



**Alcohol policies in context:
international perspectives -
1995 to 2015**

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Management briefing

by The International Center for Alcohol Policies (ICAP)

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About ICAP

The International Center for Alcohol Policies (ICAP) is an international alcohol policy think-tank based in Washington DC, US, and is supported by major drinks companies. Its mission is to promote understanding of the role of alcohol in society and to help reduce the abuse of alcohol worldwide.

ICAP works to establish and support dialogue and encourage partnerships among governments, the scientific community and the beverage alcohol industry. To that end, since its inception in 1995, it has brought together stakeholders who historically have not worked together, including industry leaders, WHO officials, scientists, health advocates, government officials, and the media.

It views the financial support of its alcohol industry sponsors as testimony to the seriousness of their intentions. Over the past decade, ICAP's growing reputation for innovation and objectivity has helped position itself to develop first-ever partnerships involving governments, non-governmental organisations, the beverage alcohol industry and the scientific and public health communities.

For an overview of ICAP's books, reports, international meetings and consensus statements, visit the ICAP website at www.icap.org.

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Introduction

In keeping with ICAP's practice of taking a transparent and balanced approach to alcohol policy, we decided to mark our tenth anniversary with a first-ever survey¹ of our senior consultants around the globe. These consultants are independent authorities and advisors from many nations, working in various disciplines in both the public and private sectors. Their expertise and interest in the subject matter, as well as their varying perspectives on alcohol issues, uniquely position them to offer information and insights that lend context to the past ten years of alcohol policy, as well as to the activity and changes we may see over the next ten years.

(¹ This briefing represents the results of an informal survey conducted among a small group of key informants, rather than a formal scientific study. As a result, the views expressed are those of the individual respondents and do not necessarily represent the full range of diverse views and perspectives that exist around alcohol policy.)

Alcohol policy has long been an arena of great activity, controversy and change, perhaps because it most accurately reflects the evolving social, cultural, political and public health perspectives of communities, cultures, countries, and governments. Our objective with this just-drinks management briefing, is to present an informed look forward at this evolving policy landscape, with the benefit of context offered by the past 10 years.

Between March and June of 2005, 14 ICAP senior consultants participated in a survey with six open-ended questions - three pertaining to alcohol policy from 1995 to 2005, and three pertaining to alcohol policy from 2005 to 2015. Their responses led to the narrative that follows. In addition, based on the guidance of ICAP survey respondents and ICAP staff, the report that follows includes specific examples of alcohol policy-based practices in countries around the world.

The state of alcohol policy: 2005

Historically, public policy regarding beverage alcohol has been rooted in an overriding objective of minimising any harm associated with alcohol consumption by focusing on reducing overall consumption. Many public

policies devised over past decades have relied on the premise that there is a causal relationship between a population's level of per capita consumption and the incidence of medical and social problems. The presumption was that, by reducing consumption, policy initiatives could likewise reduce the incidence of problems. Hence we have seen policy measures ranging from added taxation to restricted hours for alcohol sales, sales controlled through state-run monopolies, bans on alcohol advertising and promotion, and even complete prohibition.

In more recent years, two factors have contributed to a gradual shift in how alcohol policies are approached around the world: (1) an increasing acceptance of the fact that most individuals who consume alcohol do so without harmful outcomes, and in fact, it adds to their enjoyment of everyday life²; and (2) there is also substantial evidence to suggest that for some groups of individuals, drinking may contribute to overall health³. Now that researchers have confirmed that harmful outcomes are associated with how people drink, not just how much they drink, and that there are potential benefits for some groups of individuals if they consume alcohol in moderation, most societies' approaches to alcohol policy are shifting.

² Grant, M., & Peele, S. (Eds.) (1999). *Alcohol and Pleasure: A Health Perspective*. Philadelphia, PA: Brunner/Mazel.)

³ Reviewed in ICAP Reports 15. *Drinking Patterns: From Theory to Practice*, available via the ICAP website at www.icap.org.)

This shift is characterised by ICAP senior consultants in the briefing that follows. Generally speaking, most alcohol policies, if they are to be effective, now also focus more on reducing any potential harm and maximising any potential benefits - rather than focusing exclusively on consumption issues such as access and availability. However, a number of questions remain on the table for dialogue - including those posed in the survey that is the basis for this report - as we work toward more effective international alcohol policy.

The past decade in alcohol policy: a retrospective

In March 2005, ICAP posed the following questions to its senior consultants in various disciplines and countries around the world. Their responses serve as the basis for the chapter that follows.

Policy changes, shifts, and trends - what are the highlights? From your perspective, what are the most significant policy changes, shifts and trends of the past 10 years?

Effectiveness & responsiveness - what's working? Of the most significant policy changes, shifts, and trends in the past 10 years, which have been - or have the potential to be - the most effective?

Stakeholders in review - who is making a difference? Which efforts on the part of key stakeholders have made the greatest difference - helped effect the greatest change or compel the most notable shifts and trends?

SURVEY ENQUIRY: Policy changes, shifts, and trends - what are the highlights?

From your perspective, what are the most significant policy changes, shifts and trends of the past ten years?

The majority of respondents noted highlights that can be categorised as: (1) recognition of the relevance of drinking patterns; (2) increased focus on targeted public health and safety issues such as binge drinking; and (3) recognition of the reported health benefits of moderate consumption.

Recognition of the relevance of drinking patterns

ICAP commentary

Most survey participants cited the development of increased recognition of the relevance of drinking patterns. This mark of progress is also identified as a

paradigm shift in research by leading authorities⁴, including the US National Institute on Alcohol Abuse and Alcoholism, and the World Health Organisation, and as the basis for the development of policy recommendations in a number of countries, including the Australian Alcohol Guidelines, the Scottish Executive's Plan For Action, and the Alcohol Harm Reduction Strategy for England⁵.

⁴ This research is cited in ICAP's latest publication on the topic, ICAP Reports 15. Drinking Patterns: From Theory To Practice, available online at www.icap.org via the "Publications" link on the home page; World Health Organisation (2000). International Guide for Monitoring Alcohol Consumption and Related Harm. (WHO/MSD/MSB/00.4), Geneva.)

⁵ A discussion of these approaches can be found in ICAP Reports 15, Drinking Patterns: From Theory To Practice, available online at www.icap.org via the "Publications" link on the home page.)

Over the past ten years, population-wide measures of alcohol consumption have given way to greater focus on drinking patterns that describe particular drinking behaviours and settings, and the individuals who engage in them. The main premise of this concept is that with regard to outcomes, both positive and negative, how people drink is at least as important as how much they drink. Accordingly, information on drinking patterns offers a basis for the development of sound policies that are directed at specific populations and offer realistic strategies for reducing potential harm.

As noted by survey respondent Keith R. Evans, director, Primary Health Care and Drug Strategy, South Australian Department of Health, Australia: *"This increasing emphasis on patterns of drinking - and away from gross consumption - represents a seed change."* Several respondents also drew a link between policy developed in the context of patterns awareness and the potential for effectively addressing problems such as binge drinking (e.g., see excerpt below from Donald Blair).

Survey response excerpts

"Recognition of the importance of drinking patterns represents a major shift of focus on the part of many researchers - and even WHO - from attributing all alcohol-related problems to sheer quantity of alcohol ingested, to paying attention to drinking patterns, including temporal pacing, attitudes, values, and other relevant values. This holds promise that epidemiological studies will be more realistic and that policy changes may be more successful." - Dwight B. Heath, Professor of Anthropology, Brown University, US

“It is now generally recognised that elementary models of alcohol consumption, which gave rise to policies orientated towards high taxation and restricting access to alcohol, were non-sustainable for social and economic reasons. Examples of this can be seen in Europe, where high taxation in the Scandinavian countries and the UK resulted in prohibition-like illegal activity with questionable reductions in consumption. Coincidentally, such countries appear to suffer most from binge-drinking problems. The emergence of the drinking patterns model has permitted a clearer understanding of the social dynamics involved and therefore the development of potentially more successful interventions.” - Donald Blair, food and beverage industry consultant, Poland

“Major shifts include acknowledgment of the limitations of a rule-based approach to alcohol policy, including acceptance of harm reduction approaches and broader recognition in public health policy of the dangers of particular drinking patterns.” - Godfrey Robson, former director of health policy in the Scottish Administration, UK

Increased focus on targeted public health and safety issues such as binge drinking

ICAP commentary

The majority of survey participants acknowledged that while researchers, policymakers and public health officials have generally broadened their perspectives over the past decade to include recognition of the relevance of drinking patterns, they have also sharpened their focus on specific issues such as binge drinking.

Although there has been some public debate about a precise definition of “binge” drinking, it is generally agreed, as noted in the ICAP Blue Book: Practical Guides for Alcohol Policy and Prevention Approaches⁶, to be a reckless, harmful and potentially deadly pattern of drinking. Survey respondents were in agreement that binge drinking and other negative patterns require special attention and a targeted approach through prevention efforts; a number of responses included strong opinions about the need for such initiatives.

⁶ For more information, the ICAP Blue Book module on binge drinking can be accessed online at www.icap.org via the “binge drinking” link on the home page.)

Survey response excerpts

“We need to work with families and young people to spread the concept of harm reduction concerning alcohol use, to avoid the problems we are facing with heavy and binge drinking by these groups of the population.” - Haydée Rosovsky, co-founder and director of the Center for Educational and Community Responses (CRECE), Mexico

“Although ten years is probably the minimal time span that would show statistically significant changes with regard to binge drinking, there appears little doubt that demystifying alcohol among young people would do much to lessen problematic and abusive drinking in the long run.” - Dwight B. Heath, Professor of Anthropology, Brown University, US

“In the past ten years, we have seen a continued rise of concern about underage and anti-social drinking, with an increased concern about binge drinking. Policy debates have reflected these matters as a cause for concern at the national and local levels.” - Jeff Lee, executive director, The Mentor Foundation, UK

Recognition of the reported health benefits of moderate consumption

ICAP commentary

Over the years, there has been growing recognition that not all people drink alike, and that not all people who drink experience the same harms and benefits from their drinking⁷. Some people, for religious, health, or other reasons, abstain from alcohol altogether; others enjoy the occasional drink with a meal or at social gatherings; still others drink to excess and intoxication.

⁽⁷ For more information and references, see the ICAP Blue Book module, An Integrated Approach to Alcohol Policies, available via the ICAP website at www.icap.org.)

For certain individuals who fall into the mid-range of this continuum - those who neither abstain nor drink to excess - there is substantial evidence to suggest that drinking may contribute to overall health. During the past decade, increased public awareness of such findings, largely through the mainstream media, has contributed to what one survey respondent describes as an *“overall increased sophistication of the alcohol and health debate.”*

In addition, as noted by Professor Eric Single in the excerpts that follow, the recognition of reported health benefits associated with moderate drinking is

viewed by some observers as a part of an overarching shift toward alcohol policies directed at harm reduction (versus control of consumption).

Survey response excerpts

“At least in the US, the primary shifts seem to be (1) wider recognition, from both official and unofficial (media) sources, of the health benefits of moderate alcohol consumption, and (2) a somewhat more consistent commitment on the part of industry to communicating a message of moderation as a part of or complementary to their advertising campaigns.” - Hurst Hannum, Professor of International Law, Fletcher School of Law and Diplomacy, Tufts University, US

“Medical and other scientific investigators who publicised their findings about the benefits of moderate drinking to physical and mental health have helped to counter what was a strong ‘new temperance movement’ that aimed at unrealistic controls on availability. In addition, social scientists did much over the past decade to disseminate and render such findings intelligible to the lay public.” - Dwight B. Heath, Professor of Anthropology, Brown University, US

“One positive change is the shift of focus from control of consumption to harm reduction in some countries (e.g., Canada) due, in part, to growing recognition of the significance of public health benefits from moderate drinking.” - Eric Single, Professor of Public Health Sciences, University of Toronto, Canada

SURVEY ENQUIRY: Effectiveness & responsiveness - what’s working?

Of the most significant policy changes, shifts, and trends in the past 10 years, which have been - or have the potential to be - the most effective?

Many survey respondents pointed to examples of an overall evolution in approaches to problems associated with alcohol consumption, including: (1) a shift in some countries from an emphasis on control of consumption to an emphasis on harm reduction; (2) targeted interventions, ranging from education campaigns to treatment and early intervention for people with alcohol problems; and (3) an expansion of participation in dialogues and partnerships focused on alcohol policy.

A shift from emphasis on control of consumption to harm reduction

ICAP commentary

The theme of harm reduction was one of the most consistently mentioned concepts in survey responses, often referenced in conjunction with remarks about the policy relevance of patterns of drinking.

Traditional alcohol policies have relied on the premise that there is a fixed and predictable relationship between the level of average per capita consumption across a population and the incidence of problems (social or medical) within it. Such policies have tended to address access and availability of beverage alcohol, and have at times been linked to abstinence-based initiatives rooted in religious and values-based approaches.

During the past decade, however, the focus of many researchers, policymakers and public health officials around the world has shifted to a focus on minimising any potential harms associated with alcohol consumption and maximising any potential associated benefits.

Survey response excerpts

“Developments that have proved effective include balanced educational policies that present truthful information and appeal to individual values, recognition of continued use (and necessarily abuse by some) of substances such as alcohol, while developing policies realistically addressed to minimising harms, and expanding treatment options beyond religio-moralistic appeals towards addressing individual skills, options and values.” - Stanton Peele, addiction researcher, theorist, and writer, US

“One important and, from my point of view, positive change was the inclusion of the harm reduction concept in alcohol policies, but only in some countries.”- Haydée Rosovsky, co-founder and director of the Center for Educational and Community Responses (CRECE), Mexico

“Within the last decade, the focus on alcohol policy initiatives has shifted from alcohol education and persuasion to public health, public safety and social welfare.” - Bisi Odejide, consultant psychiatrist, University of Ibadan, Nigeria

Targeted interventions

ICAP commentary

Most respondents referenced the value of targeted interventions that address specific “*at risk*” populations and potentially harmful contexts and drinking patterns. Such approaches range from labour-intensive and costly initiatives to simple interventions that can be applied where resources are minimal.

A strength of targeted interventions is that they take into account the circumstances of a particular population. For example, we are reminded in survey commentary from Alan Haworth, Professor of Psychiatry, University of Zambia, that the government in Zambia “*is largely preoccupied by problems of HIV and AIDS.*” In addition, points out Professor Haworth, poverty plays an inescapable role in patterns of drinking in the Zambian population. For instance, recent evidence of diminished alcohol consumption likely traces back to the pervasive poverty of the population - and a shift to less expensive beverages - as opposed to policy initiatives.

Similarly, ICAP senior consultant Mohan Isaac, Professor of Psychiatry at the University of Western Australia, writes that in India, where alcohol policy has largely been in a state of flux, “*population-based public health interventions and interventions involving primary health care personnel will have maximum effectiveness.*”

Survey response excerpts

In lieu of survey response excerpts, please see the section that follows in this briefing entitled “*What is possible: examples of progress.*”

Expansion of participation in dialogues and partnerships

ICAP commentary

As articulated in The Geneva Partnership on Alcohol: Towards a Global Charter⁸, “*There is a growing recognition of the importance of establishing stronger relations between the public and private sectors at the international level... Where possible, policies should be developed and implemented in broad-based partnerships among the various government departments, those*

in public health, the beverage alcohol industry, representatives of consumers, non-governmental organisations and other stakeholders.”

⁽⁸⁾ International Center for Alcohol Policies, 2001. Read more about partnerships at http://www.icap.org/ICAP/building_partnerships/building_partnerships/index.html

Strategic alliances between business, government and civil society are a growing feature of social development as well as policy development in both developed and emerging countries. Such multi-sector partnerships are necessary because it is increasingly clear that no one sector in society can address the complexities surrounding these issues on its own. Alcohol policy development is no exception.

Survey response excerpts

“The increasing willingness of governments to engage with civil society and the beverage alcohol sector when determining the parameters of alcohol policy is a notable change.” - Keith R. Evans, director, Primary Health Care and Drug Strategy, South Australian Department of Health, Australia

“The concept of dialogue between the trade and other stakeholders to address misuse and irresponsible use (including issues around advertising and how alcohol is presented to young people) has the potential for being very significant. However, it has a long way to go and the trade has to be prepared to take more responsibility on these matters.” - Jeff Lee, executive director, The Mentor Foundation, UK

“The twin concepts of dialogue and partnership have brought benefits to all stakeholders involved.” - Donald Blair, food and beverage industry consultant, Poland

SURVEY ENQUIRY: Stakeholders in review - who is making a difference?

Which efforts on the part of key stakeholders have made the greatest difference - helped effect the greatest change or compel the most notable shifts and trends?

Responses to this enquiry covered a broad range of stakeholders and speak to the significance of the dialogues and partnerships worldwide.

Working toward a common stance

ICAP commentary

It is ICAP's mission not only to promote understanding of the role of alcohol in society and help reduce the abuse of alcohol worldwide, but also to encourage dialogue and pursue partnerships involving the beverage alcohol industry, the public health community and others interested in alcohol policy.

Historically, the public health community had few stakeholders willing to act in partnership with regard to alcohol issues. As evidenced by the survey responses, during the past decade, stakeholders in various parts of the world - with a multitude of perspectives, from both private and public sectors - have begun to share in a more collective responsibility in this arena, and to attain what one survey respondent aptly describes as a "*common stance*."

Survey response excerpts

"Alcohol beverage manufacturers are now more pro-active. By engaging stakeholders in alcohol issues, they are working to attain a common stance." - Alan Haworth, Professor of Psychiatry, University of Zambia

"Stakeholders are emerging and are playing a more active role in shaping alcohol policy." - Susumu Higuchi, deputy director, National Hospital Organisation, Kurihama Alcoholism Center, Japan

"The entire sector has made an impact. Industry has made a contribution through its increasing recognition of the need to be an active partner in preventing harm from alcohol. Governments have made a difference in their willingness to engage outside the normal range of key stakeholders. NGO's [non-governmental organisations] have also made a difference in their willingness to broaden the range of partners with whom they are prepared to work, and local government has emerged as a key player in local efforts to manage alcohol as a public good and a potential public harm." - Keith R. Evans, director, Primary Health Care and Drug Strategy, South Australian Department of Health, Australia

"A number of stakeholders are making a difference, including the WHO, governments of individual nations, the beverage alcohol industry, the media, public interest groups, the scientific community, the general public, and the

health sectors of different nations.” - Bisi Odejide, consultant psychiatrist,
University of Ibadan, Nigeria

Alcohol policy 2015: outlooks from the experts

In March 2005, ICAP posed the following questions to its senior consultants in various disciplines and countries around the world, with the intention of providing uniquely informed perspectives about how alcohol policy may change and develop over the course of the next ten years.

What can we expect? Looking ahead to policy changes, shifts, and trends - What changes, shifts, and/or trends can we expect over the next decade?

What would work better? Improving effectiveness and responsiveness - Based on your experience and observations, what approaches hold the most promise for effectiveness over the next ten years?

Who should step up? The role of stakeholders in the decade ahead - Which stakeholders - traditional or emerging - could or should play a more active role in shaping alcohol control policy over the next ten years?

SURVEY ENQUIRY: What can we expect?

Looking ahead to policy changes, shifts, and trends - What changes, shifts, and/or trends can we expect over the next decade?

The most frequently mentioned topics in survey responses to this question were (1) a continued emphasis on harm reduction and drinking patterns; (2) ongoing socio-cultural tensions with regard to potentially at-odds approaches (for example, harm reduction initiatives versus control-based initiatives) and (3) greater focus on dialogues and partnerships, particularly when it comes to issues such as beverage alcohol marketing.

Continued emphasis on harm reduction and drinking patterns

ICAP commentary

The relevance of drinking patterns was the concept most frequently discussed by survey participants in their responses. As widely noted in survey responses, drinking patterns research can lend insight with regard to a particularly negative drinking pattern: binge drinking. Drinking patterns research can also be highly useful in its application to policies in developing nations as well as parts of the world such as Eastern Europe, where drinking patterns are undergoing rapid change.

(As the survey response excerpts that follow in the next briefing section (regarding socio-cultural tensions) indicate, as part of a harm reduction approach, efforts such as targeted interventions may encounter resistance from advocates of control policies, or of abstinence-based, or religion-based approaches to alcohol policy.)

Survey response excerpts

“Although much remains to be accomplished in this connection, a more realistic evaluation of the benefits as well as the risks/harms of drinking holds some promise that alcohol may be less demonised in many Western societies and that realistic education about it may gradually lessen the prevalence of harmful drinking.” - Dwight B. Heath, Professor of Anthropology, Brown University, US

“In the next ten years, we can expect to see more emphasis on harm reduction versus control of consumption.” - Eric Single, Professor of Public Health Sciences, University of Toronto, Canada

Ongoing socio-cultural tensions

ICAP commentary

There is a fundamental divide between approaches that acknowledge a place in society for drinking and abstinence-based approaches that make no allowance for the role of beverage alcohol in society. A majority of survey responses indicated that such socio-cultural tensions are likely to be a defining characteristic of the next ten years with regard to alcohol policy.

For example, ICAP senior consultant Stanton Peele predicts that *“in the US especially, but also worldwide, we will see growing conflict and dichotomisation between realistic harm-reduction approaches and moralistic, abstinence-oriented approaches.”*

From ICAP’s perspective, any such ongoing tensions and conflicts serve to highlight the importance of another predicted development (as described in the next briefing section): increasing contributions of partnerships dedicated to shaping effective alcohol policy.

Survey response excerpts

“Certainly there will be no lessening of the volume of the alcohol & society debate. In some countries, the UK for example, issues regarding e.g. young people binge drinking, will continue to cause public concern. The forces of reaction will continue to be as cohesive and determined as they are now.” - Donald Blair, food and beverage industry consultant, Poland

“I suspect that there will be an increase in anti-alcohol feeling on the part of religious and conservative groups worldwide, perhaps coupled with attacks on international drinks companies as a reaction to globalisation.” - Hurst Hannum, Professor of International Law, Fletcher School of Law and Diplomacy, Tufts University, US

“I expect we will see continued resistance to alcohol industry involvement in research and prevention by some alcohol policy specialists.” - Eric Single, Professor of Public Health Sciences, University of Toronto, Canada

“Given the scale of social and other changes over the past ten years, it seems a bit foolhardy to predict the next ten. However, some significant developments may include a reassertion of traditional religious (and so social) values in the US and Europe through the continuing growth of evangelical Christianity. This could have big consequences for individual social behaviours, but also on the framework of social rules.” - Godfrey Robson, former director of health policy in the Scottish Administration, UK

Increased contributions of partnerships

ICAP commentary

Many survey responses discussed not only the need for, but also the likelihood of, increasing contributions of partnerships working toward the development of effective alcohol policy. The respondents agreed that true partnerships - where risks are shared and resources and talents are pooled - have the potential to lend clarity to complex issues and contribute information and insights to policymakers that helps them accurately target problems.

The types of partnerships referenced by ICAP's senior consultants typically include representatives from: governments and inter-governmental organisations; non-governmental organisations; the scientific and public health communities; and the private sector. Working in isolation, these same entities could potentially duplicate efforts or even compete with one another to achieve certain results. As partners working together for the benefit of public health, they have the potential to make a lasting difference in alcohol policy efforts over the next ten years.

Survey response excerpts

"The increasing willingness of governments to engage with civil society and the beverage alcohol sector when determining the parameters of alcohol policy is a notable change that will continue." - Keith R. Evans, director, Primary Health Care and Drug Strategy, South Australian Department of Health, Australia

"We can and should expect to see continuing emphasis on partnership and on constructive dialogue - with all stakeholders." - Donald Blair, food and beverage industry consultant, Poland

SURVEY ENQUIRY: What would work better?

Improving effectiveness and responsiveness - Based on your experience and observations, what approaches hold the most promise for effectiveness over the next ten years?

Survey participants' answers to this question suggested approaches and activities that can be categorised as: (1) continuing focus on harm reduction

objectives and drinking pattern information; (2) targeted interventions; and (3) increasing public/private partnership.

Focus on harm reduction objectives and drinking patterns information

ICAP commentary

Most survey participants agreed that developing policy from a harm reduction perspective is the approach most likely to produce a reduction in medical and social problems associated with alcohol consumption. Several of the respondents called for “*realistic education*” of society and policymakers with regard to alcohol issues - specifically, additional research on drinking patterns.

The harm reduction approach recognises that drinking has a place in society and emphasises ways in which harm can be reduced; a focus on drinking patterns helps to guide these efforts.

Because drinking patterns information is indeed realistic in the sense that it is research-based and population-specific, it is arguably a better predictor of potential positive and negative drinking outcomes than levels of consumption alone. The findings from this research are leveraged in harm reduction approaches to alcohol policy, which encourage responsible and beneficial drinking patterns and discourage those that are reckless and potentially harmful.

Survey response excerpts

“It is important to have a willingness to share information for the public good, as well as a continuing emphasis on the patterns approach.” - Keith R. Evans, director, Primary Health Care and Drug Strategy, South Australian Department of Health, Australia

“It would appear that for alcohol-using cultures, there is an acceptance of the case for use, but a need to address misuse and underage and irresponsible use.” - Jeff Lee, executive director, The Mentor Foundation, UK

Targeted interventions

ICAP commentary

The survey responses indicated growing recognition of the effectiveness of targeted interventions at the global, national and local levels. Because they can be affordable and are designed specifically for the community they are

intended to assist, targeted interventions offer approaches that address drinking - as one senior consultant put it - *“in the context of health, healthy lifestyles, and responsibility.”*

In Italy, for example, where a health-oriented campaign has had *“scarce impact on the general population”* according to ICAP senior consultant Flavio Poldrugo, Professor of Psychiatry at the University of Trieste, a shift in drinking patterns is being attributed to an increase in the health consciousness of younger generations.

(For more commentary and information about targeted interventions, see the section that follows in this briefing entitled, *“What is possible: Examples of progress.”*)

Survey response excerpts

“Given the current circumstances, the growing emphasis on targeted efforts and harm reduction seems likely to continue over the next decade.” - Dwight B. Heath, Professor of Anthropology, Brown University, US

“I think that specific measures to prevent some alcohol-related problems have a good impact, such as the use of alcohol sensors to estimate blood alcohol content of drivers. It seems that in my country this is helping to reduce alcohol-related traffic accidents.” - Haydée Rosovsky, co-founder and director of the Center for Educational and Community Responses (CRECE), Mexico

“The key point is that society is complex, and issues interact. Problem drinking can’t therefore be seen as an isolated phenomenon, or treated in that way. For the same reason, there is no single or easy answer to problem drinking, and the emphasis of policy and initiatives must depend on the specific circumstances.” - Godfrey Robson, former director of health policy in the Scottish Administration, UK

Increasing public/private partnership

ICAP commentary

Consistent with numerous statements from the United Nations and its specialised agencies, survey respondents emphasised the significance of public/private partnerships and the role they are likely to play in the alcohol policy arena in coming years.

As articulated by Keith R. Evans, director of Primary Health Care and Drug Strategy for the South Australian Department of Health, the most effective strategy for such a partnership *“is one in which no key stakeholder is arbitrarily disenfranchised from having a voice.”*

Survey response excerpts

“The challenges call for broad cross-sector engagement. There must be a willingness on the part of the stakeholder groups to be prepared to identify and set to one side those areas of disagreement and to focus on those large numbers of areas where there is agreement as to the nature of the problems and a willingness to explore all options with a potential to be effective.” - Keith R. Evans, director, Primary Health Care and Drug Strategy, South Australian Department of Health, Australia

“There are no magic solutions or quick fixes. The question is whether the policy approaches developed are up to the (potential) scale of the problem.” - Godfrey Robson, former director of health policy in the Scottish Administration, UK

“The concept of dialogue between trade and other stakeholders to address misuse and irresponsible use - including issues around advertising and how alcohol is presented to young people - has the potential to be very significant.” - Jeff Lee, executive director, The Mentor Foundation, UK

SURVEY ENQUIRY: Who should step up?

The role of stakeholders in the decade ahead - Which stakeholders, traditional or emerging, could or should play a more active role in shaping alcohol control policy over the next 10 years?

Responses to this question included the full range of potential partnership participants.

Stakeholders as partners

ICAP commentary

The following is a complete list of the stakeholders who, in the opinions of survey participants, ought to play a more active role on shaping alcohol policy over the next ten years.

- The beverage alcohol industry (including distributors, not just manufacturers)
- Private sector companies outside of the industry
- Marketing and advertising firms
- Youth organisations
- Human rights organisations
- The World Health Organisation
- Public interest (non-governmental) organisations
- Public health agencies and officials
- The medical science community, including epidemiologists
- The social science community, including economists
- National, state and local governments
- Consumer groups
- Law enforcement officials
- Organisations such as ICAP capable of playing a mediator, facilitative role

Survey response excerpts

“Industry, consumer groups, and the scientific community must play a role in at least clarifying the effects of drinking and ensuring that consumers are knowledgeable about those effects. Insofar as it is possible, government should be out of the morality business - it is fine to punish people for the consequences of alcohol abuse, but alcohol use should remain a personal social, moral, and/or religious decision.” - Hurst Hannum, Professor of International Law, Fletcher School of Law and Diplomacy, Tufts University, US

“Growing emphasis on population health (versus a focus on treating symptoms of disease) could bring in a new set of players in the alcohol policy debate, i.e., epidemiologists, economists and health policy specialists who look at alcohol problems in the context of total burden of disease on society.” - Eric Single, Professor of Public Health Sciences, University of Toronto, Canada

“Local communities are taking more of a role, which seems to be a move in the right direction. Public health organisations also need to play a more prominent role not only in highlighting the problems associated with drinking, but also in addressing the wider health context of those at risk.” - Godfrey Robson, former director of health policy in the Scottish Administration, UK

“It is incumbent that all who care about increasing public health and social welfare must cooperate to emphasise both the risks of excessive drinking and the benefits of moderate drinking. Researchers must speak the truth in opposing “scare-based” news and inappropriate controls. The industry should talk more about the role(s) of alcohol in social and cultural contexts. Medical and health professionals should do more to weigh benefits against risks. All should inject a time dimension into discussions of the effects of drinking.” -

Dwight B. Heath, Professor of Anthropology, Brown University, US

What is possible? Examples of progress

Many ICAP senior consultants participating in the survey illustrated their points with examples from the countries in which they live and work.

For instance, in his observations on India, Professor Mohan Isaac, Professor of Psychiatry at the University of Western Australia, writes that:

“Since India is likely to be going through a reasonably long period of rapid growth, globalisation, and greater integration in the developed world, alcohol policy is likely to go through a similar course as it went through in the Western developed societies.” In this climate of change and growth, continues Mohan, *“population-based health interventions and interventions involving primary health care personnel will have maximum effectiveness.”*

In describing a scenario of change in her country of Mexico, ICAP Senior Consultant Haydée Rosovsky, co-founder and director of the Center for Educational and Community Responses (CRECE), also describes policy development in a state of flux as it is influenced by disparate entities:

“I believe the organised civil society, the NGO’s [non-governmental organisations] have more impact to make a difference in alcohol or other issues policies. In my country, there is a growing influence of the media, sometimes for the best and sometimes for the worse. Legislators in my country are also very important but are still very ignorant of the many aspects of the issue. The research-academic sector has almost no impact in these two sectors, and other civilians are not organised enough or have other agendas.”

In Zambia, writes Alan Haworth, Professor of Psychiatry at University of Zambia, because of a lack of alcohol policy development and implementation, his response to the survey question about effective alcohol policies there is that:

“It is difficult to say what is working with so little specific policy in evidence. Issues around use of alcohol are little debated and hardly feature where they might - in informational material about HIV, for example.”

In addition to these illustrations, ICAP has compiled examples of targeted intervention efforts from various parts of the world.

These efforts - some of them non-traditional - have been implemented in the context of broader alcohol policies that endeavour to balance individual and social rights and obligations, as well as overarching societal priorities of preventing and minimising potential alcohol-related problems for individuals, families, and their communities.

For more examples of targeted initiatives, see the ICAP Blue Book, available for viewing on the ICAP website at www.icap.org.

South Africa and Botswana: Life skills in Southern Africa

ICAP has engaged the education sector, local and international non-governmental organisations, and the beverage alcohol industry in an ongoing program called *“Growing Up”*. This approach is designed to train primary school teachers to teach survival skills, or life skills, to schoolchildren in South Africa and Botswana. The approach has shown considerable success in changing behaviour.

http://www.icap.org/opencms/opencms/system/galleries/download/all_publications/Other_Publications/lifeskills.pdf

Bangalore, India: Partnership project *“Don’t Drink and Drive”*

This communications campaign was intended to raise public awareness about the health and legal implications of drinking and driving. Using the slogan, *“Don’t Drink and Drive - Your Family Needs You!”* the Bangalore citizens were targeted through ads, posters, pamphlets, stickers and charts placed strategically throughout the city for 30 days. During and after this time period, the Bangalore Police were especially vigilant in their enforcement of existing laws on drunk driving.

Project partners included the Global Road Safety Partnership (GRSP), Bangalore Agenda Task Force (BATF), Bangalore Police, the International

Center for Alcohol Policies (ICAP), and the National Institute for Mental Health and Neurosciences (NIMHANS). GRSP Annual Report (2003): *“A small independent opinion poll (by TN Sofres Mode) carried out in February 2003 indicated that 81% of those interviewed were aware of the campaign and thought it had contributed to the overall improvement of the city.”* Post-campaign evaluation (delayed until 2004/5) is being conducted with random roadside breath tests after another round of intensive enforcement and the distribution of a leaflet.

<http://www.grsproadsafety.org>

Belgium, EU: EuroBob campaigns

This public awareness campaign was originally launched in Belgium to educate the public that drivers should not drink. Since its inception, young people were the particular focus of the campaign, but over the years other groups (males over 55 and males between 35 and 55) were also targeted. Campaign elements: billboards, posters distributed to schools, police stations, public buildings, cafes, bars and restaurants; TV and radio spots; the internet (www.bob.be); articles and ads in *Via Secura*, the magazine of the Belgian Road and Safety Institute intended for road safety professionals and the police. Since 1998, the EuroBob bus has been a permanent awareness-raising tool: the bus is available on demand and has a driving simulator, a stack of Bob folders to give out and offers breath-tests. In addition, the police forces are asked to increase the number of alcohol checks and to organise random breath testing during the program's annual run.

Today, variations of EuroBOB are active in Belgium, France, Greece, the Netherlands, Spain and other European Union countries. Each year after the campaign's run, a survey among a representative sample of Belgian population is conducted by INRA/Belgium-Marketing Unit. According to the 2003 data, 97% of those surveyed were familiar with the Bob initiative and message and *“almost six out of ten people aged under 35 have already been driven home by a Bob.”*

Loyola De Palacio, vice president with responsibility for Energy and Transport, said in 2001: *“The European Commission is pleased to see that a growing number of countries are subscribing to this idea, which has been a success in Belgium in particular. It is important that the example set should be followed in other EU countries.”* Some of the partners working together on the EuroBob

campaigns include the Belgian Brewers' Association (Arnoldus Group), Belgian Institute for Road Safety (IBSR), Directorate General for Energy and Transport of the European Commission, as well as various organisations and government agencies in Belgium, France, Greece, the Netherlands, Spain and other European Union countries.

http://europa.eu.int/comm/transport/road/roadsafety/behaviour/campaigns/doc/eurobob_2001_2002.pdf

Czech Republic, EU: If You Drink, Don't Open the Car

An anti-drink-driving campaign, the largest initiative of this sort in the Czech Republic. Campaign elements comprised TV and radio announcements, a billboard campaign, and "boomerang cards" for clubs, restaurants, and cafés. The posters depict a car crushed by a bottle opener and a message: "If you drink, don't open the car. Don't drink and drive." An independent evaluation of the campaign by a public-opinion agency discovered that 10% of Czech population could spontaneously remember the campaign and the improved knowledge of drunk-driving consequences was estimated at 38%. Furthermore, the campaign intensified the public discussion on the subject and raised the issue of insufficient attention devoted to drinking and driving by TV and other media. The campaign was also positively appraised by experts in the alcohol field. Finally, the campaign initiators succeeded in engaging both governmental institutions and the industry in planning and execution, as well as financing of the campaign.

www.mdcr.cz and www.forum-psr.cz

US: Alcohol 101®

Alcohol 101® for High School Seniors is an interactive CD-ROM program with a companion Educator's Guide designed to aid teachers in preparing students to make informed choices about alcohol. By demonstrating the negative outcomes of bad decisions and by providing safe and healthy alternatives, Alcohol 101 for High School Seniors encourages students to maintain safety and control in situations involving alcohol. The program was developed through a partnership between the American School Counselor Association (ASCA) and The Century Council. It is based on the nationally acclaimed Alcohol 101 program developed by The Century Council and the University of Illinois at Urbana-Champaign. The original Alcohol 101 was developed as an

innovative, first-of-its-kind interactive CD-ROM program aimed at reducing the harm associated with the misuse of alcohol on college campuses.
<http://alc101forhsseniors.com/main/about.html>

US: Cops in Shops

The program uses undercover police officers in retail outlets to foil purchase by and for those under the drinking age. Penalties are imposed both on the offending customers and on the retailers. According to the 2002 survey by the National Association of Governors' Highway Safety, Representatives in 15 states that participate in the Cops in Shops program find it "*very effective at the local level.*" The program was carried out in partnership with police departments in over 40 states, college and university police departments and retailers.

<http://www.centurycouncil.org/underage/cops.html>

Canada: Drinking Games Can Be Deadly

The goal of this campaign was to increase awareness among college and university students about the dangers of drinking games. The campaign was launched in August 2004 by Educ'alcool, working together with the Régie des alcools, des courses et des jeux (RACJ), and was timed to coincide with the back-to-school period when many students engage in drinking games organised by bars, various groups on campus, or friends. Informational tools included posters, awareness brochures, as well as TV, radio, and newspaper ads. All universities and colleges in Québec agreed to participate in the poster campaign and distributed the brochure among the student population.

The campaign was dedicated to a young man who died from alcohol poisoning in 2001 and his name and story were featured on the posters. The brochure explained the dangers of drinking games at various intoxication levels, educated students about the significance of blood alcohol level, and provided information on how to resist peer pressure, how to stop or prevent an impromptu drinking contest, and how to help somebody with severe intoxication. In addition, RACJ sent letters to all licensees about the penalties for organising a drinking contest (up to license suspension). These measures were made public to increase community pressure. RACJ then monitored the campaign as it received increased media coverage.

Results of the program indicated a decrease in the number of drinking game parties among students and general turnover in the perception of the subject.

<http://www.educalcool.qc.ca>

Conclusion

At the heart of ICAP's survey results is the best thinking of international experts about matters of great importance to them as well as many stakeholders around the world: effective approaches to policy development, health promotion, and problem prevention.

Survey participants' responses consistently reinforced a premise critical to ICAP and central to its role: that it is possible to work in true partnership to develop effective alcohol policies by (1) following the guidance of drinking patterns research, (2) offering new and targeted solutions to changing problems, and (3) remaining true to the context of dialogue and collective responsibility.

With the guidance of emerging partnerships, these key concepts can serve as the premise for policies which balance social and individual responsibilities, can be applied and adapted in various cultures and belief systems, and which anchor policy in real world considerations, based on a combination of evidence and experience.

As articulated by Godfrey Robson, former director of health policy in the Scottish Administration, UK: *"The key point is that society is complex, and issues interact... there is no easy answer to problem drinking, and the emphasis of policy and initiatives must depend on specific circumstances."*

The framework provided by survey participants compels private and public sector partners to develop targeted, realistic approaches to complex issues - with an overriding objective of equipping communities and nations to assess problems, intervene quickly where necessary, and offer reliable approaches to alcohol-related issues in rapidly changing societies. Such policies offer a global context for local action, and a consistent pathway for moving forward to promote the public good.

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