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# WHO Public Hearing on Harmful Use of Alcohol

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Volume V:

Received contributions from:

- Other entities and organizations

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**World Health  
Organization**

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# WHO Public Hearing on Harmful Use of Alcohol

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Volume I:  
Received summaries of all contributions

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**World Health  
Organization**

Department of Mental Health and Substance Abuse  
World Health Organization  
Geneva, 2009

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# Background

On 24 May 2008, the Sixty-first World Health Assembly (WHA) adopted an important resolution on "Strategies to reduce the harmful use of alcohol" (WHA61.4). The resolution calls for the development by 2010 of a draft global strategy to reduce the harmful use of alcohol that is based on all available evidence and existing best practices and that addresses relevant policy options. The strategy will be submitted to the Sixty-third World Health Assembly in May 2010 through the 126th session of the WHO Executive Board in January 2010.

In addition to the request to develop a draft global strategy, resolution WHA61.4 also asks the WHO Secretariat to collaborate and consult with Member States, as well as to consult with intergovernmental organizations, health professionals, nongovernmental organizations and economic operators on ways they could contribute to reducing harmful use of alcohol. In response to this, the WHO Secretariat has embarked on a broad and inclusive consultation process with different stakeholders.

To follow up this latter request, a web-based public hearing was organized by the WHO Secretariat from 1 October to 15 November 2008, giving Member States and other stakeholders an opportunity to make submissions on ways to reduce harmful use of alcohol. In addition, two separate round tables, one with representatives of nongovernmental organizations and health professionals and one with economic operators, were organized in Geneva in November 2008 to collect their views on ways they could contribute to reducing harmful use of alcohol. The Secretariat is planning consultations with selected intergovernmental organizations in 2009.

Contributions to the public hearing could be submitted via a dedicated website or by fax in any of the six official UN languages (Arabic, Chinese, English, French, Russian and Spanish) from 1 October to 15 November 2008.

Contributions were sent in by individuals, civil society groups, WHO Member States and government institutions, academic and research institutions, economic operators and other interested parties. In providing their contribution, the participants were encouraged to focus on the following questions.

- What are your views on effective strategies to reduce alcohol-related harm?
- From a global perspective, what are the best ways to reduce problems related to harmful use of alcohol?
- In what ways can you or your organization contribute to reduce harmful use of alcohol?

This report contains received summaries of the submissions received in the WHO Public Hearing. All submissions are presented in their original languages. Some comments in the summary sections may have been edited before posting. This summary of the contributions together with the unedited full text submissions are available on the WHO website [www.who.int/substance\\_abuse/activities/hearing/](http://www.who.int/substance_abuse/activities/hearing/). In a few cases, no summaries were received, as such they are listed in the summary section with a reference to the full text. All submissions are categorized in one of the following categories: WHO Member States, government institutions, intergovernmental organizations, academia-research, nongovernmental organizations, alcohol industry, trade and agriculture, other entities and organizations or individual submission, depending on the information given by the participants.

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## ***Alcaldes de unos Municipios de la Provincia de Trento en Italia***

**Otra:** Propuestas apoyadas por unos alcaldes de unos Municipios

**País:** Italy

**Recibe apoyo financiero o de otra índole del sector de bebidas alcohólicas?** No

Resumen de la contribución:

Propuestas para políticas de regulación en referencia al consumo de alcohol e de reducción de problemas relacionados con el alcohol formuladas con un trabajo conjunto entre operadores socio-sanitarios en colaboración con alcaldes y representantes políticos provinciales enviadas a las autoridades locales y nacionales

Contribución íntegra: Nr. 19

## ***Advertising Standards Canada/ Les normes canadiennes de la publicité***

**Other:** Non-profit

**Country:** Canada

**Funding or support from alcohol industry?** Yes

**Web site:** <http://www.adstandards.com>

Summary:

Advertising Standards Canada (ASC), the Canadian national advertising self-regulatory body, developed its submission to highlight the significant role that advertising self-regulation can play in developing and implementing strategies to reduce harmful use of alcohol. ASC submits that the unique Canadian framework for self-regulation of alcoholic beverage advertising, which involves preclearance of advertising to ensure it complies with specific alcoholic beverage regulatory codes and guidelines; the establishment and maintenance of additional advertising industry standards through the industry's self-regulatory code – the Canadian Code of Advertising Standards; and a robust system for accepting and adjudicating complaints from the public about advertising, has served Canada well. ASC strongly believes that advertising self-regulation should be an important component in an overall WHO strategy.

Full text: Nr. 70

## ***Annette Padilla Consulting***

**Other**

**Country:** United States of America

**Funding or support from alcohol industry?** No

**Web site:** <http://www.annettpadillaconsulting.com>

As research has shown, community-based approaches to reduce alcohol problems are best when applied at the population level. Restrictions on alcohol advertising, taxes, and trade issues should be considered. Assessing youth access to alcohol and overconsumption and themes across borders that when addressed by involving young people and others, can result in effective public policy. I am a consultant who works in the field. I can provide training and technical assistance in strategic planning, media advocacy, and evaluation to other county nonprofits and government groups. Currently, I engage in such work in the US.

Reflecting on the experience of coalitions in the US, the model of local control can be used effectively to address alcohol issues in both rich and poor countries. Local policy, ordinances, and laws are best practices used by both elected officials and community members who want to see community change. For example, the number and conditions under which alcohol outlets exist and do business in cities can also include input and consideration by those who reside near such businesses.

Using the US model called the Strategic Prevention Framework (Assessment, Capacity Building, Planning, Implementation, and Evaluation); action plans can be developed to launch effective campaigns for change. When combined by the Environmental Prevention Model of Research, Strategic Community Organizing, Policy, Enforcement, and Evaluation, initiatives can be developed, supported and passed to increase public health and safety (Institute for Public Strategies, 2008). These models can be used at the neighborhood level, city, county, state or territory. Looking at a nation's drug control policy can also be properly planned using this model.

The Alcohol Industry in its current unregulated state cannot operate at the local level due to the cultural traditions, respect needed to be a part of a community leadership infrastructure and access to decision makers. The industry is known for disrespecting such cultural traditions like Cinco de Mayo and other holidays. The people who live, work



and go to school have the most authentic voice to address alcohol issues. These efforts should be supported by prevention providers on an on-going basis. Often one time training is not enough for organizations or task forces. Groups require constant support to address alcohol issues with policy and advocacy. Providing skills to a community can increase skills and capacity of youth and adults. Fully assessing the problem and developing recommendations with participants is the best known model to address alcohol problems.

I am happy to support such efforts. Please contact me if I can be of service. Thank you for accepting public comment on the WHO strategy to address alcohol issues.

Full text: Nr. 251

## **Avominne Oy**

**Private sector: Other**

**Country: Finland**

**Funding or support from alcohol industry? No**

**Web site: <http://www.avominne.fi>**

Summary:

I would answer for all those three questions, that I quit my old job in business about 8 years ago when I got sobered and I wanted to do something for this huge drinking problem in Finland. I started learn some new way to help abuser's and their families. I been worked now about 3 years in these drinking problems and my company Avominne Oy ( [www.avominne.fi](http://www.avominne.fi) ) have best results by all outpatient clinics. About 50-80% of all, who starts our treatment, get sobriety. It's most important thing for all that understands what kind of disease is alcoholism and how it effects individual, family and society level. That's why I send to you my view, "What alcoholism is?".

Full text: Nr. 192

## **Cedar Isle Research**

**Private sector: Other**

**Country: Canada**

**Funding or support from alcohol industry? No**

Summary:

Dangerous Cocktail

International trade treaties, alcohol policy, and public health  
Report originally prepared for the World Health Organization  
by Jim Grieshaber-Otto, Noel Schacter and Scott Sinclair  
July, 2006

Executive Summary

There is an inherent tension between modern international trade treaties and public health policies that reduce the substantial harm caused by alcohol consumption. In general, the more effective an alcohol policy is in reducing alcohol consumption and resulting alcohol-related harm in a population, the more likely it is that the policy will clash with trade treaty rules. If governments continue to negotiate more far-reaching trade treaties in the future, such conflicts with alcohol policy will likely increase and intensify.

Governments have the ability to protect their much-needed alcohol regulatory flexibility from trade treaty constraints. To begin to do so, governments should consider:

- conducting a thorough review of their existing treaty commitments and treaty negotiating positions affecting alcohol policy.

In negotiations that are now underway on the General Agreement on Trade in Services (GATS), a protective approach could involve:

- making no commitments in alcohol-related services, and refraining from seeking such commitments from other countries;
- withdrawing GATS specific commitments that adversely affect alcohol policy and accommodating the withdrawal of such commitments, without penalty, by other countries;
- as a matter of urgency, withdrawing the “plurilateral” request on Distribution Services that places new pressure on alcohol policy flexibility in many countries;
- ensuring that alcohol policy is fully shielded from the planned imposition of a controversial new “necessity test” affecting domestic regulation.

In bilateral and regional investment treaties, a protective approach could include:

- ensuring that expropriation and compensation rules do not apply to alcohol-related public health initiatives.

More broadly, governments could act jointly to:

- place health-based alcohol policy beyond the reach of international trade treaty constraints, by incorporating broad protective exclusions for alcohol and alcohol-related services and investment.

However, since the current generation of trade treaties is likely to remain intrinsically at odds with health-based alcohol policy for the foreseeable future, a complementary approach, taken outside the trade treaty realm, could prove more efficient. Governments and citizens around the world could:

- pursue a global health-based approach to alcohol control, including the adoption of a Framework Convention on Alcohol Control, modeled on the Tobacco Convention that came into force in 2005.

A strong alcohol convention would provide an effective means to avoid future trade treaty interference in the vital task of reducing the global harm caused by alcohol consumption.

Full text: Nr. 303

## ***Daugherty Systems, Inc.***

**Private sector: Other**

**Country: United States of America**

**Funding or support from alcohol industry? No**

**Web site: <http://www.daugherty.com>**

### **A. DRUG AND ALCOHOL TESTING POLICY**

Daugherty Systems believes that as a responsible business it must address this issue in order to have a safe and productive work environment for all of its employees. Thus, Daugherty Systems has adopted the following policies with respect to drugs and alcohol, which apply to all Daugherty Systems employees:

- Daugherty Systems conducts business with clients that require further testing for illegal drugs. Daugherty Systems will comply with these clients' policies and provide the testing necessary to meet the clients' requirements. The local Business Unit Human Resources Administrator will assist employees who need this testing before engaging work at these client sites.
- Daugherty Systems and/or Daugherty Systems clients reserve the right to randomly require any employee to take a Breath Analyzer, Urine test or a Urine and Hair test.
- The employee is subject to immediate dismissal or if warranted, may be placed on a 30 day leave of absence without pay. After the 30 day leave of absence, the employee will be retested at Daugherty Systems expense. If the employee tests negative, he/she will return to work immediately. If the employee test results are still positive for substance abuse then he/she will be terminated immediately.
- Daugherty Systems reserves the right to require current employees to be tested whenever Daugherty Systems has reason to believe that the employee may have drugs or alcohol present in their system. Some of the circumstances for which Daugherty Systems may require testing include, but are not limited to, exhibiting abnormal behavior, involvement in an on-the-job accident, anonymous tips, negligent or improper work performance and excessive absenteeism/tardiness. Refusal to submit to a drug or alcohol test will result in termination of employment.
- Alcohol or illegal drugs are not permitted on Daugherty Systems property at any time. No employee will report to work with any alcohol or illegal drug in their system. Any employee who is taking any prescribed medication which might affect their performance must report that fact to Daugherty Systems and must consult their physician to ensure their ability to work in a safe manner.

## ***DM Marketing Social***

**Otra: Privado**

**País: Argetina**

**Recibe apoyo financiero o de otra índole del sector de bebidas alcohólicas? No**

**Página web: <http://www.marketing-social.com.ar/>**

Resumen de la contribución:

Aporte desde la óptica del marketing social, sobre como se puede promover un cambio favorable para la problemática del alcoholismo.

Contribución íntegra: Nr. 135

## ***egta, Association of Television and Radio Sales Houses***

**Private sector:** Other

**Country:** Belgium

**Funding or support from alcohol industry?** No

**Web site:** <http://www.egta.com>

Summary:

Taking into consideration the importance of television and radio advertising and its impact on society, egta members are well aware of the problem presented by the excessive consumption of alcoholic beverages and are fully complying with European and national regulations aimed at restricting irresponsible alcohol advertising.

egta fully supports the World Health Organisation comprehensive strategy whereby it tackles the root causes of the problem of excessive alcohol consumption but expresses strong concerns as to its approach to marketing communication.

egta emphasises that many safeguards are already efficiently applied to television advertising of alcoholic beverages and that further control measures, partial bans or limitation of volume or placement on television advertising would be disproportionate policy responses not fulfilling any public health objective.

Instead of further regulation, egta believes that the level of protection on broadcast advertising should be used as a benchmark for new media.

Full text: Nr. 169

## ***Group of Experts in the Health Field***

**Other**

**Country:** Brazil

**Funding or support from alcohol industry?** No information

**Web site:** <http://www.dinamo.org.br>

Summary:

To establish effective alcohol policies and interventions, we understand it to be necessary to:

- change the focus of public policies towards the harm reduction approach instead of restrictive measures,
- prioritize patterns of consumption instead of volume of alcohol intake,
- guarantee that legislation fits specific cultures of different countries.

Some other specific worries concern:

- FAS (fetus alcohol syndrome),
- the influence of family culture in creating inappropriate ways of consuming alcohol (mainly by youth)
- the strong influence of media on shaping alcohol related attitudes and behaviors

The way forward to address problems related to alcohol abuse should entail:

- gaining through knowledge and understanding of the realities in which alcohol related problems occur,
- the establishment of partnerships between civil society, government as well as the alcohol industry in order to design and implement effective measures to preventive alcohol related harm.

AUTHORS:

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- Maria Paula Magalhães, SP
- Mônica Gorgulho (Dinamo - Informação Responsável sobre drogas e afins)SP
- Patrícia Hochgraf (Promud/HC/FMUSP), SP

Full text: Nr. 143

## **Groupe porteur "Jeunes et Alcool"**

**Secteur privé : autre**

**Pays: Belgium**

**Crédits ou un soutien du secteur de l'industrie des boissons alcoolisées? No**

**Adresse du site Web: <http://www.jeunesetalcool.be>**

Résumé de la contribution:

Depuis 2003, le Groupe porteur « Jeunes et Alcool » mène en Communauté française de Belgique, réflexions et actions pour une consommation plus responsable et moins risquée d'alcool par les jeunes. En effet, on observe une évolution de certaines tendances de consommation d'alcool, parfois inquiétantes : augmentation du "Binge drinking", féminisation et rajeunissement de la consommation et polyconsommation.

Les axes de travail doivent être multiples pour être efficaces et donc initiés avec les jeunes eux-mêmes, par leurs différents milieux de vie (famille, enseignement, maisons de jeunes, milieu sportif, etc.). Il paraît donc prioritaire d'associer les différents acteurs intervenant de près ou de loin dans la consommation d'alcool, afin d'adopter une politique globale et donc pertinente en la matière.

Contribution intégral: Nr. 84

## **Lewerth Communications**

**Private sector: Other**

**Country: Sweden**

**Funding or support from alcohol industry? No**

**Web site: <http://www.lewerth.biz>**

Summary:

The Gate opener for raising awareness and political commitment. We want to focus upon a widely spread introduction film regarding our history concerning alcohol consumption. From the culture of it's creation, the measurement according to at first the positive concerns in behaviour. A widely spread picture which goes from ancient times towards our modern society. Then a contribution of the fatal consequences from a medical, psychological and violent side of the alcohol consumption in the world. This should be an introduction for WHO to confirm it's interest in the issue and to be broadcasted in every country at the same moment before launching the world wide campaign for a reduction of alcohol fatalities.

This should be the gateopener for the issue, supported by nations world wide. Sweden as the proactive country and in the position of leadership for EU in 2009, is able to guarantee in producing this film, supported by nations globally. We are able to fulfill every aspect of the problem, support with storyboard, interviews with researchers, expertise, psychologists, therapists, doctors from various countries in the world. We also guarantee the very best production equipment, production facilities and journalists to make this film to come. This will after been broadcasted be edited to support the web and as DVD:s to be useful for politicians, directors and organizations for taking action and and be a part of the solution and not the problem. To decrease the costs as well of dead or diseased persons in the world from WHO:s stand perspective.

Focus on contributed questions:

1. and 2.

Increase education, begin manageable lessons already in primary schools with effective preventive programs based on evidence. Support non profit organizations with tools and economy to encourage their efforts to prevent underage drinking and give more support to both children and their families in treatment possibilities.

To decrease availability of liquor to be sold illegally to minors, you got to increase our politicians world wide to accomplish the efforts to prohibit selling to minors. Contribute with programs that make the police force to manage this concerns even harder when it comes to punishment.

3. Use our affiliation with The Mothers Against Drunk Driving as well as doctors, psychiatrists, treatment centers and several other participating non profit organization, to build stronger networks on a global basis to create similar strategies to take care of the problem as good as we can.

## ***LiveFree! Substance Abuse Prevention Coalition of Pinellas County***

**Private sector: Other**

**Country: United States of America**

**Funding or support from alcohol industry? No**

**Web site: <http://www.pinellascoalition.com>**

Summary:

The LiveFree! Substance Abuse Prevention Coalition of Pinellas County is honored to contribute to this World Health Organization initiative to address alcohol-related problems. LiveFree! has submitted a document that includes research, prevention, treatment and legal intervention strategies along with suggesting best practices that have been proven effective in the United States. LiveFree! also has outlined what strategies this coalition has utilized to contribute towards reducing the effects of alcohol use and abuse among youth and young adults in Pinellas County, Florida, U.S.A. We thank the World Health Organization for taking on this initiative, and LiveFree! looks forward to assisting however possible.

Full text: Nr. 306

## ***MSC Industrial Supply***

**Private sector: Other**

**Country: United States of America**

**Funding or support from alcohol industry? No**

**Web site: <http://mscdirect.com>**

Summary:

MSC Industrial Supply is a Drug Free Workplace with strict standards of any drug or alcohol abuse. MSC teaches of the harmful effects of drug and alcohol abuse and offers a 800 toll free associate hot line for associates to reach out to a 3rd party for counseling. Our policies are there to protect all associates.

Full text: Nr. 33

## ***Osservatorio Permanente sui Giovani e l'Alcool***

**Other: Non-profit**

**Country: Italy**

**Funding or support from alcohol industry? Yes**

**Web site: <http://www.alcol.net>**

Summary:

The Osservatorio Permanente sui Giovani e l'Alcool, is a not for profit association founded in 1991 with the aim of gathering and supplying the scientific and national community with evidence based information about alcohol consumption and the alcohol-related problems of the Italian youth population. Its mission has been monitoring youth alcohol consumption, alcohol-related problems, patterns of consumption and lifestyles, according to a rigorous interdisciplinary scientific approach aimed at getting to a global view of the issue. This approach aims at involving the academic/scientific world, the alcohol producers, policy makers, health operators, mass media.

The scientific research, independent and unconditioned by ideological prejudices, is fundamental as a base for the interventions. In particular is necessary:

- To analyse risk factors which play a role in the alcohol abuse;
- To analyse the individual and collective contexts of those who consume without abusing (protective factors);
- To analyse the alcohol-related problems according to different drinking traditions and cultural models;
- To target education to responsible drinking addressed at the adults and, at an early stage, at young people;
- Evaluation of the results of the policies enforced at European and local level;
- To promote a harm reduction policy addressed to the alcohol abusers.
- Enforcement of laws and norms about
- Drinking & driving
- Alcohol & workplaces
- Alcohol & minors
- Alcohol & pregnancy
- Strengthening the protective factors through
- Adult education
- Consumer education

- Education and responsibility of producers and retailers
- Family policy
- Interventions on the mass media aimed at encouraging moderation.

The best approach should take into account:

- The differences in the Member States, which should make the EU policies more flexible and articulated,
- Working out local policies, tailored according to each Member State's cultural, economic and social conditions ("Think globally, act locally"),
- Promoting evidence-based and evaluated interventions,
- Increasing responsibility by the alcohol producers in promoting responsible drinking,
- Creation of spaces for consensus building, open and not ideologically oriented, where all the stakeholders can work for reaching concrete and feasible goals, balancing the individual and collective duties and rights.

The Osservatorio can supply a contribution in the following sectors:

- Epidemiology
- Psycho-social and anthropological research
- Education and prevention
- Training and information to teachers, Medical Doctors, health workers, journalists, etc.
- Implementation of a network of European researchers and experts, in order to compare analogies and differences in the whole alcohol field.
- Development of a research-action project, aimed at monitoring the evolution of the relationship of adolescents and young people with alcoholic beverages, in the frame of their lifestyles and contexts of reference.
- "Communication Project", aimed at favouring the development of a more adequate way of communicating the alcohol-related issues by any mass media.

Full text: Nr. 154

## ***Pacific Institute for Research and Evaluation***

**Other: Non-profit**

**Country: United States of America**

**Funding or support from alcohol industry? No**

**Web site: <http://www.pire.org/>**

### **Summary**

Alcohol is the most commonly used drug, and its abuse contributes to deaths, injuries, disease, crime, social disorder and family disintegration. Pacific Institute for Research and Evaluation (PIRE) has been a leader in translating research findings into evidence based policies and programs that have proven effective in reducing alcohol abuse and related problems. PIRE research has established scientific prevention approaches that focus on the alcohol environment, including availability, access, enforcement and advertising.

The most effective way to reduce the harmful use of alcohol is to devise a comprehensive strategy that specifically includes policy and other environmental-based approaches. School-based and family-based prevention approaches have also proven effective at reducing harmful use of alcohol.

Nine aspects of alcohol should be addressed when devising a comprehensive strategy to reduce problems related to harmful use of alcohol.

1. **Advertising and Culture:** Advertising and marketing of alcohol are pervasive in our culture. Research indicates that such promotions can influence attitudes and behaviors related to alcohol, especially among youth.
2. **Alcohol Control and Enforcement:** Many of the most effective public health efforts to reduce harms associated with the use of alcohol involve the implementation and enforcement of laws and policies. Preventing underage drinking and drinking and driving are good examples of ways in which law enforcement can prevent death, injury and illness.
3. **Driving Impairment:** In recent years, over 17,000 Americans die annually in alcohol-related traffic crashes and hundreds of thousands more suffer serious injuries. As bad as this is, it used to be worse. Decades of research and evidence-based prevention policies have helped reduce the human toll.
4. **Crime and Violence:** By using spatial models, PIRE researchers have examined the availability of alcohol, (e.g. alcohol outlet density), as a factor related to drinking and driving, binge drinking, child abuse and neglect, accidental injuries, and violent assaults.

5. **Health Effects:** Health experts have conducted research on the relationship of alcohol use and the incidence of adverse health effects, as well as the effects of various policies and interventions.
6. **Prevention:** Research by PIRE demonstrates that the most effective prevention strategies are those that change the overall alcohol environment, especially through alcohol policies. Family and school based prevention strategies have also proven effective.
7. **Individual Intervention and Treatment:** There is a broad spectrum of alcohol problem drinking shading up into diagnosed alcoholism. Societies worldwide suffer considerable losses from persons whose alcohol consumption is far from qualifying for an ICD or DSM diagnosis. Corresponding to this spectrum of drinking problems, there is a spectrum of interventions that have proven effective.
8. **Underage Drinking:** The implementation of the 21 drinking age throughout the U.S. has been extremely successful in preventing impaired driving crashes and other alcohol-related harms among young people. But young people still drink and suffer tragic consequences. PIRE has been a leader in research, policy development, program development and evaluation in the area of youth alcohol use.

Full text: Nr. 293

## ***Raymond Coalition for Youth***

**Other:** Non-profit

**Country:** United States of America

**Funding or support from alcohol industry?** No

**Web site:** <http://www.rcfy.org>

As a whole we need to address the issue of Alcohol consumption, advertisement and sales. By educating the public on the harms we will address the issue of abuse and misuse.

Our society is led to believe that it is okay to consume alcohol in excess and that it is okay for young people to consume alcohol as well.

We need to change this Norm. We need advertisement, movies and media as a whole to be more vigilant in how the public, especially our youth perceive alcohol. It is our job as adults, public representatives and businesses to be responsible and part of the change.

Alcohol abuse has become a public health issue and should be treated as such. So many of societies problems are traced back to abuse that the world could be a better place with proper education.

We are not saying we have to eliminate alcohol. Just promote it in a responsible, educated, mature fashion.

Thank you.

## ***Remembering Mary, LLC***

**Other:** Non-profit

**Country:** United States of America

**Funding or support from alcohol industry?** No

**Web site:** <http://rememberingmary.net>

Our global strategy for combating the harmful affects of alcohol includes giving up some of the freedoms that Americans are so accustomed to. Our strategy involves moving this country into the next millennium. Some of our current strategies are dated and are not necessarily without its challenges because of our refusal to take a fresh look at environmental strategies that are old, lack the principles of a changing society and unfortunately, our fear of 'change' as a nation and a people.

For example, Americans aren't ready to give up some of the freedoms that they are so accustomed to. Unfortunately, some of these freedoms are self-destructive. As a nation, we are aware of some of these risky behaviors but we refuse to engage in the type of activity and necessary legislation to 'change' or eliminate some of those destructive and risk behaviors. Why does America refuse to enact the type of legislation that will create effective strategies and resolutions to alcoholism, reduce risky behaviors and combat the harmful affects of alcoholism? The answers lie with Big Business. Alcohol and tobacco companies are at the forefront of big business and american politics. How many politicians are willing to take on the big oil, alcohol and tobacco companies? To compound the dilemma is the fact that politicians and Presidential Candidates alike receive millions in campaign contributions from alcohol and tobacco companies. As Americans, we are conducting ourselves in an irresponsible fashion when we throw away millions of dollars each year on alcohol and tobacco because we aren't willing to give up the freedom of 'use'. Such use creates a financial burden on tax-payers. We are in an age of transition. Our country is broken. We could take the millions and billions that we spend on alcohol and tobacco, prevention and treatment each year and re-build

America. As a transitioning nation, we need to spend our money wisely. We need to spend money in researching, exploring and developing our nation, so as to create positive and productive outcomes in the fields of transportation, environmental strategies-global warming, humanitarian programs, exploring and preserving our nations natural resources so that we could become less dependent on foreign countries for trade, jobs and oils.

If America is ready to engage in 'safe practices' legislation and not have to give up the total freedom of 'use', Remembering Mary, LLC would like to offer, as an integrated approach to our nations alcohol dilemma the implementation of a voucher program as an effective strategy to reduce our nations burden of alcoholism. With proper research and study, I believe that this approach will prove to be most effective and promising in the fields of substance use and abuse.

The concept of the voucher program will take into effect the number of members in a household, their ages, weight and size. For those making such requests, vouchers will be distributed to each member of the household by the aforementioned criteria. A panel of professionals from every aspect of the community will be convened to determine exactly how many vouchers should be distributed to a household. The panel of professionals will determine exactly how many vouchers it would take per household that would allow each American (age appropriate) to enjoy the freedoms of 'use' but not the freedom of abuse or intoxication. These vouchers will be taken to liquor, grocery stores, etc to purchase liquor. Liquor stores owners will not be allowed to sell liquor to anyone without a voucher or card. Liquor store owners will be required to ask for identification when an individual attempts to purchase. Furthermore, this will allow us to determine if alcohol is being sold to underage youth because the name on the voucher or card must match the name on the drivers license when attempting to purchase. This program can be controlled and administered by the state. Cards (similar to credit cards) could be issued in the place of vouchers. This program will not only monitor alcohol consumption in each household, it will prevent the overuse of alcohol, monitor the age of the individual using the voucher or the card, assist college presidents with binge drinking on campuses, and allow us to spend our tax dollars on much worthy programs that will grow and re-build America by addressing some of the challenges and social issues that plagued our economy, the environment, the taxpayers, our health care systems and most importantly, our health.

Now is the time for Americans to engage in healthy and productive activities. We are running out of time. If anyone has a better suggestion, please pass it on. Most importantly, we must move now as a nation to protect the integrity of our people and our Country. Remembering Mary is submitting this idea as a way of engaging in positive and innovative solutions to resolve our nations alcohol problems. We are suggesting integrated approaches and offering a solution that will better serve the best interests of many children, stakeholders, law enforcement agencies, communities, preventionists, health care advocates, policy-makers, prosecutorial agencies, women, families, social services and many others.

## ***Saint-Gobain Containers, Inc.***

**Private sector: Other**

**Country: United States of America**

**Funding or support from alcohol industry? Yes**

Summary:

As the second-largest glass container manufacturer in the United States, and the leading supplier of glass bottles to Anheuser-Busch, Saint-Gobain Containers, Inc., recognizes the importance of the issues being addressed by the World Health Organization in regard to alcohol abuse.

With 14 manufacturing plants, two sales offices, a state-of the-art machine shop, distribution center and its headquarters in the United States, Saint-Gobain Containers holds an important role by providing jobs, wages and benefits to more than 4,500 employees in the various communities in which it operates.

In terms of benefits, all medical plans offered by Saint-Gobain Containers include coverage for Mental Health/Substance Abuse Services, including inpatient services, inpatient professional services and outpatient therapy sessions. Additionally, Saint-Gobain Containers partners with an outside firm to offer a comprehensive Employee Assistance Program, which provides employees and eligible family members with confidential professional assistance for the challenges of everyday living, including the use of alcohol or drugs.

Additionally, the Saint-Gobain Containers corporate office along with several manufacturing locations, participate in an annual United Way campaign. During the campaign, the company provides opportunities for employees to learn about the services offered by the various United Way agencies, including agencies that provide counseling and recovery services. In addition to the corporate donation, employees are encouraged to contribute to this important community organization each year.

Saint-Gobain Containers supports the efforts to reduce alcohol abuse by creating programs to assist employees and their families with this issue, as well as providing fair wages and benefits to our employees. Additionally, as an



important corporate citizen, we donate funds to charitable organizations and encourage our employees to give back to those in need in our local communities.

Full text: Nr. 65

## ***Systembolaget***

**Other- State Retail Monopoly**

**Country: Sweden**

**Web site: <http://www.systembolaget.se>**

No summary available.

Full text: Nr. 324

## ***The BARS Program***

**Private sector: Other**

**Country: United States of America**

**Funding or support from alcohol industry? No**

**Web site: <http://www.barsprogram.com>**

In the US, many of our clients voluntarily use our service to monitor behavior of employees asking for ID of persons under 30 buying alcohol. Our service is to send in persons aged 21-25 to perform a mock purchase of alcohol, instantly reminding the employee if he/she has passed or failed.

The next business day, store management is sent an email summarizing the visit result.

With our in-store visits and reporting after the fact, the outcome of our service is a reduced number of enforcement stings and documented proof of responsibility in the store.

We have found that consistent monthly store visits create a heightened awareness about carding, and discourages underage access to alcohol products.

## ***Univar NV***

**Private sector: Other**

**Country: United States of America**

**Funding or support from alcohol industry? Yes**

**Web site: <http://www.univarcorp.com>**

Univar NV is a worldwide distributor of chemicals to customers in all industries, including the alcohol industry. While most drinkers enjoy alcohol responsibly during ordinary social activities, alcohol abuse and misuse can have serious public health effects.

Univar is committed to encouraging its employees to be responsible if they choose to drink. However, we prohibit the use of alcohol while on the job, and do not allow alcoholic beverages to be stored or used at our facilities. We also require random alcohol tests for our drivers for on-the-job alcohol use in some countries, and for-cause tests when we suspect an employee of using alcohol on the job.

At the same time, we are committed to supporting our employees when alcohol use becomes a problem. We provide substance abuse programs to help employees address alcohol abuse, including counseling through Employee Assistance Programs for employees and their families, medical benefits (including inpatient and outpatient clinics), and ongoing rehabilitation programs.

We believe people should have the right to drink alcohol, if they choose, as long as they do so responsibly. We also support the WHO's global efforts to address alcohol abuse.

## **World Federation of Advertisers**

**Private sector: Other**

**Country: Belgium**

**Funding or support from alcohol industry? Yes**

**Web site: <http://www.wfanet.org>**

Summary:

The World Federation of Advertisers (WFA) fully supports WHO efforts to promote responsibility in marketing communications for alcoholic beverages.

Across all sectors, WFA members are committed to responsible marketing communications through systems of 'effective self-regulation'. Three elements are central to WFA's vision in this respect:

- (1) A clear legal framework to set the context in which self-regulation operates.
- (2) A set of shared values of openness, responsiveness and accountability.
- (3) A continuing effort to extend the coverage of self-regulatory systems both geographically and in terms of new marketing channels such as the internet.

WFA is committed to the global implementation of effective self-regulatory systems for marketing communications, including for alcoholic beverages, and significant progress has already been made.

WHO can play an important role in this field by providing guidance for best practice in collaborative approaches to promoting responsible alcohol marketing. A central element of such guidance should be a recommendation to encourage effective self-regulatory systems that meet recognized standards and operate both within and as a complement to clear legal frameworks.

Full text: Nr. 173

## FULL TEXT SUBMISSIONS FROM OTHER ORGANIZATIONS AND ENTITIES

019 Alcaldes de unos Municipios de la Provincia de Trento en Italia  
033 MSC Industrial Supply  
065 Saint-Gobain Containers, Inc.  
069 Lewerth Communications  
070 Advertising Standards Canada/Les normes canadiennes de la publicité  
084 Groupe porteur "Jeunes et Alcool"  
135 DM Marketing Social  
143 Group of Experts in the Health Field  
154 Osservatorio Permanente sui Giovani e l'Alcool  
169 EGTA, Association of Television and Radio Sales Houses  
173 World Federation of Advertisers  
192 Avominne Oy  
251 Annette Padilla Consulting  
293 Pacific Institute for Research and Evaluation  
303 Cedar Isle Research  
306 LiveFree! Substance Abuse Prevention Coalition of Pinellas County  
324 Systembolaget

# ALCOL PROPOSTE A TUTELA DELLA SALUTE PUBBLICA

CARTA EUROPEA SULL'ALCOL – ORGANIZZAZIONE MONDIALE DELLA SANITA' 1995

1. TUTTE LE PERSONE HANNO DIRITTO AD UNA VITA FAMILIARE, LAVORATIVA E SOCIALE PROTETTA DA INCIDENTI, VIOLENZE ED ALTRE CONSEGUENZE NEGATIVE LEGATE ALL'USO DI ALCOL;
2. FIN DALL'ETÀ GIOVANILE TUTTE LE PERSONE HANNO IL DIRITTO AD UNA INFORMAZIONE ED EDUCAZIONE CORRETTA E IMPARZIALE SULLE CONSEGUENZE DEL BERE ALCOLICI SULLA SALUTE, LA FAMIGLIA, LA SOCIETÀ';
3. TUTTI I BAMBINI E GLI ADOLESCENTI HANNO IL DIRITTO DI CRESCERE IN UN AMBIENTE LIBERO DALLE CONSEGUENZE NEGATIVE LEGATE AL BERE ALCOL E, QUANTO PIÙ E' POSSIBILE, DI ESSERE PROTETTI DALLE SPINTE PROMOZIONALI A FAVORE DEL CONSUMO DI ALCOLICI.

## Premessa

- Partendo da questi principi solennemente sanciti nella Carta Europea e sottoscritti da tutti i Governi Europei, e ancora poco considerati nelle nostre comunità;
- Alla luce della rilevanza del consumo di alcool e dei problemi alcolcorrelati (PAC) nelle nostre comunità e nella nostra provincia, in Italia e in Europa (30.000-40.000 morti in Italia ogni anno, 55.000 morti nei giovani con meno di 29 anni ogni anno in Europa- prima causa di morte in questa fascia d'età);
- In considerazione del fatto che i decessi, incidenti, suicidi, violenze sociali e familiari, sofferenze psicologiche/affettive/relazionali sono causati dall'alcol contenuto nel vino, nella birra, nei superalcolici, negli aperitivi, negli alcol pops ed in altre bevande alcoliche;
- In considerazione del fatto che l'alcol a tutti gli effetti è considerato dall'OMS una droga in quanto ha tutte e quattro le caratteristiche scientifiche che la caratterizzano (può dare tolleranza, dipendenza, modificazioni a livello cerebrale e pericolosità sociale);
- In considerazione del superamento in sede OMS del concetto di uso e abuso a favore del concetto di consumo pericoloso e nocivo di bevande alcoliche (nota 1) che meglio si addice alle diverse categorie di popolazione o alle diverse situazioni in cui la popolazione si trova

nell'arco della propria vita o anche nel proprio vivere quotidiano, ( nota 2);

- In considerazione del fatto che la letteratura scientifica identifica le misure di regolamentazione come strumento indispensabile per rafforzare e rendere efficaci le campagne di informazione e sensibilizzazione e che la stessa letteratura identifica come efficaci alcuni ambiti strategici di regolamentazione;

- In considerazione del fatto che l'European Health Report 2005, ma anche il World Health Report dell'Organizzazione Mondiale della Sanità (OMS), indicano come relativamente privi di costo gran parte degli interventi indicati in particolare quelli relativi all'adozione di misure regolamentari. Tra tutti quelli possibili, i cinque capisaldi di intervento delle politiche di prevenzione sull'alcol: prezzi, disponibilità, alcol e guida, alcol e minori e pubblicità;

In considerazione del fatto che la Framework for Alcohol Policy della OMS 2005 dedica un intero paragrafo alle "alcohol-free situations", vale a dire alle circostanze, occasioni o periodi della vita in cui è appropriato evitare completamente l'uso di alcol.

- In considerazione dell'assenza totale di informazioni a tutela dei consumatori sulle etichette delle bevande contenenti alcool in merito ai possibili danni fisici, famigliari e sociali;
- Con la finalità di tradurre in normativa o in regolamenti comunali coerenti i principi di cui sopra, al fine di tutelare la salute dei cittadini consumatori pur nel rispetto dei diritti dei produttori;
- **Suggerendo come criteri da utilizzare per una valutazione omogenea delle successive proposte: l'Etica, l'Efficacia nella prevenzione dei PAC e la Tutela dei Cittadini consumatori.**

## PROPONIAMO

Il Presidente della Giunta Provinciale, gli Assessori alle politiche per la Salute, alle politiche sociali, all'Istruzione e Politiche giovanili, all'Agricoltura e alla Sicurezza, si facciano carico direttamente, o tramite le Amministrazioni locali e nazionali, di **iniziative culturali, politiche e legislative** chiare e coraggiose allo scopo di promuovere misure che vadano nella direzione delle seguenti proposte:

- 1. Promuovere una iniziativa politica e legislativa volta a stabilire il divieto alla somministrazione e vendita di bevande alcoliche ai minori di anni 18, come già avviene in alcuni paesi europei;**

L'obiettivo OMS di ridurre a 0 il consumo di alcol nei ragazzi con meno di 15 anni si può conseguire con politiche serie di tutela dei minori. L'innalzamento dell'età minima si è dimostrato una misura efficace per ridurre i consumi e i problemi di alcol nei giovani. L'innalzamento alla maggiore età rappresenta una misura utile di supporto alle famiglie nell'educazione a sani stili di vita

2. Promuovere una iniziativa politica e legislativa volta a stabilire l'obbligo di **apporre in modo chiaro sulle etichette** di tutte le bevande contenenti alcool la seguente informazione:

**"L'ALCOL PUO' DANNEGGIARE LA TUA SALUTE,  
LA TUA FAMIGLIA E LA TUA COMUNITA'"**

E' una informazione semplice, corrispondente in pieno alla realtà, non terroristica, in linea con i principi della Carta Europea, doverosa, corretta e responsabile, non proibizionista, che garantisce i diritti dei produttori nel rispetto delle leggi vigenti, tutelando al contempo la scelta libera ma critica del cittadino consumatore e della sua famiglia e che può rappresentare, al di là della sua efficacia immediata, un avanzamento culturale a difesa dei singoli e della collettività della nostra provincia e a livello nazionale;

3. Promuovere iniziative politiche e legislative volte a **rivedere la normativa sulla pubblicità delle bevande alcoliche** per una maggior tutela ed informazione imparziale del cittadino consumatore recependo a riguardo le normative più avanzate di alcuni paesi europei (es. Francia);

4. Promuovere una iniziativa politica e legislativa volta a **proibire la somministrazione gratuita e vendita sottoprezzo di bevande alcoliche** in locali pubblici o in occasione di manifestazioni pubbliche o feste;

E' accertato che somministrazioni gratuite o la riduzione dei prezzi delle bevande alcoliche aumentano i consumi e di conseguenza i problemi alcolcorrelati nella popolazione. La politica dei prezzi rappresenta, come indicato dall'OMS, uno degli strumenti più efficaci nella prevenzione dei problemi alcolcorrelati.

5. Promuovere una iniziativa politica e legislativa in accordo con tutte le forze dell'ordine e con maggior coinvolgimento e dotazione di etilometro da parte della polizia municipale per **incrementare in maniera coordinata e continuativa i controlli con etilometro** anche di giorno e a random sulla popolazione;

Il numero di controlli con etilometro in un territorio rappresenta un indicatore efficace di prevenzione degli incidenti stradali. L'Italia è uno dei paesi in Europa occidentale a più basso tasso di copertura per quanto riguarda i controlli ( nel 2004 in Francia si sono somministrati circa 8 milioni di etilometri, in Spagna 1 milione di etilometri in luglio/agosto 2005, in Italia nel 2004 un totale di 150.000 circa).

6. Rendere **obbligatori i programmi informativi** per persone fermate per guida con alcolemia superiore a quella prevista dalla legge (attualmente 0,5g per litro);

Anche se non esistono dati di evidenza circa l'efficacia di tali interventi, è osservazione degli Operatori dei Servizi di Alcolologia che mettono in atto questi percorsi, che a partire dai contenuti informativi si ottengono cambiamenti dello stile di vita delle persone/famiglie che partecipano, con soddisfazione dichiarata dei partecipanti stessi.

**7. Promuovere una iniziativa politica e informativa forte, chiara volta ad informare la popolazione in generale sulle persone/situazioni in cui sono auspicabili stili di vita "alcol free";**

E' fondamentale questa iniziativa come contributo per modificare un approccio culturale ambiguo rispetto all'alcol sia per quanto riguarda la promozione delle bevande alcoliche a fini di prevenzione di alcune malattie<sup>1</sup> (nota 1) sia per quanto riguarda messaggi fuorvianti e generici sul consumo moderato di alcol che non considerano le "alcohol free situations"<sup>2</sup>(nota 2)

**8. Promuovere una iniziativa politica e di sensibilizzazione, coinvolgimento e supporto ai Sindaci della nostra Provincia in quanto competenti e responsabili nell'attuazione di misure di regolamentazione a livello locale;**

Accertato che non è etico favorire ed è necessario regolamentare il consumo di bevande alcoliche, le Amministrazioni locali in sinergia e con il sostegno politico e normativo della Giunta Provinciale possono sviluppare politiche di regolamentazione in linea con i 7 punti sopra presentati e/o più in specifico con le seguenti linee di indirizzo:

- a) classificare la tipologia di manifestazioni individuando criteri diversi di regolamentazione (ad es. manifestazione turistica, manifestazione di aggregazione locale, manifestazione giovanile, manifestazione per bambini/adolescenti);
- b) porre attenzione alla denominazione delle feste (festa della birra, del vino ecc.);
- c) porre dei limiti a feste sponsorizzate da produttori di bevande alcoliche;
- d) proporre ambienti e feste "alcol free" sempre, se rivolte specificatamente a bambini o occasionalmente come approccio sperimentale in qualche festa della comunità;

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<sup>1</sup> gli esperti dell'Organizzazione Mondiale della sanità hanno dichiarato che "è *insostenibile e non saggio promuovere il concetto del bere moderato per ragioni di salute. Essi sono dell'opinione che la pubblicità data a questo concetto non è il risultato di una rigorosa ricerca scientifica ma è piuttosto ispirato da scopi commerciali*"

<sup>2</sup> qual è il concetto di uso /abuso per un ragazzo/a adolescente, per un anziano, per una donna in gravidanza o che allatta, per una persona che sta guidando un veicolo, per un operaio in un quartiere edile, per una persona che sta assumendo per un periodo o cronicamente dei farmaci, per una persona con malattie croniche di tipo psichico o fisico, per una persona con problemi di ansia o depressione, per una persona che ha o ha avuto problemi di alcol o uso di altre sostanze?

*Milioni di persone/situazioni non tutelate che quotidianamente ricevono informazioni fuorvianti e scorrette partendo da retaggi culturali ,da informazioni scientifiche ambigue, interessi economici e deficienze normative da superare.*

- e) coinvolgere gli organizzatori delle feste rispetto alle logiche e alle finalità di tutela della salute pubblica favorite delle misure di regolamentazione rispetto alla vendita di alcolici;
- f) attivare un atteggiamento di responsabilità sociale in chi vende alcolici nella festa;
- g) attivare un atteggiamento di responsabilità sociale degli esercenti nei dintorni della festa;
- h) porre attenzione alla disponibilità e tipologia di bevande alcoliche (es. vietare la vendita di superalcolici durante le manifestazioni);
- i) proporre la presenza dell'etilometro nei pressi delle manifestazioni (al fine di promuovere la sicurezza stradale);
- j) attivare una politica dei prezzi (vietare la somministrazione di bevande alcoliche a sottoprezzo o vietare bevande alcoliche gratuite);
- k) incentivare il consumo migliorando qualità e prezzo delle bevande analcoliche;
- l) regolamentare l'orario di somministrazione di alcolici (al fine di promuovere la sicurezza stradale),
- m) vietare la somministrazione di alcolici ai minori di anni 18,( come avviene in molti paesi in Europa)
- n) vincolare il sostegno economico delle Amministrazioni locali al rispetto delle regole previste;
- o) predisporre puntuali controlli polizia municipale e forze dell'ordine sul rispetto delle misure di regolamentazione dentro e nei dintorni della festa e su rispetto limiti alcol e guida;
- p) incentivare la presenza di Associazioni di giovani con "etilometro amico" nelle feste;
- q) prevedere se necessario mezzi di trasporto alternativi o incentivi al guidatore designato;
- r) l'autorizzazione alla festa deve essere accompagnato dall'obbligo da parte degli organizzatori di inserire locandine informative fornite dalle Amministrazioni comunali in punti ben visibili su rischi collegati al consumo di alcol.

Comprensorio della Vallagarina  
L'Assessore alle Attività Socio-Assistenziali  
- Carmen Manfrini -

Comune di Rovereto  
L'Assessore alle Politiche Sociali e Sanità  
- Giovanni Spagnoli -

Comprensorio delle Giudicarie  
L'Assessore alle Attività Sociali  
- Bruno Simoni -

Comprensorio Alta Valsugana  
Il Presidente  
- Sergio Anesi -

e  
L'Assessore alla Cultura, Commercio e  
Turismo  
- Giancarlo Tognoli -

Comprensorio della Valle di Fiemme

Comprensorio Ladino di Fassa



L'Assessore comprensoriale  
(o inserire Politiche Sociali)  
- Adriano Bazzanella -

L'Assessore alle Politiche Sociali  
- Alessandra Cloch -

Comprensorio della Valle di Non  
L'Assessore alle Politiche Sociali  
- Flavia Giuliani -

Comprensorio della Valle di Sole  
Il Presidente  
- Carlo Daldoss -

Comune di Trento  
L'Assessore alle Politiche Sociali  
- Violetta Plotegher -

Comune di Arco  
Il Sindaco  
- Renato Veronesi -

Comune di Drena  
Il Sindaco  
- Tarcisio Michelotti -

Comune di Riva del Garda  
Il Sindaco  
- Claudio Molinari -

Comune di Tenno  
  
Il Sindaco  
- Gianmarco Marocchi -

Trento, Gennaio 2007

## Drug and Alcohol Policy

The use of drugs or alcohol can lead to actions that may jeopardize the safety of the user, fellow Associates, Customers and the general public and could adversely affect productivity. we have a duty to safely and efficiently provide the public the quality goods/services at a reasonable cost. The unlawful presence of controlled substances in the workplace conflicts with these vital interests. We have established, as a condition of employment and continued employment, the following drug and alcohol-free workplace guidelines. Violations of MSC policy will subject an Associate to disciplinary action, up to and including termination.

### Inspections

All Associates are subject to unannounced inspections of MSC lockers, desks and other MSC property at any time. Individual Associates will also be subject to unannounced inspections of their personal property when MSC has reasonable suspicion to believe an Associate has engaged in prohibited conduct, as described below.

### Prohibited Conduct

- Reporting to work after the Associate has consumed alcohol in any amount.
- Consuming any alcohol during the workday, including meal and break periods.
- Alcohol/drug use when driving on the job or in a company vehicle.
- Reporting for work or doing any work<sup>1</sup> (including operating any vehicle) when the Associate is using or has used illegal drugs or is using or has used legal drugs in an illegal or unauthorized manner. This prohibition does not apply to medications:
  - That have been legally prescribed to the Associate
  - That are being used in accordance with the prescription's guidelines, and
  - That have been advised by a medical provider that the medication's use will not adversely affect the safety of the Associate at work, or the safety of others in the workplace, including Customers
- Engaging in the unlawful or unauthorized manufacture, distribution, dispensation, solicitation, sale, purchase, transfer or possession of controlled substances or alcohol while on MSC-paid time, on MSC premises, in MSC vehicles, or while otherwise engaged in activities for, or on behalf of, MSC regardless of location. In addition, an Associate's illegal conduct involving drugs or alcohol during non-work times may also result in discipline up to and including termination.

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<sup>1</sup> Refers to all types of company vehicles including automobiles (owned or rented) and warehouse vehicles such as forklifts and pickers.

## Drug and Alcohol Policy, cont'd

### Drug-Free Workplace Guidelines

- All Associates must notify his/her immediate supervisor of any criminal drug statute conviction for a violation occurring within the workplace within five (5) days of such conviction. All Supervisors and Managers must contact Human Resources immediately upon being advised of such conviction. Within ten (10) days of such notification or other actual notice, the Company will be required to notify appropriate contracting agencies of such conviction.
- All Associates are hereby advised that full compliance with the foregoing policies shall be a condition of employment at MSC.
- Any Associate who violates the foregoing drug-free workplace guidelines described above shall be subject to discipline up to and including termination.
- In the discretion of the Company, any associate who violates this policy may be required, in connection with or in lieu of disciplinary action, to participate to the Company's satisfaction in an approved drug rehabilitation program.
- Certain positions or work assignments may require an associate to submit to drug and/or alcohol testing. Refusal to submit to such testing, or receipt of a positive test result, may result in discipline up to and including termination. [Associates who are subject to drug and alcohol testing will be given a copy of the applicable substance abuse policy which will provide details of the testing program.](#)

### Drug-Free Awareness Program

In order to maintain a drug-free workplace, the Company has established a drug-free awareness program to educate associates on the dangers of drug abuse in the workplace, our drug-free workplace policy and the availability of any drug-free counseling, rehabilitation and associate assistance programs. Such education shall include: (1) a discussion of our policy at the new associate orientation session (2) distribution of brochures for our Associate Assistance Program at new associate orientation sessions and with updates of our Associate Handbook; (3) including information in the Company newsletter regarding the dangers of drug abuse; (4) inclusion of the policy in Associate Handbooks and (5) inclusion of information in safety training on the dangers of drug abuse in the workplace

Questions concerning the meaning or application of this policy should be directed to the Associate's Supervisor or Human Resources.

For information concerning business entertainment and related policies, please refer to the Travel and Expense policy located in Public Folders.



## **ADVERTISING STANDARDS CANADA SUBMISSION TO THE WORLD HEALTH ORGANIZATION ON STRATEGIES TO REDUCE HARMFUL USE OF ALCOHOL (RESOLUTION WHA61.4 AND DOCUMENT A61/13)**

As Canada's national advertising self-regulatory body, Advertising Standards Canada (ASC), is committed to creating and maintaining stakeholder confidence in advertising. ASC was founded in 1957, on the belief that the industry has a responsibility and commitment to ensuring the integrity of advertising.

We believe that advertising self-regulation has an important role to play in the critical societal problem of alcohol abuse and misuse, and are thus pleased to have the opportunity to participate in this consultation.

### **THE CANADIAN FRAMEWORK FOR SELF-REGULATION OF ALCOHOLIC BEVERAGE ADVERTISING**

ASC's has a two-pronged framework for regulating Canadian alcoholic beverage advertising. The first involves the establishment and maintenance of standards for advertising through the *Canadian Code of Advertising Standards* (CCAS), and a formal robust mechanism for responding and reporting on complaints from the public. The second is the preclearance of alcoholic beverage advertising by ASC against specific federal and provincial regulatory codes and guidelines.

### **Establishing Standards and Responding to Consumers' Complaints through the Canadian Code of Advertising Standards**

- **Establishing Standards**

Recognizing the power of advertising as an economic driver and influencer of consumer choice and purchase decisions, the Canadian advertising industry understood the need to direct this force in a responsible manner. As a result, over forty years ago, in 1963, the industry published the first CCAS as the tangible expression of the Canadian advertising industry's commitment to responsible advertising.

The 14 clauses of the CCAS and accompanying Interpretation Guidelines set the standards for acceptable advertising in all media, including print, broadcast, internet, and billboards. The CCAS is regularly updated to ensure it addresses emerging issues and remains contemporary and relevant to all stakeholders.

The CCAS is not intended to replace the many federal, provincial, and municipal laws and guidelines that regulate advertising in Canada. Rather, it complements them and, in some cases, addresses issues and concerns not dealt with in other regulatory instruments and mechanisms.

ASC provides education and information to industry and to the public regarding the standards for acceptable advertising set out in the CCAS, and has a nation-wide Public Service Announcement program in place to promote the provisions of the CCAS.

The full text of the CCAS can be accessed on ASC's website at [www.adstandards.com](http://www.adstandards.com). And while all of the clauses have potential application to alcoholic beverage advertising, the following excerpts are particularly relevant:

**Clause 1 - Accuracy and Clarity**

*Advertisements must not contain inaccurate or deceptive claims, statements, illustrations or representations, either direct or implied, with regard to a product or service. In assessing the truthfulness and accuracy of a message, the concern is not with the intent of the sender or precise legality of the presentation. Rather, the focus is on the message as received or perceived, i.e. the general impression conveyed by the advertisement.*

**Clause 2 - Disguised Advertising Techniques**

*No advertisement shall be presented in a format or style that conceals its commercial intent.*

**Clause 8 - Professional or Scientific Claims**

*Advertisements must not distort the true meaning of statements made by professionals or scientific authorities. Advertising claims must not imply that they have a scientific basis that they do not truly possess. Any scientific, professional or authoritative claims or statements must be applicable to the Canadian context, unless otherwise clearly stated.*

**Clause 10 - Safety**

*Advertisements must not without reason, justifiable on educational or social grounds, display a disregard for safety by depicting situations that might reasonably be interpreted as encouraging unsafe or dangerous practices, or acts.*

**Clause 13 - Advertising to Minors**

*Products prohibited from sale to minors must not be advertised in such a way as to appeal particularly to persons under legal age, and people featured in advertisements for such products must be, and clearly seen to be, adults under the law.*

**Clause 14 - Unacceptable Depictions and Portrayals**

*Advertisements shall not:*

- (a) condone any form of personal discrimination, including that based upon race, national origin, religion, sex or age;*
- (b) appear in a realistic manner to exploit, condone or incite violence; nor appear to condone or directly encourage, bullying; nor directly encourage, or exhibit obvious indifference to, unlawful behaviour;*
- (c) demean, denigrate or disparage any identifiable person, group of persons, firm, organization, industrial or commercial activity, profession, product or service or attempt to bring it or them into public contempt or ridicule;*

*(d) undermine human dignity; or display obvious indifference to, or encourage, gratuitously and without merit, conduct or attitudes that offend the standards of public decency prevailing among a significant segment of the population.*

- **Responding to Consumers' Complaints about Advertising**

In keeping with its mandate for responsible industry self-regulation, ASC accepts complaints from the public about Canadian advertisements, in all categories, including alcoholic beverage advertising. The procedure for complaints acceptance and adjudication is detailed in the CCAS. Complaints from the public are reviewed and adjudicated by independent volunteer bodies known as Consumer Response Councils. These Councils, which include senior industry and public representatives, are located in various cities across Canada.

If a Council determines that an advertisement violates the CCAS, the advertiser is requested to appropriately amend or withdraw it within a specified timeframe. On the very rare occasion that an advertiser does not comply with a decision, the exhibiting media are notified and generally will not broadcast or display the advertisement.

ASC reports on consumers' complaints in its Ad Complaints Reports. The Reports, which can be found on ASC's website, provide statistical information, as well as summaries of complaints from the public about advertisements that have been found to contravene the CCAS.

While ASC typically receives over 1,200 complaints from consumers each year, only a small percentage of these are about alcoholic beverage advertisements. The reason for this is likely the preclearance mechanism for alcoholic beverage advertisements that is detailed below.

#### **PRECLEARANCE OF CANADIAN ALCOHOLIC BEVERAGE ADVERTISEMENTS IN BROADCAST AND OTHER MEDIA**

Advertising preclearance is the evaluation of an advertising message against one or more regulatory or self-regulatory instruments in advance of the advertisement's exposure to the public. Preclearance provides assurance to stakeholders – the public, government, and industry – that advertising complies with pertinent regulations, codes, and guidelines.

Until January 1997, all broadcast advertising for alcoholic beverages was subject to mandatory review and approval under the Regulations to Canada's Broadcasting Act. Advertising copy was evaluated by Canada's broadcast regulator, the Canadian Radio-television and Telecommunications Commission (CRTC), against the provisions of the CRTC's Broadcast Code for Advertising of Alcoholic Beverages.

In February of 1997, a new CRTC Code came into effect; the mandatory preclearance requirement was eliminated; and the CRTC disbanded its preclearance unit. However, Canada's alcoholic beverage industry and private broadcasters wanted to ensure that advertising in this category continued to be fully compliant with the new CRTC Code.

Given ASC's stature as Canada's advertising self-regulatory body, coupled with its longstanding experience in the preclearance of advertising in other categories against distinct regulatory and self-regulatory instruments, ASC was requested to expand its preclearance complement to include review of alcoholic beverage messages. Subsequently, regulatory changes in two Canadian provinces, British Columbia in 1999, and Ontario in 2002, led to the further expansion of ASC preclearance services to include review of broadcast, print and out-of-home advertising under these provincial advertising codes and guidelines.

The CRTC Code and the provincial codes and guidelines are designed to ensure that advertisements for alcoholic beverages, among other things: encourage responsible use and discourage irresponsible consumption; are not directed and do not encourage non-drinkers to drink; do not appeal to minors or connect consumption of alcoholic beverage consumption with success or social acceptance or personal achievement; do not associate alcohol consumption with operation of any vehicle or activity that has risk, etc. Further, the CRTC Code prohibits any scenes that include consumption, and endorsement of products by celebrities or well known personalities – both real and fictitious – is also prohibited.

ASC's professional staff, trained and experienced in regulatory review, evaluate advertising copy for compliance with the pertinent code or regulatory framework. Compliant advertising is assigned an ASC approval number, which signifies to the carrying media that the advertising message is acceptable for airing or publicizing.

In addition to reviewing over 1,000 advertising submissions per year in this category, ASC also develops educational seminars and resources to help advertisers develop compliant and responsible alcoholic beverage messages, and maintains ongoing dialogue with regulators.

## **SUMMARY**

Abuse of alcohol is a serious societal issue. And advertising self-regulatory bodies are important stakeholders in defining and implementing solutions – particularly in ensuring that young people are not encouraged to consume alcoholic beverages. Through Canada's unique form of advertising self-regulation, including advertising preclearance under regulatory codes and standards, an effective mechanism for responding to complaints from the public, and ongoing support from Canadian alcoholic beverage advertisers and media organizations, we are committed to responsible messaging in this category. ASC welcomes the opportunity to further participate in this dialogue, and thanks the World Health Organization for recognizing the importance of involving all stakeholders in developing a strategy for this important issue.



Depuis 2003, le Groupe porteur « Jeunes et Alcool » mène en Communauté française de Belgique, réflexions et actions pour une consommation plus responsable et moins risquée d'alcool par les jeunes. Ce Groupe porteur, piloté par Univers santé ASBL, se veut multisectoriel et pluraliste puisqu'il est composé de neuf partenaires issus de la santé, de l'éducation et de la jeunesse.

Le Groupe porteur s'est créé suite aux constats observés chez les jeunes en matière de consommation d'alcool. En effet, on observe une plus grande expérimentation de l'alcool chez les plus jeunes et des pratiques de consommation à haut risque.

D'abord répandu dans les pays anglo-saxons, le phénomène de « Binge-drinking », autrement dit une consommation occasionnelle mais surtout excessive d'alcool dans le but d'atteindre au plus vite l'ivresse, est également en nette augmentation en Belgique et à Bruxelles.

Le rajeunissement, la féminisation des consommateurs d'alcool, seconde cible des distributeurs d'alcool, et la poly-consommation sont autant d'évolutions inquiétantes.

De plus, des produits nouveaux, tels que les alcopops, grâce à leurs goûts sucrés et leurs couleurs attirantes, amènent les adolescents à découvrir l'alcool de plus en plus jeune et en dehors du cadre familial régulateur.

Les axes de travail, initiés avec les différents milieux de vie des jeunes (famille, école, maisons de jeunes, milieu sportif, etc.), s'avèrent multiples, relevant ainsi d'une approche globale, transversale, et donc davantage pertinente :

- Observation de l'évolution du comportement des jeunes.
- Mise en place d'un Observatoire des pratiques commerciales afin d'objectiver les pratiques commerciales et d'aiguiser le regard critique.
- Identification des déterminants de consommation en vue de promouvoir la santé globale.
- Sensibilisation des réseaux concernés (santé, éducation et jeunesse).
- Interpellation des responsables politiques, législatifs, pédagogiques en vue de contribuer à la définition d'une politique cohérente en la matière (éduquer, promouvoir des alternatives à la consommation et de réduction des risques, limiter les pressions commerciales).
- Carrefour de ressources, que ce soit pour les jeunes ou le public-relais, et ce, par différents moyens : un centre de documentation, des outils, des formations, un accompagnement d'actions, un soutien de projets, etc.

Concrètement, plusieurs actions ont déjà été mises en place par le Groupe : un colloque « Jeunes et Alcool : vers un réseau » en 2004 réunissant 300 personnes ; un séminaire « L'alcool en milieu étudiant » en 2007, ainsi qu'une Table Ronde Bruxelloise « La consommation d'alcool chez les jeunes : qu'en est-il et qu'en, faisons-nous ? » le 5 novembre 2008. De plus, différentes publications ont été réalisées, dont « Les publicitaires savent pourquoi <sup>1</sup> », un outil de sensibilisation aux pratiques commerciales des alcooliers, mais aussi les actes des colloques organisés, un outil pédagogique en phase de pré-test, etc.

Par toutes ces actions et réflexions, le Groupe porteur « Jeunes et alcool » vise à promouvoir une consommation responsable, moins risquée d'alcool par les jeunes.

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<sup>1</sup> « Les publicitaires savent pourquoi – Les jeunes, cibles des publicités pour l'alcool », 2006. Ed. Média Animation. Les dossiers de l'éducation aux médias, 50 p. Consultable sur le site Internet : [http://www.media-animation.be/IMG/pdf/Les\\_publicitaires\\_savent\\_pourquoi.pdf](http://www.media-animation.be/IMG/pdf/Les_publicitaires_savent_pourquoi.pdf)



## Cómo promover un cambio social favorable para la problemática del alcoholismo

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La problemática del alcoholismo juvenil, requiere de más atención del Estado, dado que el consumo de alcohol, se produce cada vez más a edades más tempranas y se hace cada vez más difícil, ponerle freno a los excesos.

Esto trae como consecuencia, observar recurrentes casos de jóvenes que están en un avanzado estado de ebriedad e incluso llegar al estado de coma, en sus salidas nocturnas. Pero también entre los adultos es posible ver cuadros dramáticos.

Es posible promover un cambio favorable de comportamiento, diseñando una estrategia de marketing social, que debe estar basada en un profundo e integral, trabajo de investigación. Lo que significa, no estar solamente enfocado en aspectos cualitativos sino también en los aspectos cuantitativos.

Los datos numéricos son muy útiles, pero también se puede obtener valiosa información, de los métodos cualitativos de investigación, como por ejemplo la técnica de los grupos de discusión, que permite observar conductas y analizar cuál es la forma más apropiada para dirigirse al grupo objetivo.

Sin un adecuado trabajo de investigación, no será posible desarrollar un producto social eficaz, que genere el cambio de comportamiento, a nivel mundial. El producto social es la promoción de una idea, una práctica o el uso de determinado elemento y es el elemento clave del marketing social. Este debe adaptarse a las características del grupo al que se dirige, para lo cual es de importancia la tarea de segmentar la población según el país, región, edad, sexo, etcétera.

Dado que se está ante un caso de demanda dañina, el producto social consistiría en proporcionar una idea o práctica sustitutiva satisfactoria pero evitando presentar una alternativa que sea demasiado opuesta a la que se desea modificar, sino que se debe orientar gradualmente a los destinatarios desde la conducta indeseable hacia una más beneficiosa.

El proceso de cambio de comportamiento, se produce a través de cuatro etapas que son las siguientes: preconsideración, consideración, acción y mantenimiento. Las acciones deben ajustarse a cada una de estas etapas.

En la preconsideración, el desafío del marketing social es vencer las tendencias de los destinatarios a ignorar y ocultar selectivamente los mensajes que se le envían desde el plan. Las técnicas de

educación y publicidad a través de los medios de comunicación social son muy útiles en esta etapa. En síntesis, la acción clave a desarrollar en esta etapa, es enterar al destinatario del nuevo comportamiento que se promueve: dejar de consumir alcohol en exceso.

Después de la etapa de preconsideración el comportamiento es impulsado y mantenido por varios factores percibidos. Los cuatro más importantes son: los beneficios, los costos, la influencia social y el control del comportamiento.

En la etapa de Consideración, es donde el destinatario comienza a evaluar si adoptará el cambio o no, desde el programa de marketing social se debe actuar sobre las creencias, que pueden ser un obstáculo para que una persona, este caso un joven, pase a la etapa de acción. Por ejemplo: puede operar en la mente del joven, la creencia de que si no sigue a su grupo de amigos en el consumo excesivo de alcohol, puede ser rechazado por ese grupo de amigos.

El profesional de marketing social, para lograr que los destinatarios pasen desde la etapa de Consideración a la etapa de Acción y Mantenimiento, debe hacer lo siguiente: incrementar los beneficios percibidos, disminuir los costos percibidos, incrementar la presión social percibida e incrementar el control del comportamiento.

En la etapa de Acción, la actividad clave es dar las facilidades que sean necesarias para que el destinatario adopte el cambio y en este caso, la capacitación cumple un papel muy importante. Muchas veces el destinatario quiere y no sabe como dejar el comportamiento perjudicial. Es necesario poner el acento, de que el cambio es posible, poniendo a disposición los medios para lograrlo.

Finalmente está la etapa de Mantenimiento, en todo programa se desea que la persona permanezca en el cambio favorable realizado. En este caso, la actividad clave es darle apoyo al destinatario, integrándolo a grupos de otras personas que han abandonado el alcoholismo.

Para mantener los nuevos patrones de comportamiento, los destinatarios deben sentirse recompensados, hasta tanto los nuevos comportamientos comiencen a estar arraigados entre los destinatarios como una forma de vida.

Como he expresado, el trabajo de investigación debe ser integral, no solo debe dirigirse al grupo objetivo seleccionado (los jóvenes) sino también a su grupo de influencia. Dado que una persona, no toma una decisión aislada de su entorno. La persona recibe opiniones o incluso presiones de sus grupos de pertenencia, que pueden operar tanto de tanto en forma positiva como negativa.

Por ello, se precisa conocer cómo actúan los grupos de influencia sobre el grupo objetivo, para poder neutralizar las influencias negativas, que puede ser un obstáculo para que el destinatario adopte el cambio de comportamiento que se promueve desde el programa de marketing social.

En síntesis, si se deseara promover un cambio de comportamiento entre los jóvenes respecto del alcoholismo, utilizando como instrumento al marketing social, se debe considerar, que este es un proceso, no se trata solo de comunicación y para que esta sea eficaz, debe estar precedida de un profundo trabajo de investigación y por el desarrollo de un producto social, que se presente como una alternativa válida, para conducir al destinatario desde el comportamiento dañino al comportamiento beneficioso.

DM marketing social trabaja en Marketing Social desde 1999, y puede contribuir a reducir el uso nocivo de alcohol, diseñando un programa estratégico que incluya investigación, análisis, segmentación, desarrollo de un producto social, posicionamiento y una estrategia de comunicación.

## **PUBLIC HEARING ON WAYS OF REDUCING HARMFUL USE OF ALCOHOL**

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### **SUMMARY**

*To establish effective alcohol policies and interventions, we understand it to be necessary to:*

- *change the focus of public policies towards the harm reduction approach instead of restrictive measures,*
- *prioritize patterns of consumption instead of volume of alcohol intake,*
- *guarantee that legislation fits specific cultures of different countries.*

*Some other specific worries concern:*

- *FAS (fetus alcohol syndrome),*
- *The influence of family culture in creating inappropriate ways of consuming alcohol (mainly by youth)*
- *the strong influence of media on shaping alcohol related attitudes and behaviors*

*The way forward to address problems related to alcohol abuse should entail:*

- *gaining through knowledge and understanding of the realities in which alcohol related problems occur,*
- *the establishment of partnerships between civil society, government as well as the alcohol industry in order to design and implement effective measures to preventive alcohol related harm.*

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### **CONSIDERATIONS AND SUGESTIONS**

*CONSIDERING* that many factors influence the level of blood alcohol concentration (BAC); that the lower threshold of self-criticism, which some people may experience during intoxication, may lead to some risky behaviors; that there is a strong correlation between road traffic accidents and alcohol use, both for the drivers and the pedestrians; that the 20% decrease in road traffic accidents can be linked to the implementation of the new Brazilian law

establishing maximum BAC level for drivers at 0.2 per liter (in addition to imposing fines, vehicle apprehension, and loss of driving license for noncompliance),

*WE PROPOSE* that WHO facilitate public policies that would consider certain activities incompatible with beverage alcohol use, in addition to encouraging mechanisms that would guarantee adequate enforcement of legislation and penalties and provide appropriate training to all relevant professionals.

CONSIDERING the worldwide increase of female participation in the scenery of alcohol dependence - 5,7% (2001) to 6,9% (2005)<sup>1</sup>; that alcohol dependent women get benefits of exclusive therapeutic programs<sup>2</sup>; that professionals from the health field, the general population and the women themselves reveal a prejudice against the fact that many women are alcohol dependent; that there is some important difficulty to access diagnosis and treatment centers, still rare in countries like Brazil<sup>3</sup>,

*WE PROPOSE* that WHO facilitate public policies particularly target to the female population, which should provide proper team and facilities aiming premature diagnosis and the creation of therapeutic centers specially designed to gender issues.

CONSIDERING that alcohol abuse during pregnancy is one of the most problematic issue for women and the lack of epidemiologic surveys about alcohol use among women, as well as the prevalence of FAS in the Brazilian population,

*WE PROPOSE* that WHO support the implementation of epidemiologic surveys on alcohol use during the pregnancy as well as the prevalence of FAS, mainly in developing countries and provide appropriate training for professionals from the health field who could take the pregnancy as the best period for making the women aware of the importance of treatment.

CONSIDERING that alcohol abuse has been seeing as a problematic behavior worldwide<sup>5</sup>; the fact that alcohol problems are related to isolated acute episodes of alcohol use as much as to a diagnosis of alcohol dependence<sup>6</sup>; that the

major problem is concerned to patterns of consumption than to the volume of intaken<sup>7</sup>; that people, in general, do not perceive alcohol consumption as a potential problematic behavior<sup>8</sup>; the importance of mass media communication in people's daily lives and its use for marketing alcohol industry's products<sup>9</sup>; that the decision of drinking alcohol beverage is the result of the influence of peers, the culture of parents and relatives and of the media communication over the young population,

WE PROPOSE that alcohol beverage consumption be seen as a learnt behavior, under socio-cultural influences, beliefs and expectations; that public policies should be designed under the philosophy of harm reduction, in order to promote a change behavior towards self-determined decisions and that the mass media could be used as an educational tool, striving towards controlling the excesses we have witnessed in the field of alcohol use.

CONSIDERING that the risk of alcohol dependence is directed related to the age of the first alcohol experience; that alcohol is, in general, the first substance experimented in lifetime; that kids and adolescents are vulnerable population; that alcohol consumption has taken the role of rite of passage for many teenagers worldwide; that there is a minimum age for alcohol beverage consumption, but as it is a legal drug, it is frequently tolerated and sometimes stimulated by parents; that the risks related to alcohol use at this age are, in general, minimized and neglected and that parent's beliefs and attitudes normally influences children's behavior,

WE PROPOSE that WHO facilitate public policies aiming the prevention of alcohol consumption by children and teenagers; that WHO favor strategies and campaigns which enlarge parent's knowledge about basic points and specificities of adolescence development and the consequences of alcohol premature consumption, the importance of rites of passage for this population. In addition we propose WHO support epidemiologic survey on alcohol consumption among kids and teenagers aiming precocious detection of related problems.

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## **Questionnaire in the WHO consultation on the development of a draft global strategy to reduce harmful use of alcohol**

*Full contribution (max. 2000 words)*

*(757 words)*

The Osservatorio Permanente sui Giovani e l'Alcool, is a not for profit association founded in 1991 with the aim of gathering and supplying the scientific and national community with evidence based information about alcohol consumption and the alcohol-related problems of the Italian youth population. Its mission has been monitoring youth alcohol consumption, alcohol-related problems, patterns of consumption and lifestyles, according to a rigorous interdisciplinary scientific approach aimed at getting to a global view of the issue. This approach aims at involving the academic/scientific world, the alcohol producers, policy makers, health operators, mass media.

### **1. What are your views on effective strategies to reduce alcohol-related harm?**

Alcohol-related problems derive not simply from alcohol as a substance *per se*, but rather from many other variables linked to the individual and collective contexts.

These contexts change according to the cultures, the social-economic conditions, the individual and collective lifestyles. The strategies of intervention should take into account those different contexts.

The scientific research, independent and unconditioned by ideological prejudices, is fundamental as a base for the interventions. In particular what is necessary is:

- To analyse in depth the individual and collective contexts of those who abuse (risk factors). In this field, particular attention should be paid to the individual psycho-physical vulnerability which leads to risk taking behaviours and can show itself much earlier than the contact with alcoholic beverages;
- To analyse in depth the individual and collective contexts of those who consume without abusing (protective factors);
- To analyse the alcohol-related problems according to the different alcohol beverages, that reflect different traditions and cultural models, new contexts and meanings of new patterns of alcohol consumption;
- To target education to responsible drinking addressed at the adults and, at an early stage, at young people;
- Evaluation of the policies of intervention enforced at European and local level, that should not only be aimed at reducing alcohol-related problems, but - for certain categories (youth) - at getting an overview of their world as a whole;



- To promote a harm reduction policy addressed to the alcohol abusers.

Therefore, strategies should be aimed at reducing the risk factors at national, regional and local level through

- Enforcement of laws and norms about
  - ⇒ Drinking & driving
  - ⇒ Alcohol & workplaces
  - ⇒ Alcohol & minors
  - ⇒ Alcohol & pregnancy

and strengthening the protective factors through

- Adult education
- Consumer education
- Education and responsibility of producers and retailers
- Family policy
- Interventions on the mass media aimed at encouraging moderation, in the frame of a “temperance” lifestyle, where temperance is meant as self-control.

## **2. From a global perspective, what are the best ways to reduce problems related to harmful use of alcohol?**

According to our experience and the results of our studies, the best approach should take into account:

- The differences in the Member States, which should make the EU policies more flexible and articulated,
- Working out local policies, tailored according to each Member State’s cultural, economic and social conditions (“Think globally, act locally”),
- Promoting evidence-based and evaluated interventions, in the respect of the majority of responsible consumers, who consider alcoholic beverages as a component of the quality of life,
- Increasing responsibility by the alcohol producers in promoting responsible drinking,

- Creation of spaces for consensus building, open and not ideologically oriented, where all the stakeholders can work for reaching concrete and feasible goals, balancing the individual and collective duties and rights.

### **3. In what ways can you or your organisation contribute to reduce harmful use of alcohol?**

The Osservatorio has been active in the alcohol field for almost 20 years, in particular on the education to responsible drinking. Starting from our experience, it would be advisable to implement the research activities already carried out in the following sectors:

- Epidemiology
- Psycho-social and anthropological research
- Education and prevention
- Training and information to teachers, Medical Doctors, health workers, journalists, etc.

It would be also crucial to implement the network of European researchers and experts, in order to compare analogies and differences in the whole alcohol field.

Moreover, we want to develop a research-action project including a longitudinal study, aimed at monitoring the evolution of the relationship of adolescents and young people with alcoholic beverages, in the frame of their lifestyles and contexts of reference.

In the frame of our training and information activities, we continue our “Communication Project”, in order to favour a relationship with the journalists “on training” aimed at developing a more adequate way of communicating the alcohol-related issues by any mass media.

## Strategies to reduce the harmful use of alcohol

### Document A61/13

*October 2008*

#### ***Presentation of egta***

egta is *the association of television and radio sales houses* (both independent of a channel or in-house) that commercialise the advertising space of both private and public TV channels and radio stations across Europe.

In October 2008, egta counted 106 member sales houses which operate across 30 European countries. With members in most EU Member States and other European countries such as Russia, Ukraine, Turkey, Croatia, Norway, etc., egta has members in most countries covered by the European branch of the World Health Organisation. Altogether, egta members collect over 70% of the European television advertising investments.

egta provides a network to its members based on relationships with over 1000 high-level advertising executives. egta fulfils different support functions for its members in areas as diversified as regulatory issues, audience measurement, sales methods, interactivity, cross-media, etc.

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## *Introductory comments*

egta – the association of television and radio advertising – welcomes the World Health Organisation's Report by the Secretariat on "Strategies to reduce the harmful use of alcohol consumption", *document A61/13*. This report reflects the complexity of issues related to excessive alcohol consumption and highlights the need for multi-faceted policy responses *"based on the best available evidence"*.

As broadcast advertising professionals, egta members wish to highlight that commercial communications form an integral part of a modern market economy and play a key role in ensuring effective free competition and in facilitating innovation. In doing so, it plays an essential role in building brand awareness and value by allowing consumers to develop preferences for a particular product over its competitors in the same range. **egta members thus deeply believe in the added-value of advertising in our societies so long that it is done in a responsible manner.** For this reason, egta member sales houses are committed to ensuring that advertising is always decent, legal honest and truthful.

At the same time, egta members understand that alcoholic drinks are not ordinary consumer goods, and that their abuse can cause a small proportion of the population alcohol-related harm. In view of the importance of television and radio advertising and its impact on society, egta members are well aware of their responsibilities when it comes to advertising alcoholic beverages. In fact, legislative measures setting safeguards on the advertising of alcoholic beverages on broadcast media have been implemented across Europe for more than 20 years by television and radio sales houses. For instance, specific regulation is in place for broadcast advertising by means of international conventions, *e.g. the Council of Europe's Convention on Transfrontier television*, as well as European Union regulations, *e.g. the EU directive on Television Without Frontiers*, and of national laws. In addition, advertising self-regulatory mechanisms apply to broadcast advertising for alcoholic beverages, which are subject to detailed safeguards established in industry codes of conducts.

It is against this background that egta would like to comment on the paragraph 14 of the report by the Secretariat on Strategies to reduce the harmful use of alcohol consumption. In particular, egta would like to emphasise on the following aspects:

1. The protection of adolescents and young people on broadcast media;
2. Further advertising regulation and the issues of advertising content, control, placement and partial bans.

## 1. The protection of young people and adolescents on broadcast media

Numerous safeguards already exist to prevent television advertising of alcoholic beverages from neither specifically targeting nor being made in such a way as to be specifically appealing to minors. **Numerous layers of regulation build on each other** so as to ensure that the safeguards are properly applied.

Firstly, at **European Union level**, article 15 of the EU “Television without Frontiers” directive sets out many safeguards and these have been successful in preventing advertisements of alcoholic beverages from:

- ↳ specifically targeting minors;
- ↳ Showing people who are, or appear to be minors consuming alcoholic beverages;
- ↳ Linking the consumption of alcohol with concepts appealing to young people (e.g. enhanced physical performance, social or sexual success, etc.)

In fact, these sensible rules will be extended even further by the future “Audiovisual Media Services” (in article 3d) in order to cover all forms of commercial communications on new audiovisual platforms, such as mobile TV, IPTV, etc.

Secondly, **the Council of Europe** sets the same rules for transfrontier broadcasts in article 15 of the Convention on Transfrontier Television. Similarly, these rules will be extended to all forms of audiovisual commercial communications in the upcoming Convention on Audiovisual Media Services, which is currently under discussion<sup>1</sup>. Because the Council of Europe’s geographical coverage is wider than the European Union, it means in practise that 47 European countries apply these minimum safeguards relating to minors in the case of audiovisual advertising.

In addition, egta identified in a survey carried out among its members four additional domains where its member sales houses address the issue of alcohol advertising directed at young people. The principles abided by sales houses originate from **national legislations** but mostly from **advertising self-regulatory initiatives** stating that a commercial for an alcoholic beverage may not:

- ↳ Use symbols (music, characters, languages, etc.) likely to catch a child’s attention;
- ↳ Make a connection between the consumption of alcohol & maturity, or non-consumption & immaturity;
- ↳ Exploit a child’s immaturity;
- ↳ Exploit the credulity of those who are mentally or socially vulnerable.

In the area of advertising, self-regulation took shape long ago in many European countries and matured over the years so that its added-value is now recognised by decision-makers and numerous stakeholders. In addition to standards developed and agreed on by the three parts of the industry, *i.e. advertisers, agencies and media*, self-regulation in the field of advertising is characterised by the existence of independent bodies, self-regulatory organisations, responsible for drafting and providing interpretations of the code, as well as for ensuring compliance with the code itself.

<sup>1</sup> Draft amendments to the Convention on Transfrontier Television are published and currently open to public consultation: [www.coe.int/media](http://www.coe.int/media)

Enforcement is made possible thanks to an independent complaint committee or jury that is tasked to handle complaints. Monitoring exercises are regularly carried on the compliance of advertising for alcoholic beverages with ad-hoc standards and codes. These monitoring exercises have revealed very high levels of compliance over the last years<sup>2</sup>.

As a last element in addition to all the above safeguards, **alcohol producers' own codes of conducts** and **alcohol sector-specific codes** set additional safeguards to be respected internally. These cover various aspects of commercial communications, from the issue of appeal to the one of placement<sup>3</sup>.

In applying all these safeguards, broadcasters and sales houses take extreme precautions not least because they are legally responsible in case of breaches of regulatory provisions. In fact, the proper functioning of these safeguards was recognised in recent independent studies<sup>4</sup>.

egta thus wants to emphasise that European sales houses and broadcasters are already committed to ensuring that audiovisual advertising for alcoholic beverages is neither directly targeted at nor appealing to minors and by extension to adolescents.

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<sup>2</sup> The compliance rate for the content of adverts in 15 of the participating countries was at 95.6% in 2007, compared to 96.0% for 2006 and 96.4% for 2005; compliance at country level ranged from 86% to 100% in 2007. These exercises are carried out by EASA, the European Advertising Standards Alliance, and national self-regulatory organisation, under the supervision of independent reviewers.

<sup>3</sup> For examples of sector-specific codes: <http://www.efrd.org/main.html> or [http://www.brewersofeurope.org/asp/about\\_us/whatwedo\\_beer.asp](http://www.brewersofeurope.org/asp/about_us/whatwedo_beer.asp). Companies' codes can be accessed on the website of manufacturers directly.

<sup>4</sup> Carat & Koan - Comparative study on the impact of control measures on the televisual advertising markets in European Union Member States and certain other countries – for the European Commission – July 2005.

INRA & Bird & Bird - Study on the impact of television advertising and teleshopping on minors - for the European Commission - March 2001.

Both studies accessible at [http://ec.europa.eu/avpolicy/info\\_centre/library/studies/index\\_en.htm](http://ec.europa.eu/avpolicy/info_centre/library/studies/index_en.htm).

## ***2. Further advertising regulation and the issues of advertising content, control, placement and partial bans***

**egta is very concerned about the report by the Secretariat in highlighting that *“Controls or partial bans on volume, placement and content of alcohol advertising are important parts of a strategy”.***

The reasons leading individuals into alcohol abuse are numerous and complex among which are psychological and social adjustment problems, financial difficulties, depression, etc. For this reason, egta has always expressed doubts that wide-ranging advertising restrictions have any impact on combating alcohol abuse. This belief is reinforced by the evolution of drinking patterns in countries that have followed different policy approaches such as Denmark and France: there is no link between the number of commercials viewed and the prevalence of alcohol abuse. A study by the German Ministry of Health came to the conclusion that there is hardly any link between advertising and alcohol consumption of young people<sup>5</sup> (see appendix).

With regards to the issue of young people in particular, the numerous safeguards already applicable to audiovisual commercial communications address both the issue of the content of advertising messages and the placement. In practise, self-regulatory mechanisms are used to make sure that the content of advertising messages does not appeal to minors and the placement of advertising breaks around programmes specifically designed for minors is prohibited by legislative means.

egta nevertheless acknowledges that a certain number of adolescents will always be incidentally exposed to some advertising for alcoholic beverages on television, for instance when they watch adults programmes. That being said, so long as these advertising messages do not specifically appeal to minors, egta refutes the idea that adolescents would be harmed in case they incidentally see them. There is indeed no scientific evidence to support the argument that there is a link between adolescent's exposure to alcoholic advertising and greater risks to engage in under-age drinking. For this reason, egta is surprised to read in the article 14 of the Report by the Secretariat that *“research results underline the need for such controls or bans(...)”*.

Even if one was to conclude a *“potential cumulative effect of advertising over time”*, legislative and self-regulatory safeguards already limit exposure of adolescents to alcoholic beverage advertising on television, as previously exposed. The cumulative effect is thus largely avoided.

**As a consequence, further restrictions on the placement or volume of television advertising for alcoholic beverages would, in egta's view, be disproportionate and would fail to meet any public health objective.**

Firstly, any control or partial ban on volume or placement would overly restrict the alcohol industry's ability to promote its products and brands to adults on television. So long as responsible drinking is not harmful to health, is socially accepted and legal, it is unacceptable in egta's view that alcohol producers be prohibited from responsibly advertising their products to adults. In addition, this would not lead to a

<sup>5</sup> „Alkohol und Werbung – Auswirkungen der Alkoholwerbung auf das Konsumverhalten bei Kindern und Jugendlichen“, ZEUS GmbH, Zentrum für angewandte Psychologie, Umwelt- und Sozialforschung, Bochum; Expertise commissioned by the Federal Ministry of Health 2002, p. 48.

better protection of adolescents whose audience share in adult and family programmes is very low<sup>6</sup> and whose media consumption patterns are constantly evolving.

Secondly, today's adolescents and children are no longer only consuming television but are increasingly using new media such as the internet. These media offer many new forms and drivers of marketing communication that do not apply the same high-level of standards applicable to broadcast media. By failing to grasp this reality, further restrictions on broadcast advertising would not only have no positive public health impact but it would put broadcast media at a serious competitive disadvantage against these new media. Instead of further regulation, egta believes that the level of protection on broadcast advertising should be used as a benchmark for new media.

Lastly, any restrictions on TV advertising for alcoholic beverages would have a significant economic impact on the European audiovisual industry given that revenues from this sector represent an average of 6% of the turnover of European sales houses. At a time when broadcast media are already seriously hit by the early signs of a profound economic recession and when Europe is looking at strengthening the competitiveness of its broadcast industry, calls for advertising restrictions would seriously harm this creative industry.

In conclusion, egta would like to reiterate its opposition to any further restriction on audiovisual advertising for alcoholic beverages and would like to recall that European decision-makers recently ruled out such a policy option when adopting the new EU directive on Audiovisual Media Services, whose purpose is precisely to rule on audiovisual advertising.

\* \* \*

Taking into consideration the importance of television and radio advertising and its impact on society, egta members are well aware of the problem presented by the excessive consumption of alcoholic beverages and are fully complying with European and national regulations aimed at restricting irresponsible alcohol advertising.

egta fully supports the World Health Organisation comprehensive strategy whereby it tackles the root causes of the problem of excessive alcohol consumption but expresses strong concerns as to its approach to marketing communication. egta believes that one should avoid putting too much emphasis on the issue of broadcast advertising, which thanks to the safeguards already in place, is the one marketing practice offering the most comprehensive set of safeguards.

\* \* \*

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<sup>6</sup> Audience data show a clear distinction between programmes appealing to minors and adult / family programmes. The share of minors in the latter programme is always very low. Numbers can hardly be given as they depend on countries and the overall share of minors in the population. Even in the case of major sports events transmission such as the German "Bundesliga", these attract on average only 2,6% of young people aged 14-19 years old.



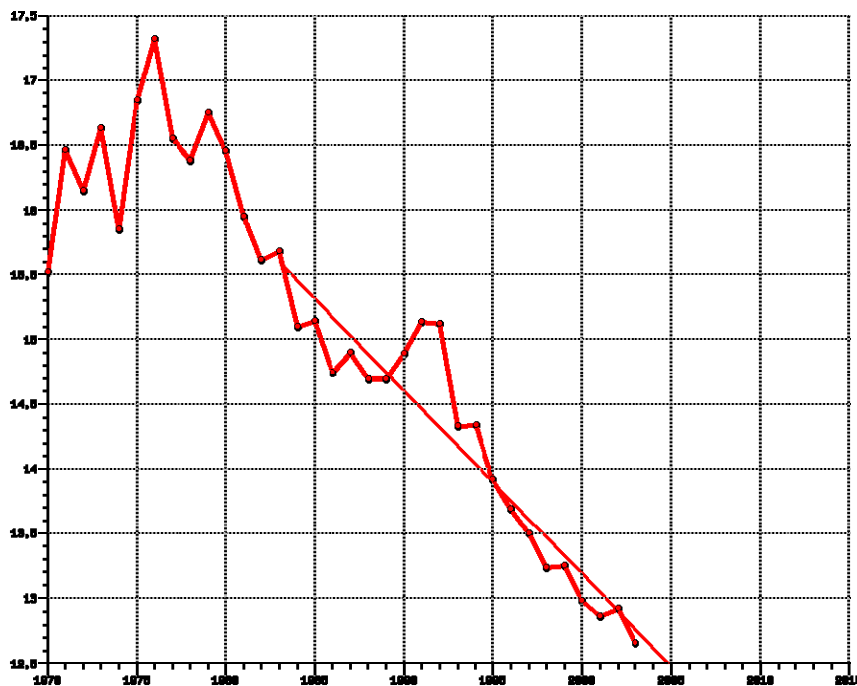
**APPENDIX: TV Advertising restrictions & alcohol consumption in Germany**

In Germany no binding restrictions are applied to TV alcohol advertising (voluntary code of conduct for alcoholic beverages in place from 1976). The alcohol consumption has been in decline for over a decade and continues on a downward trend. Even if the advertising expenditure for alcoholic beverages from 1990 to 2004 has increased from 100 to 147 on an index scale, the alcohol consumption fell in the same period from an index base of 100 to 83.

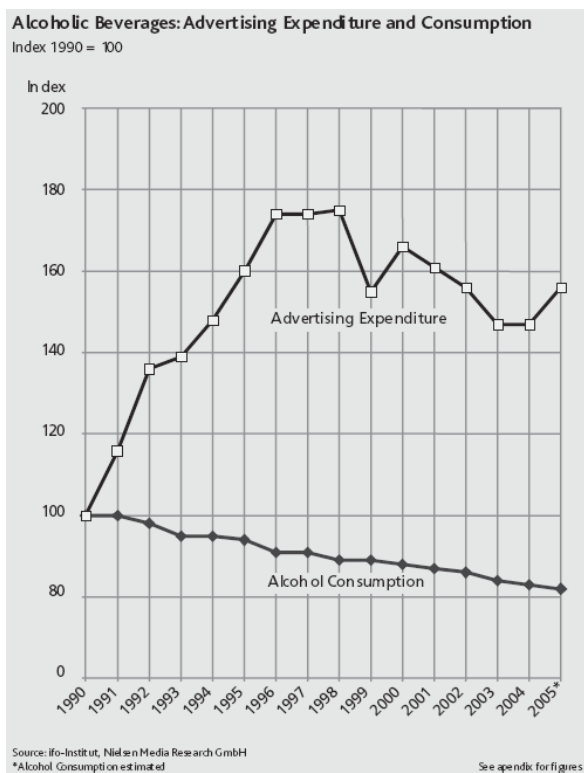
**1. Restriction on advertising, sponsorship or brand identification of alcoholic beverages (source: Alcohol control database)**

	Beer	Wine	Spirits
National TV	Voluntary agreement	Voluntary agreement	Voluntary agreement
Cable TV	Voluntary agreement	Voluntary agreement	Voluntary agreement
National radio	Voluntary agreement	Voluntary agreement	Voluntary agreement
Internet	Voluntary agreement	Voluntary agreement	Voluntary agreement
Printed newspapers/magazines	Voluntary agreement	Voluntary agreement	Voluntary agreement
Billboards	Voluntary agreement	Voluntary agreement	Voluntary agreement
Point of sale	Voluntary agreement	Voluntary agreement	Voluntary agreement
Cinema	Partial restriction	Partial restriction	Partial restriction
Rented videos	Voluntary agreement	Voluntary agreement	Voluntary agreement
Product placement in TV shows and films	Complete restriction	Complete restriction	Complete restriction
Sponsored events identified with brand name	Partial restriction	Partial restriction	Partial restriction

2. Trend in pure alcohol consumption (litre per capita) age 15+ (from 1970 to 2003) - Source: WHO European health for all database



3. Advertising expenditure for alcoholic beverages & alcohol consumption in Germany from 1990 to 2004 (Info institute, Munich and Nielsen Media Research, Hamburg)



## **WFA submission**

### **WHO Consultation on ways of reducing harmful use of alcohol**

#### **Summary**

The World Federation of Advertisers (WFA) fully supports WHO efforts to promote responsibility in marketing communications for alcoholic beverages.

Across all sectors, WFA members are committed to responsible marketing communications through systems of 'effective self-regulation'. Three elements are central to WFA's vision in this respect:

- (1) A clear legal framework to set the context in which self-regulation operates.
- (2) A set of shared values of openness, responsiveness and accountability.
- (3) A continuing effort to extend the coverage of self-regulatory systems both geographically and in terms of new marketing channels such as the internet.

WFA is committed to the global implementation of effective self-regulatory systems for marketing communications, including for alcoholic beverages, and significant progress has already been made.

WHO can play an important role in this field by providing guidance for best practice in collaborative approaches to promoting responsible alcohol marketing. A central element of such guidance should be a recommendation to encourage effective self-regulatory systems that meet recognized standards and operate both within and as a complement to clear legal frameworks.

#### **Introduction**

The World Federation of Advertisers (WFA) is the voice of marketers worldwide, representing 55 national advertiser associations on five continents and more than 50 of the world's top 100 marketers. Its membership accounts for around 90% of global marketing communications expenditure. WFA's mission is to champion responsible marketing communications worldwide.

WFA welcomes the opportunity to contribute to the WHO's efforts to promote responsible consumption of alcohol. The WHO report on *Strategies to reduce the harmful use of alcohol* identifies irresponsible marketing of alcoholic beverages as a policy concern, particularly in the context of irresponsible alcohol consumption among young people. It is a concern which WFA takes very seriously.

WFA is already actively involved in collaborative partnerships with governments, stakeholders and industry partners in the field of marketing communications, including alcoholic beverage marketing. We are happy to share our experience in this field to support WHO in formulating policies that make use of effective collaboration to respond to concerns around irresponsible marketing of alcoholic beverages.

#### **Effective self-regulation to promote responsible marketing communications**

Across all sectors, WFA members recognize society's expectation for high ethical standards in their marketing communications. This commitment to responsible marketing communications is enshrined in the industry's systems of effective self-regulation.

This document summarizes what is meant by effective self-regulation and why this is an important way in which the industry can support the aims of WHO in the context of promoting responsible marketing communications of alcoholic beverages.

## ***1. Self-regulation is a complement, not a substitute, to the law***

Industry efforts to promote responsibility in marketing communications are typically referred to as 'self-regulation'. However, self-regulation does not mean 'no regulation'. On the contrary, self-regulatory initiatives are at their most effective when they are integrated into a clear and proportionate legal framework.

This finding is at the heart of the conclusions of the EU Advertising Roundtable, hosted by the European Commission in 2005-2006 to agree a best practice model of self-regulation among public health groups, consumer NGOs and the industry<sup>1</sup>.

The approach was formalized in 2007 in the new EU Audiovisual Media Services Directive<sup>2</sup>, governing advertising on TV and other audiovisual media. Under this directive, EU governments are now required to encourage the use of self-regulatory systems wherever these can help achieve the directive's objectives.

A legal framework which complements, reinforces and ultimately backs up the self-regulatory system is therefore an integral component of WFA's vision of effective self-regulation.

## ***2. Self-regulation is evolving in line with consumer expectations***

Self-regulation in the advertising industry has undergone significant change in recent years as society's expectations of what 'responsible marketing' means evolve. Industry is working to ensure that self-regulatory systems continue to respond to these expectations.

As a result, major reinforcements of self-regulatory systems have already taken place across Europe, based on the common model of effective self-regulation laid down by the EU Advertising Roundtable.

- **Openness.** Central to the model is a commitment to openness and responsiveness of the self-regulatory systems. This includes consulting with stakeholders outside of the industry on both the content of rules and how these are enforced. Today, self-regulation systems in 2/3 of the EU Member States actively involve non-industry representatives in their operation. Efforts are ongoing to extend this further, including in emerging markets.
- **Accountability.** It is very important to provide trusted and verifiable data on how well self-regulation systems are delivering. Specifically in the context of alcohol advertising, independent monitoring of industry compliance with the rules has consistently shown compliance rates above 95%. Equivalent exercises for other sectors, such as food and non-alcoholic beverages, show similar results.<sup>3</sup>
- **Relevance in the digital age.** Self-regulation needs to keep pace with technological developments. Internet, mobile phones and other digital media are fast becoming mainstream marketing channels. It is important that self-regulation covers advertising on these channels just as it does on TV, radio and print.

## **A global vision**

There is now a convergence of views across the advertising industry worldwide on this model of responsive, accountable and effective self-regulation.

<sup>1</sup> [http://ec.europa.eu/consumers/overview/report\\_advertising\\_en.pdf](http://ec.europa.eu/consumers/overview/report_advertising_en.pdf)

<sup>2</sup> Directive 2007/65/EC, Article 3.7 [http://eur-lex.europa.eu/LexUriServ/site/en/oj/2007/l\\_332/l\\_33220071218en00270045.pdf](http://eur-lex.europa.eu/LexUriServ/site/en/oj/2007/l_332/l_33220071218en00270045.pdf)

<sup>3</sup> <http://www.easa-alliance.org/page.aspx/160>

Self-regulatory systems in the mature advertising markets from North America to Western Europe have taken the lead: advertising self-regulation in these markets has been embedded into consumer protection frameworks for decades.

Nevertheless, many of the important emerging markets have also established self-regulatory systems that are now being fully integrated into the global network:

- Central and Eastern Europe has caught up with remarkable speed and is now largely on a par with Western Europe.
- Brazil, one of the top 10 advertising markets in the world, and many other Latin American countries set up their self-regulation systems 20-30 years ago. Together, they have since handled thousands of cases.
- Self-regulation also has a long tradition in parts of Asia. The self-regulation system of the Philippines was set up in 1975, in Singapore in 1973.

However, there remains work to do in other markets. The industry is committed to making progress on global coverage of effective self-regulatory systems, and will continue to invest time and resources to this end in the years ahead.

Different local political and economic realities will require a flexible and pragmatic approach which is relevant in the local context. WFA hopes to build on the partnership with WHO and other stakeholders to help formulate a meaningful approach for making progress in promoting effective self-regulation globally.

## Conclusion

The challenges of making responsive, accountable and effective self-regulation in the advertising industry truly global require us to work closely with partners inside and outside of the industry.

Collaborative approaches such as the ongoing WHO consultation are extremely relevant in this regard. They will help create a shared understanding of how industry-driven initiatives in the advertising sector can best be used in support of collective efforts to promote responsible consumption of alcohol.

There is, for instance, great potential for advertising to be used as a 'force for good'. All over the world, advertising has proven to be an effective educational tool to help address societal challenges from raising AIDS awareness to promoting energy saving.

The recent experiences of the EU Platform on Diet, Physical and Health and the EU Alcohol and Health Forum certainly confirm the value of such multi-stakeholder approaches.

In WFA's view, WHO can play an important role in this field by providing guidance for best practice in collaborative approaches to promoting responsible alcohol marketing. A central element of such guidance should be a recommendation to encourage effective self-regulatory systems that meet recognized standards and operate both within and as a complement to proportionate legal frameworks.

We are convinced that such an approach will constitute a valuable component of the wider response to the challenges outlined in the WHO report on *Strategies to reduce the harmful use of alcohol*.

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31 October 2008

## IS ALCOHOLISM A DISEASE?

We have an estimated 300,000 working alcoholics in Finland, but how well do we understand this disease or whether it is even a disease?

According to the American Medical Association, alcoholism is a primary, chronic, and incurable disease characterised by loss of self-control. The Finnish Medical Society Duodecim defines alcoholism as a chronic and recurring brain disease.

### WHAT IS A DISEASE?

A disease could in short be defined as an abnormal vital or mental function that is harmful to a person or people close to him or her.

For example, are lactose intolerance or celiac disease actually diseases? Their symptoms and recovery are understood, and we know that if we expose the body to lactose (lactose intolerance) or, for example, wheat flour (celiac disease), symptoms will appear and the disease 'wakes up'. Not everyone suffers from these two diseases, and they can thus consume products that cause symptoms in other people.

Upon general examination of any disease, we can identify symptoms characteristic of that disease and recovery from it, which also follows a certain pattern. There are also diseases that cannot be treated and diseases upon which medications have an effect. The symptoms of alcoholism and recovery from this disease have been described for many years using the Jellinek curve. When examining whether alcoholism is a disease or whether some people have different opportunities to consume alcohol without becoming ill, we have to understand **what chemical dependence is**.

According to modern knowledge, alcoholism, drug abuse, mixed use, and other substance-related dependencies are classified as chronic brain diseases. For example, dependence can be defined using the World Health Organization's ICD-10 criteria for the dependence syndrome, which is defined as follows:

Three or more of the following manifestations should have occurred together for at least one month or, if persisting for periods of less than one month, should have occurred together repeatedly over the past 12 months.

1. *A strong desire or sense of compulsion to take the substance.*
2. *Difficulties in controlling substance-taking behaviour in terms of its onset, termination, or levels of use.*
3. *A physiological withdrawal state when substance use has ceased or has been reduced, as evidenced by:  
a) the characteristic withdrawal syndrome for the substance  
b) or use of the same (or closely related) substance with the intention of relieving or avoiding withdrawal symptoms*
4. *Evidence of tolerance such that increased doses of the psychoactive substance are required in order to achieve effects originally produced by lower doses (clear examples of this are found in alcohol and opiate-dependent individuals who may take daily doses sufficient to incapacitate or kill non-tolerant users)*

**5. Progressive neglect of alternative pleasures or interests because of psychoactive substance use, increased amount of time necessary to obtain or take the substance or to recover from its effects.**

**6. Persisting with substance use despite clear evidence of overtly harmful consequences, such as harm to the liver through excessive drinking, depressive mood states consequent to periods of heavy substance use, or drug-related impairment of cognitive functioning; efforts should be made to determine that the user was actually, or could be expected to be, aware of the nature and extent of the harm.**

The criteria for the syndrome provide an identifiable picture of the disease. This can be reflected on a person's or their intimates' behaviour or feelings, but it does not illustrate the **dependence-disease mechanism, where the disease resides** and how it is treated, or how it absolutely should not be treated.

When describing chemical dependence, we end up examining the neurobiological process, in other words, what happens at the brain cell level when a person suffers from substance dependence.

## HEREDITY

Hereditary factors leading to alcoholism have been proven to exist with the progress of gene research. The most recognized deviations causing alcoholism lie in the **GABRA2** and **ADH4** genes. So, what are these 'alcoholism genes', what is their purpose, and, above all, **how do people with gene deviations experience intoxicating substances in comparison to people with so-called normal genes?**

As a result of a mutation in the **GABRA2** gene, alcohol has a stronger effect on the brain, meaning that an emotional dependence develops quickly. Regardless of whether such a person gets drunk for the first time at the age of 12 or 50, the obsession with this substance begins to control life.

A deviation in the **ADH4** gene results in a better than average tolerance for alcohol. This makes it possible to consume increasingly large amounts of the substance 'without losing control'.

The hereditary nature of alcoholism has been studied for decades, but only recently we beginning to see clear results. The studies that led to the identification of **GABRA2** and **ADH4** lasted more than 10 years and involved more than 12,000 subjects. Now we know that there are many 'alcoholism genes' rather than just a few. The genes do not actually cause disease or affect a person's destiny but act as a kind of 'prescription' when building the central nervous system. Genes are intended to provide codes for building tissue, and they should react to evolutionary challenges in order to allow a person or plant to survive in the environment in which it lives. The decoding or function of genes can change due to influence from their immediate environment even if the structure of the DNA itself would not be altered. Reference is made to epigenetics.

A person inherits many absolute genes (for example, five fingers/hand), but also the genetic flexibility to react to the environment or hereditary factors. When we take a closer look at the genes that cause alcoholism, we find that **existing, inherited gene deviations alter the neuron structures of our brain so that they are ready to accept the influences of substances 'as a natural element'**. This means that we not only inherit the external features of our parents and grandparents but also their internal structures (including the size and activity of internal organs).

So, how can we define when a person is chemically dependent? Are certain people born to be alcoholics or do they become alcoholics simply by drinking liquor? This could be answered by saying that even the strongest genetic vulnerability always requires a substance to make it



reality. Such people do not differ from so-called normal people in any other way, except that substance use triggers a disease, which sooner or later becomes chronic.

About 70% of people with a chronic substance dependence report experiencing a strong sense of gratification upon first trying alcohol. Almost without exception, they have alcoholics in their close family, and it has been proven that a predisposed nervous system lies behind the gratifying reaction to substances. It's not unusual for chronic alcoholics to have had a secure, good childhood and solid position in our social hierarchy. The disease is very arbitrary in terms of where it strikes. One of its symptoms, the disintegration of social position, is often a consequence of substance use.

**The hereditary nature of alcoholism is stronger than that of schizophrenia or diabetes,** but many authorities groundlessly classify the disease as 'spinelessness' or a mental health problem. Upon starting to use substances, roughly one in ten Finns experience this disease involuntarily, and another 10% are at risk. The other 80% have 'difficulty' in achieving a nervous state in which drinking becomes compulsive. In such cases, the vulnerability and nervous system's ability to accept substances do not exceed the **chronic limit**, which is also referred to as 'the invisible line'. People that cross that line can never return to so-called social, controlled drinking. **Drinking becomes alcoholic, a state that is characterised by denial and secrecy. The ability to control the amount, time, or place of substance use is impaired or even completely non-existent.** Alcoholism always results in a certain type of behaviour, meaning that certain people and the disease can be diagnosed on the basis of behavioural symptoms. A person that has attained a state of sobriety can only be distinguished from other people in terms of their life experience.

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## NERVOUS SYSTEM DEPENDENCE

Neurobiological dependence exists when the nervous system has been exposed to a substance for so long that changes occurring at the neuron level are chronic and permanent. This type of nervous system can be inherited, but it can also result from drinking alcohol, often aided by hereditary factors. The brain contains about 100 billion neurons, with one of their tasks being to transport neurotransmitters such as dopamine (reward and gratification), GABA (calmness), serotonin (mood), and glutamate (activation). One of the metabolic functions of neurons is to ignite and extinguish genes, which subsequently provide codes for building our nervous system. Our brains enter a state of crisis when we drink alcohol, because it disturbs normal neurotransmitter activity. There's no need to look farther than the neuron level for environmental factors leading to alcoholism, because the 'immediate environment' of the neuron is alcohol. Even people with a weaker inherited vulnerability exceed the chronic limit when the normal metabolism of the neurons is repetitively blocked by alcohol, placing the nervous system in an evolutionary 'live or die' situation. In such cases, the genes are programmed to react in order to adapt and maintain life. Thus, continuous cell-level stress may give cause to genetic/epigenetic alterations, after which the nervous system becomes dependent upon the substance. This is when alcoholism becomes chronic, meaning that a drinking person no longer drinks to achieve gratification but to attain a normal (nervous system) state. This kind of alcoholic drinking causes depression and anxiety in that person and in the people close to him/her. Every time a dependent person exposes him/ herself to the smallest amount of the substance, the nervous system is activated and begins to demand more. Dipsomania is a typical example: for example, a person can (must) refrain from using alcohol for six months, but if he/she has a single drink, all sense of control is lost.

The brain is able to and must continuously adapt in adulthood as well. The genes of people with even the slightest degree of genetic vulnerability to alcoholism are far more susceptible to change for the worse than those without such vulnerability. As early as the 1960s, rat populations, identified as AA-rats and ANA-rats, were developed in the laboratories of Finland's state-owned Alko. AA-rats were conditioned to alcohol use and their descendents began to select wine instead of water. The ANA-rats tried to avoid wine. The AA-rats are



designated as rats with a **genetic tendency to favor alcohol**. The AA-rats did not have an existing genetic heredity but now they do, and a very strong one at that. It's good to remember that, just like 80% of the human race, members of the first AA rat population certainly wouldn't have voluntarily started to drink themselves into 'alcoholics'.

Thus, in terms of future generations, it's good to know that even without the presence of alcoholic genes, excess use of alcohol prior to fertilization or during pregnancy can cause some degree of genetic vulnerability in a child. This can subsequently influence that child's descendents, meaning that understanding of the disease should be intergenerational. As a result of its strong heredity, alcoholism is referred to as being no one's fault. People shouldn't feel responsible for getting sick, but they must take responsibility for recovery.

## THE SYMPTOMS OF AN ALL-ENCOMPASSING DISEASE

Even if we know that alcoholism is basically a neuron-level disease, what are the symptoms of this chronic brain disease? The following outlines a few symptoms that illustrate how alcoholism is an all encompassing disease affecting all areas of humanity.

### Physical symptoms

- Strong withdrawal symptoms, need for the substance
- Bruises, fractures, sprains, etc.
- Stomach disorders, esophageal inflammation, diabetes
- Skin symptoms, rashes
- Numbness, seizures, arrhythmia, high blood pressure
- Cosmetic and external injuries, swelling, etc.
- Nerve damage, tremors
- Memory disturbances and other brain injuries

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### Psychological symptoms

- Depression
- Symptoms of affective syndrome
- Craving for the substance (addiction)
- Sleeplessness
- Panic disorder
- Anxiety
- Personality changes
- Tremors, etc.

### Social symptoms

- Abnormal relations with intimate persons
- Relationships based on maintaining a facade
- Looking for drinking enablers outside him/herself
- Problems with drinking at work, sick leave
- Social network that is supports substance abuse (work, friends)
- Divorce, separation from children
- Financial symptoms

### Spiritual symptoms

- Selling one's soul to the substance
- 'Living through the bottle'
- Moral decay
- Self-accusation: 'can't anyone help me?'
- Collapse of personal values
- A feeling of complete ruin

## Emotional life

In addition to the above-mentioned symptoms, **an alcoholic's emotional life is chemical in nature and involves defence of this chemical element.** Externally, the person appears to be a huckster with no sense of morality and no desire to take responsibility for his/her words or actions. Internally, this person is consumed by pain, anxiety, guilt, shame, anger, a feeling of incompetence, and fear, because the denial that is part of this disease makes it impossible to understand his/her behaviour. Such a person hides drinking rather than talking about it. He/she lives in a state of illusion, where all problems and difficulties are completely unrelated to drinking. He/she has no idea why others can drink, but he/she can't. Such a person feels like a victim and is searching for an understanding person who will enable continued drinking. That person could be a close relation, co-worker, or professional with no understanding of the nature of the disease.

## Behaviour

In order to hide his/her emotions and confusion, an alcoholic behaves like a mentally ill person. He/she acts compulsively, is critical, demanding, denies, withdraws, blames others, lies, and manipulates in order to get what he/she needs most – the substance. The substance fulfils a need, which is all-consuming due to its link to the nervous system. For example, the nervous system can activate established behaviour, known as brain engrams, a nervous (physical) need, the desire for self-gratification (dopamine), and the so-called 'dry drunk' state. Even small amounts of alcohol or medications that primarily affect the central nervous system are enough to activate the nervous system. Once such activation has occurred, the body begins to demand the substance. This need disappears only after a person understands the countless problems – emotional and intellectually – that the substance causes in his/her life, and stays away from it. This often requires quality, long-term care to help the alcoholic break down the wall of denial and learn to view life realistically with the help of knowledge and therapy.

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# CONCEPTS

**Heavy drinker** is a term generally used in our society to refer to a consumer of alcohol who drinks amounts of alcohol that exceed 'normal social' or 'healthy' drinking. Unfortunately this term includes all groups from the chemically dependent to those that drink more than 'normal'.

The term **alcoholic** refers to a person who has a chronic neuron-level disease. He/she might not drink often, but on those occasions is unable to properly stop drinking regardless of the extreme problems that drinking causes. Thus, the substance affects an alcoholic regardless of whether he/she is under its influence or not.

The name **derelict alcoholic** is used when a person has gone 'over the edge'. He/she has been socially excluded and unable to hide the drinking, using substances and substitutes in parks and other public places. Treatment of a derelict alcoholic always involves a long period of rehabilitation prior to starting the actual treatment. Many such people suffer from neurological damage and organ malfunction.

Alcoholism is characterized by much ignorance and shame. When our society discusses alcoholism, it is often automatically linked to social exclusion and derelict alcoholics. However, derelict alcoholics only account for about 3-4% of all alcoholics. A heavy drinker can easily consume much more alcohol than an alcoholic without actually being an alcoholic.

**Alcoholism cannot be measured in terms of quantitative principles; it must be assessed qualitatively**, in other words, what happens when an alcoholic consumes liquor and what happens when he/she doesn't consume it despite a desire to do so.

## MEDICATION

When administered to alcoholics, medications that primarily cause central nervous system dependence **act as intoxicating drugs that lead to a chronic state**, and may not be used with alcoholics. As mentioned above, alcoholism, drug abuse, and mixed use are all the same problem in the long run. This is also the case in terms of the nervous system, in which case we usually talk about chemical dependence. When treating chemical dependence, we cannot replace alcohol with, for example, benzodiazepine or opioids if the desired treatment outcome is complete substance independence. The brain is unable to differentiate between intoxicants in a solid or liquid form. Independence from substances is the most important factor in terms of improving the quality of life for a person with substance dependence. The starting point for treatment is for the person involved to receive information and therapy when sober, not when intoxicated.

Avoiding substance abuse and improving the quality of life are most successful in a treatment program that understands the nature of the disease, often through personal experience. If a substance-dependent person does not receive proper treatment for the disease (information and therapy), the medication prescribed – disulfiram (Antabuse) and naltrexone (Revia) – will be ineffective.

In terms of medication for alcoholism or drug dependence, the only medical method is to ensure that the brain reaches a state in which the central nervous system is no longer under the influence of substances. In view of this fact, gene treatment could be considered a treatment for the future. The person's own stem cells could be used to repair the damage to the central nervous system. The next question for that person would be whether to start over and allow the substances to once again provide immense gratification (greater than normal), followed by another trip through substance hell, or to take life as it comes. It would be unethical to repair brain damage using stem cells from a 'normal person'.

Why would an emotionally sober alcoholic ever need alcohol or medication again if he/she were grateful for never having to drink again as the methods for achieving sobriety have already been invented.

Mika Arramies April 12, 2006 (updated 9.4.2008)

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## 2000 Words

### Addressing Alcohol Problems Worldwide WHO Statement 11/08

Reflecting on the experience of coalitions in the US, the model of local control can be used effectively to address alcohol issues in both rich and poor countries. Local policy, ordinances, and laws are best practices used by both elected officials and community members who want to see community change. For example, the number and conditions under which alcohol outlets exist and do business in cities can also include input and consideration by those who reside near such businesses.

Using the US model called the Strategic Prevention Framework (Assessment, Capacity Building, Planning, Implementation, and Evaluation); action plans can be developed to launch effective campaigns for change. When combined by the Environmental Prevention Model of Research, Strategic Community Organizing, Policy, Enforcement, and Evaluation, initiatives can be developed, supported and passed to increase public health and safety (Institute for Public Strategies, 2008). These models can be used at the neighborhood level, city, county, state or territory. Looking at a nation's drug control policy can also be properly planned using this model.

The Alcohol Industry in its current unregulated state cannot operate at the local level due to the cultural traditions, respect needed to be a part of a community leadership infrastructure and access to decision makers. The industry is known for disrespecting such cultural traditions like Cinco de Mayo and other holidays. The people who live, work and go to school have the most authentic voice to address alcohol issues. These efforts should be supported by prevention providers on an on-going basis. Often one time training is not enough for organizations or task forces. Groups require constant support to address alcohol issues with policy and advocacy. Providing skills to a community can increase skills and capacity of youth and adults. Fully assessing the problem and developing recommendations with participants is the best known model to address alcohol problems.

I am happy to support such efforts. Please contact me if I can be of service. Thank you for accepting public comment on the WHO strategy to address alcohol issues.



## Submission to World Health Organization's Public Hearing on Ways of Reducing Harmful Use of Alcohol

Alcohol is the most commonly used drug, and its abuse contributes to deaths, injuries, disease, crime, social disorder and family disintegration. Pacific Institute for Research and Evaluation (PIRE) has been a leader in translating research findings into evidence based policies and programs that have proven effective in reducing alcohol abuse and related problems. PIRE research has established scientific prevention approaches that focus on the alcohol environment, including availability, access, enforcement and advertising.

The most effective way to reduce the harmful use of alcohol is to devise a comprehensive strategy that specifically includes policy and other environmental-based approaches. School-based and family-based prevention approaches have also proven effective at reducing harmful use of alcohol.

Nine aspects of alcohol should be addressed when devising a comprehensive strategy to reduce problems related to harmful use of alcohol.

1. **Advertising and Culture:** Advertising and marketing of alcohol are pervasive. Research indicates that such promotions can influence attitudes and behaviors related to alcohol. Much research has been conducted on how media portrayals of alcohol in television programming, movies, music and on the Internet can influence viewers' and listeners' perceptions, beliefs and behaviors related to alcohol.

*Recommendation:*

- Regulate advertising and alcohol promotion, especially as it relates to youth exposure.

2. **Alcohol Control and Enforcement:** Many of the most effective public health efforts involve the implementation and enforcement of laws and policies. Preventing underage drinking and drinking and driving are good examples of ways in which law enforcement can prevent death, injury and illness.

*Recommendations:*

- Implement enforcement strategies, including sobriety checkpoints, enforcement of sales to intoxicated patrons, and compliance checks to enforce laws against alcohol sales to minors.
- Provide training and technical assistance to law enforcement leadership and line officers in efficient and effective application of enforcement strategies.
- Require accurate and uniform labeling information on alcohol products.
- Regulate the distribution and retail availability of liquor and distilled spirits in order to limit youth exposure and availability.
- Regulate drinks that combine alcohol, caffeine, and other stimulants

3. **Binge Drinking:** Binge drinking is a particularly dangerous drinking pattern characterized by bouts of heavy consumption that can lead to injury, illness and even death. PIRE has translated its research on binge drinking into programs that develop strategies to prevent the problem.

*Recommendation:*

- Raise awareness through research and education of the dangers of binge drinking
- Restrict alcohol sales or don't sell alcohol at sporting events, fairs, and other events.

4. **Crime and Violence:** Many empirical studies have found a strong positive correlation between alcohol consumption and many types of crime and violence. The most obvious criminal link is impaired driving, but alcohol consumption also is associated with interpersonal violence and other crimes, including assaults, sexual assaults, intimate partner violence, and homicide. Research has examined environmental characteristics that might influence drinking behaviors as well as social norms around drinking and engaging in criminal behavior.

By using spatial models, PIRE research has examined the availability of alcohol, (most often measured as alcohol outlet density), as a factor related to drinking and driving, binge drinking, child abuse and neglect, accidental injuries, and violent assaults.

*Recommendation:*

- Examine environmental characteristics such as alcohol outlet density that might influence drinking behaviors as well as social norms around drinking and engaging in criminal behavior.
- Provide substance abuse screenings and treatment for domestic violence offenders
- Increase alcohol tax and use that money for treatment on demand.

5. **Driving Impairment:** In recent years, over 17,000 Americans die annually in alcohol-related traffic crashes and hundreds of thousands more suffer serious injuries. As bad as this is, it used to be worse. Decades of research and evidence-based prevention policies have helped reduce the human toll.

*Recommendations:*

- Monitor and track motor vehicle crashes that are alcohol related
- Create interventions for alcohol treatment in Emergency Rooms.
- Create and strengthen driving impairment laws and enforcement procedures that have been proven to reduce and prevent driving while intoxicated.
- Utilize technologies such as ignition interlocks to prevent driving while intoxicated.
- Create and enforce laws and regulations to reduce and prevent retailers from selling alcohol to intoxicated patrons.
- Conduct rigorous evaluation of DWI Courts
- Require mandatory treatment for offenders, especially second and above offenders

6. **Health Effects:** Extensive epidemiological research suggests that alcohol use and abuse can result in a variety of adverse health consequences. Experts in this field have conducted extensive research on the relationship of alcohol use and the incidence of adverse health effects, as well as the effects of various policies and interventions.

One area related to health effects of alcohol use and abuse in which PIRE has been particularly active is Fetal Alcohol Spectrum Disorders. Other alcohol-related conditions such as Alcohol-Related Neurodevelopmental Disorders (ARND) and Alcohol-Related Birth Defects (ARBD) occur approximately three times more often than FAS.

Growth in the numbers of FASD children is likely related to the increasing number of women of childbearing age who use alcohol. Drinking among women, including women of childbearing age, has increased over time. More than half of all women of childbearing age in United States report that they drink alcohol. Because more than half of all pregnancies are unplanned, and because birth defects associated with prenatal exposure to alcohol can occur in the first three to eight weeks of pregnancy, damage can be done before a woman knows she is pregnant.

*Recommendation:*

- Support and promote research and education efforts that raise awareness of the health consequences and dangers of drinking alcohol, especially among women of child bearing age, youth, and high risk populations.
- Promote and support workplace substance abuse prevention programs

7. **Prevention:** No one measure will reduce alcohol problems so dramatically that no further public action is desirable. Rather a range of preventive and palliative measures need to be implemented in concert to reduce consumption and the harm caused by residual consumption. Given the number and diversity of proven interventions, optimal resource allocation requires selecting the most complimentary and politically feasible set. The objective is to maximize return on investment within the funding available. The critical concern is on identifying a sensible package of interventions that complement existing measures. Our research demonstrates that cost-effectiveness analysis can guide the selection of an optimal intervention package within the available resources. Political feasibility, cultural and demographic differences, and local priorities also must be considered.

School-based and family-based prevention approaches are needed as well as environmental approaches. Some excellent programs offer a very positive return on investment in countries with widespread schooling.

PIRE has carried out pioneering work showing the importance of changing the alcohol environment. The Community Trials project, for example demonstrated the effectiveness of changing alcohol availability and deterring drinking and driving and sales to minors in reducing alcohol-related injuries and deaths. PIRE's Prevention Research Center is the only NIAAA-funded center to focus on prevention of alcohol problems. Its research includes the study of prevention through changing alcohol availability, workplace regulation and norms, popular culture, and economic factors.

*Recommendation:*

- Utilize cost-effectiveness analysis to guide the selection of an optimal intervention strategy within the available resources that take into consideration political feasibility, cultural and demographic differences, and local priorities.

8. **Individual Intervention and Treatment:** There is a broad spectrum of alcohol problem drinking shading up into diagnosed alcoholism. Societies worldwide suffer considerable

losses from persons whose alcohol consumption is far from qualifying for an ICD or DSM diagnosis. Corresponding to this spectrum of drinking problems, there is a spectrum of interventions that have proven effective. Indeed, there are increasing points of convergence between “prevention” interventions (typically but not exclusively population-level) and “treatment” interventions (no longer solely high-intensity just for severe cases).

The processes by which alcohol-impaired persons improve their behavior need further study, but all societies can probably benefit from bolstering whatever community-level resources are helpful in remediating problem drinking. These non-professional resources include but are not limited to mutual-help groups such as AA, Women for Sobriety, and Moderation Management. Court mandated programs for impaired drivers are a major source for individuals entering the treatment system. PIRE researchers have been active in evaluating their effectiveness and developing new programs.

Many barriers exist to limit the use of appropriate services by those who might benefit. These barriers include stigma, lack of knowledge even by medical professionals of options for improving alcohol problems, and in many societies, costs for professional or semi-professional interventions. Steps need to be taken to facilitate referral of persons experiencing alcohol problems from a range of healthcare providers (including emergency rooms, primary care providers, and counselors), mental health providers, social services providers, EAPs, and law enforcement. Outreach is important for developing economies as well as developed ones in that these societies stand to gain much by doing even modest interventions early and at lower levels of severity.

Most persons think of “alcohol treatment services” in terms of services provided by specialist professionals, at high cost, to individuals with severe alcohol problems. Corresponding to the diversity of alcohol problems, however, there are multiple dimensions to the interventions for alcohol problems. In medical settings, much attention is paid to level of care, meaning the short-term intensity of services, typically tied to indicators of the short-term intensity of the individual’s problems. Alcohol problems, however, tend like heart problems and diabetes to be recurrent, and so finding ways to engage individuals over months to years to match the expected duration of risk is receiving increasing attention. Brief interventions have been clearly demonstrated to have socially significant effects on alcohol problems, for many populations. Research has also shown, however, the importance of addressing other dimensions, including psychiatric comorbidity, abuse of other substances, and social issues (wraparound services). Medications for alcoholism, while of limited feasibility for developing societies, have been shown to provide significant help to some persons, though the best ways to use medications in conjunction with more traditional psychosocial interventions remains controversial. Mutual-help groups such as AA clearly provide assistance in ways the professional system presently cannot mimic, such as 24/7 access to individual assistance by someone familiar with the individual’s problems.

*Recommendations:*

- Create and/or strengthen treatment programs in DWI courts and other aspects of the criminal justice system.
- Facilitate referral of persons experiencing alcohol problems from a range of healthcare providers, social services providers, EAPs, and law enforcement.
- Train doctors in brief intervention and screening of alcohol abuse and alcoholism



- Insist that insurance companies put medical treatment of alcohol on formalities.
9. **Underage Drinking:** The implementation of the 21 drinking age throughout the U.S. has been extremely successful in preventing impaired driving crashes and other alcohol-related harms among young people. But young people still drink and still suffer serious and sometimes tragic consequences. PIRE has been a leader in research, policy development, program development and evaluation in the area of youth alcohol use.

The Institute carries out a broad array of research on topics ranging from the effectiveness of drinking age limit laws, alcohol advertising, access and price to the relationship between alcohol and youth violence. The Institute also houses the Underage Drinking Enforcement Training Center, which provides training and technical assistance on the implementation and enforcement of underage drinking laws and policies.

*Recommendations:*

- Raise the minimum drinking age in countries that have no such laws or that have low minimum ages. Do not lower minimum drinking age laws, as research has shown that this increases alcohol related problems.
- Strengthen enforcement of minimum age drinking laws.
- Strengthen regulations that restrict advertising and alcohol promotion to youth.
- Provide training and technical assistance to enforcement personnel to effectively enforce underage drinking laws and policies.
- Increase alcohol taxes
- Enact social host liability laws to deter adults from hosting underage parties and providing alcohol to minors.

## ***Dangerous Cocktail*** **International trade treaties, alcohol policy, and public health**

Report originally prepared for the World Health Organization  
by Jim Grieshaber-Otto, Noel Schacter and Scott Sinclair

July, 2006

### **Executive Summary**

(The full 135 pp. draft report is available from the author upon request.)

There is an inherent tension between modern international trade treaties and public health policies that reduce the substantial harm caused by alcohol consumption. In general, the more effective an alcohol policy is in reducing alcohol consumption and resulting alcohol-related harm in a population, the more likely it is that the policy will clash with trade treaty rules. If governments continue to negotiate more far-reaching trade treaties in the future, such conflicts with alcohol policy will likely increase and intensify.

Governments have the ability to protect their much-needed alcohol regulatory flexibility from trade treaty constraints. To begin to do so, governments should consider:

- conducting a thorough review of their existing treaty commitments and treaty negotiating positions affecting alcohol policy.

In negotiations that are now underway on the General Agreement on Trade in Services (GATS), a protective approach could involve:

- making no commitments in alcohol-related services, and refraining from seeking such commitments from other countries;
- withdrawing GATS specific commitments that adversely affect alcohol policy and accommodating the withdrawal of such commitments, without penalty, by other countries;
- as a matter of urgency, withdrawing the “plurilateral” request on Distribution Services that places new pressure on alcohol policy flexibility in many countries;
- ensuring that alcohol policy is fully shielded from the planned imposition of a controversial new “necessity test” affecting domestic regulation.

In bilateral and regional investment treaties, a protective approach could include:

- ensuring that expropriation and compensation rules do not apply to alcohol-related public health initiatives.

More broadly, governments could act jointly to:

- place health-based alcohol policy beyond the reach of international trade treaty constraints, by incorporating broad protective exclusions for alcohol and alcohol-related services and investment.

However, since the current generation of trade treaties is likely to remain intrinsically at odds with health-based alcohol policy for the foreseeable future, a complementary approach, taken outside the trade treaty realm, could prove more efficient. Governments and citizens around the world could:

- pursue a global health-based approach to alcohol control, including the adoption of a Framework Convention on Alcohol Control, modeled on the Tobacco Convention that came into force in 2005.

A strong alcohol convention would provide an effective means to avoid future trade treaty interference in the vital task of reducing the global harm caused by alcohol consumption.

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### **The increasing dissonance between health-promoting alcohol policies and modern trade treaties**

There is an increasing dissonance between health-promoting alcohol policies and modern trade treaties.

The underlying purpose of health-based alcohol regulation is to reduce the serious harm caused by alcohol in society. Generally, the social imperative of improving public health is well served when alcohol—a drug—is treated more restrictively than other products. The best available evidence indicates that, at the population level, chief among the most effective health-promoting regulations are policies that reduce overall alcohol consumption by increasing the price of alcohol and by restricting its physical availability.

By contrast, modern trade treaties, which are based upon commercial imperatives, treat alcohol as an ordinary commodity, and alcohol-related services and investment like all others. They promote the expansion of existing alcohol markets and the creation of new global markets for alcohol and related services and investment. These treaties are designed such that “alcohol becomes cheaper as taxes are lowered, more accessible as

market restrictions are eliminated and more desirable to consumers as alcohol products are advertised and otherwise promoted.”

These two approaches—the public health approach to alcohol and the commercial trade treaty approach to alcohol—are at odds. Moreover, the potential for conflict between the two is increasing as governments extend the scope of existing trade treaties and negotiate new, more expansive treaties. (cf. Sections 1, 6)

### **Alcohol is a global health issue that can be addressed by policies that research shows are effective**

There is a growing recognition that alcohol is a global health issue. Alcohol has recently been identified as one of the world’s top ten health risks, accounting for about the same amount of global burden of disease as tobacco. Alcohol consumption is causally related to more than 60 types of disease and injury, and is linked to a variety of social problems. Global alcohol consumption has increased in recent decades, with most or all of the increase occurring in developing countries. (cf. Section 1)

Recent research demonstrates that certain types of public policies are effective in reducing alcohol-related harm.

A review of the available scientific evidence, sponsored by the World Health Organization, demonstrates that citizens, their governments and other organizations possess an extensive toolkit of policy options that are effective in reducing alcohol-related problems. The report, entitled *No Ordinary Commodity: Alcohol and Public Policy*, ranks alcohol policies on the basis of whether particular types of policy interventions produce significant changes in alcohol consumption or related health outcomes. (cf. Section 2)

Types of measures that are demonstrably effective include the following:

- ☐ pricing and taxation
- ☐ regulating the physical availability of alcohol
- ☐ drinking-driving countermeasures
- ☐ modifying the drinking context
- ☐ treatment and early intervention services.

Other types of policy measures are also in common use. These policy measures, which are not effective or have not yet been shown to be effective, include:

- ☐ education and persuasion, and
- ☐ restrictions on alcohol promotion.

The available evidence indicates that of these policy options, *placing high taxes on alcohol and regulating the physical availability of alcoholic beverages, especially through the use of public monopolies over retail alcohol sales* are the most important and effective methods for reducing alcohol-related harm.

**Modern international trade treaties are very broad and powerful; they cover alcohol and alcohol-related services and investment**

A fundamentally new trade treaty regime now exists

The 1990s ushered in dramatic changes to the world's trade treaty regime. The World Trade Organization (WTO) and recent regional and bilateral treaties far surpass previous types of trade agreements in their scope and reach, extending into areas that have never before been regarded as trade policy. These treaties are designed principally to facilitate international business by constraining and re-directing the regulatory ability of governments in both the international and domestic policy spheres. Like many modern trade treaties, the WTO operates under its own supranational enforcement and dispute resolution framework that is much stronger than the diplomatic approach that was employed previously. Its rules are also legally binding; that is, members are required to bring their inconsistent measures into conformity with WTO rules or face trade sanctions until they do. (cf. Section 1)

Trade treaty rules cover alcohol and alcohol-related services and investment

Trade treaties have covered alcohol as a *good*, or commodity, for decades, which has resulted in changes to alcohol taxation policies in several countries. It is less well known that modern trade treaties also cover alcohol-related *services* and *investment*. In both cases, the coverage of alcohol is extensive, and the application of services and investment rules can have important public health consequences. Alcohol-related services include: alcohol brewing and distilling, alcohol transportation, alcohol distribution, alcohol advertising, the serving of alcohol in restaurants, the selling of off-premise alcohol, and the treatment of alcohol problems. Modern trade treaties define "investment" very broadly to include most types of direct and indirect ownership interests, intellectual property, and contracts, licenses, authorizations, permits and other property rights—all of which can be affected by health-based alcohol policies. All alcohol goods and alcohol-related services are classified according to a comprehensive classification system established and maintained by the United Nations, which is a key reference in trade treaty negotiations. (cf. Section 4)

Do public health exclusions and exceptions protect alcohol policies from trade treaty rules?

All trade treaties contain certain provisions that allow governments to follow policies that otherwise would be treaty violations. The degree to which existing protective clauses safeguard member governments' policy flexibility is a complex and contentious issue. Regrettably, the available evidence, derived from treaty texts and relevant jurisprudence reviewed in this paper, provides scant comfort to public health proponents. These protective treaty clauses exhibit several features that are problematic from a public health perspective. Treaty exceptions are usually narrow in scope and are interpreted restrictively under international law. They consist of multiple, cumulative requirements that are difficult for governments to satisfy. Their use is complex, making mistakes almost inevitable. The experience from recent trade treaty disputes points to their limited protective role. Disputes involving such exceptions are adjudicated by trade specialists solely on the basis of trade treaty rules. This paper concludes that *it is exceptionally*

*difficult for governments to successfully use existing treaty exclusions, exceptions, limitations and other protective clauses to insulate health-based alcohol policy measures—effectively and permanently—from the treaties’ substantive obligations. (cf. Section 4)*

### The key types of trade treaty rules

There are several types of rules that are relevant to alcohol policy. These include the following (cf. Section 3):

- Prohibitions against “discrimination”  
The most important non-discrimination rule—national treatment—requires that governments provide *foreign* goods, services and investments the best treatment given to like *domestic* goods, services and investments. This is a tougher rule than generally realized, requiring governments to ensure that foreigners have “equality of competitive opportunity” with domestic suppliers. Long a central feature of trade treaties affecting goods, the recent application of this rule to services and investments creates the potential for new conflicts with alcohol-related public health measures.
- Restrictions on monopolies, state enterprises and exclusive suppliers  
Many treaties restrict the activities of public monopolies, including publicly-owned retail alcohol monopolies. Under the GATS, such monopolies are in principle inconsistent with that treaty’s market access rules, and governments intent on maintaining a monopoly in a committed sector are required to inscribe it in a schedule as a country-specific exception. Also, while recent treaties usually recognize governments’ right to designate new monopolies, this right is often qualified. Under the GATS, governments that have made specific commitments in alcohol distribution are required to negotiate “compensatory adjustment” with other governments whose suppliers are affected by the creation of a new alcohol monopoly, or face trade sanctions.
- Rules on “market access”  
Market access rules prohibit governments from imposing quantity-based restrictions, such as limits on the numbers of alcohol retail outlets in a particular community or region. Such restrictions are prohibited even if they are non-discriminatory—applying to foreign and domestic services and suppliers equally—and even if their purpose has little if anything to do with international trade.
- Prohibitions against “performance requirements”  
Most modern trade treaties restrict performance requirements that many now-industrialized countries used to promote their economic development. Performance requirements include conditions set by governments that oblige foreign investors to purchase locally, transfer technology, take local partners, train local workers, or meet other economic, environmental or social policy objectives. The effects of prohibiting these policies can be particularly significant for developing countries.
- Expropriation-compensation provisions  
Most recent bilateral and regional investment treaties incorporate controversial expropriation-compensation rules that extend much further than most countries’ domestic law and raise important concerns for health-based alcohol policy. Under these rules, whether a particular regulatory measure is an expropriation (or “taking”)

and, if so, what amount of compensation is due to investors, are matters of interpretation. In the event of a dispute under these treaties, these sensitive matters are not determined by more balanced domestic laws under elected governments but are subject to the strict application of commercial trade rules as determined by commercial arbitral panel decisions.

□ State-to-state and investor-to-state dispute settlement rules

All modern treaties include procedures for enforcing their rules through government-to-government (or “*state-to-state*”) dispute settlement procedures. If governments cannot resolve disputes through consultations, they are heard by appointed trade panels that meet in private and issue legally-binding decisions, which can include rulings to reverse public policy measures. Many investment treaties also include a controversial *investor-to-state* dispute settlement procedure. Under this process, investors can bring a challenge against a foreign government directly, without the approval of their home government—bypassing established domestic laws, judicial processes, and conventional requirements for transparency and democratic accountability.

**There are many conflicts between trade treaty rules and effective alcohol regulations**

There are many conflicts between trade treaties and public policies that reduce alcohol-related harm. (cf. Section 5) Specifically, *trade treaty rules potentially conflict with four of the ten policy options that international researchers identify as “best practices” for regulating alcohol to improve public health, namely:*

- *maintaining high prices or taxes on alcohol;*
- and regulating the physical availability of alcohol through*
  - *government monopoly of retail sales;*
  - *restrictions on hours and days of retail sale; and*
  - *restrictions on the density of alcohol sales outlets.*

As described in detail in the text of this study, alcohol policies can be constrained by various trade treaty rules. The most important conflicts arise with

- national treatment rules for goods, services and investment;
- market access rules for goods, services and investment; and
- expropriation-compensation rules for investments.

In addition, in the future, many effective alcohol policies could conflict with

- rules on domestic regulation for services,

which have been proposed and are currently under negotiation in the GATS, the World Trade Organization services treaty.

This paper concludes that trade treaties threaten health-based alcohol policies that work. Broadly stated, within a population, *the more effective an alcohol policy is in reducing alcohol consumption—and hence, generally, alcohol-related harm—the more likely it is to clash with trade treaty rules.* The most important trade treaty/alcohol policy conflicts (cf. Section 5) are summarized in the following table.

**Table 1. Conflicts between trade treaty rules and alcohol regulation**

**Trade treaty conflicts with the most effective health-based alcohol policies**

<b>Alcohol policy measure</b>	<b>Trade treaty conflicts</b>	<b>Future treaty conflicts?</b>
<b>Pricing and taxation</b>	<ul style="list-style-type: none"> <li>National treatment rules</li> </ul>	
<b>Regulating the physical availability of alcohol</b> <ul style="list-style-type: none"> <li>total ban on alcohol sales</li> <li>ban on alcohol imports</li> <li>restrictions on alcohol sales (incl. government monopoly of retail sales)</li> <li>restrictions on density of alcohol retail outlets</li> <li>regulating beverage availability according to alcohol content</li> <li>other restrictions on alcohol availability</li> </ul>	<ul style="list-style-type: none"> <li>Rules on elimination of quantitative restrictions</li> <li>Rules on elimination of quantitative restrictions</li> <li>National treatment rules</li> <li>Constraints on government alcohol monopolies</li> <li>National treatment rules</li> <li>GATS market access rules</li> <li>GATS market access rules</li> <li>National treatment rules</li> <li>Investment treaty rules</li> <li>National treatment rules</li> <li>National treatment rules</li> <li>GATS market access rules</li> </ul>	<ul style="list-style-type: none"> <li>Proposed GATS rules on Domestic Regulation</li> <li>Proposed GATS rules on Domestic Regulation</li> <li>Proposed GATS rules on Domestic Regulation</li> </ul>
<b>Drinking-driving countermeasures</b>	Few if any	
<b>Modifying the drinking context</b>	Few if any	
<b>Treatment and early intervention services</b>	Various	

**Trade treaty conflicts with other alcohol policies**

<b>Alcohol policy measure</b>	<b>Trade treaty conflicts</b>	<b>Future treaty conflicts?</b>
<b>Education and persuasion</b>	Few	
<b>Regulating alcohol advertising</b>	<ul style="list-style-type: none"> <li>National treatment rules</li> <li>GATS market access rules</li> <li>Expropriation-compensation rules</li> </ul>	<ul style="list-style-type: none"> <li>Proposed GATS rules on Domestic Regulation</li> </ul>



These conflicts have significant practical effects. (cf. Section 6.2.4) They can exert substantial pressure on governments to “roll back”, or relax, their domestic alcohol regulations. Pressure arising from trade treaty commitments can also “freeze” the status quo, effectively precluding the introduction of new health-based alcohol measures, where these changes would violate treaty rules. In particular, trade treaty rules can present serious practical obstacles to governments seeking to rectify overly lax regulatory regimes or to tighten their alcohol regulations in response to new evidence of the incidence or significance of alcohol-related harm. Even the complexity and uncertainty of ascertaining whether a new alcohol initiative would conform to treaty rules can divert attention and scarce resources away from addressing the health imperative as intended. Finally, the steadily increasing reach of modern trade treaties into health policy areas diminishes policy space available to governments and their citizens, including options that have proven effective in reducing alcohol-related harm. The paper concludes that *in the face of binding, ratchet-like constraints on domestic and international alcohol policy-making, the temptation to simply ignore the impact of trade treaties is no longer tenable.*

### **Promoting a healthy future for alcohol regulation**

Fortunately, there are practical steps that governments can take, alone or with other governments, to diminish trade treaty conflicts and ensure a healthy future for alcohol regulation. (cf. Section 6)

#### **Initial priorities for individual countries**

As an initial priority, individual countries can adopt a precautionary stance in ongoing trade treaty negotiations by instructing their negotiators to “do no harm” to existing health-based alcohol policy and to safeguard future policy flexibility in the area. Governments intent on preserving and enhancing their ability to reduce alcohol-related harm should conduct a thorough review of the impact of their existing trade treaty commitments on alcohol policy and of their positions in ongoing treaty negotiations, in close collaboration with alcohol policy researchers and public health advocates that have expertise in the alcohol policy field. Before the current round of GATS negotiations intensifies further, governments can begin to safeguard their alcohol policy flexibility by making no commitments affecting alcohol in the Distribution Services and Advertising sectors, nor in other alcohol-related services. They should also refrain from seeking alcohol-related commitments from other countries in GATS and other treaty negotiations.

#### **Taking collective action to relieve trade treaty pressure on alcohol policy**

More substantial and sustainable protection can be achieved through joint action with other governments and close collaboration with non-governmental agencies. Initially, governments can collaborate to assess, and address, existing trade treaty and alcohol policy conflicts. Where necessary, existing treaty commitments and provisions should be altered to ensure that they accord with public health priorities in alcohol policy. For example, like-minded governments could jointly champion effective protection for alcohol policy options through the insertion into treaties of a general across-the-board ‘horizontal’ exclusion for public health measures affecting alcohol services.

In the current negotiating round of the WTO services treaty, governments could jointly instruct their treaty negotiators to withdraw GATS specific commitments that adversely affect alcohol policy and to accommodate, without penalty, the withdrawal of such commitments by other countries. As a matter of urgency, the ten GATS joint sponsors of a “plurilateral” request affecting alcohol services could withdraw this negotiating request. This proposal—that recipients make full national treatment and market access commitments “with no limitations” in Distribution Services, which generally includes alcohol—increases pressure on health-based alcohol policies. Withdrawing the request would alleviate this pressure both in the 19 recipient countries and in the U.S., Europe and the other demandeur countries, since demandeurs are deemed to be recipients of the plurilateral requests they make of others. Members can protect or enhance alcohol policy-making flexibility in GATS negotiations in other ways, for example, by maintaining or augmenting protective limitations exempting alcohol services, and by ensuring that alcohol policy is fully protected from the impacts of the planned imposition of a new “necessity test” on Domestic Regulation.

Members can also act jointly to begin to shield alcohol policy in investment treaties by ensuring, for example, that expropriation and compensation rules do not apply to alcohol-related public health measures. More broadly, governments could substantially protect health-based alcohol policy from the adverse effects of trade treaty conflicts by negotiating a general treaty ‘carve-out’ for alcohol, as the global representative body for physicians, the World Medical Association, recently recommended:

“[I]n order to protect current and future alcohol control measures, [National Medical Associations should] advocate for consideration of alcohol as an extraordinary commodity and *that measures affecting the supply, distribution, sale, advertising, promotion or investment in alcoholic beverages be excluded from international trade agreements.*”

### Looking ahead

In order to prevent unintended interference from trade treaty rules, there is a pressing need for health researchers, government authorities and citizens to become active participants in trade treaty negotiations affecting alcohol policy. Integrating public health perspectives into national negotiating stances would help create a better balance between public health imperatives and private commercial interests promoted within these treaties. Such integration could also help stimulate a critical shift in future trade treaty negotiations. However, unless a fundamental transformation takes place, the current generation of trade treaties will remain intrinsically at odds with health-based alcohol policy. A global health-based approach to alcohol control outside the trade treaty realm, modeled on the Framework Convention on Tobacco Control, which came into force in 2005, is likely to prove more effective. *A Framework Convention on Alcohol Control would provide an important means for governments and citizens around the world to avoid trade treaty interference in the vital task of reducing the global harm caused by alcohol.*



### **Question 1: What are your views on effective strategies to reduce alcohol-related harm?**

Effective strategies to reduce alcohol-related harm requires providing a web of services that include research and evaluation, while providing best practices for prevention, treatment and legal interventions. This web of services ultimately will reduce harm to individuals and families along with reducing risks to society and costs associated with alcohol-related problems.

Research and evaluation are necessary to assess the extent of current problems in a community. Specifically, it is important to determine specific cohorts at greatest risk. These cohorts may include: youth under age 18; young adults ages 18-25; adults ages 25-35; etc. It is also important to identify specific alcohol-related problems that are of greatest concern such as drunk driving; domestic violence; health problems; youth-related problems; and costs to society due to alcohol-related effects such as crime, increased healthcare rates and employment problems. For strategies to be most effective, research must identify geographical communities, areas or regions with the highest prevalence of alcohol-related problems.

Once research has identified targeted geographical communities, specific cohorts and specific problems to address, focused strategies can be executed. By focusing the web of services in this manner, best practices in prevention strategies, treatment and legal interventions can be coordinated together to meet the most critical needs first.

### **Question 2: From a global perspective, what are the best ways to reduce problems related to harmful use of alcohol?**

From a global perspective, the best ways to reduce problems related to harmful use of alcohol is to implement best practices in prevention, treatment and legal interventions, and to coordinate these efforts to address the alcohol-related problems throughout the culture. To do this, evidence-based prevention methods should be introduced in the community to empower the community to choose not to abuse alcohol. These methods can include social marketing with social norming messages to saturate the community with positive messages on not using and/or abusing alcohol; this is similar to a well-orchestrated advertising/marketing campaign, promoting healthy choices. Education is a vital component in prevention strategies. This includes education on alcohol-related health issues, endangerment to self and others, costs to society and other issues. Target audiences include youth, parents, other concerned adults, law enforcement, media outlets and business that sell alcohol, respectively

Treatment programs using evidence-based practices need to be established in communities to reduce alcohol-related problems. An example of evidence-based treatments that are known to be effective in the United States include Motivational Interviewing; Motivational Enhancement Therapy/Cognitive Behavioral Therapy; Family Support Network and Seeking Safety. (Seeking Safety is a therapy designed to treat individuals with substance abuse problems complicated by issues of trauma.) Additionally, a comprehensive assessment instrument should be utilized to determine treatment needs. An effective instrument utilized in the United States is the Global Appraisal of Individual Needs.

Legal interventions may include creating and/or enforcing laws that pertain to restricting underage drinking, place responsible vendor requirements on businesses that sell alcohol,



punishments related to driving under the influence of alcohol, address the needs of children living in unsafe/unhealthy environments due to alcohol and other drug use and creating legal diversion programs where individuals charged with alcohol and other drug-related crimes can have the option of being diverted to completing a treatment program in place of facing legal judgment and/or incarceration.

**Question 3: In what ways can you or your organization contribute to reduce harmful use of alcohol?**

The LiveFree! Substance Abuse Prevention Coalition of Pinellas County (LiveFree!) can contribute to reducing the harmful use of alcohol by participating in WHO strategies in our community when developed as resources permit. LiveFree! is very hopeful to be a part of a global strategy to address alcohol-related problems.

LiveFree! is Pinellas County, Florida's youth, parents, schools, law enforcement, businesses, media, health and human services, churches and youth-serving organizations unified to prevent the catastrophic effects of alcohol in our community. Together, we are a mighty force advocating for environmental change while educating communities on the dangerous effects of alcohol use and abuse and the benefits of enforcing underage drinking laws. Our educational messages heighten awareness to prevent alcohol, tobacco and other drug use among youth and young adults. Educational outreach is the core of LiveFree!: **1)** advocating for environmental change with tougher enforcement of alcohol-related ordinances; **2)** utilizing AlchohEDU™, a web-based curriculum to teach youth the facts about alcohol; **3)** providing in-school student alcohol education sessions; **4)** providing Speaker's Bureau training for youth and adults and distributing educational materials to parents, youth and concerned adults; **5)** sponsoring televised town hall meetings, media and marketing campaigns in partnership with WEDU-TV and Pinellas County Schools, Safe and Drug Free Schools Office. LiveFree! is promoting healthy decision-making and saving lives.

To date, LiveFree! has made great progress towards addressing the problem of underage drinking and binge drinking among youth and young adults in our community. LiveFree! works diligently to provide education to parents, youth, schools, law enforcement and all others in the community on the facts about alcohol. Educating parents is especially important. If families talk to their children at home when they are still young, youth will have the courage and tools necessary when they encounter situations at school, parties or elsewhere to stand up against peer pressure and say, "No." to alcohol and other drugs.

Statistics show that the effects of alcohol on the developing brain can have detrimental effects as the brain continues to develop beyond the age of 20. Teenagers tend to make emotional-based decisions, without consideration for the consequence or what the retribution might be. For instance, the leading cause of death among youth ages 15-20 years of age, are motor vehicle crashes. The rate of fatal crashes where alcohol is involved with drivers between 16-20 years old is more than twice the number than for intoxicated drivers 21 and older.

LiveFree! coalition members used formal research methods to identify the project priorities and assist prevention planners with making data-informed decisions. Epidemiology trends, including



results of the 2006 Florida Youth Substance Abuse Survey; 2006 JWB Prevalence of Substance Use among Pinellas County Youth and the Youth Risk Behavior Survey, were used to identify underage drinking as the number one priority facing youth and young adults in Pinellas County. Data-analysis results identified specific zip codes that had high reports of underage drinking to determine priority target areas for LiveFree! activities.

Strategies developed for bringing prevention strategies to fruition include effective leadership via the LiveFree! Advisory Board of Directors, engaging youth and parents to take action, advocate for change by being a media spokesperson and active participation in coalition events and committees. This past year, LiveFree! began making its mark on alcohol policy enforcement and change through: **1)** attendance at City of Seminole council meetings to support a 21 and up ordinance disallowing anyone under the age of 21 in bars; **2)** participation in the Florida Coalition for Alcohol Policy (FCAP)—mission: to support the development and implementation of preventative alcohol policies at the state and local levels, educate stake holders and decision makers on the efficacy of policy proposals, and promote citizen advocacy efforts to advance effective public policy. **3)** member of the Prescription Drug Task Force, headed by Hillsborough County Anti-Drug Alliance—currently working to draft legislation that would introduce a Prescription Drug Monitoring System in Florida; **4)** LiveFree! developed a survey querying opinions on current alcohol policies from community leaders to determine how to approach policy issues in Pinellas County and gain an understanding of community beliefs with the findings presented to the Social Policy Legislation Addressing Underage Drinking meeting; **5)** LiveFree! has been developing Fact Sheets to educate adult and youth members on current and proposed policies; **6)** LiveFree! addressed the Pinellas County Commissioners to oppose budget cuts to the DUI and Traffic Enforcement Program, showed support for the Keg Registration Ordinance passed in Lake County, distributed a Briefing handout on the Dangers of Alcoholic Energy Drinks as part of a regional drug alert and distributed a press release supporting the current drinking age of 21.

LiveFree! youth members were vital participants contributing to the success of these activities. Sustaining and nurturing youths' active participation is key to LiveFree! LiveFree! youth have taken educational outreach to a new level. Currently, LiveFree! has five student clubs in five high schools in Pinellas County, which include a student-to-student component where students represent LiveFree! in their peer groups, in classrooms and during after school activities to recruit, educate, serve as activists and promote healthy social activities. To spread these messages beyond the schools and into the community, last year, LiveFree! youth designed both English and Spanish prevention messages as part of a multi-media campaign, which became a part of the Pinellas County landscape. It included promotional spots of the WEDU-TV Town Hall Meeting, Clear Channel billboards and aired through AMC Movie Theaters as cinema promotional spots. Youth also worked to create four consecutive Town Hall Meetings aired live by WEDU-TV. This year, LiveFree! is launching the state-wide "Be the Wall" social marketing campaign in Pinellas County, ensuring that youth, parents and the entire community get the messages they need to spread the word and prevent underage drinking.

For more than four years, LiveFree! has launched social marketing campaigns in the community spreading positive messages, empowering youth and the community to make healthy choices.

**LiveFree! Substance Abuse Prevention Coalition of Pinellas County**

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Marketing messages that have a positive message are most effective. These messages re-enforce the fact that most youth do not drink alcohol—that those who are leaders in their schools and community make healthy choices not to use alcohol. These youth are role models and are the leaders of tomorrow. LiveFree! publicly acknowledges their positive choices responsibility, integrity, and self-respect. LiveFree! youth member participation and commitment along with the dedication, support and infrastructure provided by the LiveFree! Advisory Board, parents and other active community leaders is the most valuable way that LiveFree! can contribute towards reducing the harmful use of alcohol.

2008-11-10

## SUBMISSION OF SYSTEMBOLAGET, SWEDEN, TO WHO PUBLIC HEARING ON WAYS OF REDUCING HARMFUL USE OF ALCOHOL

In assessing the risks and consequences of the harm caused by alcohol consumption as well as the effectiveness of interventions, it is important to rely on scientific assessments as reflected e.g. in the book *Alcohol: no ordinary commodity*. It's positive characteristics notwithstanding, alcohol is one of our biggest public health problems. The influence of alcohol consumption on disease and injuries is substantial, but the social consequences and the influence on economic development are no less serious. The harm caused by alcohol consumption to third persons is also considerable, considering e.g. violence, traffic accidents and family problems. Alcohol problems also result in substantial costs, both for the individual and for society as a whole.

An increase in total consumption means an increase in diseases, injuries, accidents and violence. This relationship between population drinking and harm indicators, as alcohol related mortality, has received further support in recent research. The research shows also that the magnitude of this relation can differ from country to country, where a given increase in overall consumption appears to be more detrimental in e.g. Northern Europe, compared to countries in the south of Europe, probably because of drinking culture and patterns. Decreased consumption would then for these countries also imply a greater decrease in alcohol harm.

Reducing total levels of alcohol consumption has always been the basis of Swedish alcohol policy, and this is still the case. Experience from our history has led to the conclusion that, in Sweden, regulating the market by way of alcohol taxes and state monopolies, where the profit motive is detached from sales, is among the most effective interventions to prevent and thereby reduce alcohol harm. Other interventions are also important, e.g. enforced age limits, low blood alcohol levels for driving and regulation of alcohol advertising, as well as brief intervention by health care professionals. The effectiveness of these interventions has also been confirmed by scientific evaluation. Experience and evaluation also shows that reducing total consumption affects and diminishes consumption and harm among heavy drinkers and youth as well. The so called prevention paradox, where the majority of alcohol-related problems in a population are found not among alcoholics or among the consumers with the highest level of consumption but in the larger number of non-alcoholic "social" drinkers, is also an argument for general interventions that aim to reduce the total level of consumption.

The monopoly's function of reducing the damage caused by alcohol is primarily achieved by reducing overall consumption levels. This is achieved by, among other, following factors, which are not only theoretical, but put into practice in the management of the Swedish alcohol retail monopoly.

- Detachment of the private profit motive from sales
- Absence of advertising or sales-promotional measures
- Limiting the number of stores
- Limiting opening hours
- Fidelity to laws and regulations, not striving to bring about liberalisation
- Effective age verification



2008-11-10

It is important not only to look at the effect of each intervention individually, but to consider the total effect of all interventions used. Interventions can be effective for different types of harm and often reinforce each other. The totality of intervention used in a society also reflects and demonstrates the views and norms on alcohol and alcohol consumption in that society, which in itself influences the level of consumption and harm. For these reasons it is important to use a combination of interventions.

As stated by the final report of the WHO Commission on Social Determinants of Health, 2008, trade liberalization and market integration has diminished the public sector's role in regulating the market for e.g. alcohol. The impact on health and well-being of harmful alcohol consumption is an argument for acknowledging the nature of alcohol as a non-ordinary commodity also in connection with international trade agreements.

In an international context, it is important to strive for respect and understanding of different countries experiences. Countries have different patterns of consumption but also different conditions, history and traditions. Alcohol policy and the choice of interventions are best made taking account of these differences. Therefore, we do not believe it is appropriate or desirable to impose e.g. the Swedish model on other countries. Every country should determine its own alcohol policy based on its own political, cultural and historic considerations. But the choices made in one country should be respected by others.







**World Health  
Organization**

**Department of Mental Health and Substance Abuse  
World Health Organization  
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