
WHO Public Hearing on Harmful Use of Alcohol

Volume VI:

Received contributions from:

- Individuals



**World Health
Organization**

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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/. 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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Able, Laura

Individual

Country: United Kingdom of Great Britain and Northern Ireland

Funding or support from alcohol industry? No

Web site: <http://www.calderdalenetwork.org.uk>

My experience covers only the preventative and mild to moderate drinkers. I believe the only effective strategy to reduce alcohol related harm is through partnership working. This is related in the evidence provided below.

From a global perspective I think advertising should be severely restricted, the price of alcohol should go up, and the companies who make profits from alcohol need to return 75% back into the community, education for children and healthy lifestyles need to be promoted.

I consider the strategy the Project that I work for reduces alcohol related harm for mild to moderate drinkers. The approach is one of partnership between VCS organisations and the SMS service.

The Project which I work for encourages organisations to send people on the course, explains what its about and why it's a good idea and how it fits in with the local health priorities and community vision, books the training room and provides the drinks.

The SMS trains individuals from VCS groups on Alcohol Screening (from the WHO) and Brief Interventions. The training lasts about 2 hours which is a realistic amount of time and is accessible for groups. The training draws together knowledge which most people have or at least can relate to and provides support materials such as "Your at a Glance Guide to Units," "Methods for cutting down" drinks diary and a leaflet, information on drink and calories, alcohol and mental health.

These individuals then go and screen people in their group and in their communities and if those screened score between 8 and 20 a brief intervention is carried. They send this back to the SMS service, who pay them £25 for the Brief Intervention. The SMS contact the person 12 weeks later to see if the screening has had any impact so far the results have been favourable with over 90% indicating that the screening has had a result.

The VCS are not the only agency carrying out these screening in our area but they have contributed to engaging over half of all those carried out.

Adams Marin, Barbara

Individual

Country: United States of America

Funding or support from alcohol industry? No

The alcohol beverage industry spends billions of dollars annually to promote its products and develop new markets. In addition, the alcohol beverage industry has developed new products that appeal to young drinkers and women. These drinks are sweeter, brightly colored and disguise the alcoholic content, minimizing the risks to drinkers. Other new products combine alcoholic beverages with stimulants that blunt awareness of alcohol impairment.

The marketing of its products by the alcohol beverage industry also normalizes the use of alcohol in our society. When alcohol use becomes normal, it is integrated into more types of activities, and because alcohol consumption (and its consequences) are considered "normal", it becomes harder to see when alcohol use becomes a problem for the individual and the community. It is easier to excuse excessive drinking and out of control behaviors, thus reinforcing denial on the part of individuals. Rituals such as "21 on your 21" (drinking 21 shots on your 21st birthday to celebrate being able to drink legally) has encouraged binge drinking, a behavior accepted by young people as a right of passage. Binge drinking among college students is not viewed as exceptional or deviant behavior. Rather, heavy drinking is acceptable and normal in that culture, with little understanding of the immediate dangers or long term health risks. At the same time, there is increased stigma against those who do develop serious problems or cause death or injury to others when involved in DUI accidents.

In my area, young people report having their first drink around the age of 13, and over 30% of high school seniors report regular use with the intention of getting drunk. Almost 40% report getting the alcohol from an adult. Laws restricting the use of alcohol to those over 21 alone do little to promote "responsible" use, and these restrictions coupled with the heavy promotion of the products at concerts, sporting events and in the media may encourage irresponsible use. Restrictions on advertising and marketing of alcohol, as well as limiting the sponsorship of events by the alcohol beverage industry, are important ways to promote responsible use.

My area is also known for its high DUI rate. The number of DUIs reflects not only the level of alcohol use in my community, but also the strict law enforcement our sheriff provides. Recent legislation has mandated assessments for alcohol and other drug problems and requires treatment if necessary in addition to the use of community controls such as alcohol monitoring devices. Screening and brief intervention for alcohol abuse and dependence by doctors

and hospital emergency rooms is important. We must continue to educate an aging population that takes more medications about the risks of combining those medications with alcohol.

While the strategies that are effective will vary by region, WHO can provide leadership, support, and resources to developing nations as they seek to develop effective alcohol policies based on public health and safety principles and to offset the influence of the powerful global alcohol marketing industry all over the world. WHO can help develop global networks to strengthen collaboration about what works and to provide peer support and also coordinate efforts to reduce alcohol abuse and dependence.

Angué, Esimi Miko

Opinión a título personal

País: Equatorial Guinea

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

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

1. La primera estrategia para la reducción del consumo del alcohol, tomada por el gobierno, es el aumento de las tasas de los importadores del producto.
2. Para respaldar la ejecución de la estrategia, conviene llevar un control estricto de la importación del alcohol en el país; restringir su consumo en locales de bajo nivel, como lugares de acceso a los grandes consumidores; aumentar los precios de bebidas en el país.
3. Promulgar medidas más severas de control del consumo abusivo del alcohol; Restringir el consumo de los jóvenes.

Bejerrum Bach, Lena

Individual

Country: Denmark

Funding or support from alcohol industry? No

Through my working experience in the alcohol treatment field I find that the most important way to reduce harmful drinking is to help relatives and their children to address the harmful effects of drinking and help them work with the problems it brings in the family.

Addressing the partner/wife or other important others around the person drinking we will be able to prevent alcohol problems on a much earlier stage. It is the partner and children who feel the consequences of another person's drinking at first and therefore also have a need and motivation for getting help. Secondary this help will also lead to an effect on the person drinking and often motivate the person to change his or her drinking pattern in order to keep the family together and minimize the negative consequences for the family members.

Berlin, Dianne

Individual

Country: United States of America

Funding or support from alcohol industry? No

Summary:

SUMMARY OF RECOMMENDATIONS FOR A WORLD-WIDE ALCOHOL POLICY

1. Children learn how to be an adult by mimicking adult behavior they see. If we want children to grow up to be responsible adults, they should learn early in life that using alcohol or any other drug unnecessarily is not being a responsible person. A major focus needs to be placed on the adult use of alcohol. This means that the use of ALL drugs including needs to be seen as risky. The emphasis needs to be on the use of drugs for legitimate medical reasons when all other drug-free methods have been ruled out as ineffective. The "casual" use of alcohol has hidden the negative impact of this drug.
2. Treat alcohol as any other narcotic. It should be subjected to the tightest scrutiny just as would other drugs.
3. Alcoholic beverage producers and sales outlets should be required to pay for the damages that alcohol use costs.
4. There is no need to advertise alcohol. If there is any alcohol advertising, it should include ALL the negative first and secondhand effects of alcohol use and should meet all the strictest guidelines of truth in advertising.
5. NO public money should be used for treatment or costs of the negative impacts of gambling. The burden should be on the producers, sellers and users of alcohol.
6. For college or university students guilty of violating alcohol use laws, all public scholarship or public money should be withdrawn for that student and previous public money should have to be repaid.

7. There needs to be public education on the effects of alcohol on people of all ages. Senior citizens need to be aware of alcohol dementia, the heightened risk of falls when using alcohol and the mixing of alcohol and other drugs.
8. There should be a zero tolerance for the use of alcohol by anyone in charge of any form of transportation ... cars, trains, planes, boats, etc. If found guilty, licenses should be lost for life. There is no reason to put the rest of the population at risk.
9. The very serious result of alcohol use by mothers-to-be or those planning to become pregnant need to be exposed to the general population. The alcoholic beverage companies need to cover all costs for children with Fetal Alcohol Effects or Fetal Alcohol Syndrome.

Full text: Nr. 323

Beukes, Ludwig

Individual

Country: Namibia

Funding or support from alcohol industry? No information

Restriction on advertisement of alcohol, the advert of the alcohol industry is highly sophisticated and people find themselves doing what they see and hear from TV and radio.

Community base education programs on use and abuse of alcohol for rural communities.

I feel there is over protection of alcohol industry by governments in Sub Sahara Africa.

Bipinchandra, Jai Shree

Individual

Country: Malaysia

Funding or support from alcohol industry? No

As a person in-contact with another person who abuses alcohol, I need to establish that it's purely my personal viewpoint:

1. The one and only effective strategy is to get the person to admit that he / she has a problem and needs to overcome it
2. Have more rehabilitation centres, counsellors, psychiatrists - they need to know where to get help
3. We only need to provide a lot of support, care and love. The friends who drink should back-off and give them time to recover

Blomberg, Adam

Individual

Country: United States of America

Funding or support from alcohol industry? Yes

Web site: <http://www.DrivingResponsibly.com>

Adam L. Blomberg, M.D. completed his training at Brigham & Women's Hospital, a teaching affiliate of Harvard Medical School in Boston in the Department of Anesthesiology, Perioperative and Pain Medicine. During his final year of residency, he served as Chief Resident.

After overcoming a Traumatic Brain Injury that he suffered in a motor vehicle crash as a senior in High School, he is now committed to public safety awareness. Adam co-founded "Driving Responsibly in Vehicles Education", or D.R.I.V.E. for short. D.R.I.V.E. is designed to provide a coalition of injury prevention initiatives. The first program under the D.R.I.V.E. coalition is "Adam - A Survivor's Story." This comprehensive multimedia program is based on his personal experience and depicts the dangers of not following simple safety precautions in a motor vehicle. After having tremendous success with this program in Miami, Adam is now working with other national Injury Prevention programs to broaden the audience base on a national level.

Botha, Adrian

Individual

Country: South Africa

Funding or support from alcohol industry? Yes

Web site: www.icap.org

Summary:

ALCOHOL AVAILABILITY: SUMMARY

Reasonable regulations concerning alcohol availability are a necessary component of any balanced alcohol policy. Excessive regulations run the risk of generating unintended and often negative consequences, such as driving consumers toward the informal (unregulated) market. Proper policy enforcement should be backed by education of the general public about drinking patterns and outcomes, the implementation of adequate prevention, and the involvement of the broader community.

This paper considers two specific issues relating to alcohol availability: legal age limits and the prevalence of noncommercial beverages.

Legal Age Limits

Teaching young people about responsible drinking patterns, strengthening the positive role of parents, family and peers, and enforcing local rules must accompany any laws in order to be effective. In this regard, the industry has and will continue to play its role through awareness programs, responsible hospitality initiatives, partnerships with community stakeholders, and working with governments to reinforce purchase and drinking age limits. However, this is not the sole province of producers, who are not directly involved in the sale and service of alcohol; therefore, all industry stakeholders—including in particular the retailers—must be active.

Noncommercial Alcohol

The amount of noncommercial alcohol consumed globally is considerable, particularly in developing regions. It is important for governments to gain effective control over informal alcohol production and distribution, not least because these beverages are not overseen by government quality controls, laws, or self-regulation. These beverages can be toxic, served in an unsafe manner, and accessible to minors.

A number of interventions can help reduce the harmful impact of noncommercial alcohol if undertaken by governments, NGOs, and industry members working individually and in partnership:

- Develop and pilot an international methodology to gauge noncommercial alcohol production, consumption, and outcomes so that the interaction between policies and drinking can be better observed and evaluated, and cross-country comparisons can be made.
- Enforce laws against the production and sale of noncommercial alcohol.
- Provide consumer education and information about noncommercial alcohol, raising awareness about potential risks and drinking patterns.
- Undertake broad public campaigns to raise awareness about existing laws, enforcement, and possible punitive measures.
- Where appropriate, institute competitions and awards for quality as incentives to legal home-producers to raise and maintain the standards of their beverages.
- Set and enforce standards for commercial alcohol production, distribution, retail, and consumption, particularly in developing countries.
- Encourage commercial producers (e.g., through tax incentives) to provide affordable alternatives to illicit alcohol.
- Offer training, incentives, and funding to assist noncommercial producers to establish alternative income-generating businesses.

Addressing noncommercial alcohol is in the best interest of governments, law enforcement, and the industry. As a result, there is ample room for cooperation and initiatives based on partnership and directed at a common goal.

*This paper was prepared by Adrian Botha on behalf of the companies sponsoring ICAP: Asahi Breweries, Bacardi-Martini, Beam Global Spirits & Wine, Brown-Forman Corporation, Diageo, Heineken, InBev, Molson Coors, Pernod Ricard, SABMiller, and Scottish & Newcastle. Referenced paper is available on the ICAP website at www.icap.org.

Full text: Nr. 21

Boyce, Nancy

Individual

Country: United States of America

Funding or support from alcohol industry? No

Alcohol use is a major cause of the dysfunctional aspects of society: breakdown in marriage and family relationships and health care costs, not to mention the costs in terms of lost productivity and personal well-being.

Bradbury, Sue

Individual

Country: Canada

Funding or support from alcohol industry? No

We have five sons with varying degrees of permanent brain damage done by prenatal alcohol consumption. I can't begin to tell you how difficult their lives are. Fetal Alcohol Spectrum Disorder is basically an invisible disability that impacts our family on so many levels. We absolutely **MUST** be proactive in spreading the word and letting people know of the harm and life altering effects that prenatal alcohol exposure can do. All bars, liquor and beer stores, any establishment selling alcohol should be required to post signs and enlighten their customers. Perhaps a portion of all products sold can go to treatment centres and other services to support persons whose lives are impacted by alcohol. We need to stop this totally preventable disability.

Bys, Pamela

Individual

Country: United States of America

Funding or support from alcohol industry? No information

Web site: <http://www.acupuncture5E.com>

Thank you for allowing me to submit my thoughts. I have written several ideas written.

First, I believe limiting the access to individuals in regard to an age limit often creates the desire to want to do it. If the limitations were not there perhaps the desire would not be as great. Adults and parent need to educate young people at home to the use of this substance and by allowing kids to have a sip with dinner and to know the effects before they reach 21 may help curb the desire to go out at 21 and get "wasted".

Second. Religion and geographical location in the world often dictate the use of drugs and alcohol in rituals. Again, it becomes a desire to drink more than enough to be rebellious against the rules. Teaching all people and learning why people go to an enebriated affect is something that could be better understood. That information can lead us to the cause of alcohol abuse and problem that are related to this substance.

Third. All people use alcohol for many reasons they desire alcohol and they have conjured up in their minds many reasons why they drink and cannot stop. Reasons I have seen in the public and in the hospitals are the following: pain, peer pressure, loneliness and depression(that leads to further deepening depression). Depression is often a cause to drink because people believe it will numb that pain from the lack of self esteem and self worth.

As a dietary problem it affects all the organs eventually. The acidity levels in the blood stream and the GI tract only produce the body to desire more sugar to feed the unhealthy bacteria in the colon, leading to a very acidic body chemistry and creating further medical problems including muscle pain, (again)depression, joint pain, vitamin deficiencies, etc.

Strategies to reduce the problems that I have identified will reduce the harmful affects related to alcohol are getting people to look at healthy living, promoting self esteem and developing a community amongst neighborhoods and in schools so people look after one another and help one another. Alcohol needs to be viewed as a harmful substance and educated to incorporate it in moderation. Learning about excess of anything can be harmful Although there will always be extreme type people in the world we need to develop a community of health conscious people and a new generation of a healthy community of people. Community is a key word, there is a lack of community since the era of computers. This has created more isolation in the world. Since the computer world is not going to end we need to develop programs that are human contact oriented. This would be to develop a "how to live a healthy lifestyle" role-modeling type of project to improve self esteem and self worth.

I am an Acupuncturist and promote healthy lifestyles. When one sees balance in their life and wants to have the best for themself and others around them there is a decrease in toxic affects on their lifestyle. I have seen their alcohol intake decrease and their desire to want to live! Living life to its fullest capacity and be alert and functioning into their old age is the world they want to create for themself and it affects the others around them.

I am not saying acupuncture stops you from drinking but the use of a particular style of acupuncture; Five Element Acupuncture will affect the body mind and the spirit. What this means is that with the use of preventative healthcare such as acupuncture, nutrition, exercise and a consistent someone to monitor them at a regular basis and to listen to their needs is what helps people stay healthier. If treated regularly (like going to the dentist) one stays healthy and would not want to pollute their body with toxins, it builds self esteem and connects people to their heart and the things that lead them to their passion in life and to gets them to believe in them self.

Thank you for allowing me to submit my thoughts and thanks for reading it all.

Caetano, Raul

Individual

Country: United States of America

Funding or support from alcohol industry? No

Summary:

It is well known that the most effective policies to prevent alcohol-related harms are alcohol control policies implemented at the population level (universal). Selective and targeted policies also have a place in responding to alcohol-related harms in the community, but because of their focus on smaller group of individuals (high risk drinkers, alcohol dependent individuals) their preventive impact is not as large as that of universal policies. Among these some of the most effective are taxation, restriction on hours of sale, minimum drinking age, outlet density restrictions, lower BAC. Educational interventions are usually not effective. Policies must be chosen based on effectiveness by disinterested parties, i.e., public health officials and representatives of others governmental institutions but without participation of the alcohol industry. Consultation with the industry is acceptable during the planning process. However, the industry should not be part of the decision making process.

It is particularly important to plan preventive actions and provide support to developing nations, which are being targeted by the industry in its market expansion. Examples of such countries are, as identified by the industry: Brazil, India, China, Russia. Public health interest must play a part when industry expansion is being discussed and considered in these countries. Public health interests must also be considered when developing and implementing international trade agreements. Global action is necessary and should be coordinated by WHO/PAHO because the alcohol industry is global. It is important to make developing nation governments and professionals aware of the threats posed by excessive alcohol consumption.

Governments should be made aware of the need to control per capita consumption, and of the policies that are effective in doing so. It is important to provide expertise to developing nations on alcohol policy development and implementation. WHO and PAHO have an important role to play as international health agencies in organizing global responses to prevent alcohol-related harm, calling attention to the problem, monitoring prevalence, developing a structure for the response, and supporting member nations in their efforts.

Full text: Nr. 248

Carton, Lonnie

Individual

Country: United States of America

Funding or support from alcohol industry? Yes

Web site: Warm2Kids.com

The problem of alcohol abuse is global, but its solutions are largely local. The knowledge, skills and attitudes provided by WHO and its partners to confront alcohol abuse need to be continuously reviewed so that they are CUSTOMIZED to meet and respect the cultural and social mores of the communities and/or countries to which they are provided. This is also true of the age, gender and position of authority etc of the audience targeted. Just as one shoe will not fit all foot sizes the same message will not fit or teach all audiences.

My thirty year experience as a broadcast journalist validates the critical nature of customizing information into CONCRETE rather than ABSTRACT messages. As a psychologist, I know that successful behavioral change (i.e. attitudes about alcohol use, social responsibility of users, sellers, providers, etc) rarely results through warnings, lecturing, or, punitive measures. It is more likely these external forces only serve to alienate rather than educate.

Knowledge is POWER, not only the power to learn but to understand the short term and long term advantages of a change in behavior which avoids personal, family and community alcohol abuse. These informational, instructional, and insightful materials require REPETITION and REINFORCEMENT through the use of every kind of media and in a variety of INTERACTIVE learning forms such as questions and answers, scenarios, multiple choice fact checks, etc., all in an effort to PROMOTE socially and legally responsible alcohol use.

Careful CUSTOMIZATION of materials provided, VARIETY in the styles presented, CONCRETE RATHER THAN ABSTRACT messages and REPETITION and REINFORCEMENT of the concepts are some of the strategies which should help to make the vital information provided by WHO more effective.

Cerullo, Domenico

Individual

Country: Italy

Funding or support from alcohol industry? No

I am a teacher in primary school. I made a work in VHS "Ho bevuto. Guida tu" about abuse of alcohol and prevention. My idea, together to my cooperators is to teach a correct use of alcohol, in order to give responsibility to our young people. Police can not follow each boy or girl out of discos or pubs. Teaching and explaining is always better than punishing. Spreading our work in dvd in schools could be a step to reduce abuse of alcohol.

Chezem, Linda

Individual

Country: United States of America

Funding or support from alcohol industry? No

Summary:

The public policy debate on alcohol has not been well informed. Only recently has the research on alcohol began to support the view of alcohol misuse as a health concern. Instead, in the more urbanized countries, the justice system has been forced to deal with the efforts of alcohol abuse and dependence. We have develop a class for students seeking to enter professions in law, medicine, and public health.

Full text: Nr. 49

Christodoulou, Mariana Geanina

Individual

Country: Cyprus

Funding or support from alcohol industry? No

Full information of people regarding effects of alcohol in the human body. The presentations should be done by instructors in public places, conference halls, etc, and the groups should be made of people working in same professions (one group for factory workers, another group for students, a different one for people with high qualifications). Every presentations should be done in simple English language and sustained by images of alcohol related diseased organs and also small documentaries showing drunk people behavior.

The seminars should be completed by open discussions regarding psychological need of alcohol in some people and mentality changing in those people.

Participants to the seminars should be encouraged to become instructors as well and participate in Campaigns against alcohol consuming.

The consumable alcohol concentration in beverages should be decreased by law in stages reasoning the peoples health, till it gets down to a lower level.

The peoples attention should be directed towards non-alcoholic beverages.

In my quality of Registered Nurse in Cyprus, New Zealand and Romania I would be very proud to be the leader of a project called THE CAMPAIGN AGAINST ALCOHOL CONSUMING, project that will have as scope teaching people and forming new instructors in this area. The more the people are involved in a problem, the more they take responsibility and act positively.

Cristian Andrei

Individual

Country: Romania

Funding or support from alcohol industry? Yes

Web site: <http://www.iru.ro>

Summary:

In the last two years I gathered a significant experience in generating educative messages at the cross point between adolescents, educators, beer producers, parents, authorities and media. Since may 2007 I have had direct interactions

with more than 3.000 Romanian adolescents and another 162 000 young people received the message regarding the alcohol abuse. From what I understood during these interactions, our young people mix their views on alcohol with their general views on consumption and with their emotional development. Thus, the keywords of our educational messages were: friendship, love, freedom, sharing, failure, cool, party, loneliness, performance.

Full text: Nr. 176

Crozier, Cheri

Individual

Country: United States of America

Funding or support from alcohol industry? No

As a traveler I see alcohol as a major theme not only in my own city, state and country but others as well. I believe that the issue of abuse must be addressed in order for our world to be more productive.

It appears from the data I have read and just through my travels that alcohol consumption is growing everywhere. My biggest concern is that the youth of our world seem to be at greater risk of abuse and harm. I would like to see the alcoholic beverage industry take a more active role in educating people worldwide that their products should be used in moderation. It would not answer all the problems but I believe they need to limit the advertising targeted at the young. The use of alcohol should be more restricted around the world.

It is my belief that world leaders need to recognize the disease of addiction. Having increasing numbers addicted to alcohol can affect their local economy by creating a population that cannot function in a rational and productive manner. By recognizing the issue they can then move forward to education their populations and save lives.

Thank you for the opportunity to speak out.

DenHartog, Geritt

Individual

Country: United States of America

Funding or support from alcohol industry? No

Much study has been done, and many sound recommendations have already been advanced, during the past decade. It would be foolish to ignore them. I urge that two volumes be given careful reading, in their entirety rather than summaries only, and the most serious consideration: Alcohol: No Ordinary Commodity -- Research and Public Policy (Babor et al, Oxford University Press, 2003 -- and Reducing Underage Drinking: A Collective Responsibility (National Research Council, Institute of Medicine, 2004). It should be abundantly clear that the alcohol industry is unable or unwilling to police itself, so regulation of the industry should be done by government agencies, in the interest of public health and safety. Nothing is more important than changing public norms in the direction of public health and safety. This may necessitate counter-advertising campaigns which would define "responsibility" and "responsibility decision-making," rather than leaving the terms to subjective interpretation by the public. The questions "Responsible to whom? And for what?" should be addressed.

Desai, Vikas

Individual

Country: India

Funding or support from alcohol industry? No

For Effective strategies to reduce Alcohol related harm all policy makers need to read Mahatma Gandhi.

All need to project harmful effect related to alcohol instead of projecting health benefits which leads to excuse on the part of person who wants to drink.

It is evident that Alcoholism is creating more destruction of individuals, families, societies as well as Nation rather than doing any good.

Considering the overall damage produced due to rampant alcoholism ever increasing the preventive action should be an emergency like disaster prevention.

The self control, social control needs legal enforcement support like prohibition which needs to be implemented with commitment.

Women were empowered to do satyagrah to enforce closing of toddy shops which was a Gandhian way to protest. All women organisations, Medical organisations, socio religious organisations as well as education organisations need to speak same language " It is harmful for all", "Punishment and Rehabilitation services to be vigilant"

The contradictory policy of encouraging production for financial gains and then to prevent harm is never going to work. Nations have to select one out of two.

It is not impossible. There is a Prohibition for Alcohol in Gujarat state since independence. And Gujarat is a safest state including for women. Yes today Gujarat also needs to implement the police action with more commitment . But no political party dare to remove prohibition from the state.

Gujarat experience should be studied. Corrective action should be suggested to sustain it and needs to be replicated at other places.

Alcoholism is going to destroy mankind if policy makers shall continue to sit on the fence.

Domingue, Tammy

Individual

Country: United States of America

Funding or support from alcohol industry? No

Summary:

I lost a beautiful 19 year old son to alcohol poisoning the first time he drank. So yes, I think it's time we do something about alcohol. Put provisions in place, offer more treatment, educator more people, start educating at a younger age. So they'll know the dangers of alcohol. I have 3 more children and we fight to get things done so no one else will have to suffer what we went through. I have a bill going to legislature again for a toll free alcohol poisoning hotline in memory of my son, so no one else's son or daughter dies the way mine did. I have had this bill in legislature every year since 2003, when my son died, each year we get a little closer to getting it passed, maybe this year will be the year.

Full text: Nr. 217

Donnelly, Stephen and Mantak, Frances

Individual

Country: United States of America

Funding or support from alcohol industry? No

Don't allow the alcohol industry to dictate global health policies or strategy.

Public health research should be the only basis for a global strategy on alcohol.

The alcohol industry is becoming more global every day. These powerful corporations should stop exploiting poor, developing nations.

Eastcott, Beverly

Individual

Country: Canada

Funding or support from alcohol industry? No

1: All educators must be educated to the harmful effects of alcohol. Then from the first classes in "Family Life" through to "Sex Education" this message must be taught in an age appropriate manner. "I didn't know," should not be an answer from anyone in the future as they all will have been taught.

2: Educate! educate! Educate! You can't stop someone from drinking but you can tell them the effect of alcohol on their fetus. Safe sex stops more than HIV! FASD is totally preventable JUST DON'T DRINK! or practice safe sex.

3: I tell anyone and everyone who will listen. One person at a time if that is all who will listen. No one will stop me telling what I know about the damage that alcohol does to the fetus. I have already educated my daughters, adopted son and foster son.

Eskolinen, Tatjana

Individual

Country: Finland

Funding or support from alcohol industry? No

Question 1: To increase the price of alcohol by taxes. Not so many places to sell alcohol . Also wine and beer out off supermarkets and gas stations. Here in Finland you are allowed to buy beer when you are 18 years old, this age such

be increased to 21 (the same age as when you can get stronger drinks). The restaurants should close the doors earlier, not at 4 a.m. There should be enough nurseries to help if a man wants to stop drinking.

Question 2: Less poor people. Help them to study, to learn read, to get a job. It is important that a big organization like WHO make noise and publish investigations. Here in Finland our parliament has given a blessing to use a lot of alcohol. Here it is very cool to get drunk.

Question 3: I can also deliver material to my local people (to those who live in the same village).

Fowler, Barbara

Individual

Country: United States of America

Funding or support from alcohol industry? No

Summary

Alcohol is a teratogen, a Greek term meaning “monster maker.” It is known to cause brain damage, developmental disabilities, mental retardation, growth retardation, and premature birth. It can cause physical defects of the heart, ears, eyes, kidneys, and sensory issues that affect a person’s ability to function in a stimulating environment like preschool, school, work, or society at large. In order to prevent these 100% preventable disabilities, we must educate every sector of society about the causes and effects of drinking alcohol during pregnancy.

There are a number of wonderful intervention/prevention programs like Dr. Ira Chasnoff’s 4 P’s Plus Program, which uses a highly sensitive screening tool used at initial contact with a doctor or clinic when she is pregnant. It detects women who are candidates for brief or long-term interventions. While this is a great intervention, by the time many women seek medical care during pregnancy, they are already a number of weeks into the pregnancy and have frequently been drinking alcohol during the highly sensitive first trimester. Even if these women do not touch another drop of alcohol, they will still have a baby that was alcohol exposed. Many of these children will be diagnosed as ADHD, ODD, or a plethora of other mental health diagnosis that may have been caused by alcohol exposure *en utero*. The prevention part of this program is that in future pregnancies, the woman may be more careful to not drink when exposing herself to possible pregnancy.

If educating women through the brief intervention can make a positive difference, then educating children and adults about the life-long disabilities and damage caused by prenatal alcohol exposure (PAE) and the resulting fetal alcohol spectrum disorders (FASD), should be a part of every fourth grade health class and should be reiterated in some class each successive year all the way through grad school. This education should be given in schools world-wide, because PAE damage is no respecter of persons. The use of alcohol by the parent/s during the raising of a child can be a contributing factor in the development of secondary disabilities that are too often seen in individuals with PAE.

I have personally contributed thousands of hours to research, doing trainings, and have dedicated my life to helping families and individuals dealing with the effects of PAE. I was a foster parent for ten years and have worked with many children in the foster care system. Many of these children have suffered prenatal alcohol damage, postnatal abuse and neglect, suffered further at the hands of therapists and social service workers who were ignorant of the devastating effects of PAE. Their ignorance was the underlying reason that they first blamed the parent, then the child, and finally the foster parent when standard behavior modification therapies failed, and in fact, made the children worse. I am currently in a Masters of Social Work program to, hopefully, gain the respect of those who need to understand FASD in order to do their job successfully.

Full text: Nr. 271

Goldim, Jose

Individual

Country: Brazil

Funding or support from alcohol industry? No

Web site: <http://www.bioetica.ufrgs.br>

Question 1 - the effective strategy is education.

Question 2 - develop new strategies to educate young people about risk and uncertainty related to alcohol, specially in car accidents.

Question 3 - We have some instruments that evaluate uncertainty avoidance and coercion perception that could be used to monitor educational activities. We have research results useful to planning educational activities.

Grant, Tracy

Individual

Country: Canada

Funding or support from alcohol industry? No

As a foster parent and adoptive parent, I have seen many families struggle with addictions and alcohol related damage. Children's behaviours which may well be caused by their parents' alcohol use are blamed on poor parenting, and families who would benefit from programs and supports are separated, causing attachment issues for children and despair for parents. Many of our 72 foster children were likely alcohol exposed, but systems (children's services, justice, education) continue to avoid labeling (diagnosing), and use strategies that lead to frustration and cause secondary disabilities in affected individuals. Our own son was unsuccessful in a 3 day/week Developmental education program because of a lack of understanding of the nature of FASD. At 7 he was threatening suicide, and we are now caring for him 24/7, requiring immense commitment on our part. We need better diagnostics and service for alcohol affected individuals, and a massive education campaign for the prevention of FASD. Families who struggle with addictions and parenting could be far better served with an understanding of the nature of FASD and effective intervention strategies.

Haisler, Ann

Individual

Country: United States of America

Funding or support from alcohol industry? No

As a public health nurse working on an island in southeast Alaska, I have seen an acceptance of alcoholic use among much of the community. Many teens binge on the weekend. Very little is done about this situation.

On a local level, I believe that more activities for the youth that include mentors would be helpful. Having read studies on the development of teen brain, it appears to be important for youth to spend more time w/ adults who have a fully developed frontal lobe. It would be beneficial if teachers and parents became more informed about the development of the teen brain to better assist the youth focus on healthy choices. As many are aware the teen brain is still developing and is greatly affected by alcohol consumption.

On a more global level, I would like to see total restriction of any advertising of alcoholic products on the TV and magazines. In the US the advertisements are all focused towards the youth.

On a local level I have spoken with students at our local school on the subject of the teen brain and would like to speak with parents and teachers on this subject also.

Thank you for allowing me to share these concerns. Please forgive me for this is not as complete as I would like, but my time is limited.

Hartigan-Go, Kenneth

Individual

Country: Philippines

Funding or support from alcohol industry? No

Changing the way we educate our youth on taking responsibilities.

Stop glamorizing alcohol as a social relaxing, feel good product. (in movies, travelling in airplanes)

Control advertising through call for greater corporate social responsibility.

Our foundation has a training module to educate workplace about ills and harm of alcoholism.

Healy, James

Individual

Country: Ireland

Funding or support from alcohol industry? No

WHO provides guidelines on amount of alcohol that are considered a low risk of causing harm. This guidance is in Units of alcohol. The advice is the same for all countries.

However, the unit of alcohol is not a standardised amount. The amount of alcohol in a unit at level of each country can be substantially different. The guidance provided at member state level usually takes the WHO recommendations on amount of alcohol as expressed in the WHO unit system and issues local guidance in terms of local units without correction for the difference in alcohol content between the WHO and Local units.

Need for a universal Standard measure of alcohol content of drinks

Unit of alcohol as used in different member states does not refer to the same amount of alcohol. Thus when WHO guidelines are used in health messages the actual amount of alcohol that is being advised may differ substantially. The fact that alcohol products cross national boundaries and increasingly have labels with health messages that may be inconsistent will lead to under mining the credibility of the health promoting authorities. Likewise advertising content readily crosses national boundaries.

There is need for a single immutable way of quantifying the alcohol content of guidance messages and advice across all countries. The S.I. Unit system is gradually finding wide acceptance for quantifying liquid volume of most household/domestic purposes. It seems correct that WHO should consider using such a universal system when issuing guidance on a quantity of alcohol and associated health risk.

Hedrick, Bonnie, Skogerboe, Natalie and Vazquez - Defillo, Mary Jo

Individual

Country: United States of America

Funding or support from alcohol industry? No

1. General points

- Role of the alcoholic beverage industry: The industry may have a role in implementing alcohol policies (and thus the strategy); it should not have a role in developing policies or the strategy itself, due to the obvious conflict of interest of economic operators.
- Trends in consumption: Consumption in wealthy countries is flat or falling, and alcohol causes high levels of harm in these countries (third greatest risk factor in death and disability).¹ Consumption in the poorest countries is growing (2). Alcohol is the 11th greatest risk factor in death and disability here, (1) but is likely to rise with consumption, making prevention a critical task.

2. What are effective strategies:

- Numerous research reviews have determined that the following population-level strategies are the most effective (2-6):
- Excise tax increases (if the market is under control – if not, these can cause increases in “informal” or illegal production and/or sales) and other pricing policies that increase the cost of alcohol (e.g., happy hour bans)
- Full or partial bans on advertising and marketing, such as restrictions on youth exposure to alcohol advertising and marketing
- Minimum legal purchase age (e.g. 21 in the U.S.)
- Government monopoly of retail sales
- Restriction on hours or days of sale
- Outlet density restrictions
- Brief interventions and treatment
- Lowered BACs limits, random breath testing and administrative license suspension for drinking-driving
- Strict enforcement of existing alcoholic beverage control and traffic safety laws
- Community mobilization and citizen and media advocacy are critical to enacting, insuring compliance, and promoting public support for the above policies.⁷
- What is most effective will vary by region⁴ – what is critical is that WHO recommend what works, and let local groups decide what is politically feasible.

3. What are best ways to reduce alcohol-related harm from global perspective?

- Globally, public health interests must be represented in global trade negotiations, and trade agreements need to make exceptions for commodities like alcohol that pose a serious threat to public health and safety (8, 9).
- Global public health leadership is needed, in the form of WHO identifying and training governments and NGOs in how to implement best practices in monitoring and controlling alcohol-related harm.
- Leadership from WHO and governments in the developed world in providing support and resources to developing nations to insure effective alcohol policies that are based on public health and safety principles and to offset the influence of the global alcohol industry.
- Global networks are needed among NGOs to strengthen coordination, share lessons learned and peer support, and provide a civil society alternative to the globally well-organized and coordinated alcohol industry

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Ilonen, Anneli

Individual

Country: Finland

Funding or support from alcohol industry? No

High-prices and taxation of alcohol products have various effect, because this brings profit to the producers and revenues to the states. Instead I support to put restrictions on the availability and the publicity. But it is even more important to change attitudes and ways to handle alcohol. This is a more difficult issue, but it is important and necessary. It is conceivable by education and by modeling by adults.

Jernigan, David

Individual

Country: United States of America

Funding or support from alcohol industry? No

Web site:

http://faculty.jhsph.edu/default.cfm?faculty_id=2015&grouped=false&searchText=&department_id=0&departmentName=Health,%20Behavior%20and%20Society

Summary:

WHO has documented the impact of alcohol-related harm globally. In the United States, alcohol use is widespread among young people and causes as many as 5,000 deaths among persons under age 21 per year. The minimum purchase age of 21 has been effective in reducing alcohol-related harm among young people, but underage drinking continues to account for as much as one-fifth of alcohol consumption. Given the size of the market, there is some conflict of interest for alcohol producers. They have a role in implementing but not in designing public health strategies in this area. Restricting alcohol advertising and marketing and increasing taxes on alcohol are two of the most cost-effective strategies for reducing alcohol-related harm, and should be included in a global strategy. Community mobilization and citizen and media advocacy are important for enacting and insuring compliance and promoting public support for effective policies and programs. Global leadership is needed from WHO in identifying and training governments and NGOs in how to implement best practices in monitoring and controlling alcohol-related problems.. At the global level, public health interests must be represented in trade negotiations and agreements, and resources must be provided to less wealthy nations to promote public health policies and programs independent of commercial interests. NGO networks are also needed to strengthen coordination, share lessons learned, and counter-balance the influence of economic operators. As a public health researcher at the Johns Hopkins Bloomberg School of Public Health and the Center for Injury Research and Policy, my work has focused on policy approaches to reducing the harmful use of alcohol for more than two decades My comments are based on this expertise and do not reflect the official views of my University.

Full text: Nr. 316

Jewell, Jamie

Individual

Country: United States of America

Funding or support from alcohol industry? No

Please remember that all research should be considered and not any one group should make policy.

Just as we spread the word on unhealthy foods and on the use of tobacco and those things become "unpopular" so should the use of alcohol. No glamorizing alcohol in movies or ads.

Parents and community leaders must be held accountable for their actions in the use and abuse of alcohol. No free rides for government leaders.

Joshi, Rajendra

Individual

Country: India

Funding or support from alcohol industry? No

Implementation of anti alcohol laws to reduce alcohol consumption specially after driving is required. Most of the time it is seen that law enforcing agencies take a lenient view. Most of the time it is low importance given due to other hard pressing commitment. Moreover her will always a lack of staff. Enforcement should be privatised. Citizen volunteers who want to contribute to reduce alcohol consumption can be created under govt auth. These squads can check people indulged in drinking and driving. Instead of punishing the offenders they should be fined and the money can be distributed between the organization and govt on mutually agreed basis. The money collected through fines can be used by the govt exclusively for spreading awareness side by side. This will ensure that drunk drivers are discouraged.

Kalocsai, Zoltán

Individual

Country: Hungary

Funding or support from alcohol industry? No

Summary:

In my view, everyone in the world faces the problem of excessive alcohol drinking as in his/her family or in the more distant acquaintance, there may be a person suffering from being “detained” by alcohol. That is the reason for expressing opinions on this problem with intensive sensibility, overheated emotions and for discussing it in a “sober” way with difficulty. In order to realize results in the struggle against this illness, great deal of soberness and rationalism are needed. Taking into account these aspects, such a global strategy is required in the fight against excessive alcohol drinking which is based on professional grounds, and dominated by consistency and not by emotions coming down from personal experiences many times.

It is extremely important for the strategy-makers to see clearly the final goal they want to reach. Clarifying this is of the same importance at least as the way of achieving the target itself. It is natural that handling such a great problem can not be done from one day to the other, there isn't any one and only nostrum, a cure-all, that offers a solution for all, moreover up to my mind it would not be fortunate to act too quickly and forced driven by emotions. A strategy of more steps should be thought-out and introduced, more small achievements should rather be reached than a big fiasco. Let's progress step by step, for instance as a first step we should induce the young to get to know alcohol as late as possible, and not to be its detainees.

In the struggle against excessive alcohol consumption, it must be taken into account that each country and region has different economic, social system, conventions and traditions. If we try to force a method on everyone, it will surely fail. There is a need for a global target- setting and a strategy sketching the major directions – legal interventions, strengthening of the preventions/enlightenment, more efficient „marketing”.

As a journalist, I consider the responsibility of the media extremely important. On one hand, a correct presentation of the problems stemming in excessive alcohol drinking should be assumed as a constant task. On the other hand, more communications should be made on the factually existing results which have been achieved against the excessive alcohol consumption. Numerous types of media could be moved with the above aim.

Full text: Nr. 76

Kashakova, Venera

Individual

Country: Algeria

Funding or support from alcohol industry? No

Резюме

Еще до недавнего времени, в решениях столь важных и основных проблем , как борьба с зависимостью и защита населения от зависимости, что ведет за собой так же и борьбу с наркозависимостью, так как это, в какой-то степени, одна категория проблем, принимали участие только лишь отдельные организации и учреждения. Сегодня же эта система стала прозрачной, и внести свой вклад и принять участие в обсуждении может любой человек. Большая благодарность создателю идеи открытой дискуссии подобных проблем.

Полный текст

Я, Кашакова Венера , 31 год, мама троих детишек.

В первую очередь, как мать, меня очень волнует вопрос алкогольной зависимости и доступности алкоголя для населения в целом. Много думая и анализируя, также на основании моих знаний о внедрении ряда законов и правил в обществе, необходимо, как минимум, снизить употребление алкоголя среди подростков и взрослых. Конечно, сейчас много говорится об открытии специализированных лечебниц, реабилитационных центров, которые требуют огромных затрат и огромного времени. Мне представляется, что эти меры в целом не дадут результата, который продолжится на поколения.

Для того чтобы в корне предотвратить такое явление как раннее употребление алкоголя у детей (ведь многие дети и подростки в силу красивых телесериалов и рекламы имеют представление об алкоголе, как о чем-то увеселительном, как проявления шарма, самодостаточности, имиджа и праздника...), я считаю, что детям с 10 лет нужно в рамках учебных заведений проводить экскурсии по наркодиспансерам, тюрьмам и показывать документальные фильмы, возможно даже художественные фильмы (кстати, я являюсь автором сценария психологического романа "жизнь начнется вчера" про наркомана-подростка. (После полного завершения редактирования сценарий будет передан безвозмездно тем режиссерам которые проявят интерес к сценарию, написанному с целью профилактики наркозависимости в период переходного возраста у детей и подростков.) У детей очень острое восприятие информации, и если всюду идет реклама и красивая пропаганда спиртных напитков, то почему бы не пропагандировать обратную сторону этого явления. Так же результаты может принести, на мой взгляд, всемирная акция для учащихся школ и учебных заведений - сочинение на тему "победим алкоголь", а также выпуск компьютерной игры, где игрок является психологом, врачом, у которого большая клиника по лечению наркоманов и алкоголиков, и где больных людей подбирают на улицах, в барах, а затем лечат их. В конце игры этого когда-то больного и запущенного человека мы видим чистым, трезвым, ухоженным, благодаря игроку, который делает из запущенного алкоголика приятного здорового человека. Для взрослых эта игра не столь интересна и уникальна, но для детей это может быть настоящим достижением помочь и поставить человека на ноги.

Моя цель борьбы с алкогольной зависимостью - это не допустить ее начала как таковой. Что касается лечения и выхода из уже сложившейся жуткой ситуации, учитывая статистику в отношении зависимых от алкоголя людей. Как ни странно, но во многих странах молоко дороже бутылки пива. Считаю, что алкогольные напитки не должны стоить дешево, и дешевых алкогольных напитков не должно быть.

Вообще, в идеале, и это, конечно, может быть только в далеком будущем спиртные напитки могут продаваться исключительно в автоматизированных будках, по специальным индивидуальным карточкам, которые выдаются по месту работы. То есть цель в том, что если ты не работаешь, то не пьешь, а работающий человек, как правило, дорожит своей работой и алкогольные напитки употребляет только по праздникам. Сегодня спиртные напитки может купить любой, и даже дети, а если внедрить пластиковые карточки работающего человека для приобретения алкогольных напитков, то это радикально повысит престиж работы и предупредит сценарий "украл, выпил, сел...".

Огромное спасибо, за возможность принять участие в этом проекте.

С уважением,
Кашакова Венера

Kasumu, Chika

Individual

Country: United Kingdom of Great Britain and Northern Ireland

Funding or support from alcohol industry? No information

1. Advertisements in schools, TV, magazines, newspapers, on increased awareness of health damage caused by alcohol.
2. Advertisements on accidents caused by dangerous driving as a result of increased alcohol consumption.
3. Increased taxes imposed on alcohol and reduced availability for public use.
4. Programmes such as those encouraged to help individuals stop smoking to be used.

Kaul, Yamini

Individual

Country: India

Funding or support from alcohol industry? No

Alcohol Consumption is a bane in present society and needs to be tackled because its effects are more pronounced and deadly than other similar addictive products.

The government policy in this regard is too lax and needs to be tightened.

I am ready to work as a volunteer to create awareness regarding the issue, enlists support from intellectuals and create pressure on the government to bring about policy change.

I am of the view that not much is being done in terms of reducing alcohol consumption in the country. If I take the issue within the geographical limits of my state only, licenses to sell alcohol were being distributed without remorse, even till two years ago. This was done by the government, following all the procedural directions and interested parties from among the business community were fighting tooth and nail with each other to lay their hands on the licenses.

As the international community is completely aware that Jammu and Kashmir is a sensitive state, which needs all the help that it can in terms of development of infrastructure and basic amenities for the people, the kind of impact allotting such wine licenses would have on the general public is not hard to guess.

There is a sizeable chunk of population, particularly in the adjoining areas of the main cities of Jammu and Srinagar, which are reeling under severe poverty. Majority of families are not able to send their children to school because the parents have more pressing issues to take care of, like providing the next meal to their children. In this scenario, it is more important that we pay attention to the kind of alcohol policy that the government is adopting within the state.

People who have money are selling wine because they earn tremendous profit out of it but ultimately, the most affected sections of the society would be those that are already short of money, so, instead of spending their monthly salary on their children's books, clothes, household expenditures, they would find it easy to squander the amount on alcohol, even more so, when it would be available at every nook and corner of the state.

In this regard, I offer to work in close co-ordination with WHO to bring public awareness regarding the issue, speak to alcohol addicts, talk to intellectuals among the societal ranks and enlist their support and, in turn, create pressure on the government to change its licensing policy.

Ketola, Jeanne

Individual

Country: United States of America

Funding or support from alcohol industry? No

Summary:

It is estimated that Minnesota, USA has at least 50,000 diagnosed cases of FAS. This is the equivalent of 833.3 school buses filled to capacity with individuals, mostly kids, who have permanent brain damage from prenatal exposure to alcohol. It affects more births than Autism, and Down Syndrome combined! This disability must be taken seriously and the full spectrum of FASD understood.

How Much Has FASD Cost Our Family?

- We estimate as a family, that we have spent over \$60,000 in the last four years on therapies and other professionals relating to Tim's diagnosis of FASD.
- We were a two income, self employed family. However, this past year, I gave up my career and business to find answers to support our son.
- We are a middle class family of five and have received very little or no supports from government agencies.
- We are paying for all of his therapies through insurance and out of pocket. Our co-pay is \$40.00 per visit which adds up quickly. Our costs are never calculated in studies that present statistics on FASD. Therefore, the cost of this disability is far more than what is reported of \$107.4 million, annually, for Minnesotans. Its cost worldwide probably reaches into the billions. However, statistically, data has not been collected to determine actual costs.
- We have changed school districts due to the lack of support in our own district for students with FASD. This means we directly pay the cost of transportation to the school.
- We have no respite care at this time to give ourselves a break from the tension in our home. The stress of fighting for services places families like ours at risk.

My son, who is 17 years old has a Performance IQ of 117, but is disabled from the effects of prenatal exposure to alcohol. There are no effective treatment strategies and everything offered to us by professionals is through experimentation.

Without proper funding, treatment strategies, availability of trained professionals and the proper supports from schools, our chances of success are slim. We are weary of professionals who claim to know how to help him only to find out that they are misinformed, not educated or lack experience. We are exhausted trying to communicate his issues to schools who either don't recognize FASD as a disability or doubt his diagnosis even though FASD has been a recognized disability for 30 years.

FASD is real and must first be fully communicated worldwide. This recognition and understanding is needed for schools, social services, medical professionals and the court systems to adequately train those who work with

individuals with FASD. Global campaigns must be implemented to educate about the dangers of pregnancy and alcohol. There must be fully supported awareness, funding for diagnostic clinics and for research and development of treatment strategies. Doctors must stop telling women that it is OK to drink during pregnancy and that there is no safe amount. This must be a worldwide message.

Full text: Nr. 88

Kishore, Jugal

Individual

Country: India

Funding or support from alcohol industry? No

Introduction: Majority of world population understand that alcohol is not good for their health. In Indian states women are the worst victims of alcohol problem because of drinking of male members. Alcohol is not only medical problem but also social, political, ethical, moral, economic, and environmental. Domestic violence and female gender exploitation are real concerns.

Slogan: No Alcohol means healthy mind and body - "Alcohol free world is a wise world"

Strategy: Emphasis Evidence Based Public health strategy. Sufficient evidence is available to convince civilized community. There is need of developing programs and legislation to empower people for making decision not to drink. In family life husband's alcohol abuse affects women and child. It is their human rights which demand legal protection. WHO can initiate global program to reduce alcohol production and consumption. Each member states should sign how and when they should reduce production of alcohol. Till that time revenue generated from alcohol tax should be used for rehabilitation of alcoholics and their families, and workers shifting to other occupations. A comprehensive program on alcohol prevention is required where each member states should participate. At the local level many experts and organizations will contribute at every step of program development and implementation.

Kuronen, Felix

Individual

Country: Finland

Funding or support from alcohol industry? No

Summary:

Alcohol industry has to take responsibilities of their actions, and they have to pay to those who suffer of alcohol, especially for those secondary sufferers, in this case children.

Full text: Nr. 56

Lenth, Jessica

Individual

Country: United States of America

Funding or support from alcohol industry? No

I am concerned with the increase in legislation that would edit Tied-House regulations. As the alcohol companies and companies in general take ownership alcohol companies and being able to make, distribute and sell to communities. Internationally this needs to be controlled to decrease alcohol abuse among minors in other countries as well as the U.S.

Lester, George

Individual

Country: United States of America

Funding or support from alcohol industry? No information

Sirs: The best, if not the only way, to reduce alcohol-related harm is to reduce alcohol consumption. The best ways to reduce alcohol consumption, particularly by young people, are with increased taxes on alcohol beverages, increased enforcement of alcohol possession laws (for young people) and increased enforcement of alcohol related traffic laws.

Liew, Sen Song

Individual

Country: Malaysia

Funding or support from alcohol industry? No

1 Stop the sale of all beers that is presently on the shelf - 100% stop.

2 Reintroduce the similar type of drink with 20% of liquor of the original content with the same brand. On top of that, add in healthy minerals into it. This will make it almost the quality of mineral water. So for people who drink a lot, example I know of people who drink 10 or 20 can of beer in one go, will now consume 80% less liquor content, while it also server as some form of healthy mineral that is good for the body. The more they consume the healthier they will be (like mineral water). At the same time, with less liquor content, the original taste would be reduced or difference. Therefore, there will be a large drop of alcoholic, as they don't find the same (harmful) kick anymore. Even for those who still stick back to the same old habit, will not get destroy so fast now as the liquor content is only 20% in each can of beer. In this way, I believe the world will become more healthier.

Lopez Montoya, Maria Conseulo

Opinión a título personal

País: Colombia

Recibe apoyo financiero o de otra índole del sector de bebidas alcohólicas? Desaparecido

Llevo 16 años de experiencia en el tema de adicciones como psicóloga tanto en prevención, como rehabilitación y tratamiento de adicciones con los pacientes, con sus familias y a nivel de la comunidad. Dentro de lo que he desarrollado y lo que se ha permitido desarrollar para prevenir el uso de alcohol y sustancias psicoactivas, considero que se debe desarrollar un programa preventivo a nivel de padres de familia, educador no solo en SPA, sino en estilos de crianza adecuados, basados en el ejemplo, desde la responsabilidad parental, involucrar los hijos niños y jóvenes en actividades de ocupacion del tiempo libre, fortalecimiento del dialogo familiar, desarrollo de su pesonalidad, autoestima y autocuidado. El desarrollo de este programa debe ser intersectorial para dar salidas a las personas que ya tengan la problemática con alternaitvas de rehabilitación, laborales, incorporación social y de habilidades para la vida. A nivel de otros sectores se puede promover los espacios saludables, parques con actividades deportivas dirigidas, rescatar líderes comunitarios haciendo una convocatoria de la ciudadanía como tal. El programa se puede proponer como una estrategia mundial, capacitando, sensibilizando y tomando conciencia de que ese problema puede ver con cada uno, no solo es un problemas del vecino, a su vez bajarlo hasta niveles comunitarios con facilitadores expertos en el tema, o a los cuales se capacite. Tambien empleando campañas mundiales a nivel de medios de comunicación que promuevan estilos de vida saludables, alternitivas de ayuda. Considero importante revisar mediante una investigación los dferentes modelos terapeuticos en rehabilitación y medir cifras de eficacia. Mi contribucion sería en la formulación del programa, tambien en la capacitación, estableciendo tablas para evaluar los resultados.

Matusovich, Rebecca

Individual

Country: United States of America

Funding or support from alcohol industry? No

Web site: <http://www.mainepublichealth.gov>

Summary:

As a public health professional I am extremely concerned about the impact of excessive alcohol use across the world. The best strategies are comprehensive and combine public education with strong government policies to reduce the availability and appeal of heavy drinking.

Full text: Nr. 184

Mauck, Julie

Individual

Country: United States of America

Funding or support from alcohol industry? No

As a mother of two boys affected by Fetal Alcohol Syndrome - THE LEADING CAUSE OF UNINHERITED MENTAL RETARDATION - I would love to see alcohol related drinking completely eradicated. Knowing that won't happen, there needs to be an anti-alcohol ad campaign blanketing the world with the harms of alcohol consumption. The damage has been grossly overlooked in society.

I am a mother to two little boys whom we adopted from a Bulgarian orphanage in 2004. One has been diagnosed with Fetal Alcohol Syndrome and the other with Partial Fetal Alcohol Syndrome. Simply because their birth mother drank alcohol when she was pregnant with them, they will never live a full and normal life. They have health issues, social, behavioral, growth and educational delays that they (we) have to deal with every day for the rest of their lives because of her alcohol consumption. This world would be a better place if alcohol related beverages were eradicated completely. There needs to be an effective, hard-hitting ad campaign similar to the anti-smoking campaigns that would educate society of the damage that alcohol can do - including to that of unborn fetuses. These ads should be paid for by a tax paid by the manufacturers of consumable alcohol-related products.

McCaville, Jamie

Individual

Country: United States of America

Funding or support from alcohol industry? No

Web site: <http://www.capitolneighborhoods.org>

1. We need to work with our elected officials at every level to aggressively pursue evidenced based substance abuse prevention, treatment and recovery strategies (NIAAA) to reduce substance abuse fueled crime.
2. Issue a "reportcard" on how nations implemented the evidenced based prevention , treatment and recovery strategies. Share with us how other nations implemented strategies.
3. This is what our neighborhood is doing to implementing prevention strategies. (Our website is www.capitolneighborhoods.org).

We are implementing :

1. A reportcard to our city, county, university, and state on how well they are doing in implementing evidenced based practice.
2. Alcohol licenses; We are screening the businesses in our neighborhood.
3. Media advocacy; We are sending letters to the editor, participating in community forums, holding neighborhood education programs, participation in local coalitions and providing annual updates to our reportcard.

McIntosh, Carrie

Individual

Country: Canada

Funding or support from alcohol industry? No

Summary:

I am submitting a response as a member of our local Fetal Alcohol Spectrum Disorder committee and as co-chair of a provincial committee to address alcohol and pregnancy.

Full text: Nr. 328

Mendelsohn, Cara

Individual

Country: United States of America

Funding or support from alcohol industry? No

The way to reduce alcohol-related harm is through education, showing citizens that there is hope for a better life with moderate/no alcohol and by engaging in partnerships with community organizations to promote these messages.

Meyer, Hermann T.

Individual

Country: Switzerland

Funding or support from alcohol industry? No

Web site: <http://www.alkoholpolitik.ch>

Summary:

In Switzerland as in other countries alcohol politics are a rather unbeloved theme, because very often the own behaviour as consumers, personal economic interest or simply the social reality are a hinderance for an objective approach and way of acting.

In order to improve basic knowledge by spreading information I have started a website in 2001 which includes by now 927 URL-pages with total 44'247 Links (10'607 outbound Links).

In this critical and independent website I offer information, some with personal comment. I am fully in agreement with the policy of Eurocare and which is shown in T. Babor et al. "Alcohol - no ordinary commodity".

As it is nearly impossible to convince parliaments to rise alcohol taxes I have developed a Project Idea which tries to make such taxes acceptable for most of the people, even for parts of the alcohol industry.

Full text: Nr. 200

Morel, Joël

Point de vue d'un particulier

Pays: France

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

Abstinent depuis maintenant deux années, j'essaie de tout faire pour aider les personnes en difficultés, et essaie de convaincre que l'alcool n'est pas quelque chose d'essentielle dans la vie, et que l'on peut vivre "sans", en étant beaucoup mieux, ce qui n'est pas trop difficile quand on a connu la dépendance. Je n'ai pas profité de la vie plusieurs années à cause de l'alcool, maintenant je me rattrape, et je ne veux pas que d'autres passent par où je suis passé.

1. Absence de publicité, prévention et répression sur la route
2. PREVENTION
3. ET ENCORE PREVENTION, sans avoir à craindre ou à choquer (un alcoolique l'est bien) style "l'état de vos poumons si vous fumer! pourquoi pas l'état du foie et son utilité organique"

Morgan, Nivan

Individual

Country: Egypt

Funding or support from alcohol industry? No

Mouthwash is being widely used worldwide without prescriptions and it is not widely investigated whether it could affect the conscious level of individuals. So it may be dangerous, especially to drivers, early pregnant females that use it before discovering they are pregnant, and teenagers that could misuse it, and it is now also being added to toothpaste.

Natta, Paolo Andrea

Point de vue d'un particulier

Pays: Italy

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

Je crois qu'il faudrait approfondir scientifiquement la capacité des religions d'aider d'une façon importante à contraster l'utilisation excessive de l'alcool, surtout dans les nouvelles générations. Très intéressant, à ce propos, le témoignage de sr.Elvira de la Comunità "Cenacolo" a Saluzzo (Cuneo, Italie). Elle a aidé des centaines de jeunes à sortir de l'alcool et de la drogue, avec un pourcentage impressionnant de succès. Bon Travail!

Orgogozo, Jean-Marc

Point de vue d'un particulier

Pays: France

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

Résumé de la contribution:

Dans notre étude épidémiologique en population, portant sur 3777 sujets non-déments à la première visite, suivis à domicile de 1988 à 2008 en Gironde et Dordogne, une consommation moyenne de vin (3-4 verres par jour mais pas moins), la consommation régulière d'autres boissons alcooliques étant <5% dans cet échantillon âgé de 65 ans et plus dans le sud-ouest de la France, s'est avérée être associée à un risque de démence diminué de 65% et un risque de maladie d'Alzheimer de 75% (Orgogozo et al, Rev Neurol (Paris), 1997; Lemeshow et al, Amer J Epidemiol, 1998). Par la suite la réduction apparente du risque s'est stabilisée autour de 40-50% dans cette même cohorte. D'autres études épidémiologiques prospectives ont confirmé par la suite ce résultat inattendu d'après nos propres hypothèses: Rotterdam Study (Lancet, 2002), Copenhagen City Heart Study, Framingham Study, Canadian Study of Health and Aging, etc. Aucune étude récente n'a fourni de résultats contraires.

Interprétation: du fait des biais intrinsèques aux études d'observation (mortalité sélective liée à l'alcool avant le début d'observation, habitudes alimentaires, niveau socio-culturel et économique, attitudes de modération et de convivialité, etc..., aucune relation de causalité ne peut être attribuée à ces résultats concordants (mais parfois divergents sur le type de boisson alcoolique apparemment protectrice -le plus souvent le vin- ou la dose - de 1 à 4 verres standard par jour-.

Commentaire: aucune de ces études d'observation (des études d'intervention étant impossibles éthiquement du fait du potentiel addictogène de l'alcool) ne permet de recommander une consommation modérée d'alcool ou de vin pour diminuer le risque de démence et de maladie d'Alzheimer. A l'inverse ces données sont suffisamment robustes et concordantes pour recommander de NE PAS CONSEILLER aux personnes âgées en bonne santé consommant de l'alcool de façon modérée d'arrêter cette consommation pour réduire des risques de santé qui ne les menacent aucunement et probablement au contraire (Alzheimer, cf. supra, maladie coronarienne et mortalité totale, Doll et al, BMJ, 1994; Thun et al, NEJM, 1997, et de nombreux autres. En tant que Président du comité d'experts "Vin et Santé" de l'Office International de la Vigne et du Vin j'ai essayé, en vain pendant 4 ans, de proposer une résolution à l'assemblée mondiale annuelle pour favoriser une recherche rigoureuse dans ce domaine prometteur. Cette résolution a été constamment bloquée, en particulier par la Suède et la Finlande, pour des raisons qui m'échappent encore. Ce complément de recherche (aucun autre facteur d'environnement n'a un impact apparent aussi important sur la maladie d'Alzheimer) reste donc à faire.

Contribution intégral: Nr. 18

Page, Linda

Individual

Country: United States of America

Funding or support from alcohol industry? No

I believe that the alcohol industry is following the example so effectively set by the tobacco industry. In order to curb the normalization of addiction, we need to stop the advertising rampage the same way we did with tobacco. We need to educate the people about addiction and prevent it in adolescents. We need to support people in their efforts to quit abusing alcohol. And we need to make the people of the world understand that the effects of poisoning themselves is Not Fun, and what healthy fun really is. I work for a prevention coalition in a school.

Parish, Johnnie

Individual

Country: United States of America

Funding or support from alcohol industry? No

I have not used alcohol in my entire life, BUT I have seen far too many homes and lives that have been ruined by it use. In my public life as an elected official I have seen so much violence, crime and death caused by the use of this terrible drink. The American taxpayers have been stuck with the tab for so much of the expense of these tragedies and the alcohol industry has pocketed the income from the sales and feel no blame for the loss of property as well as the lives of those effected.

My wife of 62 years, suffered as a child, because her biological father was an alcoholic and treated his family very bad and lost all of the family holdings because of his addiction to this 'devils tool', alcohol.

If all religious minded individuals would work together dealing with the ills of alcohol use, perhaps that would be a start towards a better America for all or homes and livelihood in the future.

If all person could be as myself, and NOT purchase or use alcohol in any form, the industry would start to decline in sales and finally submit to the fact ALCOHOL IS BAD FOR EVERYONE.

Every time we see a person drinking try to encourage that individual that there is other forms of entertainment that can bring a more relaxing and healthy side of life rather than harm his body by alcohol intake. When we notice drunk drivers call the police and make sure that person is arrested for DWI and all other items of auto use denied from that individual.

Patel, Pooja

Individual

Country: United States of America

Funding or support from alcohol industry? No information

1) Effective strategies could be to provide information sessions or interventions to high risk populations of alcohol harm. Effective rehabilitation centers could also be important in helping those who are already at high risk.

2) From a global perspective, enforcing strict laws and regulations on alcohol purchase and intake could be the best way to reduce the harm of alcohol.

3) Individually, counseling relatives, friends and small community populations would be my approach of trying to reduce harmful use of alcohol.

Pauvaday, Keyvoobalan

Individual

Country: Mauritius

Funding or support from alcohol industry? No

Alcohol misuse is a major public health problem of which the dimension is seriously underestimated.

A significant number of medical conditions are directly related or indirectly related to alcohol misuse. This situation is particularly prevalent in low and middle income countries. Additionally alcohol contributes significantly to social and economic suffering in these countries. Alcohol leads to the spiraling down the poverty trap.

I do not know of any strategy which has been particularly effective in any liberal democratic country. I do not believe that any country can effectively combat the alcohol problem in an isolated and individual fashion. The alcohol industry is particularly powerful politically and financially in most countries.

I therefore strongly believe that an international partnership, using the model of a framework convention for tobacco control- A Framework Convention For Alcohol Control is long overdue. This would be the only effective strategy that would stand any chance of controlling the alcohol scourge.

Dr.K.Pauvaday.

Director Health Services (Mauritius)

M.B.Ch.B (Leeds) F.R.C.P (London)

Rhoads, Kirk

Individual

Country: United States of America

Funding or support from alcohol industry? No information

Tax alcohol heavily to reduce consumption and direct the proceeds to good works. Educate children to avoid drinking.

Robson, Godfrey

Individual

Country: United Kingdom of Great Britain and Northern Ireland

Funding or support from alcohol industry? Yes

Web site: <http://www.icap.org>

Summary:

PRICING OF BEVERAGE ALCOHOL: SUMMARY

The argument is often made that increasing the price of commercial beverage alcohol is an effective and cost-effective way to reduce overall consumption and, in particular, to reduce harmful drinking. Although both producers and, to a greater extent, retailers can affect the price to the consumer, it is mainly governments that determine price through taxes and price/marketing controls. The industry believes that real and effective solutions to harmful drinking lie elsewhere than in manipulating price. General price increases can have little effect on consumption and do not address harmful drinking. Moreover, price increases can have unintended consequences that can give rise to other difficulties.

The effects of increased alcohol prices would not be felt equally by all drinkers:

- Moderate and non-problem drinkers are most likely to be price-sensitive, so price increases hit them worst. Although the evidence in the case of young people is more conflicting, heavier or problem drinkers appear to be least affected—simply because their desire or dependence will lead them to find cheaper ways of maintaining consumption.
- This raises issues of equity (in relation to non-problem drinkers) and efficiency (in relation to problem drinkers). Taxes and price controls are regressive upon responsible consumers while failing to achieve their goal of reducing harm.

- Overall, most of the evidence points to relative inelasticity of demand. Thus, an increase in alcohol price results in a less than proportionate reduction in demand.
- This can be explained, in part, by the complexity of the alcohol market. There are different kinds of products, product sub-sets, brands, and venues where alcohol can be bought. This means that consumers can develop strategies other than buying less to compensate for price increases—e.g., drinking more at home, drinking cheaper brands, and so on.
- High prices on legitimate products sold through official channels may force consumers to seek cheaper alcohol through “informal” channels. This can bring extra health risks (in the case of poor-quality illicit drinks) but can also deprive governments of revenue.

The industry has two positive suggestions:

- There is some uncertainty in the literature concerning the sensitivity to price of young people (i.e., young people of legal drinking age). This topic would benefit from further consideration, and targeted local-area pricing initiatives might be part of a solution.
- Following from this and as noted earlier, the application of competition law in some jurisdictions may seriously impede what would otherwise be sensible schemes to reduce harmful drinking, particularly among young people. It may be helpful to review these laws or clarify their non-application to avoid potentially problematic volume discounting.

*This paper was prepared by Godfrey Robson on behalf of the companies sponsoring ICAP: Asahi Breweries, Bacardi-Martini, Beam Global Spirits & Wine, Brown-Forman Corporation, Diageo, Heineken, InBev, Molson Coors, Pernod Ricard, SABMiller, and Scottish & Newcastle. A referenced version of this paper is available on the ICAP website at www.icap.org.

Full text: Nr. 24

Sarajärvi, Sari

Individual

Country: Finland

Funding or support from alcohol industry? No

1. Preemptive activity such as education to increase the knowledge of the harm from alcohol use
2. Higher price, no advertising at all or no advertising by deceptive images. Warning labels to all bottles. Alcohol manufacture should have a tax that would be in use of organizations that reduce the harms of alcohol has done.
3. I've joined in a group called "kännikapina" eng. drunk mutinous it is a group by friends of soberness Finland

Schram, Elise

Individual

Country: United States of America

Funding or support from alcohol industry? No

Summary:

Alcohol consumption is not illegal for most adults and this is as it should be. It should be illegal for children to consume alcohol, because they are not capable of differentiating appropriate limits of healthy and enjoyable consumption.

The World Health Organization's role in strategizing programs related to alcohol abuse should go no further than advising member countries of potential for harm in youth. I do not regard the consumption of alcohol as an illegal or dangerous activity for most adults. All efforts at control should be focused on helping that extremely minute segment of society that abuses the substance by imbibing to that extent that it endangers others. Each member country must determine, on its own, when that encroachment into others rights begins.

Alcohol consumption by minors should be discouraged but is the responsibility of parents, not government or WHO. If a child becomes a societal liability because of his abuse, then law enforcement agencies must take action with both the parents and the child, or in some cases, a third party that may be involved in illegal distribution to the child.

Strengthening of the family unit would best serve to eliminate alcohol abuse. The WHO should encourage all measures to solidify two-parent homes and family stability. Funding to local churches that support families could be initiated. My organization, the PTA, should continue to educate children and their parents about the dangers children incur when they abuse alcohol and encourage our law making officials to enforce consequences on those who do not act responsibly.

Global Strategy Regarding Alcohol Abuse

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Schuckit, Marc A.

Individual

Country: United States of America

Funding or support from alcohol industry? No information

No summary available.

Full text: Nr. 340

Simpson, Ronald

Individual

Country: United States of America

Funding or support from alcohol industry? Yes

Web site: <http://www.icap.org>

ALCOHOL PRODUCTION: SUMMARY

Commercial alcohol production can and does have substantial positive economic and social impact. Both in developed and developing countries, it provides employment opportunities and stable incomes to many people and a significant source of public revenue to governments. This is consistent with the social determinants of health approach, developed and promoted by WHO, as alcohol production helps to alleviate poverty and improve the local physical environment.

From a production point of view, most health-related issues arise from poor-quality alcohol, produced in an unsafe environment. All major producers of beer, wine, and spirits have developed strict quality and safety controls and are willing to share their expertise with governments. For example, the producers are willing to assist governments in developing quality and safety procedures and training police and quality assurance inspectors, but this process cannot be sustained without a strong and effective enforcement mechanism and support from other stakeholders.

Collaboration among the beverage alcohol industry, government, the local community, and others is well documented. Several recent examples include: providing specific industry data on product production and trade flows to WHO, implementing sustainable development practices, and working to reduce counterfeiting.

Going forward, the following areas should be considered for multi-stakeholder cooperation.

- Maintain reliable and safe sources of drinking water. This is necessary for a factory to continue operation but is also important to the local population.
- Where appropriate, train local farmers to grow crops that can be used as ingredients in the production of products being made at a factory.
- Develop simple, inexpensive, and rapid tests to identify contaminants in beverages. Methanol is the prime example of a toxic contaminant in beverages that is of interest to local health officials. Tests could be developed for other contaminants, such as Freon, battery acid, and other illegal additives.
- Collaborate in the provision of training in quality control to help legitimate small producers make safe products.

- Consider how best to take into account potential public health implications when developing new products.
- Provide resources to help local authorities identify sources of contaminated or counterfeit product before it reaches the local consumers and encourage local officials to randomly test these beverages.
- Where home production is widespread, inform the population about potential risks for contamination and the health consequences of consuming toxic beverages.
- Create an international technical resource pool from producer companies that can be made available to local officials to help address specific technical problems related to the production of alcohol. This resource pool could be coordinated through ICAP.

*This paper was prepared by Ron Simpson on behalf of the companies sponsoring ICAP: Asahi Breweries, Bacardi-Martini, Beam Global Spirits & Wine, Brown-Forman Corporation, Diageo, Heineken, InBev, Molson Coors, Pernod Ricard, SABMiller, and Scottish & Newcastle. A referenced draft of this paper is available on the ICAP website at www.icap.org.

Full text: Nr. 25

Sinclair, Roger

Individual

Country: South Africa

Funding or support from alcohol industry? Yes

Web site: <http://www.icap.org>

ALCOHOL MARKETING: SUMMARY

Marketers use message arguments to convince consumers in the category to buy their brands in favor of the alternative choices. However, marketing is not an effective or efficient way to build aggregate product category consumption. This is particularly the case for beverage alcohol marketers. A considerable body of literature demonstrates that the tools of marketing, especially advertising, are ineffective in building overall category consumption. When there is evidence, it is of small effects only.

Nevertheless, it is important to ensure that marketing is done in a responsible way—without promoting harmful or underage drinking. To that end, most developed and some developing countries have consumer protection laws; industry has also adopted self-regulatory codes of practice, often monitored by Self-regulatory Organizations (SROs). To complement its codes, the industry promotes the notion of moderate drinking for adults and abstinence for minors through social marketing campaigns and targeted interventions.

Government regulations and industry self-regulation can complement each other; some form of co-regulation is becoming the norm around the world. This combination retains an overarching government authority but helps avoid the unintended consequences of severe restrictions on marketing. Notably, a considerable share of alcohol consumed globally comes from the informal market, which does not advertise and is not subject to taxation or responsibility codes.

Going forward, the industry can:

- initiate an international survey of existing self-regulatory codes to establish where such practices do and do not exist;
- offer its expertise, network of branches, and offices to assist governments to introduce self-regulatory bodies and codes where none exist or where they are poorly applied and persuade companies operating in regions without such codes to commit themselves to a self-regulatory regime;
- encourage participants in its distribution channels to support SROs and their work;
- build on its existing social marketing campaigns targeted at specific groups of consumers, for example young adults;
- work to identify the new marketing approaches and technology to ensure that they are covered by responsible marketing codes;
- approach the major world media companies to involve them in the campaign against harmful drinking.

*This paper was prepared by Roger Sinclair on behalf of the companies sponsoring ICAP: Asahi Breweries, Bacardi-Martini, Beam Global Spirits & Wine, Brown-Forman Corporation, Diageo, Heineken, InBev, Molson Coors, Pernod Ricard, SABMiller, and Scottish & Newcastle. A referenced version of this paper is available on the ICAP website at www.icap.org.

Full text: Nr. 23

Spence, Richard

Individual

Country: United States of America

Funding or support from alcohol industry? No

Web site: <http://utattc.net>

Summary:

Developing countries need a basic set of strategies and a mix of resources for addressing needs, problems, and motivation for change among persons who drink too much. Strategies and methods should be based on an individuals level of risk and resources, and if they drink heavily, the severity of their alcohol problems.

Full text: Nr. 250

Srivastava, Varun

Individual

Country: India

Funding or support from alcohol industry? No

Web site: <http://www.worldpharmacopoeia.blogspot.com>

Govt. should not permit to mix more than 30% of alcohol in any beverage items. Don't use artificial flavors and coloring agents in beverage items. Promote simple syrup & alcohol as per USP & it should be legally approved by FDA.

I can launch awareness program via www.worldpharmacopoeia.blogspot.com and www.mayihelpyouonline.com to reduce use of alcohol.

Stockert, Nancy

Individual

Country: United States of America

Funding or support from alcohol industry? Yes

Web site: www.hawaii.edu/shs/

The Manoa Alcohol Project, the Brief Intervention Program (BASICS), and the LOKAHI program, all under University Health Services, use demonstrated effective strategies to reduce the harm associated with high risk drinking among college students. Primary prevention strategies include social norms, bystander effects, and self-efficacy marketing. We respond to high risk drinkers through individualized screening and brief intervention. We use service-learning students to provide classroom presentations; involve the campus community through a campus-wide task force, alcohol-free events, encouraging curriculum infusion, and assisting in policy development; and involve parents through a brochure mailed to parents of incoming freshmen, participation in parent orientation groups, etc. The first two years of the social norms project were focused on freshmen residential students; the first cohort reduced alcohol consumption by 44%.

Effective strategies are difficult to measure because most (including ours) use only correlational studies to evaluate results. In our opinion the social norms approach is important; however it's results vary by situation. We are attempting to incorporate findings from the bystander literature and the concept of self-efficacy, which is an original key concept in Ajzen and Fishbein's Theory of Planned Behavior. This theory includes social norms, but added the self-efficacy component, which has been found to be a key element in most models of health behavior.

From either a community or a global perspective, the best ways to reduce alcohol problems are to ban advertising, especially to young people and create/enforce underage, driving under the influence and other laws. However, as with all social problems, the global problem can only be solved by addressing the causes of poverty, lack of social cohesion, etc, all of which contribute to peoples' lack of hope and self-worth.

Taft, Hope

Individual

Country: United States of America

Funding or support from alcohol industry? No

Summary:

WHO should stress strategies with proven effectiveness that various countries and populations can chose from that have been selected by public health officials and not an industry which has an economic interest in people drinking.

Special emphasis on prevention should be targeted at vulnerable populations, such as youth, women of childbearing age, and those affected by a drinker and developing countries .

Full text: Nr. 97

Taylor, Gene

Individual

Country: United States of America

Funding or support from alcohol industry? No

As an addictions counselor I discuss the development of drinking patterns. Very consistently I see that the 'learning to drink' phase is almost always with peers with no oversight by a protective adult or parent. College students show this even more consistently with expectations of heavy drinking being a norm. The most successful students usually have begun drinking moderately along side of their parents who still don't allow drinking with their friends, since this is understood to be potentially harmful. Rather than expect that our youth understand the consequences of drinking it is better to teach them by drinking with them, while limiting other drinking.

The, Cindy

Individual

Country: Malaysia

Funding or support from alcohol industry? No

Summary:

This article is a view from an individual pertaining alcoholism or alcohol abuse or dependence. It is a discussion on the negative adverse consequences from alcoholism and the reason public tends to get addicted despite extensive efforts have been done by various authorities globally.

HARMFUL USE OF ALCOHOL

Alcohol has become a very common ingredient in our daily life, not only liquor, but also in certain traditional medicines. In fact, you may find candies , chocolates , skin care and hair care items which contain alcohol!

Every year millions of people die from alcohol-related causes, either car accidents after get drunk, dysfunctions in liver , heart attack, brain damage etc. Research has shown that drinking alcohol could increase the risk of cancers of the mouth, esophagus, pharynx, larynx and liver in men and women. Alcohol also is a risk factor for breast cancer. Prolonged heavy drinking has been associated in many cases with primary liver cancer. Fetal alcohol syndrome [FAS] is a disorder of permanent birth defects that occurs in the offspring of women who drink alcohol during pregnancy.

You might be wondering why is that effort has been done by various authority and agents to combat this harmful usage and yet it seems that public is still ignoring that?

Alcohol has become a common beverage in any functions such as business entertainment, social functions and gatherings. People tend to get drunk to release their stress especially in the high peak of emotions. When you get drunk, you might forget about your problems and troubles. They become addicted to the drinking to relief their frustration and gradually get caught in the alcohol. Finally, they indulge in alcoholism.

In fact, some models tend to take alcohol before doing their catwalking, some artists take it before performing on the stage, some working adults take it to brave themselves when they are assigned difficult and challenging tasks, gradually it becomes part and parcel of their life and they start depending on it before doing the job.

People has the perception of taking the alcohol for such purposes and they did not realize that eventually the alcohol itself will create a new problem for them instead of helping them to forget about their problems temporarily. Thus, the continued consumption of alcoholic beverages despite the health problems have created numerous negative social consequences such as violence in family.

Alcoholism or alcohol dependence is a serious abuse with tolerance, withdrawal and uncontrollable drive to drink. The adverse consequences are not only in the health aspects, it also cause social and moral harm to the drinker. However, the definitions of social and moral harm are highly subjective and therefore differ from individual to individual.

Thomas, Robert

Individual

Country: United States of America

Funding or support from alcohol industry? No

Alcohol, in most cases, impacts the human consumer in similar ways. It is a drug, although the manufacturers of the product will not advertise this attribute. Alcohol has a sedative/depressant effect on the central nervous system. Adults, who use alcohol in truly moderate (1 standard drink for a woman and 2 standard drinks for a man in a 24 hour period) ways, rarely experience any negative/dangerous consequences. If all people, who drink alcohol, would drink using these universal standards of moderation, the world would be a much healthier place. Harm reduction should be the major goal of our efforts. The only way to truly reduce harm is to reduce consumption. The alcohol industry will fight this concept because it would drastically impact their profits. What other industry fought and is still fighting regulation because it manufactured a product that caused excessive disease for its users and economic stress to the public and private health systems? We all know that to be the tobacco industry. The alcohol industry stands to lose close to 50% of its profits if we reduce underage use and all adult drinkers begin to use in moderation. The alcohol industry needs to become a full partner in this effort to reduce harm. The alcohol industry, in order to continue to produce a product that causes so many health problems, should begin to pay a share of the health care costs in the nations where it is produced and sold. We cannot allow the alcohol industry to continue self monitoring. It did not work for tobacco. Public health research should form the basis for a new global health strategy on alcohol.

Thomson, Arran E.

Individual

Country: United States of America

Funding or support from alcohol industry? No

In the United States alcohol has devastating effects on society. These effects are seen in public health and social issues. They are far and widespread. As of February, 2001 there were more than 100,000 deaths in the United States due to alcohol consumption. I have also seen it first hand in many recent incidents. I currently live with a alcoholic who is a father. He has two children from two different partners and is going on his third with a new partner. His alcoholism is used as a "medication" to treat bi-polar disorder and constantly effects his decision making abilities, thus resulting in dysfunctional relationships and family life. I also had a recent partner and mother of my child who had a drinking problem which also impaired her judgment and effected our family life. We now are separated and living away from each other which will have at least some effects on my daughter's well-being. According to Alcohol Health & Research World nearly 14 million Americans meet diagnostic criteria for alcohol use disorders.

The way I see it is that it is one of the most deadly, widely accessible, and commonly used drugs there are and must be treated as such. This must happen to prevent further societal collapse related to alcoholism. One of the most obvious ways of doing this is to make it less accessible. Currently there are liquor stores strategically placed in poor and usually minority neighborhoods. If these were all closed down it would make it less convenient for people to turn to alcoholism in these neighborhoods. More information must be provided to people to learn about healthy ways of dealing with stress, depression or other mood disorders which involve leading a healthy, drug-free life. These would be two effective strategies to reduce harm relating to alcohol, but there are many more which I cannot provide in 500 words.

Valkeapää, Janne

Individual

Country: Finland

Funding or support from alcohol industry? No

Summary:

In this text I have tried to show that one of the most effective way of reducing the alcohol caused harm locally, as well as globally, would be to abandon the alcohol advertising. I try to point out that alcohol advertising is clearly against the benefit of the society as a whole. Also I have tried to give picture of what are the reasons why alcohol advertising is not yet abandoned. In the end of the text I shortly handle the subject of reducing alcohol caused harm on individual and organizational level.

Full text: Nr. 181

Van Wormer, Katherine

Individual

Country: United States of America

Funding or support from alcohol industry? No

Web site: <http://katherinevanwormer.com>

The United States practices a zero tolerance for drinking under age 21. This practice has created a situation in which youths drink secretly and drink to get drunk. Moderate drinking cannot be taught due to the strict laws although youths can drink with their families in the home, but only their own home. Today, over 1,700 college students die each year according to government data because of binge drinking. In addition, there are hundreds of thousands of injuries and sexual assaults that are alcohol related.

We know from the World Health Organization data that countries in the Mediterranean parts of the world have high drinking consumption but low rates of excessive drinking in their youths. Among these countries are Italy, Greece, Macedonia in addition to Israel. In the US, according to global research 50% of students drink to get drunk compared to one in 10 in Southern Europe.

The fact is that Prohibition does not work; we need to teach moderate drinking at home as a part of meals. Drinking of hard liquor should be avoided.

Katherine van Wormer

Co-author of *Addiction Treatment: A Strengths Perspective* (2008)

Viens, Nancy

Individual

Country: United States of America

Funding or support from alcohol industry? No

Education is the most effective tool to reduce the harmful use of alcohol, especially among young people. We need to eliminate the idea in our country that using alcohol irresponsibly is a rite of passage, and that there is something admirable about binge drinking and throwing up in your shoes. We also need to stress the fact that alcoholism tends to be a hereditary disease, and that some people are more vulnerable to abusing alcohol than others. As far as a global perspective goes, finding ways to reduce poverty would be a step in the right direction. When there is no hope that life can improve, alcohol is often used as an escape from the pain of daily life.

Wagenaar, Alexander

Individual

Country: United States of America

Funding or support from alcohol industry? No

Web site: <http://myprofile.cos.com/wagenaar>

Summary:

Summary of recent research on effective policies for the prevention of alcohol-related problems is attached..

Full text: Nr. 198

Ward, Vicki

Individual

Country: United States of America

Funding or support from alcohol industry? No

I work in the field of substance abuse prevention and intervention. While alcohol products are a legal product for ADULTS, it is marketed and readily available to young people. The powerful alcohol industry is becoming for global every day and should not be allowed to continue to exploit the poor, the youth and developing nations. The societal cost of underage drinking is mounting. Please rely solely on public health research to shape the global strategy on alcohol. The alcohol industry should not be allowed to dictate global health policies or strategies.

White, Dee

Individual

Country: United States of America

Funding or support from alcohol industry? No

Too many adolescents and young adults have no concept that normal drinking is 1 drink for a female and 2 drinks for a male -- that is using the old standard for a drink being 1/2 ounce of alcohol per drink. And now, with fortified beer and wine, even that is not true. So the basis would begin at a young age working to establish this as a norm with parent and child education, perhaps in the form of computer games. Run a contest for game developers so that it would show the difference between a normal drinker and a drunk.

Wieringa, Glenn

Individual

Country: United States of America

Funding or support from alcohol industry? No

Summary:

Effective strategies to reduce alcohol-related harm involves primarily two complimentary approaches: 1) approaches designed to change the environment in which people consume alcohol; and 2) direct prevention services (e.g., school-based curricula) targeted at children/youth and other high-risk populations.

In our State of New Mexico, recent student survey data indicate that almost 31% of our students survey start drinking before the age of 13 ("age of onset") and that almost as many (27.4%) binge drink. Children and youth who drink "early and often" are almost 400% at increased risk for developing alcohol-related problems as adults.

My own experiences working in the arena for the past 40 years and the research leads me to believe that the environmental approaches such as increasing taxes, reducing alcohol outlet density, implementing alcohol screening in primary care settings, and increased sanctions for alcohol-related offenses, especially underage drinking and DWI, would be the most cost-effective way of impacting this problem of global alcohol-related problems. These approaches tend to focus on data-drive, evidence-based policy implementation and enforcement.

Environmental strategies can be applied globally with culturally-appropriate adaptations. All countries/nations can easily increase and collect higher alcohol taxes and ear-mark those funds for increased prevention, law enforcement, etc. Increased technology (e.g., the Interlock can significantly reduce DWI recidivism). Public education campaigns targeted at legal drinkers can promulgate the US's (USDA, HHS) federal "low-risk alcohol consumption guidelines to the general public and binge drinkers thereby providing appropriate role modeling for children and youth. Finally, these approaches target "populations" and as such as very cost-effective as these policies, when enforced, will change the alcohol culture whereas the more traditional direct services may not.

Willersdorf, Graeme

Individual

Country: Australia

Funding or support from alcohol industry? Yes

Web site: <http://www.icap.org>

Summary:

ALCOHOL DISTRIBUTION: SUMMARY

Alcohol distribution typically involves three major stages: production, wholesaling, and retailing. The retail stage forms the main interface between alcohol producers and consumers. Recognizing that the way in which alcohol is distributed to consumers can assist in developing approaches for positively influencing community impact, alcohol producers can work with governments, retailers, and community groups to implement harm reduction strategies within the retail and hospitality sectors.

Four key issues should be considered when analyzing alcohol distribution policies and programs:

- 1) Significant cultural variations exist in the place of alcohol in society and predominant drinking practices.
- 2) Like all public policies, alcohol distribution policy strategies can have both intended and unintended outcomes.
- 3) Most retailer-focused policies to reduce harm target all consumers, including the responsibly-drinking majority.
- 4) The success or failure of interventions at this level often relies on the broader legal framework and support from all stakeholders, including industry members, governments, law enforcement, and the community.

A range of initiatives, commonly introduced to address alcohol-related harms, involves retailers and focuses on:

- point-of-sale advertising;
- partnerships between retailers and other stakeholders, including on health promotion, consumer education, and preventing underage drinking where legal drinking or purchase age exists;
- licensing restrictions on outlet density, types of outlets, days and hours of sale, and other aspects of the retail environment;
- education and training of sellers, servers, and other staff at alcohol-serving establishments.

Retailer strategies that are well supported, solidly researched, and backed by complementary activities in other areas (e.g., consumer education and law enforcement) are generally more successful than those occurring in isolation.

The following suggestions can be made going forward:

Point-of-sale Advertising

While being careful not to run afoul of competition laws, retailers can work together to restrict point-of-sale promotions that may encourage risky drinking. Producers can assist governments in encouraging broader support (e.g., through law enforcement) for harm reduction strategies. And, as retailers—small retailers, in particular—often rely on promotional materials from alcohol suppliers, producers can see to it that their point-of-sale promotional materials so provided do not target groups at particular risk for harm.

Licensing Restrictions

The main stakeholders in developing and implementing effective licensing are governments, law enforcement, and retailers; effective measures require their input, as well as the ongoing support of producers.

Seller and Server Training

The main emphasis of training programs is to avoid serving alcohol to minors and intoxicated patrons. Programs can be successful when they are combined with reasonable licensing requirements and backed with enforcement and support from venue management. Modifications to the physical drinking environments and campaigns against underage alcohol purchase, many of which are supported by the producers, can also help minimize harm.

*This paper was prepared by Graeme Willersdorf on behalf of the companies sponsoring ICAP: Asahi Breweries, Bacardi-Martini, Beam Global Spirits & Wine, Brown-Forman Corporation, Diageo, Heineken, InBev, Molson Coors, Pernod Ricard, SABMiller, and Scottish & Newcastle. A referenced version of this paper is available on the ICAP website at www.icap.org.

Full text: Nr. 22

Дорофеев, Сергей

Individual

Country: Ukraine

Funding or support from alcohol industry? No

Резюме

Проблема употребления алкоголя – сложная и многоаспектная, так как помимо физиологического аспекта (вреда здоровью) необходимо принимать во внимание социокультурный аспект проблемы, а именно: культурные стереотипы потребления алкоголя, общественное мнение и отношение, стремительное омоложение употребляющих алкоголь, пропаганда потребления алкоголя, влияние алкоголизма на будущее государств и наций.

На сегодняшний день алкоголизм становится новым бедствием для человечества. Не весь вред от алкоголизма является очевидным и видимым. Он гораздо сильнее и больше отразится на будущих поколениях. Я живу в Украине. В нашей стране, к сожалению, борьбе с алкоголизмом не уделяется должного внимания. Реклама водки, слабоалкогольных напитков и пива заполонила телевизионные экраны и рекламные щиты на дорогах. Это возмущает! Этому хочется противостоять!

Полный текст 337

Кудашев, Артур

Individual

Country: Russian Federation

Funding or support from alcohol industry? No

Web site: <http://www.kudashev.ru>

Резюме

Я - врач психиатр-нарколог, сотрудник отделения реабилитации наркологического диспансера в г. Уфе, Башкирия. В 2008 г. я защитил кандидатскую диссертацию по теме "Антиалкогольная профилактическая программа в системе медицины труда и оценка ее эффективности", написанную по материалам практической реализации разработанного мною корпоративного антиалкогольного проекта в компании "Русский алюминий" в 2005-07 гг. Насколько мне известно, моя работа - первая в РФ после распада СССР попытка разработки современной методологии антиалкогольных и антинаркотических программ на рабочем месте именно на основе национальных материалов. Мною разработана авторская методика управления алкогольными рисками предприятия, зарегистрированная в Российском Авторском Обществе. Кроме того, я являюсь автором и владельцем русскоязычного интернет-портала www.kudashev.ru, продвигающего концепцию антиалкогольных профилактических программ на рабочих местах.

Я знаю, что за рубежом России это направление развивается весьма активно, достаточно упомянуть законы Drug Free Workplace Act 1988 и 1990 гг. в США и Канаде, соответственно, и разработанные МОТ Рекомендации 1996 г. Профилактические антиалкогольные программы на рабочих местах имеют 2 важных особенности, выгодно выделяющих их из ряда прочих: 1) почти 100% попадание в целевую аудиторию программ первичной и вторичной антиалкогольной профилактики (взрослое, активное, социально-благополучное население) и 2) возможность эффективно мотивировать (в рамках трудовых отношений) граждан к участию в профилактических программах.

В России, несмотря на острейшую ситуацию со злоупотреблением алкоголя (по некоторым оценкам, уровень потребления спиртного в стране достигает 18 л на душу населения при чрезвычайно негативной структуре потребления и высокой распространенности среди населения особо неблагоприятных паттернов потребления алкоголя) потенциал антиалкогольных профилактических программ на рабочих местах недооценивается ни на уровне государства, ни на уровне отдельных работодателей.

Своим участием в настоящей дискуссии я хочу: 1) используя высокую трибуну ВОЗ обратить внимание ответственных и заинтересованных лиц и организаций в России на необходимость и перспективность развития антиалкогольных профилактических программ на рабочих местах и 2) привлечь международных экспертов к широкому обсуждению накопленного в мире современного опыта реализации антиалкогольных, антинаркотических и антитабачных программ на рабочих местах. Со своей стороны, я готов предоставить для достижения этих целей все имеющиеся у меня самого материалы, а также необходимые для этого собственные время и энергию.

女士欣高

Individual

Country: China

否

应该努力和饮酒者一起寻找：饮酒给其带来的好处，如社交需要、借酒消愁等等，然后，再一起探讨用其他方式取代饮酒能否达到这些目的。

Received full text submissions from individuals

018 R. Curtis Ellison
021 Adrian Botha
022 Graeme Willersdorf
023 Roger Sinclair
024 Godfrey Robson
025 Ronald Simpson
049 Linda Chezem
056 Felix Kuronen
057 Julie Mauck
076 Zoltán Kalocsai
088 Jeanne Ketola
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176 Cristian Andrei
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184 Rebecca Matusovich
198 Alexander Wagenaar
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250 Richard Spence
316 David Jernigan
328 Carie McIntosh
337 Артур Кудашев
340 Marc A. Schuckit

Wine, Alcohol & Health: An Update

R. Curtis Ellison, MD
 Professor of Medicine & Public Health
 Director, Institute on Lifestyle & Health
 Boston University School of Medicine

Introduction

In 1974, after the Framingham Heart Study had been in operation for more than 25 years, a report on the risk factors related to deaths from coronary heart disease (CHD) was prepared. It contained strong evidence that individuals who smoked cigarettes, had high levels of blood cholesterol, and/or had high blood pressure were at increased risk of CHD, and these became known as three major "risk factors" for heart disease. In the same paper prepared by the Framingham Study investigators, there was also information that demonstrated a strong reduction in the risk of CHD mortality among moderate drinkers, which was to be included as the 4th major risk factor.

When the senior staff at the National Institutes of Health (NIH) in Bethesda, MD, saw the results indicating that moderate alcohol consumption reduced the risk of CHD death, they demanded that the authors in Framingham remove these findings from the publication. NIH officials stated: "An article which openly invites the encouragement of undertaking drinking with the implication of prevention of coronary heart disease would be scientifically misleading and socially undesirable in view of the major health problem of alcoholism that already exists in the country." Further, they said that if the authors felt that they must mention alcohol, they should state that there was "no significant relationship of alcohol intake to the incidence of coronary heart disease" (which was obviously not true). "Political science" at its worst.

Many other scientists, however, began to publish information starting in the 1970s, with reports coming from studies around the world. The number of publications on moderate drinking increased markedly after the *60 Minutes* program on the "French Paradox" in 1991 (which suggested that daily drinking was one important factor in the very low rates of CHD in France). Apparently, many scientists felt that it was now "politically correct" to report data demonstrating beneficial health effects of moderate alcohol intake, and were not limited to reporting only on abuse. Of many hundreds of studies published in the scientific literature over the past few decades, the results have been amazingly consistent: almost uniformly, they have demonstrated that moderate drinkers have much less CHD. And new data show that, for people who already have CHD, moderate alcohol intake reduces their need for repeat angioplasty/bypass surgery and their risk of death.

Mechanisms of Alcohol's Effect on Cardiovascular Disease

Scientists have identified many mechanisms by which alcoholic beverages reduce the risk of CHD. The most-studied effect is on the levels of blood cholesterol. Any type of alcoholic beverage lowers the LDL-cholesterol slightly; but even more importantly, it markedly increases the levels of HDL-cholesterol, the "good cholesterol." Raising HDL can be an important factor in preventing heart disease. There are also many other mechanisms by which alcoholic beverages prevent heart disease. Moderate drinkers are much less likely to form clots within the arteries to the heart (leading to a myocardial infarction), to the brain (leading to a stroke), and to other organs. And, if clots form, moderate drinkers have much better degrees of fibrinolysis (the dissolution of clots). The decrease in clotting is related somewhat to alcohol, but also to the polyphenols and other substances that are highest in red wine.

Many of the effects on clotting are transient effects, and the beneficial effects may last only for 24-36 hours after someone has consumed alcohol. It is believed that much of the protection from CHD that is seen in France is due to the fact that most French adults tend to consume some alcohol (primarily red wine) with their evening meal every day. Thus their clotting mechanisms remain in a favorable state all the time. Unfortunately, many Americans tend to drink only on the week-end, and often “binge drink,” consuming a large number of drinks rapidly. This is a very unhealthy way to drink: the data suggest that if someone drinks alcoholic beverages, he/she should do so in a regular (but moderate) fashion. And the most recent data show that *daily* drinking is the healthiest.

Effects of Alcohol on Other Types of Cardiovascular Disease

But before we recommend that alcohol be used for the prevention of CHD, we must consider its effects on other diseases. The third leading cause of death in the United States, and the leading cause of disability, is stroke. It has been shown in many studies that the risk of stroke related to ischemia (atherosclerosis), which is the type of stroke in about 80% of cases in the US, is markedly reduced by moderate drinking. And Klatsky et al have demonstrated that an increase in risk of hemorrhagic stroke is seen only in subjects consuming 5 or more drinks/day. My colleagues and I have also recently shown that the risk of peripheral artery disease (arteries in the leg) is reduced among moderate drinkers. Even for congestive heart failure, which was previously believed to be made worse by any alcohol consumption, it has now been shown in several studies that patients with heart failure who consume moderate amounts of alcohol have fewer problems and live longer than those who abstain from alcohol.

Moderate Alcohol Intake and the Risk of Developing Diabetes

A disease that is increasing dramatically around the world is diabetes. Howard provided a good summary of the research on alcohol and diabetes in 2004, giving an estimate of 33% to 56% lower incidence of diabetes for consumers of 1-3 drinks/day. A recent meta-analysis by Koppes et al indicated that for a wide range of alcohol intake (from about ½ to more than 3 drinks/day), the relative risk of diabetes for drinkers is about 30% lower than it is for abstainers. For people who already have diabetes, there is a 34% to 55% lower risk of CHD, the leading cause of death among diabetics.

What Defines a “Healthy Lifestyle” in 2008?

We now have good scientific data upon which to base our definition of a healthy diet and lifestyle. We have research from the Nurses’ Study, the Health Professionals Study, and other research that has defined a lifestyle that will lead to more than 70% fewer myocardial infarctions and more than 90% fewer cases of diabetes. This healthy lifestyle is shown in the table below, based on papers by Stampfer, Hu, Mukamal, and others.

A “Healthy Lifestyle” for the Prevention of Diabetes and Heart Disease

1. Avoid obesity (keep the BMI < 25)
2. Consume a healthy diet (high in fiber and unsaturated fat and low in trans fat and glycemic load) (e.g., a Mediterranean-type diet)
3. Engage in moderate-to-vigorous physical activity (for at least ½ hour/day);
4. Avoid smoking
5. Consume ½ - 2 typical drinks of an alcoholic beverage per day. (This latter factor is a key component for CHD, diabetes, and other disease of ageing)

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While some suggest that we should focus on the first 4 components of the “Healthy Lifestyle,” and not be eager to encourage alcohol use, several recent studies have shown that even among very healthy men and women who follow these 4 guidelines (i.e., are lean, eat a healthy diet, are active, and do not smoke), those who also consume a little alcohol have much lower risk of heart disease and death.

Effects of Alcohol on Other Diseases

Several studies show that moderate drinking increases bone mineral density, and reduces the risk of *osteoporosis and hip fracture*. Other diseases shown to occur less frequently among moderate drinkers include *gall bladder disease and kidney stones*.

But the most exciting recent scientific findings are that moderate drinkers are less likely to develop *Alzheimer’s Disease and other dementias*. Studies originally from France, with confirmatory research from many other countries, have documented that moderate drinkers develop dementia less, tend to perform better on tests of memory and cognitive functioning, and have a less marked decrease in such functions from ageing. In some studies the effects relate more to wine consumption rather than alcohol. In fact, a recent study from Sweden found that the rates of dementia were markedly lower among wine drinkers, but showed an increase with drinkers of spirits. The mechanism for such protection is not known, but may relate to prevention of atherosclerosis in the blood vessels supplying the brain or to decreased inflammation in brain tissue.

Importance of pattern of alcohol consumption

It has become very clear that the amount of alcohol consumed (within limits!) is not as important in terms of health effects as is the *pattern* of consumption. The two key factors are “regularity of drinking” and “binge drinking.” Recent studies on the effects of alcohol intake on heart disease, obesity, cognitive function, and other diseases show that more frequent drinkers have the best outcomes. For people consuming the same average amount of alcohol over a week, those consuming alcohol every day may have up to 50% lower risk of disease than those consuming the same amount on only one or two days. And more and more we are learning of the bad effects of binge drinking. In a recent study by Mukamal et al of people who had suffered a myocardial infarction, those who drank moderately without binge drinking had 30% fewer deaths, while those who reported binge drinking (defined in this study as consuming 3 or more drinks within 1 to 2 hours) had no protection from their alcohol drinking, and had even higher death rates than teetotalers.

Adverse Health Effects of Drinking

But are there not adverse health effects of alcohol? Of course, and alcohol abuse continues to be an important problem. But, almost all of the problems associated with alcohol are from drinking too much, too fast, or at an inappropriate time (as just before driving an automobile). Heavy drinking can lead acutely to heart problems and neurological disease. There are also a number of chronic diseases that are often referred to as “alcohol-related diseases,” and these include cirrhosis of the liver and certain cancers. As stated, the chronic diseases associated with alcohol are almost exclusively the result of very heavy drinking, of alcohol abuse. Moderate drinkers do not get alcoholic cirrhosis of the liver or most types of cancer. About the only one of these conditions that *may* be related to just moderate drinking is breast cancer among women.

Alcohol Consumption and the Risk of Breast Cancer

Many studies have shown that the risk of breast cancer in women is minimally increased by even modest alcohol consumption, with an estimated increase in risk of breast cancer of between 6 and

10% for women averaging one drink per day. Data are not consistent, as in our study of the 5,000 women in the Framingham Study, followed for 25-50 years (which was until death for more than one half of them), we found no increase at all in breast cancer risk for women who consumed alcohol.

But even if there were a 6 to 10% increased risk of breast cancer for consuming one drink per day, one must realize that the same amount of alcohol has a much greater effect on reducing the risk of very much more common diseases and causes of death: CHD deaths are nine times more frequent than breast cancer deaths, and stroke is three or four times more common. And one drink per day reduces a woman's risk of CHD and of stroke by 30 - 40%. Recent data suggest that the increase in risk of breast cancer among women who drink alcohol may be prevented if they are consuming adequate amounts of

folate in the diet. Other new studies suggest an increase in breast cancer risk only among women who are also taking hormone replacement therapy or those who binge drink.

Alcohol and Total Mortality

The bottom line is total mortality. Who lives longer, abstainers or drinkers? It depends on how much you drink: alcoholics do not live as long as abstainers, but moderate drinkers live longer than abstainers. In a study of almost 1 million Americans by the American Cancer Society, the risk of dying of any cause (all-cause or total mortality) was 21% lower for drinkers reporting 1 or 2 drinks/day than for abstainers, a finding consistent with studies in most other countries.

It must be emphasized that the diseases that tend to be "protected against" by moderate drinking occur later in life, among middle-aged and older adults. There are few health benefits of drinking among the young (who, in any case, drink for the social effects of alcohol). And binge drinking, especially among the young, continues to be a serious public health problem around the world.

Conclusions

It is important that physicians, government officials, and the public have scientifically sound information upon which to base decisions regarding alcohol and health. Some of the apparent reluctance of some physicians or health officials who deal with abuse to present more of a balanced picture may relate to their fears of presenting to the public a "mixed message." They prefer to emphasize only the adverse effects of abuse and to have a simple "Just say no" message for all alcohol consumption. Unfortunately (or rather, fortunately!), a yes/no message does not work for alcohol. As with most things in life, excesses (in habits, foods, or alcohol) have problems that are not inherent in the activities or substances themselves, but in their inappropriate use. Abraham Lincoln stated this more than a century ago: "It has long been recognized that the problems with alcohol in this country relate not to the use of a bad thing, but to the abuse of a good thing."

There are certain people who should not drink at all (including former alcoholics, people with certain medical conditions, people with religious or moral proscriptions against alcohol, etc.), and there can never be a general recommendation for everybody to drink. On the other hand, I believe that it is unethical to withhold from the public sound advice on drinking and health. We need to present accurate and balanced information to all. And the message based on recent research is now very clear: for adults in Western societies without contraindications to alcohol, moderate drinking can be considered an important component of a "healthy lifestyle."

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ALCOHOL AVAILABILITY

This paper on alcohol availability was prepared on behalf of the companies sponsoring the International Center for Alcohol Policies; it is Adrian Botha's input into the WHO Global Strategy process on areas where industry members can contribute to the reduction of harmful drinking.

Reasonable regulations concerning alcohol availability—or where, when, and by whom alcohol can be sold, obtained, and consumed—are a necessary component of any balanced alcohol policy. A balanced policy avoids excessive regulation and relies on promoting the wellbeing of society without infringing upon individual freedom and choice of the moderate-drinking majority. How this balance is created will vary internationally, reflecting socioeconomic circumstances and culture, but can be achieved by complementing population-level regulations with targeted measures for high-risk individuals, settings, and behaviors.

Excessive regulations on the availability of alcohol run the risk of generating unintended and often negative consequences, such as driving consumers toward the informal (and completely unregulated) market. In mature economies, laws and regulatory frameworks are generally in place, but enforcement may be uneven; in many developing countries, both the legal framework and enforcement may be lacking. Proper enforcement should be backed by education of the general public about drinking patterns and outcomes, the implementation of adequate prevention, and the involvement of the broader community.

Alcohol availability can be restricted by either physical or economic means. This paper will consider two specific issues relating to physical availability: legal age limits and the prevalence of noncommercial beverages.

LEGAL AGE LIMITS

Setting minimum age limits for the consumption and purchase of alcohol can only be effective when this control-based approach is backed by strong enforcement and targeted interventions focused on young people. This combined approach has shown promise in reducing the incidence of drink-related harm among the young.

While setting policy around drinking and alcohol purchase age is the domain of government, the drinking age should be determined based on local culture and should not be impractical and therefore likely to be ignored by young people. In addition, there is an important role for others to play in prevention efforts and in the support of these laws.

Although evidence exists that visible and consistent enforcement of legal age limits is the key to the success of legislation, it has been lacking or insufficient in many countries. Moreover, simply controlling access to alcohol in a jurisdiction is not sufficient for preventing harm.

A vast majority of underage drinkers obtain alcohol from social sources, drinking it in their own or someone else's home. Greater attention to reducing access to all

substances from social sources is needed. Parental modeling is crucial. Research shows that parenting style and influence (including parents' drinking) are prominent in shaping youth drinking. Education and awareness efforts—including through large-scale government campaigns—remain central in this context and, combined with strengthening parenting skills and the positive role of the family, should be considered. Peer approval is also key in youth drinking choices. Both social norms marketing and peer-to-peer awareness campaigns could have positive impact.

While a range of interventions has been developed and carried out by law enforcement, industry members, educators, and local community groups, no single strategy can be successful in all settings; combined initiatives targeting particular behaviors and settings may be a more useful approach.

What Can Be Done

Teaching young people about responsible drinking patterns, strengthening the positive role of parents, family and peers, and enforcing local rules must accompany any laws in order to be effective. In this regard, the industry has and will continue to play its role through awareness programs, responsible hospitality initiatives, partnerships with community stakeholders, and working with governments to reinforce drinking age limits. It must be said, however, that this is not the sole province of producers, who are not directly involved in the sale and service of alcohol; therefore, all industry stakeholders—including in particular the retailers—must be active.

Presenting proof-of-age identification should be required for service or purchase of alcohol. Personnel in serving establishments must be trained to identify minors and effectively enforce minimum age limits. Much time, effort, and resources have been allocated by the industry to train both on- and off-premise staff to enforce laws; in-store awareness campaigns emphasizing the fact that proof-of-age documents will be requested have been widely funded by many major alcohol producers.

Monitoring licensed premises, sometimes undercover, is an important intervention and, as in the case of the U.S. Century Council's "Cops in Shops" program, presents an opportunity for a partnership between industry and the police. Another approach, the Respect 21 Responsible Retailing program in the U.S., relies on the involvement and collaboration of parents, retailers, producers, and communities in curbing the provision of alcohol to minors, whether through sales or social access. Similarly, a major campaign in Poland has targeted all adults selling or serving alcohol and adults who might witness alcohol sales to minors.

In terms of strengthening positive parenting, a novel approach has been adopted by a group of schools in Cape Town, South Africa, where parents are obliged to sign a pact that they have read and understood a guide produced by a panel of psychologists, educators, and medical practitioners to encourage a dialogue between parents and children, and that they will make every effort to follow the guide principles.

Young people's drinking patterns are changing internationally. These changes are a

reflection of moves away from traditional drinking patterns and, more broadly, traditional lifestyles. They mirror social transformations, increased purchasing power, the evolving role of young people in society, and, in some instances, their growing social disenfranchisement. The industry supports educational initiatives across the globe, using media relevant to young people, particularly web-based programs, to demonstrate how “uncool” underage drinking is and to emphasize the risks it may carry.

NONCOMMERCIAL ALCOHOL

The amount of noncommercial alcohol consumed globally is considerable, particularly in developing regions.

The term “noncommercial alcohol” refers to beverages that are not reflected in official statistics (e.g., sales, revenue, or trade figures) and are generally outside government control.

Several categories of noncommercial alcohol exist.

- Traditional high-quality beverages: legally produced, may be traded but not always taxed.
- Traditional low-quality beverages: home-produced and sold at low cost, have been linked with contamination and health problems.
- “Illicit” alcohol beverages: commercially produced drinks that are distributed informally (e.g., through smuggling), as well as drinks produced illegally for illicit sale and counterfeit alcohol packaged as legitimate commercial products.
- Surrogate alcohol products, often containing non-potable alcohol.

While tourist consumption (alcohol beverages consumed during visits to other countries), travelers’ imports, and cross-border purchases are considered a part of unrecorded consumption, these categories will not be discussed here.

Consumption of Noncommercial Alcohol

Because it is not taxed, regulated, or recorded, little scientific evidence is currently available about noncommercial alcohol, its production, consumption, and related outcomes.

Although the production of many noncommercial beverages meets high quality standards, a lot of what is included under this heading may be contaminated and toxic. This latter category represents a serious public health problem, particularly in the developing world and in countries undergoing rapid social and economic transition.

Neither industry nor public health authorities have sufficient data to accurately assess the full impact of alcohol policies on the consumption of noncommercial alcohol. However, enough is known to understand that such effects can be substantial and must be factored

into policy planning.

From the available literature, trade in noncommercial alcohol appears to increase in response to increased restrictions on commercial alcohol. Where large disparities in price and availability of commercial alcohol exist across jurisdictions, smuggling and cross-border trade in have been routinely reported.

A comprehensive study of noncommercial alcohol, its impact on communities, and response to policy presents a key opportunity for public health authorities and industry to work together.

What Is Being Done

It is important for governments to gain effective control over informal alcohol production and distribution, not least because these beverages are not overseen by regulation or self-regulation and are therefore accessible to minors.

Licensing and inspection of production, whether it is cottage-, small factory, or full-scale industrial production, are an important means for identifying and removing illegal beverages.

However, it must be acknowledged that, in many countries, regulatory options and resources are limited, while the prevalence of illicit alcohol is such that it is unrealistic to expect law enforcement bodies to be able to close down an entire sector.

In this context, focusing on the *reasons* behind consumer demand for illicit alcohol—its low price and affordability relative to income—may be a promising channel for intervention. For instance, the Kenyan government and health authorities granted East African Breweries Ltd. a special tax rate, which enabled the company to offer low-income consumers an affordable, quality alternative to illicit alcohol: the keg barley beer brand Senator, launched in November 2004. While no scientific evaluation has yet been undertaken into the public health consequences of this move, anecdotal evidence and media reports indicate a marked reduction in the incidence of alcohol poisoning in areas where the brand is popular and widely available. If this is seen as a useful approach elsewhere, care should be taken to ensure that an introduction of such measure does not distort the market between legal producers.

Given the cultural and economic significance of traditional noncommercial alcohol in many countries, governments should explore policies that give informal producers incentives to join the legal sector and/or ensure safety of their products. Targeted interventions that provide credible alternative means of generating income for illegal producers and sellers may complement government action.

Overall, to be successful, governments must recognize and appreciate all the interplaying factors (social, cultural, economic, and political) that enable the informal alcohol sector. While the enactment and enforcement of legislation are crucial, they are unlikely to trigger the desired results of “positive engagement” when implemented on their own.

What Can Be Done

A number of interventions can help reduce the harmful impact of noncommercial alcohol if undertaken by governments, NGOs, and industry members working in partnership:

- Develop and pilot an international methodology to gauge noncommercial alcohol production, consumption, and outcomes so that the interaction between policies and drinking can be better observed and evaluated, and cross-country comparisons can be made.
- Enforce laws against the production and sale of noncommercial alcohol.
- Provide consumer education and information about noncommercial alcohol, raising awareness about potential risks and drinking patterns.
- Undertake broad public campaigns to raise awareness about existing laws, enforcement, and possible punitive measures.
- Where appropriate, institute competitions and awards for quality as incentives to legal home-producers to raise and maintain the standards of their beverages.
- Set and enforce standards for commercial alcohol production, distribution, retail, and consumption, particularly in developing countries.
- Encourage commercial producers (e.g., through tax incentives) to provide affordable alternatives to illicit alcohol.
- Offer training, incentives, and funding to assist noncommercial producers to establish alternative income-generating businesses.

The challenge is to avoid undue restrictions on free access to commercial products that may shift the market to poor-quality and potentially hazardous noncommercial drinks. Harmonized alcohol policies that do not create disparities in access to commercial alcohol may be a realistic measure in tackling problems associated with noncommercial products.

Addressing issues around noncommercial alcohol is in the best interest of governments, law enforcement, and the alcohol industry. As a result, there is ample room for cooperation and initiatives based on partnership and directed at a common goal.

(A referenced version of this paper is available on the ICAP website at www.icap.org.)

ALCOHOL DISTRIBUTION

This paper on alcohol distribution was prepared on behalf of the companies sponsoring the International Center for Alcohol Policies; it is Graeme Willersdorf's input into the WHO Global Strategy process on areas where industry members can contribute to the reduction of harmful drinking.

Alcohol distribution typically involves three major stages: production, wholesaling, and retailing. The retail stage—including both on- and off-premise venues—forms the main interface between alcohol producers and consumers and comprises the final link in the distribution chain. Recognizing that the way in which alcohol is distributed to consumers can assist in developing approaches for positively influencing community impact, alcohol producers can work with governments, retailers, and community groups to implement harm reduction strategies within the retail and hospitality sectors. This paper reviews the most promising approaches at the retail level.

KEY ISSUES

Four key issues should be considered when analyzing alcohol distribution policies and programs:

- 1) Significant cultural variations exist in the place of alcohol in society and predominant drinking practices.
- 2) Like all public policies, alcohol distribution policy strategies can have both intended and unintended outcomes; a comprehensive assessment of a given measure must consider both.
- 3) Most retailer-focused policies to reduce harm target all consumers, including the responsibly-drinking majority.
- 4) Alcohol distribution does not occur in a vacuum; the success or failure of interventions at this level often relies on the broader legal framework and support from all stakeholders, including industry members, governments, law enforcement, and the community.

RETAILER EFFORTS

Retailer strategies that are well supported, solidly researched, and backed by complementary activities in other areas (e.g., consumer education and law enforcement) are generally more successful than those occurring in isolation.

A range of initiatives, commonly introduced to address alcohol-related harms, involves retailers and focuses on:

- point-of-sale advertising;
- partnerships between retailers and other stakeholders, including on health promotion, consumer education, and preventing underage drinking where legal drinking or purchase age exists;

- licensing restrictions on outlet density, types of outlets, days and hours of sale, and other aspects of the retail environment;
- education and training of sellers, servers, and other staff at alcohol-serving establishments.

These measures aim to directly influence consumer behavior around alcohol at the point of purchase. They can also reduce the potential liability for retailers.

In general, there is good evidence to support the involvement of the retail sector in strategies to reduce alcohol-related harms. Many factors can influence the outcome of these efforts, including the prevailing political and social climate, support from other stakeholders, and consistency in implementation and enforcement. This makes it difficult to generalize about the effectiveness of any individual strategy.

Point-of-sale Advertising

Point-of-sale advertising is a visible marketing strategy targeting consumers at the point of purchase. It can be divided into two categories: promotions (such as volume discounts, happy hours, tastings, and giveaways) and general advertising (such as brand advertising and information on specific beverages). Self-regulation on responsible advertising addresses these types of alcohol marketing; however, it is important to ensure that self-regulatory codes apply all the way down the distribution chain, as the retailers are ultimately responsible for how their products are sold.

Producer-retailer Partnerships

Partnerships between alcohol producers and retailers have been developed in many countries to address specific aspects of alcohol distribution. This has included the development of industry codes and other self-regulatory practices, health promotion and consumer education, and the implementation of targeted strategies to address identified problems within the retail sector, such as preventing the sale of alcohol to intoxicated or underage drinkers. Some partnerships also involve other stakeholders, such as government and community leaders.

What Can Be Done

While being careful not to run afoul of competition laws, retailers can work together to restrict point-of-sale promotions that may encourage risky drinking, such as certain types of volume discounts and happy hours. Producers can assist governments in encouraging broader support (e.g., through law enforcement) for harm reduction strategies. And, as retailers—small retailers, in particular—often rely on promotional materials from alcohol suppliers, producers can see to it that their point-of-sale promotional materials so provided do not target groups at particular risk for harm.

LICENSING RESTRICTIONS

Effective licensing strategies target specific alcohol-related problems, are culturally-sensitive, and have the broad support of government, law enforcement, the community, and others.

Most governments apply some form of licensing restrictions to alcohol-serving establishments, including *when* (the days and times), *where* (the number of venues able to sell alcohol in a particular area), *how* (the physical environment and hospitality practices), and *what* alcohol can be sold (e.g., wine, beer, spirits, and pre-mixed drinks).

The aims of specific licensing restrictions vary; however, most such measures intend to reduce antisocial behavior, violence, and crime. While jurisdictions differ in their approach to licensing practices, typical conditions required to obtain the license to sell alcohol include age, lack of prior criminal record, the payment of a fee, and approval from the community or the law enforcement authorities.

The evidence in support of licensing restrictions is mixed. Some studies have found that extending the hours and days of alcohol sales has resulted in an increase in drink-related problems; others report little or no increase in harm. Research from several countries has linked the density of alcohol retail outlets with some alcohol-related social problems, but this relationship depends on location, context, and drinking culture.

Severe restrictions may shift demand to the black market, boosting crime and the popularity of noncommercial beverages. There are also some examples of licensing restrictions resulting in discriminatory practices toward vulnerable populations (e.g., remote communities in Australia). Addressing harmful drinking in such cases requires greater community involvement in the regulation and administration of licenses and an increased focus on skills training and culturally-appropriate harm reduction practices.

What Can Be Done

The main stakeholders in developing and implementing effective licensing are governments, law enforcement, and retailers; effective measures require their input and the ongoing support of producers. Law enforcement and customs/border control can help minimize the black market. Governments in neighboring jurisdictions can work together to synchronize regulations to reduce the potential for illicit cross-border trade.

SELLER AND SERVER TRAINING

There is good evidence that training programs for alcohol sellers and servers can be successful in minimizing harm when they are of high quality and are combined with strong support from venue management and effective law enforcement.

Many programs aim to educate and train sellers and staff at alcohol-serving establishments about standard drink sizes, proper identification checking, recognizing inebriation, not overserving, and dealing (in non-confrontational ways) with individuals who have consumed too much alcohol. In addition to sellers and servers, security personnel should be trained to recognize potential conflicts before they occur and to deal with problems constructively rather than aggressively.

The main emphasis of these efforts is to avoid serving alcohol to minors and intoxicated patrons, thereby reducing the incidence of alcohol-related problems, specifically

violence, antisocial behavior, and alcohol-impaired driving. These programs can also reduce liability for the retailer.

Underage Drinking

Although research shows that the main sources of alcohol for young people are family and friends, retail venues also play a significant role in supplying alcohol to this segment of the population. Strategies that rely solely on the ability of servers to estimate the age of the purchaser are less successful than those emphasizing the need to actually check the age of all customers who could potentially be underage.

However, law enforcement measures on underage purchasing and drinking need to be implemented carefully, as there is some evidence that they can result in young people being reluctant to call the police or ambulance services for alcohol-related problems.

Modifying the Drinking Environment

In addition to training staff, retailers can act to minimize the incidence of alcohol-related problems in or around their venues by affecting certain physical characteristics of the drinking environment. Such efforts include having clean, attractive, and well-maintained premises and restrooms; providing live entertainment; and creating a physical space that allows easy access to the bar or that provides sitting areas without causing crowding. Certain serving practices, such as using safety glass, providing affordable or free non-alcohol options, and offering food may further reduce the incidence of harmful drinking. At least for large-scale events, selling alcohol in open plastic containers (as opposed to closed cans or bottles) appears to reduce both overall drinking and injuries.

In addition, promotional materials (e.g., beer mats on tables or posters in bathrooms) can be used to impart advice about safety, moderate drinking, or testing for drugs that may have been added to drinks.

What Can Be Done

Governments can strengthen the role of seller and server training programs by:

- making it a licensing requirement that all staff be trained on regular basis;
- developing national standards for training programs and accrediting individual programs;
- directing law enforcement agencies to monitor breaches of licensing regulations and impose sanctions;
- supporting retailers to provide training for their staff (training can be costly due to high staff turnover);
- providing incentives or recognition for alcohol establishments that are examples of best practice;
- ensuring that all staff involved in alcohol transportation and sales adhere to safety practices.

Retailers can help reduce harmful drinking by developing self-regulatory codes of responsible practice, increasing manager training, and building ties with the law enforcement to ensure the appropriate oversight of regulations.

CONCLUSION

Alcohol distribution policies and practices can influence drinking patterns and the impact of alcohol misuse in the community. The retail sector is key in developing and implementing distribution strategies. Within competition laws, alcohol producers have a limited influence on retail practices, but they can contribute to initiatives led by governments, the local community, and retailers.

Although government regulation has some role to play in alcohol distribution practices, the effectiveness of specific measures in reducing harmful drinking often depends on the context in which they are implemented, including the cultural appropriateness of specific strategies and stakeholder support. Most distribution initiatives have both positive and negative outcomes, whether intended or unintended; these must be considered in any evaluation of their overall impact on the community.

(A referenced version of this paper is available on the ICAP website at www.icap.org.)

ALCOHOL MARKETING

This paper on alcohol marketing was prepared on behalf of the companies sponsoring the International Center for Alcohol Policies; it is Roger Sinclair's input into the WHO Global Strategy process on areas where industry members can contribute to the reduction of harmful drinking.

BEVERAGE ALCOHOL MARKETING

Modern marketing developed from the age-old human process of exchange. Mass sales have led to job creation, increased government revenue from taxation, infrastructure construction, and a rapid and unprecedented growth in intellectual capital. Marketers use message arguments to convince consumers in the category to buy their brands in favor of the alternative choices.

However, marketing is not an effective or efficient way to build aggregate consumption of any product. This is particularly the case for beverage alcohol marketers. A considerable body of literature demonstrates that the tools of marketing, especially advertising, are ineffective in building overall category consumption. When there is evidence, it is of small effects only (see the referenced version of this paper at www.icap.org).

Moreover, the portion of the beverage alcohol industry that employs marketing techniques to build and manage its brands operates in probably no more than one third of the total market. The world market for alcohol has both formal and informal components. There are relatively few big global brands in the formal sector, many small local brands, and a large volume of locally-produced alcohol beverages, which are not advertised and not subject to taxation.

In most developed and some developing countries, governments have consumer protection laws. Industry has also adopted self-regulatory advertising and marketing codes designed to ensure that marketing meets moral and ethical standards; Self-regulatory Organizations (SROs)—nongovernmental organizations with power to create and enforce industry regulations and standards—oversee many of these codes.

Through its codes and additional social marketing campaigns, the industry promotes the notion of moderate drinking for adults and abstinence for minors. Much of the experience to date has been in developed markets (e.g., in Europe, Australia, Japan, and the U.S.), where robust systems have been established and include monitoring and enforcement. These inclusive systems for responsible marketing can and should be expanded to other markets, especially where alcohol consumption may be rising due to rising incomes and other strong social determinants, in ways that cover all relevant media and domestic as well as global companies.

Government laws and regulations and industry self-regulation can complement each other; some form of co-regulation is becoming the norm around the world. This combination retains an overarching government authority but helps avoid the unintended

consequences of severe restrictions on marketing (e.g., marketing bans may intensify other aspects of competition, such as price competition). Major industry members are already committed to expanding self-regulation and co-regulation to countries that currently have little or no such control over marketing practices. They are prepared to step up the intensity of these efforts and to set stretch goals to build up the necessary momentum.

WHAT IS BEING DONE

While the SROs and their codes of practice are only indirectly aimed at consumers and their drinking patterns, they impose strict limitations on how code subscribers are permitted to market products. In many instances, codes are supplemented by responsible marketing protocols, developed and adopted by individual companies. The leading members of industry would like to see such codes in action internationally, in both developed and developing markets.

- a. Most codes of responsible marketing, including industry-wide self-regulatory codes, contain provisions that prohibit: the targeting of minors; encouragement to drink excessively; depictions of intoxication; associations with violence; suggestions that drinking improves physical performance, sexual success, or mental ability; and portrayal of drinking in unsafe situations (e.g., drink-driving).
- b. Industry members are increasingly supporting SROs and adopting internal codes of responsible communications. Under these codes, pre-placement reviews of all commercial communications are conducted to ensure compliance; training of all staff and external agencies is carried out to sustain awareness of the code provisions. In some cases, code compliance is monitored, enforced, and evaluated through the employment of external, independent chairmanship of the regulatory process.
- c. Having concrete consequences for code noncompliance is critical to robust self-regulation. Measures currently available and in use are: pre-vetting of future campaigns prior to exposure; instant withdrawal of advertisements that breach the codes; and, in some markets (e.g., as in the U.K.), advising retailers to withdraw the offending product from consumer availability. Codes can also rely on peer pressure rather than the threat of punitive action to ensure compliance (e.g., as in the U.S.).
- d. The heterogeneous nature of media audiences make it virtually impossible to exclude completely those who are outside the targeted consumers. Successful schemes adopted by marketers in many countries have been designed to minimize exposure to minors. The U.S. Federal Trade Commission recently commended the industry on its exceedingly high level of compliance with this requirement.

- e. Parents and peers are the greatest influence over whether and when a young person drinks. To help make this influence positive, the industry has supported a range of social marketing campaigns and consumer education schemes.
- f. ICAP has and will continue to convene regional workshops and working groups on self-regulation and responsible marketing practices. Arising from these workshops has been a series of commitments by the delegates in the form of joint declarations (e.g., Santiago, Cape Town, and Tokyo declarations to cover South America, Africa, and Asia-Pacific respectively). The declarations are comprehensive commitments to the creation, adoption, and upholding of responsible marketing practices.

WHAT CAN BE DONE

The industry has a number of substantive proposals:

- a. To complement the data collection by WHO from Member States on advertising laws and regulation, the industry could initiate an international survey of company and industry-wide self-regulatory codes to establish where such practices do and do not exist. Where self-regulatory mechanisms cannot be found, the industry will use its best endeavors (ideally, in conjunction with Member States) to persuade companies operating in those regions to initiate and commit themselves to a self-regulatory regime.
- b. Many countries have company and consumer laws that require marketing communications to conform to basic requirements of truthfulness and accuracy. In this context, governments are invited to (and often do) provide input into the voluntary code provisions. Governments that have worked with industry in developing self-regulatory systems can help others by compiling a best practice handbook on implementing codes and supporting them with appropriate policies.
- c. SROs are most effective when they can rely on proper policy frameworks and involve all members of related industry—that is, the producers, related agencies, the media, and the retailers. Commitment by these channel members provide the SRO with powerful response options from warnings, to removal of advertising from the media, to the withdrawal of product from the shelves. The industry can to the best of its ability encourage such commitment by all channel members.
- d. The skill, knowledge, and creativity that marketers employ in promoting their brands can be harnessed to promote the responsible use of their products and to combat misuse. Industry members can continue to build on existing social marketing campaigns for responsible drinking targeted at specific groups of consumers, for example young adults.

COLLABORATION: COMBINED ACTIONS IMPROVE CHANCES OF SUCCESS

The misuse and abuse of its products is as of much concern to the industry as it is to WHO. For that reason, industry members invest considerable resources in countering this problem. They acknowledge that this is a collective and shared effort and submit the following as areas where cooperation with others is necessary.

- a. In marketing, the collection of vehicles employed by marketers to promote the continued use of their brands to consumers is called *integrated marketing communications* (IMC). IMC ranges from the use of mass media (e.g., radio, television, and print) to in-store promotions, public relations, product placements, and the many opportunities associated with digital and electronic communications. A constant watch needs to be focused on this area to identify new marketing approaches and technology as they develop and to ensure that they are suitably covered by responsible marketing codes. There are bodies that monitor this, mainly for the marketing industry. Such bodies could be employed to identify the new means by which alcohol brands are promoted to ensure comprehensive coverage in codes of practice.
- b. The world's media groupings such as Times Warner, News Group, and Bertelsmann rely on advertising for a large part of their income. The alcohol industry is a major contributor to this. An approach to the major world media players by a joint group representing the main concerned parties in the campaign against harmful drinking could encourage the media industry to participate in this process in the form of free health promotion space.
- c. The industry offers its expertise, network of branches, and offices to assist governments to introduce self-regulatory bodies and codes where none exist or where they are poorly applied. The major companies in the formal beverage alcohol sector are represented in a large proportion of WHO Member States.
- d. WHO can establish a multi-stakeholder working group—consisting of NGOs, family psychologists, governments, alcohol marketers, and others—to strengthen existing awareness campaigns on the influence parents and peers have in helping prevent the initiation of drinking by adolescents and in other areas, such as “binge” drinking and alcohol-impaired driving.

(A referenced version of this paper is available on the ICAP website at www.icap.org.)

PRICING OF BEVERAGE ALCOHOL

This paper on price was prepared on behalf of the companies sponsoring the International Center for Alcohol Policies; it is Godfrey Robson's input into the WHO Global Strategy process on areas where industry members can contribute to the reduction of harmful drinking.

The argument is often made that increasing the price of commercial beverage alcohol is an effective and cost-effective way to reduce overall consumption and, in particular, to reduce harmful drinking. Although both producers and, to a greater extent, retailers can affect the price to the consumer, it is of course mainly governments that determine price through excise and other taxes and through price and marketing controls. For this to be an attractive public health policy, a government would need to be convinced, first, that an increase in price would lead to a reduction in overall consumption, and, second, that a reduction in overall consumption would be matched by a corresponding reduction in harmful alcohol use.

Thus, the first issue in assessing the effect of public interventions to influence the price of alcohol beverages (e.g., through taxation decisions or other market interventions) is how sensitive consumers are to price changes. If a small change in price is followed by a larger reduction in drinking (i.e., where demand is said to be elastic), then a price increase (however achieved) is an efficient lever to reduce general alcohol consumption. In the light of many studies, there is clearly some inverse relationship between price and demand. It would be surprising if it were otherwise. Elasticity studies provide correlations of alcohol consumption and pricing, but the issue is more complicated. The main points are as follows.

- In most cases, the evidence points to relative inelasticity of demand. Thus, an increase in price results in a less than proportionate reduction in demand. This appears to apply consistently across a large number of countries, and to apply similarly when prices (measured in real terms) are reduced.
- An important part of the reason for this is that the market for alcohol is, in most cases, a very complex one. There are different kinds of products (beer, wine, and spirits), different sub-sets of each product, different brands and price points, and different places (and so prices) in which to consume alcohol. This means that consumers can develop strategies other than buying less to compensate for price increases—e.g., drinking more at home, drinking cheaper brands, and so on.
- High prices on legitimate products sold through official channels in bars and shops may force consumers to seek cheaper alcohol through “informal” channels. They switch to illicit products, which may be counterfeit and adulterated. This can bring extra health risks (in the case of poor-quality illicit drinks) but can also deprive governments of revenue. Experience has shown that the potential health risks can be serious and may cause many deaths, especially in developing countries.

The second issue is whether, in any case, a reduction in overall consumption is likely to be matched by a corresponding reduction in harmful alcohol use. Available elasticity studies certainly do not provide correlations between pricing and alcohol-related harm. The effects of increased prices would not be felt equally by all drinkers.

- Moderate and non-problem drinkers are most likely to be price-sensitive, so price increases hit them worst. Heavier or problem drinkers, on the other hand, will be least affected—simply because their desire or dependence will lead them to find cheaper ways of maintaining consumption. Thus, those with a habit of harmful alcohol use are least likely to be deterred by price regulation, although the evidence in the case of young people is more conflicting. But the key point is that general price increases will not be an effective way to address harmful drinking.
- This raises issues of equity (in relation to non-problem drinkers) and efficiency (in relation to problem drinkers). What is the point of requiring non-problem drinkers to forego their pleasure or pay more, for no good in return? And what is the good of taxing problem drinkers more, if it does not address the harm? Thus, taxes and price controls are regressive upon responsible consumers while failing to achieve their goal of reducing harm.
- There are other public policy issues at stake. Governments typically depend on alcohol taxes to raise significant amounts of revenue, which they will be reluctant to jeopardize (e.g., where serious tax increases may result in lower overall revenue). They may be equally reluctant to risk job losses, when both the alcohol production and hospitality industries provide major employment. It is recognized that neither of these points address harmful drinking, but both are real-world concerns that governments have to take seriously.

Two important issues concerning the functioning of the retail market must be noted here:

- First, as a result of their dominant power in at least some markets, it is supermarkets and the hospitality sector who can strongly influence the prices ultimately charged to consumers. For example, they can have sufficient buying power to insist on large price discounts and (in the case of supermarkets) shift in-store marketing costs to producers (one way is to charge rent for prominent display space). In these circumstances, producers can be left as effectively price *takers*, rather than price makers.
- Second, competition law in some national markets—while in place for sound wider policy reasons—can inhibit sensible coordination of policies to tackle harmful drinking. For example, we have already noted how higher prices in bars can lead to more drinking at home, based on cheaper prices in stores. Attempts, for example, to align prices more closely in a local area, or to seek bar owners' cooperation in suppressing or controlling cheap "happy hour" offers, risk running foul of competition law.

WHAT WE CAN DO TO REDUCE HARM THROUGH PRICE

Thus we need to steer around two main problems. First, general price increases can have little effect on consumption and certainly do not address problems of harmful drinking. Second, price increases can have unintended consequences that can give rise to other difficulties.

Notwithstanding these problems, we have looked at a number of suggestions commonly discussed as ways of influencing alcohol prices. It has to be noted that these would depend mainly on actions by government rather than industry members.

Self-evidently, alcohol producers have no interest in making their product as cheap as possible. Nevertheless, our conclusion is that real and effective solutions to harmful drinking lie elsewhere than in manipulating price, but we do have two positive suggestions to make. For completeness, we then review suggestions we do not support.

The positive suggestions are as follows.

- There is some uncertainty in the literature concerning the sensitivity to price of young people (i.e., young people of legal drinking age). Intuitively, we might expect that they would be more sensitive to price, and this seems to be borne out by a number of respected studies. On the other hand, young people, before taking on home and family responsibilities, typically have the capacity for relatively high discretionary expenditure. A fair amount of recent research on young peoples' drinking points to price sensitivity being addressed not by less consumption but by substitute behavior, such as drinking at home before embarking on a night out. All of this might benefit from further consideration, and targeted pricing initiatives (e.g., local-area initiatives) might be part of a solution to perceived problems of potentially harmful drinking among young people.
- Following from this and as noted earlier, the application of competition law in some jurisdictions may seriously impede what would otherwise be sensible schemes to reduce harmful drinking, particularly among young people. It may be helpful to review these laws or clarify their non-application to avoid potentially problematic volume discounting such as happy hours.

Other suggestions that have been discussed but do not seem to offer a good way forward are as follows.

- Recreating state monopoly mechanisms: These currently operate (in different models) in the Canadian provinces, 18 states or counties of the USA, some developing countries, and some Nordic European states. They may, in principle, appear to offer the prospect of greater control over the availability and price of alcohol. On the other hand, it is difficult to conclude that this type of system could operate effectively in the generally open markets existing now in much of

the world. Moreover, in some countries, the negative impacts of monopolies included, for example, a stimulus to the illicit market.

- Excluding alcohol products from international trade agreements: This is suggested by some commentators on the basis of a misunderstanding that such treaties inhibit governments from taking regulatory or taxation steps they might otherwise pursue in relation to alcohol products. In fact, there is generally nothing in such treaties to inhibit government actions of this sort, provided only that their effect within the domestic market is not discriminatory between domestic and imported alcohol products.
- Setting a minimum price regime, based on prescribed minimum retail prices: This has been tried in some markets (e.g., in Canada). However, the implementation of this measure needs to be approached with caution, on case-by-case basis, as it is not a model that can be simply copied from one market to another. Many factors have to be taken into account.

Much of the reviewed evidence referred to in this paper derives from developed countries. Different considerations may apply in the developing world, although we believe that many of our conclusions will remain valid.

(A referenced version of this paper is available on the ICAP website at www.icap.org.)

ALCOHOL PRODUCTION

This paper on alcohol production was prepared on behalf of the companies sponsoring the International Center for Alcohol Policies; it is Ron Simpson's input into the WHO Global Strategy process on areas where industry members can contribute to the reduction of harmful drinking.

THE ECONOMIC AND SOCIAL IMPACT OF ALCOHOL PRODUCTION

Commercial alcohol production can and does have substantial positive economic and social impact. Both in developed and developing countries, it provides employment opportunities and stable incomes to many people and a significant source of public revenue to governments.

Since most alcohol beverages require some type of fermentation, agricultural products are an important component of alcohol production. This requirement often offers opportunities to source agricultural products locally, thus benefiting rural communities, including women, who are engaged in farming activities. One of the most important raw materials for alcohol beverage production is, of course, water and here too production companies are able to work with local communities to maintain safe and reliable sources of drinking water. Packaging, transportation, and other services bring additional benefits to local communities, both in terms of raw materials, infrastructure, and employment opportunities.

As well as their economic benefits, all these activities also contribute positively to social development and provide resources for public health investments. This is consistent with the social determinants of health approach, developed and promoted by WHO, as alcohol production helps to alleviate poverty and improve the local physical environment. In addition, local production of branded products is likely to reduce the production of noncommercial alcohol, thus increasing local revenue and reducing the public health risks associated with contaminated drinks. Several large producers have developed models to measure the broad social and economic impact of their investments on infrastructure and services, demonstrating the scale of positive contribution, especially in developing countries. These outcomes of commercial alcohol production may be especially important in difficult economic times.

QUALITY CONTROL AND SAFETY PROGRAMS

Quality control and safety programs are a significant part of any production process. A company's "license to operate" is granted and may be supervised by government and is based on compliance with government regulations. The license will generally cover all aspects of the quality and safety programs. Brand manuals define hundreds of quality and safety checks.

These programs are responsible for testing and evaluating everything from the raw materials to the finished beverage and packaging to confirm that they meet the government and company standards. Each step in the production process is checked; safety and quality are very important to all branded products and their consumers.

While such safety and quality checks are standard practice among big producers, they may be limited among small legitimate producers and often absent in the unregulated informal market. This leaves illicit products—from counterfeits to homebrews—vulnerable to possible contamination or adulteration. From a production point of view, most health-related issues arise from poor-quality alcohol, produced in an unsafe environment. All major producers of beer, wine, and spirits have developed strict quality and safety controls and are willing to share their expertise with governments.

LOWER ALCOHOL PRODUCTS

Industry members have been willing to meet the new consumer demand for low and mid-strength alcohol beverages. Although specific definitions may vary by market or country, “regular-strength” alcohol content is generally as follows: 4.6 to 6.0 % of alcohol by volume (ABV) for lager beers, 12 to 15.0% ABV for wines, 37.5 to 40.0% for spirits, and at least 15% and above for liqueurs. Drinks with lower alcohol content are produced in each of the major beverage alcohol categories—beer, spirits, and wine. However, legal product standards (defining, among other things, alcohol content of different spirits and beer types and forbidding intervention into the wine fermentation process) may limit a broad trend of lowering alcohol content.

Non-alcohol brews and reduced-alcohol beers have been available in some markets for decades and have gained acceptance. These products range from zero alcohol to approximately 3.2% ABV. Some effort has also been made by wine producers to make lower alcohol and non-alcohol wines.

Spirit-based beverages with lower alcohol content have been developed in an attempt to provide a broader choice for spirit drinkers. For example, a producer of a leading vodka brand (which, as a typical vodka, has 40% ABV) recently launched a brand extension with 21% ABV. Although this new beverage belongs to the same brand, it is no longer called “vodka” for regulatory reasons but a “spirits drink.”

The existence of such products points to an interest on the part of industry members to provide an expanded range of goods that reflect consumer lifestyle choices, health consciousness, and price sensitivity, as well as taste.

WHAT IS BEING DONE

Collaboration among the beverage alcohol industry, government, the local community, and others is well documented. Several recent examples include: providing specific industry data on product production and trade flows to WHO, implementing sustainable development practices, and working to reduce counterfeiting.

Production and Trade Data

WHO has a stated objective of collecting the best available data on beverage alcohol production and trade flows in order to improve its ability to monitor drinking internationally. The alcohol producers that sponsor ICAP have agreed to ask trade data collection companies they have utilized in the past to provide WHO with top level data in

line with the check list provided. ICAP, on behalf of the industry, has taken on the task of making this information available on its website. Information on 2000–2006 top level production and trade (export/import) and per capita consumption per country will be posted on www.icap.org in 2008. This information has been gathered for the industry by consulting companies CANADEAN, PlatoLogic, and International Wine and Spirit Record (IWSR). It has been agreed that this data would be made public on a yearly basis. This is a commitment for the next five years.

Sustainable Development Practices

Water availability, sustainability, and quality are extremely important issues to all producers of beverage alcohol. Several company-specific examples are listed below.

In September 2008, Molson Coors endorsed the United Nations Water Mandate to address water sustainability in the company's operations and supply chain. In Canada, Molson has reduced its water use by 12% over the last four years through the creation of an energy team in each brewery to implement conservation programs and water use education for employees. In the United Kingdom, Coors achieved a 14% water use reduction in 2007. In the United States, Molson Coors has established partnerships with Clear Creek Watershed Foundation and Shenandoah Valley Pure Water Forum to support water conservation projects near its breweries.

Diageo's "Water of Life" community-based program supports projects that improve access to drinking water in developing countries, aid environmental conservation, and deliver capacity building training. Diageo believes that this contributes to improved health and education and helps reduce poverty. In Africa, clean and safe drinking water has been delivered to 500,000 people since 2000, with a goal of reaching 1 million by 2008; this commitment will continue until 2015.

In addition to establishing specific targets for water conservation for its breweries worldwide, Heineken has recognized waste treatment as an important part of water safety and sustainability. It has adopted a program for the construction of 16 waste water treatment plants at breweries in Africa where no municipal facilities for cleaning water exist. In 2007, a new waste water plant in Lagos, Nigeria, was commissioned, and four other plants were continued. Four more treatment plants are scheduled to be built in 2008.

Counterfeiting Prevention

Although counterfeiting—as well as product contamination and adulteration that often accompany it—is primarily an economic issue for the beverage alcohol industry, they are also areas with strong public health implications. It is well known that counterfeit beverages are not subject to the same quality and safety standards as branded alcohol. Industry members have worked with anti-counterfeiting programs in over twenty developed and developing countries, training government officials to identify counterfeit products, and continue to develop and employ new technology in their efforts to reduce counterfeiting. For example, Diageo's Brand Authenticator enables rapid analysis of liquid instead of a lengthy and costly lab analysis. This device has been provided free to

hundreds of enforcement officers around the world. Since much counterfeiting happens when genuine bottles are refilled with inferior products, Diageo has also developed bottle closures that prevent refill.

OPPORTUNITIES FOR MULTI-STAKEHOLDER PARTNERSHIPS

Production is usually a locally-based operation with many technical resources. Most production facilities have experts in engineering, chemistry, quality control, and safety who usually have access to additional technical resources at their corporate laboratories. This expertise is available and could be consulted when local officials are confronted with technical issues and problems related to alcohol that are beyond their capabilities. Companies have demonstrated their willingness to advise and help when asked by governments.

However, long-term contribution cannot be sustained in a vacuum. For example, producers are willing to assist governments in developing quality and safety procedures and training police and quality assurance inspectors, but this process cannot be sustained without a strong and effective enforcement mechanism. Governments have to institute a clear regulatory system holding producers, big and small, accountable for the quality of their products, with adequate penalties for those who are not compliant with the established procedures and put a contaminated or illicit product on the market.

Some of the following areas should be considered for multi-stakeholder cooperation.

- Maintain reliable and safe sources of drinking water. This is necessary for a factory to continue operation but is also important to the local population.
- Where appropriate, train local farmers to grow crops that can be used as ingredients in the production of products being made at a factory.
- Develop simple, inexpensive, and rapid tests to identify contaminants in beverages. Methanol is the prime example of a toxic contaminant in beverages that is of interest to local health officials. Tests could be developed for other contaminants, such as Freon, battery acid, and other illegal additives.
- Collaborate in the provision of training in quality control to help legitimate small producers make safe products.
- Consider how best to take into account potential public health implications when developing new products.
- Provide resources to help local authorities identify sources of contaminated or counterfeit product before it reaches the local consumers and encourage local officials to randomly test these beverages.

- Where home production is widespread, inform the population about potential risks for contamination and the health consequences of consuming toxic beverages.
- Create an international technical resource pool from producer companies that can be made available to local officials to help address specific technical problems related to the production of alcohol. This resource pool could be coordinated through ICAP.

(A referenced version of this paper is available on the ICAP website at www.icap.org.)

Alcohol Science and Law: An International Interdisciplinary Approach.

The short answers to the questions listed on the web pages are given immediately following the question with an elaboration after the questions and answers.

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

My view is that emotion and prejudice have prevailed in most strategies proposed for the reduction of alcohol-related harm. I support strong research and careful evaluation of that research to inform law and policy about alcohol. Critical law and policies include how the law and policies structure payment for health care services.

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

Infuse the evidence based research into the planning and delivery of all public health services.

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

We teach a cross disciplinary class on alcohol science and law and have offered it for the last three semesters. We believe that we are growing the next generation of public health law and policy makers. Our students understand the need to use the evidence based research to guide law and policy.

The consistent failure of law and policy makers to consider research findings about the use and misuse of alcohol has resulted in overwhelmed courts and devastated lives in the countries that treat alcohol abuse as a criminal matter rather than a public health issue. One approach that offers hope of law and policy improvement is to infuse the research from the United States National Institute on Alcohol Abuse and Alcoholism (NIAAA) and other national alcohol research institutes such as Institut National de la Santé et de la Recherche Médicale (INSERM) in professional courses of higher education classes at accredited schools.

We have offered such a class at Indiana University. This class teaches students in law schools and public health education programs how they might integrate the scientific knowledge from alcohol research to improve law and policy. Hence the proposal to broaden the use of this course to provide an introduction to research based knowledge accompanied by a survey of the relevant law and policy. A student who can synthesize and integrate science and law will be more able to advocate for law and policy changes effectively as well as inform public policy in a responsible fashion. At a minimum, the students will be prepared to use evidence based knowledge in their work with patients and clients. The course materials are designed to provide an overview of the law in a specific area in order to illustrate how alcohol research may be brought to bear in that area of the law.

The Learning Objectives:

1. The students will identify the sources of the law regarding the specific alcohol related legal issue.

2. The students will trace the development of alcohol related law and policy to present time.
3. The students will gain a basic understanding of the most current knowledge derived from in alcohol research and science.
4. The students will identify scientific research that is applicable to the specific alcohol related law or policy at issue.
5. The students will apply the science to the law regarding alcohol specific law and policy as well as in cases where alcohol abuse or dependence is a contributing factor or consideration.
6. The students will conduct scientific literature reviews and use science resources in their writing.
7. The students will be able to identify experts and use scientific evidence about alcohol in hearings or at trial.

This course provides an overview across disciplinary and jurisdictional lines by linking the statutes, regulations, and case law to the scientific literature that can assist in the representation and care of patients and clients and/or informing policymakers. By connecting the law and policy to the field of related alcohol science and research, this class equips the students to consider how to apply the science to legal issues and create useful arguments in their work. While the focus of each of the sessions differs, the general approach is relevant for a number of legal specialties including criminal, employment law, health insurance and health care law, family law, juvenile law, probate law and tort law. This discussion includes the frame work of the “Ten Essential Services of Public Health”. The development of a class to teach the application of evidence based knowledge about alcohol to law and policy for the improvement of law and policy was supported by NIAAA-NIH funding to the Indiana University Alcohol Research Center.

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

In my view, everyone in the world faces the problem of excessive alcohol drinking as in his/her family or in the more distant acquaintance, there may be a person suffering from being “detained” by alcohol. That is the reason for expressing opinions on this problem with intensive sensibility, overheated emotions and for discussing it in a “sober” way with difficulty. In order to realize results in the struggle against this illness, great deal of soberness and rationalism are needed. Taking into account these aspects, such a global strategy is required in the fight against excessive alcohol drinking which is based on professional grounds, and dominated by consistency and not by emotions coming down from personal experiences many times.

Alcoholism is a problem for the entire society, thus every affected party must be involved in the struggle against it and in defining the strategy. Apart from the actors of economy and the government, representatives of the civil organizations, families and organizations dealing with the victims of alcohol must be brought together into this dialogue.

It is extremely important for the strategy-makers to see clearly the final goal they want to reach. Clarifying this is of the same importance at least as the way of achieving the target itself. It is natural that handling such a great problem can not be done from one day to the other, there isn't any one and only nostrum, a cure-all, that offers a solution for all, moreover up to my mind it would not be fortunate to act too quickly and forced driven by emotions. A strategy of more steps should be thought-out and introduced, more small achievements should rather be reached than a big fiasco. Let's progress step by step, for instance as a first step we should induce the young to get to know alcohol as late as possible, and not to be its detainees. For the sake of this, we can use the tool of prohibition – under a certain age they mustn't buy and consume alcohol in public places. According to our experiences, in lack of efficient control – at least here in Hungary – prohibitions and restrictions don't have any impact. Another way may be if we raise the price of alcohol by the intervention of the government, but it was seen e.g. in the case of cigarette that the price rise due to tax increase didn't reduce consumption. Of course as a result, the legal circulation went down, whereas black commerce rose suddenly. State revenues got reduced, meantime the problem remained the same. Those people, who might be the captives of alcohol for decades, won't renounce it just because it has become more expensive. They will rather spend less on other things, or if they don't have enough money, then they will surely step on the bad way for getting the sum for the daily dosage of alcohol.

In my opinion, there is a little chance for launching a successful campaign aiming at adults, but young people's attitude may still be influenced. It should be reached that excessive alcohol consumption not be trendy, it shouldn't be the cool way for someone to get totally drunken in a disco at weekend.

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

In the struggle against excessive alcohol consumption, it must be taken into account that each country and region has different economic, social system, conventions and traditions. If we try to force a method on everyone, it will surely fail. There is a need for a global target-setting and a strategy sketching the major directions – legal interventions, strengthening of the preventions/enlightenment, more efficient „marketing”.

For the sake of an efficient assertion, local specialities must be considered, local programs of actions must be facilitated and helped by joint methodological recommendations, by making successes – best practice – popular at international level.

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

As a journalist, I consider the responsibility of the media extremely important. On one hand, a correct presentation of the problems stemming in excessive alcohol drinking should be assumed as a constant task. On the other hand, more communications should be made on the factually existing results which have been achieved against the excessive alcohol consumption. Numerous types of media could be moved with the above aim.

Media should have an important role in attitude-formation, but in order to realize this, great changes should be induced – certainly offending economic interests. The greatest mediums, having the force of opinion-forming, just as commercial televisions and tabloids are not really interested in transmitting such values that can help in the struggle against excessive alcohol drinking, because these values might not be popular and trendy, their viewers and readers may fall away resulting in diminishing number of advertisers and in loss of revenues.

Harmful Effects of Alcohol Fetal Alcohol Spectrum Disorder

In order to support families and individuals affected by Fetal Alcohol Spectrum Disorder the following considerations must be given and modifications made. FASD is brain damage, is a permanent disability and entirely preventable if women do not consume alcohol during pregnancy. However, those who already suffer this disability, due to prenatal exposure to alcohol are unable to receive necessary help due to the fact that strategies have not been developed to assist them. The largest age bracket where help is extremely limited is from ages 12 to 21. It is estimated that 49,722 people are known to have FAS in Minnesota, USA. This does not include the entire spectrum of those prenatally exposed or those who are misdiagnosed or never received diagnosis. The following issues need to be addressed:

Money allocated for an International campaign on prevention of prenatal exposure. This must be developed and supported on an International level and would be similar to ones that have been done in the USA for anti smoking and drugs. Without this support, it has become an uphill battle to gain support for this disability and create change. Also, I would encourage the unification of efforts and avoid segregating resources by cultural groups. No matter what race, color, or ethnic background a person with FASD comes from, they still have brain damage and will need the same message on prevention, will need diagnostic tools and treatment strategies. Also, better statistical gathering of those who suffer from prenatal exposure must occur worldwide through screening during pregnancy on alcohol use. Also, better tracking of those who have been diagnosed must occur.

Changes in Department of Education policy to ensure that administrators within schools recognize the issue of FASD.

The supports necessary to assist schools in delivering the appropriate services must be provided. This can be achieved by accurately recording those who have FASD in the schools. Unfortunately, FASD is dumped into the “other” category in individualized education plans in the USA. This means that statistical analysis of the number of FASD cases in a school cannot be easily calculated and provides a false picture of the need for specific strategies for FASD children. Also many children in schools that have FASD have mislabeled with Autism or ADHD.

Easy accessibility to trusted facilities for diagnosis. The diagnostic facilities must be accessible, sustainable and competent in providing accurate diagnosis. Many USA states do not have facilities within reasonable distances for families, adding to the financial burden they have to bear. These diagnostic facilities must also be able to provide recommendations for treatment strategies. It is most frustrating to receive a diagnosis without information and recommendations that link to effective strategies by trusted professionals.

Treatment strategies must be developed using the knowledge and experience of professionals and parents who can collaborate and determine best practices.

These strategies must contain measurable objectives and be delivered by licensed, credentialed professionals. All professionals, (teaching, mental health, medical, social workers, criminal justice field, law, etc.) must be required to take continuing education credits in the area of FASD in order to maintain their licensure. Also, the study of FASD must be a required component of colleges providing instruction for professionals in the areas of teaching, mental health, medical, social work, law, and criminal justice.

Group homes and residential treatment facilities licensing.

Licensing must be based on the facilities ability to demonstrate concrete treatment plans and programming for FASD individuals. It also must provide proof of licensed professionals who will be overseeing the care of these individuals. Group and residential homes should not be allowed to state that they treat and understand those prenatally exposed to alcohol unless they meet specific

Harmful Effects of Alcohol – Fetal Alcohol Spectrum Disorder

educational criteria. Being able to declare competency in this area must be based on education, skills, training and experience. Licensing must ensure that this criterion has been met.

Criteria for services from agencies must be evaluated to ensure that it addresses individuals with FASD.

Many services are based on physical disabilities versus brain damage that affects thinking and decision making. While physical disability is more tangible and recognizable, FASD disabilities are permanent and can be more debilitating in terms of functioning in society. They are often invisible, meaning that a person may seem normal in some situations but not be able to repeat or generalize their experiences to similar situations. They have poor impulse control and are often vulnerable as they have difficulty equating cause and effect of their actions. This applies to things like being able to manage money, hold a job, and maintaining positive relationships. Many of these individuals end up living on the street, getting into gangs, taking drugs or alcohol, breaking the law, or committing suicide. Individuals with FASD will be handicapped the rest of the lives and will need supports from community, family, employers, and social and mental health services.

The majority of those with FASD do not have facial characteristics which often pave the way for help as the disability is recognizable. In the case of my son he has an above average IQ. However, he lacks impulse control, has difficulty generalizing, misses social cues and is easily taken advantage of making him vulnerable. FASD is brain damage. However, secondary characteristics may develop such as anger, anxiety, legal trouble, drug and alcohol abuse, and other mental health problems. When evaluated for services, my son's IQ becomes a deficit, as the assumption is made if he can walk and talk then he must be able to handle himself in society like the average person.

Treatment Strategies

Many opportunities for grants are provided however, criteria must be clearly established for these grants so that dollars are not used only for prevention and diagnosis, but ensure that treatment strategies are fully explored. Currently, effective treatment strategies as well as transitional strategies to assist those who have FASD into adulthood do not exist. More research and exploration is needed in this area to determine best practices and effective strategies for treatment and supports of those with FASD.

Resources must be allocated so that a roadmap can be developed to link social and judicial systems

This road map would help to expedite the identification of appropriate services, interventions or care. Process mapping would also help to identify overlapping services and redundancy within the system and reduce costs, allowing the funding to be used more efficiently. One of the biggest difficulties that many face is the fact the social and judicial systems are so complicated that most families give up or do not have the ability to traverse within the system. Thus, services are never accessed.

Submission to WHO

Alcohol is the 3rd greatest risk factor in death and disability in wealthy countries and the 11th greatest risk factor in poorer countries. This is expected to change as poorer countries gain wealth. It is paramount that WHO address the alcohol consumption trends, urge countries to prevent drinking related harm in especially vulnerable groups like youth, women of childbearing age, and those affected by a drinker as well as the general population in poorer countries and apply proven population level environmental strategies across the globe.

There are many evidence-based strategies with proven effectiveness that countries could choose from for population level prevention efforts. These should not be suggested or influenced by the alcohol industry since they have a vested interest in consumption.

Numerous research reviews have determined that the following population-level strategies are the most effective:

- Excise tax increases (if the market is under control – if not, these can cause increases in “informal” or illegal production and/or sales) and other pricing policies that increase the cost of alcohol (e.g., happy hour bans)
- Full or partial bans on advertising and marketing, such as restrictions on youth exposure to alcohol advertising and marketing
- Minimum legal purchase age (e.g. 21 in the U.S.)
- Government monopoly of retail sales
- Restriction on hours or days of sale
- Outlet density restrictions
- Brief interventions and treatment
- Lowered BACs limits, random breath testing and administrative license suspension for drinking-driving
- Strict enforcement of existing alcoholic beverage control and traffic safety laws.

Community mobilization and citizen and media advocacy are critical to enacting, insuring compliance, and promoting public support for the above policies.

What is most effective will vary by region – what is critical is that WHO recommend what works, and let local groups decide what is politically feasible.

On a global basis, public health interests must be represented in global trade negotiations, and trade agreements need to make exceptions for commodities like alcohol that pose a serious threat to public health and safety. Alcohol is a special commodity and should be treated differently from others.

Alcohol consumption has been found to contribute to significant harm from a wide variety of causes, ranging from acute intoxication or impairment that can result in death from poisonings and increases the risk of death or injury from accidents of various types, it can also increase risky sexual practices, cancers, heart disease and stroke, depression

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Romanian experience

in campaigning against alcohol abuse

among young people

In the last two years I gathered a significant experience in generating educative messages at the cross point between adolescents, educators, beer producers, parents, authorities and media. Since may 2007 I have had direct interactions with more than 3.000 Romanian adolescents and another 162 000 young people received the message regarding the alcohol abuse. From what I understood during these interactions, our young people mix their views on alcohol with their general views on consumption and with their emotional development. Thus, the keywords of our educational messages were: friendship, love, freedom, sharing, failure, cool, party, loneliness, performance.

In Romania, most of the educators will say that there is no money for developing extracurricular education. In the last couple of years, one source of both money and enthusiasm came from the Romanian Association of Brewers. When they contacted me, I was working within the Institute of Human Relations in Bucharest as a Child and Adolescent Psychiatrist, member of the National Commission for Health Education in the School and had already met thousands of pupils on matters of healthy development and healthy lifestyle. It must have been important also that I was known to many youngsters and their families from the radio and TV shows developed in the same area.

Our vision was to talk less about alcohol and to talk as much as possible about friendship, love, freedom, sharing, failure, cool, party, loneliness and performance. We also considered that the alcohol abuse is nowadays part of the general abusive behavior of the consumer and we guided the pupils, their professional educators and their parents towards the awareness on this.

More than 3000 high school pupils were met mainly in their schools or cultural places; they were invited to become peer multimedia creators of educational messages. Now 72 films are posted on the site and they are voted by 7400 adolescents, in a contest for a ski holiday. The lessons developed by the professors trained by us reached more than 162000 pupils aged between 12 and 18.

Our project developed in a natural way, like a human relation: from getting to know each other, to strong attachment with the beneficiaries. We also attracted the young people with multimedia, Internet and much laughing. Right now, the youths are the producers of many campaigns against alcohol abuse in the country, they bring the message to their family members and they became peer educators.

Dr. Cristian Andrei,

Bucharest Institute of Human Relations

Introduction

In this text I have tried to show that one of the most effective ways of reducing the alcohol caused harm locally, as well as globally, would be to abandon the alcohol advertising. I state that alcohol advertising is clearly against the benefit of the society as a whole. Also I have tried to give picture of what are the reasons why alcohol advertising is not yet abandoned. In the end of the text I shortly handle the subject of reducing alcohol caused harm on individual and organizational level.

This text is based on one person's discoveries about the subject. Therefore it represents more common sense than academic knowledge.

I refer to several researches, such as researches about effectiveness of advertisements. Unfortunately at the moment of writing this, I am abroad and I do not have access to my notes and papers at home. Therefore I have not been able to name those researches. However, this should be not a problem as the same and similar researches have been surely mentioned in other texts about the same subject.

What are the effective ways of reducing alcohol related harm, locally and globally?

As people from alcohol industry often say, the most effective way of changing habits and behavior towards certain subject, is to change the attitudes. Alcohol industry in most of the western countries, where the problems caused by alcohol are greatest, have made various campaigns against "irresponsible use of alcohol".

However, researches, one after another, have found the affect of those campaigns to actual habits of drinking, to be very less. Typically campaigns of alcohol industry aim to strengthen the idea, that there is "good way of drinking" and "bad way of drinking". Definitely there is a difference between person who drinks less and one who is an

alcoholic. However most of the people who, according to standards of various health organizations, use even far too much of alcohol, prefer to think sort them selves in to a category of "normal, responsible users of alcohol". Only a person who has already recognized serious problems is willing to sort himself in to a group of "bad users".

If the campaigns of alcohol industry are not effective as researches clearly have shown, there has to be some other motive behind them. Why should otherwise money be wasted on them? One suggestion is that the primary reason is not to reduce the use of alcohol, but on contrary to build an image about responsibility of alcohol industry. In this mean the campaigns are definitely successful.

Anyone who reminds that the primary purpose of alcohol companies (as any other companies) is to benefit its share holders by selling more products, is reminded of how many campaigns are maid for "responsible use of alcohol".

However, the idea of alcohol industry is right. The most effective way of changing habits and behavior towards certain subject, is to change the attitudes of the people. One can do that by several ways, but one of the most effective is advertising. Millions and millions are paid to advertising professional for their daily efforts of finding the most effective ways of changing their attitudes towards different liquids. One has to make an effort to not to see any advertisement of alcohol drinks on the street, in newspapers, television or internet for a whole one day. We are so used to it that we take it for granted. We think it is normal.

Actually we never think about it. Otherwise we would very fast come in to a conclusion that it is something highly abnormal. We already have so many problems caused by use of alcohol. So many diseases are lately proved to have strong connection to use of alcohol, such as cancer. These advertisements are there only to make us drink more. What would be reason otherwise to spend all that money on them, if that same money, and more, would not come back to alcohol industry in the form of increased consuming?

But these people of alcohol industry are not stupid. The common argument of them is (all around the World) that advertisements are not to increase the total consuming of alcohol, but only to make certain alcohol trademark more popular than on other. Therefore, as the consuming of one alcohol drink is increased, another trademarks goes down.

What is not told, is that how to make sure that popularity is away from another alcohol trademark instead of for example soft drinks. (The idea is "proved" by researches. These researches are made with various techniques which, according to health organizations, do not actually measure what they are said to measure. Researches of health organizations show that advertisement do increase the total consuming of alcohol.) According to this theory, it would be extremely beneficial for alcohol companies if advertisement of alcohol drinks would not be legal. However the same people are always first lobbying when it comes to making rules of advertising more strict.

As a conclusion, one of the most effective ways of reducing harmful use of alcohol would be to abandon advertising of alcohol drinks. Before thinking what we should do to reduce the problem, we should stop activities that are increasing the same thing.

What is the difficulty?

Abandoning or greatly limiting the advertisement of alcohol is not a new idea. For years have several organizations told that advertising of alcohol is not beneficial for the society, but on the contrary, it causes severe damage by increasing the consuming of alcohol, and adding positive attitude towards use of alcohol. Especially advertising is effective for people who already might have tendency to become alcoholic. However, at the same time in most of the countries, development of alcohol legislation has been towards opposite direction.

How is it possible? Why are we doing something which is clearly unnecessary and

damaging for society? Only to tell what we actually should do is not enough as an answer. If it would be that simple, why it would not have done already?

Confusion is created each time when question of reducing consuming of alcohol is raised. Big amount of money is in alcohol business and that money does defend itself. Any effort of reducing alcohol consumption is a treaty for alcohol industry, which indeed is doing well in all the western countries. Selling alcohol is highly beneficial activity. Profit from bottle of beer can easily be even ten times higher than from juice or soft drink. That is because of low costs of producing alcohol drinks.

In modern politics lobbying has an important role. It is common that lobbying is connected to dirty and corrupted politics. That is not always true. For any political decision is beneficial to hear several different opinions and points of view. However that is not the situation when it comes to alcohol politics.

When ever political decision is made about selling, selling or marketing alcohol, alcohol industry makes sure that its arguments are more than well presented and seen by politics. Hi cost of lobbying (which does not mean corruption) is not a problem as it is only another beneficial investment for industry. On a contrary, the opposite point of view, which is more near to benefits of the society as a whole, is presented by health- and other organizations which have no money to pay for lobbying. Anyone who knows about modern politics, and importance of lobbying in them, would see the size of this problem.

However this is not the whole truth. Influence of alcohol industry in politics is not only lobbying. Especially during last years alcohol industry has had even more direct impact on alcohol legislation. The same people who have been lobbying against the laws to reduce alcohol consuming, might have been on the other side of the table - actually forming the new laws.

Good example for that is on 2005 started project of reducing alcohol consuming in

Finland. During the project the same lobbies from alcohol companies were lobbying against suggestions for the new laws, and also participating in teams which were responsible of forming those laws. The "Team of alcohol advertisement", which was supposed to think about Finnish alcohol advertisement legislation and make suggestions for changing it, had six members. Out of those six, three were representing alcohol industry and one represented advertisers. Two other members of the team had several remarkable suggestions for changing present legislation, but they were overruled by the majority of the team.

In the same project, the team, which was responsible of forming warning text for all alcohol bottles about the dangers of alcohol, had three members out of six representing the alcohol industry. The new text was to be sent to EU commission for final acceptance. EU commission's criteria's for the text were known. One of them was that the text should not be too general warning. However, the text only which alcohol industry accepted was rejected by commission, because it was "too general".

Members of the team from alcohol industry (who had earlier lobbied against the law) got what they wanted. Finnish health and social minister Paula Risikko cancelled the law. According to her, reason was the negative feedback of the EU commission.

What would help?

In this text I have tried to show that one of the most effective way of reducing the alcohol consuming locally, as well as globally, is to abandon the alcohol advertising, and that the alcohol advertising is against the benefit of the society as a whole. Also I have tried to give an image of what are the difficulties of doing that.

In short, the main obstacle for better alcohol politics is that, we have people in politics, who are there, not for the benefit of the country, but for the benefit of a small group of people. With present alcohol legislation the income of the alcohol industry is ensured, but that money is made with great cost for society. These people have not

went to politics because of some sort of intellectual interest to politics or because of any other reason, but to make sure that their small group would not lose that money.

This should be clearly seen. But instead of seeing it, we easily want to think, that there cannot be anything that "just simply should not be there". If one can accept the fact that we should not try to make people drink more alcohol, it should be obvious that these people should not try to affect alcohol politics. Only afterwards we can see the whole game they have been playing. But then already a lot more of damage has been done. Like tobacco industry - nowadays we have movies which tell how those, at that time "respectful businessmen" were defending their "right" to make people use more tobacco. Great brands were created about tobacco to make people use it more. They even proved by researches smoking to be healthy habit! Nowadays it has not disappeared, but who would have believed that not only advertising, but even using of tobacco is abandoned in so many places?

What we should do to reduce the harmful use of alcohol, is that, we should try to see clearly the whole game. To see the game of these people of alcohol industry and to try to make it visible for mass media also. If all their doings would be openly seen any normal person would see, that there is something very wrong. All the private conversations, phone calls, messages and visits to homes of the politicians, all the arguments they have done when ever they have been able to participate in to political processes that are responsible for forming the new laws. This game is possible only as long as it is not fully seen by the people.

Politics is not only, but very effective way of reducing harmful use of alcohol. However as long as the game of alcohol industry is on, we cannot do very much. Organizations, which represent counter force to alcohol industry, have not enough money for lobbying nor can they do very much without lobbying. The role of organizations is the same as the health education against the alcohol advertising. Even big campaigns to reduce the alcohol caused problems are useless as far as we have this whole industry making advertisement for using more alcohol.

To expose publicly the activities of the alcohol lobbies is the way for better alcohol politics. As long as alcohol industry has power on politics, proper alcohol legislation cannot be made. As long as that is not made, any action of reducing alcohol caused harm is practically useless, as it is followed with much more powerful opposite affect of alcohol adverting.

The harmful effects of alcohol on health are clear and substantiated. In the World Health Organization's 2004 report on the comparative quantification of health risks, it was stated that the alcohol-related burden of disease amounted to 3.2% of global mortality and 4.0% of the total global burden of disease measured in disability adjusted life years (DALYs). Nearly half of this alcohol-related mortality is attributed to chronic conditions (Rehm et al., 2004) such as cardiovascular diseases, cancers, liver cirrhosis, and mental disorders. Research indicates that not all policies and interventions are equal in reducing consumption, high-risk drinking, and thus the burden of these diseases. It is likely that an overall prevention strategy should employ a combination of global-level, population-level, and individual- or group-level interventions, (Giesbrecht et al., 2005) with highest priority given to those interventions with a clear evidence base to support their effectiveness, and which are tailored to the specific goals and necessities of the society in question. Some of these strategies are outlined below.

At the individual-level, brief interventions and early treatment of harmful alcohol behaviors, which can be considered a form of prevention for chronic conditions, are supported by scientific data. At the population-level, strategies that raise pricing and taxation, regulate the physical availability of alcohol, and regulate alcohol promotion have been found to be some of the most effective (Alcohol & Public Policy Group, 2003) and most likely to mitigate the burden of alcohol-related chronic disease. At the global-level, leadership, support, and sufficient presence of parties familiar with the connection of alcohol to chronic disease should be facilitated. The efficiency and effectiveness of each of these strategies depends on the prevalence of hazardous alcohol use, which is related to overall per capita consumption. In populations with moderate to high levels of drinking, population-wide measures represent the most cost-effective response. In populations with lower rates of hazardous alcohol use, more targeted strategies are indicated. The most effective strategy will vary by region (Chisholm et al., 2004). What is critical is that WHO recommend what works and let local groups decide what is politically, socially, and economically feasible.

Early treatment of harmful alcohol behaviors and brief interventions for individuals will reduce the burden of alcohol-related harm including chronic conditions. In fact, "when patients enter treatment, exposure to any treatment is associated with significant reductions in alcohol use and related problems, regardless of the type of intervention used," (Alcohol & Public Policy Group, 2003). There is no consistent evidence that intensive inpatient treatment provides more benefit than less intensive out-patient treatment, and mutual help societies composed of recovering alcoholics, which are not accepted as formal treatment, are often used as inexpensive substitutes, alternatives, and adjuncts to treatment. In addition, brief interventions held in a general medical setting have been shown to produce significant changes in drinking behavior and related problems for non-alcoholic heavy drinkers (Alcohol & Public Policy Group, 2003).

Increases on pricing and taxes will decrease the consumption of alcohol by all consumers of alcoholic beverages regardless of drinking rates and patterns. Moreover, economic studies demonstrate that these increases in cost are related to reductions in alcohol-related problems (Alcohol & Public Policy Group, 2003). When implementing these strategies it is important that governments continue to raise prices/taxes in accordance with inflation or risk negating their intended positive effects. Associated with this strategy is the concept of a government run alcohol retailing system. Within this model, price interventions can be used more efficiently

than in privately organized systems. For example, in the Provinces of Ontario and Quebec, Canada, the government uses its power to set the minimum price level for alcohol as a public health promotion strategy (Giesbrecht et al., 2005).

Regulations on the physical availability of alcohol may take many forms. Reduction in the hours/days of sale, regulation of the density of retail outlets for alcohol, and restrictions of alcohol sales to youth (possibly by establishment of a minimum age for purchase or regulating commercial vendors of alcohol who sell to youth) are all associated with reductions in both alcohol use and alcohol-related problems (Alcohol & Public Policy Group, 2003). The indirect influences of number of licensed premises on liver cirrhosis mortality in Canadian provinces were observed and recorded by Xie, Mann, and Smart. For example, a 1% increase in the number of retail alcohol outlets resulted in an increase of about 1% in rates of liver mortality (Xie et al., 2000). The cost of restricting the physical availability of alcohol is small relative to the costs of health consequences related to drinking. Even with the inclusion of adverse side effects of these restrictions (such as home production, illegal imports, and other informal market activities) the net result has been found to be an overall decrease in alcohol-related problems (Alcohol & Public Policy Group, 2003).

In the United States it has been found that interventions to prevent harmful drinking by youth can result in reductions in adult mortality, and “among interventions shown to be successful in reducing youthful drinking prevalence, advertising bans appear to have the greatest potential for premature mortality reduction,” (Hollingworth et al., 2006). Legislation of this type is a well-established precaution used by governments throughout the world, and similar results (less drinking and fewer alcohol-related problems) have been found in countries with greater restrictions on advertising. Key components of successful implementation of this strategy may include enforcement beyond the claimed self-regulation of the alcohol industry. Indeed, in the Netherlands the alcohol industry is allowed to regulate itself by adhering to the “Advertising Code for Alcoholic Beverages”; the code is highly criticized for its ambiguity and the lack of sanctions applied to its violators (van de Luitgaarden et al., 2008). This is the case in many countries and deserves consideration by those who are attempting to use this strategy.

At a global-level, the best ways to reduce alcohol-related chronic disease include representation, leadership, and support. Public health interests, particularly those concerning chronic disease, must be represented in global trade negotiations, and trade agreements need to make exceptions for commodities like alcohol that pose a serious threat to public health and safety. Organizations with knowledge about alcohol and alcohol policies must also be encouraged to seek a place within groups that focus on chronic disease prevention. Global public health leadership is needed, in the form of WHO identification and training of governments and NGOs on how to implement best practices in monitoring and controlling alcohol-related chronic disease. Support and resources from developed governments and global agencies need to be provided to developing nations to ensure effective alcohol policies can be implemented and enforced and to offset the influence of the alcohol industry. Global networks are also needed among NGOs to strengthen coordination, share lessons learned, and provide peer support. Promoting greater awareness about the relationship between alcohol and chronic disease among professionals and the public may be accomplished by looking for transferable aspects of initiatives aimed at controlling other chronic disease risk factors such as tobacco use and obesity.

Within all of these strategies, individual- to global-level, the role of the alcoholic beverage industry must be clearly defined and carefully monitored. The industry may have a role in implementing alcohol policies (and thus the strategy); it should not have a role in developing policies or the strategy itself, due to the obvious conflict of interest of economic operators. The opinions of such groups may be influenced by their business endeavors and they may express opinions that directly conflict with scientific evidence. For example, The Portman Group (an organization that purports itself to be “solely concerned with the social responsibility issues surrounding alcohol” but that is supported by the UKs leading drink producers) currently states: “We believe that an “educate and prevent approach” is more effective than blanket controls in tackling alcohol misuse. Alcohol harm reduction measures should target the minority who misuse alcohol rather than the responsible drinking majority,” (Portman Group, 2008 and Edwards et al., 2004). Luitgaarden et al confirm this sentiment with their experience in the Netherlands, “Many interventions are directed at increasing self control, because this form of prevention meets little resistance from the alcohol industry in the Netherlands,” (van de Luitgaarden et al., 2008). These assertions of the alcohol industry would seem completely contrary to the findings published in *Alcohol: No Ordinary Commodity. Research and Public Policy* which illustrate the ineffectiveness of interventions such as these: “the impact of education and persuasion programmes tends to be small, at best. When positive effects are found, they do not persist,” (Alcohol & Public Policy Group, 2003).

In a Eurocare briefing from 2004 it was stated that for all types of alcohol-related harm, including cancers, cardiovascular diseases, and cirrhosis of the liver, the more an individual drinks, the greater the risk of harm. Similarly, The European Comparative Alcohol Study found that as a country’s alcohol consumption goes up and down, the harm done by alcohol goes up and down in parallel (Anderson, 2004). Therefore, successful strategies to combat the harmful use of alcohol may take the form of individual interventions or may take place on the population- or global-level. Specific initiatives within each of these broad categories have been demonstrated effective and all may be needed to substantially mitigate the chronic effects of alcohol. Their implementation will require leadership by specialists in the field of alcohol policy, chronic disease prevention, and other comprehensive public health organizations such as the WHO (Giesbrecht et al., 2005).

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Alcohol use is pervasive across developed and developing countries alike. The WHO estimates that approximately 2 billion people worldwide consume alcohol, approximately 76 million of these with diagnosable alcohol use disorders (WHO, 2004). Consumption is not without considerable consequence, as it has been significantly associated with over 60 types of disease and injury (WHO, 2004), and is the 3rd leading risk factor of death and disability among developed countries (WHO, 2002). While alcohol consumption in developed countries has shown slight declines in recent years, consumption in developing countries has been steadily increasing. Among these countries, alcohol is the 11th greatest risk factor for death and disability (WHO, 2002); however, this is likely to increase with consumption. Given high, and increasing, consumption of alcohol and the considerable consequences associated with use, prevention of alcohol use and abuse is a critical global task. Fortunately, research over the last few decades has identified several effective, population-based strategies to reduce alcohol use.

EFFECTIVE POPULATION-BASED STRATEGIES TO REDUCE ALCOHOL-RELATED HARM

Alcohol Excise Tax Increases

Alcohol excise and sales taxes represent the most widespread public policy affecting the retail price of alcohol. In a recent meta-analysis of 1003 estimates from 112 studies of the effects of beverage alcohol price and tax levels on alcohol consumption, Wagenaar, Salois and Komro (In Press) found highly significant relationships ($p < .001$) between alcohol tax or price measures and indices of sales or consumption of alcohol (aggregate-level $r = -0.17$ for beer, -0.30 for wine, -0.29 for spirits, and -0.44 for total alcohol). Simple means of reported elasticities were -0.46 for beer, -0.69 for wine, -0.80 for spirits. Price/tax also significantly affected heavy drinking (mean reported elasticity = -0.28 , individual-level $r = -0.01$, $p < .01$), but the magnitude of effect was smaller than effects on overall drinking. The magnitude of effect was large, and clearly larger

than median prevention effectiveness ($r = 0.24$) for diverse behavioral and educational interventions (Lipsey & Wilson, 1993). Given (1) very low cost of adjusting alcohol tax policies to achieve substantial prevention benefits, (2) the global burden of disease and injury due to alcohol consumption (Midianik et al., 2004; WHO, 2004), and (3) high levels of fiscal and social costs of alcohol-related problems (Hingson & Kenkel, 2004; NIAAA, 2006), the magnitudes of effect that are clearly established in the extant literature on alcohol price effects are noteworthy and represent an effective strategy.

Minimum Legal Drinking Age

The legal drinking age in the United States is one of the most extensively researched policies designed to reduce traffic crashes and other alcohol problems, with nearly 150 empirical evaluations published since the early 1970s. A recent review of the minimum legal drinking age (MLDA) literature (Wagenaar & Tobler, In Press) found 61 published studies assessing effects of changes in the MLDA on indicators of driving after drinking and traffic crashes, 31 examined effects on other indicators of health and social problems, 12 examined effects on aggregate alcoholic beverage sales, and 42 examined effects on self-reported indicators of alcohol consumption. While results varied across studies and across states, the preponderance of evidence indicated that there is an inverse relationship between the MLDA and two important outcomes: alcohol consumption and traffic crashes. For traffic crashes alone, the U.S. National Highway Traffic Safety Administration estimates that the age-21 policy has saved nearly 22,000 lives, averaging over one thousand lives per year (Kindelberger, 2005). Compared with a wide range of other programs and efforts to reduce drinking among teenagers, research shows increasing the legal age for purchase and consumption of alcohol to 21 has been the most successful prevention effort in decades. Considering the benefits that have been achieved with

only modest enforcement, there is great opportunity to even further reduce underage alcohol consumption, traffic crashes, and lives lost.

Enforcement of the MLDA

Among the many reasons for youth alcohol consumption, one important reason is that alcohol remains easily accessible. Published studies indicate that despite the minimum legal age of 21, underage buyers are able to purchase alcohol in many communities without showing age identification in 47 to 97 percent of attempts (Forster et al., 1994; Grube, 1997; Paschall et al., 2007; Preusser & Williams, 1992). While studies of enforcement effects are few, results show that enforcement has reduced illegal sales to youth (Grube, 1997; Huckle et al., 2005; Lewis et al., 1996; Scribner & Cohen, 2001; Wagenaar et al., 2005; Wilner et al., 2000). One study by Wagenaar and associates (2005) indicated that enforcement of the legal drinking age produced an immediate 17 percent reduction in the likelihood of sales to minors, with effects decaying within three months. Thus, enforcement needs to be ongoing to prevent the illegal sales of alcohol to underage youth.

Government Monopoly of Retail Alcohol Sales

There is a fairly consistent literature of studies throughout the U.S., Nordic countries and New Zealand that suggest elimination of retail alcohol monopolies are associated with significant increases in alcohol consumption and alcohol-related traffic fatalities. For example, Wagenaar and Holder (1995) examined the changes in alcohol consumption resulting from elimination of retail wine monopolies in 5 U.S. states (Alabama, Idaho, Maine, Montana, New Hampshire) over the period from 1968 through 1991. They found that after controlling for nationwide and state-specific trends, wine sales significantly increased 42% in Alabama, 150% in Idaho, 137% in Maine, 75% in Montana, and 15% in New Hampshire after privatization. These effects are

consistent with others published, where wine sales were shown to increase from 13% to 305% (MacDonald, 1986; Wagenaar & Holder, 1991; Wagenaar & Langley, 1995; Miller et al., 2006) following elimination of retail monopoly.

Blood Alcohol Concentration (BAC) Limits

In the U.S., approximately 40% of traffic fatalities involve alcohol, resulting in approximately 17,000 lives lost each year (NHTSA, 2006). In October of 2000, federal legislation created strong financial incentives for states to lower their legal limit to 0.08 g/dl. As such, all states presently have enacted 0.08 *per se* laws. A number of high-quality studies have evaluated the effects of lowering the legal BAC limit for driving on alcohol-related traffic crashes. Most recently, Fell and Voas (2006) reviewed this literature, focusing particularly on 14 studies of the experiences in the United States. The clear majority of studies show reduction in alcohol-related traffic crashes associated with reduced BAC limits, with effects ranging from 5% to 16%. Shults et al. (2001) also included legally allowable BAC policies as part of their systematic review and found strong evidence for the effectiveness of these laws.

Two recently published high-quality studies present the most comprehensive evaluations of legally allowable BAC legislation. Tippetts et al. (2005) evaluated the effects of lowering the legally allowable BAC from .10 to .08 g/dl in 19 jurisdictions in the United States. They found significant reductions in drinking-drivers in fatal crashes in 9 of the 19 jurisdictions, with an additional 7 jurisdictions showing reductions that were not statistically significant. Pooling across the 16 states where reductions were observed, they estimated a 15% average reduction in alcohol-related traffic crash fatalities following the change in the legally allowable BAC from .10 to .08 g/dl.

Wagenaar et al. (2007a) examined the effects of changes in the legally allowable BAC

limit in 28 states from 1976 through 2002 on four measures of alcohol-related traffic crash involvement. They noted considerable variability of effects across states. However, pooled results across states confirmed that changes in legally allowable BAC limit significantly affect the overall burden of fatal crash mortality. They estimated that the move from 0.10 to 0.08 g/dl legal limits in the United States prevents 360 deaths each year. Further, an additional 535 deaths per year would be prevented if the legally allowable BAC limit was lowered from 0.08 to 0.05 g/dl, consistent with legal limits among most countries worldwide.

Pre-conviction Administrative License Revocation

These laws require suspension of a driver's license immediately after a driver fails a breath test (or at most within a day or two). Historic studies of the effects of administrative license suspension penalties frequently find reductions in alcohol-related traffic crashes following implementation (Chaloupka et al., 1993; Legge and Park, 1994; Ruhm, 1996; Voas et al., 2000; Wagenaar & Maldonado-Molina, 2007; Whetten-Goldstein et al., 2000; Young & Likens, 2000). A recent study (Wagenaar and Maldonado-Molina, 2007) examined the effects of implementation of license suspension penalties in every U.S. state between 1976 and 2002. The authors stratified analyses by whether the penalty was applied immediately after the alcohol-impaired driver was detected (i.e., pre-conviction) or later through conviction by the courts (i.e., post-conviction), providing a direct assessment of the principle of celerity—the time elapsed between the offending behavior and the consequence. Results indicated that pre-conviction license suspension penalties significantly reduced alcohol-related traffic crashes by 5%, with similar effects observed among drivers across all levels of intoxication, saving at least 800 lives per year in the U.S.. No effects were observed for post-conviction license suspension penalties.

Random Breath Testing

The Centers for Disease Control and Prevention's Task Force on Community Preventive Services recently completed a systematic review of policy interventions to reduce alcohol-impaired driving (Elder et al., 2002; Shults et al., 2001). They reviewed 16 studies that examined effects of sobriety checkpoints on alcohol-related traffic crashes. Results from these studies consistently show approximately 20% reductions in alcohol-related fatal, injury and property damage traffic crashes following implementation of such checkpoints.

BEST WAYS TO REDUCE ALCOHOL-RELATED HARM FROM A GLOBAL PERSPECTIVE

Clearly, there are several population-based approaches that have proven effective in reducing alcohol consumption and associated consequences. While effects will vary by region (Chisholm et al., 2004), it is critical that the WHO recommend effective prevention strategies and let local administrators determine what is politically feasible. Community mobilization and citizen and media advocacy will be essential to garnering public support, enacting, and insuring compliance with suggested strategies.

Globally, public health interests must be represented in global trade negotiations, and trade agreements need to make exceptions for commodities like alcohol that pose a significant threat to public health and safety (Jernigan et al., 2000; Grieshaber-Otto et al., 2000). Leadership from the WHO is needed to identify and train government and NGOs in how to implement best practices in monitoring and controlling alcohol-related harm. Further, WHO and leadership in the developed world are needed to provide support and resources to developing countries to insure effective alcohol-control policies that are based on public health and safety principles and to offset the influences of the global alcohol industry. Science has provided important information on policy effects, and a global network of support is needed to disseminate and

implement these strategies in developing nations, strengthen coordination and support, and provide a civil society alternative to the globally well-organized and coordinated alcohol industry.

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Submission to WHO open hearing on alcohol politics:

FULL CONTRIBUTION In providing your contribution you may wish to focus on the following issues:

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

I fully agree with the proposals stated in "Baboor et al. "Alcohol – no ordinary commodity" and with the policy of Eurocare. I am convinced by a lifelong experience, that alcohol prevention plans should be planned without the alcohol industry. WHO had declared this principle in Stockholm, some years ago.

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

Alcohol consumption must be controlled and regulated. It cannot be left to the free market powers. The alcohol industry is always keen on rising profits and that means rising harm. The best means to reduce consumption are: Price regulation by taxes and minimum prices, reducing availability, rising minimum age, reducing per mille limit in traffic, stop alcohol advertising, education in view to rising understanding that the above measures are necessary.

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

Since 2001 I have developed a website www.alkoholpolitik.ch in order to inform public health professionals, politicians, government agencies, teachers and the public on alcohol questions. This website is private, independent and critical. Many entries have a personal comment which often is not in line with the official policy and the opinion of massmedia, which help the alcohol industry. As the only "watch dog" on alcohol problems in Switzerland I have intervened when television or radio programs broadcasted alcohol advertising which I think are hidden marketing. I intervened many times when studies reported positive health aspects of alcohol. Especially when they use the "abstainers" in an unqualified way. I intervened at the Swiss organization of the press, which should monitor that journalists can write independent from the advertisers. I write critical letters to the editors and give online comments in German speaking newspapers on alcohol prevention matters. Some of them I show on my website.

This website is the result of 45 years of experience as a hard worker in one of the biggest international abstainer NGOs.

The Project-Idea which you find below, has been developed after Swiss parliament and government have been unable to find a suitable solution to

reduce alcohol harm substantially. The alcohol lobby mostly is too strong. This project could be a compromise.

Project-Idea

A possible way to get out of blind alley?

Remarks to international readers:

This Project has been developed to meet Swiss needs for a higher taxation on alcoholic beverages. It's utopian, but it is different to all other tried variations so far. A main obstacle are the deep prices abroad.

As the European Union has launched a Programme of Public Health 2003 – 2008 including alcohol it is for me very clear, that this project could be the answer to the unsuccessful end of the lately tried harmonization of alcohol taxes in the EU. Each country could adopt a version which suites its special circumstances. The problems in the alcohol industry and the farming are all over very similar. If prices would be adjusted from country to country the problem of smuggling could be overcome and the chances for a Swiss project would also be much better. All statements regarding Switzerland could be adjusted to the need of other countries.

Summary:

Starting Position

New Situation

Main Aims of the Project

Procedure

Example of a budget: Tax on all alcoholic beverages

To compare: Annual accounts of the Swiss Alcohol Board 1999/2000

Administration of the Project-Funds

Foundation for Alcohol-Politics

Chances

Hindrances

Starting Position

The introduction of a general tax on alcoholic beverages couldn't be realized until now as a result of the strong behaviour of defense by the interested business circles. This tax would be justified and desirable in many ways

- ☛ As equivalent to the economic and social costs according to the principal that those who cause the costs should pay for them. (3 – 4 Mia. Swiss Francs.
- ☛ To reduce the consumption of those who consume a lot and of the young persons - and in consequence to bring down the damage caused by the alcohol use.
- ☛ To help financing the prevention tasks.

- ☞ To replace alcohol sponsoring in culture and sports by sponsoring by this project, if organizations agree to keep to a preventive culture within the organization.
- ☞ So far only the spirits have to contribute with taxes to cover the damage. As a matter of justice the other alcoholic beverages should be taxed as well proportionately. They also participate on the damages.
- ☞ Although the federal administration (BAG) as the interested commissions and the parliamentary alcohol commission wanted to introduce the tax, these proposals were always rejected by government and parliament. When the people and the economic sector understand that this project is to their favour, the politicians couldn't refrain from supporting the project.

New Situation

The European government delegates (including the Swiss ones) with their European Charta on Alcohol as well as the WHO with the European Alcohol Action Plan and the Federal Commission on Alcohol questions with its National Alcohol-Actionplan mention the necessity of these taxes. Within the EU there are also discussions in this direction going on.

The Swiss wine farmers fear great problems coming in regard to the selling of their products because of the globalisation of markets and the growing concurrence from abroad.

The explosion of costs in public health is very soon not any longer payable by the citizen with a normal salary. Reducing the damage caused by alcohol would bring a sensitive cost reduction.

The various effected steps of liberalization in the alcohol sector (opening-hours, reduction of taxes for spirits, etc.) demand an urgent compensation.

The undesirable rise of the sales of strong drinks after the reduction of taxes by the government should be undone very soon. A rise of this tax is very necessary and would be possible in the line of this project.

Main aims of the Project

To cover the social cost caused by alcohol in Switzerland.

Improving the quality of life and the public health by reducing the damage caused by alcohol in Switzerland.

Improvement of chances of young people by reducing their alcohol consumption and the consumption of their parents.

Procedure

The question is, who takes the initiative? We could think for example of the following persons and groups:

- A student who uses the project for his scientific paper; event. in cooperation with one of the following institutions:
- One of the big institutions or commissions in the field of alcohol prevention.
- A foundation in the context of health

- The Swiss Union of Farmers or fruit farmers
- The Swiss Alcohol Board, the Swiss Financial Department, the Federal administration of health BAG.
- A big social institution
- The conference of the directors of health of the cantons

Analysing study if the project is executable:

It would be necessary to have discussions with:

- Delegation of farmers
- Health insurances
- Churches
- Professional circles
- Political parties
- NGOs
- Cantons
- Politicians
- The federal administration

(e.g. Foundation Think Tank, Workshop for the future, student group)

Detailed planning of the concept

Examine if the project is in line with EU-regulations (WTO is o.k.)

To bring the concept into the political process.

National Conference

Perhaps it could be meaningful to inform all interested groups at the same time at a big national conference and go afterwards to discuss the details. Exact figures had to be available already.

Commission for the voting campaign and fundraising

Example of a budget. Taxes on all alcoholic beverages

Tax depending on the portion of pure alcohol per liter and per capita, to cover the estimated social cost of 3,5 Mia. Swiss Francs.

9L per person alcohol 100% and 7 Mio. inhabitants gives a total of 63 Mio.L alcohol 100%.

Damage: 3,5 Mia. SFR

3,5 Mia. ./ 63 Mio. L = ca 55 SFR /L alcohol 100%.

At a proportional partition:

Beer 5 Vol.% 2.75 SFR/L

Wine 10 Vol.% 5.50 SFR/L

Spirits 45 Vol.% 24.75 SFR/L

Regarding spirits and those beverages especially liked by youth (Alcopops) the tax should be put up. (In the list not effected)

53% of the population consume only 9% of all the alcoholic beverages. The portion of taxes on these 9% could be returned back as reduction on the direct national taxes or on health insurance premiums. (Per person 45 SFR) More than half of the population would therefore not be affected by the tax.

Income	SFR (Mio.)	Expenditure	SFR (Mio.)	%
Wine 50%	1400	AHV/IV (+ unused amounts)	1370	48.9
Beer 32%	900	National: Prevention, research Prevention NGOs Culture- + sportssponsoring;	210	7.5
Fruitwine 2% (Cider)	60	National government: Administration	50	1.8
Spirits 16%	440	National government: Customs	10	0.3
		Cantons: Rehabilitation/Prevention Culture- + sportssponsoring	290 190	10.4 6.8
		Cantons: Police and Justice staff for controlling	10	0.3
		Wine-, Fruit- & Milkfarmers: Improvement of structures Inventing new beverages Improvement of quality	400	14.3
		Foundation for alcoholpolitics	3	0.1
		Refund of taxes on modest consumption	252	9.0
		Capital of foundation and various (only first year)	10	0.4
		Refund of planningcosts (only first year)	5	0.2
Total	2800	Total	2800	100,0

To compare Annual accounts of the Swiss Alcohol Board 1999/2000

Income	SFR (Mio.)	Expenditure	SFR (Mio.)
Net income	271,6	Net expenditure	30,9
Special profit	4,6	Distribution of net profit:	
		Portion Federal Government (AHV/IV)	220,8
		Portion of the cantons 10%	24,5
Total	276,2	Total	276,2

Administration of the Project-Funds

The money could be deposited at the National Bank of Switzerland. The administrative body would authorize the National Bank to pay expenses, not used amounts would be transferred at the end of the year to the AHV/IV (National old age pension fund)

The taxes should be paid by the end user according to the VAT. The necessary infrastructure is more or less available.

To simplify the taxation there could be tax groups according to the alcohol content. E.g. Wine with 9-11 Vol.% get the same tax. On this occasion the duty of declaration of the content on the label could be introduced. (If not already realized by then.)

Distribution of the income

The rules of how to distribute the money should be standardized also in the cantons. To guarantee a neutral judgement of the demands there should exist an independent body for complaints. Eventually separately according to the group of receivers.

Contribution to AHV/IV

AHV and IV (Insurance for Invalids) should get as contribution each 50%. IV is in a bad position now. It is cutting their financial help to institutions of rehabilitation, that they are even forced to close. IV gives contributions to alcohol-dependants and institutions for alcohol rehabilitation. It has also expenses by alcohol related accidents. Means that are not used by other positions go at the end of the year to AHV/IV.

Foundation for Alcohol-Politics

To a maximum of 5 Mio. SFR go to an independent Foundation for Alcohol-Politics. It could help basic groups, development aid in connection with alcohol-politics in Switzerland and abroad.
E.g. it could offer loans for starting to neighbour-countries which want to introduce our project as well. This would reduce smuggling at our border.

The past has shown that the counterpart has the money to successfully fight against every proposition from the public health sector. With such an independent foundation this would change. We experienced that government and administration do not dare to help morally or

financially to propositions in the field of alcohol prevention. They believe it correct to be neutral. This has to do with the political parties, with economic bindings and even with the personal behaviour regarding alcohol consumption. Of course this independent foundation would be accountable. Not used means had to be transferred at the end of the 2nd year to AHV/IV.

Chances

Our agriculture is at the moment exposed to a heavy burden. In the background the actual danger of diseases there is still going on a change in structure which is due to the globalization of markets. This project could bring to a part of the agriculture, e.g. the wine farming, the answer to their deep concern about the future. The wine farmers should have a great interest in influencing other groups to build an alliance for bringing this project to a success, to convince the voting people.

The fact that more than half of the population would profit from a refund of the taxes should be a strong argument for acceptance.

As soon as the consumption would go down, everybody would get the profit of reduced social cost.

In the cantons could those sports and culture events which do without alcohol advertisement and have some sort of a preventive character benefit from sponsoring by the project. The same would happen for national events.

The advertising industry which so far fought against limitations of alcohol promotion for economic reasons would get new lucrative orders what would certainly reduce their opposition.

The new income for AHV/IV could show additional VAT-percentages to be unnecessary for the next years.

The project would have a positive effect on the health of our youth and of the hard young drinkers, although they are not interested in this fact at the moment.

The union of the small industries and trade will have difficulties in agreeing. But may be they come one day to understand that all money which doesn't flow into the consumption of alcoholic beverages is not lost for the whole economy. It just goes into other branches or as savings on bank accounts where it is reinvested into the economy.

Hindrances

“The modest alcohol-consumer , that is more than half of the population, could feel discriminated. What he enjoys will be demonised. It is not his fault when some people cannot get under control their consumption”

The success of this project would depend a lot on the convincing of these people that

- they profit financially by tax refund, reduction of health costs (insurance, health insurance and income taxes).
- their quality of life will rise when the roads become safer, the number of alcohol related divorces, accidents, crimes with violence will be reduced

- they contribute with their drinking habits that alcohol has entered all domains of life and that this social reality is a very bad environment and not useful as a good example for our youth and to give credibility to drug prevention.
- the nearly unchecked marketing, aiming at more sales has made alcohol to be the social-medical problem number 1 in Switzerland. And this has been tolerated by most of them.

That means the personal co-responsibility would have to be seen, the necessity of supporting this project and the need of making alcoholic beverages more expensive.

A change in drinking habits would not be necessary for the real modest drinkers. This would ask for a prevention campaign with new targets and a bigger effort.

“The tax would bring more hardship to the poor, for rich people it wouldn’t matter. The project is unsocial”.

This would be correct for the risk drinkers. But this is a wanted effect, consumption should go down. If the risk consumption of rich people is not reduced it is regrettable but this group is with about 5% of the taxpayers not important. As privat patients they pay their hospital costs in privat hospitals mostly themselves. As already mentioned the lower and middle classes would not be discriminated when consuming moderately. Because a rich person very easily can engage a professional driver for his car when he lost his driver licence society will not give up punishing drink driving.

06/30/2006	The Health and Social Campaigners' Network international (HSCNetwork international) has issued Newsletter Nr. 30 with our Project-Idea .	<i>The global virtual network for health advocates</i> c/o PatientView Woodhouse Place Upper Woodhouse Knighton Powys, LD7 1NG, Wales Email: info@patient-view.com For more information: http://www.patient-view.com/hscnetwork.htm
01/18/2008	Research, 1/15/08 (Source: Tages-Anzeiger, 1/15/08) PNAS, 1/14/08	Marketing actions can modulate neural representations of experienced pleasantness. Comment: The higher the price, the bigger the pleasure. That's a reason more to rise alcohol taxes.

Effretikon, November 4, 2008
Hermann T. Meyer

HLS 06RS-978

ORIGINAL

Regular Session, 2006

HOUSE BILL NO. 173

BY REPRESENTATIVE JACK SMITH

ALCOHOLIC BEVERAGES: Provides for a toll-free hotline for alcohol abuse

1 AN ACT

2 To enact Part VI of Chapter 4 of Title 26 of the Louisiana Revised Statutes of 1950, to be
3 comprised of R.S. 26:751, and Chapter 18 of Title 28 of the Louisiana Revised
4 Statues of 1950, to be comprised of R.S. 28:871 and 872, relative to alcohol abuse;
5 to require that the office of alcohol and tobacco control require posting of signs on
6 certain licensed premises; to provide for a toll-free number and referral services for
7 alcohol abuse; to provide for a fine for failure to post; to require that the office for
8 addictive disorders of the Department of Health and Hospitals provide a toll-free
9 telephone service; to provide for an annual fee to fund the toll-free telephone service;
10 to create a special fund in the state treasury known as the Alcohol Abuse Toll-Free
11 Fund; and to provide for related matters.

12 Be it enacted by the Legislature of Louisiana:

13 Section 1. Part VI of Chapter 4 of Title 26 of the Louisiana Revised Statutes of 1950,
14 comprised of R.S. 26:751, is hereby enacted to read as follows:

15 PART VI. TOLL-FREE HOTLINE

16 §751. Toll-free telephone assistance for alcohol abuse and problem drinkers; posting
17 of signs on premises

18 A. The office of alcohol and tobacco control shall require the posting of one
19 or more signs on premises holding a Class A retail liquor permit for high or low
20 alcoholic content or microbrewery permit at each point of entry to inform patrons of

1 a toll-free telephone number available to provide information and referral services
2 regarding alcohol abuse and problem drinking. Failure by the owner of the licensed
3 premises to post and maintain such a sign or signs shall be cause for the imposition
4 of a fine not to exceed one hundred dollars per day.

5 B. Each Class A retail permit holder shall remit twelve dollars annually to
6 the Louisiana Department of Justice or the designee of the attorney general pursuant
7 to a cooperative endeavor agreement for the sole purpose of funding and
8 administering the Alcohol Abuse Toll-Free Hotline Fund provided for in R.S.
9 28:872.

10 * * *

11 Section 2. Chapter 18 of Title 28 of the Louisiana Revised Statutes of 1950,
12 comprised of R.S. 28:871 and 872, is hereby enacted to read as follows:

13 CHAPTER 18. ALCOHOL ABUSE AND PROBLEM DRINKING

14 §871. Office for addictive disorders; functions related to alcohol abuse and problem
15 drinking

16 A. The office for addictive disorders of the Department of Health and
17 Hospitals shall provide information and referral services related to alcohol abuse
18 and/or problem drinking and shall include a twenty-four hour, toll-free telephone
19 service operated by persons with knowledge of programs and services available to
20 assist persons suffering from alcohol abuse or problem drinking behavior. This
21 twenty-four hour, toll-free service shall be known as the "Corey Alcohol Abuse
22 Hotline".

23 B. The office shall make information regarding the services available to the
24 public and shall provide by rule for the design of an informational sign containing
25 the toll-free telephone number for use in various establishments licensed with a Class
26 A alcohol retail permit to serve or sell alcohol of high or low alcoholic content or
27 microbrewery. The office shall provide such signs to the office of alcohol and
28 tobacco control, which shall require their posting at licensed premises, pursuant to
29 R.S. 26:751.

1 §872. Alcohol Abuse Toll-Free Hotline Fund; creation

2 A. There is hereby created, as a special fund in the state treasury, the Alcohol
3 Abuse Toll-Free Hotline Fund.

4 B. After compliance with the requirements of Article VII, Section 9(B) of
5 the Constitution of Louisiana, an amount equal to the monies received by the state
6 treasury pursuant to the provisions of R.S. 26:751(B) and specifically allocated for
7 these purposes shall be deposited into the Alcohol Abuse Toll-Free Hotline Fund.
8 All unexpended and unencumbered monies in the fund at the end of any fiscal year
9 shall remain in the fund for use in subsequent fiscal years. Monies in the fund shall
10 be invested by the state treasurer in the manner as monies in the state general fund
11 and interest earned on the investment of such monies shall be credited to the fund
12 after compliance with the requirements of Article VII, Section 9(B) of the
13 Constitution of Louisiana. Monies in the fund shall be withdrawn only pursuant to
14 an appropriation by the legislature solely to implement the provisions of this
15 Chapter.

16 C. All monies received by the state treasury pursuant to the provisions of
17 R.S. 26:751(B) and specifically allocated for these purposes shall be deposited into
18 the Alcohol Abuse Toll-Free Hotline Fund. The monies in the Alcohol Abuse
19 Toll-Free Hotline Fund shall be appropriated by the legislature.

20 Section 3. This Act shall become effective upon signature by the governor or, if not
21 signed by the governor, upon expiration of the time for bills to become law without signature
22 by the governor, as provided by Article III, Section 18 of the Constitution of Louisiana. If
23 vetoed by the governor and subsequently approved by the legislature, this Act shall become
24 effective on the day following such approval.

DIGEST

The digest printed below was prepared by House Legislative Services. It constitutes no part of the legislative instrument.

Jack Smith

HB No. 173

Abstract: Requires DHH, office for addictive disorders to provide a 24-hour, toll-free hotline related to alcohol abuse. Requires the posting of signs in certain retail establishments. Creates an Alcohol Abuse Toll-Free Hotline Fund.

Proposed law requires the office of alcohol and tobacco control to require the posting of one or more signs on premises holding a Class A retail liquor permit for high or low alcoholic content or microbrewery permit at each point of entry to inform patrons of a toll-free telephone number available to provide information and referral services regarding alcohol abuse and problem drinking.

Proposed law provides for a penalty not to exceed \$100 a day for failure by the owner of the licensed premises to post and maintain such a sign or signs.

Proposed law requires each Class A retail permit holder to remit \$12 annually to the La. Dept. of Justice pursuant to a cooperative endeavor agreement for the sole purpose of funding and administering the Alcohol Abuse Toll-Free Hotline Fund.

Proposed law requires the monies collected by the office to be forwarded to the state treasurer for immediate deposit into the state treasury and requires the state treasurer to credit that amount to the Alcohol Abuse Toll-Free Hotline Fund each year.

Proposed law requires the office for addictive disorders of the Dept. of Health and Hospitals to referral services related to alcohol abuse and/or problem drinking and shall include a 24-hour, toll-free telephone service operated by persons with knowledge of programs and services available to assist persons suffering from alcohol abuse or problem drinking behavior.

Proposed law provides that the 24-hour, toll-free telephone service shall be known as the "Corey Alcohol Abuse Hotline".

Proposed law requires the office to make information regarding the program and services available to the public and to provide, by rule, for the design of an informational sign containing the toll-free telephone number for use in various establishments licensed with a Class A alcohol retail permit to serve or sell alcohol of high or low alcoholic content or microbrewery.

Proposed law requires the office to provide such signs to the office of alcohol and tobacco control, which shall require their posting at certain licensed premises.

Proposed law creates a special fund in the state treasury to be known as the Alcohol Abuse Toll-Free Hotline Fund and requires all monies received by the state treasury allocated for the purposes of the fund to be deposited into the Alcohol Abuse Toll-Free Hotline Fund which monies are required to be appropriated by the legislature.

Effective upon signature of governor or lapse of time for gubernatorial action.

(Adds R.S. 26:751 and R.S. 28:871 and 872)

Summary

It is well known that the most effective policies to prevent alcohol-related harms are alcohol control policies implemented at the population level (universal). Selective and targeted policies also have a place in responding to alcohol-related harms in the community, but because of their focus on smaller group of individuals (high risk drinkers, alcohol dependent individuals) their preventive impact is not as large as that of universal policies. Among these some of the most effective are taxation, restriction on hours of sale, minimum drinking age, outlet density restrictions, lower BAC. Educational interventions are usually not effective. Policies must be chosen based on effectiveness by disinterested parties, i.e., public health officials and representatives of others governmental institutions but without participation of the alcohol industry. Consultation with the industry is acceptable during the planning process. However, the industry should not be part of the decision making process. It is particularly important to plan preventive actions and provide support to developing nations, which are being targeted by the industry in its market expansion. Examples of such countries are, as identified by the industry: Brazil, India, China, and Russia. Public health interest must play a part when industry expansion is being discussed and considered in these countries. Public health interests must also be considered when developing and implementing international trade agreements. Global action is necessary and should be coordinated by WHO/PAHO because the alcohol industry is global. It is important to make developing nation governments and professionals aware of the threats posed by excessive alcohol consumption. Governments should be made aware of the need to control per capita consumption, and of the policies that are effective in doing so. It is important to provide expertise to developing nations on alcohol policy development and implementation. WHO and PAHO have an important role to play as international health agencies in organizing global responses to prevent alcohol-related harm, calling attention to the problem, monitoring prevalence, developing a structure for the response, and supporting member nations in their efforts.

Full Text

Epidemiological trends show that alcohol consumption is either flat or falling in developed nations. There are many reasons for this trend, including population changes in attitudes towards alcohol consumption, the aging of some populations and the effect of alcohol control policies (e.g., taxation, lower BAC, etc.). At the same time, consumption in many parts of the developing world is on the rise (Room and Jernigan, 2002; Babor et al., 2003). Alcohol is the 11th greatest risk factor in death and disability here (WHO, 2002), but is likely to rise with consumption, making prevention a critical task. Recent discussion of alcohol consumption in Brazil, for instance, clearly show rises in consumption in this large and important developing nation (Caetano and Laranjeira, 2006). This increase in drinking comes at a time when the alcohol industry has targeted Brazil and a place for market expansion.

The existing evidence is clear that alcohol control population-level strategies are the most effective to prevent alcohol-related harms (WHO, 2007). Babor et al. (2003) have recently reviewed this literature, identifying the most effective policies, as follows:

- Excise tax increases
- Full or partial bans on advertising and marketing, such as restrictions on youth exposure to alcohol advertising and marketing
- Minimum legal purchase age (e.g. 21 in the U.S.)
- Government monopoly of retail sales
- Restriction on hours or days of sale
- Outlet density restrictions
- Brief interventions and treatment
- Lowered BACs limits, random breath testing and administrative license suspension for drinking-driving
- Strict enforcement of existing alcoholic beverage control and traffic safety laws.

The above policies can be implemented by a conjunction of measures at federal, state and local level. Federal excise taxes are usually decided at federal (central government level). Bans on advertising and marketing can be implemented at both country and more local level. Restriction on hours of sale are usually implemented and enforced at the local level, as are outlet density restrictions, hours of sale, and the enforcement of minimum drinking laws. Policies must be chosen based on effectiveness by disinterested parties, i.e., public health officials and representatives of others governmental institutions but without participation of the alcohol industry. Consultation with the industry is acceptable during the planning process. However, the industry should not be part of the decision making process

Global action is necessary and there is an important role for WHO/PAHO in this area. It is important to make developing nation governments and professionals aware of the threats posed by excessive alcohol consumption. Governments should be made aware of the need to control per capita consumption, and of the policies that are effective in doing so. It is important to provide knowledge and expertise support to developing nations on alcohol policy development and implementation. This is particularly important in view of the continuous attempts by the industry to provide such information in a biased manner, which supports the industry's aims of market expansion (Caetano, 2008). WHO and PAHO have an important role to play as international health agencies in organizing global responses to prevent alcohol-related harm, calling attention to the problem, monitoring prevalence, developing a structure for the response, and supporting member nations in their efforts.

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Recommended Infrastructure for Addressing Alcohol Problems in a Developing Country

Six Components are needed:

1. **Environmental** efforts:
 - Public education to change norms for heavy drinking, and awareness of HIV related risk.
 - Beverage industry collaboration to promote condom use and responsible drinking.
2. **Targeted education** and interventions for persons at high risk
 - Women of child-bearing age
 - HIV-positive persons and their partners
 - ART patients
 - Sex trade workers and truckers
 - Community drop-in centers for alcohol-free activities and outreach
3. **Brief Interventions*** Screening, brief advice and motivational interventions
 - By healthcare workers
 - By VCT and ART professionals
4. **Specialty treatment for alcohol dependent persons***
 - Inpatient or residential treatment
 - Motivational Interviewing, Cognitive Behavioral, and 12-step based treatment
 - Therapeutic Community Model
 - Outpatient and Aftercare
 - MI, CBT, Relapse Prevention, and Peer Support
 - Supportive Residential
 - Half-way or similar residential support post-discharge.
 - Medications (Naltrexone, Acamprosate, Disulfiram)
5. **Detoxification** -
 - Community-based detox for stabilization prior to outpatient or residential treatment
 - Hospital detox - as medically required.
6. **Peer Recovery Community Support***

Persons in the community (including AA members) who have successfully maintained recovery are an important component in supporting patients who undergo treatment for alcoholism. Supporting and using this volunteer community of peers helps connect patients with resources for their long-term recovery after treatment. Treatment initiatives should plan to utilize and support peer involvement during and after treatment. Churches may also play a role in providing meeting places and other support for AA meetings.

* (See implementation notes below)

***Implementation Notes:**

The following notes are offered as considerations for putting a system of resources into place in a resource-poor country.

- **Mix of settings, and models** of specialty treatment for alcoholism treatment

The mix of service settings will have a large impact on the number of patients who can be served within a given budget. The following mix of settings is an example:

Inpatient/residential treatment (10% of capacity, 46% of total costs)

Outpatient and Aftercare (80% of capacity, 25% of total costs)

Supportive Residential (9% of capacity, 23% of total costs)

Detoxification (1% of capacity, 6% of total costs)

Using this example, even though 80% of the total static capacity for treatment would be outpatient services, outpatient costs would only be 25% of total costs because outpatient costs are less expensive than inpatient or residential care. (*Spence, 2003 Analysis model for planning chemical dependence treatment systems, Journal of Substance Abuse Treatment. 24: 175-181*).

Detoxification is sometimes medically needed but is not considered an alcoholism treatment modality by itself, because it has little or no lasting effectiveness unless linked to other residential or outpatient services.

- **Regional Community Outreach centers** could help implement multiple functions:

Outpatient treatment services

Drop-in facility for alcohol-free social interactions

Meeting place for peer outreach and recovery groups including AA meetings

Aftercare counseling for patients following discharge

Community education and materials distribution.

- **Alcohol abuse screening and brief motivational interventions within the framework of primary care** can be a relatively inexpensive and impactful strategy which could also form the core connections with other prevention and treatment services. Examples of this approach include “SBIRT” which is a Screening, Brief Intervention, and Referral to Treatment program which has been implemented in general hospitals and other primary health care settings in the United States. These programs use either medical generalists or trained specialists to conduct the screening and then as appropriate provide brief advice and education, or refer patients for brief intervention or treatment. In the Houston Texas program, all patients entering the county’s primary indigent care hospital for any reason receive alcohol screening and are referred for appropriate interventions. In Botswana and Namibia, healthcare workers (nurses, counselors, and social workers, and other healthcare workers in HIV clinics) have been trained in the use of screening and brief motivational intervention (BMI) methods for their patients.

- Addiction Technology Transfer Centers (ATTCs)

Our ATTC program, based at the University of Texas in Austin, is one of a national network of ATTCs funded by the Substance Abuse and Mental Health Administration (SAMHSA) for the purpose of developing the addictions workforce and facilitating the adoption and implementation of evidence based practices in the alcohol and drug abuse treatment field. Our ATTC has also undertaken an international focus and is available to engage in planning and assisting in the development of new resources, particularly in developing countries. We helped implement and evaluate the SBIRT program in Houston and we consulted with Botswana and Namibia to adapt BMI methods to the unique setting and delivered training and consultation to country health officials in implementing these methods.



WHO has documented the impact of alcohol-related harm globally.¹ In the United States, there is particular concern over harmful use of alcohol among young people (defined by U.S. laws regarding alcohol purchase as those under age 21). The consequences of this use are real and tragic. Looking at the trend over the past 15 years, despite substantial efforts in communities across the nation to reduce youth access to alcohol, underage binge drinking has declined only slightly.² In 2007, 10.7 million U.S. young people ages 12 to 20 reported drinking in the past month, and 7.2 million reported binge drinking. Every day, 5,000 children under the age of 16 begin drinking.³ Every year, between 4,500⁴ and 5,000⁵ people under age 21 die from alcohol-related injuries resulting from underage drinking. Underage drinking is a factor in the three leading causes of death among 12 to 20-year-olds in the U.S.: unintentional injuries (including motor vehicle crashes), homicide and suicide.⁶

The underage youth alcohol market in the U.S. is substantial, and dominated by heavy drinking. Underage drinking accounts for between 11%⁷ and 20%⁸ of U.S. alcohol consumption. Young people drink less frequently than adults, but drink more per occasion.⁹ Most of the drinking done by young people is binge drinking: more than 90% of the alcohol consumed by 12 to 20 year-olds is drunk when the drinker is having five or more drinks at a sitting, usually within two hours.⁷ These statistics are grim; however, evidence also abounds that the situation is much better than it would have been had the national government not mandated in 1984 a national minimum purchase age of 21 for alcohol.¹⁰ This is but one of the effective policy options for reducing harmful use of alcohol by young people.

Given the substantial size of the youth market relative to overall alcohol consumption, the alcohol producers' industry has a clear conflict of interest in the creation of strategies to reduce underage consumption. As was recommended by the health ministers of the countries of the European Region of WHO in 2001, "Public health policies concerning alcohol need to be formulated by public health interests, without interference from commercial interests."¹¹

Regarding advertising, the Federal Trade Commission (the U.S. agency charged with overseeing fair competition in the marketplace) recognized in 1999 that alcohol advertising is a risk factor in youth drinking, writing that "While many factors may influence an underage person's drinking decisions, including among other things parents, peers and media, there is reason to believe that advertising also plays a role."¹² Since 1999, the evidence has grown much stronger, as several longitudinal studies that followed cohorts of young people over a number of years have released their results. These studies have found that the likelihood of subsequent drinking by youth can be predicted by their exposure to alcohol advertising on television,¹³⁻¹⁵ in magazines,^{13, 15} via in-store beer displays and beer concessions, on the radio,^{13, 15} on billboards¹³ or other outdoor signage,¹⁶ or via ownership of beer promotional items¹⁵ or other alcohol-branded merchandise.¹⁷ An econometric study of the effects of alcohol advertising restrictions on motor vehicle crashes found that more alcohol advertising in a local market was related to higher motor vehicle fatality rates, even after controlling for price, total fatalities, income, city size, education levels, unemployment, religion, race, advertising prices, and number of television and radio stations. This study estimated that a broadcast ban on all alcohol advertising would save 5,000 to 10,000 lives per year, while elimination of the corporate tax exemption for alcohol advertising would save 1,300 lives per year.¹⁸

Regarding excise tax increases, again the evidence is strong. Alcohol taxes are well-documented in public health research as an effective structural intervention for reducing alcohol consumption and problems both across populations and for young people in particular. A recent meta-

analysis of 112 studies on the effects of alcohol taxes on consumption concluded that tax increases are an effective means of reducing alcohol consumption, and that their effects are large compared to other prevention policies and programs.¹⁹ A variety of studies have found that these effects are particularly significant among young people, influencing not only the amount and frequency of drinking among youth,²⁰ but also prevalence of youth traffic crash fatalities,²¹ and incidence of sexually-transmitted diseases (STDs) among youth.²² This rich research literature contributed to the decision by the National Research Council and Institute of Medicine to highlight increasing federal and state alcohol excise taxes as a key recommendation in their Congressionally-mandated blueprint for reducing underage drinking.²³

A variety of research reviews have established taxation and restrictions on alcohol advertising effective strategies, along with the following: minimum legal purchase ages (such as the 21 minimum purchase age laws in effect in all 50 of the United States of America); government monopoly of retail sales; restrictions on hours or days of sale; outlet density restrictions; brief interventions and treatment; lowered BACs limits, random breath testing and administrative license suspension for drinking-driving; and strict enforcement of existing alcoholic beverage control and traffic safety laws.²⁴⁻²⁹

Community mobilization and citizen and media advocacy are critical to enacting, insuring compliance, and promoting public support for effective policies and programs.³⁰ A global strategy should also recognize the diversity of cultural and contextual issues in the different regions of the world. Community-based approaches offer a useful method to identify effective strategies that respect the population being served. A global strategy should also provide focused technical and training resources to encourage and support these efforts.

Global leadership is needed from the WHO, which can and should identify what international research shows will be the most effective approaches. At the same time, WHO should provide support to local authorities and civil society to determine the approaches most appropriate to their situation. A mix of strategies is needed, so that there is flexibility to adapt to different conditions in different regions of the world.²⁵ This mix needs to be accompanied by aggressive efforts to document and monitor more effectively alcohol use, problems and policies at country, regional and global levels.

From a global perspective, several actions are critical. First, public health interests must be represented in global trade negotiations, and trade agreements need to make exceptions for commodities like alcohol that pose a serious threat to public health and safety.^{31, 32} Some provisions of global trade agreements have the potential of depriving national, state and local authorities of their ability to use some of the most effective strategies, including restrictions on dangerous products, limits on numbers and density of outlets and other service practices, and regulation of advertising, sponsorship and other forms of marketing.

Second, health leadership is needed, in the form of WHO identifying and training governments and NGOs in how to implement best practices in monitoring *and* controlling alcohol-related harm.

Third, leadership from WHO and governments in wealthy countries is needed to provide support and resources to the less wealthy nations to insure effective alcohol policies that are based on public health and safety principles and to offset the influence of the global alcohol industry.

Finally, global networks are needed among NGOs to strengthen coordination, share lessons learned and peer support, and provide a civil society alternative to the globally well-organized and coordinated alcohol industry. Experience in fields as diverse as HIV/AIDS and disaster response has shown the importance and potential effectiveness of such networks.^{33, 34} WHO needs to support and encourage their development, independent of commercial interests and economic operators.

As a university professor and researcher, I will work with my colleagues at the Johns Hopkins Bloomberg School of Public Health, the Johns Hopkins Center for Injury Research and Policy, and elsewhere to ensure that the global strategy is informed by the best and strongest research available, and that the implementation of the strategy benefits from our ability to train public health workers in effective program design, implementation and evaluation.

As a public health researcher at the Johns Hopkins Bloomberg School of Public Health and the Johns Hopkins Center for Injury Research and Policy, my work has focused on policy approaches to reducing the harmful use of alcohol for more than two decades. My comments are based on this expertise and do not reflect the official views of my University.

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I am a member of our local Interagency FASD (Fetal Alcohol Spectrum Disorder) Committee to try and co-chair of a provincial organization that deals with alcohol and pregnancy.

These are my personal comments about the effective strategies that have reduced alcohol-related harm. Some of the effective strategies I have seen work are:

- 1) to provide positive models for pregnant women using harm reduction model. Focus on the healthy pregnancy and ways that a woman can improve the health of her unborn child by eating properly, avoiding alcohol and drugs, asking for support from family and partners.
- 2) to encourage participation in programs like Healthy Baby which provides milk coupons, healthy snacks, child care for older children, nutritional counseling, transportation, emotional support, and a comfortable place to ask questions about babies, pregnancy, breast feeding and nutrition.
- 3) to work with parents through the assessment process to determine whether there was an effect from alcohol use while the baby was in the womb. Being supportive and understanding for the birth family and waiting until they are ready for the process is very important to the child and the relationship of the parents to the child.
- 4) to participate in world-wide events like International FASD Awareness Day helps raise awareness and acceptance of FASD. In our community, people with FASD are encouraged to attend with their families and proudly carry the banner for our Awareness Walk or participate at their own comfort level. During the community wide celebration, displays are set up around the community at the library, clinic, government offices, schools, and malls to raise awareness. Participation in National Addiction Awareness Week also raises awareness and encourages people to choose alternate behaviors to drinking alcohol.
- 5) to approach women who drink with the understanding that no woman intends to hurt their baby but that they are addicted to a substance and even when they want to stop there are several other factors that make stopping very difficult. Women are often overwhelmed by past histories of abuse, current poverty or abusive relationships. They may not have been parented well and need to re-learn what it means to love themselves and their children. It is not easy to stop drinking during pregnancy when you are

addicted to alcohol or if you do not have the supports needed to keep you strong. Programs like Manitoba's Stop FAS Program provides women with mentors to help them set goals for themselves and to reduce the harm of alcohol on the baby.

6) to recognize the impact of Residential Schools in Canada in removing generations of Native children from their homes, language, and culture by the government in attempt to "make them Canadian citizens." People generations later are still healing from the disconnection from culture, language, home, and family that occurred when they were forced to attend residential schools away from their home community.

7) to encourage individuals with FASD to tell their story of struggles and triumphs to a wide audience of people including educators, group home staff, justice workers, etc.

From a global perspective, the best ways to reduce problems related to harmful use of alcohol that I have read about or seen are:

1) to start talking about women's alcohol use around the world. Many countries still deny having **any** children with Fetal Alcohol Spectrum Disorder. In some countries, employees are paid with alcohol instead of cash. In most countries, alcohol is ingrained as part of the social/cultural norm and it is difficult to break the social mores of having a glass of wine at dinner or a beer at a sporting event. Citizens of the world need to become more accepting of the person who does not drink at these events.

2) to have the WHO and other globally recognized organizations declare that "DURING CONCEPTION, PREGNANCY, AND BREASTFEEDING NO ALCOHOL IS BEST" would go a long way to convincing the medical profession that women should be advised to avoid alcohol. Mandating doctors, nurses and midwives to ask about alcohol use when providing care to women would open up the conversation and facilitate referrals to alcohol treatment and harm reduction programs like Manitoba's Stop FAS program.

3) to mandate labels on alcoholic beverages may provide another avenue for people to get information about the harms of drinking while pregnant. Most people acknowledge that alcohol is not good for a developing fetus but may not be able to reduce

or stop drinking alcohol without considerable personal support and will to change. Labels on cigarette packages may not reduce the number of people who are smoking but it does raise awareness of the potential harms of the activity.

There are several ways that individuals or organizations can contribute to reducing the harmful use of alcohol:

- Start talking about alcohol use before, during and after pregnancy with women, partners, family, support people, medical professionals, nursing students, and organizations.
- Raise awareness about FASD through participation in events like International FASD Awareness Day and National Addictions Awareness Week.
- Support pregnant women and people who are addicted to alcohol by offering non-alcoholic beverage choices at your own parties and celebrations.
- Talk to your children about alcohol use and teach them to know their own limits and comfort level. Teach children to explore alternative activities like sport, recreation, hobbies, interests etc.
- Encourage people to talk about their struggles to reduce or avoid alcohol with someone that they trust.
- Approach business and community leaders (municipal government, police, school administration) to participate in your efforts and raise awareness about the harmful effects of alcohol and how it impacts on the financial state of the community, the ability of people to contribute meaningfully to society and the effects of alcohol on professional work, quality of life and personal relationships.

Полный текст

Уважаемые господа!

Хочу поделиться своими мыслями относительно способов сокращения потребления алкоголя.

Проблема употребления алкоголя – сложная и многоаспектная, так как помимо физиологического аспекта (вреда здоровью) необходимо принимать во внимание социокультурный аспект проблемы, а именно: культурные стереотипы потребления алкоголя, общественное мнение и отношение, стремительное омоложение употребляющих алкоголь, пропаганда потребления алкоголя, влияние алкоголизма на будущее государств и наций.

Физиологический аспект.

Я не буду подробно останавливаться на известных физиологических последствиях употребления алкоголя. Намеренно не использую слово «злоупотребления», так как любое употребление алкоголя есть зло и приводит к плачевным последствиям, как для нашего организма, так и для психического и душевного здоровья человека. Но в этой связи хотелось бы отметить позицию некоторых ученых, которые периодически выступают в прессе с заявлениями, что употреблять алкоголь не только не вредно, но и полезно для здоровья. Раздаются рекомендации по «безопасным нормам ежедневного потребления», как будто ежедневное потребление алкоголя даже в малых дозах уже не является алкоголизмом, пусть и в начальной его стадии. Подобные вещи начинают происходить и с табаком: раздаются голоса в защиту табакокурения. И таких голосов врачей (это самое прискорбное) раздается все больше или, как минимум, регулярно. Создается впечатление, что подобного рода выступления направлены на поддержание определенного общественного мнения, оправдывающего и приветствующего употребление алкоголя. Врачам всего мира необходимо выработать единое мнение и сказать раз и навсегда о вреде алкоголя для человеческого организма и для человеческой психики, и не вводить людей в соблазн своими безответственными заявлениями.

Социокультурный аспект.

Этот аспект является наиболее важным, так как именно в этой сфере лежат причины употребления алкоголя.

Почему люди употребляют алкоголь? На этот вопрос придумано множество ответов, у каждого человека, употребляющего алкоголь, он свой. Но какими бы мотивами не руководствовался человек, прибегая к алкоголю, все они лежат в сфере традиций, стереотипов, пропаганды, общественного мнения, именно они предлагают алкоголь как рецепт для решения различных житейских проблем, как рецепт успеха, как маркер социального статуса.

Ты молод и полон сил – для тебя пиво и слабоалкогольные напитки! Молодая семья – для вас красное и белое вино! У вас праздник или романтическое свидание – как же обойтись без шампанского! Дорогая водка и дорогой коньяк – признак успешности и элемент статуса. Есть и напитки подешевле – пей и ни о чем не думай.

Примерно так звучат рекламные слоганы. Примерно такие мысли людям внушает пропаганда и общественное мнение. Примерно так закладываются традиции.

Как вырваться из этого порочного круга?

1. Признать в мировом масштабе употребление алкоголя как наносящее непоправимый вред здоровью человека!
2. Признать, что нет безвредных доз алкоголя, что нет менее вредных видов алкоголя. К алкоголю необходимо отнести и пиво, и так называемые слабоалкогольные напитки.
3. Запрет рекламы алкоголя и унификация упаковки. Производители алкоголя. Многомиллиардная индустрия в мировом масштабе. Производя алкоголь, она формирует для себя рынок сбыта, сегодняшний и, что самое прискорбное, на будущее. На первом этапе необходимо ограничить и запретить СТИМУЛИРОВАТЬ потребление алкоголя. Это не будет наступление на свободы! Это будет шаг к спасению человечества. На нас перестанут смотреть со страниц журналов, с кино и теле экранов притягательные картинки алкогольной продукции. Перестанут вкладываться в

сознание людей словесные формулы, закрепляющие ассоциации алкоголя и успеха, карьеры, удачи, счастья, статуса и пр. Кроме запрета на рекламу (прямую и скрытую) необходимо убрать эту же притягательность из магазинов. А именно: унифицировать бутылки до одного типа, ограничить цветное разнообразие этикеток, увеличить размер этикеток и выделить на них не менее 70% площади для описания последствий употребления алкоголя. Полки магазинов заполнены разнообразными бутылками, различной формы, размеров, разнообразными кричащими этикетками... Красивая упаковка во многом влияет на молодежь и подростков, особенно это касается пива и слабоалкогольных напитков. Необходимо убрать это влияние. В целом, необходимо убрать налет притягательности с алкоголя. И упаковка – один из первых ключевых шагов. Очевидно, что запрет рекламы и унификация упаковки (обезличивание алкогольной продукции) неминуемо приведет к спаду производства и к финансовым потерям производителей, которые ради удержания прибыли и/или работоспособности своих предприятий будут, как следствие, сокращать персонал. Соответственно, необходимо предусмотреть механизм компенсаций. Но это гораздо меньшая плата за те потери, которые несет человечество от алкоголизма.

4. Необходимо запретить употребление алкоголя в публичных местах.

5. Необходимо запретить продажу алкоголя несовершеннолетним. Необходимо ужесточить наказание за нарушение этого запрета – лишение лицензии на торговлю. При этом запрет должен распространяться и на пиво и на так называемые слабоалкогольные напитки.

6. Алкоголь и массовая культура. Массовая культура стала одним из мощных инструментов пропаганды потребления алкоголя, насаждая соответствующие поведенческие стереотипы. Необходимо исключить тему алкоголя из песен, видеоклипов, мультфильмов, фильмов, книг. Это гораздо легче сказать, чем сделать. Подумав над этим, мы поймем, насколько глубоко укоренилась и проникла эта привычка – употребление алкоголя. Каким невероятным кажется исключение темы алкоголя из массовой культуры. Алкоголь и табак окружают нас повсюду: в текстах песен, в книгах, на теле и киноэкранах. Все они отражают жизнь. Но отражать можно и жизнь без алкоголя и табака. И такая жизнь прекрасна!

7. Выполнение предыдущих шести пунктов приведет к постепенному изъятию алкоголя из социокультурной парадигмы человечества. Но нельзя допустить пустоты. Необходимо привнести человечеству другие идеалы, не связанные с алкоголем. Необходимо вернуть осознание естественности жизни без алкоголя, табака и наркотиков. Ведь в наше время сместилась ценностная шкала и вместо порицания вышеназванного мы наблюдаем в нашей жизни их поощрение, и даже одобрение. Употребление алкоголя уже воспринимается нормой, и трезвость начинает получать негативную оценку в ценностной картине мира. Нужны позитивные примеры! Нужны другие идеалы и ориентиры! Нужны ориентиры здоровья, творчества, красоты, этики, развития и духовного роста. В этой системе координат нет алкоголя, табака и наркотиков. Эти человеческие слабости нуждаются в преодолении: нужно, избавив человечество от назойливого предложения выпить, раскрыть ему красоту окружающего мира и все преимущества трезвого взгляда на окружающий мир, тем более, если в этом мире есть проблемы. Именно, трезвое отношение к сегодняшней мировой ситуации крайне важно и необходимо. Человечество не должно проявлять слабость и сбегать от действительности. Нужно дать высокодуховные и высокоморальные ориентиры человечеству и важную роль здесь будут играть духовные лидеры, духовные авторитеты, совесть человечества. Художники, писатели, педагоги - все служители культуры и искусства должны осознать свою ответственность перед человечеством в закладывании ценностных ориентиров в своих произведениях. Личным примером и примером своих произведений они должны приходить на помощь людям и вести их из тьмы к свету. Отдельное место занимает школа, в которой, во многом, и закладываются основные ценностные ориентиры подрастающего человечества. Школе предстоит сыграть одну из ведущих ролей. Ей необходимо будет воспитывать у молодого поколения стойкость к пока еще окружающей алкогольной действительности. Школе придется идти вопреки и наперекор, а не в русле происходящего. И это во многом во власти педагогов и школы.

8. Нам предстоит большая работа по изменению традиций: употребление алкоголя, табакокурение, мясоедение, потребительский (безответственный) образ жизни и т.д. Но другого выхода у человечества нет. В решении этих задач нам очень поможет опыт других культур. И в этой

связи распространение знаний о культурах мира, о культурных традициях сыграет важную роль. Например, ознакомление и изучение культур, где порицается/запрещается употребление алкоголя и /или табака, культур, для которых вегетарианство является естественным и традиционным. Именно эти примеры могут показать человечеству, что можно освободить жизнь от этих наростов и не только не потерять ничего, но и наоборот – приобрести: здоровье, долголетие, ясность ума и т.д. Это очень важен психологический момент, так как в сознании большинства людей на сегодня жизнь неизменно связана с алкоголем и изъятие его из обихода жизни кажется для человека чуть ли не крушением привычного мира или, как минимум, образованием в привычном мире «незаполняемых пустот».

Самое главное: для преодоления алкоголизма нужна воля, сильная и устремленная. Как воля тех, кто подвержен алкоголизму, так и воля тех, не страдает от этой чумы. И здоровая, сильная, устремленная воля последних играет первостепенную роль. Должна быть воля государств к изменению. Нужна политическая воля изменить жизнь людей. Необходимо стремление самих людей освободиться!⁴⁶

Response to the WHO Hearing for Global Strategies to Reduce the Harmful Use of Alcohol

Marc A. Schuckit, M.D.

Thank you for allowing me to offer some thoughts on this important question. My response is based on my experience as a clinician, an educator in a medical school, and my career in research on alcohol and drug-related issues. These thoughts are divided into three general areas that include some background on alcohol education in medical school settings, related efforts to reduce harm involved with excessive use of alcohol, and some concerns regarding the dangers of the use of illicit beverages.

I. Background on Education of Alcohol-Related Problems in Medical School Settings

Much of this response rests with some of my own background as a Professor in a medical school setting and my desire to reduce harm by helping healthcare providers to recognize and begin to treat alcohol and drug dependence. For the prior 10 years I have invested significant efforts in improving the quality of education related to alcohol use disorders for physicians and other healthcare providers using a model that was developed into the Alcohol Medical Scholars Program (AMSP). This program is described in more detail on our website: alcoholmedicalsolars.org. The goal is to educate young professors in medical school settings regarding alcohol and drug use disorders, help them develop optimal teaching techniques, and learning how to survive and thrive as educators in a medical school.

AMSP is based on the importance of the Apersonal touch@ in mentoring. The program limits itself to recruiting five full-time junior faculty from medical schools each year, most often instructors and assistant professors. These scholars work with our program through contact every three months, including two three-day meetings each year, and conference calls that occur between the meetings. The scholars work closely with the AMSP staff that includes myself, Susan Tapert, Ph.D. (a dedicated teacher interested in educating psychology graduate students and who has developed an important career in functional imaging techniques in alcoholism), and Marianne Guschwan, M.D. (a full-time clinician scholar at New York University Medical School who has devoted her career to teaching about alcohol and drugs and supervising the delivery of care to indigent patients). The three-day meetings are structured to improve knowledge among scholars regarding the optimal ways of carrying out a literature review on a topic, drawing data-driven conclusions from these reviews, organizing the material into lectures, papers, or (if they are interested in research) grant applications, learning how to deliver lectures effectively, and extensive discussions of career development issues in medical school settings.

The limitation of five new scholars each year, along with the use of second-year scholars as teachers of the first-year group (thus, learning the important lessons in Year 1 and then teaching about them to solidify the information), and the high ratio of dedicated staff to the number of scholars combine to optimize the comraderie and devotion of scholars to the goals of the program. Scholars receive a small salary offset (to free up clinic time), and have all expenses paid to the meetings. In return, they agree to survey the alcohol and drug education that exists at their medical school, meet with chairs of appropriate departments regarding plans to expand those efforts, and, if appropriate, meet with the medical school or other graduate school dean. Scholars report their progress back to the full group every three months as part of the meetings and conference calls.

Scholars also must agree to develop a 45-minute medical school-oriented lecture focused on first or second-year medical students and to post this on the AMSP website. A detailed process is followed in

helping the scholar to develop an optimally effective lecture and guiding them in producing a related outline, slides, and reference list to be used by educators anywhere in the world at no cost. The website has served to multiply the AMSP impact, with an average of 12,000 visits per month, and 2000 monthly downloads of lectures and related material. Since the inception of AMSP, over 50 medical school educators have participated representing schools across the United States, along with eight scholars representing foreign medical schools who have been invited to attend the meetings as AMSP guests from Iceland, Germany, the United Kingdom, Italy, Canada, and other countries.

My purpose in mentioning AMSP is twofold. First, I believe that an effective educational program in medical schools will contribute to harm reduction in the alcohol field through giving future physicians and other healthcare providers the skills they need to recognize substance-related problems when they occur and to begin an intervention that may lead to behavioral changes. Thus, it is not surprising that several of our lectures deal with the recognition of alcohol and drug-related problems, mechanisms of intervention (especially brief interventions that are of greatest relevance to clinical settings), along with motivational interviewing.

The second reason for mentioning AMSP relates to the source of funding. This program is administered by the University of California San Diego using monies given as a donation to the Regents of the University of California by Anheuser-Busch. While these resources are given without restrictions or obligations, and while representatives of the funding source do not attend meetings and have never exercised any control of the AMSP content, I want to be certain that my comments offered below are viewed with this notice in case any of the reviewers feel that there are any conflicts of interest.

II. Some Thoughts on Effective Strategies to Reduce Alcohol-Related Harm

The AMSP education program has placed a major emphasis on the need for medical students, residents, and additional health professionals to learn how to identify alcohol and drug problems when they develop, and how to use Brief Interventions, as well as Motivational Interviewing. Thus, our website offers a lecture on Identifying Substance Use Disorders in Medical Settings as developed by Dr. Eric Raimo from the University of California San Diego, a lecture focusing on Brief Interventions as developed by Dr. Laura Bierut at Washington University, and a lecture on Motivational Interviewing as developed by Dr. John Wryobeck from the University of Toledo Medical School (due to be posted in April, 2009). Dr. Wryobeck is currently a first-year AMSP Scholar, and in the process of developing the Motivational Interviewing lecture. Additional lectures help with harm reduction by teaching healthcare providers at all levels of medical education and in other graduate schools regarding overviews of self-help groups (two separate lectures), treatment approaches, and alcohol problems among population subgroups.

Brief Interventions and Motivational Interviewing are key steps for healthcare providers who wish to minimize the harm associated with the unhealthy use of alcohol, even in the absence of alcohol abuse or dependence. Furthermore, these approaches offer important skills to healthcare providers, including physicians, who have received only a limited amount of education on alcohol and drugs, and who often feel as if they do not know how to optimally approach someone with these problems. Consistent with this emphasis, it is important to note that the recognition of alcohol and drug use disorders and the Brief Intervention lectures have had an average of about 15,000 viewers and 10,500 downloads over four years of posting on our website. We project that the Motivational Interviewing lecture will be every bit as influential.

III. Concerns Regarding the Dangers of Illicit Beverages

Another aspect of harm reduction is the importance of recognizing the dangers associated with some of the additional ingredients in alcoholic beverages. Often referred to as congeners, these substances can have additional physiological and psychoactive effects.

The adverse impact of these non-alcohol contents of alcoholic beverages becomes alarming when the beverages are created without careful monitoring of the additional components. Thus, home brewed alcohol and more potent beverages often contain lead, bacteria, and additional harmful ingredients. I have had the opportunity of visiting the White Mountain Apache Tribe where the major beverage consumed is a home-brewed beer based on corn and sugar, and recently returned from three months working in South Africa where I had the opportunity to work with indigent populations in the townships. Regarding the latter, home-brewed beer is the major alcoholic beverage served in shebeens that are the usual alcohol outlets in poorer communities.

Therefore, I offer these concerns regarding the need to minimize the harm associated with alcoholic beverages through efforts to control the use of illicit alcohol production and the associated dangers. While I have no easy answer regarding how this step can be implemented, I hope that this question will be part of the recommendations made by the WHO Committee.

IV. Conclusions

There are many different important considerations related to harm reduction for alcoholic beverages. My goal has been to briefly review several topics that I hope will be considered by the Committee in issuing their final report. I am grateful to the Committee for offering me the opportunity of sharing these thoughts.

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**World Health
Organization**

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