

THE GLOBE

**World Bank calls for
action on youth and alcohol**



Contents Issue 3, 2006

3. Editorial

D Rutherford

4. WHO focuses on violence – strong link with alcohol

7. EU Alcohol Strategy – is the glass half full or half empty?

10. Launch of Asia Pacific Alcohol Policy Alliance

12. WTO/GATS negotiations and alcohol policy

Dag Endel

15. A decade of failure:

self-regulation of alcohol advertising in Australia

Geoff Munro

18. World Bank calls for action on youth and alcohol

21. Alcohol Strategy Working Group in Saint Helena

22. Brazilian NGOs on the move

Ronaldo Laranjeira

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Editorial

Governments and politicians who accede to the alcohol drinks companies' demands that they have a place at the table of public health policy ought to take note of their behaviour over the European Union's Alcohol Strategy. That their behaviour has lacked integrity and called into question their sincerity and trustworthiness comes as no surprise to alcohol policy advocates.

At the behest of the Industry, DG SANCO officials organised roundtable discussion through the aegis of the European Policy Centre, between representatives of the Commission, Member States, Industry and NGOs to discuss the draft proposals for a European Alcohol Policy Strategy. After four meetings, when the Industry had found it had not succeeded in winning over NGOs to their strategy to deal with the problem, they attacked the process. Even before DG SANCO published its proposed Strategy, the Industry launched a sustained lobby campaign to the European Parliament and other Commission Directorates, misrepresenting the Strategy, which had yet to be agreed by the collegiate of the Commissioners.

After such an onslaught, Commissioner Kyriakou and other officials of DG SANCO have to be applauded for their tenacity in getting a strategy agreed and published. Albeit not as explicit in its details as the first, it is still a

triumph. It is fairly obvious that the Drinks Industry wanted to have no Strategy. The episode brings into question whether the Industry can ever be trusted.

Andrew McNeill, the new Secretary of Eurocare, is right to observe: "Given that the Industry has made it abundantly clear that it is opposed to the whole idea of a public health strategy on alcohol, how can it possibly be seen as a main collaborator in implementing it?"

While these events were unfolding in Europe, the WHO held its meetings with representatives of the Industry and NGOs in Geneva. The meeting was no doubt the result of the WHO Resolution on Alcohol passed last year at its Assembly but was overshadowed by the fact that the Industry has allies in some powerful governments.

Apposite to this is the fact that the British Prime Minister, Mr Blair, has intervened on behalf of Diageo to

persuade the Turkish Prime Minister, Recep Tayyip Erdogan, to reduce the penalties imposed by Diageo for alleged unpaid taxes – surely an abuse of political office? (See The Sunday Times (London) October 29, 2006)

The former special adviser to Mr Blair is now a senior Non-Executive Director of Diageo. It should be noted that Mr Blair launched one of his strategies to deal with Britain's drinking problem at Diageo's headquarters.

Such actions do not surprise American alcohol policy advocates, since they confirm that "Anheuser Busch serves as a sponsor for their Presidential campaign debates and provides a comfy jet for candidates" for the Presidency.

D Rutherford

WHO focuses on violence

Half a million lives could be saved in Europe every year

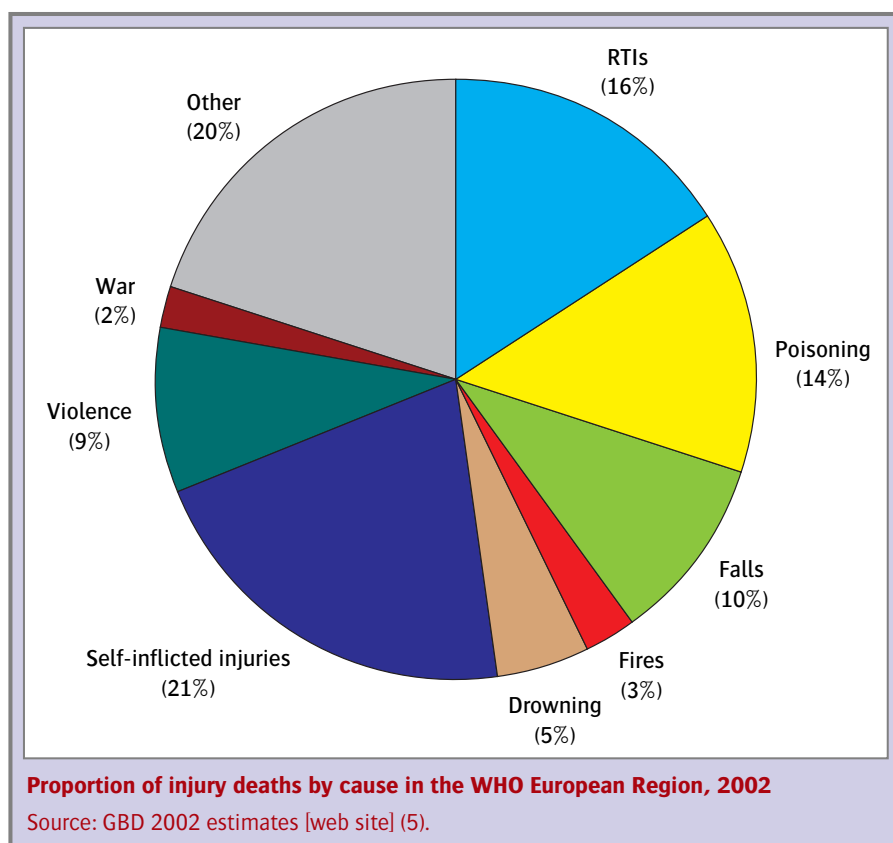
Every year, in Europe, injuries kill some 800,000 people (accounting for 8.3% of all deaths in Europe), an average of nearly 2,200 per day or 90 per hour. Alcohol comes high in the list of risk factors. For every death, injuries send an estimated 30 people to hospital and 300 others to hospital emergency departments for outpatient treatment. Nevertheless, two out of three of these deaths, and most non-fatal injuries, could be prevented, and if all countries in the Region had the same death rate from injuries as the countries with the lowest rates, some 500,000 lives could be saved each year.

The figures are staggering; for example, in 1999, hospital admissions for injuries in the home and from leisure activities cost about 10 billion Euros for the 15 countries of the European Union before May 2004, or about 5.2% of total inpatient expenditure. For the Region, the annual health care cost of treating patients who subsequently die is estimated at about 1-6 billion Euros and that of non-fatal injuries about 80-290 billion Euros.

This is the picture presented by the publication 'Injuries and violence in Europe. Why they matter and what can be done', launched by the WHO Regional Office for Europe at the 1st European Conference on Injury Prevention and Safety Promotion, Austria, June 2006. Because action to stem the injuries epidemic is needed from a variety of sectors, this book identifies unique opportunities to improve health through a pioneering multisectoral approach driven by the health sector.

The report documents the magnitude of the problem and the key interventions available to address it. It aims at supporting policy-makers, health-sector professionals and civil-society organizations in making the case for injury prevention, advocating safety and working with other sectors to develop preventive plans and action.

Beyond health care costs, the economic costs are vast and have only begun to be mapped. Studies



– strong link with alcohol

suggest that RTIs alone account for the loss of 1-3% of countries' gross domestic product (GDP) each year. Most of these costs relate to injury and the resulting loss of productivity. In England and Wales, a study estimated that violent crime had total costs of 34 billion Euros; this includes both direct costs, such as those of the police, judicial system and health services, and indirect costs, including lost productivity and physical and emotional costs. Moreover, economic valuations underestimate the real cost paid by society, as they do not cover the suffering caused to victims' families and social support networks, or to communities, workplaces and schools.

Reasons for concern about unintentional injuries and violence

- Every year nearly 800,000 people die from injuries in the European Region.
- They are the leading cause of death for people under the age of 45 years.
- The costs to the health sector and society run into billions of Euros.
- There are inequalities in the burden between and within countries in the region.
- The risk of dying from injuries in the Region's low and middle-income countries is nearly four times that in high-income countries.
- Inequality of risk is due to differences in socio-economic determinants of health and environmental exposures.

- Many high-income countries are among the safest in the world, indicating great opportunities to prevent unintentional injuries and violence.
- The public health and societal responses to the risk factors for injuries have been inadequate.
- The countries with low injury mortality have demonstrated many cost-effective strategies, which require intersectoral collaboration and community participation.

Opportunities for prevention

As the costs of injuries are enormous, so are the potential economic benefits of effective prevention strategies. Analysis of the costs and benefits of selected safety measures reveals that they give significant value for money, as shown in Table 1. Investing in the primary prevention of injuries is, therefore, very worthwhile for society.

Injuries can be either unintentional (caused by road-traffic crashes, poisoning, drowning, falls and fires) or intentional (caused by violence directed at oneself or others). Both

types combined are the leading cause of death in people under the age of 45 years. In particular, injuries kill 28,000 children under 15 (accounting for 36% of all deaths in this age group) per year.

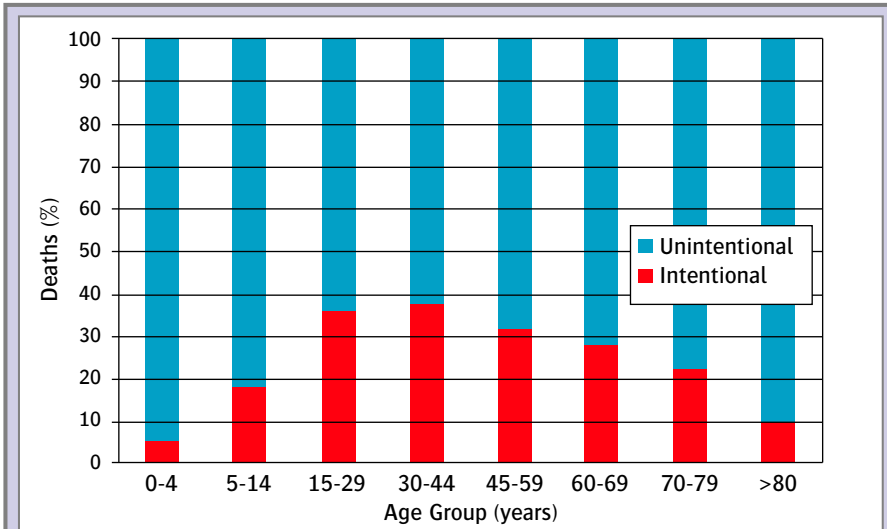
Nevertheless, rates of death from injury vary more widely between poorer and wealthier countries in the WHO European Region than in any other WHO region in the world. People living in low- and middle-income countries are nearly four times more likely to die from injury than those in high-income countries. In addition, regardless of a country's wealth, children, older people and the poorest people have a higher risk of injury death; in particular, socioeconomically deprived children have 3-4 times the risk of children from better-off families.

Much can be gained by adapting and transferring the experience of the best performing countries. First, injury prevention should be acknowledged as a society's responsibility, a great change from the view that assigns responsibility solely to individuals. Some risk factors, such as alcohol consumption and poverty, are

Expenditure of 1 each on:	Savings (Euros)
Universal licensing of handguns	79
Smoke alarms	69
Child safety seats	32
Bicycle helmets	29
Home visits and parent education against child abuse	19
Prevention counselling by paediatricians	10
Poison control services	7
Road safety improvements	3

Table 1 – Financial savings from selected injury prevention interventions

WHO focuses on violence – strong link with alcohol



Proportion of intentional to unintentional injury deaths by age group in the WHO European Region, both sexes, 2002. Source: GBD 2002 estimates [web site] (5).

- Drowning results in 38,000 deaths and is the third leading cause of death in children aged 5-14 years.
- Falls kill 80,000 people, with the highest mortality in those over 80 years.
- Fires cause 24,000 deaths, and burns are a major cause of disfigurement.

Risk factors: alcohol and drugs

Alcohol and drugs are risk factors for all unintentional injuries and violence. A lot of the excess adult mortality in the CIS and eastern European states has been attributed to alcohol use (29-34). Alcohol consumption is influenced by socioeconomic factors. Some of the key facts on alcohol and injuries are summarized here:

- Between 40% and 60% of all unintentional and intentional injury deaths are attributed to alcohol consumption (33).
- Alcohol is a crosscutting risk factor for both unintentional injuries and violence.
- Many countries have strong drinking traditions, and binge drinking is a concern.
- Much of the excess adult mortality in the CIS and eastern European countries has been attributed to alcohol.
- Aggressive marketing strategies of alcohol manufacturers have contributed to large increases in consumption by young people.
- Another factor in the hazardous use of alcohol is a lack of regulatory control of its production and smuggling, resulting in unprecedented levels of unintentional injuries and violence.

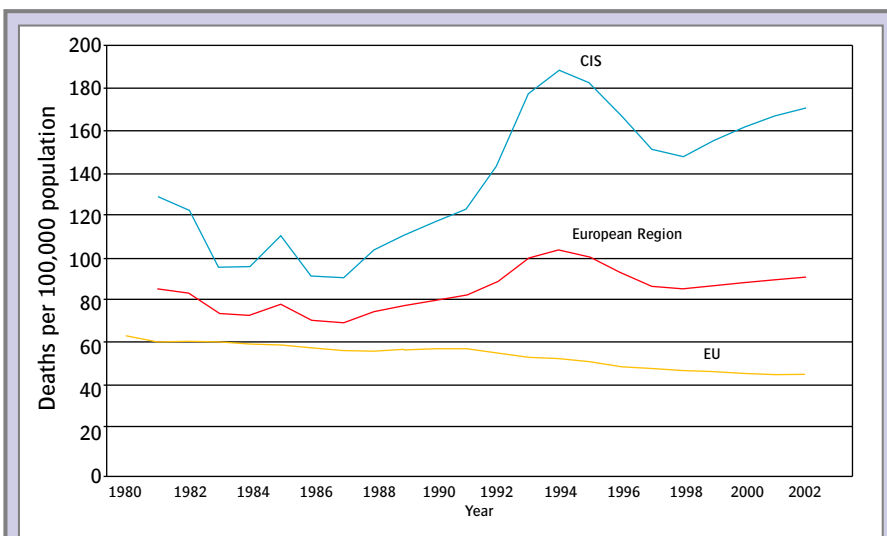
common to all types of injury. Addressing these would produce the greatest benefits for people's health.

The health sector can play a central role in leading a multisectoral approach to injury prevention, not limiting its activities to treatment and rehabilitation. It can engage and support other sectors in injury prevention by providing evidence on the burden of death and disease, shedding light on the risk factors, identifying effective interventions and promoting action.

Figures on injuries in the WHO European Region

Unintentional injuries are responsible for two thirds of injury deaths in the WHO European Region per year.

- Road-traffic injuries kill 127,000 people (55% are aged 15-44 years) and injure or disable 2.4 million.
- Poisoning causes 110,000 deaths, with alcohol use responsible for up to 70%, especially in the eastern part of the Region.



Trends in standardised mortality rates for all injuries in the European Region, 1980-2002

Source: Mortality indicators by 67 causes of death, age and sex (HFA-MDB) [online database] (6).

EU Alcohol Strategy – is the glass half full or half empty?

There was a mixed reaction to the appearance of the long-awaited European Union Alcohol Harm Reduction Strategy in October 2006, the alcohol industry being rather more enthusiastic in its response than most were most public health and alcohol problems agencies. Some accused the European Commission of having sold out to the alcohol industry.

The industry's more positive reaction was unsurprising given that it had mounted one of the most aggressive lobbying campaigns ever known in the Union in relation to a public health policy and for a time it even seemed possible that the industry would succeed in blocking the Alcohol Strategy altogether. In the event the industry clearly believed that it had succeeded in converting the Strategy from being a threat to its interests to providing an opportunity for it to cultivate its image as socially responsible.

Speaking for the beer industry, Rudolphe de Looz Corswarem, secretary-general of the Brewers of Europe, welcomed the Strategy, saying that, while most people consumed alcohol sensibly, the EU had a role to play in pointing out that its misuse could affect health and relationships. The EU could also help, he said, in the take-up of "best practices", assist in the provision of full information concerning alcohol abuse and support an educational programme.

"We're ready to play our role and that's our message".

The wine industry, represented by the Comité Européen des Entreprises Vins (CEEV), said it too would "take a leadership role in promoting moderation and responsibility in the consumption of wines, contribute towards preventing abusive and/or excessive consumption of alcoholic drinks, and co-operate effectively with the competent authorities and other relevant stakeholders in the prevention of abuse or misuse of wine".

George Sandeman of Sogrape Vinhos, chairman of the CEEV's working group on wine and health, said the committee was "convinced that there is a business case for a healthy Europe and that wine is a part of it".

Jose Ramon Fernandez, secretary-general of CEEV, said that wine producers would launch a plan early 2007 "to work with local authorities and stakeholders to

carry out broad-based education on the effects of moderate consumption of wine". He welcomed Brussels' "significant" acknowledgement of the role of widespread education and information regarding the impact of harmful alcohol consumption and its acceptance that there were big cultural differences in drinking patterns throughout the EU.

In the UK, Wine & Spirit Trade Association chief executive Jeremy Beadles congratulated the European Commission for recognising "both that the issue is not alcohol itself but addressing misuse and harmful drinking behaviour by consumers and that there are different cultural habits related to alcohol consumption in the various member states."

He continued: "We are particularly pleased to see that the Communication has no specific plans related to alcohol taxation or product labelling and recognises the importance of joint industry - government work at a national level. Officials in DG Sanco, the EU Health and Consumer Protection Directorate General, have obviously listened to our concerns in these areas.

"It is clear that the Commission does not intend to implement the strategy through specific new legislative proposals, but rather by encouraging member states to take action at a

EU Alcohol Strategy – is the glass half full or half empty?

local level on a number of priority alcohol-related themes, including young people and children, road accidents and impact of alcohol misuse on the workplace.

"We support the European Commission's view that information, education and awareness campaigns and agree that there is a need for better and more standardised data.

"The Communication also reflects the increasing efforts of those working in the trade to improve consumer education on all aspects of alcohol."

The trade newspaper *The Publican* put it more succinctly: its headline said simply 'Alcohol strategy for Europe averted'.

NGO response

Public health specialist Dr. Peter Anderson, co-author of the report 'Alcohol in Europe', stated "*The alcohol industry has lobbied to put their own profits above the needs of the European people, with commission officials other than those directly involved with health issues surrendering to its pressure*". He said the proposed EU alcohol policy is "*much weaker than the first draft and has a much greater focus on education as the answer to solving the problems of alcohol, when the evidence shows that it does not work*". He regretted that measures that could have made a real difference such as a "*better regulation of the product and its marketing*", were no longer in the text of the Communication.

Eurocare, the alcohol policy network in the European Union, welcomed the Strategy and said that it would continue to support DG SANCO in its efforts to reduce the harm done by alcohol in Europe. However, it added "*We are sad to see that despite the efforts of the European Health Community and DG SANCO to protect the health and*

wellbeing of European citizens, in the end, the alcohol industry and other parts of the commission have ensured that the strategy reflects the undue influence of the alcohol industry". Andrew McNeill, Honorary Secretary of Eurocare said "*We regret to see the industry's paw prints are all over the Communication*", and he added "*Given that the industry has made it abundantly clear that it is opposed to the whole idea of a public health strategy on alcohol, how can it possibly be seen as a main collaborator in implementing it?*".

This view appeared to be at least partly shared by EC Health Commissioner Markos Kyprianou. He rejected the charge that the Strategy had been watered down. "*The communication came out the way it was intended to,*" he said, though he admitted that he had been "*surprised at the aggressiveness of the lobbying campaign by certain parts of the alcohol industry*". The only effect of the lobbying, he said, would be "*to create doubts as to their willingness to co-operate*".

The Strategy

The Communication (strategy) addresses the adverse health effects of harmful and hazardous alcohol consumption in Europe, which is estimated to cause the deaths of 195,000 people a year in the EU.

The priorities identified in the Communication are: to protect young people and children; reduce injuries and deaths from alcohol-related road accidents; prevent harm among adults and reduce the negative impact on the economy; raise awareness of the impact on health of harmful alcohol consumption; and help gather reliable statistics. The Commission has identified areas where the EU can support the actions of Member States to reduce alcohol related harm, such as financing projects through the Public Health and

Research Programmes, exchanging good practice on issues such as curbing under-age drinking, exploring cooperation on information campaigns or tackling drink-driving and other Community initiatives. The Communication also maps out actions which Member States are taking, with a view to promoting good practice, proposes an Alcohol and Health Forum of interested parties and sets out areas where industry can make a contribution, notably in the area of responsible advertising and marketing. Acknowledging the role of Member States in this policy area the Commission does not intend to propose legislation at European level.

European Health and Consumer Protection Commissioner Markos Kyprianou said: "*Binge drinking, under-age drinking and drink-driving are real public health issues in Europe, especially among young people. The Commission is not targeting moderate alcohol consumption, but seeks to actively support Member States measures to reduce the harm caused by alcohol abuse. This Communication aims to promote discussion and cooperation at European level more actively by creating fora to exchange good practices. I also believe that industry can do more to reduce alcohol harm, promote responsible drinking and improve consumer information. The Commission is committed to supporting this process by bringing the relevant actors together, promoting cooperation and funding projects in this area.*"

A major health and economic impact

Fifty-five million adults are estimated to drink to hazardous levels in the EU. Harmful and hazardous alcohol consumption is a net cause of 7.4 % of all ill-health and early death in the EU. Absenteeism due to hazardous alcohol use, drinking during

EU Alcohol Strategy – is the glass half full or half empty?

working hours, or working with a 'hangover' all have a negative impact on work performance, and thereby on competitiveness and productivity. In the age group of 15–29 years over 10% of female mortality and around 25% of male mortality are due to hazardous alcohol consumption.

This is also the cause in 16% of cases of child abuse and neglect. Exposure to alcohol during pregnancy can impair brain development and is associated with intellectual deficits. Approximately one accident in four can be attributed to alcohol consumption, and about 10,000 people are killed in alcohol-related road accidents in the EU each year.

Commission action

In cooperation with Member States and stakeholders, the Commission will develop strategies aimed at curbing under-age drinking, by exchanging good practice on issues like selling and serving, marketing, and the image of alcohol use conveyed through the media. Through its Public Health Programme, the Commission will support projects that will contribute to reduce alcohol-related harm in the EU, and especially the harm suffered by children and young people, as well as gathering and disseminating data. It will support the monitoring of young people's drinking habits, with a focus on the increased drinking of alcohol among girls and binge-drinking.

The Commission will explore, in cooperation with Member States and stakeholders, the usefulness of developing efficient common approaches throughout the Community to provide adequate consumer information. Such reflections are particularly important as some Member States are planning to introduce warning labels (e.g. on alcohol and pregnancy). It will support Member

States and stakeholders in their efforts to develop information and education programmes on the effect of harmful drinking. Through the EU Research Framework Programme, the Commission will launch research on young people's drinking habits in order to analyse current trends and motivations for drinking, as well as the wider determinants of youth drinking.

Mapping out national action with a view to promoting good practice

Member States have the main responsibility for national alcohol policy. The Commission's role is to encourage cooperation and coordination between Member States, and to complement their activities, for example through the funding of projects. The Communication maps out measures adopted by Member States to tackle alcohol related harm, which can facilitate the dissemination of good practice across the EU. Examples of national measures identified in the Communication include: action to improve consumer information at point of sale, on products or at the workplace; action to better enforce age limits for selling and serving alcohol; education of young people and parents; introducing a lower or zero blood alcohol concentration limit for young or inexperienced drivers, and for professional drivers; and enforcing counter-measures against drink-driving.

Follow-up and consistency with other policies

The Commission will also set up: an 'Alcohol and Health Forum' by June 2007, to support, provide input and monitor the implementation of the strategy outlined in the Communication. The Forum will focus on topics such

as research, information and data collection, and education.

The Commission will also improve coordination between drink-driving and road safety actions including those supported by the Public Health Programme and the Action Plan on Road Safety, to help reduce alcohol-related road accidents, and with a particular view to combating drink-driving. This will, in particular, address the issue of novice and young drivers.

The Commission services will work with stakeholders to create sustained momentum for co-operation on responsible commercial communication and sales. The main aim will be to support EU and national/local Government actions to prevent irresponsible marketing of alcoholic beverages, and examine data about trends in advertising. One aim will be to reach agreement with stakeholders on codes of commercial communication implemented at national and EU level.

The Commission considers that its main contribution to the Strategy should be based on the existing approach of complementing national strategies in this area and therefore does not intend to implement the Strategy through specific new legislative proposals. The Commission will report regularly on the implementation of measures to tackle harmful and hazardous alcohol consumption, as well as on the impact of the EU Strategy set out in this Communication, based on regular reporting from Member States.

Launch of Asia Pacific Alcohol Policy Alliance

The Asia Pacific Alcohol Policy Alliance was launched in Bangkok in August 2006, the region's first network of organizations with the mission of reducing health and social alcohol-related problems by promoting effective evidence-based alcohol policies independent of commercial interests.

The participants, drawn from organizations with an interest in alcohol issues in 18 countries in the SEARO and WPRO WHO regions, met at the Bangkok Alcohol Policy Conference. The meeting discussed the Draft Regional Alcohol Strategy for WPRO and heard a presentation from the SEARO representative on the principles underlying the Discussion Paper on Alcohol Policy Options. They acknowledged the importance of Regional Alcohol Strategy development in both Regions and felt that many aspects of the WPRO Strategy and the SEARO Discussion Paper clearly reflected evidence-based public health policies. The WHO secretariat members were congratulated on this work.

The participants acknowledged the consultation process which had been undertaken in the development of the WPRO Draft Alcohol Strategy, including a technical consultation, and opportunities for member states and NGO comment. They requested SEARO to undertake a similar process in the development of a Regional Strategy for the SEAR.

Role of the Alcohol Industry

Participants discussed the potential role of the alcohol industry as it might be represented in any Discussion Paper, Regional Strategy

or future WHO Resolution. The participants in the meeting felt that involvement of these commercial interests in the formulation of alcohol policies is contra-indicated.

This was based on many experiences at national and regional level in which involvement of the industry in policy formulation had led to emphasis on ineffective policies and failure to agree on inclusion of effective policies.

The meeting proposed that an appropriate formulation regarding the role of the industry for the Strategies and Resolutions (and to guide the WHO approach more generally) would be:

- Given the conflict of interest between the industry's commercial responsibilities to shareholders and those of ensuring public health, involvement of the commercial industry is not appropriate in the development of public policy on alcohol.
- Any mention of private sector interests as potential stakeholders in the development of alcohol policy should clearly exclude any private sector interests with a potential conflict of interest with public health (such as those involved in the production, distribution, and marketing of alcohol).

Economic Treaties and Agreements

Participants discussed experiences in the region in which economic agreements and treaties had dramatically increased availability of imported commercial alcohol with increased marketing and decreased price. This had contributed to the very fast increases in consumption, particularly among young people, and an increase in alcohol-related harm. Participants therefore wished to see clear reference to the need for regional co-operation in order to exclude all alcohol goods and services from economic agreements and treaties. Where alcohol has already been included in trade agreements and treaties, governments may be urged to use alcohol excise taxes to compensate for reduced import tariffs and to specify public health objectives clearly in order to protect controls on marketing and distribution which may otherwise be challenged under the conditions of the economic agreements and treaties.

The WPRO Strategy was acknowledged for its inclusion of mention of economic treaties (4.3.3). However, participants felt that these statements did not reflect strongly enough the importance of the issue for the region. It was noted that the exclusion of alcohol from an economic agreement in the region (PICTA) was strongly supported by the NGO community in the region and that the strategy should reflect this as an appropriate measure.

It was felt that it was essential to stress that economic treaties and

agreements should not lead to increased alcohol related harm by diluting existing control policies or preventing the implementation of new evidence based policies. This can be achieved by not treating alcohol as an ordinary commodity.

In his opening address to the conference, Professor Dr. Suchai Charoenratanakul pointed out that the developing world experiences high alcohol morbidity and mortality and that alcohol abuse is one of the greatest health-demeaning behaviours in the Asia-Pacific region.

Professor Charoenratanakul continued: "Conventionally, countries in the Asia-Pacific region are easily differentiated in terms of alcohol consumption level. Consumption in those countries with well known high-consumption rate, such as Australia, New Zealand, Korea and Japan, are still remained high in the past few decades. In other words those countries have a very mature alcohol markets.

At the same time, a fast growth in alcohol consumption rate is seen in previously dry countries, in parallel

with the economic growth. Increases in alcohol consumption in Asia-Pacific countries, particularly in China, India and Thailand, make the Asia-Pacific region one of the brightest markets for the alcohol industry.

The marketing strategy of international alcohol company into this emerging region, particularly under the umbrella of the free-market system, the aggressive marketing strategy, and an increase in the popularity of western-style and branded beverages, have changed the way alcohol is consumed in this region, particularly among youth and young adults.

As a result, youth and female habitual drinkers are more common in many parts of the region and raise public concern. Of course alcoholic beverages are not ordinary goods; the increases in its consumption simply imply increasing in alcohol-related violent on the other.

1.8 million lives per year or 5,000 lives per day are lost from alcohol consumption worldwide. Many of these losses are preventable. Thus, an

effective alcohol policy framework with evidence-based strategies and evidence-based programs, as declared by the 58th World Health Assembly, are urgently needed.

However, the effective policy cannot be implemented and copied from other countries around the world. It should be coordinated and synergistic with existing public health infrastructures in each country and the region as a whole.

In this globalized world, any efforts will be limited by social factors, economic factors and geographical factors. A modern alcohol policy should be participated with a wide-range of relevant actors from public health and other non-commercial interests. In addition, contributions from local and global actors to set up the policy are really helpful.

The need for health voice on alcohol has never been greater than today. Thus we are here to play our important role, hand in hand, in developing, and supporting an effective strategy to reduce alcohol-related problems. This is for the future of our own destiny."



WTO/GATS negotiation

Dag Endel

With the de facto breakdown in the WTO negotiations in the summer of 2006, there is now a freeze in all negotiation processes under the World Trade Organization. The breakdown came because of a controversy on markets access for and subsidies on agriculture products. However, since this is such a major issues for many countries, the breakdown on this point has had the consequence that also the GATS negotiations on trade in services have been halted. Today nobody knows if, when and how the negotiations may be back on track again. Some countries are pushing for an immediate resumption, while others are just waiting. But once the negotiations start up again, things may move very quickly. This means that NGOs wishing to influence the discussions must be prepared. They must also be ready to act quickly – indeed, they should start acting now, while the national ministries and negotiators have the time to listen.

Relevance for alcohol policy

The issues with strongest relevance for alcohol policies within the WTO system are now covered by the discussions under the GATS; General Agreement on Trade in Services. These negotiations do not cover the products themselves (eg. alcohol), but the services related to the products (like sales and marketing). A working group was established after the 2005 WTO meeting in Hong Kong with the task of developing so-called disciplines on domestic regulations.

Domestic regulations are any regulation of or restriction on the free trade in services implemented by national, regional or local governments.

Disciplines on domestic regulations are sets of guidelines on how, when and why governments can impose

regulations on the trade in services; for example, alcohol licensing procedures, state monopolies, limiting the number of suppliers or outlets, restrictions on advertising and promotion activities.

However, ‘restrictions’ may be a more appropriate term than ‘disciplines’. The aim of the guidelines is definitely to avoid too much interference in the market by governments.

A poor result in the negotiations on domestic regulations, may severely limit governments’ freedom to use the alcohol control policy measures that are proven to be the most effective by alcohol research (ref. Babor et al). On the other hand, there are good possibilities to limit a possible damage by a few changes in the existing draft texts.

A fundamental conflict of interests?

The basic idea behind the international trade treaties under the World Trade Organization is that the removal of restrictions on the free trade in products and services are to be achieved progressively, and that the process of trade liberalization is essentially irreversible. Once trade restrictions have been lifted in a country the process towards their reintroduction is made very complicated.

In the WTO system alcoholic beverages are treated just like any other product unless a country makes specific provisions to the contrary.

This approach is in strong conflict with the approach now taken by the international alcohol research

Trade and alcohol policy

and public health community, reflected in the World Health Organisation sponsored study by Thomas Babor et al; “*Alcohol – No Ordinary Commodity*”. The same approach informs the study “*Alcohol in Developing Societies – A Public Health Approach*” by Robin Room et al.

According to these reports alcoholic beverages have so many detrimental effects on public health that necessary steps must be taken to limit consumption in order to reduce the burden on individuals and the society. Babor et al list in their report which measures are the most effective in preventing alcohol-related harm; under the headline ‘Best practises’. Among the interventions recommended are: minimum legal purchasing age, government monopoly of retail sales, restrictions on hours or days of sale, outlet density restrictions and alcohol taxes.

Furthermore, while the aim of trade liberalization is an increase in sales and consumption, the paramount objective of alcohol control policies is to reduce the overall consumption and thereby reduce the harmful consequences.

This shows that there is a fundamental conflict of interest and objectives between a trade approach and a public health approach to trade in alcohol.

A long-term solution

This basic conflict of interests can only be solved by taking alcoholic beverages out of the WTO treaties and instead regulate these products under international agreements based on public health and social welfare interests. Robin Room and

his colleagues conclude from a development perspective that as the international trade treaties are formulated now (eg. GATS), they are not in the interest of public health, since they threaten the existence of national and local controls over the market.

In its General Assembly in 2005 the World Medical Association discussed strategies for prevention of alcohol-related harm and concluded:

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

Can an exception be made for alcohol?

The WTO system (eg. the preamble to the GATS agreement) allows for restrictions on free trade in products and services, provided that regulations are implemented to protect important national policy objectives. Public health is one such legitimate objective.

In Article XIV of the agreement (General Exceptions) it is stated that the GATS Agreement shall not prevent Member states from adoption or enforcement of measures:

- (a) necessary to protect public morals or to maintain public order
- (b) necessary to protect human, animal or plant life or health; In a note paragraph (a) it is stated:

“The public order exception may be invoked only where a genuine and sufficiently serious threat is posed to one of the fundamental interests of society.”

Unfortunately, we do not know how robust these exemption paragraphs will be in the long run. But so far, trade arguments seem to have prevailed over other considerations when cases have been tested. It is significant that the exemption rule in the preamble to the GATS agreement is balanced with a number of other rules to limit the number of restrictions that can be introduced or maintained. In Article VI of the agreement it is said that domestic regulations

- shall not “constitute unnecessary barriers to trade in services”
- shall not be “more burdensome than necessary to ensure the quality of the service”
- “in the case of licensing procedures, not in themselves (be) a restriction on the supply of the service”

‘Necessity Tests’

These rules are the basis for the WTO system of “necessity testing”. Governments and companies that find any domestic regulation on trade in a specific country to be unnecessary and contrary to the rules of the WTO agreements and to the notion of free trade, may make a complaint. The case is then judged by a panel of WTO experts. Public health interests will face a number of problems when cases are to be judged by WTO panels, eg. cases on alcohol control policies:

WTO/GATS negotiations and alcohol policy

- The panels will be composed of trade experts whose primary purpose is to protect the WTO agreements and the notion of free trade
- The panels will know the trade arguments well, but they will have less understanding of the health and social aspects of the alcohol trade, not to mention the broad evidence base for alcohol control policies
- The burden of proof lies with the government that has implemented regulations on free trade. It will have to prove that the objective of the regulation is of national importance and that the regulations produce the intended result
- A government will, furthermore, have to prove that other, less restrictive measures, would not serve the same purpose – which of course is very difficult, if not impossible

The difficulty of meeting these 'necessity tests' is made clear by a 'consolidated working paper' on domestic regulations. Disciplines on domestic regulation pursuant to GATS article VI:4 - Consolidated working paper (JOB(06)/225) produced in the summer of 2006¹.

One particular difficulty is that exemptions can only be made to achieve 'national' policy objectives. The legitimacy of the regulatory objectives of other levels of government (state, region or municipal) is not recognized, and these may not serve as a defence if WTO challenges are launched against sub-national regulations. The working paper also confirms that only a very restricted concept of 'necessity' will be permitted. Regulations can be challenged if they are deemed to be "*unnecessary barriers to trade*" and/or "*more burdensome than necessary*". It would be up to WTO panels to determine whether a regulation was 'necessary'. If there were less burdensome alternatives, if the regulation was ineffective in meeting its goals, or if the goals the regulation was intended to achieve were not 'important' enough then, following WTO jurisprudence, the regulation would fail to be 'necessary'.

Alcohol licensing provides an obvious test case. Since all regulations in some way restrict commercial activity, any licensing requirement could potentially be challenged under this discipline. Moreover, the GATS covers not only

cross border trade but also all foreign investment within the borders of a country, so any regulation could be challenged as impeding commercial activity.

Finally, national governments would be obliged to harmonize their standards with international ones wherever these existed. National differences would not be permitted. So, for example, if international standards on alcohol advertising were established, countries would not be able to implement their own, tougher regulations, such as total bans on such advertising.

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Thomas Babor et al; "Alcohol – No Ordinary Commodity."

Robin Room et al.; "Alcohol in Developing Societies – A Public Health Approach"

Link to the full text of the GATS Agreement:

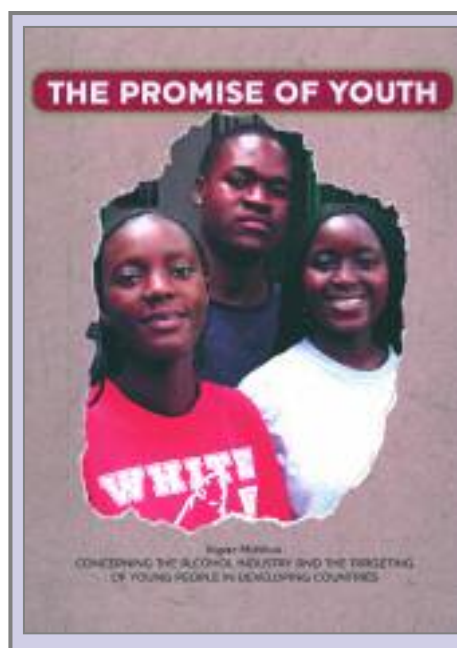
http://www.wto.org/english/docs_e/legal_e/26-gats.doc

The web site of World Trade Organizations:

<http://www.wto.org/>

- 1 Disciplines on domestic regulation pursuant to GATS article VI:4 - Consolidated working paper (JOB(06)/225) This document, like other documents in the GATS negotiations, has not been made public. However, copies are available from the author.

Dag Endal is the President of Actis, the Norwegian Policy Network on Alcohol and Drugs and project coordinator of FORUT – Campaign for Development and Solidarity.



The Promise of Youth by Ingvar Midthun

Published by:
FORUT - Campaign for
Development & Solidarity
and Global Alcohol Policy
Alliance (GAPA) 2006

A review of this booklet will appear in the next issue of The Globe.

A decade of failure: self-regulation of alcohol advertising in Australia

Geoff Munro

In 1993 one of Australia's foremost public health researchers concluded that unless the alcohol industry could demonstrate control over alcohol advertising the public could rightly demand that it be regulated by government (Hawks, 1993). A decade on, the latest system of self-regulation, administered from 1998 until 2003 by the alcohol industry, was found by government to have failed to operate effectively, despite the industry's constant reassurance that the system could not be bettered.

Alcohol advertising in Australia is subject to two codes of practice. One is the Advertiser Code of Ethics which applies to all advertising and addresses matters of 'taste and decency,' primarily language, discrimination and vilification, violence, and sex. More specifically, alcohol advertising is subject to the Alcohol Beverages Advertising Code (ABAC) which is controlled and administered by the drinks industry.

In summary, ABAC requires alcohol advertisers to "present a mature, balanced and responsible approach to drinking". Accordingly, advertising "must not have strong or evident appeal to children or adolescents," nor depict "the consumption or presence of alcohol as contributing to personal, business, social, sporting, sexual or other success"; nor suggest alcohol contributes to a change in mood or environment (ABAC, undated).

Four industry associations operate ABAC in the interest of 'voluntary self-regulation': the Australian Associated Brewers (AAB), the Distilled Spirits Industry Council of Australia (DSICA), the Liquor Merchants' Association of Australia and the Winemakers' Federation of Australia. Two key components of ABAC are the Pre-vetting panel, which previews advertisements in the developmental stage to ensure "they abide by the letter, and the spirit, of the Code", and the Complaints Panel that adjudicates on objections to advertisements (DSICA 2002).

In the period under review the Advertising Standards Board (ASB) acted as the gatekeeper on advertising complaints: if they concerned the 'taste and decency' code the ASB would adjudicate the complaint; if they concerned alcohol advertisements it would

refer the complaint to the ABAC complaints panel.

The ABAC system functioned unimpeded for five years (NCRAA, 2003). Throughout the period the liquor industry insisted ABAC was working perfectly and no improvement was possible: "...Australia has a comprehensive self regulatory system in place that specifically prevents advertising directed at young people" (DSICA, 2002). It was also a global benchmark: "the industry's voluntary code and its complaints system was one of the world's most



Fig 1

Product:

Archer's Schnapps

Advertiser:

Diageo

Location:

Tram shelter, Melbourne

A decade of failure: self-regulation of alcohol advertising in Australia



Fig 2

Product:

Archer's Schnapps

Advertiser:

Diageo

Location:

Tram shelter, Melbourne

stringent" (Milburn, 2002) and the AAB said: "Australian brewers lead the world in strong self regulation of advertising" (Hudson, 2003). Individual companies proclaimed their commitment to the code: Carlton & United Breweries was "on the front foot [in terms of endorsing responsible drinking]" (Ligerakis, 2003) and Diageo asserted that code breaches were made by 'small operators' that were not representative of the industry (Howarth, 2004).

Despite these glowing self assessments the ABAC was tightened in 2003 on the recommendation of the Ministerial Council for Drug Strategy, following a formal review that demonstrated the system had failed (NCRAA, 2005). The four posters are examples of advertisements which contributed to that conclusion.

Diageo's campaign for Archer's Schnapps featured a slogan that employed archetypal children's language, 'Come out to play', and

used other techniques that seemed designed to attract the attention of minors. One version had the slogan written on the palm of a hand (fig 1) and another iteration had it forming a text message on a mobile phone (fig 2). As children are likely to write messages on their hands, and adolescents are adept at 'texting', the images were likely to resonate with young people. Their placement on public transport shelters, where minors congregate, offered intensive and extensive exposure to people who are too young to purchase the product. At a landmark Alcohol Summit convened by the New South Wales government in August 2003, the 'SMS' version was highlighted as exemplifying the licence taken by the industry (Gotting, 2003).

An advertisement for Beck's Beer (fig 3) featured a scantily dressed woman lifting her top to reveal her bikini-style underwear. As with the previous advertisement, this was posted on public transport shelters in capital cities. It appeared to infringe the section of the code that prohibits an association between alcohol and sexual success. It could even be interpreted as depicting a female drinker offering sex. The Prevetting panel thought the advertisement consistent with the code because ABAC does not prohibit sexual imagery, and: "...this ad is a line drawing only, and does not depict a real woman." The panel also thought it did not show or imply sexual success because only one person was present (Rubensohn, 2003). The ASB considered "...the majority of people would not be offended." Despite those judgments this image was the subject of much attention in the official review of ABAC (NCRAA, 2003).

Carlton United Breweries responded to this climate by portraying a couple engaged in a sexual act in a lavatory cubicle (fig

4). This advertisement has added significance because CUB said it delayed the Empire Lager campaign until it heard the verdict on advertising at the Alcohol Summit (Ligerakis, 2003). Advertising came under sustained attack at the summit and national and state politicians threatened tighter regulation unless it improved (Ryan, 2003). On the basis of having released this advertisement after the summit it is impossible to think CUB treated the issue, the summit, or the code seriously. When challenged CUB asserted that the couple was not having sex but was acting "frivolously" (O'Neill, 2004). It is a significant admission, first because CUB could not afford to accurately describe the action, and second, it conceded that the image violated the injunction that advertising must portray "mature and responsible behaviour."



Fig 3

Product:

Beck's Beer

Advertiser:

Lion Nathan

Location:

Bus shelter, Melbourne.

A decade of failure: self-regulation of alcohol advertising in Australia

By mid-2002 the discrepancy between the claims made by the alcohol industry for the integrity of its advertising and the numerous violations of the code was too obvious to be ignored. The Ministerial Council on Drug Strategy (MCDS), which is responsible for Australia's drug strategy, instigated a formal review by an ad hoc body, the National Committee for the Review of Alcohol Advertising (NCRAA).

That decision amounted to a vote of no confidence in the stewardship of advertising by the liquor industry that maintained its system of self-regulation was "world's best practice." It is evidence that the industry was out of touch with community standards and had lost the confidence of public health officials and some key politicians.

NCRAA's report confirmed the system was seriously deficient and had failed to ensure alcohol advertising complied with the ABAC. It found the public was largely unaware of the code and how to register a complaint; the process for judging complaints was too slow; decision-making processes were unclear, outcomes were not well reported, and the code did not include Internet advertising (NCRAA, 2003). It also discovered that the Complaints Panel had considered only 5% of complaints registered since 1998. Unless a complainant had referred explicitly to the ABAC code the ASB had adjudicated the complaint itself, according to the generalist advertising code, without referring it to ABAC (NCRAA, 2003). This meant the ABAC complaints process had not functioned, although the industry thought the system was working at the optimal level.

When complaints were adjudicated, they were dismissed. The ASB rejected every one of the 361 complaints it considered, and of the 20 investigated by the ABAC



Fig 4

Product:

Empire Lager

Advertiser:

Carlton United Breweries

Location:

Gentlemen's Quarterly Spring 2003.

Complaints Panel just five were upheld (NCRAA, 2003).

As a result of the NCRAA report, MCDS made numerous recommendations regarding ABAC. The industry must report annually to MCDS on all complaints. Each complaint must be referred to the ABAC Complaints Panel and should be resolved within thirty days. A government official was added to the ABAC management committee and a public health expert joined the Complaints Panel; the code was extended to include Internet advertising and a protocol was to be developed for sponsorship of youth events. MCDS gave the industry six months to implement the changes and the amended ABAC system began on 1 April 2004 (NCRAA, 2005).

It is ten years since David Hawks suggested time was running out for the drinks industry in Australia to prove itself capable of self-regulation. An experiment of a further decade's duration should be conclusive. During the 'first' ABAC regime industry bodies proclaimed the system was ideal, refused to

countenance any improvement and maintained its implementation was flawless. But an inquiry found the system was ineffectual, and some components inoperative, with the result that advertisers flouted the rules and complaints were routinely rejected. The ABAC case showed the self-regulators were, at best, unable to distinguish between a viable system and one in extremis. That the industry retained the privilege of self-regulation is a measure of its political power and government's reluctance to intervene in an era of deregulation. The minor changes to the code forced by MCDS in 2003 give some hope that the industry can be held to account due to continuing scrutiny.

Geoff Munro

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World Bank calls for acti

Raising prices through taxation, comprehensive bans on advertising and product promotions, age restrictions on sales and prominent health warnings on alcohol are called for by the World Bank in its World Development Report 2007*.

The report, Development and the Next Generation, is devoted to the theme of young people, and it says that there has never been a better time to invest in young people in developing countries.

Those who are 12-24 years of age number 1.3 billion and make up the

largest youth cohort in history. They are, on average, more educated and healthier than generations before them. They represent a potentially stronger base on which to build in a world that is increasingly demanding more than basic skills.

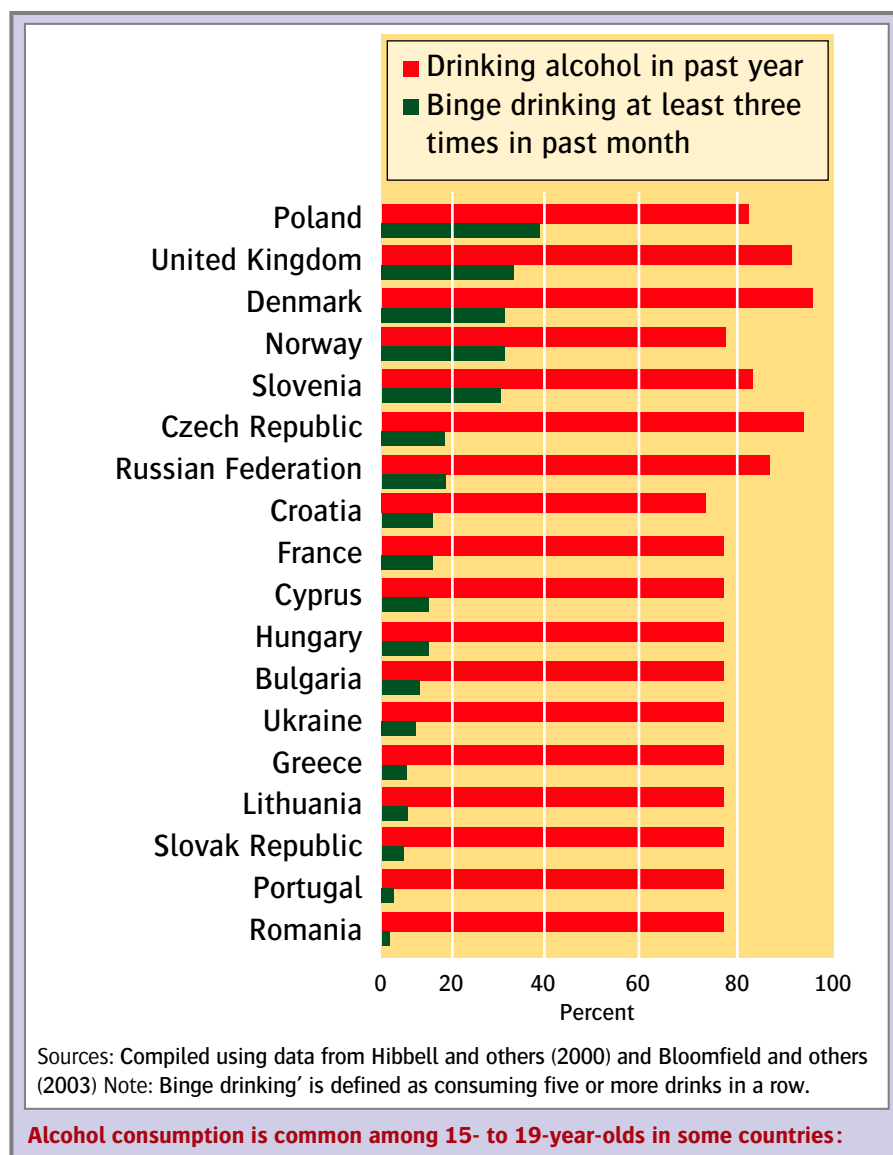
Today's young people are the next

generation of workers, entrepreneurs, parents, active citizens and leaders who have relatively fewer dependents because of lower birth rates. Countries need to seize this window of opportunity to invest in the future before the ageing process closes it.

The report discusses priorities for government action across five youth transitions that shape young people's human capital: learning, working, staying healthy, forming families, and exercising citizenship.

Within these transitions, priorities for investment vary across countries. The Report highlights three lenses that help assess priorities: expanding opportunities, enhancing capabilities, and providing second chances.

- Expanding opportunities focuses on increasing the quality (not just quantity) of education, smoothing the transition to work, and providing young people with a platform for civic engagement.
- Enhancing capabilities involves making young people aware of the consequences of their actions, especially consequences that will affect them much later in life; building their decision-making skills; and giving them the right incentives.
- Providing second chances calls for helping young people recover from missed opportunities through remedial education, retraining, treatment, and rehabilitation.



Growing up Healthy

The report says that the best way to avoid the future loss of human productive capital and steep

on on youth and alcohol

increases in future health care expenditure is to modify health behaviour during youth, when habits are still being learned. Policies to promote better health in young people stand on three legs: the provision of the knowledge and skills necessary to make informed choices and negotiate safe behaviour; an environment that enables healthy behaviour and discourages risky behaviour, and, for young people harmed by poor health decisions or environments, treatment and rehabilitation services.

Alcohol, tobacco and drugs.

Alcohol is the most widely consumed drug in the world: about half of those 15 and older have consumed alcohol in the past year. Patterns are difficult to interpret, because moderate drinking – even by youth – is accepted in many countries. The proportion of young people who report drinking generally exceeds 60 percent, of whom 10 to 30 percent engage in binge drinking. In the United Kingdom, young people between 16 and 24 are the heaviest drinkers in the population, and the least likely to abstain from drinking. Limited data from developing countries suggest that young people are beginning to drink alcohol at earlier ages. Boys are more likely than girls to drink alcohol and to drink heavily, though consumption among girls in some countries (especially in Latin America) has begun to approach or even surpass that of young men.

Early initiation of alcohol use is correlated with a greater likelihood of both alcohol dependence and alcohol-related injury. A study of

hospitals in three cities in South Africa found that 61 percent of patients admitted to trauma units in these cities were alcohol-positive, including 74 percent of violence cases, 54 percent of traffic collisions, and 30 percent of trauma from other accidents. Young people who abuse alcohol and drugs are more likely to commit crimes, and substance abuse is a major risk factor in violence. Examination of 960 people arrested in nine police stations in three cities in South Africa found that 22 percent were under the influence of alcohol when the alleged crime took place.

Per capita consumption of tobacco is declining in developed countries, but rising in many developing countries, for both men and women. Between 1970 and 1990, tobacco consumption is estimated to have increased by about 3.4 percent a year in low- and middle-income countries, and people are beginning to smoke at younger ages. Reported use of cigarettes, pipes, and chewing tobacco varies widely. Most smokers in Indonesia consume clove cigarettes, which contain twice the tar, nicotine, and carbon monoxide of American cigarettes, and smoking among 15-

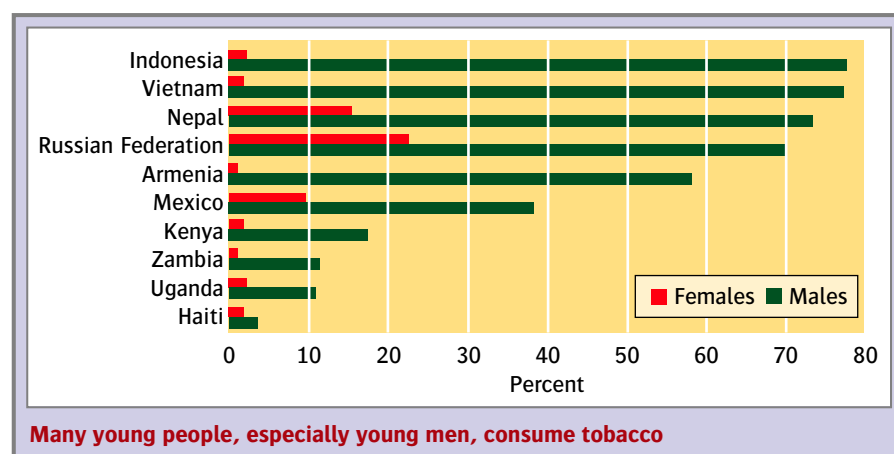
to 19-year-olds rose from 32 percent in 1993 to 43 percent in 2000.

Fewer girls than boys report tobacco use, though it may be increasing among girls in developing countries.

Few young people experiment with illegal drugs, and an even smaller number go on to develop long-term chronic problems. Even so, measures to prevent experimental use are worthwhile to avoid addiction and the acute and possibly fatal reactions with even limited experimental use. Young people in developed and developing countries experiment with cannabis, amphetamines, cocaine, heroin, and inhaling solvents, glue, and gasoline. Inhaling volatile chemicals, relatively neglected by policy makers, is extremely dangerous, and acute intoxication can be fatal. Young people are more likely to abuse solvents because they are easily available in homes and shops, and street children are especially vulnerable.

Street children abusing drugs:

The prevalence of illegal drug use is highest in developed countries but increasing in developing countries.



World Bank calls for action on youth and alcohol

In many regions, especially Central Asia, prevalence now approaches developed country levels. (Estimates of drug abuse by young people are available only from a few small studies, mainly for school students.) There are an estimated 13 million injecting drug users worldwide, 78 percent of them in developing and transition countries, the majority young. Potentially deadly in itself, injecting drug use increases the risk of acquiring HIV through the sharing of infected needles and the exchange of body fluids.

Changing prices and incentives

Young people's choices respond to changes in prices and incomes, as well as to the existence of health services. In rural Kenya, a randomized controlled experiment providing free uniforms (along with sex education) significantly reduced risky sex, as evinced by a drop in pregnancy incidence among schoolgirls. General poverty alleviation programs targeted at youth or families with youth can increase the opportunities available to young people, and conditional cash transfers can provide additional incentives for health choices. The Oportunidades program in Mexico provided incentives for young people to remain in school, where they received health information and periodic health services. In addition to the beneficial effects on schooling, the program led to reduced smoking and alcohol consumption for all youth, and an increase in the age of sexual debut among girls.

Most governments levy taxes on tobacco and alcohol, which increases prices. In general, young people are more price-sensitive than adults. If the price of cigarettes rises, they are less likely to take up smoking, and those who have begun smoking are more likely to

quit. In Indonesia, where the prevalence of smoking among men is high, 15- to 24-year-old males were more responsive to cigarette prices than older males. Alcohol consumption also declines with increases in price. Among high school students in the United States, a 10 percent increase in the price of alcohol will reduce alcohol consumption by 4-5 percent, and binge drinking by 20 percent. There is similar evidence on the consumption of illicit drugs: a 10 percent increase in the price of marijuana will reduce marijuana use by 5 percent; and price increases in marijuana, cocaine and heroin reduce both arrests and hospital admissions associated with drug consumption. Changes in prices can explain most of the observed changes in binge drinking and marijuana use by high school seniors between 1975 and 2003.

Cigarette smoking tends to be more sensitive to price in low-income countries than in high-income countries. For example, it is estimated that a price rise of 10 percent for a pack of cigarettes reduces demand for cigarettes by 6-10 percent in China, and only 4 percent in the United States. One reason for the difference could be that low-income countries have a larger share of young people than high-income countries, and young people are more price-sensitive than adults. Poorer people are also more price-sensitive than wealthier.

In addition to raising prices through taxation, comprehensive bans on advertising and product promotions, age restrictions on sales, and prominent health warning labels can reduce the consumption of tobacco and alcohol. Comprehensive bans on cigarette advertising and promotion reduced smoking in some high-income countries, although partial bans had little or no effect. Studies based on cross-country analysis find

no link between advertising and sales restrictions and reduced smoking. However, a study of 100 countries comparing consumption trends over time found that consumption fell much more steeply in countries that had nearly complete bans on advertising, compared with countries with no such ban. Health warning labels on cigarette packs, though effective in reducing tobacco consumption among adults, may not discourage youth from smoking, because they are more likely to buy single cigarettes than packs.

Young people are exposed to a wide variety of tobacco control policies, including advertising restrictions, health warnings, and prohibitions on the sale of tobacco to minors. There is little consistency in policies: some countries ban advertising without restricting sales to minors; others ban sales to minors but do not restrict advertising. The independent effect of each policy is difficult to identify. Interventions to reduce the consumption of these potentially harmful substances are more effective if implemented jointly: for example, tobacco control is more effective if it includes both advertising bans and higher taxes.

Policies to reduce consumption of harmful substances can have unintended consequences. In 1985, Russia restricted alcohol sales and raised the legal age for alcohol consumption. This dramatically improved life expectancy among men, but it also increased the use of harmful alcohol substitutes.

Russia limited the sale of alcohol, and deaths and illnesses fell.

* *World Development Report 2007: Development and the Next Generation*

Alcohol Strategy Working Group in Saint Helena

The island of St Helena in the South Atlantic Ocean is a British Overseas Territory. It is over 4000 miles from the UK, 700 miles southeast from Ascension Island and 1700 miles from South Africa. St Helena can only be reached by ship, its own dedicated ship the RMS St Helena, which sails between St Helena, Namibia, South Africa, Ascension Island and the UK. St Helena's on-island population is around 4,000.

In December 2004 representatives from the Public Health and Social Services Department met with the Legislative Council and the managers of the government departments to voice their concerns at the health and social costs of excessive alcohol use on the island. Prior to this meeting there had been several high profile incidents of under age drinking which had caused alarm in the community. Though the health professionals shared these concerns they felt strongly that under age drinking should be seen in the context of alcohol use on the island as a whole. Following this meeting it was agreed that a Community Alcohol Summit be held so that all sectors of the community would have an opportunity to participate in tackling the problem of excessive alcohol use.

The Summit was held in March 2005 and attended by over 50 delegates from government departments, the private sector and civil society. A series of guest speakers from the departments of public health, education, social work, employment and social security as well as a youth worker, gave presentations on the effects of

alcohol from their perspective. A visiting public health specialist gave an overview of alcohol use on St Helena compared to the UK and determined that on average for people over the age of sixteen 15.3 units of alcohol are consumed each week. This he said was greater than the UK average. The floor was then opened up for general discussion and for recommendations on how best to tackle problems caused by alcohol.

Out of the Summit came the Alcohol Strategy Working Group (ASWG), which is the body that was tasked with prioritising the recommendations and developing and implementing an alcohol strategy for the island.

The main priorities were identified as:

- Increase awareness of alcohol related problems
- Introduction of a proof of age card scheme for young people
- Training for licensees in alcohol awareness
- Review of the government's Alcohol at Work Policy
- Improved screening for alcohol related problems

- Review of duties on alcohol
- Review of legislation relating to the sale and consumption of alcohol

An alcohol strategy has now been published and while there is much work to be done there have been some successes. The proof of age scheme has been implemented and, prior to having their licenses to sell alcohol renewed, all licensees had to attend a workshop in alcohol awareness and their responsibilities under the law. Awareness of alcohol related problems has increased and members of the ASWG regularly appear in the local media to discuss alcohol related issues. Medical staff are now referring people for assessment of alcohol problems and a number of people have self-referred. The Public Health and Social Services Department has adopted the WHO AUDIT and Brief Interventions approach to working with people who have problems with alcohol.

Most importantly there is a sense that the community is more involved in tackling the issues of alcohol related problems.

The ASWG would like to make contact with other similar groups, particularly those from remote communities. The convenor, Mr Ian Rummery, can be contacted via email on: mgr.sundale@helanta.sh

Brazilian NGOs on the move

Non-governmental organizations (NGOs) from Latin America's largest country, Brazil, gathered in early September to develop a long-term strategy for promoting effective alcohol policies at the global, federal and local levels.

The gathering of representatives from 132 Brazilian NGOs was held on September 6, 2006, prior to the start of the annual Brazilian Association of Alcohol and Drugs (ABEAD) congress, which convened in Santos, in the state of São Paulo. Dr. Ronaldo Laranjeira of the Alliance of Citizens for Control of Alcohol (ACCA) and meeting co-chair, set the stage for the meeting by providing a summary of the Global Alcohol Policy Network's (GAPA) efforts to build a global network of NGOs working on alcohol policy and he expressed his desire for Brazil to have a strong, organized participation in GAPA's efforts.

Mr. Neube Brigagão, president of one of Brazil's largest and most important NGOs, (Brazilian Federation of Families with Alcohol and Drug Problems), lent his full support for an organized Brazilian alcohol policy network. The organization, which is comprised of parents of people with alcohol and drug dependence, has over 1000 local groups throughout Brazil and they provide services to more than 80,000 families per week. Mr. Brigagão stated that the organization would support policies efforts that *"provided our children with an alternative to drinking"* and felt that a coordinated effort in Brazil is needed.

Participants also heard about alcohol policy and organizing efforts by NGOs from other

countries, particularly from the United States of America and Argentina. Mr. Raul Malatini, director of the Comisiona Nacional de Padres de Argentina, described how the small drinking and driving prevention NGO rose from a handful of volunteers to a nationwide effort.

Meeting participants formed a 12-member committee that has taken the responsibility for centralizing decisions about future actions and the leadership in developing a Brazilian alcohol policy network. The committee did not have to wait long for an opportunity. Hours after the meeting, committee members learned that the legislative body of the state of Rio Grande do Sul had approved and sent the Governor a law that would have re-categorized wine from an alcoholic beverage to a food product, thus lowering the tax, and price, of wine.

Committee members quickly organized NGOs from the state of Rio Grande do Sul and from around the country to send emails to the governor, president of the legislature and other politicians from this wine-producing state. Hundreds of emails were sent and the media provided extensive coverage of the campaign to stop the law from being signed. The governor, who had earlier supported the bill, withdrew his support and refused to approve the law.

Based on the success of the email campaign, committee members are now working on developing a more formalized, and rapid, way of communicating with all NGOs interested in alcohol policy in Brazil. The committee is also planning a meeting in March 2007 in Brasilia, the capital of the country. Dr. Sergio de Paula Ramos, president of ABEAD and co-chair of the meeting, stated that the gathering in Brasilia would be *"a next step to developing a strong, unified position on where Brazilian NGOs stand in terms of alcohol policies within the country and in relation to the World Health Assembly."*

Ronaldo Laranjeira - Alliance of Citizens for Control of Alcohol (ACCA)

Anthony Ramirez - Pacific Institute for Research and Evaluation



Further publications available from the Institute of Alcohol Studies

Counterbalancing the Drinks Industry

Counterbalancing the Drinks Industry: A Report to the European Union on Alcohol Policy
A response to a report published by the European drinks industry and a defence of the WHO Alcohol Action Plan for Europe.

Alcohol Policy and The Public Good

Alcohol Policy and the Public Good: A Guide for Action
An easy-to-read summary of the book written by an international team of researchers to present the scientific evidence underpinning the WHO Alcohol Action Plan for Europe

Medical Education

Medical Education in Alcohol and Alcohol Problems: A European Perspective
A review of educational programmes on alcohol and alcohol problems in European medical schools, identifying gaps in provision and proposing guidelines for a minimal educational level within the normal curriculum of under- and post-graduate medical students.

Alcohol Problems in the Family

Alcohol Problems in the Family: A Report to the European Union

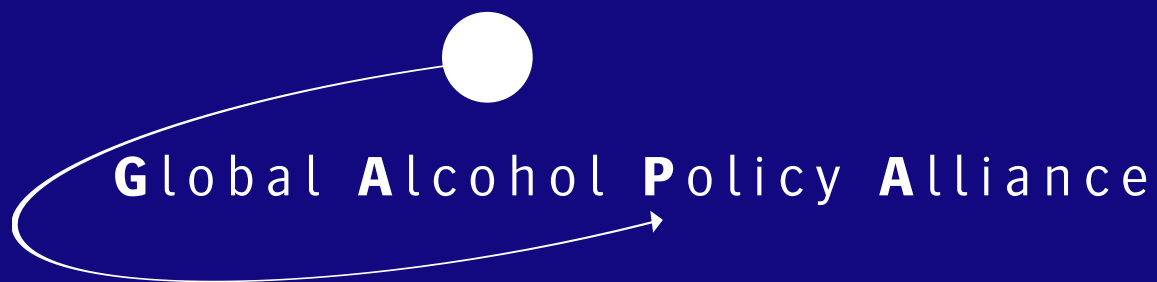
A report produced with the financial support of the European Commission describing the nature and extent of family alcohol problems in the Member Countries, giving examples of good practice in policy and service provision, and making recommendations to the European Union and Member Governments.



Marketing Alcohol to Young People

Children are growing up in an environment where they are bombarded with positive images of alcohol. The youth sector is a key target of the marketing practices of the alcohol industry. The booklet depicts the marketing strategies of the industry and shows how advertising codes of practice are being breached.





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