ICAP International Center for Alcohol Policies
Analysis. Balance. Partnership.

# Quick Reference Guide to The *ICAP Blue Book*

## Implementing Alcohol Policy and Targeted Interventions

ICAP POLICY TOOLS SERIES POLICY GUIDES

Policy Guides provide an overview of the key principles underlying ICAP's approach to developing and implementing alcohol policies based on drinking patterns, targeted interventions, and the building of partnerships. The Guides can be used where in-depth information and detailed policy tools are not needed. However, we recommend that the Policy Guides be used in conjunction with ICAP's other, more comprehensive, Policy Tools, including the ICAP Blue Book.

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International Center for Alcohol Policies (ICAP) is a not-for-profit organization whose mission is to promote the understanding of the role of alcohol in society through dialogue and partnerships involving the beverage alcohol industry, the public health community, and others interested in alcohol policy, and to help reduce the abuse of alcohol worldwide. ICAP is supported by major international producers of beverage alcohol.

The ***ICAP Blue Book: Practical Guides for Alcohol Policy and Prevention Approaches*** is available in its entirety from ICAP at www.icap.org.

The *ICAP Blue Book* and recommendations it offers—as well as this *Quick Reference Guide*—reflect the views of ICAP and not necessarily those of its individual contributors or of its sponsoring companies.

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International Center for Alcohol Policies (ICAP)
1519 New Hampshire Avenue, NW
Washington, DC 20036
USA

Tel.: +1 202 986 1159
Fax: +1 202 986 2080

E-mail: webmaster@icap.org
www.icap.org

## Developing Alcohol Policies

To be sustainable and effective, alcohol policies should recognize the role drinking plays in everyday life. They need to be practical and relevant to the lives of those they target and applicable to both populations and individuals across a variety of cultures.

The main objective of alcohol policies is to ensure the wellbeing of societies and their members by maximizing benefits and minimizing potential for harm that may be associated with drinking. To be effective, alcohol policies rely on creating a balance between the rights of individuals and those of society in a number of different areas.

In developing policies and approaches, several key components need to be taken into consideration. While some may be necessary under most conditions, others may not be appropriate or may be difficult to implement in all cases. The *Quick Reference* guide is intended to be used within the context of Alcohol Policy Seminars to provide a rapid overview of policy options and prevention approaches around alcohol issues. The menu of options offered draws upon the *ICAP Blue Book: Practical Guides for Alcohol Policy and Prevention Approaches,* which may be accessed at www.icap.org or www.alcoholseminar.org.

The options outlined are based on measures currently implemented around the world. The particular mix of appropriate or useful policy approaches and its implementation will differ across countries and contexts. It is up to those implementing policies—be it at the local, national, or regional level—to determine which approaches are most relevant and feasible.

**The *ICAP Blue Book* and other tools for policy development can be found on the ICAP website at www.icap.org or may be requested from us at:**

**International Center for Alcohol Policies**
**1519 New Hampshire Ave., N.W.**
**Washington, DC 20036**
**USA**

**Tel.: +1 202 986 1159**
**Fax: +1 202 986 2080**

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## 1. Alcohol Education

***Key Issues:***

- Education is an essential component for any comprehensive approach to alcohol prevention and policy and can help reduce the risk for harm.
- "At-risk" populations—including young people, pregnant women, or individuals and groups not within the mainstream for prevention and health care—require particular attention with regard to alcohol education.
- Information and education aimed at the general population plays an important role in providing skills for responsible decision-making around drinking.
- Education programs take many forms and vary in their effectiveness; while some are successful in raising awareness, others can bring about behavior change.
- Successful approaches to alcohol education depend on clearly defined goals and outcomes, should be culturally appropriate and sensitive, and need to be pragmatic and realistically achievable within a particular culture or community.
- Education approaches are most effective when combined with other policy measures.

## Policy Options

The following is a menu of policy options that may be considered:

### *General alcohol education*

Integrate education into **broader strategy and policies** around alcohol.

- Culturally sensitive and appropriate
- Realistic goals
- Responsive to needs and concerns of community

**Involve all sectors** of society in education efforts.

- Development of information through government, professional bodies, education, and research
- Implementation of education and dissemination of information through government channels, media, health care, industry organizations (social aspects and trade organizations), NGOs, community

Increase **awareness** about drinking for general public.

- Balanced information about health and social harms and benefits
- Official drinking guidelines with emphasis on drinking patterns, as well as levels
- Information about regulations and laws around alcohol (e.g., legal drinking and purchase age, drink-drive legislation, hours and location restrictions, enforcement and penalties)

### *Education for young people*

Clearly **identify desired outcomes** and evaluation criteria.

Ensure that **targeted approaches** are relevant to young people's drinking and problems.

- School-based programs to raise awareness
- Specific interventions and programs for individuals and groups at risk
- Involvement of family, peers, and others
- Interactive approaches that emphasize relationships and coping skills
- Targeted approaches involving drinking venues, such as discos, concerts, bars, etc.

**Integrate** alcohol within general health education and responsible decision-making.

- Life skills related to alcohol consumption
- Address expectancies related to norms and views on peer drinking

### *Education for "at-risk" groups*

Special attention for individuals at **increased risk for harm** in culturally sensitive approaches.

- Education for pregnant women, dependent individuals, problem drinkers, indigent individuals, Native and indigenous communities (where appropriate)

### *Education for parents, professionals, and others*

Provide health care **professionals**, social workers, educators, and others with skills to address alcohol with those in their care.

Educate **parents** about drinking and impart skills to discuss alcohol with their children.

## 2. Responsible Hospitality

***Key Issues:***

- Where people drink is an important component of drinking patterns and is closely related to outcomes, both positive and negative.
- Ensuring that the drinking environment is safe and conducive to enjoyment and positive social interaction is a useful approach to targeted interventions.
- Effective strategies around responsible hospitality include a mix of regulation, enforcement, education, and incentives.
- Harm reduction measures directed at responsible hospitality include server training as well as modifications to the drinking environment.
- In order to ensure that the environment in and around serving establishments remains safe, partnerships are needed, involving the local community and those responsible for selling and serving alcohol and enforcing alcohol-related regulations. These partnerships should be cognizant of local needs and resources.

## Policy Options

The following is a menu of policy options that may be considered:

### *Framework*

Responsible hospitality initiatives may be **voluntary** or **mandated**.

- Initiatives implemented through serving outlets, as well as alcohol producers, distributors, and retailers
- Initiatives implemented at community level through individual jurisdictions
- Initiatives as a requirement for licensing

### *Implementation*

Rely on **partnership and coordination** between serving establishments, law enforcement, transport, community, other retail, urban planners, etc. Approaches may include:

- Codes of practice
- Incentives for compliance, such as making licensing contingent upon initiatives
- Alliance with policing and law enforcement
- Access to adequate public transportation

### *Special considerations*

**Management and design**

- Maintenance of premises, crowd control, availability of seating, limiting party size
- Encourage diversity among patrons, discourage intoxication
- Availability of food and nonalcoholic beverage choices
- Limiting specials and novelty events

**Training of (serving and security) personnel about:**

- Preventing intoxication in patrons and handling those who are already intoxicated
- Liability issues related to proof of age and alcohol-impaired driving

**Licensing hours**

- Attention to "last call" policies
- Staggered closing times
- Responsiveness to community concerns regarding violence and public disturbance

**Designated driver** programs or alternative transportation options.

**Safety measures**

- Use of durable safety glass, plastic containers, and beermats with advice and safety tips (e.g., for women)
- Encourage entertainment and enforce crowd control

**Product quality (particularly where noncommercial alcohol is served):**

- Ensuring purchase from reputable producers
- Use of clean and nontoxic containers and vessels
- Incentives to producers to sell quality products
- Product testing implemented with commercial producers (to discourage counterfeit)
- Involvement of law enforcement to monitor quality

## 3. Drunkenness

***Key Issues:***

- Drunkenness is the result of drinking patterns that lead to elevated levels of ethanol in the body, affecting cognitive and motor activities.
- Different individuals may become drunk or intoxicated at different levels of consumption and blood alcohol content.
- Intoxication, particularly if it is repeated, is associated with increased risk for accident, injury, and social harm.
- In some cultures, drunkenness has a special role related to ritual or rites of passage.
- In developing policy and prevention efforts, drinking patterns that contribute to drunkenness require special attention.

## Policy Options

The following is a menu of policy options that may be considered:

### *Information and education*

Information for **general population**—for example, through official **guidelines** on alcohol consumption.

- Specific reference to drinking patterns and drunkenness
- Balanced and complete information about health and social outcomes (both acute and chronic) of intoxication

Measures **targeted at specific populations**.

- Information for pregnant women
- Education of patients in emergency rooms, combined with brief interventions
- Special attention to problem drinkers and alcohol-dependent individuals
- Special attention to younger populations and older adults

### *Prevention measures*

Distinguish between drunkenness among **chronic heavy drinkers** and occasional intoxication among otherwise **moderate drinkers**.

**Culturally appropriate** and sensitive approaches to prevention.

Attention to drunkenness as **public safety and social issue**.

- Server training and other measures to prevent and address intoxication
- Ensure increased enforcement
- Special attention to areas and locations known to be problematic
- Measures aimed at marginalized populations
- Quality control of beverages to prevent poisoning and other side-effects
- Measures aimed at alcohol-impaired driving and enforcement of legislation

Training of **health professionals** to address intoxication.

- Provision of information
- Identification of problems and brief intervention techniques, where appropriate
- Screening of at-risk populations, including pregnant women

**Access to advice, screening, intervention, and treatment** through physicians' offices, workplace, and educational institutions.

## 4. "Binge" Drinking

***Key Issues:***

- "Binge" drinking is often associated with a range of negative health and social outcomes for both individuals who engage in it and those around them.
- There is debate over a useful definition of "binge" drinking. The terms "extreme drinking" and "heavy episodic drinking" have been proposed as alternatives.
- Drinking to intoxication is a consistent feature of this pattern of consumption.
- For prevention, it is helpful to focus on the outcome of hazardous drinking patterns and to establish effective approaches to reduce the potential for harm.
- "Binge" drinking has been identified as a particular problem among young people. As such, it is an issue of special concern to public health authorities, as well as to parents, families, and communities.
- Measures that have been used effectively to address "binge" drinking focus on changing cultural attitudes towards drunkenness and making the drinking environment safer. Such initiatives include education, particularly social norming, and responsible hospitality approaches.

## Policy Options

The following is a menu of policy options that may be considered:

### *Information and education*

Official **guidelines** on alcohol consumption.

- Specific reference to drinking patterns and heavy episodic/"binge" drinking
- Balanced and complete information about health and social outcomes

Raise **awareness** of "binge" drinking and harm among general population in a realistic and culturally sensitive way.

- Mass media campaigns
- Health care professionals (general practitioners, nurses, and pharmacists), educators, and others as providers of information

Education measures **targeted at specific populations**.

- Pregnant women
- Patients in emergency rooms
- School-based programs on alcohol or within health education
- Approaches to changing expectancies and culture (e.g., social norming)
- Coping and life skills

Training of **health and other professionals**.

- Ensure knowledge of "binge" drinking and outcomes
- Screening and identification of problem drinkers
- Provision of interventions and counseling

### *Prevention*

Measures involving **serving establishments** and other venues.

- Serving practices and environmental changes to reduce likelihood of "binge" drinking
- Dealing with intoxicated patrons

Early **identification** of problem drinking.

- Brief interventions to change drinking patterns and reduce harmful outcomes

## 5. Drinking and Violence

***Key Issues:***

- The relationship between alcohol and violence is complex and mediated by personality, expectancies, situational factors, and social norms.
- The vast majority of drinking episodes does not lead to violence, and most violence does not involve drinking.
- Certain drinking patterns and violent behaviors may share common risk factors.
- In general, violence is likely to be associated with heavy drinking and alcohol abuse.
- The relationship between heavy drinking patterns and violence offers an opportunity for targeted harm reduction measures.
- Addressing individual, environmental, social, and cultural factors may help reduce both alcohol abuse and the incidence of alcohol-related violence.

## Policy Options

The following is a menu of policy options that may be considered:

### *Reducing heavy and problem drinking*

Focusing on **positive drinking patterns** and discouraging harmful patterns through:

- Alcohol education strategies for young people, teachers, and parents
- Public awareness campaigns on drinking patterns and outcomes, especially regarding heavy and problem drinking
- Early screening and identification of high-risk drinkers, especially among violent offenders; referral to treatment services, if needed

### *Modifying the drinking environment*

Implementing **responsible hospitality** strategies and measures, including:

- Training of staff in drinking establishments in proper serving practices and conflict resolution
- Ensuring the availability of adequate transportation
- Ensuring the availability of food and nonalcoholic beverages
- Encouraging diversity of patrons
- Limiting the sale and consumption of alcohol at sporting events and other public gatherings
- Using durable safety glass or plastic containers

### *Improving social control*

Implementing approaches and collective strategies in partnership with diverse groups, including law enforcement, women's groups, communities, serving establishments, and others.

- Improving law enforcement, especially near licensed premises, as well as sporting and other public events
- Enforcing underage drinking laws
- Providing incentives and enforcement to ensure responsible serving practices in establishments

### *Reducing general violent behavior*

Identifying **at-risk groups** through targeted interventions, such as:

- Improving pre-school enrichment programs, life skills, and coping programs
- Offering and encouraging activities and community involvement
- Training in anger management and communication skills, especially among repeat offenders
- Increasing education and awareness around violent behavior in schools, the community, and among the population at large
- Addressing social problems that contribute to the causes of violence
- Changing male attitudes and acceptance of gender roles

## 6. Public Order and Drinking Environments

***Key Issues:***

- The link between drunkenness and public order is a concern in many communities. Interventions to address drinking environments can help decrease disorderly public behavior.
- Public disorder has been related to alcohol sales and the density of alcohol outlets. However, other factors must be also taken into account.
- Areas with high alcohol outlet density often attract individuals looking to engage in heavy drinking and who may also have a predilection for other problem behavior. In addition, characteristics of particular establishments and neighborhoods that surround them are further ingredients of drinking outcomes.
- Nightlife activities are often permeated by a culture of masculinity. Drinking itself may be used to promote one's masculinity with "real men" being able to hold their liquor and "one up" others in what was aptly termed "conversational cockfighting."
- Certain qualities of the drinking venue (poor lighting, crowding, and presence of competitive games) or management (permissive atmosphere toward overserving, serving minors, or other illegal activities) are predictive of problem behaviors from clientele.
- A number of interventions have been instituted to enhance public safety around alcohol consumption and drinking venues. This includes modifying the physical drinking environment, training server and security personnel in venues that sell alcohol, and involving the local community.

## Policy Options

The following is a menu of policy options that may be considered:

### *Modifying the drinking environment*

**Environmental interventions** to discourage disruptive behavior and minimize harm should altercations occur:

- Ensure good maintenance of premises (lighting, ventilation, clean bathrooms), availability of seating; limit party size
- Encourage diversity among patrons, discourage intoxication
- Offer food (or non-salty snacks) and non-alcoholic beverages
- Limit cheap drinks specials and novelty events
- Encourage entertainment and enforce crowd control
- Consider use of durable safety glass, plastic containers; posters/beermats with advice and safety tips (e.g., for women)

### *Training*

- Train servers about standard drink sizes, proper ID checking, recognizing inebriation, not serving intoxicated individuals, liability issues around proof of age and drunk driving
- Train security personnel in conflict prevention and resolution
- Train relevant community actors (e.g., taxi and public transport drivers, medical emergency personnel, and the police) in dealing with intoxicated individuals and in responding to alcohol-related disorder

### *Community interventions*

Rely on **partnership and coordination** among drinking establishments, law enforcement, transport, community, other retail, urban planners, etc. Approaches may include:

- Codes of practice for promotion, sale, and service of beverage alcohol
- Incentives for compliance, such as making licensing contingent upon initiatives
- Alliance with police and law enforcement (visible enforcement of laws—e.g., drinking age, public nuisance, alcohol-impaired driving)
- Alcohol education campaigns, addressing moderate drinking limits, potential outcomes, and related themes (personal safety, alcohol-impaired driving, mixing alcohol with medications)
- Community regulations regarding hours of sale and density of alcohol outlets; staggered closing times for drinking establishments
- Access to safe, affordable, and convenient public transport; offer free ride schemes/taxi services (e.g., during particular public holidays)
- Local Accords among regulators, law enforcement, beverage alcohol industry (producers, retailers, and hospitality), and community representatives that identify issues contributing to lack of safety in a given community and develop a set of agreements and actions

## 7. "At-risk" Populations

***Key Issues:***

- "At-risk" populations include those individuals who are particularly susceptible to the harmful effects of alcohol due to intrinsic or external factors.
- Risk for harm may be the result of an individual's own drinking, that of others, or lifestyle factors.
- Genetic difference, general health status, mental health, age, and gender may all contribute to heightened risk.
- For some people, social and economic circumstances increase the risk for harm.
- "At-risk" populations require policy approaches that allow for prevention and intervention that are realistic and correspond to prevailing drinking patterns, circumstances, and cultural needs.
- Where "at-risk" groups are hard to reach, special interventions relying on non-traditional approaches may be necessary.
- Interventions tailored to the needs of "at-risk" groups (e.g., education, screening, and treatment) should be taken into account and integrated into the provision of general health care services to the extent possible.

## Policy Options

The following is a menu of policy options that may be considered:

### *Information*

**Collection of detailed information** on "at-risk" groups, their drinking patterns, and health outcomes through general surveys and in particular venues (where possible).

**Provision of tailored information,** educating about drinking patterns and outcomes:

- **Realistic** information within the context of the lives of "at-risk" groups
- **Culturally sensitive** information and delivery
- **Inclusive** approaches that empower those at risk
- Realistic and **achievable goals** and behavior modifications

### *Access to prevention and treatment*

Provision of **adequate health care and screening** where "at-risk" groups can be reached (e.g., prenatal care, shelters, soup kitchens, etc.).

- Training of health/social workers and educators in providing guidance and advice applicable and relevant to "at-risk" groups
- Sensitivity to particular social and health issues that may obscure drinking problems
- Where mainstream access is unavailable, alternative methods should be explored

Ensure availability of **screening tools** appropriate for individual subpopulations at risk.

- Use validated tools specific for young people and older adults, as needed

### *Special considerations*

- Access to prevention and treatment through the **workplace,** including screening for problems and brief interventions
- Culturally appropriate access and interventions for **indigenous populations** and ethnic groups outside the social mainstream
- Attention to cultural contexts and views on drinking, language considerations
- Implementation of **non-traditional approaches** for hard-to-reach groups that rely on alternative means of communication (e.g., illiterate individuals)

## 8. Women and Alcohol

***Key Issues:***

- Traditionally and across cultures, alcohol consumption among women has been lower than among men, as has the incidence of problems.
- Changing trends in women's role in society and other factors have resulted in increased alcohol consumption by women in some places.
- There is evidence that patterns of low levels of consumption among women are less associated with adverse consequences and may confer certain health benefits.
- Heavy and abusive drinking among women is associated with a range of adverse health and social outcomes. Many of these outcomes are the same as in men, but some are specific to women.
- Harm reduction approaches tailored to the needs of women can be instrumental in preventing adverse outcomes.
- Attention to cultural differences and sensitivities, the needs of particular age groups, and a focus on certain situations and settings where risk is increased underlie promising approaches to prevention.

## Policy Options

The following is a menu of policy options that may be considered:

### *Information*

**Drinking guidelines** providing balanced information on low-risk and potentially harmful drinking levels and patterns. Guidelines may be issued through:

- Government departments (e.g., Ministries of Health and health services)
- Professional bodies (e.g., medical associations)
- Research institutions

**Recommendations on drinking** based on best available research evidence.

- Recommended levels are generally lower for women than for men, although some countries use the same threshold
- Recommendations may be different for older women, with attention to health status
- Recommendations may be for daily or weekly drinking, including advice on patterns

### *Access to prevention and treatment*

**Training of health workers** to provide guidance and advice applicable and relevant to women.

Where adequate health care is unavailable or populations are hard to reach, alternative measures may be needed, including involvement of social workers, educators, and others.

- Access to treatment that is culturally appropriate and relevant to women
- Screening for alcohol problems, particularly of pregnant or older women

### *Special considerations*

**Pregnant women** may be offered special attention in the form of:

- Advice on drinking during pregnancy. Most official guidelines recommend abstinence or low levels of alcohol consumption and discourage heavy drinking for women who are pregnant, nursing, or intend to become pregnant
- Provision of antenatal care

**Personal safety** may be a consideration around venues in which heavy drinking occurs.

- Increasing awareness and teaching coping skills related to personal safety and sexual behavior may be appropriate
- Particular attention to safety of female patrons in responsible hospitality programs

**Harmful drinking patterns** among women may require particular attention (e.g., binge drinking or drinking to cope with stress).

## 9. Drinking and Pregnancy

***Key Issues:***

- There is strong scientific evidence that certain maternal patterns of drinking during pregnancy are associated with substantial risk of physical and psychological harm to offspring.
- These drinking patterns generally include heavy drinking.
- Several conditions have been described among children of mothers whose drinking patterns during pregnancy were excessive. These conditions include fetal alcohol effects (FAE), fetal alcohol spectrum disorders (FASD), and the more severe fetal alcohol syndrome (FAS).
- The occurrence of these conditions is relatively rare, with higher prevalence among particular populations, generally those of low socioeconomic status and those who may not have adequate access to care.
- There is currently no consensus on the threshold of maternal drinking below which the risk to the fetus is negligible. As a result, most official guidelines on drinking during pregnancy recommend abstinence or low levels of alcohol consumption.
- Harm associated with maternal drinking is preventable and can be successfully addressed through harm reduction approaches to policy and prevention, including education and awareness building.

## Policy Options

The following is a menu of policy options that may be considered:

### *Information*

**Provision of guidelines** on drinking and pregnancy, based on best available evidence.

Guidelines may be issued through:

- Government departments (e.g., Ministries of Health and health services)
- Professional bodies (e.g., medical associations)
- Research institutions

**Provision of recommendations** on drinking during pregnancy based on balanced evidence.

- Some guidelines recommend abstinence during pregnancy
- Other guidelines recommend limiting alcohol intake to a low level
- Heavy drinking (regular and episodic) is discouraged due to associated risks of birth defects and other complications for mother and child

**Education and awareness building** about responsible and harmful patterns and their potential outcomes (e.g., about heavy chronic and episodic drinking during pregnancy and risks of FAS and developmental problems). Some useful information channels may include:

- Mass media campaigns
- Primary care providers, emergency rooms, social workers, pharmacists, workplace, and schools

### *Screening and intervention*

**Training** of health care and social workers, educators, and others:

- Accurate information about relationships among pregnancy, drinking patterns, and outcomes
- Brief intervention techniques
- Counseling to change drinking patterns

**Access to support system** during pregnancy.

- Access to adequate medical care
- Involvement of family, peers, and broader community, as appropriate
- Culturally appropriate advice and support (e.g., for Native Communities)
- Alternative approaches for marginalized groups and indigent populations through points of contact

## 10. Young People and Alcohol

***Key Issues:***

- It is generally accepted that young people are at an increased risk from certain drinking behaviors. In general, young males are more likely to drink and do so in a risky fashion than females.
- There is considerable debate about how young people learn to drink and what influences their drinking patterns, but parents play an important role.
- Culture is a determining factor in setting norms and expectancies related to drinking and in influencing whether, how, and how much young people drink.
- Although most countries set minimum drinking and purchase ages, there is no universal agreement on the age at which alcohol intake becomes appropriate.
- Prevention and intervention measures range from limiting young people's access to alcohol through legal, economic, and social structures to educating them about its risks and reducing the potential for harm.

## Policy Options

The following is a menu of policy options that may be considered:

### *Policies*

Clear definition of **legal threshold** for drinking and purchase of beverage alcohol.

- Consideration of local drinking culture and realistic limits
- Harmonization of drinking/purchase age with other legal age limits (e.g., age of legal majority and driving age)

**Marketing and advertising standards** regarding young people.

- Ensure that commercial communications do not target those under the legal age
- Voluntary codes and self-regulation by industry to ensure compliance
- Mandated compliance where self-regulation is not effective

Continued and visible enforcement of rules related to drinking age.

- Ensure awareness of punitive measures for noncompliance

### *Education and prevention*

Provision of **accurate and balanced information** around young people and drinking, including both health and social implications.

**Culturally appropriate** prevention and education.

Education of **young people** about drinking, patterns and outcomes.

- Availability of various approaches including social norms, life skills, and others, as appropriate
- Involve families, peers, educators, and others in broader efforts
- Implement combined approaches

Education of **servers and retailers**.

- Ensure awareness of legal age limits and penalties
- Provide server training to manage underage individuals in establishments and venues

Education of **professionals** dealing with young people.

- Medical professionals trained to provide age-appropriate treatment or counseling about drinking
- Training of educators to address drinking, including within school curricula on health
- Ensure that social workers and others are skilled to recognize problematic drinking patterns

Education of **parents** to discuss and address drinking with young people.

- Ensure support for parents, including the provision of specific relevant materials and resources

### *Intervention and treatment*

Access to **treatment** for young people with alcohol abuse problems or dependence.

- Availability of appropriate screening instruments and intervention approaches
- Tailored treatment to address specific needs of young people

## 11. Legal Age Limits

***Key Issues:***

- Drinking age is the legally mandated minimum age in a particular jurisdiction at which a person may consume alcohol.
- Drinking age may be distinct from the minimum legal age at which a person may purchase alcohol.
- In many countries, minimum legal drinking age corresponds to the age of majority, although it may be set at an earlier age or a later one. Drinking age limits are a reflection of local culture.
- Most legal drinking age legislation does not cover drinking in the home with parental permission and supervision.
- If enforced properly, drinking age legislation can help deter young people's drinking.

## Policy Options

The following is a menu of policy options that may be considered:

### *Policies*

Clearly defined **legal threshold** for drinking and purchase age.

- Realistic age limits compatible with drinking culture and practices
- Consideration to societal views on age and alcohol consumption
- Relevance to age of majority and legal age for other activities (e.g., employment, voting, marriage, military conscription/enlistment, and driving)
- Ages for purchase and consumption of alcohol may be identical or different
- Evaluate appropriateness of age identification cards or proof-of-age schemes

**Consistency** with legal age in neighboring jurisdictions.

### *Education and prevention*

Create **awareness** about legal drinking and purchase age.

- Promote knowledge of legal age limits among general population
- Promote knowledge about penalties for breaking drinking and purchase age laws among general population, those under the legal age, and servers and retailers of beverage alcohol

Education for those **serving or selling** beverage alcohol.

- Verification of identification (to prove age) as a routine measure
- Responsible hospitality practices for recognizing and dealing with underage patrons
- Efforts implemented in cooperation with producers, retailers, and servers

### *Enforcement*

Implementation of clearly defined **punitive measures**.

- Defined penalties for breach of age laws when serving, selling, and purchasing alcohol
- Regulated fines for non-compliance with laws or revocation of licenses in establishments
- Ensure awareness that breaches will be punished

Visible and consistent **enforcement**.

- Requirement of identification in serving establishments and retail outlets
- Visible police presence and surveillance
- Community organizations to watch troubled areas
- Shared responsibility for enforcement by families, educators, hospitality industry, law enforcement, community groups, as well as young people under the drinking age

## 12. Drinking and Driving

***Key Issues:***

- Road traffic accidents are one of the main causes of injury and death worldwide. Many of accidents involve alcohol-impaired drivers.
- Alcohol consumption impairs certain functions, such as visual acuity and reaction time, increasing the likelihood that accidents may occur.
- Efforts to address alcohol-impaired driving include several measures that address drinking patterns, including setting of BAC limits and age-specific driving licenses.
- Effective strategies also include targeted interventions, such as education, awareness building, responsible hospitality, and other measures.

## Policy Options

The following is a menu of policy options that may be considered:

### *Policies*

**Laws and regulations** for setting the parameters around drinking and driving. For example:

- Blood alcohol limits for setting the legal threshold for "driving under the influence." BAC limits range from 0.0 mg/ml to 0.8 mg/ml, with 0.5mg/ml the standard in most countries
- A second, higher threshold for grossly elevated BAC or accidents resulting in injury and fatalities is implemented in some jurisdictions
- Setting a lower threshold for drivers below the drinking age, where the drinking age is higher than the age for driving
- Setting lower BAC thresholds for operators of commercial vehicles

### *Enforcement*

Enforcement of policies may include:

- Breath and blood tests to monitor compliance with BAC limits
- Random road blocks and testing
- Appropriate sanctions for those over the BAC limit. Special sanctions and criminal penalties may be applied to repeat offenders, those grossly over the BAC limit, or for accidents that result in injury and fatalities
- Interlock devices requiring breath tests for repeat offenders

### *Emergency care*

Availability of **trauma and emergency** care for injured as a result of impaired driving.

- Screening for alcohol abuse may be included, along with brief intervention and counseling sessions

### *Special considerations*

**Education** to raise public awareness around BAC limits, penalties, and responsible drinking and driving may be appropriate through media campaigns, school programs, and other venues.

- Interactive BAC calculators may be offered in serving establishments; driving simulators may be made available where possible and appropriate
- Responsibility messages included in commercial communications
- Increased visibility of campaigns and messages around holidays and special events

**Prevention measures** against alcohol-impaired driving include targeted interventions, such as:

- Designated driver programs may be effective and can be encouraged through serving establishments
- Responsible hospitality measures include training staff to assess impairment, prevent impaired driving, or offering alternative transportation
- Access to alternative modes of transportation around events

## 13. Blood Alcohol Concentration Limits

***Key Issues:***

- Alcohol consumption impairs reaction time in a dose-dependent manner: The more a person consumes, the slower his or her reaction time becomes.
- The inability to make quick decisions under the influence of alcohol increases the likelihood of involvement in road traffic crashes.
- The setting of blood alcohol concentration (BAC) limits is an effort to prevent impairment among drivers and resulting accidents and injuries.
- Most countries around the world set blood alcohol content limits for drivers, ranging from 0.0 mg/ml to 0.8 mg/ml. Punitive measures for those above the set limit also vary among countries.
- In some countries, lower BAC limits are set for young, inexperienced drivers or for operators of commercial vehicles.
- BAC limits alone are insufficient to prevent problems; enforcement through breath and blood tests is needed to ensure compliance.

## Policy Options

The following is a menu of policy options that may be considered:

### *Policies*

Development of **clearly defined maximum legal blood alcohol concentration** (BAC).

- Consideration of best available evidence on the relationship between BAC and risk for harm
- Attention to cultural views on drinking and driving and palatability of policy measures (also see policy options for Drinking and Driving)
- Internationally, BAC levels range from 0.0mg/ml to 0.8mg/ml

Thresholds for **BAC may vary** depending on the type of vehicle or mode of transportation.

- Lower thresholds or a BAC limit of 0.0mg/ml may be set for operators of commercial vehicles (e.g., buses, trucks, and taxis) and for airline and ship pilots and train operators
- BAC limits for recreational vehicle use (e.g., snowmobiles and powerboats) may be considered

BAC levels may also vary with **drivers' age**. Legal BAC limits for young or inexperienced drivers may be set at lower levels than for the general population.

### *Education and prevention*

Create **awareness** about alcohol-impaired driving and BAC limits.

- Provide information on risks of drinking and driving
- Ensure knowledge among general population of BAC limits and penalties for noncompliance
- Engage broad range of partners in disseminating messages, including government authorities, police, retail and hospitality industry, advocacy groups, industry groups, and schools
- Establish special measures (e.g., ignition interlock devices) for repeat drunk drivers

Ensure availability of **alternative transportation** or access to **designated drivers**.

### *Enforcement and punitive measures*

Availability of **consistent and visible enforcement**.

- Training of police and provision of adequate resources to enforce BAC legislation
- Use of measures including breath testing (restricted and random, depending on acceptability) and sobriety checkpoints
- Awareness of enforcement among population
- Enforcement may be implemented on-site or elsewhere (e.g., in emergency rooms)

Implementation of **well-defined punitive measures**.

- Punishment may depend on level of BAC and degree of infraction
- More severe penalties may apply to repeat offenders

## 14. Alcohol Dependence and Treatment

***Key Issues:***

- Alcohol dependence is a clinical condition clearly defined by specific diagnostic criteria.
- The term alcohol dependence is not interchangeable with the term alcohol abuse; not all those who abuse alcohol are or may become dependent.
- Treatment is an appropriate approach to addressing alcohol dependence. Of the range of treatment approaches that are available, not all are appropriate for all individuals or in all cultural contexts.
- The provision of treatment services is an integral part of any comprehensive strategy related to alcohol. Treatment must be tailored to the needs of different groups and be culturally appropriate.
- Where traditional approaches and venues are not available or where resources are lacking, alternative measures can be effective for prevention and treatment.

## Policy Options

The following is a menu of policy options that may be considered:

### *Screening and identification*

Availability of **screening tools** to identify dependent individuals.

- Specialized instruments, such as AUDIT, MAST, CAGE

**Trained professionals** who can administer instruments and identify dependent individuals. Professionals can include:

- Health workers (nurses and doctors) in general practice and emergency rooms
- Reliance on other professionals where medical personnel is unavailable (e.g., health and social workers, pharmacists, and educators)

### *Education*

**Education of professionals** to diagnose dependence.

- Professionals trained to offer assistance and treatment to those with alcohol dependence
- Attention to individual needs, culture, gender, and goals for treatment outcome (i.e., abstinence or changed drinking patterns)

**Education of patients** to change behavior.

- Information about drinking patterns and outcomes
- Skills for coping and avoiding relapse

### *Access to treatment*

Availability of a **range of treatment options**.

- Offer access to various treatment approaches
- Match patient with most appropriate treatment(s)
- Range of treatment services targeting particular populations (e.g., young people, women, and older adults)

### *Provision of services*

- Services include assessment, therapy, and follow-up care, both nonresidential and residential.
- Resources and services as integral part of health care system, with qualified personnel
- Where resources are unavailable, greater reliance on alternative channels for service delivery, such as general practitioners, nurses, social workers, pharmacists, religious and community leaders, and others
- Treatment and intervention available through employers, educators, and community
- Access to support structure through involvement of broader community
- Support for those affected by dependent individuals (e.g., children, spouses, and other family members)

### *Special considerations*

- Recognition of dependence as a medical condition, not criminal behavior
- Emphasis on sustainable behavior change
- Avoid stigmatization of dependent individuals

## 15. Early Identification and Brief Intervention

***Key Issues:***

- Early identification of problem drinking, followed by brief interventions aimed at modifying behavior can help minimize harm among individuals who are alcohol abusers but not dependent.
- Brief interventions are well suited to implementation in a number of settings and for a range of populations who are at increased risk for problems.
- Specific screening instruments can assist with the identification of problems and several have been adapted to meet the needs of particular populations, including young people or the elderly.
- Early identification and brief interventions can be applied across cultures and are well suited for context where resources may be lacking or access to health care is limited.

## Policy Options

The following is a menu of policy options that may be considered:

### *Screening and identification*

Availability of **screening tools** to identify individuals at increased risk.

- Specialized instruments, such as AUDIT, MAST, CAGE

Access to **professionals** trained to administer instruments and identify problematic drinking patterns. Professionals can include:

- Health workers (nurses and doctors) in general practice and emergency rooms
- Reliance on other professionals where medical personnel is unavailable (e.g., health and social workers, pharmacists, and educators)

Ensure a range of available **screening tools** appropriate for particular subpopulations (e.g., young people, pregnant women, and older adults).

### *Information*

**Education of professionals** to administer assessment and offer intervention and follow-up.

- Attention to individual needs, culture, gender, and goals for treatment outcome (i.e., abstinence or changed drinking patterns)

**Education of patients** to change behavior.

- Information about drinking patterns and outcomes
- Skills for coping and avoiding relapse

### *Provision of services*

- Services include assessment tools, counseling, and follow-up
- Integrated approach into general provision of health care
- Where resources are unavailable, greater reliance on professionals such as social workers, pharmacists, and others
- Access to intervention through employers, educators, and community

### *Special considerations*

- Appropriateness of early identification and brief intervention where resources are scarce
- Availability of self-assessment instruments (including Web-based approaches) for reaching broader populations
- Attention to cultural contexts and views about drinking patterns and problems

## 16. Drinking Guidelines

***Key Issues:***

- Official drinking guidelines are issued by governments and public health entities to advise on levels of alcohol consumption considered "safe," "responsible," or "low risk."
- Recommendations are based on scientific data regarding drinking levels at which risk increases.
- Drinking levels recommended by different governments vary among countries, in part due to cultural considerations.
- In some cases, drinking guidelines are incorporated into general nutritional guidelines or into a national drug strategy. In other instances, they stand alone as guidelines on alcohol consumption.
- Information included in guidelines offers recommendations on low-risk drinking levels for men and women, but may also define a standard drink or unit and offer advice to particular groups deemed to be at increases risk for harm (e.g., young people, pregnant women, and alcohol-dependent individuals).

## Policy Options

The following is a menu of policy options that may be considered:

### *Information*

**Drinking guidelines** providing balanced information on low-risk and potentially harmful drinking levels and patterns.

Guidelines may be issued through:

- Government departments (e.g., Ministries of Health and health services)
- Professional bodies (e.g., medical associations)
- Research institutions

**Recommendations on drinking** based on best available scientific evidence.

- Association with particular health outcomes, harm and benefit, long- and short-term effects
- Information based on daily and weekly limits and also patterns of drinking (e.g., heavy chronic drinking and binge drinking)
- Information about "low/minimum" risk, "medium" risk, and "high" risk levels and patterns
- Advice provided within context of drinking culture and prevailing social norms

**Specific recommendations** for populations and individuals at increased risk.

- Levels of drinking recommended for women are generally lower that those for men
- Special advice for those at elevated risk (e.g., young people, pregnant women, and individuals with particular medical conditions)
- Special attention to activities such as drinking and driving, sports, and workplace

### *Education and awareness building*

Ensure awareness of guidelines among **health professionals.**

- Educate health workers to provide advice to individuals based on guidelines
- Tailor recommendations and advice to needs of individuals and their drinking patterns

Raise awareness among **general population.**

- Promote visibility of guidelines
- Combine recommendations with other tools, such as raising awareness about standard drinks and units, for example on packaging of beverage alcohol

Relate recommendations to **reality of individuals' lives,** including health concerns and lifestyles.

## 17. Standard Drinks

***Key Issues:***

- Standard size definitions of a "drink" or "unit" (expressed in grams of pure ethanol) are useful tools for both public health and commercial purposes.
- Governments and public health bodies in a number of countries have issued definitions of standard "drinks" or "units."
- The concept of a standard measurement is useful for informing individuals about how much alcohol they are consuming.
- Definitions of standard alcohol units are often provided in conjunction with drinking guidelines.
- There is no consensus internationally on a single standard drink size, and a range of measurements is used by official entities and by researchers.

## Policy Options

The following is a menu of policy options that may be considered:

### *Information*

Definition of a **standard "unit" of alcohol** or "drink," consistent with culture and prevailing norms.

- International definitions typically range between 8 and 14 grams of ethanol, with 10 grams being commonly used
- Consistency in applying the standard, especially in serving establishments

Use of standard units in conjunction with **official drinking guidelines** issued by governmental and quasi-governmental bodies.

- Realistic and relevant information regarding limits (in terms of standard units) recommended per day and per week
- Information relating standard units to commercially available containers and packaging

### *Consumer education*

**Education of consumers** about standard drinks sizes and relevance. May be done through:

- Media campaigns and announcements
- Physicians offices and health centers
- Inclusion of standard unit information on packaging

### *Research*

Efforts to standardize (or at least define clearly) measurement being used to ensure **cross-cultural consistency.**

Provide drinks information within the context of definition used in a particular country.

## 18. Noncommercial Alcohol

***Key Issues:***

- Noncommercial alcohol comprises around 50% of the alcohol consumed around the world and exists in many forms, both licit and illicit.
- Since noncommercial alcohol is not taxed, regulated, or recorded, there is a dearth of information about the patterns of its consumption and related outcomes.
- Traditional home-produced beverages are part of the local culture of many countries and generally are not associated with increased risk for harm.
- In some countries, however, noncommercial alcohol—especially illicit, counterfeit, or smuggled beverages—represents a serious social, economic, and public health problem.
- Problematic drinking patterns related to noncommercial alcohol are often the result of complex social and economic conditions and may be influenced by restrictive government policies.
- Harm reduction approaches can be applied successfully to prevent the harm and to develop policies addressing noncommercial alcohol.

## Policy Options

The following is a menu of policy options that may be considered:

### *Policy measures*

Clear definitions of **illicit and licit alcohol** and adequate **enforcement**.

- Legislation addressing noncommercial beverage production
- Regulation of cross-border traffic, especially smuggling
- Enforcement of laws to prevent criminal activity

Ensure reasonable and realistic regulations in keeping with **local culture and traditions** related to drinking.

- Especially in developing countries, consider social context and contribution of home production to economy

**Harmonization** of pricing and availability measures with neighboring jurisdictions to prevent cross-border traffic.

**Quality and purity** standards for noncommercial licit beverages.

- Enforcement of standards and quality control
- Random testing of products

### *Education*

Provision of **accurate and accessible information**.

- Education about health implications of purity and quality, especially for producers
- Information on hygienic production practices, ingredients, and contamination
- Awareness of drinking patterns and relationship to health and social outcomes

Raise awareness about **existing laws**, enforcement, and punitive measures.

### *Prevention*

Target **poor quality, illicit, and counterfeit products**.

- Incentives to producers to raise and maintain standards (e.g., competitions for home-produced beverages)
- Introduction of contaminant testing kits or chemical markers of authenticity where feasible

Involvement of commercial producers in **joint efforts** with regulators, law enforcement, and public health.

### *Other considerations*

Increased **research on drinking patterns** of noncommercial products and relationship of such consumption with outcomes.

## 19. Alcohol and the Elderly

***Key Issues:***

- Older individuals are more likely than younger ones to experience some of the health benefits of moderate alcohol consumption.
- At the same time, physiological and social changes that accompany ageing may increase the likelihood that harm will occur.
- Alcohol consumption generally decreases as individuals age. However, less intensive screening and diagnosis may result in the under-detection of problems among the elderly.
- Special attention is needed to prevention and screening for alcohol abuse and related problem among older adults, using specially designed instruments.

## Policy Options

The following is a menu of policy options that may be considered:

### *Information*

**Drinking guidelines** with specific information for the elderly, providing balanced information on risks and benefits.

**Recommendations** on drinking sensitive to the changing physiology, social context, and psychological needs of the elderly. Recommendations may be provided through:

- Physicians and health care providers
- Social workers and assisted living personnel

### *Access to prevention and treatment*

**Training of health workers** to recognize problematic drinking patterns among the elderly. Where adequate care is unavailable or where populations are hard to reach, others may be of assistance, including social workers.

- Access to screening and treatment appropriate for elderly individuals
- Screening tools for the general population may not be sensitive enough when used for older adults; specially designed tools may be needed
- Familiarity with health issues facing the elderly and the ability to distinguish drinking problems from other possible health problems
- Brief interventions may be particularly effective among the elderly

### *Special considerations*

- Older individuals may be difficult to reach and intervention may be needed through other channels, including social workers and others
- Social isolation, loss of networks may contribute to comorbidity of drinking problems with psychiatric conditions

## 20. HIV/AIDS, High-Risk Behaviors, and Drinking Patterns

***Key Issues:***

- HIV risk behaviors may intersect with other risky patterns of behavior, including drinking to excess, to compound the spread of HIV/AIDS.
- The relationship between risky drinking, injection drug–risk behaviors, and unsafe sex is both context- and community-specific.
- Persons at risk of experiencing alcohol-related problems may also be at risk for HIV infection, especially among groups whose behaviors, context, or lifestyles already place them at risk of acquiring the virus.
- Interventions focused on reducing alcohol misuse alone may not address the underlying socio-cultural context, personality, situational and structural factors that simultaneously influence patterns of risk behaviors.
- Interventions that target potentially high-risk sites, where patterns of excessive alcohol consumption may increase the likelihood of unsafe sex or sexual contact with multiple partners, can provide a unique opportunity to strengthen HIV/AIDS prevention activities.

## Policy Options

The following is a menu of policy options that may be considered:

### *Program planning*

Design comprehensive and equitable programs that identify **population-specific** influences on HIV risk behaviors, target multiple needs, and, in particular, address stigma and discrimination associated with HIV/AIDS.

- Address underlying issues of poverty, culture, education, expectancies, and inequality
- Consider the dangerous intersection of risky patterns of behavior, including drinking to excess
- Promote greater understanding of local sexual networks that put individuals at risk for HIV/AIDS
- Adopt bottom-up and top-down approaches that engage local knowledge and community-based organizations in the design of a coordinated national and regional approach
- Incorporate surveillance, monitoring, and reporting requirements to strengthen actions and guide the development of more responsive strategies

### *Education and prevention*

Information for the **general population**:

- Provide accurate STIs/HIV information and materials with sensitivity to local language and context
- Use trusted information and communication channels to broadcast health messages
- Use culturally appropriate and interactive media, such as plays, songs, and folk dancing
- Provide social skills-training and HIV risk reduction strategies in community settings (e.g., to affect condom use, empower women, and increase awareness of testing and/or counseling on alcohol and STI/HIV issues)

Information for **specific populations:**

- Train health professionals, social workers, educators, and others
- Educate young people in schools and universities
- Educate patients in emergency rooms, STI clinics; combined with brief interventions and counselling
- Educate individuals working in high-risk venues (e.g., bar staff, guesthouses) and high-risk professions (e.g., commercial sex workers, truck drivers)
- Special consideration should be given to women and girls in general health and prenatal care, schools, and other settings

Information and prevention in **specific settings:**

- Informational targeting of the venues where alcohol is supplied and distributed
- Public/private partnership with bar owners, employers, trade unions, local officials, community-based organizations, and other concerned parties
- Encourage provision of workplace health and wellness programs that would include HIV/AIDS and alcohol education and confidential counselling
- Interventions in high-risk places such as hotels, bars, and other drinking establishments

### *Intervention and treatment*

- Access to voluntary testing and confidential treatment for STIs/HIV and individuals
- Availability of appropriate screening instruments and integrated alcohol–HIV/AIDS intervention approaches
- Multi-component interventions and tailored treatment options that respond to the specific needs of multiple-risk groups or heavy drinkers with HIV/AIDS

**International Center for Alcohol Policies**
Analysis. Balance. Partnership.

1519 New Hampshire Avenue, NW
Washington, DC 20036 USA

Tel: +1.202.986.1159
Fax: +1.202.986.2080

www.icap.org