual and potential consequences.

Professor Ian M Newman, Ph.D, (Presenter) University of Nebraska at Lincoln Co-authors: Saranya Innadda BSN, MS, RN, and Suri Kanjanawan, PhD.

Pennsylvania Control System 25 Year Struggle

At the end of prohibition Pennsylvania Governor Pinchot stated, "Private profit from liquor must be kept to a minimum." The world's largest alcohol monopoly, the PA state store system, was created in 1936 and has continued through 25 years of constant attack to dismantle it.

There have been 52 bills introduced to eliminate the system. Three of the last four governors have tried to abolish it. Two of the last three governors have made it their number one legislative priority for at least a year in their terms of office. Consonant with the governors' efforts have been a full-scale offensive initiated by PA newspapers to manufacture consent. For 25 years the privatising profiteers have promised the proceeds of state store divestiture for education funding, taxpayer rebates, community projects and sports stadium, et al.

The Wine Institute nationally has tried to remove wine from the US control systems (including PA) to increase availability and sales. Legislative critics and the newspapers call PA state stores the most restrictive anti-consumer alcohol distribution system in the country and claim it to be the last relic or prohibition. The chairman of the Pennsylvania Liquor Control Board (PLCB) for the last five years has been a proponent of privatisation.

Results

For 25 years, a coalition of public interest groups, various religious denominations and their ancillary organisations, providers of drug and alcohol services, labour union, police chiefs, mayors and city councils have all banded together to decisively defeat privatisation by 2-1 and 3-1 margins in the state House and Senate.

The defence of the PA State Store system has always been from a public health perspective. Selling alcohol is different than selling popcorn, Pokemon and panty hose. The ordinary US free-enterprise mantra of selling as much as you can, whenever you can, to whomever you can is antithetical to the PA control system.

The World Health Organisation 1980 Report findings have been used for 20 years; that increased per capita consumption results in an increase of heavy drinkers resulting in an increase of alcohol problems. The citation of sales to underage youth in the PA free-enterprise tavern/beer distribution system versus the public monopoly control state stores is very favourable.

PA advocates have always used national studies and data to buttress their arguments. Decontrol (privatisation/increased availability) means more outlets, longer hours, volume discounts, chain loss-leaders, newspaper competitive price and coupon advertising and the creation of a new retail liquor lobby in Pennsylvania, whose interests are opposed to a public health perspective on alcohol. The effort to defend state stores has always included a frontal attack on the alcohol advertisement starved PA newspaper industry and the Wine Institute efforts to sell wine from "fire hydrants."

Future on maintaining control

The decontrol forces of the alcohol industry and newspaper have power, money and politicos willing to tap into the power and money. Only through the constant vigilance of the advocates and a renewed willingness to continue an unending struggle will the PA control survive.

Ed Cloonan, Vice President, Independent State Store Union, Harrisburg, PA

Workshop 8:

Advertising and Marketing Restrictions Advertising and Marketing in The Netherlands Aimed at Young Consumers

With reference to recent parliamentary debates on alcohol in The Netherlands a so-called black book has been compiled by the Dutch Institute for Health Promotion and Illness Prevention (NIGZ) and the Foundation for Alcohol Prevention (STAP) regarding alcohol advertisement and marketing.

The aim of the book is to demonstrate the nature and extent of the promotional efforts of the Alcohol Industry to the Dutch politicians. Most of these efforts are aimed at the young consumers.

In this contribution Ir. W.E. van Dalen described:

- the situation regarding the drinking behaviour of young people from 15-25 years of age in The Netherlands
- the alcohol prevention activities for young people in The Netherlands
- the legislation concerning alcohol advertisement and marketing in The Netherlands and recent changes
- the alcohol-marking strategies in The Netherlands aimed at the young consumers

W.E. van Dalen, Coordinator of the National Dutch Alcoholcampaigns in The Netherlands on behalf of the Minister of Health, Welfare and Sports

Texans Response to the Marketing of Alcohol to Youth in Communities and Across the State

Because the marking of alcohol is used to associate drinking with having a good time and with the possession of desirable qualities, children's and teens' belief systems about the use of alcohol are often coloured in a positive light. The marketing messages for alcohol products often reinforce youth intentions to drink as adults and can contribute to youth using alcohol at an early age thus creating a greater likelihood of alcohol dependency. According to a recent study by the Texas Commission on Alcohol and Drug Abuse, 58 percent of Texas high school students have used alcohol, and only 40 perceive that alcohol is harmful.

In Texas, the marketing of alcohol occurs in many different places under various guises such as: community festivals, (holiday or city/county events), community places, (zoos, parks, expos, music venues), sporting arenas, (racing, hockey, football, basketball, baseball), and even by the state (letters to parents from

the Attorney General's Office and through the many different venues of the Texas Parks and Wildlife Department). Realising the damage that can be caused by early exposure to alcohol and desiring to delay and decrease teen drinking, members of the Texans Standing Tall coalition have jointed together to promote improved sales/service guidelines, encourage marketing strategies that reach only adult targets, and create state policies that reduce the risk and liability associated with the sale of alcohol products as well as increase the safety and quality of life in the communities of Texas

Andrew Araiza. Texans Standing Tall (TST) Vice President, Student – University of Texas, Corpus Christi
Jim Haire, Texans Standing Tall Policy Chair-Alcohol Marketing, Parent Advocate, Tyler
Robin Lingaard, Field Director–Media Co-ordination, Texans Standing Tall, Austin
Ellen S. Ward, Executive Director, Texans Standing Tall, Austin

The European Alcohol Action Plan and the Resistance of the Alcohol and Advertising Industry as shown in the Federal Republic of Germany

The World Health Organisation (WHO) was the driver for the development of a "European Action Plan Alcohol".

It was the aim of the Action Plan to reduce the alcohol consumption by 25% until 2000. The consumption in Germany was reduced by 15%, this means 10.6 litres per capita of the population in the year 1998.

In a second Action Plan Alcohol, which is agreed in the meantime and will be published in autumn 2000, they talk about an aim of 6 litres per capita. This will result in a sales reduction of the alcohol industry by 45%. About this aim we have intensive discussion between the government of the state and the governments of the several countries and the help and prevention organisations on one side and the alcohol – and the advertising industry on the other side.

In my speech I will show and value the discussed aspects.

Rolf Hüllinghorst, Executive Director, DHS Gegen Die Suchtgefahren E.V., Germany

Workshop 9:

Partnership for Advocacy Across Boarders and Professions: What is Working?

Native Americans and Bordertown Alcohol Policy

Many Native American tribes in the United States prohibit the sale and possession of alcoholic beverages within their borders. Non-Native American communities that develop along the borders of Native American reservations experience disproportionate problems associated with high incidences of alcoholism; property and violent crime. This presentation will explore the dynamics of this relationship and consequences, and describe the advocacy and policy approaches that have contributed to improving the situation.

Raymond Daw, Na'nizhoozhi Center, Gallup, New Mexico
Marion Shorthair, Navajo Nation

Binational Alcohol Policies –USA and Mexico

The Cross-Border Project to Reduce Youth and Binge Drinking is an International project aimed at reducing the many problems related to alcohol along the United States-Mexico border region, specifically between the cities of San Diego and Tijuana.

Due to the disparity in drinking hours, the minimum drinking age and the "anything goes" atmosphere in Mexico, U.S. teens and adults flock across the border to engage in risky drinking behaviour. Problems include violence, drunk driving crashes and other crimes. The implementation of several policies, such as the elimination of advertising, RBS training, DUI checkpoints and earlier bar closings, has contributed to a reduction of problems, both in San Diego and Tijuana. Survey results show that the array of interventions has been successful, as indicated by an approximate 30% drop in late night partiers returning from Tijuana on a weekend evening. The multi-component interventions were designed and implemented with law enforcement agencies and community groups from both sides of the border and included working with various governmental levels. The implications of the project are many. Other regions along the United States-Mexico border have become interested in implementing similar measures, thus expanding the interventions throughout the entire United States-Mexico region. Alcohol prevention groups are also moving toward a focus on alcohol policy rather than just individually-focused prevention projects.

James Baker, Executive Director for the Institute for Public Strategies (IPS), and Anthony Ramirez, Prevention Specialist, Institute for Public Strategies, California

US Federal Alcohol Policy Development: Roles of Experts in Several Recent Case Experiences

Over the past 12 years there have been several noteworthy developments in alcohol policy at the U.S. federal level. In this paper we will examine four policy case studies selected from a larger project conducted by researchers from Berkeley and Toronto. These case studies include: introduction of warning labels on alcoholic beverage containers; the Sensible Advertising and Family Education (SAFE) Act – which would have put warning messages on broadcast alcohol advertising; increases in excise tax; and the end of the voluntary ban on broadcast spirits advertising. Our analysis draws on in-depth key informant interviews conducted with 63 persons affiliated with executive and legislative branches of the federal government, the alcohol industries, public health groups and organisations, research organisations and the media. It also takes into account extensive information from government documents, research papers, World Wide Web sources, and other reports related to policy case studies under

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