



Global Alcohol Policy Alliance



Alcohol Focus
SCOTLAND

Abstracts



GAPC 2015

Momentum for change: research
and advocacy reducing alcohol harm

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Speaker Biographies

Sari Aalto-Matturi

Sari Aalto-Matturi is Executive director of EHYT, The Finnish Association For Substance Abuse Prevention EHYT. EHYT is a NGO that has strong expertise and skills in preventive substance abuse work and substance policy. The work extends from children and young people to working-aged and elderly people. Sari has a wide experience in organizational communications and has previously worked as the Director of Democracy issues in the Finnish Ministry of Justice.

Thomas F. Babor, Ph.D., M.P.H.

Dr Babor spent several years in postdoctoral research training in social psychiatry at Harvard Medical School, and subsequently served as head of social science research at McLean Hospital's Alcohol and Drug Abuse Research Center in Belmont, MA. In 1982 he moved to the University Of Connecticut School Of Medicine. He has served as the Scientific Director at the Alcohol Research Center and the interim Chair of the Psychiatry Department before moving to Community Medicine in 1998. Dr. Babor is head of the Department of Community Medicine and Health Care and directs an active research program. He is also Associate Editor-in-Chief and Regional Editor of the international journal, *Addiction*.

Professor Sally Casswell

Sally Casswell is Professor of Social & Health Research and the Director of the SHORE & Whariki Research Centre, College of Health at Massey University, New Zealand. Her research interests are in social and public health policy, particularly in relation to alcohol and other drugs. She has carried out research on the development and implementation of public policy at the national and community level and in the evaluation of these initiatives. A focus for some years has been on commercial marketing of alcohol products. She is involved in international alcohol policy as a member of the WHO Expert Advisory Panel on Drug Dependence and Alcohol Problems and SHORE is a WHO Collaborating Centre. Professor Casswell also has an active involvement with the NGO sector including GAPA (Global Alcohol Policy Alliance) as a Board member and Chair of the Scientific Advisory Board and the Ketill Bruun Society for Social Epidemiological Research, currently as President Elect. Professor Casswell is an Officer of the Order of New Zealand, presented for services to health research, and a Fellow of the Royal Society of New Zealand.

Professor Amandine Garde

Amandine Garde is Professor of Law and Head of Department at the University of Liverpool. Her research interests lie in the fields of EU Internal Market, Consumer, Advertising, Food and Public Health Law. In particular, she has developed an expertise on the legal aspects of obesity prevention and other risk factors for non-communicable diseases such as tobacco

and excessive alcohol consumption. Her book *EU Law and Obesity Prevention* (Kluwer Law International, 2010) is the first to offer a critical analysis of the EU's Obesity Prevention Strategy, and she is co-editor (with Alberto Alemanno) of *Regulating Lifestyle Risks: the EU, Alcohol, Tobacco and Unhealthy Diets* (Cambridge University Press, 2015). She is the author of several reports on food marketing to children and obesity prevention, and she has provided a series of training sessions on the role of legal instruments in the prevention of non-communicable diseases for, among others, the World Health Organization. She is a member of the Ad Hoc Working Group on Science and Evidence to the WHO Commission on Ending Childhood Obesity. She has also been involved in a range of policy initiatives for the European Commission, the UK Government, the Scottish Government, UNICEF, the Swedish Institute for European Policy Studies, as well as the National Institute for Health Education and Promotion (INPES) and the National Institute for Health and Medical Research (INSERM) in France. She regularly lends her advice to a broad range of NGOs and governments worldwide. She is the founder and director of the newly launched Law and NCD Prevention Research Unit at the University of Liverpool.

Amandine Garde previously lectured at King's College London (where she obtained her PhD), at the Faculty of Law in Cambridge (where she was also a Fellow of Selwyn College), at the University of Exeter and at the University of Durham. She also spent a year as a postdoctoral Jean Monnet Fellow at the European University Institute in Florence in 2005-2006 and is a qualified solicitor having trained at Simmons & Simmons in their London and Paris offices.

Professor Gerard Hastings

Gerard Hastings is the first UK Professor of Social Marketing and founder/director of the Institute for Social Marketing and Centre for Tobacco Control Research at Stirling and the Open University. He has acted as an expert witness in litigation against the tobacco industry, chairs the Advisory Board of the EC's HELP campaign and is a regular advisor to the World Health Organisation along with the Scottish, UK and European Parliaments. He teaches and writes about social marketing and tobacco control both in the UK and internationally.

Gerard's research interests are in critical and social marketing research. The work in the former began with a focus on the marketing techniques of the tobacco, alcohol and food industries, and is now expanding to look at the wider impact of business - especially the corporate sector- on key social problems like materialism, inequality and sustainability. He has published over eighty refereed papers in major journals such as the *European Journal of Marketing*, the *International Journal of Advertising*, the *Journal of Macromarketing*, *Psychology and Marketing*, *Social Marketing Quarterly*, the *British Medical Journal* and the *British Dental Journal*. His book, *'The Potential of Social Marketing: Why Should the Devil have all the Best Tunes?'* was published in 2007.

Professor David H Jernigan Ph.D.

David Jernigan is an Associate Professor in the Department of Health, Behavior and Society and the Director of the Center on Alcohol Marketing and Youth at the Johns Hopkins Bloomberg School of Public Health, where he teaches courses on media advocacy and alcohol policy. He leads a collaborative research project with Boston University School of Public Health looking at youth alcohol brand preference and brand-level exposure to alcohol marketing, is co-director of a state-wide collaborative focused on reducing college drinking and related harms, and directed a recently-completed four-university collaboration examining the social and health effects of changes in alcohol pricing. He has worked as an adviser to the World Health Organization and the World Bank, was principal author of WHO's first Global Status Report on Alcohol and Global Status Report on Alcohol and Youth, and co-authored Media Advocacy and Public Health: Power for Prevention, and Alcohol in the Developing World: A Public Health Perspective.

Professor Jane Kelsey

Jane Kelsey is a professor of law, policy and international economic regulation at the School of Law at the University Of Auckland, New Zealand. She specialises in the implications of international trade and investment agreements, such as the Trans-Pacific Partnership Agreement, for the right of governments to decide their own domestic regulations in the national interest. Professor Kelsey has been actively researching the TPPA since negotiations were proposed in 2008 and attended a majority of the rounds as a stakeholder. She edited No Ordinary Deal. Unmasking the Trans-Pacific Partnership Free Trade Agreement in 2010, wrote a detailed report entitled International Trade Law and Tobacco Control in 2012, among other publications. Professor Kelsey has an undergraduate degree from the Victoria University of Wellington, postgraduate degrees from Oxford and Cambridge Universities and a PhD from the University of Auckland.

Jim McCambridge Ph.D.

Jim McCambridge first trained in Sociology, then in Social Work, and went on to work with drug users. His PhD study, at the National Addiction Centre at the Institute of Psychiatry, was a randomised controlled trial of motivational interviewing for drug prevention among young people, supported by a career development award from the NHS Executive (London). He moved to the London School of Hygiene and Tropical Medicine in 2006. With the support of post-doctoral and mid-career awards from the Wellcome Trust, he developed wider interests in addictions and in research methodology. He arrived in York in 2014 to take up the Chair in Addiction. Jim is also Visiting Professor at Linköping University in Sweden, and Conjoint Professor at the University of Newcastle in Australia.

Ismo Tuominen

Ismo Tuominen is Ministerial Councillor (Legal Affairs), Ministry of Social and Health Affairs, Finland. He holds an LL.M. from Helsinki University and trained on the Bench. Ismo has been responsible for alcohol policy issues in Finland since 2002 and is currently occupied by the total reform of the Alcohol Act.

Teera Watcharapranee

Theera Watcharapranee is manager of Stopdrink Network(SDN),Thailand, for 10 years, His background were the accountant in the company but he change the job after the he graduated master degree of Environmental resources studies of Mahidol University. His experiences focus on the social movement and civil society empowerment when he start the job at SDN , he set up the SDN members every provinces across the country and move the social campaign and public policy to reduce the alcohol effect with Thai Health promotion foundation.

Oral Abstracts

1.1 Impact of Policies on Specific Outcomes and Populations

Effectiveness Of Different Interventions On Increasing Compliance With The Law On Selling Alcohol To Minors In Slovenia

Dasa Kokole (No Excuse, Slovenia), Tanja Kamin (Faculty of social sciences, University of Ljubljana, Slovenia)

Abstract

In Slovenia, the law on restricting use of alcohol states alcohol sale to youth under 18 is forbidden. Despite that, minors still report easy access to alcohol. The objective of the study was to test the law compliance rates of the supermarkets and test the effectiveness of different interventions with aim of increasing the compliance. The compliance was measured with the pre-post design involving mystery shopping. The scenario involved underage person attempting to buy beer and snack in the store, with observer observing and noting the outcomes. In between the pre-post measurements, interventions took place. The two used approaches for the interventions were the social marketing intervention, involving talking to the salespersons and store managers and distributing promotional materials; and the intervention with the marketing inspectorate - checking compliance and giving fees for law breaches. The participating stores were divided in four groups: social marketing intervention, inspectorate intervention, and combination of both interventions and the control group with no intervention.

Results showed that the general rates of compliance with the law were very low, with overall 92% of successful purchases by minors in the pre testing measurement. In stores with the inspectorate intervention, rates of compliance with law – not selling alcohol to minors – increased from 8% before to 54% after; in social marketing intervention the rates went from 4% to 33%; and combination of both interventions increased the rates from 12% to 37%. There were no changes in the control group. The results show that both inspectorate and social marketing can be used for better enforcement of the law on selling alcohol to minors, with marketing inspectorate law enforcement being the most effective method. It should be taken into consideration though that the combination of both approaches does not necessarily bring greater effectiveness.

PRESENTED BY: Dasa Kokole

REFERENCE NUMBER: 2691

Impact Of Social Marketing On Alcohol Consumption Reduction: A Decade Of “No Alcohol During Buddhist Lent”

Watcharapong Ratisukpimol (Faculty of Economics, Chulalongkorn University, Thailand), Nopphol Witvorapong (Center for Alcohol Studies and Center for Health Economics, Faculty of Economics, Chulalongkorn University, Thailand), Somtip Watanapongvanich (Center for Alcohol Studies, Thailand)

Abstract

Introduction: A large-scale social marketing campaign in Thailand, known as “No Alcohol during Buddhist Lent”, has recently celebrated its twelfth anniversary. The campaign consists of a number of information-provision strategies that attempt to persuade drinkers to refrain from alcohol during the 3-month period of Buddhist Lent every year. This paper evaluates the impact of the campaign on alcohol consumption reduction.

Methods: Drawing from 10 years of nationally representative repeated cross-sections (2005 – 2014), two samples of drinkers are selected: one comprising data from 2005 – 2014 (number of observations = 23,639) and the other from 2011 – 2014 (number of observations = 10,133). The latter contains a larger variety of individual characteristics and a more consistent set of variable definitions across time; results based on the latter are hypothesized to suffer less omitted variable bias. Using a generalized ordered logit (partial proportional odds) model, determinants of levels of self-reported alcohol consumption reduction during Buddhist Lent are explored. Explanatory variables of interest include exposure to the campaign and recognition of the importance of the campaign by drinkers.

Results: Relative to no consumption reduction, exposure to the campaign increases the likelihood of alcohol consumption reduction and total abstinence during Buddhist Lent (OR = 1.133 and 1.076 respectively). Recognition of the campaign's importance has an even larger impact. Exposure to alcohol advertising weakens the effect of the campaign, yet its impact is not sufficiently strong to reverse the positive sign. The results hold for both samples.

Conclusions: This paper proves that informational provision can be effective in encouraging alcohol consumption reduction. Conflict of interest: None declared.

PRESENTED BY: Watcharapong Ratisukpimol

REFERENCE NUMBER: 2581

Seizing Alcohol From Underage Drinkers: A Holistic Approach

Michael Urwin (Durham Constabulary, United Kingdom), Claire McNaney (Durham Constabulary, United Kingdom)

Abstract

The North East of England suffers from the highest rates of 11-15 year olds drinking alcohol. Despite those numbers decreasing, those that do drink are drinking too much and too often. Durham Constabulary and partners wanted to ensure that young people were being identified and referred for brief intervention work in a timely and effective fashion. A procedure was developed in partnership between Police; Local Authority and treatment services that streamlined the way in which alcohol seizures from young people were dealt with, ensuring that pathways between seizure and intervention were seamless. A single point of contact was created for all alcohol seizures from the Police and local authority wardens. The seizure data is collated, recorded and disseminated to relevant partners and a stepped process is employed where numerous seizures from an individual occur.

Since the introduction of the procedure 4,500 under 18's have had alcohol seized from them within the Durham Constabulary area. All were referred for a level of brief intervention. In addition, adults found with young people were recorded, providing intelligence in relation to Child Sexual Exploitation; some were dealt with for supplying alcohol to minors. The data collected is used to target alcohol awareness within education settings, which is delivered with partners. Data shows that 80% of the alcohol seized is provided by adults. Data can be extracted to show the types of alcohol that are popular and the age ranges of young people involved, so targeted work can be more effective.

In 2012 the UK Home Office recognised the procedure as national good practice; the procedure is effective in ensuring timely referrals and as one of the tools in tackling anti-social behaviour caused by underage drinkers. It allows the treatment service to identify those with complex needs who are not currently known to services.

PRESENTED BY: Michael Urwin

REFERENCE NUMBER: 2600

Creating Awareness On The NATA Act At Community Level Towards Protecting Children From Alcohol Use

Upul Kariyawasam (Foundation for Innovative Social Development, Sri Lanka), Shakya Nanayakkara (Foundation for Innovative Social Development, Sri Lanka)

Abstract

This paper focuses on a community level project on creating awareness on the National Authority on Tobacco and Alcohol (NATA) Act conducted by Foundation for Innovative Social Development (FISD) within the Manupa area in the Anuradhapura District. Conducted over a period of one year, the main objective of the project was to remove the barriers preventing the proper implementation of the NATA Act. The project focused primarily on Section 31 of the NATA Act which prohibits the sale of alcohol products to persons below 21 years of age. An initial survey of the sales outlets within the selected areas conducted to determine the extent to which alcohol was sold to minors revealed that over 90% of the outlets sold alcohol to youngsters without restriction. The main reason for this was lack of awareness on the NATA Act. FISD's key strategy was then to conduct awareness training programmes within the communities and authorized government officers. The 48 shop owners participated in these programmes were urged not to sell alcohol to customers if they had doubts about the latter's age and to ask all younger customers to present their national identity cards when making a purchase. Community members were also given awareness training on the NATA Act and leaflets and stickers were distributed in the communities. At the end of the stipulated period, it was found that 60% of the shop owners stopped selling alcohol to persons below 21 years of age completely, 85% asked young customers to present their national identity cards if they were not able to discern their ages, and 90% reported to be aware of Section 31 of the NATA Act and its objective and showed high concern for protecting children from alcohol use.

PRESENTED BY: Upul Kariyawasam

REFERENCE NUMBER: 2772

1.2 Implementing Alcohol Policies

Litigation A Tool For Enforcing Alcohol Regulation Legal Provisions

Balu Kaliaperumal (Advocates Forum for Social Justice, India), **ARUL RATHINAM** (Pasumai Thaayagam Foundation, India)

Abstract

Objectives: Legal intervention ensured implementation of alcohol regulatory provisions of law. **Methods:** Driving under influence of alcohol seriously affects a person's judgment, coordination and other motor functions. Strong evidence based interventions exist for drunken driving. Easy access to liquor for drivers along highways is a 'social menace'. Regulating availability of alcohol outlets along high ways is one of the measures to create safer driving environment towards reducing severity of harm associated with alcohol-influenced crashes. Citing high incidents of road deaths due to drunken driving the Indian Transport and Highways Ministry vide circular dated December 1, 2011 asked state governments to shift existing liquor outlets along highways. There were 504 such shops along national highways and more than 1,000 retail liquor shops dotting stretches of state highways in Tamil Nadu. Author filed Public Interest Litigation before the Madras High Court seeking direction to Tamil Nadu (TN) government to implement the circular towards regulating alcohol outlets in high ways in TN State.

Results: In January 2013, the Madras High Court had ordered closure/shifting of the liquor shops and allowed the state government time till March 31, 2013 to complete shifting of all liquor shops located along highways. The plea of the state government for extension by at least six months was turned down by the Madras High Court. The Indian Transport and Highways Ministry had issued a circular restricting the grant of licenses for liquor vendors on highways. The Tamil Nadu State government appealed in the Indian Supreme Court. The apex Court has confirmed that liquor shops along state highways too should be either shifted or closed because highway meant both national and state highway.

Conclusions: Considering that the state government was reluctant to enforce alcohol regulation litigation was the opt measure to exert pressure on the government.

PRESENTED BY: Balu Kaliaperumal

REFERENCE NUMBER: 2665

Study On Alcohol Policy Implementation In Israel

Iris Yogev (IADA – Israel Anti Drugs Authority, Israel), **Yacov Ezrachy** (Mertens-Hoffman Management Consultants, Ltd., Israel)

Abstract

Over the past 20 years, the State of Israel and the Israeli society faced a significant increase in the scope of alcohol consumption, and the negative consequences associated with this phenomenon.

National Strategy adaption In 2009, the Israeli government adopted a comprehensive national alcohol strategy. Its primary goal was to decrease the excessive consumption and abuse of alcohol, particularly among the youth. The strategy focused mainly on advocacy, legislation, enforcement and prevention. A three dimensional model aimed at reducing alcohol related problems within the community was developed as a significant corner stone of the national strategy.

1. The first dimension refers to four core vital levels for raising awareness and influencing attitudes, perceptions and the youth culture: local leadership; a comprehensive and coherent policy; an effective campaign system; implementation of various intervention programs and activities.

2. The second dimension refers to five key social settings: general population context; education system; leisure and community; welfare and treatment; law enforcement and control.

3. The third dimension refers to six target populations: children and youth (18 or younger); young adults (18-29 yrs. Old); parents; professionals; community leaders; target sub-populations.

Case Study: The three dimensional model was implemented in three pilot cities, each with different characteristics. An evaluation study accompanied its implementation.

Findings: We found that the recent alcohol legislation: Banning sales of alcohol to minors, banning alcohol drinking in public settings and advertising restrictions, alongside with changing alcohol taxation methods, were very effective. In all three cities, there were substantial efforts to enforce these laws. The combination of legislative tools with strong enforcement efforts led to meaningful results in the three cities regarding the phenomenon of drinking in public places. This phenomenon, which constituted a genuine public nuisance, decreased significantly.

PRESENTED BY: Iris Yogev

REFERENCE NUMBER: 2593

Effective Regulation Of Alcohol In Sub-Saharan Africa: Lessons From The Traditional African Society

David Kalema (Uganda Alcohol Policy Alliance, Uganda)

Abstract

Background: This paper reviews literature on evolution of alcohol problems, policy initiatives and potential solutions from the traditional African perspective. Although examples are cited from various parts of the, Sub-Saharan region, the author uses Uganda; a country reportedly with the highest rate of alcohol-related burden in the world i.e. (Graham et al., 2011) as a case study.

Findings: The studies that were reviewed agreed on growing availability, use and misuse of alcohol on the African continent amidst inadequate/inappropriate regulatory measures resulting into ineffective responses. Some scholars report evidence of alcohol misuse in traditional African communities while others depict romantic images of harmonious pre-colonial drinking. Yet, there is general consensus that alcohol misuse is more prevalent nowadays due to a combination of factors such as the type of alcohol, altered production and consumption patterns, wider availability, and changing cultural practices and social control mechanisms.

The drinking culture in Sub-Saharan Africa changed significantly in the 19th century with the colonization and following commercialization of alcohol, which was accompanied by a deterioration of alcohol-related problems. Alcohol-related problems further increased in the post-colonial era (from the 1950s onwards), as the newly appointed governments were mainly driven by economic motives and expanded the industrial production instead of controlling alcohol use.

Conclusion/Recommendations/lessons from the past: African societies had unwritten policies which today's' decision makers can learn from. For instance in pre-colonial times, alcohol consumption was informally controlled by the family. At the societal level, there were norms on production, and safeguarding against abuse by minors. Alcohol consumption was influenced by customary practices and public drunkenness was considered shameful and in some cases even punishable.

Further research in culturally appropriate policy initiatives should be encouraged since deep rooted positive cultural practices can be sustainable opportunities to safeguard the society against the harmful use of alcohol.

PRESENTED BY: David Kalema

REFERENCE NUMBER: 2657

Development And Use Of An Issue Brief As A Tool For Public Policy Change

Cassandra Greisen (Johns Hopkins Bloomberg School of Public Health – Center on Alcohol Marketing and Youth, United Kingdom)

Abstract

Background: Excessive drinking among U.S. college students continues to be a significant public health problem, and 75% of college students report obtaining their alcohol through social, rather than commercial, sources. The majority of excessive drinking by college students occurs in social settings, such as house parties. In Maryland, communities are looking to implement social host ordinances to address availability of alcohol in social settings. Social host laws hold individuals who control the property accountable for drinking that occurs there.

Methods: There are 10 steps communities can follow to understand and influence policy, including the development and use of an issue brief. The issue brief is a translational research tool for public policy change in the interest of public health. The issue brief includes the results of informal discussions and interviews with students, campus administrators, community members, and local law enforcement officials, and data gathered through the use of surveys and assessments. This research is used to communicate the current problem and the need to adopt the social host ordinance outlined, serving as a catalyst for public policy change. Barriers and challenges to the development of the issue brief will be discussed.

Results: Issue briefs translate research into local policy by presenting qualitative and quantitative research and data to community members and local decision-makers, building support for local policy change. Five Maryland communities have developed issue briefs to present the problem and the research on the effectiveness of a proposed new ordinance to address the problem.

Conclusion: The development of an issue brief is an important part of a ten-step process communities can use to advocate for policy change to reduce social access to alcohol among college students. This policy change has been shown to lead to a reduction in excessive drinking at these parties and the problems associated with it.

PRESENTED BY: Cassandra Greisen

REFERENCE NUMBER: 2856

The Role Of Civil Society In The Development Of Evidence-Based Alcohol Legislation In Chad

Madeleine Bolliger (International Blue Cross, United Kingdom), Bedingar Ngarossorang (Blue Cross Chad, United Kingdom), Magourna Djikoloum (Blue Cross Chad, Chad)

Abstract

Chad ranks 184th out of 187 countries in the Human Development Index. It is one of the poorest countries in the world. Despite the 70% of lifetime abstainers, Chad has the highest alcohol consumption in the world if abstainers are excluded. Total per capita consumption (drinkers only) per year amounts to 33.9 litres of pure alcohol (WHO 2014). Coupled with an increasing and unrestricted availability of alcoholic beverages, alcohol has become a national health concern causing domestic violence, violence in schools, traffic accidents and contributing to the spread of HIV/AIDS. In October 2010, the Ministry of Public Health in partnership with the Chadian Blue Cross Association launched a workshop to address the lack of policies and laws regulating the production, sale and availability of alcohol. This widely attended conference initiated a call to Government to begin drafting a bill regulating alcohol. The subsequent establishment of an ad-hoc committee tasked to draft a national alcohol legislation and co-chaired by the Chadian Blue Cross can be shown as best practice because the body embraced a particularly wide Government and civil society representation while excluding private sector stakeholders from the alcohol industry. In 2013, the draft bill on alcohol use was validated. Currently, the Secretary of State is expected to introduce the bill to the Council of Ministers while Blue Cross Chad continues its lobbying in favour of the bill through close high level contacts within the Ministry of Health. The proposed presentation for the GAPC Conference in Edinburgh will be delivered by a member of Blue Cross Chad. It will focus on the legislative process that was launched in Chad. It will present the draft law while showing how a grassroots civil society organisation can play an active role in leading the development of national alcohol legislation.

PRESENTED BY: Bedingar Ngarossorang

REFERENCE NUMBER: 2681

1.3 Evaluating Alcohol Policy: Specific and Regional Strategies

Reducing Alcohol-Related Assaults In City Entertainment Precincts: A Tale Of Three Australian Cities

Jenny Tindall (Hunter New England Local Health District (Population Health), Australia), John Wiggers (The University of Newcastle, Australia), Karen Gillham (Hunter New England Population Health, Australia), Christophe Lecathelinais (Hunter New England Population Health, Australia)

Abstract

Background: City entertainment precincts with a high concentration of licensed premises are associated with higher levels of alcohol-related harm. Different approaches to reducing the prevalence of assaults have been taken over the past 5 years in three NSW cities: Newcastle, Wollongong and Sydney. In Newcastle, additional conditions including a reduction in trading hours, lockouts and drink restrictions were legally imposed on selected late-night premises, whilst in Wollongong and Sydney; other strategies were implemented with individual premises and/or selected groups of premises.

The aims were to:

- (1) Assess the impact of the different approaches on police-attended night-time assaults in the three cities,
- (2) Assess the impact of the Newcastle conditions on assault-related injury emergency department presentations and,
- (3) Assess community support for the Newcastle strategies.

Methods: A longitudinal study of police-attended non-domestic night-time assaults in the three cities over the period 2001-2013 was undertaken. Negative binomial regression analysis was used to assess changes. A pre-post evaluation of the number of assault-related injury emergency department presentations to four hospitals located within 40km of the Newcastle entertainment precinct for the period 2003 to 2013 was also undertaken. Cross-sectional randomised household telephone surveys of residents were also conducted in 2010 and 2013. Results Non-domestic night-time assaults reduced by 33%, 4% and 16% respectively in Newcastle, Sydney and Wollongong between 2008 and 2013. Assaults in Newcastle reduced by 26% and 41%, relative to Wollongong and Sydney respectively. Emergency department presentations in Newcastle reduced by 26% post-intervention. Community support for reduced trading was high in 2013 (83%), as was support for lock-outs (84%) and drink restrictions (92%).

Conclusions: The large and sustained effect of the intervention in the Newcastle entertainment precinct on violence demonstrates the benefits of such an approach in improving the safety of city entertainment precincts, supported by community approval.

PRESENTED BY: Jenny Tindall

REFERENCE NUMBER: 2721

Effectiveness Of Current French Health Warning Labels Displayed On Alcohol Ads And Bottles

Diouf Jacques (EHESP, France), Gloria Dossou, Karine Gallopel-Morvan (French School of Public Health, France)

Abstract

Aims: Our research focus is on the effectiveness of alcohol health warning labels. In France, the “Evin” law (1991) requires ads’ bottom to feature a message stating that “alcohol abuse is health threatening and should be moderately consume”. Furthermore since 2006, the backside of alcohol bottles features a mandatory pictogram warning pregnant women from consumption. We aim to explore the effectiveness of both French warnings, as it is an unresearched topic.

Methods: In-depth individual interviews were conducted on 20 participants (women and men from 15 to 30, drinkers and non-drinkers). Participants were exposed to pictograms and health warning messages on respectively various alcohol bottles and ads.

They were asked if the warnings were:

- 1) Recalled,
- 2) informative on alcohol danger,
- 3) readable,
- 4) easy to understand,
- 5) making them feel concerned,
- 6) explicit enough regarding health risks,
- 7) effective enough to encourage moderate alcohol consumption and no consumption during pregnancy.

Results: Our research shows that respondents don’t recall very well both warnings, probably because they are not readable on ads or on bottles. Indeed, respondents blame the lack of warning visibility on the salience of marketing-related design elements on ads and bottles. Warnings appeared easy to understand but vaguely informative (not explicit enough). They don’t make respondents feel concerned with consumption issues. Finally, respondents don’t feel these warnings effective enough to make them think of moderating their drinking and stop it, for women, in case of pregnancy.

Conclusion: This research reveals that French warning labels are not effective enough. They suffer from lack of visibility and explicitly and from vagueness that makes people feel unconcerned. In addition, the salience of marketing-related design elements hinders the visibility and dilutes their effectiveness. Such findings show that French warnings would need to be redesigned in order to be more impactful.

PRESENTED BY: Karine Gallopel-Morvan

REFERENCE NUMBER: 2613

Results Of Seven-Year Evaluations Of Law Compliance Behaviours And Alcohol Accessibility Among Thai People After The First Alcohol Control Law Was Enacted

Bundit Sornpaisarn (ThaiHealth Promotion Foundation, Thailand), Chuthaporn Kaewmungkun (Center for Alcohol Studies, Thailand)

Abstract

Objectives: To evaluate the abilities to comply with the law and the abilities to access to alcoholic beverages and alcohol advertising and sale promotions activities among Thai people during a period of seven years after the first alcohol control law, Alcohol Control Act 2008 was enacted.

Methods: A series of alcohol accessibility assessment surveys: four national population representative surveys on alcohol accessibility among Thai people aged 11 years old and over were conducted at the law-enacted month, the seventh month after, one year after, and two years after the Act was enacted. Another survey conducted at the seventh year after the Act was enacted is going to be operated in May 2015.

Results: Based on the first four surveys during the first two years after the Act was enacted, there were evidence showing that people in general reduced alcohol control law violations regarding to sale prohibition places, drinking prohibition places, sale prohibition time, and prohibition of sale to minors. However, alcohol retailers did more violations to the alcohol control law regarding to the above mentioned alcohol control measures. People in general saw less alcohol advertising and sale promotion activities. Unfortunately, average time spent for people travelling to alcohol sale venues both off- and on-premises was not changed. The full analyses of the total five surveys covering a period of seven years after the Act was enacted will be presented in the GAPC 2015 conference.

Conclusions: The conclusion will be presented in the GAPC 2015 conference.

PRESENTED BY: Bundit Sornpaisarn

REFERENCE NUMBER: 2783

“Let’s Drink Less By Half” – A Campaign To Support Alcohol Policy Reform In Estonia

Riina Raudne (Health Estonia Foundation, United Kingdom)

Abstract

Introduction: Alcohol policy reform in Estonia has remained elusive even though the recent political rhetoric has increasingly acknowledged the need to reduce alcohol harms.

Objectives: Based on extensive formative research, a multilayered campaign was conceived in June 2013 to build a social movement to support alcohol policy reform in Estonia. The explicit long-term aims of the campaign are to 1) reframe public alcohol debate from medical discourse to a social justice issue with political and policy solutions 2) engage and educate non-medical spokespeople on alcohol policy measures 3) change norms about drunkenness and drink refusal in social settings.

Methods: The campaign is run by an independent social enterprise and funded by grants and philanthropic donations. Building a dialogue with wider alcohol discourse, the approach is opportunistic and methods range from relatively active social media coverage and small-group seminars to extensive mass media.

Results: In the first two years of the campaign, the phrasing “Let’s drink less by half” appeared in prime ministers’ inauguration speech and in government coalition program as an aim for 2030. The coalition agreement from March 2015 also allows for ban of lifestyle advertising, increase of alcohol excise tax increase so that alcohol does not become cheaper in the next 4 years. In an opinion poll in March 2015, 80 per cent of Estonian population supported complete alcohol advertising ban similar to that of tobacco advertising ban. In 2015, 107 adults trained to offer alcohol policy seminars at schools and to become spokespeople for the cause.

Conclusions: Alcohol advocacy campaigns can benefit from approaches that build on qualitative research, take on multiple aims and stay in dynamic dialogue with evolving alcohol discourse.

PRESENTED BY: Riina Raudne

REFERENCE NUMBER: 3456

1.4 Pricing Policy

Evaluating The Impact Of A Multi-Buy Discount Ban On Off-Trade Alcohol Sales: A Natural Experiment In Scotland

Mark Robinson (NHS Health Scotland, United Kingdom), Claudia Geue (University of Glasgow, United Kingdom), James Lewsey (University of Glasgow, United Kingdom), Daniel Mackay (Institute of Health & Wellbeing, University of Glasgow, United Kingdom), Gerry McCartney (NHS Health Scotland, United Kingdom), Esther Curnock (MRC/CCO Social and Public Health Sciences, United Kingdom), Clare Beeston (NHS Health Scotland, United Kingdom)

Abstract

Objectives: A ban on multi-buy discounts of off-trade alcohol was introduced as part of the Alcohol Act in Scotland in October 2011. The aim of this study was to assess the impact of this legislation on alcohol sales, which provide the best indicator of population consumption.

Methods: We obtained weekly data on the volume of pure alcohol sold off-trade in Scotland and England & Wales between January 2009 and September 2012. Interrupted Autoregressive Integrated Moving Average time-series models were used to test for change in off-trade alcohol sales. Models accounted for underlying seasonal and secular trends and were adjusted for disposable income, alcohol prices and on-trade alcohol sales. To provide a concurrent control group, we performed the same analyses using data for England & Wales, where the legislation does not apply. The introduction of the legislation was associated with a 2.6% decrease in per-adult off-trade alcohol sales in Scotland (95% CI -5.3 to 0.2). This decline was driven by changes in off-trade wine sales, which decreased by 4.0% after the ban was introduced (95% CI -5.4 to -2.6%). The Act was also associated with reduced sales of pre-mixed alcohol beverages (-8.5%, 95% CI -12.7 to -4.1%), although these account for a very small proportion of total off-trade sales (1%). The legislation was not associated with changes in sales of spirits, beer, or cider/perry in Scotland, or with changes in any drink type in England & Wales. Reduced off-trade alcohol sales were observed in Scotland but not in England & Wales and were largely attributable to a decline in wine sales. Legislation to ban alcohol discounting should be considered by countries in response to the public health challenge presented by alcohol.

PRESENTED BY: Mark Robinson

REFERENCE NUMBER: 2610

Scotland The Brave! – The Minimum Unit Pricing Campaign In Europe

Eric Carlin (SHAAP (Scottish Health Action on Alcohol Problems), United Kingdom)

Abstract

This paper will describe the actions of SHAAP (Scottish Health Action on Alcohol Problems), the Scottish Government and partner NGOs and medical associations across Europe to challenge the continued obstruction by global alcohol producers to the implementation of Scotland's Alcohol Minimum Unit Pricing (MUP) policy. Changes in the price of alcohol are a key determinant in rates of alcohol harm. In Canada, a 10% increase in average minimum alcohol prices has been associated with a 32% reduction in alcohol deaths. Minimum Unit Pricing is a necessary public health response to Scotland's alcohol-related health crisis. Methods I will describe the background to the legislation to introduce a Minimum Unit Price of 50p, which was passed without opposition by the Scottish Parliament in May 2012. I will demonstrate how the legislation has yet to come into force because a consortium of global alcohol producers, fronted by the Scotch Whisky Association (SWA), Spirits Europe and the Comité Européen des Entreprises Vins (CEEV) is fighting its implementation every step of the way. I will summarise the legal process, including giving an update on where the case currently sits. I will describe how NGOs have coordinated actions to campaign in Europe to ensure that the European Court of Justice, which has been asked for an opinion, is well informed about the need in Scotland for the policy and the evidence base for its likely effectiveness. I will demonstrate how concerted advocacy efforts have produced results in terms of changing the opinions of other member states about this policy, with several actively changing positions. Conclusions In my final remarks, I will show how this case illustrates the anti-democratic nature and power of the global alcohol producers as they prioritise profits over public health.

PRESENTED BY: Eric Carlin

REFERENCE NUMBER: 2616

Dose taxes on beer and the effects on beer advertising in South Africa

Evan Blecher (American Cancer Society, South Africa)

Abstract

In 1998 South Africa changed the base of taxation on beer from a specific tax per litre of beer to a specific tax per litre of alcohol. Increased specific taxes based on the quantity of beer are likely to reduce overall beer consumption by reducing demand. However, increased specific taxes based on the dose of alcohol can reduce the demand for beer, but also have effects through the supply side. In this paper we examine the effect of the change in tax regime through the supply side and show how the tax change created an incentive for manufacturers to shift consumers to lower alcohol beer. We use advertising expenditure data at the brand level to show the significant shift in advertising from higher to lower alcohol beers and a significant reduction per capita alcohol consumption from a consumer shift. The paper shows that tax structures, combined with increases in tax levels are able to create a harm reduction mechanism to alcohol harm.

PRESENTED BY: Evan Blecher

REFERENCE NUMBER: 2639

How Do Increases In The Excise Tax On Beer Impact The Retail Price Of Beer? The Evidence From South Africa

Corne Van Walbeek (University of Cape Town, South Africa), Caitlan Russell (University of Cape Town, South Africa)

Abstract

Background: Governments around the world use excise tax increases to discourage alcohol use. A crucial requirement is that increases in the excise tax increases the retail price.

Objective: To determine to what extent increases in the excise tax on beer in South Africa are passed on to consumers in the form of higher retail prices.

Data: For beer prices, we use monthly average data for a number of beer brands, subdivided by packaging type, as collected by South Africa's statistical agency for the Consumer Price Index (December 2001 to December 2014). Data on the excise tax is obtained from budget documentation.

Methods: For each brand and packaging combination we run a regression $\Delta P_t = \beta_0 + \beta_1 \Delta T_{t-1} + \beta_2 \Delta T_t + \beta_3 \Delta T_{t+1} + \epsilon_t$, where ΔP_t is the change in the average price in period t and ΔT_t is the change in the excise tax in period t . The instantaneous pass-through coefficient is β_2 , while the full pass-through coefficient is $\beta_1 + \beta_2 + \beta_3$. Results: For all brands and packaging combinations, the full pass-through coefficient ($\beta_1 + \beta_2 + \beta_3$) is typically greater than one. Thus the tax is over shifted. Most of the pass through happens in the month in which the tax is increased. For 750 ml bottles, consumed primarily by poorer consumers, the pass-through coefficient is smaller than the pass-through coefficient for individual 340 ml cans or 6x340 ml "six-packs", which are typically consumed by richer consumers.

Conclusion: In South Africa increases in the excise tax on beer are more than fully passed on to consumers in the form of higher prices. On the evidence that beer consumption is negatively correlated with the price of beer, this makes excise tax increases a particularly suitable alcohol control tool.

PRESENTED BY: Caitlin Russell

REFERENCE NUMBER: 2617

Alcohol purchasing by ill heavy drinkers; cheap alcohol is no single commodity

Please see page 28 for abstract.

Presented by: Jan Gill

1.5 Addressing Physical Availability I

Challenges And Opportunities In Using Policy And Research To Support Local Action On Controlling Alcohol Availability In The UK

Jennifer Curran (Alcohol Focus Scotland, United Kingdom), Laura Mahon (Alcohol Focus Scotland, United Kingdom), Petrina MacNaughton (Alcohol Focus Scotland, United Kingdom)

Abstract

Availability of alcohol in the UK is regulated through legislative systems that require all premises selling alcohol to be licensed. Scotland is in the unique position of having the protection and improvement of public health as an objective within its licensing system. Public health advocates and others are calling for the introduction of this objective in licensing legislation in England and Wales. In theory, Scotland's legislative framework enables local authorities to control the overall number and types of alcohol outlets in their area, as well as opening hours and conditions of sale, in order to reduce alcohol harm.

In reality, however, this potential of the licensing system is not being fully realised. More licences continue to be issued, to a wider range of premises and for longer trading hours. Despite a growing international evidence base linking outlet density to alcohol problems, it is rare for any applications for new premises licences to be refused. Working with partners, Alcohol Focus Scotland has been engaged in a three-year project aimed at improving the effectiveness of local licensing practice.

The project has focused on: building awareness and local capacity by fostering closer working relationships between public health practitioners and licensing personnel; making health data and evidence on the relationship between availability and harm more locally relevant; and seeking to increase local communities' engagement in the licensing decision-making process. In this symposium AFS will present learning from this project and highlight recent national legislative and policy developments. Partners will share experiences from their involvement in the licensing process at a local level.

The symposium will also consider the outcomes of recent licensing advocacy work across the UK, and conclude by considering what further steps need to be taken to improve the effectiveness of alcohol licensing as a mechanism for reducing alcohol harm.

PRESENTED BY: Jennifer Curran

REFERENCE NUMBER: 2848

Influencing Alcohol – Licensing Policy: Tall Order, Long Game

Niamh Fitzgerald (Institute for Social Marketing (ISM), United Kingdom)

Abstract

Aims: This study aimed to explore how public health actors have attempted to influence local alcohol licensing policies and decisions in Scotland to ensure that the licensing objective of 'protecting and improving public health' is met and to identify the factors which have been important in their experiences for helping or hindering their efforts. **Methods:** Semi-structured telephone interviews were conducted with 13 individuals, covering 20 of the 40 Scottish licensing boards, who had recent and in-depth experience of trying to influence local licensing policy and decisions. Interviews were audio-recorded and analysed using an inductive framework approach.

Results: The process of influencing licensing policy and decisions was one which required intensive effort and a wide range of strategies including developing expertise, working in alliances across the public sector and with licensing actors, raising awareness of others, building relationships over time and using a variety of sources of evidence including public opinion. Important factors which helped and/or hindered their efforts included aspects and perceived deficits of the licensing system in terms of both law and tradition; the influence exerted by individuals with particular views; perceptions of bias or conflicted interests on all sides; differing levels of expertise and understanding among all involved; attitudes to alcohol, licensing and evidence; capacity and resources, and the complexities of gathering data.

Conclusions: This qualitative study has uncovered the mechanisms and challenges of influencing alcohol licensing towards public health, including issues of relationships, beliefs, power and bias. It suggests that the introduction of a public health objective to the licensing process does not guarantee that the objective will be understood, operationalised or achieved by the relevant authorities and that guidance and support is needed at both national and local level, including through further legislation.

PRESENTED BY: Niamh Fitzgerald

REFERENCE NUMBER: 2863

Licensing Act In England And Wales: Past, Present And Future

Jon Foster (Institute of Alcohol Studies, United Kingdom), Katherine Brown (Institute of Alcohol Studies, United Kingdom)

Abstract

This report will provide details of an IAS research project to review the current licensing system in England and Wales, highlighting its strengths and weaknesses, and identify issues of concern to licensing professionals and other key stakeholders with an interest in prevention and reduction of alcohol related harm.

The aim of the report is to provide policy recommendations to improve the licensing system and to share examples of best practice amongst local authorities.

The report explores practical ways in which the current licensing system could be changed or amended, with a particular focus on implementation and the views of the licensing community. Semi structured interviews and focus groups were conducted, capturing the views of 70 professionals from across licensing and public health. Professional and legal advice was sought to ensure that the report's recommendations are well founded and practical.

Key themes covered in the report include: how to incorporate public health data into licensing decisions; how to ensure licensing fees better reflect the costs incurred by local authorities; how licensing can be adapted to better reflect the increase in off-trade purchasing of alcohol; and what lessons can be learned from international licensing systems.

The report includes examples of best practice case studies, where local authorities are currently using innovative methods to make the licensing framework meet their needs and/or where good partnerships exist between public health, licensing and enforcement bodies.

PRESENTED BY: Jon Foster

REFERENCE NUMBER: 2655

Political Commitment And Multi-Sectoral Collaboration At Local Level: Process And Outcome Of Provincial Policy To Restrict Physical Availability Of Alcohol Around Phayao Lake, Thailand

Jirapron Kamonrungsan (International Health Policy Program (IHPP), United Kingdom), Sirikorn Kanjanasuntorn (Kasetsart University, Thailand, Thailand), Surasak Chaiyasong (Health Promotion Policy Research Center, IHPP and MSU Faculty of Pharmacy, United Kingdom), Thaksaphon Thamarangsi (-, United Kingdom)

Abstract

Background: Restriction on physical availability of alcohol is one of best-buy policies to reduce harmful use of alcohol, recommended by WHO. In Thailand, Phayao province was reported as the highest risk on alcohol-related harm in 2013. And, there was a call for action on multi-sectoral collaboration to reduce alcohol-related problems by ThaiHealth and the Parliamentary. This study aimed to evaluate process and outcome of the strategy restricting physical availability of alcohol around Phayao Lake, as one of key provincial policy.

Methods: A mixed-methods approach was applied. In-depth interviews were conducted from key stakeholders, including policy-makers, governors, policemen, civil society and local networks, to elicit process together with barriers and facilitators of implementation of this policy. A survey was conducted among residents (n=405), tourists (n=140) and alcohol retailers (n=22) around the Lake using structured questionnaires to measure their awareness, perception and behaviours before and after the policy implementation.

Results: The restriction policy was developed with collaboration among key stakeholders, particularly local governors and policemen. It was firstly mobilized campaign to raise community awareness about alcohol problems. And, then, selling and drinking prohibition were stringently enforced around the Lake's area. Most of the residents, tourists and alcohol retailers perceived implementation of the restriction policy and more than a half of them supported this policy. After implementation, more than 60% of drinkers did not drink alcohol and 50% of respondents did not purchased alcohol in prohibited areas. Key success factors included support from policy makers, particularly the provincial governor, and multi-sectoral collaboration and integration. Barriers to implementation were political power of alcohol retailers and companies against alcohol policy as well as believes and attitudes of local people and tourists toward alcohol consumption.

Conclusion: Findings implies that political commitment and multi-sectoral collaboration are important factors to implement effective policy at local level.

PRESENTED BY: Jirapron Kamonrungsan

REFERENCE NUMBER: 2779

National Authority On Tobacco And Alcohol Act, No 27 Of 2006 Sri Lanka, And Its Impact And Setbacks Over Ten Years

Shakya Nanayakkara (Foundation for Innovative Social Development, United Kingdom), Upul Kariyawasam (Foundation for Innovative Social Development, United Kingdom), Shahila Siddeeqe (FISD, Sri Lanka)

Abstract

The NATA Act of Sri Lanka came into operation in 2006 and established the National Authority on Tobacco and Alcohol (NATA) aiming to protect public health through the elimination of tobacco and alcohol related harm. Seeking to make provisions for discouraging the initiation and continuation of alcohol and tobacco use early in life, the NATA Act contains several sections focusing specifically on the promotion of alcohol to children. For instance, while Section 31 prohibits the sale of tobacco or alcohol products to persons less than 21 years of age, Section 35 (1) prohibits the publication of advertisements involving distinctive writing, still or moving pictures, signs, symbols or colours, other visual images, audible messages or any combination of these that promote alcohol use. Further, Section 37 (1) prohibits the free distribution of alcohol products, Section 38 (1) prohibits the sale of non-alcoholic products bearing the trademarks, characteristic symbols, distinctive logos, or brand names of alcohol products, and Section 36 (1) prohibits the sponsorship of events by the alcohol industry. Ten years following its initiation, the NATA Act has shown some success in minimizing the exposure of children and youth to public promotions of alcohol. However, investigations conducted by Foundation for Innovative Social Development and Healthy Lanka have revealed a 20% increase in dialogues and scenes telecast on popular TV channels that glamorize alcohol. A study conducted by FISD and Healthy Lanka have revealed, though the purchase of alcohol products by below 21 years of age has shown an overall decrease, more than 90% of the volunteers below 21 years of age sent on the field by these organizations were able to purchase alcohol at sales outlets in communities. This study revealed 12 main reasons for the disruption of the proper implementation of the NATA Act over a ten year period.

PRESENTED BY: Shakya Nanayakkara

REFERENCE NUMBER: 2714

1.6 Overcoming National-level Barriers I

Monitoring And Evaluating Scotland's Alcohol Strategy

Clare Beeston (NHS Health Scotland, United Kingdom), Gerry McCartney (NHS Health Scotland, United Kingdom), Neil Craig (NHS Health Scotland, United Kingdom), Lesley Graham (National Services Scotland, United Kingdom), Andrew McAuley (Health Protection Scotland, United Kingdom), Garth Reid (NHS Health Scotland, United Kingdom), Mark Robinson (NHS Health Scotland, United Kingdom), Annemarie van Heelsum (NHS National Services Scotland, United Kingdom)

Abstract

Objectives: After a period of high and increasing alcohol harm, the Scottish Government published a new alcohol strategy in 2009. This aimed to reduce population alcohol consumption and related harm through interventions such as routine alcohol brief interventions (ABIs), increased investment in treatment, banning multi-buy discounts in the off-trade, and introducing minimum unit pricing (MUP). The Monitoring and Evaluating Scotland's Alcohol Strategy (MESAS) aims to determine the strategy's impact.

Methods: The evaluation adopts a theory based approach. An expected 'theory of change' is compared with observed changes assessed through a portfolio of studies, using England & Wales as comparison where possible. External factors which may influence the outcomes are considered. Appropriate analyses are undertaken for each study. Annual reports draw together findings to assess how the strategy and key external factors are contributing to current trends in consumption and related harm. Findings are disseminated to policymakers and the public to ensure policy and public discourse are informed by the available evidence.

Results: In Scotland alcohol-related deaths have fallen by 35% since 2003 and new patient hospitalisations by 25% since 2007/08. Per adult alcohol consumption have declined 9% since 2009. The ban on multi-buy discounts was associated with a 2.6% fall in sales. Access to specialist treatment in Scotland is now considered high. It is plausible that ABIs contributed to a small proportion of the decline in harm. Falling incomes, especially pre-recession for the poorest deciles of the population are also likely to explain part of the decline. MUP has not yet been implemented.

Conclusions: It is likely some elements of alcohol strategy are contributing to the declines in alcohol consumption and related harms. External factors, in particular the wider economic context, are likely to be important. Monitoring trends for the purposes of both on-going policy development and evaluation should continue.

PRESENTED BY: Clare Beeston

REFERENCE NUMBER: 2618

Barriers Towards Development Of Effective Alcohol Policies In Lesotho

Mphonyane Mofokeng (Blue Cross Thaba Bosiu Centre, Lesotho)

Abstract

This paper presents the processes of developing effective alcohol policies in Lesotho. It documents the alcohol policy processes undertaken in the country, the views of the parliament members and other stakeholders on the role of alcohol policy in reducing alcohol related harm and possible political barriers. The paper shows how a comprehensive policy would simplify and bring together the different perspectives from the different government areas that regulate alcoholic beverages and thus reduce the alcohol related harm. The paper continues to show the contribution of nongovernmental organizations' net work within the Southern African Region (SAAPA) through research, material development and information sharing with countries assisting them to develop evidence based policy positions. Data was collected by means of reviewing literature on the effective alcohol policies; development processes of such policies within the selected Southern African Countries and experiences of those countries during the processes. Data was also collected through the use of semi- structured questionnaire to different stakeholders from different government ministries, politicians and networks. The views of the given stakeholders were analysed to establish any political barriers to the development of the alcohol policies in Lesotho and identify possible solutions to such barriers. Findings from the literature study reveal that effective policies for implementation by countries are those that regulate alcohol marketing; address alcohol pricing and control availability and accessibility of alcohol along with restricting marketing activities. Findings from the interviews reveal lack of political will, personal gain and fear of losing votes as main barriers to the development of the effective, evidence based, public health focused alcohol policy in Lesotho. It is thus concluded that education to voters, advocacy and lobbying of politicians are important tools to breaking the barriers to the development of effective alcohol policy in Lesotho.

PRESENTED BY: Mphonyane Mofokeng

REFERENCE NUMBER: 2630

Alcohol Prevention Policy Strategies And Recommendations By Ngos: Findings From Survey Of 55 Ngos In Eastern Africa

Rogers Kasirye (Uganda Youth Development, Uganda), Monica Swahn (Georgia State University, United States), Lyn Ametewee (Georgia State University, United States)

Abstract

Introduction: Alcohol misuse in Eastern Africa a largely unaddressed public health burden. Because of fragmented infrastructure and limited alcohol policies, much of the prevention efforts in this region is operated by Non-Government Organizations We conducted a survey to determine the approaches used by NGOs and also to identify their needs.

Methods: A cross-sectional survey (funded by NIH) was conducted with 55 NGO leaders in September and October of 2014 to assess their organizational structure, perceptions of best practices and alcohol-related concerns in their local communities. NGOs who participated in various national and regional alcohol policy alliances as well as broader prevention coalitions were invited (N=150) via email to take an online survey through the Qualtrics platform. The survey was completed by 55 NGO leaders (36.6%).

Results: NGO leaders from Uganda (N=28), Kenya (N=10), Tanzania (N=7), Rwanda (N=1), Burundi (N=1) and 2 other unnamed countries participated in the survey. In terms of early alcohol use and heavy drinking, 95% of NGOs reported that issue as a specific problem in their communities; 91% report that there are laws in their country that regulate either production or drinking of alcohol and 90% report that there are no strong enforcement of the minimum legal drinking age. When given a choice of potential evidence-based strategies for addressing alcohol misuse, most NGOs (83%) selected the importance of outlining the effect of alcohol and risk for HIV, violence and injuries. Only 12 participants indicate that there are national alcohol prevention plan in their countries and 3 were consulted in its development.

Conclusions: NGOs in Eastern Africa are heavily engaged in alcohol prevention and policy development. Fragmented support and infrastructure serve as key barriers for more strict alcohol policies as well as enforcement of existing laws. Strategies to support NGOs to implement evidence-based alcohol prevention urgently needed.

PRESENTED BY: Rogers Kasirye

REFERENCE NUMBER: 2636

Alcohol Control Policies In The Black Market Liquor Trade In Natitingou, Benin

Marius Kedote (COPES-AOC/University of Abomey-Calavi, United Kingdom), Josiane DJENONTIN (COPES-AOC/University of Abomey-Calavi, Benin), Joanne Corrigan (University of Cape Town, United Kingdom), Benjamin FAYOMI (COPES-AOC/University of Abomey-Calavi, Benin)

Abstract

Background: Benin adopted many alcohol control policies including regulation of points of sales density, hours of sale, restrictions on those which can buy alcohol and sanction of driving under the influence of alcohol. However, these regulations have not reduced the availability of alcohol in the informal market. During the 1980s, a high degree of alcohol-related harm associated with sodabi, a traditional and cheap illegal alcohol, was noted in Atacora region in North of Benin. This led to the prohibition of the manufacture and sale of sodabi. Facing a critical situation in Natitingou, the largest city of Atacora, a special tax was applied to sodabi in 2004. Despite these measures, sodabi has remained widely available in the informal circuit and its harmful consumption is increasing.

Objective: To analyse the impact of alcohol control policy legislation on the illegal market in Natitingou (Benin).

Methods: This study uses a situational analysis of alcohol control policy in Natitingou, a semi-rural city in Northern Benin. The qualitative study is based on in-depth interviews and focus group discussions with various factors involved in the market and the control of alcohol.

Results: The Different regulations are not enforced and are not complied with. Today, sodabi is sold everywhere in Natitingou. The regulation did not survive against organization of the consumers and the salesmen. The specific context of the informal sector does not facilitate a repressive policy because of the multiplicity of illegal circuits of production and distribution of illegal sodabi.

Conclusion: To have an impact with alcohol control policies in the black market in Natitingou, we need to develop specific strategies for this type of informal market.

PRESENTED BY: Marius Kedote

REFERENCE NUMBER: 2726

1.7 Alcohol Marketing Effects and Youth

Young People's Awareness Of And Involvement With Brand And Non-Branded Digital Alcohol Promotion And The Association With Increased Alcohol Use: Implications For Harm Reduction

Nathan Critchlow (Institute for Social Marketing, United Kingdom), Adrian Bonner (The University of Stirling and The Salvation Army UK & Ireland, United Kingdom)

Abstract

Aims: Research exploring the role that web-based advertising plays in facilitating increased alcohol use by young people aged 15-25 remains limited. Furthermore little research has explored to what extent this association is worsened by the simultaneous presence of non-branded alcohol promotion such as viral videos and online games. In response this study aimed to explore young people's cumulative awareness and involvement to digital alcohol promotion, of a brand and user-generated nature, and the association this shares with increased alcohol use.

Methods: A cross-sectional survey of young people aged 14 to 25 years (n=411) explored awareness and involvement to 11 forms of digital brand advertising, 11 forms of user-generated promotion and 10 channels traditional advertising. Alcohol use was measured through current drinking status, future intentions to drink and the Alcohol Use Disorders Identification Test.

Findings: Drinkers reported more awareness and involvement with digital promotion, both branded and non-branded, compared to non-drinkers. Hierarchical and logistic regressions demonstrated cumulative awareness and involvement with brand and non-branded promotion was significantly associated drinking status, future intentions to drink, frequency and quantity of consumption and frequency of binge drinking. Awareness of digital brand advertising shared a greater association with all drinking variables compared to traditional advertising and, interestingly, awareness and involvement with non-branded content had a more significant effect than digital brand advertising.

Conclusions: First the findings support the 'exposure-increases-consumption' hypothesis regarding the influence of brand advertising and indicate that greater action is required to reduce the exposure of 'new drinkers' to web-based advertising. Second it is concluded that non-branded promotion also plays a crucial role in increasing alcohol use in young people. There is however currently a responsibility gap in understanding which stakeholders are responsible for reducing the potential harm generated by non-branded, web-based, promotion.

PRESENTED BY: Nathan Critchlow

REFERENCE NUMBER: 2684

Peers As Perpetuators And Magnifiers Of Alcohol Marketing

Patrick Kenny (Dublin Institute of Technology, United Kingdom), Gerard Hastings (University of Stirling, United Kingdom), Anne Marie MacKintosh (University of Stirling, United Kingdom)

Abstract

Background: There has been substantial scientific debate about the impact of alcohol marketing on drinking behaviour. The alcohol industry has traditionally maintained that alcohol marketing does not influence consumption, but is merely limited to brand level effects. However, recent longitudinal consumer-level research has established a causal relationship between exposure to marketing and alcohol consumption, especially amongst the young.

Objectives: Having addressed the question of whether marketing influences drinking behaviour, there is a need to investigate how and when such effects occur. This presentation addresses both of these questions.

Methods: An online survey (N = 1,071) was administered to undergraduate students in Ireland in 2012. Analysis was conducted using logistic and multiple linear regression methods as appropriate.

Results: The main results of this research are: (1) that marketing plays a key role in establishing perceived social norms around alcohol consumption, and that these perceived norms potentially act as an indirect pathway that explains some of the influence of marketing on behaviour and (2) that the association between alcohol marketing and consumption increases as levels of engagement with marketing increase; this engagement appears to be at its most potent when marketing facilitates simultaneous interaction between the consumer, the brand and the consumer's peers in an online social media environment.

Conclusion: This research helps to move the field of alcohol marketing scholarship beyond questions of whether marketing influences alcohol consumption to how and when that influence occurs. By suggesting ways in which peers may act as perpetrators and magnifiers of marketing influence it also undermines one of the latest arguments of the alcohol industry – that peers matter more than marketing.

PRESENTED BY: Patrick Kenny

REFERENCE NUMBER: 2795

Alcohol And The Adolescent Brain – Emerging Evidence To Support Restrictions On Marketing

Bruce Ritson (SHAAP (Scottish Health Action on Alcohol Problems), United Kingdom), Eric Carlin (SHAAP (Scottish Health Action on Alcohol Problems), United Kingdom)

Abstract

This paper will draw on emerging research about the effects of alcohol on the adolescent brain to make the case for increased restrictions on marketing to young people.

Methods: This paper will first examine the policy context and industry actions, including:

According to the WHO European Charter on Alcohol 1995, "All children and adolescents have the right to grow up in an environment protected from the negative consequences of alcohol consumption and, to the extent possible, from the promotion of alcoholic beverages".

In 2009, the Science Group of the European Alcohol and Health Forum reviewed evidence looking at the impact of marketing on the volume and patterns of drinking alcohol. It concluded that marketing increases the likelihood that young people will start to drink alcohol and that if they are already drinking, they will drink more in terms of amount and frequency. It will then discuss the findings of a recent evidence review from Scottish Health Action on Alcohol Problems (SHAAP), which draws attention to emerging evidence that the adolescent brain is more malleable and has greater sensitivity to alcohol than the adult brain; the effects of alcohol for many are transient but for others the impact may influence a life pattern of harmful drinking.

Conclusions: The implications of emerging research on alcohol and the adolescent brain need to inform policy to reduce exposure to alcohol marketing by young people. Notwithstanding this, risk taking and experimentation are important for individuals and for society. While young people need to be protected from unscrupulous industry practices, they also need to share in policy development and implementation, rather than feeling that rules are externally imposed to regulate their behaviours.

PRESENTED BY: Bruce Ritson

REFERENCE NUMBER: 2646

Exposure To Alcohol Advertisements And Alcohol Consumption: Implications Of Findings Of The South Africa International Alcohol Control Study (IAC) For A Total Ban On Alcohol Advertising

Neo Morojele (South African Medical Research Council, United Kingdom), Nadine Harker Burnhams (South African Medical Research Council, South Africa), Qinisile Sibanda (South African Medical Research Council, South Africa), Charles Parry (South African Medical Research Council, South Africa)

Abstract

Introduction: The South African government plans to implement a complete ban on alcohol advertising. Research on the role of alcohol advertising in alcohol consumption in South Africa is limited. This study examines the association between exposure to alcohol brands/products being marketed and frequency of alcohol consumption at four different locations (own home; others' home; shebeens; and pubs/taverns/bars) among participants in the South African International Alcohol Control (IAC) study.

Methods: Cross-sectional survey data were obtained from 2046 male (64%) and female (36%) participants aged 16 to 65 years who had consumed alcohol in the past six months. They were interviewed on their demographic characteristics, alcohol consumption, and attitudes and exposure to alcohol marketing and advertisements. **Results:** Alcohol was consumed mostly at homes [participants' own homes (78%) or others' homes (57%)], followed by bars/pubs/taverns (33.4%). Only 11% of participants drank at shebeens. Women were less likely to report drinking at on-premise locations (bars, shebeens etc.). Almost all (>80%) participants reported having been exposed to alcohol brands and products via traditional modes of advertising (television or movies, signs or posters at shops, large posters or billboards, and magazines/newspapers). This was followed by exposure to alcohol brands/products via sponsorships (sports, music events, and TV programmes) and free offers (e.g. special price offers and free offers at point of sale), followed by exposure via the electronic media. The association between exposure to alcohol brands/products and frequency of alcohol consumption varied per location. Generally, frequency of drinking at home and at shebeens was not associated with exposure to advertisements of alcohol brands/products. However, frequency of drinking at other' homes and at licensed premises (pubs/tavern/bars) was associated with exposure to advertisements of alcohol brands/products via multiple modes and media.

Conclusion: The findings have implications for the South African government's call for a complete ban on alcohol advertisements.

PRESENTED BY: Neo Morojele

REFERENCE NUMBER: 2759

The Impact Of Alcohol Ad Content On Perceptions And Representations: Luxury Vs. Product-Oriented Ads

Diouf Jacques (EHESP, France), Karine Gallopel-Morvan (French School of Public Health, France)

Abstract

Aims: Influence of alcohol ads' content is a poorly researched topic, unlike exposure to ads. However, the industry contextualizes alcohol through advertising by associating it to attractive evocations (power, humour, seduction...). In some countries, laws regulate positive ads content. In France, the "Evin" law (1991) allows advertising to only feature product and related characteristics. Nevertheless, the industry doesn't always respect that law. Particularly, evocative and attractive luxury iconography is widely used in alcohol ads. We aim to 1) explore perceptions and representations generated by luxury-based alcohol ads' and 2) compare them to ads more respectful of the "Evin" law (product-oriented ads). **Methods:** Individual in-depth interviews were conducted on 20 participants (women and men from 15 to 30, drinkers and non-drinkers). 16 luxury ads from 6 alcohol brands were selected. A professional designer made a product-oriented version ad for each brand. Respondents were presented with two ad versions: a "luxury" one and a product-oriented one.

Results: Positive evocations proper to luxury (aestheticism, prestige, rarity, high quality, self-booster, etc.) seem to have spilled over onto the alcohol products and generated positive influence on respondents' perceptions and representations. Luxury seems to enhance value of the alcoholic beverages associated with it. Participants were also less inclined to associate "luxury" ads to alcohol abuse harms. Regarding oriented-product ads, the power of evocation seems to be restricted to the only displayed alcohol-related characteristics. The positive generated perceptions appeared thus limited and alcohol harms more perceptible.

Conclusion: Regarding public health, our research exposes how alcohol ads content (i.e., luxury) can positively influence youth's perceptions and representations of alcohol products. It is therefore important 1) to limit the evocative power of ad content through regulations like the "Evin" law and 2) to reinforce them through monitoring and legal actions against ads that do not respect the law.

PRESENTED BY: Diouf Jacques

REFERENCE NUMBER: 2612

1.8 Alcohol in Context of Globalisation of Inter-governmental Politics

Positioning Alcohol In Global Health

Øystein Bakke (FORUT, Norway)

Abstract

Alcohol re-emerged on the Global Health agenda when, in 2005, the World Health Assembly (WHA) passed the resolution 58.26 Public health problems caused by harmful use of alcohol. This happened after a long lull in the attention given to alcohol from the global public health community (Room 2005, Bull 2005). With three years of deliberations the WHA in 2008 asked WHO to develop a Global strategy to reduce the harmful use of alcohol, which was endorsed in 2010. Topic Since the passing of the WHO Global strategy, alcohol has been included in or has gained relevance to a number of public health policy processes globally, most prominently in the UN GA High Level meeting in 2011 on non-communicable diseases (NCD); the follow up process on NCDs in WHO and the development of the health related Post-2015 Development Agenda. Through consultation meetings, online hearings, advocacy and lobbying both the public health and commercial interests have tried to influence the outcome of these processes. A public health perspective has been pitted against the commercial interests of the industry. The paper will track alcohol through some of the major global health agendas analyzing the different positions promoted by public health advocates and alcohol industry and evaluate the outcome in some of the processes. Submissions in consultations and official WHO/UN documents will be the main data source, supplemented by accounts of meetings, and other ways of influencing the outcome. References: Bull, Bernt. 2005. The Nordic countries and the WHO Resolution on Alcohol. Nordic Studies on Alcohol and Drugs Vol 22. English Supplement Room, Robin. 2005. Alcohol and the World Health Organization: The ups and downs of two decades. Nordic Studies on Alcohol and Drugs Vol 22. English Supplement

PRESENTED BY: Øystein Bakke

REFERENCE NUMBER: 2717

Alcohol In All Policies – The Case Of Mainstreaming Alcohol Policy In Global Women's Rights And Gender Equality Political Processes

Kristina Sperkova (IOGT International, Sweden), Maik Dünnebier (IOGT International, Sweden)

Abstract

One of the main focus areas of global political processes to advance Women's Rights and promote gender equality is the need to reduce and prevent gender-based violence. This paper starts with a comprehensive stocktaking of the political discussions within the Women's Rights community: The 57th Sessions of the UN Commission on the Status of Women (CSW) in 2013 had as Priority theme: "Elimination and prevention of all forms of violence against women and girls". The priority theme for the 60th Session of CSW will very similar. The Post-2015 process is characterized by a strong focus on gender equality, formulated in SDG 5, including 5.2 and 5.c. The 1995 Beijing Declaration and Platform for Action have been providing momentum and consensus among the global community over the last 20 years. The Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW) forms the bedrock for these processes, as it is an international treaty adopted in 1979 by the United Nations General Assembly. CEDAW can be regarded as the international bill of rights for women. This paper proceeds to provide a comprehensive and concise overview of the alcohol-related harm burdening women and girls, especially gender-based violence. The paper outlines the latest state-of-play with regard to independent evidence on how alcohol policy measures impact the prevalence of gender-based violence. The hypothesis is that there are numerous entry points and relevant windows of opportunity to mainstream alcohol policy into the political processes for the advancement of Women's rights. To explore the validity of the hypothesis, this paper will analyze the aforementioned processes and documents and assess the viability of effectively mainstreaming alcohol policy measures for promoting gender-equality. This paper is thus an innovative exploration of the potential and challenges for the Alcohol in All Policies concept.

PRESENTED BY: Kristina Sperkova

REFERENCE NUMBER: 2805

Construction Of A Composite Indicator To Measure The Completeness Of National Alcohol Strategies

Lars Møller (WHO Euro)

Abstract

Europe has the highest alcohol consumption and alcohol-attributable disease burden in the world. In 2011, all 53 Member States of the World Health Organization (WHO) European Region endorsed the European action plan to reduce the harmful use of alcohol 2012–2020 (EAPA), which provides a portfolio of evidence-based policy options for mitigating alcohol-associated problems. To assess the extent to which Member States have adopted recommended policy standards, the WHO Regional Office for Europe has developed a composite indicator called the EAPA Index. This presentation will describe the construction of the EAPA Index and, using the Index, present an evaluation of the performance of WHO European Member States in implementing the 10 action areas of the European action plan and global strategy to reduce the harmful use of alcohol: leadership, awareness and commitment; health services' response; community and workplace action; drink-driving policies and countermeasures; availability of alcohol; marketing of alcoholic beverages; reduction of the negative consequences of drinking and alcohol intoxication; reduction of the public health impact of illicit alcohol and informally produced alcohol; and monitoring and surveillance.

The purpose of the scoring scheme was to put in place a logical and consistent process by which a large volume of policy information could be condensed. Important considerations behind the scoring scheme included:

- i) countries with stronger policies should receive more credit than those with weaker policies, but it should be possible in theory for all Member States to attain the maximum score;
- ii) although all 10 action areas must be represented, policy options that are more actively promulgated by WHO should be accorded higher priority;
- iii) the scoring scheme should be grounded in scientific knowledge and reflect current best practices.

Scoring rubrics were established by aggregating, scaling and weighting selected policy indicators following a transparent and evidence-based approach. All policy indicators were drawn from the WHO European and global surveys on alcohol and health. In order to generate the Index, information on the relevant indicators was obtained from the Global Information System on Alcohol and Health and the European Information System on Alcohol and Health and from national counterparts. In addition to a total score, a profile has been developed for each of the 10 action areas for all Member States, which can be used as guidance in implementing new policies to decrease the harmful use of alcohol.

PRESENTED BY: Lars Møller

REFERENCE NUMBER: 3453

Strengthening and integrating national policies and programmes addressing gender-[→] based violence, harmful use of alcohol and infectious diseases

Tilly Sellers (UNDP, Africa Regional), Benjamin Ofosu-Koranteng (UNDP, Africa Regional), Vladimir Poznyak (WHO, Switzerland), Oystein Bakke (FORUT, Norway) and Maik Dünnebier (IOGT International, United Kingdom)

Abstract

UNDP and WHO in collaboration with civil society partners FORUT and IOGT International are implementing a Joint Programme to strengthen and align national policy frameworks that address harmful use of alcohol, gender-[→] based violence (GBV), and infectious diseases. The Programme aims, through this policy alignment, to address their demonstrated causal linkages. Target Groups and Objectives: The Joint Programme has been undertaken in 12 countries in Africa and Eastern Europe, with multistakeholder delegations being trained on the relevant programme topics, then designing and implementing country road maps that aim to ensure that the policy frameworks for each of the three issues take account of the risks and impacts of each other. Each country delegation comprises government, civil society and UN agencies to address the issues in an integrated manner. Model: The Joint Programme hypothesized that taking an integrated approach to all three issues – and strengthening national alcohol policies i

PRESENTED BY: Tilly Sellers

REFERENCE NUMBER: 3455

2.1 Community Action/Community Programmes I

Community Organizing To Promote Effective Alcohol Policy: Strategies And Lessons Learned From The Shift+ Collective Impact Initiative In The Mexico/Texas/New Mexico Border Region

Karen Yarza (Fundacion Del Empresariado Chihuahuense, Mexico), Michael Sparks (SparksInitiatives, Hawaii)

Abstract

Although alcohol-related harm is a global burden, implementing effective evidence-based alcohol policies often depends on local and regional capacity to mobilize and sustain grassroots advocacy efforts. Substantial evidence supports moving from individual-level prevention efforts to policy and environmental change strategies known to reduce alcohol-related harms. The shift to environmental approaches requires collaborative efforts across sectors, and clear linkage of science and policy. This presentation provides replicable strategies and resources for communities committed to translating global evidence into local policy change. The Shift+ alcohol policy advocacy training program in the U.S.

- Mexico border region includes a diverse group of community partners trained in and guided by environmental best practices to reduce underage and excessive drinking. The cohort of 60 people includes 2 groups of advocates: one in Juarez, Mexico and one in Texas and New Mexico, United States. This presentation highlights strategies and lessons learned by the Mexico cohort over 14 months of training, experience, and advocacy. Initiative content was grounded in the Alcohol
- No Ordinary Commodity research summary and subsequent “Practical User’s Guide” for alcohol policy advocates. After conducting environmental scans and reviewing other data in Juarez, cohort members selected strategies including Responsible Beverage Service Training, retailer compliance checks, and reducing retail alcohol advertising and promotions. Through grassroots community organizing conducted by cohort members, advocates are writing and promoting a Manifesto encouraging alcohol vendors to voluntarily comply with existing laws with an understanding that the eventual development of local ordinances will be required to modify high-risk retailer practices. Youth play key roles in promoting the Manifesto and implementing the selected strategies through learning the scientific basis for alcohol policy and working toward solutions that directly impact their right to grow up in a community that protects them from alcohol-related harm.

PRESENTED BY: Karen Yarza

REFERENCE NUMBER: 2619

Implementing Effective Policy To Reduce Alcohol Expenditure In Rural Setting

Amaranath Tenna (ADIC, Sri Lanka)

Abstract

Introduction: Alcohol is the main cause of poverty in rural areas. The lowest income category (<\$US76 per month) spent more than 40% of their income on alcohol use. The Project implemented by ADIC in collaboration with the Women Development Federation (WDF) in Hambantota where majority are below the National poverty line.

Objectives: To implement effective community policy to reduce alcohol expenditure in 20 villages in Hambantota district. Method: ADIC selected 20 women attached to the WDF, in respective villages and trained them as mobilizers in order to mobilize small women groups to initiate community policy of not serving alcohol at parties organized in family. Small women groups which were already established under micro credit programme of WDF was targeted as these women were more involved in organizing parties. Mobilizers conducted series of awareness programmes with small women groups and they calculated the cost for alcohol in their parties. They have spent USD 564.44 – 752.59 on alcohol in 150 gatherings. The main argument was if they do not serve alcohol in their parties, invitees might think “they do not know how throw a party”. ADIC trained the mobilizers on how to tackle this argument and the women groups realised the negative impacts of serving alcohol in functions. After developing neediness among women groups, they agreed on the policy of not serving alcohol in their parties.

Result: Results were reviewed at progress review meetings conducted in every 2 months. Monitoring sheet was developed. In 20 villages, 5,661 women from 147 small groups were addressed, 20 parties did not serve alcohol and saved USD 11886.50 within 6 month periods. Money was deposited in saving accounts.

Conclusion: Motivating communities to implement and maintain effective policies is important to minimize alcohol problems.

PRESENTED BY: Amaranath Tenna

REFERENCE NUMBER: 2694

Children And Women Lead The Way

Ganapathi Magalu (CWC, United Kingdom), Kavita Ratna (The Concerned for Working Children, India)

Abstract

The Concerned for Working Children (CWC), India is a not-for-profit secular, democratic development organisation nominated thrice for the Nobel Peace Prize. CWC is widely recognised as an important global organisation in children's rights, particularly children's right to self determination. CWC's work is grounded in the principles of children's rights that empower them to identify their own problems and construct their own solutions. CWC works in partnership with children and their communities; local governments; and national and international agencies to implement viable, comprehensive and appropriate solutions to address the various problems that children and their communities face and committed to empowering children and ensuring their democratic participation in all matters that affect them. CWC is a long standing partner of FORUT, a member of ADD network and has presented papers at GAPC 2010 and 2012. CWC's proposes to present its field experience from successfully facilitating over 7571 children and 13,783 women from 56 rural government jurisdictions, in 2014, to raise their voices against abuse of alcohol by making a clear link to their right to protection and for a safe, nurturing environment. The process of identifying alcohol abuse related issues, finding specific solutions, fixing responsibility and social monitoring are done collectively by them. These communities have now acquired the commitment of the local governments; spurred them to bring concerned government departments on board to tackle alcohol abuse. This grassroots process has also provided a forum for children and young adults to learn about prevention of alcohol abuse. At the State Level, CWC is engaged with the drafting of a new State Law for Democratic Decentralisation in which far-reaching recommendations for strengthening community participation, enhancing the power of local governments and of bringing Alcohol licensing to the purview of the local governments have been advocated. Lessons learnt and way forward will also be shared.

PRESENTED BY: Ganapathi Magalu

REFERENCE NUMBER: 2722

How A Campaign Turns Into A Public Policy: A Case Study Of "No Alcohol At Local Festivals" In Sisaket Province, Thailand

Kanyanan Tathip (Stopdrink Network, Northeast Lower, Thailand)

Abstract

Stopdrink Network, a civil society organization in Thailand that advocates alcohol control policies at the grassroots level, has been working with non-governmental organizations, the public as well as the private sectors in controlling alcohol consumption and reducing alcohol-related harm since 2004. The organization encourages drinkers to cut down on alcohol through many social marketing campaigns running simultaneously in many provinces in Thailand. One such campaign is "No Alcohol at Local Festivals", whereby alcohol consumption is discouraged at local festivals. Sisaket Province is chosen as a case study as it is an area in which the campaign "No Alcohol at Local Festivals" has over time turned into a public policy. In Sisaket, the campaign began in a district called Pho Srisuwan. It was quickly expanded to other districts as knowledge regarding positive effects of the campaign spread. In fact, a study has found that the campaign is associated with an average savings of 800-1,700 USD by the organizers (who now do not have to purchase alcohol to convince people to participate in their activities) as well as a lower rate of alcohol-related violence. Subsequently, the Province-level Alcohol Control Committee, to which the head of the provincial public health office was a member, recognized the momentum of change and decided to formalize the campaign into a public policy. The Committee has required that there be a monitoring process and a report every 3 months, which in essence implies de facto policy implementation by public health officials. The importance of the policy is further rubber-stamped by a survey on public opinions; more than 70 percent of a sample of 1,830 Sisaket residents strongly agreed that the policy reduced alcohol-related problems and helped the organizers financially.

PRESENTED BY: Kanyanan Tathip

REFERENCE NUMBER: 2677

2.2 Addressing Physical Availability II

The Effect Of Local Alcohol Market Densities On Corresponding Local Criminal Rates

Sungsoo Chun (Korean Institute on Alcohol Problems, Sahmyook University, United Kingdom)

Abstract

Objectives: According to the 'White Paper on Crime' of Korea, it is found that of the mental status of the criminals, drunkenness was the second highest followed by normal status in years from 2011 to 2014 and the percentage is on the rise. Thus the purpose of this study is to determine the relationship between the density of local alcohol market and the corresponding local criminal rates including sexual assault rate and violent assault rate.

Methods: The number of markets in a given area was drawn from the Korean Statistical Information Service and the criminal rates were drawn from the White Paper on Crime published by Korean Prosecution Service. This information along with the population, average age, and financial independence rate of each Seoul administrative districts were gathered to compare the numbers by mere numbers of markets and criminals then by density and rate. Then using SPSS 21.0, the correlation of the variables was calculated.

Results: The alcohol market density of Seoul administrative districts were all have positive correlation with crime rate ($r=.920$, $p<.01$), and out of the crime rate, sexual assault rate ($r=.907$, $p<.01$) and violent assault rate ($r=.910$, $p<.01$) have significant correlation. Out of the alcohol market density, the correlation between restaurant density and crime rate ($r=.913$, $p<.01$), sexual assault rate ($r=.908$, $p<.01$), and violent assault rate ($r=.905$, $p<.01$) showed significant positive relationship. The correlation between bar density and criminal rate ($r=.890$, $p<.01$), sexual assault rate ($r=.830$, $p<.01$), and violent assault rate ($r=.873$, $p<.01$) also showed significant positive relationship. These results mean as the density of alcohol market density increases, the criminal rate especially violent assault increases. Also as restaurant density increases, criminal rate increases especially sexual assault rate.

Conclusion: The alcohol market density was shown to have a significant effect on the criminal rate. Since the numbers of restaurants are greater than the number of bars, an intervention made to limit the number of restaurants is required to control the increase rate of criminal.

PRESENTED BY: Goldie Geumseon Lee

REFERENCE NUMBER: 3454

The Alcohol Harm Paradox: Alcohol Outlet Availability, Drinking Behaviours And Inequalities In Scotland.

Niamh Shortt (CRESH, University of Edinburgh, United Kingdom), Jamie Pearce (CRESH, University of Edinburgh, United Kingdom), Richard Mitchell (Centre for Research on Environment, Society and Health, Institute of Health and Wellbeing, University of Glasgow, United Kingdom), Elizabeth Richardson (CRESH, University of Edinburgh, United Kingdom)

Abstract

The alcohol harm paradox, that disadvantaged populations that apparently have the same or lower levels of alcohol consumption suffer greater alcohol related harm than more affluent populations, is an area of concern within public health.

Research elsewhere developed several hypotheses that might underpin this paradox including differential access to neighbourhood resources, such as alcohol outlets, driving different patterns in alcohol consumption. It has been suggested that greater availability of alcohol outlets in neighbourhoods influences consumption patterns through various pathways, including increasing the physical availability of alcohol, reducing the price of alcohol through local competition and normalising drinking behaviours. Such a differentiation in consumption patterns, not amount, may be a contributing factor to the alcohol harm paradox.

This paper explores the relationship between neighbourhood-level alcohol outlet availability and drinking behaviours for respondents to the Scottish Health Survey (2008-2011; $n=24,557$). We examine the association between outlet densities (total, on-sale and off-sale) and different types of weekly and daily high-risk drinking and assess how these patterns vary with/by household income. We report higher densities of both total and off-sales alcohol outlets in the most deprived Scottish neighbourhoods compared to the least deprived.

In comparison to respondents living in the lowest outlet density areas, the probability of high risk drinking was highest in areas with the highest outlet density across all drinking outcomes (exceeding recommendations, harmful drinking, binge drinking and problem drinking). Furthermore we found that these effects were strongest for the lowest income groups. The strength of these relationships may improve our understanding of the alcohol harm paradox and lend weight to the evidence base that supports a continued emphasis on the reduction of alcohol availability in effective alcohol policies.

PRESENTED BY: Niamh Shortt

REFERENCE NUMBER: 2661

The Hidden Impacts Of Public Alcohol Policy: Canadian Liquor Control Boards And Ethical Trade

Gavin Fridell (International Development Studies, Saint Mary's University, United Kingdom)

Abstract

The paper explores new terrain for assessing Canadian liquor boards by situating them within key debates on ethical trade, supply chain governance, and the politics of consumption. The majority of research on the effectiveness of liquor boards has focused on public health (how they can limit availability and increase costs, reducing the social burdens of harmful alcohol use) and economic policy (around the most efficient ways to regulate the industry and generate public revenue). Important recent works have sought to map out the general characteristics of global alcohol supply chains (Jernigan 2009; Ponte 2009), but there have been limited attempts to develop a robust dialogue between public health and global political economy research.

This paper seeks to address this gap through a qualitative analysis of two Canadian liquor boards: the Liquor Control Board of Ontario (LCBO), one of the largest alcohol purchasers in the world, and the Nova Scotia Liquor Corporation (NSLC). The unique public health mandates of these boards, rooted in "controlling consumption" and semi-monopoly, have resulted in additional benefits that are generally disregarded by ethical trade advocates, who focus on the actions of private corporations and individual consumers. Exploring the political significance of this oversight, this paper will argue that both the LCBO and the NSLC contribute more to public revenue and frequently do more to support local industry, negotiate fairer prices to suppliers, and offer better working conditions than most of the largest retail companies. Recognizing this offers a challenge to the dominant understandings of ethical trade, while providing a new framework for assessing the effectiveness of liquor boards and extending the potential range of advocacy and collaborative networks to civil society groups concerned with ethical trade, global social justice, and international development.

PRESENTED BY: Gavin Fridell

REFERENCE NUMBER: 2703

2.3 This session is no longer on the programme

Alcohol And Childhood Don't Mix – The Drink Wise Challenge

Andrew Taylor (Drink Wise, United Kingdom), Holly Keogh (Drink Wise, United Kingdom), Ali Wheeler (Drink Wise, United Kingdom)

Abstract

The Drink Wise poster will outline an advocacy campaign to build public and political support to protect children from alcohol marketing. Drink Wise's umbrella organisation, Our Life, has conducted six Alcohol Inquiries across the North West of England, posing the question: 'What do we need to do to make it easier for people to have a healthier relationship with alcohol?'. Inquiry participants drew up a set of recommendations giving Drink Wise a mandate to campaign to reduce alcohol in childhood. The Let's Look Again At Alcohol campaign was launched in October 2014 to begin to question and address our culture which envelopes childhood with alcohol messaging, marketing and cultural normalisation.

As part of the campaign the Drink Wise Challenge was set – a brand recognition exercise with three additional questions asking 'Should the Government...

- Do more to protect young people from alcohol?
- Restrict alcohol marketing to young people?
- End pocket money pricing of alcohol?
- 2,550 people took the Challenge. The results were stark, calling on the government to:
- Do more to protect young people from alcohol – 89%
- Restrict alcohol marketing to young people – 88%
- End pocket money pricing of alcohol – 72%

Drink Wise hand delivered the results of the Drink Wise Challenge to No.10 Downing Street in March 2015. Many MPs and councillors were supportive of the findings, at a time when the Industry was lobbying for an alcohol duty cut in the Budget. This is the beginning of listening to the people of the North West and giving them a voice, ultimately building support for protecting children's rights to grow up free from alcohol marketing.

PRESENTED BY: Andrew Taylor

REFERENCE NUMBER: 2780

Bringing A Book To Life. The Story Of Alcohol: No Ordinary Commodity And Scotland

Peter Rice (Scottish Health Action on Alcohol Problems, United Kingdom)

Abstract

There has been a growing consensus among the health community on effective alcohol policy. The Publication of the first edition on Alcohol: No Ordinary Commodity in 2003 which summarised this knowledge took place at a time of rapidly rising rates of alcohol related harm in Scotland.

A group of practitioners, researchers and advocates in Scotland took the recommendations of No Ordinary Commodity and successfully campaigned for these to be incorporated into a national alcohol action plan with actions on price, availability, marketing, treatment, driving, public education and local action.

Methods: I will describe the establishment of an advocacy coalition with a particular emphasis on the role of the Medical and Nursing Royal Colleges and other health organisations. I will discuss the process of political engagement and the roles of various actors. This will include the contribution of health organisations who are not alcohol specialists and the diverse role of the alcohol industry in response to increased health advocacy. The motives of industry actors who were supportive of increased regulation of price and availability will be discussed.

Results: There has been considerable improvement in key measures of alcohol related health harm since the national alcohol strategy was formulated in 2008. These improvements will be discussed in the context of the elements of the strategy and of the general economic conditions over this period.

Conclusions: Recent alcohol policy experience in Scotland can inform other countries and jurisdictions on the process and outcomes of an evidence based alcohol policy.

PRESENTED BY: Peter Rice

REFERENCE NUMBER: 2607

This abstract will now be presented in session 1.6 - Overcoming National-level Barriers I

Alcohol purchasing by ill heavy drinkers; cheap alcohol is no single commodity

Jan Gill (Edinburgh Napier University, United Kingdom), Heather Black (Edinburgh Napier University, United Kingdom), Fiona O'May (Queen Margaret University, United Kingdom), Jonathan Chick (Edinburgh Napier University, United Kingdom), Robert Rush (Queen Margaret University, United Kingdom)

Abstract

Objectives: We aimed to characterise the drink purchases of one population group: heavy drinkers in contact with Scottish health services and to contrast our findings with national sales data.

Methods: Cross sectional study comparing alcohol purchasing and consumption by heavy drinkers (n=639) in Edinburgh and Glasgow (recruited within NHS hospital clinics (in- and out-patient settings) 345 in Glasgow, 294 in Edinburgh). Participants responded to a questionnaire documenting demographic data and last week's or a 'typical' weekly consumption (type, brand, volume, price, place of purchase). Scottish Index of Multiple Deprivation quintile was derived as proxy of socio-demographic status.

Results: Median consumption was 184.8 (IQR=162.2) UK units /week paying a mean of 39.7 pence per alcohol unit (£0.397). Off-sales accounted for 95% of purchases with 85% of those White cider, beer and vodka were the most popular low-priced drinks and the most common off-trade outlet was the corner shop, despite supermarkets offering cheaper options. Consumption levels of the cheapest drink (white cider) were similar across all quintiles apart from the least deprived.

Conclusions: Heavy drinkers from all quintiles purchase the majority of their drinks from off-sale settings seeking the cheapest drinks. A large proportion of drinks were bought below the proposed minimum unit price in Scotland. Beer was popular, but recent legislation impacting on the sale of multi-buys may have prevented the heaviest drinkers benefiting from the lower prices available in supermarkets. Generally, drinkers were able to off-set higher unit prices with cheaper drink types and maintain high levels of consumption. Whilst price is key, heavy drinkers are influenced by other factors and adapt their purchasing as necessary.

PRESENTED BY: Jan Gill

REFERENCE NUMBER: 2583

This abstract will now be presented in 1.4 – Pricing Policy

2.4 Working at Multiple Levels

Analysis Of The Impact Of Constitutional Reform On Alcohol Legislation

Moses Waweru (East Africa Alcohol Policy Alliance (EAAPA), Kenya)

Abstract

In 2010, Kenya passed a landmark alcohol law that was the result of collaboration between researchers, legislators and civil society. The Alcoholic Drinks Control Act, 2010 (ADCA) was aimed at controlling the licensing, production, marketing, sale and distribution of alcohol. In August 2010, Kenya also promulgated a new constitution introducing a devolved system of government, creating 47 counties and decentralizing power from the national to county governments. Following the 2013 general election, the new constitution came into effect, essentially transferring ADCA jurisdiction to counties. Analysis was carried out following a review of relevant literature and legislation. Additional information was collected through key informant interviews. Constitutional reform had both positive and negative outcomes for ADCA. To secure the gains that had been achieved nationally, each of the 47 counties would need to pass a similar law. Several counties have already passed such laws borrowing heavily from ADCA. While some counties have left out key provisions such as the alcoholic drinks control fund, most have retained the main recommendations from the WHO Regional Strategy to Reduce the Harmful Use of Alcohol. The case of Kenya presents good lessons for alcohol policy formulation in Africa and elsewhere where there is growing realization of the need for evidence-based policy approaches to alcohol control. In a political context of democratization and calls for constitutional change, alcohol policy formulation processes need to anticipate legislative changes and perhaps take advantage of ongoing reforms.

PRESENTED BY: Moses Waweru

REFERENCE NUMBER: 2588

The End Of Policy (Experiments)? Federal Lobbying Restrictions And Alcohol Policy Research

Mark Wolfson (Wake Forest School of Medicine, United States), Mark Hall (Wake Forest University, United States)

Abstract

Objectives: (1) Describe the potential threat to the advancement of scientific knowledge on alcohol policy stemming from federal restrictions on lobbying with federal funds, and (2) explore potential solutions to this threat.

Methods: We draw from literatures and reports on the growth of scientific fields, federal restrictions on lobbying, and funding of alcohol policy research to illuminate this issue.

Results: Policy experiments have a long history in the U.S. Randomized policy experiments—in which geopolitical units that have the authority to enact policy are randomly assigned to be exposed to policy change efforts, or not be exposed—have a number of advantages over observational studies of policy, such as natural experiments and correlational studies. These include strong controls for potential threats to internal validity, including history effects and selection effects. Federal funding agencies have in the past funded randomized policy experiments, including experiments focused on the effects of policy changes on illicit drug, tobacco, and alcohol use. However, there is growing concern that federal restrictions on the use of federal funds for lobbying may have a chilling effect on funding of policy experiments.

Conclusions: Federal restrictions on lobbying with federal funds have the potential of significantly slowing the pace of the growth of knowledge on the intended—and unintended—consequences of alcohol policy. A slowed pace of research will likely have effects on policy adoption as well, especially given the current emphasis on evidence-based policy and practice. Exemptions to a number of laws and regulations are granted for research, including those involving patent rights, informed consent processes, and information privacy. There may be potential for creating a research exemption to federal restrictions on lobbying using federal funds, which would enable policy experiments in alcohol control and other areas to continue to build a base of scientific knowledge.

PRESENTED BY: Mark Wolfson

REFERENCE NUMBER: 2799

“It’s Not My Job”: Stakeholder’s Views On Youth Alcohol Harm Reduction Policy In Lebanon

Nasser Yassin (American University of Beirut, Lebanon), Rima Nakkash (American University of Beirut, Lebanon), Rima Afifi (American University of Beirut, Lebanon), Aida Al-Aily (American University of Beirut, Lebanon), Ali Chalak (American University of Beirut, Lebanon), Lilian Ghandour (American University of Beirut, Lebanon)

Abstract

Introduction: Alcohol drinking among the youth is a major concern given the acute effects of binge drinking and the long-term effect on their wellbeing. In Lebanon, youth alcohol consumption is particularly concerning given the rising levels of drinking in the absence of any regulatory framework or policies to control access and availability, penalize driving under the influence, or regulate targeted ads or alcohol sponsorships.

The objective of this research was to explore the perceptions of key governmental and non-governmental stakeholders on the importance of having a national alcohol control policy to curb the consequences of youth drinking as well as the challenges of designing and implementing such a policy. Semi-structured interviews were held with stakeholders from relevant ministries, business representatives that work in production and sale of alcohol drinks, and concerned non-governmental organizations. A total of 19 interviews were conducted between April 2014 and February 2015.

Results: Thematic analysis shows that controlling alcohol use among the youth is not yet a policy priority. In a context of political instability, governmental officials argued that the priorities rest in more pressing issues such as security and economy. This has created an unregulated open market for alcohol-related businesses. A clear governance gap transpires, as stakeholders appear to shift the responsibilities among each other. NGOs argued that businesses should be more accountable for reducing harm among youth, while governmental officials and businesses claimed the issue to be the responsibility of the family and pointed to education as the solution. Stakeholder’s positions reveal an institutional void and expose barriers to the development of an evidence-based alcohol harm reduction policy framework. This makes the budding advocacy efforts to reform the current alcohol control policy landscape more challenging.

PRESENTED BY: Rima Nakkash

REFERENCE NUMBER: 2671

From National To Local Action: Translation Of National Alcohol Policy Strategies To Provincial Alcohol Control Interventions In Thailand

Surasak Chaiyasong (Health Promotion Policy Research Center, IHPP and MSU Faculty of Pharmacy, Thailand)

Abstract

Introduction: Although the national alcohol policy strategy was adopted by the second National Health Assembly to guide alcohol policies and actions both at the national and local levels, alcohol consumption continues to rise in youths and women and be prevalent in the north and northeast of Thailand. In 2013, the provinces with high prevalent of alcohol consumption were urged to reduce their alcohol-related burden by the Parliament and the Thai Health. Subsequently, five provinces and later 25 provinces developed their own provincial alcohol control strategies and interventions to reduce alcohol consumption and related harm. This study aimed to determine how these alcohol control policy interventions were implemented at provincial and community levels and what barriers and facilitators are presented in the implementation of such interventions.

Methods: Document research and key informant interviews were conducted.

Results: Various interventions from the national strategy were implemented at provincial and community levels. This included community mobilization to develop coalitions and local awareness and concern about drinking to support local policy implementation, restriction on retail availability of alcohol and social access to alcohol, and law enforcement. The alcohol control strategies were mostly moved by civil society, Stop Drink Network and their alliance with multi-sector participation and collaboration. Participatory planning, actions and evaluation of key stakeholders were identified as success factors as well as leadership, management skills, and contribution to the provincial alcohol control strategy program. Additionally, support from the Triangle that Move the Mountain model including knowledge, social and political involvement was important to achieve implementation goal.

Conclusion: This study illustrates translation of the national alcohol policy strategy to local action using Thailand as a case study. Combination of multi-sector participation and collaboration and other identified factors should be considered as a key driver for successful implementation of the strategy and interventions at local level.

PRESENTED BY: Surasak Chaiyasong

REFERENCE NUMBER: 2749

2.5 Alcohol Marketing: Monitoring and ~Measuring I – Traditional Media

Geospatial Features Of Alcohol Advertisements Across Four Slums In Kampala, Uganda: Protecting Children From Marketing Exposure

Monica Swahn (Georgia State University, United States), Dajun Dai (Georgia State University, United States), Sarah Braunstein (Georgia State University, United States), Jane Palmier (Georgia State University, United States), Alicia May (Georgia State University, United States), Rogers Kasirye (Uganda Youth Development, Uganda)

Abstract

Objective: To conduct an environmental scan of alcohol advertisements in four urban slums across Kampala; Kamwokya, Nateete, Bwaise, and Nakulabye. Despite the high prevalence of alcohol use in Uganda, very limited research has examined alcohol marketing exposure to inform policies and interventions to protect children and youth, particularly in the slums of Kampala where educational programs, alcohol prevention messages and legal enforcement are scarce. In particular, documenting the geospatial features of alcohol marketing can be particularly helpful for developing targeted interventions in high-risk communities.

Methods: Each of the four scans was conducted in geographical circles, within a 500 meter radius of the drop-in Centers operated by the Uganda Youth Development Lin, a community-based organization that provides services and assistance to vulnerable youth. Using a Garmin GPS with photo capabilities and a tablet for data entry, teams of at least two trained researchers walked the main roads within the target area and gathered information about each alcohol advertisement including its location, type, size, and placement and other characteristics. Data with the GPS coordinates, photos and descriptive details of the adverts were merged for analyses. **Results:** A total of 196 alcohol adverts were found across all four centers. The majority of the adverts were paper/flyers (n=95), located on store fronts (n=115), in bars/restaurants (n=71), and were often the size of a small poster (n=96). The most common type of alcohol advertised was beer (n=64). Most of the advertisement contained a warning message about age/responsible drinking (n=146).

Conclusions: There is high level of alcohol marketing in several residential areas with high proportion of children and youth under the age of 18 (the legal drinking age). No efforts or strategies appear to be deployed to shield underage youth from marketing which underscore the need to implement and enforce relevant alcohol policies and marketing restrictions.

PRESENTED BY: Rogers Kasirye

REFERENCE NUMBER: 2707

Experimental Alcohol Marketing Scale (FAMES) In The French ESPAD Survey: First Results

Carine Mutatayi (OFDT, United Kingdom), Stanislas SPILKA (OFDT (French Monitoring Centre on Drugs and Drug Addictions), France)

Abstract

In 1991, strict regulations have been established in France for the limitation of the supply and advertising of alcoholic beverages ("Évin" law). Since then, the law has entailed successive progress and setbacks facing economic claims. Despite these developed regulations for the protection of minors, the French 16-year-old adolescents have higher alcohol use prevalence rates than the European averages: in 2011, the European School Survey Project on Alcohol and Other Drugs (ESPAD) shows that 67% of these adolescents have had a recent use and 44% have had a heavy episodic drinking (HED) in the last 30 days. In April-May 2015, the French ESPAD survey will be directed to a representative national sample of 15,000 students from grades 9 to 2, in public or private schools. The questionnaire will be filled in during a course period (55 minutes). For this 2015 edition of ESPAD, within the framework of a general reflection on the French legislation on alcohol accessibility, the French monitoring Centre on Drugs and Drug Addictions (OFDT) has developed a specific module on the active and passive exposure to alcohol marketing in different social life settings. This French Alcohol Marketing Scale (FAMES) explores three specific dimensions through a 17 item module: 10 items are aimed to assess the frequency of exposure over the last 12 months and the context of exposure to different advertising channels, in relevant social, public, recreational and media settings/areas. 7 items address the adolescents' feeling towards the last advertisement they've seen or heard of. The presentation will focus on the first results of the experimented scale and will discuss how results can provide evidence for progress to adapt public responses and regulations to the Youth's real conditions of exposure to alcohol marketing, including the "new" virtual means of communication.

PRESENTED BY: Carine Mutatayi

REFERENCE NUMBER: 2711

Nuancing The Impact Of Alcohol Advertising On Adolescents Drinking

Avalon de Bruijn (STAP (Dutch Institute for Alcohol Policy), European Centre on Monitoring Alcohol Marketing (EUCAM), Behavioural Science Institute, Radboud University Nijmegen, Netherlands Antilles), Rutger Engels (Behavioural Science Institute, Radboud University Nijmegen, Trimbos Institute, the Netherlands, The Netherlands), Jordy Gosselt (University of Twente, the Netherlands, Netherlands Antilles), Joris van Hoof (University of Twente, the Netherlands, Netherlands Antilles), Franca Beccaria (Eclectica, Italy), Michał Bujalski (Institute of Psychiatry and Neurology (IPIN), Poland), Corrado Celata (Dipartimento Dipendenze – Azienda Sanitaria Locale di Milano, Italy), Robert Laun (University of Twente, the Netherlands, Netherlands Antilles), Jacek Moskalewicz (Institute of Psychiatry and Neurology (IPIN), Poland), Dirk Schreckenberger (ZEUS (Centre for Applied Psychology, Social and Environment), Germany), Luiza Słodownik (State Agency for Prevention of Alcohol Related Problems (PARPA), Poland), Gerard Van der Waal (EUCAM, The Netherlands), Jödis Wothge (ZEUS (Centre for Applied Psychology, Social and Environment), Germany), Peter Anderson (University Maastricht, the Netherlands; Newcastle University, UK, United Kingdom)

Abstract

Aims: Recent studies have found a cross lagged effect of alcohol marketing exposure influencing adolescents drinking outcomes over time. The present study builds on previously performed studies by examining the assumption of linearity of the effect found and the predictive power of being exposed by multiple types of alcohol marketing. **Method:** Prospective observational study with a 11-12 months intervals resulting in a school based sample of 9074 adolescents (Mage=14, SD=.83; 50.1% male) from Germany, Italy, Netherlands and Poland. Univariate and multivariate analyses between a number of alcohol marketing exposure measures, non-alcohol branded marketing and media exposure measures were estimated using ordered logit separately for frequency of drinking and frequency of binge drinking in the past 30 days. Curvilinear associations between alcohol marketing exposure and drinking outcomes were explored by including quadratic functions of alcohol marketing exposure variables.

Results: Findings suggests that exposure to alcohol branded promotional items, online alcohol marketing, televised alcohol marketing, alcohol branded sport- and event sponsorship equally increase the frequency of drinking alcohol and heavy episodic drinking. We found a curvilinear relationship between alcohol marketing exposure and drinking. When taking into account the volume of alcohol marketing exposure, being exposed to a large number of alcohol marketing channels does not seem to have any additional effect on drinking.

Conclusion: Our findings indicate that the total volume of alcohol marketing is associated with under aged drinking, independent from its source. The response is greatest for adolescents who are exposed to a relative low amount of alcohol marketing.

PRESENTED BY: Gerard Van der Waal

REFERENCE NUMBER: 2557

2.6 Building Youth Networks

Opinions On Alcohol Marketing And Alcohol Advertising Regulations From The Perspective Of Young People

Vasilka Lalevska (Active – Sobriety, Friendship and Peace, Sweden)

Abstract

What constitutes an effective alcohol policy is not a mystery. Relevant global actors have recognized the three “best buys” for effective alcohol policy – tackling alcohol affordability, availability and alcohol marketing. Alcohol marketing is significant to the equation because of the causal relationship between exposure to commercial communications and (onset of) alcohol consumption. Simply put: The greater the exposure, the greater the likelihood that the consumption will start or increase. Young people and children are especially vulnerable in this scenario. Alcohol use affects young people’s health, well being and actions disproportionately. Additionally, as a result of alcohol addiction in families, there are 9 million children of alcoholics in EU. If we already know what works for alcohol policy, how come we still live in societies where the burden of alcohol-related harm can be seen in the eyes of children, young people, in their social environments? Motivated to make a change, we would like to present one story and one regulation challenge. Our story is called Zoom in Media – a two-year long project that gathers young people from Romania, Poland, Sweden and Iceland to perform monitoring of alcohol marketing in their countries. Based on their wholehearted efforts, national reports and advocacy actions on national and EU level are to take place. The only regulation on alcohol advertising in EU is stipulated through the AVMSD – which is a regulation challenge. With articles that are rather open to interpretation and emphasis on self regulation, the reality presented in the AVMSD is outdated. Therefore, the promised protection of young people and children is challenged.

Combining our two cases, we would ultimately present a strategic framework for alcohol marketing. By improving the way the three “best buys” are regulated, we can improve the overall alcohol policy in EU and globally.

PRESENTED BY: Maya Stojanovska

REFERENCE NUMBER: 2778

Project: Let`s Talk – Young Political Leaders Exploring The Nuances Of Alcohol Policies

Anders Blixhavn (Blue Cross Norway, Norway), Sten Magne Berglund (Blue Cross Norway, Norway)

Abstract

Project: Let`s talk -Young political leaders exploring the nuances of alcohol policies Norwegian regulations are in line with the recommendations of the World Health Organization (WHO), which Norway actively supports in their work to assist in the implementation of comprehensive alcohol policies in member countries. But there’s a shift towards more liberal alcohol policies among young politicians. Focus has shifted from society to the individual’s sense of freedom, and the individual should ‘have the right’ to drink when he/she feels like it. Blue Cross Norway (BCN) works to help people struggling with addiction, and we have included experiences from within our treatment and rehabilitation facilities, together with knowledge from research on alcohol policy. Objective knowing that the leaders of the youth political parties are strong opinion leader as well as our future national leaders, BCN has created a program designed to address these leaders. Through trainings we present and discuss the knowledge base in the field of alcohol policy. The objective with this advocacy work is influence policy in local municipalities, and to put these questions on the agenda.

Methods: Through trainings we involve participants in debates on alcohol policies: what works – what does not work – how does reality fit with their political framework? The results from these trainings will be presented. Evaluations are done through questionnaires. We also monitor if our trainings results in political change in municipalities.

Results: The feedback received from the target group is so far very positive, and there is great interest in participating, which makes us confident that this project will be utilized both for learning and sharing of political viewpoints. Several trainings have already been conducted, and they have resulted in requests for more training and help to address this field of policy in the upcoming local elections this autumn.

PRESENTED BY: Anders Blixhavn

REFERENCE NUMBER: 2787

Youth Work Alcohol Prevention Model In Serbia

Danijela Radic (Center for Youth Work, United Kingdom), Vanja Kalaba (Center for Youth Work, Serbia and Montenegro)

Abstract

Youth Work alcohol prevention model in Serbia has goal to contribute to creation of healthy, safe and inclusive environment for growth, active participation and development of youth and women in Serbia. In order to achieve the above mentioned objective, we are making sure that:

targeted duty bearers and right holders are aware of the impact of alcohol use on youth and women development in Serbia and acquainted with the existing interventions;

a improved methods on how to work to protect young people's and women's rights that are violated by alcohol consumption is developed for right holders and CSOs;

Network of representatives of Serbian youth CSOs and representatives of relevant institutions promote protection of human rights of youth and women, through promotion of alcohol policy measures in line with WHO Global alcohol strategy.

This leads to cooperating together with Serbian National Youth Council (KOMS) and National Association of Youth Workers (NAPOR) to adopt alcohol policy and advocate for alcohol regulations to ensure inclusive environment for youth and women in Serbia in line with WHO global alcohol strategy. The Youth Work model involves building evidence based approach and methodology created through the consultation process with relevant stakeholder (young people, youth workers, duty bearers). The evidence show strong gender roles and family influence in transmission of the alcohol social norms, which results with the fact that around 50% of youth work service providers tolerate and often promote consumption of alcohol within youth work programs. Youth work service is using holistic approach to build competencies, test values and beliefs of young people through active participation. Ensuring safe environment for growth and development is leading to change of behaviour where young people build social skills, so they can make informed decisions about their life and turn decisions into positive actions.

PRESENTED BY: Danijela Radic

REFERENCE NUMBER: 2641

Innovative Alcohol Youth Campaign In Phrae Province, Thailand: Challenge In Implementing Alcohol Control Interventions In The Low Political Commitment Area

Putthipanya Rueangsom (International Health Policy Program, Thailand (IHPP), Thailand), Jintana Jankhotkaew (Health Promotion Policy Research Center, Thailand), Surasak Chaiyasong (Pharmacy Research Unit, Faculty of Pharmacy, Mahasarakham University, Thailand, Thailand)

Abstract

Objectives: Alcohol consumption is highly prevalent in Prae, a province with the highest level of local alcohol production and tax revenue in Thailand. Implementing alcohol control policy in this province is difficult due to low political commitment and support. Nevertheless, people concern about alcohol dinking behaviours and its related problems among youth. With support from Thai Health Promotion Foundation, the Parliamentary and local networks, the alcohol youth campaign was initiated to reduce alcohol use of young people in Phrae province in 2013. This paper aims to evaluate process and outcome of alcohol youth campaign in Phrae province.

Methods: Youth students who participated in the campaign were surveyed using a self-reported questionnaire. Some of them were recruited for focus group interview. In-depth interview was conducted to elicit information from key factors including teachers and program coordinators.

Results: Half of students reported that interventions affect their alcohol consumption. Among students who were drinkers, alcohol consumption level was reduced by 70% and alcohol expenditure was three times decreased after involvement in intervention. Moreover, their knowledge and attitudes towards harmful use of alcohol and alcohol control law had been increased. The ownerships and participations of students to create interventions that well fit with their social context have been raised as enable factors to support effective intervention. However, the sustainable of interventions at local level has been doubtful among students and teachers.

Conclusion: With high ownership and active participation as well as context-based design, alcohol youth campaign can provide good outcomes with reduction of alcohol consumption and alcohol expenditure among young people. The study suggests that alcohol youth campaign is an initial step in implementing alcohol control interventions in the low political commitment area.

PRESENTED BY: Putthipanya Rueangsom

REFERENCE NUMBER: 2797

Alcohol Policy In Nigeria: The Development Of A Youth Advocacy Network Within A Research-Based Framework

Wilson Chijioke (Nigeria Alcohol Prevention Youth Initiative, Nigeria), Franklin Umenze (Nigeria Alcohol Prevention Youth Initiative, Nigeria), Peace Chinonyere (Nigeria Alcohol Prevention Youth Initiative, Nigeria), Tochukwu Nnamoko (Nigeria Alcohol Prevention Youth Initiative, Nigeria)

Abstract

With a population of 147.9 million people the economy of Nigeria is one of the fastest growing in the world, the oil sector contributing 80% of GDP. However it has the highest per capita consumption of alcohol in Africa. In addition to locally brewed alcohol, commercial production began in 1949 with increased activities paralleling the exploitation of oil reserves in the 1970s. Currently "aggressive marketing activities of leading players and new entrants including SABMiller" are underpinning the boom in nightlife, with a growing club culture aimed at teenager and young adults via modern media as in the case of Smirnoff Ice. Currently there is no effective alcohol policy but the global alcohol industry is proactive in initiating voluntary codes of practice. However there is evidence that unethical marketing strategies are being adopted in Nigeria. The Nigerian Alcohol Prevention Youth Initiative (NAPYI) originated at the CRISA conference in Abuja in 2008, and was established as an NGO, in 1990.

This main objective of NAPYI is to empower young people to become advocates in reducing harm due to alcohol. With continued support from the Institute of Alcohol Studies/GAPA, three workshops have taken place. At the last meeting in Abuja, June 2011, a research framework to underpin the advocacy activities of NAPYI was agreed.

The presentation will include a review of the critical issues experienced in establishing a youth network and implementation of a framework to monitor and provide surveillance of the exposure of Nigerian young people to alcohol advertising.

PRESENTED BY: Wilson Chijioke

REFERENCE NUMBER: 2574

2.7 Building National and Regional Networks

Turning Evidence Into Action: Growth Of The US Alcohol Policy Alliance

Diane Riibe (US Alcohol Policy Alliance, United States of America), Nicole Carritt (Project Extra Mile, United States of America)

Abstract

The US Alcohol Policy Alliance (USAPA) was formed to support, encourage and advocate for the implementation of effective alcohol policies. Organizers saw a substantial gap presented in the country and set out to fill that gap, in part, by connecting local and regional efforts through a national network that could provide a strong voice around alcohol policies. The US Alcohol Policy Alliance works to amplify the influence and voice of these local and regional efforts at a national and international level. With a vision to broadening the contributions to the alliance from the research and academic fields, membership in USAPA is currently limited to non-governmental, grassroots, statewide organizations which must be independent of commercial interests. The presentation will introduce participants to the US Alcohol Policy Alliance by:

Outlining the unique political, social, and historical context of alcohol policy in the United States and the impact of that context on alcohol policy advocacy efforts.

Providing a brief overview of member coalitions or alliances – illustrating their diverse nature and individual strengths.

Detailing the guiding principles of USAPA while discussing the vehicles developed for communication and action.

Describing the opportunities for USAPA to effect state and local alcohol policy change in the US, with a focus on the policies identified by the Community Preventive Services Task Force and Alcohol: No Ordinary Commodity.

Discussing the possible implications of USAPA's work for international alcohol policy advocacy efforts.

PRESENTED BY: Diane Riibe

REFERENCE NUMBER: 2814

Southern African Alcohol Policy Alliance (SAAPA)-Lessons From Building Our Network

Jonas Ngulube (Southern Africa Alcohol Policy Alliance- Zambia (SAAPA-Zambia), United Kingdom)

Abstract

This poster describes 6 critical aspects that continued to build Southern Africa Alcohol Policy Alliance-SAAPA.

Unity in Diversity-SAAPA was established in 2011, currently spanning across 9 countries. Despite the cultural, language and social context diversity the Alliance continues to grow and is united in tackling the industry.

Historical joint actions- Southern African countries have historical relations and had supported each other for the common purpose of independence. This historical past presents stepping stones for building a stronger collaboration.

Acknowledging and developing its Regional Technical expertise: several countries in the region have been recognised internationally as best practise models e.g. Botswana for its alcohol levy model; Malawi for its alcohol policy development process; and researchers and advocates from South Africa are recognised as international experts. These technical expertise are utilised in developing common agendas and appropriate material like an advocacy manual.

Shared problems- Southern African countries faces a common alcohol attributable problems – HIV/AIDS, traffic road accidents, domestic violence. Our countries are also targeted by multi-nationals using similar strategies. This assists in developing a common response.

Strong governance and leadership- The alliance values accountability. Board members are elected through an open and fair process in a general assembly of member countries. Board members actively lead the Alliance to develop common agendas and strategies.

Improving regional communication- SAAPA has a Coordinating Office facilitating and coordinating communication across and with member countries. Author –Jonas Ngulube SAAPA Board Member –Zambian Alcohol Drugs Policy Alliance (ZADPA)

PRESENTED BY: Jonas Ngulube

REFERENCE NUMBER: 2623

Southern African Alcohol Policy Alliance: New Challenge. Comparison Of Alcohol Policies Existing In Four Countries: Malawi, Lesotho, South Africa And Madagascar

Rasoloamana Holiarisoa Fanjanirina (Blue Cross Madagascar, Madagascar), Savera Kalideen (Soul City Institute for Health and Development Communication, South Africa), Nelson Baziwelo Zakeyu (Drug Fight Malawi, Malawi), Mphonyane Mofokeng (Blue Cross Thaba Bosiu Centre, Lesotho), Aadielah Maker (Southern African Alcohol Policy Alliance, South Africa)

Abstract

Introduction: Most of African countries do not have a policy of alcohol so having alcohol policy in African country is not evident. Southern African alcohol Policy Alliance (SAAPA) was set up in December 2012 in Johannesburg, South Africa which included seven countries as Malawi, Lesotho, South Africa, Zambia, Botswana, Madagascar and Namibia. The paper identifies potential resources and opportunities of this alliance despite the contradiction between "Existing- law" and practice in these four countries (2013).Methods: Comparison and SWOT analysis of these alcohol policies existing in four countries

Results: Those countries know one another's alcohol policy. They know and can support each over. However, having Alcohol Policy is not enough, it is necessary to make actions to express ideas. This is what we exploit at Southern African Alcohol Policy Alliance.

Conclusion: SAAPA will provide the opportunity to promote evidence-based alcohol policy through all countries in Southern African and plan to build network including strengthening country networks and support policy advocacy initiatives.

PRESENTED BY: Rasoloamana Holiarisoa Fanjanirina

REFERENCE NUMBER: 2584

Toward A National Alcohol Policy In India: Challenges And Opportunities

Vivek Benegal (National Institute of Mental Health and Neurosciences, Bangalore, India), **Debasish Basu** (Postgraduate Institute of Medical Education & Research, India)

Abstract

Alcohol misuse is an important contributor to the cumulative health burden in India. A sizeable proportion of alcohol attributable fraction of the health burden is due to hazardous and harmful use of alcohol. Alcohol problem is multidimensional and complex. There are various facets of the problem, and there are various stake-holders with varied and at times mutually conflicting interests. Interventions and treatments have been hampered by the lack of a coherent alcohol policy; especially relating to treatment and rehabilitation and minimum guidelines of care. That space has been filled by practices prompted more by the economic pressures of state income from alcohol sales than guided by health considerations and by a profusion of care-providers with often questionable practices. The psychiatrist fraternity of India needs to provide informed guidance to rectify this anomalous situation. With this aim in view, we have proposed a draft national alcohol policy on behalf of the Indian Psychiatric Society (IPS). This symposium describes the development of this policy statement.

The topics covered will be:

The need for an alcohol policy statement by the IPS – context, conflicts, and toward a consensus (Dr. Vivek Benegal), and

The Alcohol Policy Statement of the IPS – a living document (Dr. Debasish Basu). The first one will cover the extent of alcohol use and various harms in India, the challenges and conflicts involved in formulation of a policy statement, and how to move towards a consensus.

The second talk will present the actual draft policy statement and recommendations, emphasizing its sensitivity to the economic, cultural and political complexity of the Indian situation and hence the need for such a policy statement to be responsive to such contextual factors, mandating it to be a dynamic, changeable, 'living' document.

PRESENTED BY: Debasish Basu

REFERENCE NUMBER: 2798

A Case For Zambia Alcohol Drugs Policy Alliance & Forut – Drawing Vital Lessons For Building South/North Networks

Evelyn Kaluba Moloka (Anit Alcohol and Drug Zambia-ADAZA, Zambia)

Abstract

This poster gives insights on vital lessons learnt when building true South/North networks. The paper describes what North NGOs and South Civil Society Organisations role. The Zambia Alcohol Drugs Policy Alliance (ZADPA) is coalition of 13 CSOs jointed for a common response on alcohol harm reduction and prevention. Since its formation in 2011, FORUT has been our North partner. The Alliance has grown into one of a dynamic member of Southern Africa Alcohol Policy Alliance.

Four objectives are reflected as follows; to promote and strengthen good governance mechanism Increase commitment; ownership and leadership Ensure Alliance mandates are supported by members Equip and enhance capacity of Alliance member organisation

Methods: A rights approach is used through reflective views, ideas, and opinions through monthly alliance meetings.

Results: Clearly, positives results outweigh the negative. It is a held belief that ZADPA and FORUT networking relationship is of an equal and mutual partners. Capacities have been built. Respect of local decisions, processes, participation that leads to empowerment and transformation, unified approach which promotes the spirit of oneness on our common agenda, shared experiences and learning, transfer of skills, knowledge, and resources. South/North have shared responsibility and accountability ensuring negative outcome like master/slave relationships do not take route for a example.

Conclusion: Individual social relationship seems to help expand working networks on an ongoing basis. With continued mutual respect, open dialogue, increased resource mobilization, leadership, this "driving force" coupled with shared agenda brings about possibility of sustainable global networks between the South/North in reducing alcohol harm.

PRESENTED BY: Evelyn Kaluba Moloka

REFERENCE NUMBER: 2667

3.1 International Alcohol Control (IAC) Study

Symposium Proposal: New Evidence: Building Effective Advocacy For Effective Policy – The International Alcohol Control Study

Sally Casswell (Centre for Alcohol Policy Research, Australia)

Abstract

This symposium brings together lead researchers from the International Alcohol Control (IAC) study to present policy relevant findings, their dissemination and the uptake within the policy process. The aim of the symposium is to demonstrate the relevance and value of policy relevant data for the development of and debate around alcohol policy.

PRESENTED BY: Sally Casswell

REFERENCE NUMBER: 2743

Comparison Of Where Heavier Drinking Occurs In Low/Middle And High Income Countries In Relation To Hours Of Availability

Taisia Huckle (SHORE & Whariki Research Centre, New Zealand), S Callinan (Massey University, Australia), Surasak Chaiyasong (Health Promotion Policy Research Center, IHPP and MSU Faculty of Pharmacy, Thailand)

Abstract

A key aim of alcohol policy is to reduce heavy drinking occasions. One policy approach available is to restrict alcohol availability by restricting hours of sale and there is increasing attention being paid to hours of off premise sales as well as on premise drinking.

This paper looks at the heavier drinking reported in the International Alcohol Control (IAC) Study. Heavier drinking in New Zealand, Australia, Thailand, Vietnam and Mongolia is compared in terms of the locations in which it takes place. The IAC study also collects data on the hours of purchase and, as part of the Alcohol Environment Protocol, the hours of sale in each location. The analysis will look for differences and similarities between countries and the relationships with heavier drinking.

This study will provide comparison of how the hours of availability are associated with heavier drinking by location across low/middle and high income countries in which different policy environments are in operation. Policy implications about the effects of hours of availability on heavier drinking in locations will be drawn from, and interpreted across, different contexts.

PRESENTED BY: Taisia Huckle

REFERENCE NUMBER: 3452

Cross Country Comparisons Of Alcohol Prices And Taxation Policies – Data From The IAC Study

Martin Wall (SHORE & Whariki Research Centre, New Zealand), Sally Casswell (Centre for Alcohol Policy Research, Australia)

Abstract

Alcohol taxation is an effective and cost effective way of addressing alcohol harm through reducing consumption. Specific taxes on alcohol have a long history and increasingly, in OECD countries are being used to influence behaviour rather than collect revenue. In non OECD countries excise tax revenue is significant. In this paper we examine the comparative tax regimes for alcohol across a number of participating countries of the International Alcohol Control (IAC) study.

Tax systems from Australia, New Zealand, South Africa, Thailand and Vietnam are compared. Firstly the systems are described and then the rates of tax on key products presented. Comparisons are made using the Purchasing Power Parity rates produced by the World Bank International Comparison Programme. The price and purchase data from the each country's IAC survey is used to calculate the mean percentage of retail price paid in tax.

The PPP rates show that Australia and New Zealand are relatively expensive compared to their official exchange rates and Thailand, Vietnam and South Africa are relatively cheap. The highest tax rates in real terms are in Australia, followed by NZ and then South Africa although NZ has the highest wine tax. Overall the highest percentage of retail price in tax is in New Zealand (37%). Australia has a low wine tax which brings the average down.

Countries with a long history of alcohol taxation tend to use specific taxes and lesser developed countries use ad valorem. There is no consistency with regard to strength of tax regime across countries. The inconsistency in tax is as a result of excise taxes being influenced by historical precedent or being an instrument of industrial or competition policy along with revenue raising and behaviour influencing functions. As taxation policy responds to globalisation of alcohol policy the approach to taxation and the percentage of retail price of alcohol beverages which is contributed by taxation will become a greater focus of attention, as it has with tobacco policy.

PRESENTED BY: Martin Wall

REFERENCE NUMBER: 3450

Gauging Public Support For Increasing Controls On Alcohol Advertising And Drunk Driving In South Africa Via The International Alcohol Control (IAC) Study

Charles Parry (South African Medical Research Council, South Africa), Qinisile Sibanda (South African Medical Research Council, South Africa), Neo Morojele (South African Medical Research Council, South Africa)

Abstract

South Africa, a country with high levels of heavy drinking and alcohol-related burden of disease, is giving serious consideration to banning alcohol advertising and reducing allowable blood alcohol concentration (BAC) in drivers to zero. The International Alcohol Control Study in South Africa allows for assessing societal preferences regarding various policy changes. Specific objectives of the sub-study included documenting support for a range of policy measures aimed at reducing harmful use of alcohol and assessing differences by gender, age and level of alcohol consumption.

The methodology comprised a follow-up study of representative samples of adolescents (16 to 17 years, both drinkers and non-drinkers) and adult drinkers in the Tshwane Metropole (the site of the executive capital of South Africa), with the first wave of data collection taking place in 2014. Results: Over two-thirds of adult drinkers (N=1957) support policies such as raising the purchase age to 21, increasing random breath testing, and restricting liquor outlets, with over half supporting increasing taxes to achieve various goals, restricting marketing of alcohol, lowering the BAC levels in drivers and reducing closing times for bars and stores. However, there is less support for increasing the price of alcohol or having earlier closing times for alcohol sales at hotels. In most cases there is greater support for more restrictive policies by female drinkers. Adolescents (N=852) generally show more support for restrictive policies than adult drinkers.

Conclusion: Public support for greater alcohol policy controls (together with the mounting evidence in support of selected interventions, support from health practitioners and researchers, and a determined bureaucracy) will be useful in countering the strong opposition from the liquor industry, the communications industry, and retail sellers of alcohol towards such controls and might just tip the balance in favour of passing legislation restricting alcohol advertising and reducing blood alcohol levels in drivers.

PRESENTED BY: Charles Parry

REFERENCE NUMBER: 2573

Who Purchases How Much, And Who Drinks How Much, In Australian Couples?

Robin Room (Centre for Alcohol policy Research, Australia), Heng Jiang (Australia), S Callinan (Massey University, Australia)

Abstract

Patterns of purchasing and drinking alcohol were traditionally highly differentiated by gender, particularly in working-class families. This analysis of the 2013 Australian IAC survey examines contemporary patterns by gender in purchasing and consuming alcohol among Australian couples, focusing on those without other adults in the household. Which gender does more of the off-premise purchasing, and how does this relate to the type of outlet? How does the relation between purchasing amount and level of consumption vary by gender? What about on-premise drinking – how does the amount of on-premise drinking vary by gender, and how does this interact with patterns of off-premise purchasing and drinking? The analysis also explores the extent to which gender roles on purchasing and drinking are differentiated in terms of age-group, the presence of children, and social class.

PRESENTED BY: Robin Room

REFERENCE NUMBER: 3449

3.2 Community Action/Community Programmes II

From Research And Advocacy To Policy: Phuza Wize And The National Liquor Norms And Standards In South Africa

Savera Kalideen (Soul City Institute for Health and Development Communication, South Africa), Sue Goldstein (Soul City, South Africa)

Abstract

From research and advocacy to policy: Phuza Wize and the National Liquor Norms and Standards in South Africa Background Alcohol consumption in South Africa is high with male drinkers in 2010 consuming 32.8 litres of pure alcohol per annum and women consuming 16 litres (WHO, 2014). Alcohol misuse is a risk factor for non-natural deaths with 53% of fatal (Harris & Van Niekerk) and up to 73% of non-fatal (Schneider, et al, 2007) interpersonal violence injuries testing positive for alcohol in 2001. Soul City launched the Phuza Wize Drink Safe Live Safe campaign in 2010 to respond to this problem. One of several campaign objectives was to lobby for legislative change that supports safer drinking places and therefore, safer communities.

Method: Literature reviews of the alcohol policy environment were commissioned. Other available research from the Medical Research Council, South Africa's Central Drug Authority and the WHO was also used. The research was used as a basis for media advocacy, and to make submissions into the draft National Norms and Standards legislation. A specific set of criteria for safer social spaces was developed. Results National Liquor Norms and Standard gazetted in 2015. These contain very specific points from the Phuza Wize Safer Social Spaces criteria. Discussion The mass media campaign took place during 2010 and the advocacy interventions took place between 2010 and 2014. Legislation takes time to be passed and communities need to be involved.

Conclusion: Advocacy for policy change is a long-term engagement. It relies on ongoing research and lobbying as well as media advocacy and public debate. This kind of advocacy must take policy discussion to the public and other for a so that the law making process is not restricted to a privileged few.

PRESENTED BY: Savera Kalideen

REFERENCE NUMBER: 2686

Effectiveness Of An Alcohol Prevention Intervention And Socio-Economic Changes In A Community In Sri Lanka

Suranga Wanniarachchi (Alcohol and Drug Information Centre, Sri Lanka)

Abstract

Objective: To study the effectiveness of alcohol prevention project in a community carried out at Kimmanthuduwa, Kalutara district.

Methods: Out of the 285 families in this village 178 were recognized as families below the poverty line. Selection criteria was one member consume alcohol among 20 families. All of them were male and most were breadwinner. Duration of the project was one year. The primary objective of the project was to reduce the money spent on alcohol and increase money spent on other benefits. Direct intervention was focus to twenty families while indirect interventions were entire village. Baseline was carried out using observation, key informant interviews, focus group discussion and social mapping and it revealed that 2/3 of their income was spent on alcohol consumption. Data was gathered through qualitative approach. Capacity building programs, trainings, workshops and awareness programs through youth, user, children's and women's group discussions were used as tools to motivate and empower people.

Result: Three out of 20 users had discontinued alcohol use while 17 have reduced the pattern of consumption. Violence has reduced from 100 % (20 families) to 00% (0 families) while alcohol related misbehaviours and shouting have reduced significantly. The average monthly income of a family was Rs. 10,000 and Rs. 4,500 was spent on alcohol. This reduced to Rs. 1000 after the intervention. Family disputes, malnutrition and lack of shelters were major problems before the intervention and there was observed improvement. In recognition of the impact of this community programme, Rs 100, 000 was granted by the Samurdhi Authority to each family for further development.

Conclusion: Families are capable of realizing the harm of alcohol use and can learn methods to change their behaviours thus improving their quality of life. Bringing about useful changes related to health in communities is an achievable task

PRESENTED BY: Suranga Wanniarachchi

REFERENCE NUMBER: 2769

Effective Advocacy Approaches On Empowering Communities And Policy Makers Against Alcohol & Substance Use

Johnson Edayaranmula (Alcohol & Drug Information Centre (ADIC)-India, India)

Abstract

“MADUMUKTHI” – A Project on Empowering Communities against Alcohol and Substance Use, has created history in Kerala, the southern-most State in India, with a population of 33.5 million, known for its highest per-capita consumption of Alcohol in the country.

Project: “MADUMUKTHI” – was launched in Kerala with the cooperation of concerned Stakeholders targeting 140 Local Self Government Institutions, 7, 00,000 Families and 30, 00,000 People covering all the 14 Districts in Kerala.

Objectives: Empowering Women and Families at grass-root levels on the public health and social detriments of alcohol through Kudumbashree Volunteers, Health Workers & Community Leaders; Studying the magnitude of the problem through baseline surveys (WHO-ASSIST); Capacity-building of Stakeholders; Strengthening partnerships; and improving monitoring and surveillance systems.

Methodology: State Level Stakeholder's Orientation Programs, District Level Workshops in the 14 Districts followed by Intensive Community Level Interventions in 140 selected Local Self Governments (10 per District) covering 7,00,000 Households and 30,00,000 Population along with State Level Survey (WHO-ASSIST) involving Trained Community Volunteers and thereby successfully disseminating strong evidences which include –

- The public health harm and social burden of alcohol on individuals, families and societies;
- Exposing the Revenue Myth of Alcohol, emphasizing related public health costs to Government besides intangible loss to individuals/families and proving the State is 'gaining less and losing more'; and
- Highlighting the well-being to the Families/Communities/State, while addressing alcohol problem.

Outcome & Conclusion: For the first time, Alcohol Sales showed a 2% reverse trend in the Financial Year ended in March 2014 together with a huge reduction in public health and social problems. This prompted the Government to adopt strong 'Alcohol Control Policies', which resulted in a further 10% BIG Drop in Alcohol Sales & Consumption as on February 2015, against an annual growth between 12% – 67% in the Kerala market during the past 30 years.

PRESENTED BY: Johnson Edayaranmula

REFERENCE NUMBER: 2777

From Evidence To Action – Using Harm To Others Evidence To Build Support For Whole Population Approaches To Reducing Alcohol Harm

Jennifer Curran (Alcohol Focus Scotland, United Kingdom), Gemma Crompton (Alcohol Focus Scotland, United Kingdom)

Abstract

In response to growing recognition of the need to develop appropriate policy responses that reflect the broader social, legal and economic harms caused by alcohol, Alcohol Focus Scotland commissioned a study into the impact of alcohol's harm to others.

The research report Unrecognised and under-reported: the impact of alcohol on people other than the drinker in Scotland was published in 2013 with a number of findings including: one in two people in Scotland had been harmed as a result of someone else's drinking; one in three had heavy drinkers in their lives. These harms were experienced along a continuum of severity, and occurred in both public and private spaces.

Following the research AFS made a number of recommendations for policy and practice some of which have now been piloted in two local areas in Scotland. The pilots supported the implementation at a local level of whole population approaches to reducing alcohol harm, with a particular focus on taking account of alcohol's harm to others.

Using a variety of techniques and methods including community engagement, development of resources for communities and service providers, trialling innovative education approaches and working with people in recovery, the pilots have worked to achieve:

- Increased awareness and understanding amongst key stakeholders of the need for evidence-based alcohol control policies.
- Policy and service development are better informed by evidence of alcohol's harm to others.
- Key stakeholders, including community groups, have increased capacity to engage in licensing policy and decision-making process.
- Practitioners have increased knowledge, confidence and skills in techniques and practice to engage children and young people affected by alcohol harm.
- Increased awareness and understanding amongst young people of the techniques alcohol marketers use to target young people.

The local delivery pilots are being independently evaluated and findings will be presented at the conference.

PRESENTED BY: Jennifer Curran

REFERENCE NUMBER: 2750

3.3 Alcohol Policy and the Role of the Industry

Questionable Company – Big Alcohol And The Corporate Consumption Complex

Maik Dünnebier (IOGT International, Sweden)

Abstract

The 21st century is so far the era of the radical consumerist society, driven by an ideology of personal choice as liberty and the hyper-reality created by corporate communication. The first hypothesis that this paper explores is that the corporate consumption complex, including the alcohol industry, is playing a decisive role in this development. The paper sets out to analyze the corporate consumption complex in terms of its web of relations and networks between and among the six industries that form it; and the paper attempts to trace how and to which extent the corporate consumption complex is fuelling this radical, individualistic and often infantile consumerist society. This analysis sets thus the stage for an in-depth exploration of the role of the alcohol industry within the corporate consumption complex, addressing the leading research question: Just how dominant is the alcohol industry setting the agenda, determining the tactics and tools and in shaping the world we live? To provide answer to this question, the paper presents research on the alcohol industry ties with other industries of the corporate consumption complex, with regards to senior leadership relationship, board representation, and cooperation with PR-agencies and research institutions. Additionally this paper outlines the tactics of the alcohol industry, from targeted marketing, to aggressive lobbying, to tax evasion schemes, to corporate social responsibility and self-regulation efforts. These considerations serve to provide evidence for discussing the main hypothesis, that the alcohol industry is the most destructive industry that is the least scrutinized at the same time. In this context, the paper offers thought leadership on how to effectively curb the alcohol industry and to critically discuss the most effective ways forward in delegitimizing the alcohol industry.

PRESENTED BY: Maik Dünnebier

REFERENCE NUMBER: 2809

Locking In Support For Alcohol? A Social Network Analysis Of Links Between Directors Of Alcohol, Tobacco And Food Companies

Jeff Collin (University Of Edinburgh, United Kingdom), Shivani Gulati (University of Edinburgh, United Kingdom), Ciara McLeenan (University of Edinburgh, United Kingdom), Kirstie-Ann McPherson (University of Edinburgh, United Kingdom), Evgeniya Plotnikova (University of Edinburgh, United Kingdom)

Abstract

The appointment of John Manzonei, a non-executive director of SAB Miller, as chief executive of the UK civil service highlights concerns about conflict of interest. This raises wider questions about the strategic value of directors to alcohol companies. We examine interlocking directorates via which an individual from one organisation is represented on another's board, analysing links created for alcohol producers with tobacco and food companies and with political elites. Design Leading alcohol producers (Anheuser-Busch Inbev, SABMiller, Diageo, Heineken, Pernod Ricard) and tobacco and food companies were identified via the Forbes 2000 list. We conducted a social network analysis of interlocking directorates across these industries using UCINET

software to map and visualize relationships. Management literature suggests that directors are chosen to address priorities of specific firms, with directors providing diverse benefits including expertise and advice; enhancing communications with external organisations; strategic development; securing access or support; and enhancing legitimacy. Analysis of directorships in alcohol companies suggests prioritisation of expertise in global expansion in developing countries and of experience in managing complex regulatory environments. These are evident via both (i) strong links with transnational tobacco companies and (ii) appointees with government experience in key portfolios, notably trade and finance. SABMiller's board, for example, includes four directors with extensive experience in the tobacco industry, drawn from across BAT, Altria and Philip Morris International. SABMiller's recent appointment of Trevor Manuel, formerly South Africa's finance minister and chair of the World Bank's Development Committee, was explained with reference to his expertise in emerging market development. Extensive corporate links across alcohol, tobacco and food industries indicate common strategic concerns, the health policy implications of which require more detailed attention. The prominence afforded to access recent government expertise in key ministries questions the adequacy of existing conflict of interest rules.

PRESENTED BY: Jeff Collin

REFERENCE NUMBER: 2736

Analysing Alcohol “Industry Actions To Reduce Harmful Drinking”

Katherine Brown (Institute of Alcohol Studies, United Kingdom), Thomas Babour (United States of America), Katherine Robaina (University of Connecticut, United States of America)

Abstract

Descriptions of more than 3,500 “Industry Actions” have been posted on industry websites to demonstrate activities the alcohol industry (i.e., producers, trade organizations, SAPROs) is conducting to demonstrate its “support” of the WHO Global strategy on alcohol. This symposium will present data from a content analysis of “Industry Actions” conducted in the UK, the USA and Latin America. We sought to evaluate the extent to which the Actions are likely to reduce alcohol consumption by underage youth and alcohol-related problems in the adult population. Substance abuse professionals with expertise in alcohol control policy conducted a content analysis of over 1100 industry actions, applying a common protocol for data analysis. The analysis was designed to estimate the proportions of industry actions that

- conform to the ten areas described in the WHO Global Strategy;
- can be considered as “evidence-based”;
- are likely to have a positive impact on drinking behaviour or alcohol-related problems;
- have the potential to promote a brand or product;
- pose a potential risk of harm.

We also sought to identify regional and national differences in harm potential, estimated effectiveness, and population reach, and to verify the accuracy of the short descriptions provided on the industry-funded websites.

Preliminary results suggest that many of the Actions do not fit the recommended Global Strategy target areas, and few are evidence-based. A substantial proportion of the actions are duplicates, contain inaccuracies, or cannot be verified. Results from the 3 regions will be presented (US, Latin America, UK) plus an overview of the methodology used, including how the Actions were evaluated and procedures applied to ensure reliability of ratings and the accuracy of industry descriptions. There will be a discussion on the role of alcohol industry actors in public health policy and management of conflicts of interest.

PRESENTED BY: Katherine Robaina

REFERENCE NUMBER: 2864

Understanding Perceptions Of The Alcohol Industry Among Researchers, Campaigners And Policymakers

Katherine Smith (University Of Edinburgh, United Kingdom), Jeff Collin (University Of Edinburgh, United Kingdom)

Abstract

Background: The escalating global burden of non-communicable diseases (NCDs) can be understood as driven by 'industrial epidemics', shaped by the operations of key industries including alcohol, food and tobacco. Managing the terms of engagement with the private sector therefore constitutes a defining challenge for public health policies to tackle NCDs. Yet the tensions between commercial objectives and public health goals have been addressed very differently across sectors. In tobacco control, recognition of fundamental conflict of interest has underpinned an approach to health governance that seeks to minimise participation by the tobacco industry in the policy process. Closely related to this, the tobacco industry's involvement in scientific research has been vigorously contested. By contrast, alcohol industry actors are still widely regarded as both useful partners in developing health policies and as legitimate funders of research.

Objective: To better understand how policy actors and researchers perceive the alcohol industry compared to these other sectors and to consider how this may be impacting on the development of effective policies to combat the harms caused by alcohol.

Methods: Analysis of interviews with public health campaigners, researchers and policymakers.

Results: The findings outline how campaigners, researchers and policymakers described their perceptions of the alcohol industry compared to other sectors profiting from health damaging products, examining popular rationales that interviewees put forward to justify distinctions they made between alcohol industry interests and other sectors. **Conclusions:** We conclude by outlining key factors that we feel ought to inform decisions by public health researchers, advocates and policymakers when deciding if and how to engage with private sector actors that profit from health-damaging products, such as the alcohol industry.

PRESENTED BY: Katherine Smith

REFERENCE NUMBER: 2813

3.4 Assessing the Situation

Alcohol Control Policies In The Arab Region: Where Do We Stand, And What Are The Implications For Youth Harm Reduction?

Lilian Ghandour (American University of Beirut, Lebanon), Ali Chalak (American University of Beirut, Lebanon), Aida Al Aily (American University of Beirut, Lebanon), Nasser Yassin (American University of Beirut, Lebanon), Rima Nakkash (American University of Beirut, Lebanon), Mitra Tauk (American University of Beirut, Lebanon), Meghan Heffron (American University of Beirut, Lebanon), Rima Afifi (American University of Beirut, Lebanon)

Abstract

Alcohol is a major contributor to global burden, disease, and death. Still, many countries continue to lack a comprehensive national alcohol harm reduction policy. This paper focuses on the Arab world, including 22 countries stretching from North Africa to Western Asia that have varying dispositions with regards to alcohol sale and consumption. We present the findings of (1) an alcohol policy-mapping conducted to describe the current status of alcohol policies in all 22 countries, and (2) an extensive literature review to describe the density of alcohol-related studies published between 1993-2013, as well as the alcohol epidemiology in the region.

Methods: The Global Status Report on Alcohol and Health and GISAH database was used for the policy-mapping exercise, and several search engines (PubMed, Medline (OVID), PsychNet and Google Scholar) and key terms for the review.

Results: A strikingly low number of alcohol-related published studies are published— a total of 69 publications across 22 countries and two decades, majority conducted on clinical or student samples. With regards to policies, several countries have more than 75% of the data fields missing. Only 4 Arab countries have an adopted national alcohol policy, and some have specific components of such a policy. For instance, 10 countries have set legal BAC levels ranging between 0.01% and 0.08%. Where alcohol is not banned but epidemiological data is missing, we deduce an ostrich-like response to a controversial behaviour, or a weak research infrastructure and/or policy landscape.

Conclusions: We submit that countries in the Arab region can be divided into four categories by alcohol ban and published data. Evidence-informed recommendations and future directions for policy and research are discussed for each category, and tailored to the country's current stance on alcohol legislation and consumption. Implications of the findings for youth alcohol harm reduction are also discussed.

PRESENTED BY: Lilian Ghandour

REFERENCE NUMBER: 2680

Alcohol Policy In The English-Speaking Caribbean: A Civil Society Perspective.

Rohan Maharaj (Healthy Caribbean Coalition, Trinidad and Tobago), Maisha Hutton (The Healthy Caribbean Coalition, Barbados), Trevor Hassell (The Healthy Caribbean Coalition, Barbados)

Abstract

Objective: Alcohol continues to be a significant cause of morbidity and mortality in the region. This paper summarizes the current alcohol policies in the English-speaking Caribbean (ESC) and compares it with the WHO 'best buys', to identify gaps and opportunities for policy change. **Methods:** A search of internet, W.H.O. and P.A.H.O. resources, national policies obtained through communication with representatives of regional civil society, government ministries and statutory bodies.

Results: All ESC countries have laws governing alcohol. Broadly, there are 4 distinct ways in which alcohol is represented in policies.

- In legislation- not directly dealing with health, but with more of a social and economic focus.
- As a distinct national policy- recognizing the health implications of alcohol.
- In conjunction with mental health and Non Communicable Disease (NCD) policies.
- In conjunction with policies addressing illegal substance use.

Generally the finding is that there are gaps and opportunities for Civil Society Organisations (CSO) and policy makers in the alcohol landscape. These include an opportunity to advocate for a culturally sensitive comprehensive regional policy, working to encourage wider advertising and marketing restrictions, and stricter enforcement of already passed legislation. There are also opportunities for greater restrictions for on-/off-premise sales, time and location restrictions.

Conclusions: There are significant gaps in alcohol policy regionally. These represent opportunities for CSO.

PRESENTED BY: Rohan Maharaj

REFERENCE NUMBER: 2570

The Tool Kit With Effective Interventions To Reduce Alcohol Related Harm

Sandra Rados Krnel (National Institute of Public Health, United Kingdom), Djoeko van Dale (National Institute of Public Health, The Netherlands), Wim van Dalen (Dutch Institute for Alcohol Policy, United Kingdom), Axel Budde (Federal Centre for Health Education, Germany)

Abstract

To reduce alcohol related harm a wide range of interventions has been developed and brought together. Nevertheless, public health policy planners lack easy access to well described interventions that are adaptable and about which evidence of effectiveness are available. Joint Action on Reducing Alcohol Related Harm (RARHA) is an initiative under the EU health programme to take forward the work in line with the first EU Strategy on alcohol related harm. RARHA's Work Package 6 aims to present a Tool Kit of interventions that have demonstrated their effectiveness, transferability and relevance. The ultimate objective is to facilitate exchange between Member States (MS) public health bodies and provide guidance for the use of evidence based approaches. The questionnaire to collect the examples of good practices was developed, which consists of six sections: Evidence base, basic facts, Development (including preparation, planning and core processes), Implementation, Evaluation, and Additional information. In the communication with MS representatives, as well as WP6 partners, we decided to collect the examples of good practices appertain to one of the three groups of interventions: Early interventions (Early identification and brief intervention for hazardous and harmful drinking), Public awareness/education interventions (including new media, social networks and online tools for behaviour change) and School-based interventions (information and education). 43 examples from 21 European countries were collected. 33 examples (13 early interventions, 10 Public awareness and 13 School-based interventions) were in comply with the basic criteria. Effects and the level of evidence of each example will be determined according to the Assessment Criteria (Basic level of effectiveness, First, Good and Strong indication of effectiveness) based on criteria form an existing Dutch system. The first results of the assessment of the examples of good practice based on the Criteria developed for the purpose of RARHA, will be presented and discussed.

PRESENTED BY: Sandra Rados Krnel

REFERENCE NUMBER: 2716

3.5 Alcohol Marketing: Monitoring and Measuring II – Non-traditional Media

Alcohol Marketing To Young People Via Social Media: Developing A Broader Analysis

Christine Griffin (University of Bath, United Kingdom), Jemma Lennox (University of Bath, United Kingdom), Jeffrey Gavin (University of Bath, United Kingdom), Isabelle Szmigin (University of Birmingham, United Kingdom)

Abstract

The recent expansion of social media use amongst under 25s has created unprecedented opportunities for marketing alcohol products, especially with the growth of smart phones and user-generated content (UGC), and the drinks industry has invested heavily in this area. Most research has focused on SMAM by specific brands and alcohol products, with less attention paid to the online marketing strategies of drinking events and licensed venues used by young people, with their highly interactive online presence.

Our research reviews the extent, range and nature of current SMAM practices aimed at a youth market, examining a selected sample of SMAM cases in depth. We present a systematic mixed-methods review of SMAM practices in the UK context to map the field and identify new developments. This includes alcohol brands familiar to young people above and below legal drinking age (LDA = 18); national organised events; and local bars, clubs and college events in South West England. We also present an in-depth qualitative analysis of 4 to 6 selected SMAM campaigns.

The social media pages of local bars and clubs incite young consumers into relationships with specific alcohol brands and venues, encouraging users to interact with sites in diverse ways. Many bars and clubs have their own photographers who post pictures of guests onto the clubs' social media pages, frequently posed in front of alcohol branded backdrops. Following Griffiths and Casswell (2010), clubs' social media pages operate as 'intoxigenic digital spaces' to represent drinking as a routine and essential component of celebrations, even inverting public health campaigns such as 'dry January'.

This research is part of a larger study funded by Alcohol Research UK analysing current SMAM practices and how they are taken up by young people, assessing the implications for advertising regulation in the UK.

PRESENTED BY: Christine Griffin

REFERENCE NUMBER: 2637

Assessing Surrogate Advertising Of Alcohol Brands To Study Barriers In Implementing Effective Alcohol Policies In India

Chandra Ramakrishnan (Voluntary Health Association of India, India)

Abstract

Although direct and indirect advertising of alcohol brands is prohibited in India, the Government of India has not clearly defined surrogate advertising. There are a lot of gray areas that need to be specifically addressed. Taking advantage of this loophole, all major alcohol brands circumvent the law to lure youngsters, build brand name and increase sales. In this context, it was decided to conduct an assessment of surrogate alcohol advertising in the different media and points of sale in Delhi city, India.

Methodology/Intervention: The study objectives were to understand the extent of surrogate advertising by alcohol brands, analyze reasons for failure to compliance, methods and strategies adopted by the alcohol industry. The assessment sample included TV and cinema ads, and the methodology involved observations. Stymied by a thicket of regulatory obstacles, the alcohol industry in India is coming up with creative strategies through surrogate or indirect advertising -- ranging from selling water, soda and non-alcoholic drinks to even starting a TV channel and an airline, thereby circumventing the law: 90% of all major brands use surrogate advertising to reach target audience. Implementation of alcohol advertising ban in the media is weak and ineffective. Findings reveal that Royal Challengers, a cricket team is an alcohol brand name worth Rs 250 crore; Kingfisher Airlines is a beer brand name; NDTV Good Times, a TV channel advertises beer brand logo and Royal Stag, a whiskey brand is endorsed by famous actor on Tata Sky, a satellite channel in India. Urgent steps required for effective implementation of alcohol advertising ban in India. Need to sensitize, capacitate and strengthen enforcement mechanism, streamline a system of simple, yet strict reporting and penalizing mechanism. Multi-stakeholder approach needed to get more organizations and institutions to join this drive.

PRESENTED BY: Chandra Ramakrishnan

REFERENCE NUMBER: 2806

Study On Alcohol Policy Violation By Television Media In Sri Lanka

Rasika Weerasangilige (Alcohol and Drug Information Centre, Sri Lanka)

Abstract

Introduction: National Authority of Tobacco and Alcohol Act, No.27 of 2006 (NATA) implemented to control and reduce alcohol consumption in Sri Lanka. Prohibition of alcohol advertisement is states under the section 35. But direct and indirect Promotions of Alcohol (PA) that affect the viewers telecast still by Television Media(TM). These observations lead ADIC to conduct a study on policy violations by TM. Objective: To analyze alcohol policy violations by 5 television channels in 2013-2014, Sri Lanka.

Methodology: According to the view ratings of local TV channels; highly rated 5 were selected for the study at the 'family belt' time (7pm to 10pm) from Saturday-Thursday in January-December 2013 and 2014. Daily do Monitoring, recording and capturing the scenes. Thoroughly monitored scenes categorize into promotion, prevention and calculate telecasted time duration. 'Promotion' defines: alcohol is glamorized by dialogs or/and actions and all the states of NATA Act section 35. Monthly report on this analysis is provided to the media stations, relevant authorities of alcohol prevention.

Results: Alcohol was promoted 27,855 and 56,605 seconds of air time by 5 channels in 2013 and 2014 respectively. Found 26,779 and 43,434seconds were telecasted by the 'Tele-dramas'/soap operas and 242 and 373seconds by 'News' in 2013, 2014 respectively. One channel-'Derana' promoted alcohol 1,795 and 23,112seconds as lowest and highest promotional time in 2013, 2014 respectively. Two Tele-dramas caused it with 21,741seconds. Telecasted Glamour dialogs as subtle PA via Tele-dramas using loopholes of NATA.

Conclusion: Though a policy is available; glamorous alcohol promotions can be seen still on the TV screen especially via the Tele dramas which can be directly influence to children, youth and adults. Formulation of national level amendments and effective implementation of policy is essential to prevent the PA by TM.

PRESENTED BY: Rasika Weerasangilige

REFERENCE NUMBER: 2752

3.6 Alcohol Marketing Responses: What Next?

Policy Analysis: Policy Formulation Process Of The Control Of Marketing Of Alcohol Bill In South Africa

Adam Bertscher (University of Cape Town, South Africa)

Abstract

Objectives: Alcohol is a major contributor to health burden in South Africa. The South African government developed regulations aimed at restricting alcohol advertising as an evidence-based upstream intervention. However, the implementation of the Control of Marketing of Alcohol Bill has been delayed by Regulatory Impact Assessments (RIAs). Although RIA's are useful to help policymakers make well-informed decisions, it has been argued that RIAs are opaque, undemocratic and used by industries to block regulations by highlighting the economic impact of introducing policy, while ignoring public health benefits.

This study aimed to examine this policy formulation process. We apply Berlan et al's (2014) framework to evaluate the current policy formulation process with regards to the RIAs, using the Bill as a tracer case. To complement our understanding of the policy formulation process, a stakeholder mapping is included. We present the findings from the first step in a critical analysis of this policy formulation process focusing on deliberation and/or consultation, lobbying and advocacy. We conducted a detailed literature review using media articles, parliamentary minutes (between August 2013 to December 2014) and interviews with researchers, government officials and industry experts.

Key stakeholders involved in the policy formulation process are the alcohol industry, informal traditional brewer industry, advertising industry, SABC, Department of Trade and Industry, Department of Health, alcohol and health promotion researchers and the general public. There is scant public information on the RIA and the regulatory process, and industry informants are reluctant to speak about it. Consistent with international literature, the RIA appears to be an opaque policy formulation venture, despite being a determinant of public health policy.

Conclusion: There is evidence that the RIA has restricted part of the policy formulation process from public inquiry. Further research will explore the role of the alcohol industry in passing of the Bill.

PRESENTED BY: Adam Bertscher

REFERENCE NUMBER: 2739

Alcohol Advertising Review Board: Building Support For Action In Australia

Julia Stafford (McCusker Centre for Action on Alcohol and Youth, Australia), Hannah Pierce (McCusker Centre for Action on Alcohol and Youth, Australia), Mike Daube (McCusker Centre for Action on Alcohol and Youth, Australia)

Abstract

Self-regulation of alcohol advertising in Australia has failed to ensure that alcohol promotions are socially responsible and that exposure to young people is minimised. Australian health groups recognise the need for strong, independent regulation of alcohol marketing; however, there is a need for well-planned advocacy approaches to build momentum for action and to overcome weak political will and opposition from vested interest groups. In a world-first initiative, the McCusker Centre for Action on Alcohol and Youth and Cancer Council established the Alcohol Advertising Review Board (AARB) in 2012; an independent national complaint review service that accepts complaints about alcohol marketing from the Australian community and delivers and publicises determinations free of industry influence. New codes and processes for reviewing alcohol promotions were developed. The Content Code uses only provisions from existing international self-regulated alcohol advertising codes. The Placement Code comprises provisions that would reasonably reduce young people's exposure to alcohol promotions. The AARB uses media and other advocacy strategies to increase public awareness of the limitations of self-regulation, put pressure on irresponsible alcohol promoters, engage the community, and emphasise the need for legislated controls on alcohol marketing. The AARB has made a significant impact in three years and receives substantially more complaints each year than the industry's self-regulatory system. Significant industry discomfort and counter-activity as well as some encouraging successes highlight the potential for innovative advocacy activity to build momentum for effective regulation of alcohol marketing. The AARB provides a model independent complaint review system that may be relevant to other jurisdictions where concerns exist regarding the effectiveness of self-regulation. The presentation will discuss the AARB as an innovative advocacy approach to building support for effective regulation of alcohol marketing, including its development, the response from industry, highlights and lessons from three years of operation, and future directions.

PRESENTED BY: Julia Stafford

REFERENCE NUMBER: 2633

3.7 Implementation of the WHO Global Strategy

Symposium On Implementation Of The Global Strategy At National Level, Examples From WHO Member States

Dag Rekve (World Health Organisation, Switzerland), Vesna-Kerstin Petric (World Health Organisation, Switzerland), Melvyn Freeman (World Health Organisation, Switzerland),

Abstract

The Global Strategy to Reduce the Harmful Use of Alcohol endorsed by the Sixty-third World Health Assembly (WHA) in May 2010 and activities of the WHO Secretariat and WHO Member States on the strategy implementation. The global strategy represents the commitment of WHO Member States to sustained action at all levels. The consensus reached on the strategy and its endorsement by the WHA was the outcome of close collaboration between WHO Member States and the WHO Secretariat. The strategy gives a strong mandate to WHO to strengthen action at all levels. The vision behind the global strategy is improved health and social outcomes for individuals, families and communities, with considerably reduced morbidity and mortality due to harmful use of alcohol and their ensuing social consequences. The strategy contains a set of principles that should guide the development and implementation of policies at all levels; it sets priority areas for global action, recommends target areas for national action. It is envisaged that the global strategy will promote and support local, regional and global actions to prevent and reduce the harmful use of alcohol. Successful implementation of the global strategy requires concerted commitment and action by WHO Member States, effective global governance, substantial financial and technical resources and appropriate engagement of all relevant stakeholders. A global network of WHO national counterparts has been established as well as coordinating mechanisms to ensure the effective collaboration and consultations with Member States on implementation of the global strategy. Following the Global strategy, a global network of national counterparts was established for implementation of the global strategy, followed by development of similar networks in most of the WHO regions. The first meeting of the global network was held in Geneva from 11 to 13 February 2011. The Second meeting of the global network took place at WHO headquarters in Geneva 12 – 14 May 2014. Reports from both meetings are available at http://www.who.int/substance_abuse/activities/gsrhua/en/. The Coordinating Council serves as the main coordination mechanism for collaboration between Member States and the WHO Secretariat to support implementation of the strategy at global level between the meetings of the global network. The coordinating council is meeting during the Global Alcohol Policy Conference and in this symposium they will be taking stock of the process at global, regional and national levels, providing examples and views from WHO member states as well as discuss opportunities and challenges both at national and global levels regarding future alcohol policy formulation and implementation.

PRESENTED BY: Dag Rekve

REFERENCE NUMBER: 3460

3.8 Cancer – Building a Network of Agencies and Societies

Using Policy Research To Support Change In Alcohol Policy And Prevent Related Cancers

Jyotsna Vohra (CRUK, United Kingdom), Alison Cox (CRUK, United Kingdom), Linda Bauld (CRUK & University of Stirling, United Kingdom)

Abstract

Objectives: In the last 50 years, alcohol consumption in the UK has doubled, and has increased by 2 litres per year per head between 1990-2011.

Alcohol consumption is one of the most well established and modifiable causes of cancer; with clear evidence that drinking even small amounts of alcohol can raise the risk of cancer and it is thought to be responsible for 12,800 cases annually (4% of total cancers diagnosed). In 2014, CRUK's Research Strategy launched, with a key objective to reduce the number of preventable cancers. To achieve this, and following a £3 million match-funded grant from the BUPA Foundation, CRUK established a Policy Research Centre for Prevention (PRCP) in July 2014. This presentation will highlight the challenges and progress of a Policy Research Centre and CRUK's aims for alcohol research to support policy change.

Methods: The PRCP creates a new in-house capacity that will provide an understanding of the existing evidence and gaps in cancer prevention, including reducing the overall consumption of alcohol. The centre has a clear vision of "A healthier population who avoid more preventable cancers", and carries out high quality, targeted and translatable policy research by either commissioning or carrying out relevant studies that are peer reviewed. It will promote key interventions that will lead to a healthier lifestyle overall.

Results and conclusions: To date, the PRCP has hosted a workshop to determine research priorities in all prevention areas and is embarking on two studies that will examine the effects of raising the awareness of links between cancer and alcohol and acceptance of policy interventions and a modelling study to look at the economic impact of alcohol policies. Both will provide translatable evidence (results available summer 2015) for the policy development team and therefore add strength to CRUK's long term policy on alcohol.

PRESENTED BY: Jyotsna Vohra

REFERENCE NUMBER: 2720

Communicating Cancer Prevention To Advocate For Effective Alcohol Policies At The National And International Level

Wendy Yared (Association of European Cancer Leagues, Brussels), Mariann Skar (European Alcohol Policy Alliance, Belgium), Robert Pezzolesi (US Alcohol Policy Alliance, United States of America), Peter Rice (Scottish Health Action on Alcohol Problems, United Kingdom)

Abstract

Consumption of alcohol increases the risk for at least seven types of cancer: mouth, oesophagus, pharynx, larynx, liver, colon, rectum, and breast. Risk of cancer increases with the amount of alcohol consumed.

Half of all cancers could be avoided by following recommendations in the European Code Against Cancer, a set of 12 evidence-based messages for the individual.

A joint initiative of the European Commission and the International Agency for Research on Cancer, the European Code Against Cancer was revised in October 2014. It advises that "If you drink alcohol of any type, limit your intake. Not drinking alcohol is better for cancer prevention."Objective: To discuss the updated message on alcohol in the code, effective methods of communicating it, and its role in policy making.

Methods: The Association of European Cancer Leagues (ECL), Eurocare, Scottish Health Action on Alcohol Problems (SHAAP) and United States Alcohol Policy Alliance (USAPA) would survey their networks for an overview of current policy and communication strategies.

Results: An oral presentation on the different approaches taken by different stakeholders in communicating to different audiences.

EG:ECL – National and Regional Cancer Leagues, General public

Eurocare – Expert organisations, Researchers, Youth networks, General public

SHAAP – Healthcare professionals, General public

Conclusions: This session would share how networks can raise awareness and influence alcohol policy by communicating that alcohol consumption must be limited/avoided for cancer prevention. The revised message on alcohol in the Code targets the general public, while reminding that governmental policies must support the messages. Health networks can use the Code as a communication tool affecting alcohol policy at all levels. The messages in the Code are key to reducing health inequalities, as the same message applies to all people around the globe: not drinking alcohol is best for cancer prevention.

PRESENTED BY: Wendy Yared

REFERENCE NUMBER: 2751

Developing Cancer Warning Statements For Alcoholic Beverages

Michelle Jongenelis (Curtin University, Australia), Simone Pettigrew (Curtin University, Australia), Tanya Chikritzhs (Curtin University, Australia), Terry Slevin (Cancer Council Western Australia, Australia), Iain S Pratt (Cancer Council Western Australia, Australia), David Glance (University of Western Australia, Australia), Wenbin Liang (Curtin University, Australia)

Abstract

Introduction: There is a growing evidence base demonstrating the increased cancer risk associated with alcohol consumption. This risk is not understood by the general public.

Objective: The objective of this study was to identify and assess the acceptability of a series of cancer warning statements that could be placed on alcohol products to alter drinkers' alcohol-related beliefs and behavioural intentions.

Method: Six focus groups were conducted with Australian adult drinkers to develop a series of cancer-related warning statements for alcohol products. Based on the discussions, eleven cancer warning statements and one general health warning statement were generated. The statements varied by message frame, cancer reference, and the way causality was communicated. These warning statements were subsequently tested on 2,168 drinkers via an online survey.

Results: There was general disbelief among the focus group participants that alcohol constitutes a key contributor to cancer risk. In the national survey, overall results suggest that responses to the cancer statements were neutral to favourable, indicating that, if introduced on alcoholic beverages, and they are unlikely to encounter high levels of negative reaction from the community. Females, younger respondents, and those with higher levels of education generally found the statements to be more believable, convincing, and personally relevant. Positively framed messages, those referring to specific forms of cancer, and those using the term 'increases risk of cancer' performed better than negatively framed messages, those referring to cancer in general, and those using the term 'can cause cancer'.

Conclusions: Given an apparent lack of awareness of the relationship between alcohol consumption and cancer risk, there is considerable potential to inform consumers of this risk at the point of sale and/or point of consumption. Cancer warning statements on alcohol products represent one potential means of achieving this outcome.

PRESENTED BY: Michelle Jongenelis

REFERENCE NUMBER: 2591

Using Health Harms Campaigns To Build Support For Evidence Based Policy Change

Colin Shevills (Balance – The North East Alcohol Office, United Kingdom), Susan Taylor (Balance, United Kingdom), Neil Martin (Balance – The North East Alcohol Office, United Kingdom)

Abstract

Objectives: North East England (NE) has the highest rates of alcohol related hospital admissions in England, a figure which has doubled in 9 years. Raising awareness of health harms built support for policy change in tobacco control. Balance wanted to explore whether it would work for alcohol.

Methods: Balance ran a workshop with tobacco control colleagues; tested public awareness of health harms; and examined the literature which revealed that mass media campaigns for tobacco control have influenced behaviour change. Research from Monash University indicated that people making the link between alcohol and cancer were more likely to support alcohol regulation. This was confirmed in Balance's opinion surveys which also revealed that awareness of the link between alcohol and cancer was relatively low, especially for breast cancer. An integrated marketing campaign including TV, Radio, cinema and PR was developed, supported later by an online film highlighting the link between alcohol and breast cancer. The breast cancer film, endorsed by a leading breast cancer charity, was promoted virally.

Results: In year one, 54% recalled the campaign, rising to 67% in year two when the breast cancer element was introduced. For 6 in 10 the link between alcohol and breast cancer was new information. Of those recalling the campaign, it made 32% (year one) and 27% (year two) think they should cut down on what they drink. In year two, the evaluation survey revealed minimum unit price (MUP) was supported by 30% of people who do not associate alcohol with cancer but 57% of those who recall the campaign and make the association.

Conclusions: Those making the link between cancer and alcohol are more likely to support MUP. Balance's annual surveys suggest this support drops without regular reinforcement of the message. Campaigns should be frequent, heavy and sustained to build support for regulation.

PRESENTED BY: Colin Shevills

REFERENCE NUMBER: 2614

Awareness Of Alcohol Related Health Harms And Alcohol Policy Support

Neil Martin (Balance – The North East Alcohol Office, United Kingdom), Colin Shevills (Balance – The North East Alcohol Office, United Kingdom)

Abstract

Aims: A 2014 Australian study (Buykx et al.) concluded that knowledge of alcohol as a risk factor for cancer was a significant predictor of support for policies such as banning alcohol sport sponsorship or alcohol price increases. Using local survey data we wanted to establish if the North East of England displayed similar trends so that messaging could be developed to influence policy support.

Methods: Since 2011, an on-street survey has been undertaken annually to establish public opinion on alcohol related topics. The number of responses over the years has ranged from 1,229 in 2011 to 3,156 in 2014. Time series trends in the data have been analysed to track how policy support fluctuates based on the awareness of alcohol causing different health conditions.

Results: Support for a pre 9pm alcohol advertising ban, minimum unit pricing, cinema advertising restrictions and supermarket sales area restrictions all increase with respondent awareness of the links between alcohol and; cancer, coronary heart disease, depression and stroke. These increases are all proportionate to changes in overall population policy support. Looking at the most recent data, support amongst the overall population vs. those with awareness of alcohol and cancer links increase for a pre 9pm advertising ban from 73% to 82%, for minimum unit pricing 44% to 51%, cinema advertising restrictions 73% to 78% and supermarket restrictions 54% to 69%.

Conclusions: Enhancing public awareness of chronic health risks associated with alcohol consumption appears to boost policy support of the general public in the North East. As a result, Balance developed a mass-media social marketing campaign specifically focusing on the links between alcohol and cancer with the aim of building support for alcohol price regulations at a national level.

PRESENTED BY: Neil Martin

REFERENCE NUMBER: 2652

4.1 Using Data to Improve and Inform Policies

Enhancing Police Recording Of Alcohol-Related Assaults: A Stepped-Wedge Implementation Trial

John Wiggers (The University of Newcastle, Australia), Andrew Hacker (The University of Newcastle, Australia), Melanie Kingsland (The University of Newcastle, Australia), Christophe Lecathelinais (Hunter New England Population Health, Australia), Jenny Tindall (Hunter New England Local Health District (Population Health), Australia), Jennifer Bowman (The University of Newcastle, Australia), Luke Wolfenden (The University of Newcastle, Australia)

Abstract

Introduction: The enforcement of liquor licensing laws has been limited by inadequate systems for recording alcohol-related crime, including limitations of information on where offenders and victims of crime have consumed alcohol prior to their involvement in police-attended incidents. **Objectives:** This study aimed to determine the effectiveness of an organisational change intervention in enhancing police recording of the alcohol consumption characteristics of people involved in incidents of assault.

Methods: A stepped-wedge trial was conducted across the entire state of New South Wales, Australia. An organisational change intervention, including modification of computerised police data collection systems, was implemented in a three-stage rollout. Police were required to collect information on the alcohol consumption status of victims and offenders, where they had consumed their last drink prior to the incident and their level of intoxication. Changes in the proportion of people with such information collected were assessed.

Results: Post-intervention, alcohol consumption information was recorded for 85%-100% of people involved in an assault incident, with statistically significant increases across all information categories. This effect was replicated across the three regions. Individual licensed premises were associated with up to 108 assaults in one year, with 20% of premises accounting for approximately 60% of all assaults linked to licensed premises.

Conclusion: The intervention was effective in enhancing the recording of alcohol-related information for assault incidents. Such information could potentially enhance targeted policing of liquor licensing laws.

PRESENTED BY: Melanie Kingsland

REFERENCE NUMBER: 2730

The National Alcohol Survey Of Households In Trinidad And Tobago (NASHTT): Willingness To Support Changes In Policy, Laws And Regulations.

Rohan Maharaj (Healthy Caribbean Coalition, Trinidad and Tobago), Terence Babwah (The University of the West Indies, Trinidad and Tobago), Shastri Motilal (The University of the West Indies, Trinidad and Tobago), Paula Nunes (The University of the West Indies, Trinidad and Tobago), Rachel Brathwaite (The University of the West Indies, Trinidad and Tobago), George Legall (The University of the West Indies, Trinidad and Tobago), Sandra Reid (Caribbean Institute of Alcoholism and Other Drug Problems, Trinidad and Tobago)

Abstract

Objective: This study set out to determine what proportion of Trinidad and Tobago (T&T) households (HHs) are willing to support in a national alcohol campaign, changes in specific policies, laws and regulations.

Methods: A cross-sectional convenience sample of HHs was surveyed from a random sample of enumeration districts (ED) in T&T. The interviewer-applied, field pre-tested de novo questionnaire had 5 domains and was developed over 1 1/2 years after extensive literature review and consultation. Many of the WHO 'best buys' were included.

Results: 1695 HHs (from 53 ED) responded from a total of 1837 HHs approached, a response rate (RR) of 92%. In a national campaign the following proportions of HHs would support: setting the legal age for drinking at 21 years (82.4%); restricting (73.1%), banning (54.4%) alcohol advertising on TV and other media; banning all alcohol advertising at sports and cultural events (64.8%); banning radio stations playing songs with reference to alcohol use (71.3%); holding sellers of alcohol responsible for the amount of alcohol sold (79.5%); advocating that proof of age to be shown by persons buying alcohol (87.4%); placing more prominent warning labels on products displaying content (87.2%); increasing taxes on sales (87.7%).

Discussion: HHs in T&T are willing to support changes in policies around alcohol, including many of the policies shown by the WHO to be effective in reducing the harmful consumption of alcohol.

PRESENTED BY: Rohan Maharaj

REFERENCE NUMBER: 2569

Implications For Policy Mobilization Based On A Survey Of Alcoholic Beverage Outlets Around Educational Institutions In Chiang Mai, Thailand

Kanittha Thaikla (Research Institute for Health Sciences, Chiang Mai University, Thailand)

Abstract

The objective of this study is to determine the pattern of alcoholic beverage outlets surrounding educational institutions in the city of Chiang Mai and compare these patterns to population densities in 2009, 2011, and 2014, using rapid surveys and a census of alcohol outlets in Chiang Mai City based on geographic information system-based techniques. The study found that the distance between outlets reduced with statistical significance while the population density in Chiang Mai City also decreased. In 2009, there were 1,056 outlets with 135 residents per outlet. The average distance was 276.94 meters (min 13.34, max 1,408.01). In 2011, there were 1,008 outlets and 137 residents per outlet and average distance of 282.43 meters (min 15.23, max 1,405.73). In 2014, there were 1,244 outlets with 108 residents per outlet with an average distance of 249.40 meters (min 3.60, max 1,473.93). The reason for the decrease in 2011 was strict enforcement of zoning laws with cooperation from all enforcement sectors. The change in the provincial governorship (less strict law enforcement) in 2014 caused an increase in the number of outlets by 6 percent (188 outlets). All of the new outlets were located within 300 meters of educational institutions, with “buy 1 crate, get 1 crate free” promotion and more promotional hours for beer or wine buffets, which encouraged youths to drink more heavily. The presence of alcoholic outlets near educational institutions stimulates and increases the exposure of non-drinking youths probably causing them to become new drinkers and also inducing drinking youths to become more heavy drinkers. The designation of a “white ring” area with a 300-meters radius surrounding educational institutions may be better way to help reduce the probability of exposure leading to change in drinking behaviour among youths.

PRESENTED BY: Kanittha Thaikla

REFERENCE NUMBER: 2572

Public Opinion Survey On Alcohol For Advocacy For The Enactment Of The Law On Alcohol Control

Kong Mom (Cambodia Movement for Health, Cambodia), **Hema NHONG** (Royal University of Phnom Penh, Cambodia)

Abstract

The Public Opinion Survey on Alcohol was conducted in late 2013 by the Royal University of Phnom Penh and Cambodia Movement for Health using Street Intercept Technique at five geographic provinces of Cambodia. The survey aimed at getting public opinions about industry marketing, product price and availability and their attitude and practice, as well as their opinion on the WHO recommended best buys measures.

The survey found that 98% of respondents exposed to advertising in various forms, including commercial spots and concerts via television and radio, posters, billboards, banners, open space concerts, and via promotional girls. This has contributed to younger age of drinking initiative, 11% between the age of 8-17 and 78% between the age of 18-30. When price of alcohol increased, 5% quit, 39% drink less, and 2% switch brand and majority has no impact. Alcohol products are available everywhere counting from grocery store, petrol kiosk, convenient store and supermarket, restaurant and cafeteria, community market, and street vendor. 87% of respondents witnessed children buy alcohol in the last 30 days.

The survey also found that 93% of respondents support the government to ban alcohol advertising and promotion, 75% support tax increase, 95% suggested the government to ban selling alcohol to children and license retailers. The findings were disseminated to relevant government ministries, National Assembly and Senate, and media, via workshops, briefing meetings, press conference, and fact-sheet distribution. As result, the draft Law on Alcohol Control has been moved from the Ministry of Health to the Ministry of Justice for comments on inspection and penalty. It will soon go to inter-ministerial meetings. Further strategic advocacy is needed to get the law enacted.

PRESENTED BY: Kong Mom

REFERENCE NUMBER: 2595

4.2 IAC – Alcohol Environment Protocol

International Alcohol Control Study: Barriers To Implementing Alcohol Policies In Vietnam.

Cuong Pham V (Center for Injury Policy and Prevention Research, United Kingdom), **Kien Nguyen Trung** (CIPPR/Hanoi School of Public Health, Vietnam), **Vuong Nguyen Hien** (CIPPR/Hanoi School of Public Health, Vietnam), **Duc Du Hong** (CIPPR/Hanoi School of Public Health, Vietnam)

Abstract

Alcohol contributes to social and health problem inducing risk of non-communicable diseases in Vietnam. Alcohol is also identified as an important risk factor of road traffic injuries which killed about 10,000 deaths per year in the country. In the past 5 years on a national scale about 30% the numbers of public order disturbances were caused by alcohol use. Consumption per capita is increasing and there is a marked expansion of commercially produced alcohol. The International Alcohol Control – Vietnam (IAC-VN) is carrying out in Vietnam in 2014-2015 using mixed methods including household survey with 2,064 drinkers, secondary data analysis and qualitative studies. The study is implementing in three different provinces in North, Central and South of Vietnam. The study showed the average litres of absolute alcohol consumption in last 6 month in Vietnam among male is 13.4l and 2.4l for female. Beer is the most common drink for on and off premise (37.1%) and followed by homemade spirits. Alcohol drink very popular and can be access easy throughout day and night. The price of alcohol drinks is rarely cheap and able to access at anytime and in many locations. Although, there are several regulations regarding to alcohol harmful control such as age restriction, licensing, advertising alcohol products but the regulation implementation and enforcement is weak. The study results shown the alcohol consumption among male in Vietnam is high. Regulations on alcohol harmful reduction are available but the implementation and enforcement is not quite effective.

PRESENTED BY: Cuong Pham V

REFERENCE NUMBER: 2626

Cross-Country Comparison Of Alcohol Control Policy In Four African Countries

Joanne Corrigan (University of Cape Town, South Africa), **Sally Casswell** (Centre for Alcohol Policy Research, Australia), **Richard Matzopoulos** (University of Cape Town, South Africa), **Jonny Myers** (University of Cape Town, South Africa)

Abstract

Background: Alcohol consumption is an urgent global health problem with a wide range and substantial burden of harmful health and socio-economic effects. In contrast to other world regions, an increase in alcohol consumption and alcohol-related harm has been noted in the African regions and Africa has the highest proportion of heavy episodic drinkers in the world. Alcohol abuse is intimately linked with poverty and is therefore a key area for intervention so that development goals of Africa are not unduly compromised. Documenting and evaluating the nature and impact of alcohol policy and legislation in Africa is therefore of critical. Furthermore, the implementation of alcohol control policies in the African context poses unique challenges to and has not been researched to date. Objectives: To conduct situational analyses of alcohol control policy in Nigeria, Benin, Kenya and Uganda to provide a cross-country comparison of

1. Current alcohol control policy and legislation
2. The degree of implementation of existing alcohol policies and legislation.
3. The main barriers and facilitators of implementation.
4. The policy stakeholder landscape

Methods: This project forms part of the International Alcohol Control (IAC) study. The Alcohol Environment Protocol, a qualitative and quantitative data collection tool from the IAC study was adapted to suit the African context and collects information through interviews and focus groups with stakeholders. Stakeholder groups included users, beneficiaries, governance and implementer stakeholders. Interview data was recorded, transcribed and entered in standardized data capture systems and was supplemented with routinely collected administrative data, observational data and a literature review. Data was coded and analyzed using standardized quantitative and qualitative techniques to enable cross-country comparability.

Results: Final Results are due in May 2015

Conclusions: Pending

PRESENTED BY: Joanne Corrigan

REFERENCE NUMBER: 2690

Time For Action In Uganda: Key Facts On Alcohol Marketing, Sale And Purchase

Nazarius Mbona Tumwesigye (Makerere University, Uganda) Deo Sekimpi (Makerere University, Uganda), Sheila Ndyabangi (Makerere University, Uganda), Fred Wabwire-Mangen (Makerere University, Uganda), Lynn Atuyambe (Makerere University, Uganda), Gerald Makumbi (Makerere University, Uganda)

Abstract

Introduction: Uganda is one of the countries with highest per capita alcohol consumption and with highest levels of alcohol related harm. A multi-country study has been carried out with the aim of evaluating the current legislation regarding alcohol production, use and sale with a view of aiding alcohol policy development and providing useful information for policy makers, researchers and lobby groups interested in reducing alcohol-related harm.

Methods: The study was designed as a rapid assessment with a focus on the capital city Kampala and the surrounding districts. The study units included alcohol outlets, manufacturers, marketing agencies, implementers and enforcers of legislation, personnel and units of governance. The data were collected using key informant interviews, observations, and record and document reviews.

Results: Restrictions of alcohol production, marketing and sale largely rely on bi-laws and self regulation. Compliance to the available legislation and enforcement are poor. Licensing is easy in suburban and rural area as it requires mainly the approval of a local council official. There is alcohol for all prices ranging from 13 US cents. Police Check points that check intoxication are few (20%) and irregular. Only 3% of all drivers are stopped for random breath testing. There is no restriction on incentives to purchase alcohol and on sponsorship of sports and other events by alcohol industry. Advertising alcohol is largely unregulated. Most alcohol adverts (79%) have health warning message but its only in 27% of the adverts that warning messages are placed next to the brands.

Conclusions: There is a need to develop a policy to control alcohol sale, advertising, availability and pricing. Sensitization of people on the available legislation is needed. More effort is needed to boost enforcement of the few existing legislation. More research is needed to cover rural areas of the country and unlicensed outlets.

PRESENTED BY: Nazarius Mbona Tumwesigye

REFERENCE NUMBER: 2855

Assessment Of The Degree Of Implementation Of Existing Alcohol Policies And Legislation In Benin

Marius Kedote (COPES-AOC/University of Abomey-Calavi, Benin), Josiane DJENONTIN (COPES-AOC/University of Abomey-Calavi, Benin), Joanne Corrigan (University of Cape Town, South Africa), Benjamin FAYOMI (COPES-AOC/University of Abomey-Calavi, Benin)

Abstract

Background: Without developing specific policies for reducing alcohol-related harm, Benin adopted various policies and regulations, which included the following:

- High taxation of (15 to 40%) of alcoholic beverages;
- Regulation of points of alcohol consumption and sale points
- Regulation of trading hours of on-premises liquor consumption;
- Prohibition of driving under the influence of alcohol;
- Prohibition of the sale of traditional alcoholic beverages in Natitingou city.

Objective: To assess the nature and extent of implementation of alcohol control policy and legislation in selected areas of Benin.

Methods: A situational analysis using the Alcohol Environment Protocol (AEP) component of the International Alcohol Control (IAC) study, which seeks to understand, how and why a given policy is adopted and implemented (Casswell et al., 2012). Data was collected between October 2014 and February 2015. More than a hundred interviews were done with the owners or managers of liquor outlets (beneficiaries), decision makers and agents of implementation of alcohol policies.

Results: The majority of beneficiaries are unaware of the existence of regulations concerning liquor licenses. No structure enforces the opening hours and the prohibition of alcohol sale to minors. A regulation on driving under alcohol influence is not effectively complied with. According to the implementation agents, the material obstacles and the availability of staff to carry out the checks can explain non-application of this policy.

Conclusion: Despite the existence of several alcohol control policies and legislation in Benin, the degree of implementation is very low.

PRESENTED BY: Marius Kedote

REFERENCE NUMBER: 2725

Alcohol Availability Control In Thailand: Implementation Gap And The Way Forward

Weranuch Wongwatanakul (International Health Policy Program, Thailand), Surasak Chaiyasong (Pharmacy Research Unit, Faculty of Pharmacy, Mahasarakham University, Thailand), Thaksaphon Thamarangsi (Thailand)

Abstract

Background: The Thai Alcohol Control Act, endorsed in 2008, has driven social climate a higher attention on problems and solutions nationwide. However, there are challenges in implementation, especially availability control.

Objective: This study overviews on situation, policy contexts and implementation on alcohol availability control in Thailand. It highlights implementation gap and provide recommendation for multi-sectoral policy actors.

Method: This study reviews information from several survey, including the Thailand's International Alcohol Study (IAC), the Alcohol Environmental Protocol (AEP) and etc. It gathers alcohol availability from IAC (2012-2013) and license/unlicensed outlet from AEP (2014). Perception of policy implementation has been extracted from AEP's face-to-face interview of alcohol-control stakeholders. Document review and situational analysis has been applied to determine policy-relevant contexts and implementation gap.

Results: Under the Control Act, regulations, including sale restriction at specific settings, time limit and MPA, have been enforced. However, implementation protocol were unclear. Young drinkers reported successfully access to alcohol by their purchases and social sources. At on-premise settings, most drinkers, both adult and youngster, bought alcohol on their own; whereas 20% got it for free from others. Moreover, social availability had almost twice higher at unlicensed locations.

Licensing and taxation has been enforced under the Liquor Act; however, 18.1% of premises were unlicensed and small proportion of untaxed consumption were reported. Alcohol-control stakeholders perceived about 20% of outlets were unlicensed. Overall implementation efforts, including sale restriction, licensing and untaxed-product control, were perceived better implementation than availability control efforts for youngsters.

Conclusion/Implication: Key alcohol-control actors should develop/strengthen practical mechanisms for multi-sectoral collaboration at all levels. It is highly recommend to prioritize participatory advocacy on measures including asking for ID when buying alcohol, setting of compliance indicators and/or non-renew license for licenses holders. Implications are expected to benefit other LMICs that aim to highlight availability control by legal measures.

PRESENTED BY: Weranuch Wongwatanakul

REFERENCE NUMBER: 2800

4.3 Alcohol Policy and the Impact of Industry on National Strategies

Alcohol Industry Smear Tactics Supported By Government: A New Zealand Case Study

Jennie Connor (University of Otago, New Zealand), Kypros Kypri (University of Newcastle, Australia), Doug Sellman (University of Otago, New Zealand)

Abstract

Aim: This paper describes the actions of an alcohol lobbyist in New Zealand in a failed attempt to neutralise public health advocacy.

Findings: Posts on New Zealand's most-read blog that were offensive and denigrating of an outspoken senior academic advocating for evidence-based alcohol policy appear to have been secretly orchestrated by an industry lobbyist using an intermediary PR firm. The lobbyist, who represents the business interests of the multinational alcohol retail industry, was concurrently on the Board of the government Health Promotion Agency. Despite on-going calls for an investigation, the government continues to assert that any conflict of interest is being appropriately managed.

Conclusion: The alcohol industry has been involved in attempts to marginalise and undermine the standing of health experts whom they view as opponents to their trade. The government has failed to maintain its own standards with regard to appointments to Crown Agencies that should protect the public from those working against their interests.

PRESENTED BY: Jennie Connor

REFERENCE NUMBER: 2708

A Comparative Analysis Of Alcohol Policy Development Process In Southern Africa: A Case Study Of Zimbabwe And Malawi.

Tungamirai Zimonte (Youth against Alcoholism and Drug Dependency, Zimbabwe), **Nelson Zakeyu** (Drug Fight Malawi, Malawi), **Aadielah Maker** (SAAPA, South Africa)

Abstract

A comparative analysis of alcohol policy development process in Southern Africa: a case study of Zimbabwe and Malawi. Problem statement Drinkers in African countries consume 13% more alcohol per capita than global average. Alcohol consumption among African adults is projected to increase. Alcohol is already a leading risk factor for death and disability in Sub Saharan Africa. The changing alcohol environment in Africa suggests need for restrictive alcohol control policies (Parry & Borges, 2014). In this paper, we make a comparative analysis of the alcohol policy development process in two Southern African Policy Alliance (SAAPA) member countries Zimbabwe and Malawi.

Objective: The purpose of this paper is to shed light on the Zimbabwe national alcohol policy development process and compare it with the Malawian process which has been identified as a best practice due to the active role of civil society – spearheading a public health oriented national alcohol policy. Methods A case study comparison was made between two national alcohol policy development processes from Zimbabwe and Malawi using information gathered from document reviews, media analysis and in depth interviews. Findings As early as 2007, representatives of the alcohol industry started designing the National Alcohol Policy for Malawi as well as for other countries in the African Region (Bakke & Endal, 2010). In 2007 both countries had similar drafts which favoured the industry. The intervention of Drug Fight Malawi – a civil society organization – in 2008 resulted in a policy which protects citizens and not industry interests. Zimbabwe has ended up with a draft that favours industry.

Conclusion: Community Participation and mobilisation is crucial to the development of the social and health protective framing of any national alcohol policy.

PRESENTED BY: Tungamirai Zimonte

REFERENCE NUMBER: 2604

The “Public Health Responsibility Deal” In England: Will A Public-Private Partnership With The Alcohol Industry Help Reduce Alcohol-Related Harms In England?

Cecile Knai (London School Of Hygiene And Tropical Medicine, United Kingdom), **Mark Petticrew** (London School Of Hygiene And Tropical Medicine, United Kingdom), **Mary Alison Durand** (London School Of Hygiene And Tropical Medicine, United Kingdom), **Elizabeth Eastmure** (London School Of Hygiene And Tropical Medicine, United Kingdom)

Abstract

[CONFIDENTIAL]Aims: The Public Health Responsibility Deal (RD) is a public-private partnership involving voluntary pledges between industry, government in England and other actors in various areas including alcohol, and is designed to improve public health. The aim is to analyse the alcohol pledges of the RD in terms of (i) evidence of effectiveness and (ii) the likelihood that they have motivated actions among signatories that would not otherwise have taken place. Methods: We analysed publically available data on organisations’ plans and progress towards achieving key alcohol pledges of the RD, and conducted a systematic review of the evidence underpinning the interventions proposed in specific RD alcohol pledges. Results: Based on the existing evidence, the RD alcohol pledges are unlikely to be effective in reducing alcohol consumption, but may contribute to improving consumers’ knowledge and awareness. Most RD partners appear to have committed to actions on alcohol reduction that they would have undertaken regardless of the RD, with an estimated 11% of alcohol interventions likely to have been motivated by participation in the RD. Of note is the finding that a small but influential group of alcohol producers and retailers reported taking measures to reduce alcohol units in the market available for consumption. However these measures mainly involved launching and promoting new low alcohol products rather than removing units from existing products, with implications for a potential increase in total alcohol products on the market. Conclusions: The most effective strategies to reduce alcohol-related harm are not consistently reflected in the RD alcohol pledges. The alcohol pledges are unlikely to affect consumption. In order to reduce the negative impact of alcohol consumption on public health the RD pledges should propose effective interventions, notably those which change the market environment to make alcohol less available and more expensive.

PRESENTED BY: Cecile Knai

REFERENCE NUMBER: 2606

Against All Odds – Towards Evidence-Based Alcohol Legislation In South-East Asia

Esbjorn Hornberg (IOGT International, Sweden), Maik Dünnebier (IOGT International, Sweden), Kim Eng Yong (PDP-Center, Cambodia)

Abstract

Several of the nations in the broader South-East Asian region have long been known as so-called tiger nations. However, their development has been hampered by alcohol harm.

This paper starts with a comprehensive stocktaking of the state of play concerning the introduction of evidence-based alcohol legislation in the ASEAN. Cambodia, Lao PDR, Viet Nam, and Myanmar, are all pursuing the path of Thailand – however with different speed, ambitions and momentum.

This paper offers a comprehensive analysis of the alcohol policy situation in these countries, including of the research community and the civil society organizations have been able to cooperate domestically and within the broader region. The paper will answer the question whether this has created momentum or slowed down political processes.

In a second analytical step, the paper will examine the role of the alcohol industry. The leading research question being posed is: to what extent has the alcohol industry been able to cause disruptions, create obstacles or even undermine political processes? What are the tools and strategies the alcohol industry is using and how effective are they deploying these tools?

This paper proceeds to analyze the roles of the different actors involved – governments and different ministries, civil society actors, joint ventures, industry front groups and other alcohol industry vehicles; it also asks what the role of neighbouring actors is, for example through analyzing regional workshops and regional cooperation that has emerged.

Were the research community and civil society organizations to mount effective opposition to attempts of the alcohol industry to undermine and water down legislation attempts? In the final analytical step, the paper explores lessons learned and challenges ahead to consequently stake out ways forward for implementing effective alcohol policies in the region.

PRESENTED BY: Esbjorn Hornberg

REFERENCE NUMBER: 2807

Red Flags On Pink Drinks: When Companies Market Alcohol To Prevent Cancer

Sarah Mart (Alcohol Justice, United States), Norman Giesbrecht (Centre for Addiction and Mental Health, Canada)

Abstract

Identify alcohol products using branding to associate the products with breast cancer awareness; Compare examples of pink ribbon alcohol promotions to critical watchdog questions; Discuss policy implications for alcohol companies, cancer charities, governmental and NGOs, and regulators. We conducted an online search for materials such as official websites, press releases, and blogs promoting alcohol products using pink ribbon marketing campaigns in the U.S. and Canada. We analyzed the materials using questions based on a U.S. watchdog campaign, including: cancer charity names; total donations made; activities funded; donation caps/limits/timelines set by the companies; and potential consumer exposure to carcinogens linked to breast cancer from the product. We found examples of alcohol companies that have created and used pink beer, wine, spirits, and flavoured malt beverage products, along with breast cancer-related content and the iconic pink ribbon, as cause marketing; some for more than a decade. Some alcohol brands have associated products with specific breast cancer causes and charities. Various cancer charities have entered into alliances with alcohol industry to raise funds for research, treatment, or prevention by promoting the purchase of certain alcoholic beverages. Thus an increase in sales of alcohol – a carcinogen – is promoted to raise funds to treat cancer. Alcohol use is a leading risk factor for global disease burden, and 8% of the global breast cancer disease burden is attributable to alcohol. The International Agency for Research on Cancer has classified beverage alcohol as a Group 1 carcinogen since 1988. The evidence is clear: pink ribbons and affiliations with breast cancer charities should not be used to promote alcohol products. Due to alcohol corporations' profit-cantered goals that run contrary to cancer prevention and public health, breast cancer charities should separate from alcohol sponsorship and create clear policies on how to interact with alcohol corporations.

PRESENTED BY: Sarah Mart

REFERENCE NUMBER: 2696

4.4 Alcohol Marketing: What Next?

Alcohol Marketing Regulation In The Americas: What Can Be Done?

Maristela Monteiro (Pan American Health Organization, United States), David Jernigan (Johns Hopkins Bloomberg School of Public Health, United States), Thomas Babour (United States of America), Rohan Maharaj (Healthy Caribbean Coalition, Trinidad and Tobago)

Abstract

Children, youth and adults throughout the Americas are exposed to pervasive and unregulated marketing of alcoholic beverages, including sponsorships of cultural events, sports, school activities, political and community's events, direct and indirect marketing, advertising on TV, radio, outdoors, in bars and restaurants, through social media and the internet. Exposure to such marketing is known to encourage initiation of drinking, excessive drinking and may result in acute and chronic harms. The marketing is also highly focused on various segments of the population; vulnerable groups are especially targeted, including women and young people. Alcohol marketing regulation is one of the key policies recommended in the global framework to reduce the burden of non-communicable diseases as well as global alcohol strategy. Focal points in Ministries of Health from most countries in the Americas have requested support from the Pan American Health Organization (PAHO) to provide the tools and legislative language necessary to develop, implement and monitor measures to control and reduce the marketing of alcoholic beverages. Currently, the main form of control in place in the Americas is through self-regulatory codes despite little evidence of their effectiveness. As a result, in January 2015, about 30 international experts met in Washington DC, at PAHO HQ, to discuss the state of the art on alcohol marketing research, practices and policies, and recommend actions needed at regional and global levels. A mix of alcohol researchers from all regions of the world, PAHO and WHO staff, NGOs and others working on tobacco control, non-alcoholic sugared beverages and ultra-processed foods, and on trade agreements discussed the current situation in Latin America and globally, gaps in information, and the need for an international code of practice for marketing regulation. This presentation describes the key findings of the expert committee and their recommendations for future action.

PRESENTED BY: Maristela Monteiro

REFERENCE NUMBER: 2699

Law On Alcohol Marketing Not Enforced: Alcohol Advertisements Abundant In Madagascar

Rabearimanana Nasetra Riana Fitiavana (NETINO France, France), Van der Waal Gerard (EUCAM (European Centre for Monitoring Alcohol Marketing), Norway)

Abstract

Introduction: Since the 2009 political crisis, a conflict between the laws on advertising for sale of alcoholic beverages exists in Madagascar. The population was more and more confused and it was therefore difficult to establish a National Alcohol Policy. The development of Monitoring Alcohol Marketing by the Blue Cross Madagascar in collaboration with EUCAM realized during the month of October 2013 was therefore necessary to clarify in particular the so-called laws concerning advertising of alcoholic beverages, their implementation and highlight the reality on ads itself.

Methods: To assess the status of alcohol marketing in Madagasikara, online, print and outdoor media were systematically monitored in October 2013 it and around the capital of Antananarivo and Interviews of 20 students aged between 12 to 17 years old have been done in three different schools.

Findings include:-Alcohol retailers and bars frequently break the law by placing their establishment within a 150 meter radius of religious buildings, educational institutions, hospitals and etc.-Alcohol advertisers frequently break the law by using image advertising, instead of using merely product information.-In outdoor areas, an average of 48.4 alcohol ads were identified per 0,25 km².-Alcohol ads are twice as likely to be found around schools, compared to other places.-Online claims were identified suggesting that light alcoholic beverages can be consumed by any member of the family. Analysis of print media frequently identified unofficial ways of marketing (editorial content, sponsorship of events and sports, as well as job offerings).

Conclusion: Results are tools of advocacy for the implementation on National Alcohol Policy. Declaration of interests: The authors declare that there are no competing interests.

PRESENTED BY: Rabearimanana Nasetra Riana Fitiavana

REFERENCE NUMBER: 2605

The French Evin Law: Content, Effectiveness And Limitations

Karine Gallopel-Morvan (French School of Public Health, France), Alain Rigaud (ANPAA, France), Franck Lecas (ANPAA, France), Diouf Jacques (EHESP, France)

Abstract

Aims: In France, 49 000 people die every year because of alcohol. In order to reduce this issue, the Evin law (1991) that restricts alcohol advertising was implemented. Its purpose is 1/ to ban intrusive media with an important impact on young people and to allow less intrusive ones. Allowed media are newspapers, magazines (except those for young people), radio (at times selected), outdoor advertising, leaflets, mailings, the Internet (except for ads and websites that target young people). Sponsorship of events, television and cinema are prohibited; 2/ to limit the content of advertising: messages must refer only to products characteristics and must not evoke positive images (association of alcohol with success, sport, performance, etc.).

Methods: The aim of this presentation is to assess the effectiveness and limitations of the Evin law, more than 20 years since its implementation.

Results: There have been some concrete effects for public health since the implementation of this law: less attractive ads linking alcohol to social, sporting, sexual success, etc. and less exposure to ads for young people (no ads on TV or cinema). This law is also easy and cheap to apply for governments, while ads not enforcing the Evin law are punished by penalties. However, its effectiveness is reduced by 1/ The renewed use of previously banned media obtained through strong lobbying by the alcohol industry (the Internet, billboards); 2/ other allowed marketing tools that target young people (attractive packs, price promotions, sweet products, etc.) and 3/ the law is not always enforced by the alcohol industry.

Conclusion: Combined with other measures (price, media campaigns, etc.), restriction advertising law such as the Evin law has a role in alcohol control policies. In France, exposure to alcohol ads and its attractiveness have obviously reduced.

PRESENTED BY: Karine Gallopel-Morvan

REFERENCE NUMBER: 2755

Ensuring Onscreen Regulation Of Alcohol Promotion

Savariyar Adimai Angelis (Pasumai Thaayagam Foundation, India), BALU Kaliaperumal (Advocates Forum for Social Justice, India)

Abstract

Objectives: Strategic actions pressurized the Government body to ensure stringent implementation of onscreen regulation of alcohol promotion.

Methods: Global Status Report on Alcohol 2011 cites India as among the leading countries where drinking habit is on the increase. Information and broadcasting ministry of India had amended the Cable Television Networks Rules in 2006, laying down stringent guidelines against direct and surrogate advertising of alcohol beverages. India has the largest film industry making over 1250 feature films per year and has a total around 15 million viewership per day. Alcohol companies utilize this space to lure youth towards alcohol consumption by depiction of onscreen drinking by lead characters. Pasumai Thaayagam Foundation adopted a series of strategic actions to combat this menace. A set of mass petitions were sent to Information and Broadcasting Ministry and to Central Board of Film Certification (CBFC). These actions along with different campaign strategies resulted in bringing onscreen regulation of alcohol consumption. Sustained advocacy resulted in ensuring implementation of alcohol regulations in films and TV media and thereby direct and surrogate advertisements of alcohol beverages could be prevented. Results Statutory warnings are now shown in public interest asserting that the movie/TV show does not promote drinking alcohol. CBFC India has mandated for implementation of anti-drinking warnings in scenes where actors are depicted consuming alcohol. Warnings are shown in sequences where actors consume alcohol as these acts are injurious to health. When the movie is on these messages appear in bold and there is a format which the filmmakers should follow.

Conclusions: The counter action was very effective. Strategic actions if carried out in a well planned manner can exert pressure on the government bodies and shall ensure stringent implementation of onscreen regulation of alcohol promotion.

PRESENTED BY: Savariyar Adimai Angelis

REFERENCE NUMBER: 2659

4.5 Alcohol Marketing: Sponsorship

Alcohol Sports Sponsorship: Is It Time To Cut The Tie?

Katherine Brown (Institute of Alcohol Studies, United Kingdom)

Abstract

This presentation will review the evidence to suggest that exposure to alcohol sports sponsorship increases rates of harmful drinking amongst children and adults. It will provide an overview of current regulatory frameworks for alcohol sports sponsorship worldwide and outline recommendations for policy action. Alcohol sponsorship of sport is currently a hotly contested issue, with the major medical and public health institutions in the UK calling for a ban, similar to the ban on tobacco sports sponsorship: Alcohol companies currently sponsor several high profile sports tournaments including the FA, EUEFA and World Cups for soccer and Formula 1, and concerns have been raised about the high volume of child viewers. Bans are in place in France and Norway, and the governments of Ireland and New Zealand are considering proposals. A systematic review was conducted to investigate the relationship between exposure to alcohol sports sponsorship and consumption. Seven studies met the inclusion criteria presenting data on 12,760 participants from Australia, New Zealand, UK, Germany, Italy, Netherlands and Poland. All studies report positive associations between exposure to alcohol sports sponsorship and self-reported alcohol consumption, but the statistical significance of results varies. Two studies found indirect exposure to alcohol sports sponsorship was associated with increased levels of drinking amongst schoolchildren, and five studies found a positive association between direct alcohol sports sponsorship and hazardous drinking amongst adult sportspeople. These findings corroborate the results of previous systematic reviews that reported a positive association between exposure to alcohol marketing and alcohol consumption. The relationship between alcohol sports sponsorship and increased drinking amongst schoolchildren will cause particular concern for policymakers. Policy options for tackling this will be explored, including child: adult viewer thresholds, broadcast watersheds and restrictions on alcohol brand sponsorship at sports events.

PRESENTED BY: Katherine Brown

REFERENCE NUMBER: 2656

Alcohol Sponsorship in Sport

Mariann Skar (European Alcohol Policy Alliance, Belgium), Lauri Beekmann (European Alcohol Policy Alliance, Estonia), Claude Riviere (Association Nationale de Prevention en Alcoologie et Addictologie, France)

Abstract

Alcohol companies' sponsorship of sport is problematic for two reasons:

Sport sponsorship is a powerful marketing exercise and evidence suggests exposure to alcohol sports sponsorship is associated with increased likelihood of risky drinking and harmful consumption amongst young people and adults

Alcohol brand sponsorship of motor sports potentially violates the EU Audiovisual Media Services Directive; however, sport sponsorship remains a grey zone in the area of regulation of alcohol promotion.

Evidence suggests a relationship between exposure and young people's drinking: a longitudinal study of more than 6,600 schoolchildren from four EU countries found that exposure to alcohol sports sponsorship increased the odds of drinking alcohol amongst 13 and 14 year olds. However, alcohol sponsorship of sporting events remains a grey zone in the area of regulation of alcohol promotion. Eurocare is running a pilot project in 2015 on sport sponsorship and using Formula One as a case. In this pilot project, Eurocare will measure both the exposure time of alcohol marketing and the exposure of counter messages from the drinks industry during one Formula One race. This case will be the case to discuss the role of sport sponsorship in alcohol marketing and the need for better regulation. Objective: To discuss the case of alcohol sport sponsorship and implications of this on the work on regulation of alcohol marketing.

Methods: Oral presentation

Results: The European Alcohol Policy Alliance (Eurocare) will give an oral presentation about the Formula One case, AVE (Estonia) will discuss sport sponsorship overall and ANPAA (France) will present the feasibility of regulation of sport sponsorship. This will be the starting point for a discussion with the audience on the topic.

Conclusions: Increased awareness of the lack of regulation of alcohol companies' sponsorship of sport.

PRESENTED BY: Mariann Skar

REFERENCE NUMBER: 2788

Children's Recognition of Alcohol Marketing

Tom Smith (Alcohol Concern, United Kingdom), Susan Taylor (Balance, United Kingdom), Andrew Taylor (Drink Wise, United Kingdom)

Abstract

Background: The UK alcohol industry has an annual marketing budget of £800m. The high volume of alcohol promotion encourages people to drink at younger ages and in greater quantities. Research also shows that the younger brand awareness is established, the stronger the brand loyalty. Description National partners commissioned an independent survey to explore primary school children's awareness of alcohol brands, familiarity with sport / cultural alcohol sponsorships, alongside information about personal behaviour.

Results: Over 9 in 10 children identified 'Fosters' as an alcohol product –higher than for 'McVitie's', 'McCoy's' and 'Ben & Jerry's'. 'Brad and Dan' from the Fosters TV adverts were associated with alcohol by 77% of children. 47% correctly associated Carlsberg and Carling with sponsorship of the England football team and Scottish FA respectively.

Conclusions: These findings support existing evidence that children are familiar with alcohol brands, logos and advertising characters. They also provide new evidence that many are aware of the link between alcohol brands and sports sponsorship. Boys, in particular, are familiar with the association between football and beer brands. Although the findings do not prove that alcohol marketing deliberately targets children, it clearly makes a strong impression on them; suggesting that the existing UK regulatory framework is not effective in protecting children from exposure. The findings were used regionally and nationally to advocate for more effective controls on alcohol advertising (e.g. a cinema advertising ban for under-18 films). They will also inform national advocacy approaches in the future.

Prime Minister's Strategy Unit. (2003). Interim analytical report. London Anderson et al (2009) Impact of Alcohol Advertising and Media Exposure on Adolescent Alcohol Use pp229-243[3 Ellis, A. W. et al (2010) Age of acquisition and the recognition of brand names: the importance of being early, Journal of Consumer Psychology pp43-52

PRESENTED BY: Tom Smith

REFERENCE NUMBER: 2592

Alcohol Replacement Sponsorship in Traditional and Cultural Festivals: Lessons from Thailand

Visanu Srithawongse (Stopdrink Network, Thailand)

Abstract

Event sponsorship is one of the marketing strategies in the alcohol industry. Many studies have found that sponsorships in local festivals, music and sport activities by the industry act as a channel through which the industry communicates directly with their potential consumers, and these sponsorships are associated with an ever-increasing rate at which youths become drinkers. In Thailand, the alcohol industry sponsors more than 10,000 activities, valued at approximately 33 million USD, each year. In order to counteract these influences, the Thai Health Promotion Foundation and Stopdrink Network, Thailand decided to set up a unit, administered by Stopdrink, known as "Alcohol Replacement Sponsorship in Traditional and Cultural Festivals and Promotion of Public Policies" in 2006. The unit's primary purpose is to sponsor local activities, particularly at traditional festivals, in substitution for the alcohol industry. Each year, the unit sponsors more than 200 activities, valued at approximately 1-1.3 million USD. Mechanisms through which alcohol replacement sponsorship is promoted are tied with local NGOs, youth networks and the use of public communications. Alcohol replacement sponsorship has proved effective in a number of areas, including, for instance, lower rates of crimes and accidents that occur at traditional festivals, the signing of MOUs with community and provincial administrative offices to encourage replacement of alcohol sponsorships, new public policies and stricter law enforcement at the local level. Clearly it is not possible to completely supersede alcohol sponsorships, but, entering its ninth year, the unit has enjoyed some success in convincing event organizers away from the alcohol industry and, more importantly, in ensuring that there are changes in social norms towards drinking.

PRESENTED BY: Visanu Srithawongse

REFERENCE NUMBER: 2675

4.6 Analysing the Alcohol Industry: Identifying Priorities for a Research Agenda

Symposium Proposal – Analysing the Alcohol Industry: Identifying Priorities for a Research Agenda

Jeff Collin (University Of Edinburgh, United Kingdom)

Abstract

The academic and policy literatures analysing the conduct of the alcohol industry and its implications for health and policy remain remarkably limited, notwithstanding a number of important recent contributions. It is dwarfed by the substantial bodies of work analysing industries of comparable health relevance, including food, pharmaceuticals and tobacco. Given the significance of policy relevant research in justifying and enabling policy development, there is a clear need to rapidly increase the volume and scope of such research. The core objective of this session is to identify thematic and geographical priorities for further research. It is intended as a contribution to developing a new agenda, to promote interdisciplinary collaborations across researchers and advocates, and to enable needs to be documented and so help increase awareness among potential funders. The session will combine presentations from diverse country contexts with a participatory discussion. The symposium will be jointly organised by Jeff Collin, Global Public Health Unit, University of Edinburgh and the GAPA Scientific Advisory Committee.

PRESENTED BY: Jeff Collin

REFERENCE NUMBER: 2764

Poster Abstracts

Building Support For Protecting Children's Right To Grow Up Free From Alcohol Marketing

1. Ensuring Regulation Of Surrogate Marketing Of Alcohol

Arul rathinam (Pasumai Thaayagam Foundation, United Kingdom), Savariyar Adimai Angelis (Pasumai Thaayagam Foundation, India)

Abstract

Objectives Strategic actions pressurized the Government the removal of surrogate alcohol advertisements Methods Global Status Report on Alcohol 2011 cites India as among the leading countries where drinking habit is on the increase. Information and broadcasting ministry of India had amended the Cable Television Networks Rules in 2006, laying down stringent guidelines for advertising products using the very same logos as those used for alcohol and tobacco products. However, this change has not effectively stopped surrogate advertising. Surrogate advertisements were displayed during cricket matches in which Indian cricket team captain posed with the liquor brand. The advertisements were displayed throughout the major cities. The author and his team adopted a series of strategic actions to combat the surrogate advertisement. A team of 150 protesters protested in front of the hotel where the cricket team stayed in Chennai and raised slogans demanding withdrawal of the advertisements. This was followed by protests and demonstrations at different strategic points in Chennai, near the major railway station, bus stands and other public places. Posters were displayed all over Chennai demanding Mr. DHONI to stay away from surrogate alcohol advertisements. The former union health minister Dr. Anbumani Ramadoss wrote letters to the Prime Minister of India, the Health minister and to Mr. M.S Dhoni, the player, and requested for the removal of the surrogate advertisements. Results The clandestine intention of the liquor company was exposed. After the protest against MS Dhoni all liquor advertisements were immediately removed in Chennai. One of the popular television channel Kalaigarn TV reported on the same night that MS Dhoni has agreed to withdraw appearing in the commercial. He continues to keep up his promise till date. Conclusions Well planned and strategic counter measures can easily ensure regulation of surrogate marketing of alcohol.

PRESENTED BY: ARUL RATHINAM

REFERENCE NUMBER: 2648

Barriers To Implementing Effective Alcohol Policies

2. "I Don't Think There's Anything Else The Politicians Can Do"

Fiona O'May (Queen Margaret University, United Kingdom), Jan Gill (Edinburgh Napier University, United Kingdom), Heather Black (Edinburgh Napier University, United Kingdom), Jonathan Chick (Edinburgh Napier University, United Kingdom)

Abstract

Background and objectives: Damage at a national level is an irrefutable consequence of excessive alcohol consumption in Scotland. Against a background of recent Scottish Government alcohol policy measures implemented (and proposed) this study interviewed heavy drinkers in order to explore level of awareness of recent alcohol legislation and perceptions of any personal impact. It also sought to elicit views regarding the cost of alcohol in Scotland, increases in alcohol price and the potential implications of minimum unit pricing (MUP) should it be implemented, at a personal and general population level.

Methods: We conducted semi structured interviews face-to-face with people presenting to NHS settings due to alcohol related harm (n=20) in Scotland's two largest cities. Interviews were transcribed, then analysed using thematic analysis. A second author confirmed verification of coding.

Results: The interviews revealed several themes. Recent alcohol policy has not greatly impacted drinkers with alcohol related harm in Scotland, arguably because cheap alcohol is still readily accessible.

Conclusions: Proposed policy to introduce (MUP) for alcohol, designed to reduce consumption and associated harms at a population level by increasing the price of the cheapest alcohol, may perhaps not have the desired effect in those who are drinking large volumes of alcohol. It may initially cause further adverse effects to those who are alcohol dependent by removing abruptly the source of cheap alcohol with associated health risks, and requiring an increase in the funds needed to be paid to maintain high levels of consumption, with financial and potentially social impacts. To mitigate some negative short-term effects of the Act on those most affected by it, health and social resources will be required.

PRESENTED BY: Jan Gill

REFERENCE NUMBER: 2582

3. Current Situation Of The Policy Of Fighting Against Harmful Use Of Alcohol In Madagascar(2014)

Rasolomanana Holiarisoa Fanjanirina (Blue Cross Madagascar, Madagascar), Herisolo Fanantenana Ramandrosoa (Blue Cross Madagascar, Madagascar), Rabearimanana Nasetra Riana Fitiavana (Netino France, France), Yoly -Ny- Rina Rasoambolanoro (Office Of Civic And Mass Education / Ministry Of National Education, Madagascar)

Abstract

Introduction: The training on the elaboration of the National Policy against the Harmful Use of Alcohol has initiated since 2011 and a committee was set up later in collaboration with the Ministry of Health. Indeed, this ministerial organ is the WHO repository and is supported by the organization. Activities undertaken by the ministry were unsuccessful, and for other various reasons, the Interministerial Commission for Coordination of the fight against drugs (CICLD) was put in charge of mentoring the project. The Prime Minister of the time greatly facilitated examination by his collaboration. Though the current government remains very discreet on this point.

Objectives: Make known the impacts of the current situation of Madagascar Alcohol Policy existing to empower and increase more stakeholders Results: Acquisition of new collaborators: YWCA, No comment Media, HOLCIM, Luccadro.

Impacts: More impacts has been significant now and it is necessary to highlight the situation like: The urban commune of Antananarivo, enforced the law on the bars close after 21 hours, No street vendor license is no longer granted, adoption of the Law on fuel ethanol in December 2013 (useful use of alcohol), random testing (Alcootest) on national roads are made (Homeland Security). The political crisis prevailing in Madagascar since 2009 engenders an unstable government, which has implications for the conduct of the state policy in general. Therefore, It appears that significant advances are currently running in the fight against the harmful use of alcohol in Madagascar. It is in this light that we set for 2015 a new challenge: "Alcohol laws changed". We have to use all of our tools: vulgarization of all research done, using young task force and especially working with media organization.

PRESENTED BY: Herisolo Fanantenana Ramandrosoa

REFERENCE NUMBER: 2586

4. A Local Alcohol Availability Intervention To Reduce 'Problem Drinking' By Removing A 'Problem Drink': A Qualitative Study

Elizabeth McGill (LSHTM, United Kingdom), Colin Sumpter (Public Health, Camden and Islington Local Authorities, United Kingdom), Dalya Marks (Department of Social and Environmental Health Research, London School of Hygiene & Tropical Medicine, United Kingdom), Matt Egan (LSHTM, United Kingdom)

Abstract

Objectives: Strategies to reduce alcohol-related harms may include restrictions on alcohol availability. 'Reducing the Strength' (RtS) is a local-level intervention whereby off-licence stores voluntarily stop selling inexpensive 'super-strength' ($\geq 6.5\%$ ABV) beers and ciders. As part of a broader evaluation, we explored the mechanisms by which RtS may affect target populations of homeless and street drinkers in an English local authority.

Methods: We conducted one focus group with alcohol treatment professionals (N=11) and semi-structured interviews with professionals in homeless hostels (N=6), alcohol services (N=2) and street outreach teams (N=2). We interviewed drinkers (N=9) at two hostels. Data were analysed thematically.

Results: Professionals and drinkers generally concurred that super-strength products are consumed by some, but not all, homeless and street drinkers. Some questioned whether shopkeepers would voluntarily comply with the initiative and disrupt their reciprocal relationships with regular, heavy drinking customers. In the intervention area there was some evidence that super-strength drinkers might consume less alcohol by purchasing (still available) weaker beer. However, other drinkers talked about finding shops that still sold the product within or, given the initiative's small scale, outside the intervention area. They also described increasing begging, switching to drinks with higher alcohol contents or using illegal substances. Many professionals and drinkers suggested that concurrent public order interventions tackled street drinking more effectively. Most professionals believed that intervention effectiveness depends on clear linkages to services addressing the complex reasons for excessive alcohol consumption.

Conclusions: This study underscores the challenges faced when intervening in a complex social system. The feasibility of local initiatives to reduce alcohol-related harms is affected by the ability to identify the target population and the products they consume, compliance, intervention scale, and linking of services. There may also be unintended responses to the removal of specific products amongst a target population characterised by multiple risk behaviours.

PRESENTED BY: Elizabeth McGill

REFERENCE NUMBER: 2611

5. Why And How Ignoring Oneself Realities May Lead To Failure?

Ngabo Spageon (Burundi Alcohol Policy Alliance BAPA, Burundi)

Abstract

Developed countries face big Industries while developing ones face local breweries. Ignoring how and why to deal with this reality in one's locality may lead to failure in implementation. A parallelism between two short documentaries on alcohol harms has shown that both developed and developing countries need implemented alcohol policies and at least may have heart driven addressing this problem. Though these counties, especially developing ones, may be at a risk of failure if they do not have a clear understanding of who is their real enemy. Sharing experience trough these videos contribute as a tool to safe implementation of one's advocacy or prevention program. One should then overcome his local realities as well as a good understanding of the enemy leads to success.

PRESENTED BY: NGABO Spageon

REFERENCE NUMBER: 2615

6. Evidence Based Alcohol Policy And Innovations For An Effective Policy Environment - A Literature Review

John Vianney Amany (National Care Centre, Uganda), Martial Magirigi (National Care Centre, Uganda)

Abstract

Objectives : The objectives of this survey was to explore describable evidence based alcohol policies and best practices for improving and supporting alcohol policy environment; evaluate replicable practices likely to have an impact on public health.

Methods: Reviewed 20 alcohol related policies and treatment journals, desk research both online and existing journals from the US, South America, UK, Australia, including Pubmed, BioMed and WHO sponsored journals over six months. A questionnaire was developed to ensure exhaustive information was provided and four group discussions held to share knowledge, attitudes and practices on alcohol.

Results: Overall, the strategies and interventions with the greatest amount of empirical support are controls on alcohol availability, age limits for purchasing, and relatively high alcohol prices. Fewer articles discussed alcohol marketing as an impediment to alcohol policy and control. The implications of the evidence are next discussed in relation to alcohol policy initiatives in North and South America, Australia, United Kingdom and South Africa, based on an analysis of the extent to which strategies and interventions currently used and how they are likely to have a public health impact on alcohol related problems. The countries that have adopted the policies with the highest expected impact overall are Colombia, Costa Rica, Venezuela, and El Salvador. Nevertheless, the analysis indicates that almost all the countries in America could improve the likelihood of preventing alcohol-related problems.

Conclusion: Policy efforts in the developing countries should focus on improving counter measures against alcohol industry marketing, which can significantly alter the access and limits of availability especially to the underage. Preventing deterioration of current drinking patterns to reduce the overall volume of drinking, substantially impacts public health outcomes and reduces the alcohol-related disease burden.

PRESENTED BY: John Vianney Amany

REFERENCE NUMBER: 2620

7. “Lambrini Binges Ruined My Looks In 5 Months”: Gendered Representations Of ‘Binge’ Drinking In UK Newspaper And Online News Content

Chris Patterson (University of Glasgow, United Kingdom), Gillian Fergie (University of Glasgow, United Kingdom), Olivia Mason (University of Glasgow, United Kingdom), Carol Emslie (Glasgow Caledonian University, United Kingdom), Shona Hilton (MRC/CSO SPHSU, University of Glasgow, United Kingdom)

Abstract

There is increasing public and political concern about excessive episodic alcohol consumption, or ‘binge drinking’. In order to explore dominant cultural ideas and understandings of this contemporary health issue, the aim of this study was to explore the framing of ‘binge drinking’ in fourteen UK national newspapers and online news from 1st January 2012 to 31st December 2013. Manifest article content was coded quantitatively, with thematic codes comprising: the characteristics of ‘binge drinkers’; the harms of ‘binge drinking’; the drivers of ‘binge drinking’; the categories of drinks associated with ‘binge drinking’; and representations of gender and ‘binge drinking’. Qualitative analysis was conducted to highlight the differing constructions of men and women in media narratives of ‘binge drinking’. The analysis suggests that portrayals of ‘binge drinking’ are frequently gendered. Articles about ‘binge drinking’ mentioned women more frequently than men, and mothers more frequently than

fathers. Further, a range of harms from 'binge drinking' at both individual and population level were discussed in the articles, and gender differences could be identified. Harm to physical appearance, for example, was mentioned in 15% of articles, but never in articles exclusively focused on men. This work will contribute towards identifying misrepresentations and stereotypes in relation to excessive alcohol consumption and potential implications of the media's framing of 'binge drinking'. The findings will help to identify areas of improvement in the public representation of alcohol consumption.

PRESENTED BY: Chris Patterson

REFERENCE NUMBER: 2638

8. Co-Production Evaluation Of An Alcohol Hospital Liaison Team

Grant J. McGeechan (Teesside University, United Kingdom), Kirsty Wilkinson (Durham County Council, United Kingdom), Gillian O'Neill (Durham County Council, United Kingdom), Dorothy Newbury-Birch (Teesside University, United Kingdom)

Abstract

The North-East has higher than average hospital admissions for alcohol use, costing £38 million per year. The Royal College of Physicians recommends hospitals have specialised alcohol care teams which should be evaluated for effectiveness. This study was a service evaluation carried out by public health practitioners and academics of a local Alcohol Hospital Liaison Team (AHLT). A mixed methods approach was used by analysing hospital admissions and A&E attendances 6-months prior to client engagement with the AHLT; whilst clients were engaged with the AHLT, and for 6-months after discharge. Feedback on the service was provided via a client feedback survey, and a focus group with AHLT staff. The focus group was analysed using applied thematic analysis. The evaluation found that the AHLT were not effective at reducing alcohol specific hospital admissions or A&E attendances. Whilst a reduction was observed when comparing hospital admissions for the 6-month period before client engagement to the 6-month period after discharge, this was not significant. A small non-significant increase in A&E attendances was observed between the time points. Furthermore, during engagement with the AHLT there was a significant increase in both admissions and A&E attendances. Feedback from clients and AHLT staff revealed several barriers to the success of this service. There appeared to be an overreliance within the hospital on medical detox, and confusion between the AHLT and hospital staff concerning whose responsibility it was to deliver brief interventions. Furthermore, the length of time that the AHLT retain clients may be creating a culture of dependency, given that clients' attendances and admissions increase during engagement with the AHLT. Referring clients to the community drug and alcohol service in a more timely fashion, and routine delivery of brief interventions may help reduce hospital visits. These things must be taken into consideration when setting up an AHLT.

PRESENTED BY: Kirsty Wilkinson

REFERENCE NUMBER: 2644

9. "The Commercial Gay Scene Is Based Around Making A Couple Of People Really Wealthy From Selling Alcohol, And That's The Product On Offer": The Social Context Of Drinking Among LGBT People In Scotland

Carol Emslie (Glasgow Caledonian University, United Kingdom), Jemma Lennox (University of Bath, United Kingdom), Lana Ireland (Glasgow Caledonian University, United Kingdom)

Abstract

In the UK, Lesbian, Gay, Bisexual and Transgender (LGBT) people report higher levels of problematic drinking than the general population. This is often attributed to marginalisation, a need to escape from heterosexist social norms or an aid to exploring sexuality. However, there is a lack of in-depth qualitative research about the 'everyday' experiences of alcohol consumption among this community. We conducted seven focus groups with LGBT respondents in the west of Scotland. We aimed for diversity in age (18-52 years), alcohol consumption (reported drinking 0 to 76 units in the last week), socio-economic status and the extent to which respondents used the commercial gay scene. Respondents agreed that alcohol was central to the commercial gay scene's 'drinking & dancing' culture, and to life in the west of Scotland more generally. Older respondents described how bars and clubs were the only way to meet other LGBT people and potential partners when they first 'came out' but suggested that younger people now had alternatives (e.g. specific LGBT groups, social media and online resources). Respondents discussed exposure to alcohol marketing in LGBT pubs and clubs, such as barely clothed men with trays giving out free shots and the sponsorship of drinking vessels & websites by alcohol brands. Alcohol services were perceived to be aimed at white, straight males, often in very deprived areas, which created an intimidating atmosphere for LGBT clients. Similarly, self-help groups such as AA were not perceived to be safe spaces for LGBT people. Our findings suggest the need for alcohol free spaces within the LGBT community, the possibility of harm reduction campaigns within the commercial gay scene and the need for diversity training for service providers.

PRESENTED BY: Carol Emslie

REFERENCE NUMBER: 2649

10. UK Newsprint Media Representations of Low Level Drinking During Pregnancy: A Content Analysis

Jessica Li (University of Sheffield, United Kingdom), Josh Berlyne (University of Sheffield, United Kingdom), John Holmes (University of Sheffield, United Kingdom), Petra Meier (University of Sheffield, United Kingdom)

Abstract

Background: Heavy alcohol consumption in the early stages of pregnancy is associated with a range of adverse outcomes including increased risks of foetal alcohol spectrum disorders, miscarriage, and low birth weight. Evidence on links between low levels of drinking and foetal harm however remains inconclusive. Because of this lack of clear epidemiological evidence, there has been ongoing debate on the appropriate advice pregnant women should be given on drinking. Recent qualitative data we have collected suggest that mothers receive information from the media on drinking, but find messages on low level drinking to be inconsistent and to change over time. Little research has examined these issues; therefore we aim to explore English newsprint media's reporting of emerging evidence on risks associated with low/moderate level alcohol consumption during pregnancy and to compare it to the original research on which they are based.

Methods: A content analysis of English newspaper articles mentioning low/moderate level of drinking during pregnancy will be conducted. Articles will be searched for via the online database of print media reports, LexisNexis UK and data from recent articles will be coded and analysed thematically using a coding frame detailing information such as the article type, purpose of news story and evidence cited.

Conclusion: Results will identify the source material that prompts English media's reporting of drinking during pregnancy and describe the accuracy and comprehensibility of any evidence describing links between low/moderate drinking and foetal harm cited. Additionally, findings will describe how drinking during pregnancy is framed by the media and identify whether there are interpretable differences by type of print media source. As the UK Government is currently reviewing its official drinking guidelines, examining how and whether evidence is reported consistently across various media sources will help inform understandings of how mothers receive information to inform their drinking decisions.

PRESENTED BY: Jessica Li

REFERENCE NUMBER: 2670

Availability And Consumption Of Illicit Alcohol In India: Challenge To Research, Policy & Planning

Hari Kesh Sharma (All India Institute of Medical Sciences, SANYAM, New Delhi, India), Raj Sharma (Society in aid of Neglected Youth & Addiction Management(SANYAM), India)

Abstract

Indian alcohol scenario presents a peculiar dilemma of existence of parallel network of illicit liquor in different regions of the country. Available documents suggest use of illicit alcoholic beverages up to 50 per cent and emergence of a cottage industry. It remains a challenge to understand popularity and preference of illicit liquor (moonshine market) in spite of manifold increase in production, marketing and availability of licit alcohol in the wake of globalization and economic developments. The present communication explores this hidden phenomenon and policy implications. To assess factors associated with consumption of illicit alcohol in general population and specific groups and explore appropriate intervention strategies. Ethnographic accounts available while conducting large scale epidemiological surveys and programs on substance abuse.

Results: The ethnographic accounts provide a rich data on modus-operands of manufacturing, preparation and distribution of illicit alcohol at these selected sites. Further enlighten the economic and social factors associated with preference and popularity of home-brewed beverages carried through unorganized sector. Home-brewed illicit alcohol plays a significant role in celebration and community bonding among tribal and under-privileged. The economy factors and low-cost of these beverages make them popular among the weaker sections. Once they get used to a particular illicit alcohol beverage, it becomes difficult to switch to commercial products. Difficult to conclude extent and magnitude of illicit alcohol production and consumption, but distinct trends emerged. Easy available raw material, familiarization of production process, supply mechanism and low-cost vis a vis commercial alcoholic beverages play an important role. Social sanctions have bearing on manufacturing and consumption of these home-brewed alcoholic beverages and sustaining traditional drinking pattern. Functional aspects of these beverages must be explored in formulating intervention programs and strategies. Declaration of interest: No Competing interests in presentation of research work

PRESENTED BY: Hari Kesh Sharma

REFERENCE NUMBER: 2678

11. Alcohol Outlet Density In Lebanon: Youth Access Amid A Policy Void.

Rima Nakkash (American University of Beirut, Lebanon), Lilian Ghandour (American University of Beirut, Lebanon), Rima Afifi (American University of Beirut, Lebanon), Ali Chalak (American University of Beirut, Lebanon), Aida El-Aily (American University of Beirut, Lebanon), Jessika Nicolas (American University of Beirut, Lebanon), Nasser Yassin (American University of Beirut, Lebanon)

Abstract

Youth alcohol consumption in Lebanon is a growing problem. Past 30-day drinking and lifetime drunkenness among 7th-9th graders increased by 41% and 48% between 2005 and 2011, the increase being much higher in females. In 2010, 20% of high school students reported drinking at least once weekly in the preceding year. Youth perceive alcohol as easily available and accessible in the absence of any harm reduction policies. This study examined the alcohol outlet density in 8 highly populated areas of Beirut and outlet proximity to schools and universities. Using global positioning system coordinates via ArcView, all different types of possible on-premise (restaurants/pubs/bars) and off –premise (large market/ or supermarkets, mini markets/ grocery stores, convenience stores, liquor stores) outlets were surveyed. A total of 221 outlets were observed in the 8 areas combined, of which 49.3% sold alcohol. Alcohol selling outlets were distributed as follows: restaurants (55.1%), pubs/bars (21.1%), mini markets/ grocery stores (18.35%), large markets/or supermarkets (1.8%), convenience stores (1.8%), and liquor stores (1.8%). A total of 68 alcohol selling outlets were found in an area called “Hamra” (about 553 sqm), the neighbourhood of 6 schools and universities. In fact, 10.3% of alcohol selling outlets are facing the main entrance of the American University of Beirut, home to approximately 8,315 students. Density maps will be displayed. Conclusion Findings point to an alarming density of alcohol serving establishments and facilitated youth access in absence of any alcohol harm reduction policy.

PRESENTED BY: Rima Nakkash

REFERENCE NUMBER: 2701

12. Barriers To Implementing Effective Alcohol Policy In Zambia

Cleopatra Serenje Chitanda (Tobacco Free Association Of Zambia), Sylvia Musonda (Zambia Heart And Stroke Foundation, Zambia)

Abstract

Zambia's Political and Economic liberation process have partial implementation of reforms government entered into. Transitional GREY ZONES in terms of democratic reforms have remained stuck in its partial reform syndrome characterized by a permanent economic crisis. Implementation of political and economic liberalization in Zambia, during the first two democratic rules, focused on negotiation between government and key democratic interest groups as well as dialogues between incumbent government and international donor community. Despite disastrous social-economic record, process of political and economic liberalization proceeded concomitantly without seriously affecting or undermining each other. Both political and economic reform processes, the executive dominance increased in Zambia. Stressing continuity rather than change, analysis of Zambia's reform processes suggests that the practices of patronage politics associated with authoritarian regimes are compatible with process of political and economic liberalization. Over 70% of Zambia's population comprises of youths, and 75% of them are unemployed and do not contribute to the growth of the country. Spend most of their time in illegal activities with irresponsible alcohol intake. Unequal distribution of country's wealth stating that 10% of people control 80% of Zambia's riches leaving the majority with fewer opportunities, hence in illegal and unlegislated trading of alcohol products. Due to political affiliation of the ruling party, street vendors are selling and drinking alcohol products in streets without any interference. Due to poor policy direction, lack of entrepreneurial skills for the youths and women, lack of employment opportunities in the formal sector, liberalization of marketing and lack of political will, implementation of an effective and enforceable alcohol policy will remain a major challenge in Zambia.

PRESENTED BY: Cleopatra Serenje Chitanda

REFERENCE NUMBER: 2733

13. Exploring Effective And Holistic Policy Framework To Prevent Alcohol Related Harm In Sri Lanka

Rakhitha Asela Dissanayake (University of Sri Jayawardenepura, Sri Lanka)

Abstract

The existence of a thriving alcohol industry in Sri Lanka has aggravated alcohol related social and health problem. Though there are several approaches like policies, laws and regulations to prevent alcohol related harm in the country, they have become mute under the political and economical context of the country. Therefore this study was conducted to discover the gaps and ineffectiveness of above approaches and aimed to explore the barriers to implement effective and holistic alcohol policy in the country.

Methods: Two separate alcohol policies which have floated periodically in the country were studied. A survey was done using social media and 200 questioners to examine the knowledge and ideas of the effectiveness of the prevailing alcohol policy. Similar attention was given to govern related laws and regulations which encourage the mechanism of the alcohol policy. Likewise many social dilemmas and health concerns which are attributable to alcohol were considered. Several view points were identified regarding alcohol policy of the country. Almost half participants pointed out that the country never had a comprehensive or a pragmatic alcohol policy because of highly politicized nature of alcohol industry. Enforcing legislative actions to promote alcohol by issuing of alcohol license were enhanced than facilitating the alcohol policy. An active national policy on alcohol production and consumption in Sri Lanka is compulsive. It is essential to be aware of the drink culture and Re-evaluate the credibility of alcohol license holders. Higher amount of tax, heavy penalties for abusing laws and public awareness on alcohol policy are some of mechanisms that need to be included in a more holistic alcohol policy. Most significantly, implementing and enforcing national alcohol policy in a coherent and an effective manner may be one avenue to prevent alcohol from the society.

PRESENTED BY: Rakhitha Asela Dissanayake

REFERENCE NUMBER: 2735

14. Socio-Cultural Dimensions Of Alcohol Use: A Case Study In An Ethnic (Thangmi) Community In Central Nepal

Rabindra Parajuli (Rural Development Tuki Association, Charikot Dolakha, Nepal), Kusum Thami (Educate The Children, Nepal), Purshartha Shrestha (CWIN, Nepal Kumar Bhattarai (CWIN Nepal, Nepal)

Abstract

Nepal is known for its diversity in ethnicity with 59 ethnic groups (EGs) having their unique cultural and traditional practice, social beliefs, and distinct language. The religious and traditional practices are influenced by the socio-cultural settings. Among EGs the use of alcohol in different rites and rituals is mandatory and deeply rooted with culture. Thangmi community, one of the EGs, are Kirat and the successor of lord Mahadeveswor that worships Nature. This study researched the influence of social, cultural and traditional factors on alcohol consumption among Thangmi communities in Northern part of Dolakha district in Central Nepal using different qualitative research tools like informal talks, formal interviews and discussions. Thangmi people believe that the use of alcohol was started since their forefather who offered alcohol (Jaad) to God as an cultural commitment. This fact is mentioned in their oral history called Thuture Veda. They use alcohol to make the lord happy in every cultural programs from birth to death. They claim that the rites and rituals gets incomplete without alcohol. Even the Thangmi Shaman (Guru Aapa) must consume alcohol during the death ceremony (Ghewa). Though the tradition of alcohol use is an obligation in outsiders perspective, it is a compulsion within Thangmi community. There were rules and regulation in use of alcohol in the oral history, however, these days the use is being arbitrary - higher the use of alcohol better the economic and social status. Thangmi community has their own social constitutions and it has own rules and regulation to mobilize the community, to success the cultural program. Unfortunately the social institutions are being weak due to globalization, acculturation and culture diffusion. So, there is a need of concrete rules and regulations to address the issue of use of alcohol. This is possible only through strengthening the social institutions.

PRESENTED BY: Rabindra Parajuli

REFERENCE NUMBER: 2782

15. Implementing Effective Alcohol Policies

Phillip Chimponda (Serenity Harm Reduction Programme Zambia -SHARPZ, Zambia)

Abstract

Since independence in 1964, Zambia has not yet had an approved National Alcohol Policy amidst the concerns that high level of Alcohol consumption in Zambia has contributed to a lot of Social and psychological problems that citizens suffer from. It is reported that Alcohol has been depicted to be the third largest risk factor for disease burden globally [Global Health Risk; 2009]. Zambia has not been spared by such consequences. Since 1991 when the Zambian government changed its economic policy to a liberalized one, we have witnessed an increase in the diversification of investment. Most of such investments have included a growth in the brewing industry.

Objective 1: To establish challenges that prevent effective implementation of effective alcohol policies in Zambia

Objective 2: To identify institutional gaps that hinder evidence best practice related to developing and implementing effective alcohol policies

Objective 3: To enhance research and advocacy opportunities in low income countries. Conducting meeting with government officials and all relevant stakeholders at various stages.

Inform policy makers on the challenges that hinder implementation of effective alcohol policies provide opportunities for future research and advocacy that will deliver evidence for best practice raise awareness among the general public that alcohol is not an ordinary commodity and without effective alcohol policies it is a public health concern Government and all relevant stakeholders will be able to promote public health approaches regarding alcohol. Developing and implementing effective alcohol policies will be considered as a major strategy for addressing public health problems that arise subsequent to alcohol consumption.

PRESENTED BY: Phillip Chimponda

REFERENCE NUMBER: 2789

16. Alcohol Situation Assessment In East Africa - Filling A Data Gap

Johan Sundqvist (The International Institute of IOGT-NTO, Sweden), Gunnar Lundström (IOGT-NTO Movement, Sweden)

Abstract

During 2014 a large scale Alcohol Situation Assessment (ASA) was executed in Burundi, Kenya, Rwanda and Tanzania. The rationale for the study was to provide reliable data to serve as baseline indicators for a number of projects targeting the harmful consequences of alcohol consumption in the region. Little data is currently available on behaviours and attitudes regarding alcohol in the region and the ASA aims to contribute in this area. The data is well suited to analyse from a gender perspective and have been successfully used in advocacy and lobbying regarding gender issues. The ASA data was gathered through triangulation of questionnaires (4300+ respondents), focus group discussions (100+) and in-depth interviews (100+) with key stakeholders. Data collection was led by experienced academic researchers who trained volunteers, from the organisations implementing the projects, to collect data. The data was then compiled by the researchers. The areas of the study were selected to reflect the areas of operation for the concerned projects and represent urban, peri-urban and rural areas in the four countries. The ASA points to a dire situation in all of the countries concerned. Men and women are exposed to alcohol fuelled violence, where the situation for sexual violence is particularly dire for women. Young people drink often and much each time. Many children suffer consequences of adults' alcohol consumption. Missing school, not being able to visit health care and lacking basic social needs due to irresponsible adults' alcohol consumption are common. Many children are introduced to alcohol by their parents before reaching legal drinking age. Counter intuitively the respondents are to a very large extent informed and aware of the negative consequences of alcohol consumption. This is noteworthy as it is highly relevant to the formulation of new projects and programmes to combat the above mentioned negative consequences.

PRESENTED BY: Johan Sundqvist

REFERENCE NUMBER: 2802

17. Free Trade Agreements vs. Effective Alcohol Policy

Maik Dünnebier (IOGT International, Sweden)

Abstract

Both in the Pacific-rim, as well as in the transatlantic area, comprehensive free trade and investment agreement have been and are being negotiated. In an attempt to overcome the toxic effects of the 2008 financial crisis and the ensuing economic downturn, governments in Europe and the USA are looking to free trade to boost the economy. At the same time, strong and loud voices are gaining traction in their criticism of the Trans-Pacific Partnership Agreement (TPPA) and the Trans-Atlantic Trade and Investment Partnership (TTIP). This paper takes a critical look at the projected benefits of TTIP and compares them to the level of alcohol harm and related costs to the American and European society. In a second step, this paper provides an overview of the consequences of TTIP and TPPA for alcohol policy making, should these agreements be adopted. The paper then discusses effective strategies for advocacy going forward. Trade is a defining issue for the future of effective, evidence-based alcohol policy-making around the world. Alcohol policy measures are under constant attack by the alcohol industry and the focus and reliance on trade by governments provides a tremendous window of opportunity for the alcohol industry to advance its interests in eroding evidence-based alcohol policy-making. It's a critical moment in time: the Post-2015 agenda is being framed, and at the same time the future trade infrastructure is being negotiated, too. The paper explores the question whether both processes and agendas are pitted against each other or whether they can be reconciled to achieve prosperity for the world population. Trade poses today, maybe the greatest potential barrier to effective alcohol policy, and thus this paper sets out to stimulate a discussion about trade's impact on alcohol policy and what can be done to reverse the primacy of trade over health.

PRESENTED BY: Maik Dünnebier

REFERENCE NUMBER: 2810

Building a Global Network

18. Addressing Masculinity Issues Will Strengthen Alcohol Prevention

Dag Endal (FORUT, Norway), **Aadielah Maker** (SAAPA; Southern African Alcohol Policy Alliance, South Africa), **Shakya Nanayakkara** (Foundation for Innovative Social Development, Sri Lanka), **Samitha Sugathimala** (FISD, Norway)

Abstract

Alcohol prevention strategies rarely incorporate gender dimensions. Most gender-equality programs ignore discussions on drinking habits and often focus exclusively on women as the vector in changing gender roles and norms, which often absolves men of responsibility.

Objective: To summarize experiences and results of alcohol prevention programs that challenge masculine identities and involve men as partners, and provide recommendations based on those outcomes.

Method: An analytical review of programmes and projects that include masculinity issues in alcohol prevention efforts, mainly in the global South.

Results: In many cultures drinking habits define masculinity: "A real man is able to drink with both hands." This attitude offers men the privilege to act violently or rude when drunk. Intoxication becomes an explanation for inappropriate actions, as well as an excuse for men's harmful behaviours. The paper uses examples from Asia and Africa as well as from expectancy theory to discuss and explain this cultural pattern. Male activists in developing countries have taken the lead in challenging harmful gender practices related to alcohol harm, often integrating issues related to the prevention of gender-based violence and HIV. Such initiatives also involve women's organisations.

Conclusions: Masculinity programs around the world show promising results in changing harmful drinking patterns among men. Methods that have been developed to change men's actions related to violence and HIV can be adapted and used also to change harmful drinking habits. Alcohol-prevention NGOs have found new allies among gender equality organisations to strengthen the impact of their efforts. Those NGOs should now put a high priority on networking with the emerging male activist networks, nationally and on the global level.

PRESENTED BY: Dag Endal

REFERENCE NUMBER: 2688

19. Mapping The Global Expansion Of The Alcohol Industry

Sarah Hill (University Of Edinburgh, United Kingdom), Jeff Collin (University Of Edinburgh, United Kingdom), Dara Oyewole (University of Edinburgh, United Kingdom)

Abstract

Background: The global expansion of the alcohol industry across low- and middle-income countries (LMICs) is key to both the shifting burden of alcohol-related harm and to the future of the industry. Despite this significant threat to global public health, there is a marked lack of research examining industry expansion into emerging markets, while the WHO Global Strategy to Reduce Harmful Use of Alcohol makes no reference to such globalisation. **Objectives.** To review current research evidence on the global expansion of the alcohol industry, and to document recent efforts by transnational alcohol producers to grow their markets in key emerging economies.

Methods: We identified and reviewed academic literature on the global expansion of the alcohol industry. Focusing on leading beer and spirits companies, we examined annual reports and other corporate documents from the past 5 years, focusing in particular on mapping acquisitions and investments across key emerging economies and assessing their significance within corporate strategies.

Results: Given the substantial threat alcohol poses for global health, there is a remarkable dearth of research evidence on the global expansion of the industry, with very limited attempts to understand the drivers of this shift or the policy implications that arise from it. Review of industry reports shows that leading producers are becoming increasingly reliant on success in developing countries for future economic growth, a reliance that is evident in strategic investments, acquisitions and – crucially – in marketing expenditures.

Conclusions: Increased understanding of the alcohol industry's expansion across LMICs is a strategic priority for global health research, and a pre-requisite for the development of policies to address this global shift.

PRESENTED BY: Dara Oyewole

REFERENCE NUMBER: 2737

20. The Epidemic of Alcohol Consumption in Sri Lanka

Manjula Nugawela (University of Nottingham, United Kingdom), Lisa Szatkowski (UK Centre for Tobacco and Alcohol Studies, Division of Epidemiology and Public Health, University of Nottingham, United Kingdom), Sarah Lewis (UK Centre for Tobacco and Alcohol Studies, Division of Epidemiology and Public Health, University of Nottingham, United Kingdom), Tessa Langley (UK Centre for Tobacco and Alcohol Studies, Division of Epidemiology and Public Health, University of Nottingham, United Kingdom)

Abstract

Background: Alcohol consumption in Sri Lanka has increased dramatically since the end of the North East war in 2009. However, the magnitude of this increase has not yet been estimated. This study aimed to evaluate the effect of the end of war on adult alcohol consumption using alcohol sales data.

Methods: An interrupted time series design was employed to estimate the immediate and delayed impact of the end of war on adult alcohol consumption. Recorded per capita (age \geq 15) consumption of pure alcohol was used as the main outcome measure. This was estimated using the annual alcohol sales data from the Department of Excise and mid-year population data from the Department of Census and Statistics for the period of 1998-2013.

Results: Prior to the end of war in 2009 adult per capita alcohol consumption was increasing by 0.04 litres of pure alcohol per year (95% CI 0.01-0.06, $p=0.004$). Immediately after 2009 it increased by 0.27 litres of pure alcohol (95% CI 0.01-0.53, $p=0.043$), but there was no significant change in the trend. Prior to 2009 per capita consumption among adult drinkers was increasing by 0.13 litres of pure alcohol per year (95% CI 0.05-0.21, $p=0.004$). Immediately after 2009 it increased by 0.89 litres of pure alcohol (95% CI 0.03-1.75, $p=0.043$), but there was no significant change in the trend. Adult and drinkers' only recorded alcohol per capita consumption measures increased to 2.54 litres and 8.48 litres of pure alcohol respectively in 2013, compared with 1.69 litres and 5.64 litres of pure alcohol in 1998.

Conclusions: Recorded alcohol per capita consumption in Sri Lanka increased significantly after the end of war in 2009. Formulating and implementing new alcohol control strategies while strengthening existing policies in Sri Lanka will be vital in order to tackle this epidemic of alcohol consumption.

PRESENTED BY: Manjula Nugawela

REFERENCE NUMBER: 2756

21. Alcohol Related Harms & Role Of Civil Societies In India

Bhavna Mukhopadhyay (Voluntary Health Association of India, India)

Abstract

Alcohol is widely prevalent in India through ages. Presently, India has grown into a major producer and consumer of alcohol in the world and contributes to 65% of production in the South East Asia region and nearly 7% of imports. Its use has become a major public health concern and has serious socio-economic impacts. 32% of Indians consume alcohol; 4-13% are daily users; (NFHS-3,2007) and nearly 30-35% of adult men and approximately 5% of adult women consume alcohol (M:F = 6:1); (NFHS – 3, 2007). Alcohol Related Harms Health consequences: Physical & Mental Social & Economic costs Domestic violence Sexual Harassments & Crimes Work place related problems Drunken driving & accidents.

Other Challenges

- Falling Initiation Age: Trapping the young
- Greater acceptance: alcohol as social norm
- Advertising & Promotion
- Illicit liquor
- Age limit of purchase
- Lack of mechanism: to ensure quality
- No health warnings
- Lesser involvement of Civil Societies
- Not many studies across cross country
- Control on retail sale and production
- Paucity of appropriate medical intervention. Role of civil society
- Effective implementation of the existing laws to put restriction on advertising, promotion and sponsorship
- Monitoring the alcohol industry tactics and violations
- Strong Awareness Campaigns
- Multi-departmental approach & networking
- Advocate for higher taxation
- Raise in Minimum Legal Drinking Age
- Conduct Studies & Research
- Providing services to quit & rehabilitation Conclusion
- Monitoring the alcohol industry and Effective implementation of the existing laws to put restriction on advertising, promotion and sponsorship
- Strong Awareness Campaigns
- Multi-departmental approach
- The Ministry of Health and Family Welfare shall be involved actively
- Greater Taxation
- Raise in Minimum Legal Drinking Age
- Health Warnings

PRESENTED BY: Bhavna Mukhopadhyay

REFERENCE NUMBER: 2804

22. Global Prevalence Of Fetal Alcohol Spectrum Disorder: World Health Organization International Project (Canadian Component)

Lana Popova (Centre for Addiction and Mental Health, Canada), Shannon Lange (Centre for Addiction and Mental Health, Canada), Jürgen Rehm (Centre for Addiction and Mental Health, Canada)

Abstract

Objectives: Fetal Alcohol Spectrum Disorder (FASD) is a term used to describe the full range of damage caused by prenatal alcohol exposure, which include physical, mental, behavioural and/or learning disabilities, with possible lifelong implications. As the first step towards understanding the severity and impact of FASD in different parts of the world, required for the planning of adequate policy and program responses, it is essential to determine the prevalence of these conditions in different countries. In spite of a substantial and growing body of scientific literature on this issue, research data from the majority of the countries, including Canada, is largely absent. The World Health Organization (WHO) recently initiated an international collaborative research project on the Global Prevalence of FASD, supported by the National Institute on Alcohol Abuse and Alcoholism (NIAAA). The study will estimate the prevalence of FASD among children (7- 9 years of age) in selected countries of Eastern and Central Europe, Africa, as well as Canada.

Methods:

- 1 Active Case Ascertainment (ACA), where the researchers and clinicians actively seek out and identify cases of FASD; and
- 2) Comprehensive literature search for all existing studies reporting the prevalence of FASD.

Results:

- 1 Results of the ACA in Canada are in progress. Challenges of the study implementation will be discussed; and
- 2) Estimated pooled prevalence of FASD for different countries and populations using world literature will be presented.

Conclusions: Estimating the prevalence of FASD is critical for informing policymakers and service providers about the public health relevance of FASD and its impact on population health. This large international project will not only generate reliable data on the prevalence of FASD, thus improving global and regional estimates, but will also improve the capacity of the participating countries for the prevention of, identification of, and interventions for individuals and families living with FASD. Policy implications will be discussed.

PRESENTED BY: Lana Popova

REFERENCE NUMBER: 2858

Building Support for Protecting Children's Right to Grow up Free from Alcohol Marketing

23. 'Speaking out for children in Kenya against alcohol marketers'

Elizabeth Ogott (Kenya Girl Guides Association, Kenya)

Abstract

Introduction The Constitution of Kenya, 2010, Article 53 (1, c), states that 'Every Child has the right to basic nutrition, shelter and health care'. Alcohol marketing has a significant impact on children's decision to drink, and perpetuates the notion that alcohol is exciting and cool. Constant audiovisual marketing targeting children puts the health of children the Government purports to protect at risk, considering health care is inaccessible for the majority of Kenyans. One rarely turns on TV, radio or uses the internet, in this technological age, without seeing pictures of alcohol products or increasingly, advertisements for events sponsored by the alcohol industry. There is a worrying potential for many more children (30% of whom access media) to be reached with alcohol marketing as 87.5% and 32.5% of Kenyans have radios and TVs respectively and these media is where alcohol marketing is concentrated. IOGT-NTM Movement in conjunction with Kenya Girl Guides Association conducted an Alcohol Situational Assessment in December, 2014. The study gave an overview of the alcohol situation in 3 counties in Kenya. **Methodology** 450 respondents in Kilifi, Murang'a and Siaya counties, Kenya participated, through the use of questionnaires, focus group discussions and interviews. Results 55 % and 36% respondents stated that radio and TV respectively are the main source of messages promoting alcohol, and this is where the alcohol industry concentrates its marketing. **Conclusion** There is an urgent need to phase out alcohol promotion to protect children. Alcohol advertisements must be banned during live daytime television broadcasts of events. The ban includes print media, billboards, radio and internet. This will require revision of the Alcoholic Drinks Control Act 2010 through sustained aggressive advocacy initiatives by civil society in Kenya, lobbying for zero tolerance on alcohol marketing. To be presented at the Global Alcohol Policy Conference- 7-9 October 2015, Edinburgh

PRESENTED BY: Elizabeth Ogott

REFERENCE NUMBER: 2554

24. National Alcohol Survey of Households in Trinidad and Tobago (NASHTT): The Impact of Alcohol on Households.

Rohan Maharaj (Healthy Caribbean Coalition, Trinidad and Tobago), Shastri Motilal (The University of the West Indies, Trinidad and Tobago), Terence Babwah (The University of the West Indies, Trinidad and Tobago), Paula Nunes (The University of the West Indies, Trinidad and Tobago), Rachel Brathwaite (The University of the West Indies, United Kingdom), George Legall (The University of the West Indies, Trinidad and Tobago), Sandra Reid (Caribbean Institute of Alcoholism and Other Drug Problems, Trinidad and Tobago)

Abstract

Objective: To determine the distribution of alcohol use among households (HHs) in Trinidad and Tobago (T&T) and, whether the HHs where alcohol is used are more likely to suffer negative psychological, social or physical events.

Design and Methods: A cross-sectional convenience sample of HHs were surveyed from a random sample of enumeration districts (ED). The interviewer-applied, field pre-tested de novo questionnaire had 5 domains and was developed over 1 1/2 years after literature review and consultation. Results: 1695 HHs (from 53 ED) responded, a response rate (RR) of 92%. 62% of HHs consumed alcohol, distributed with 1-2 user (46%), 3-4+ users (16%). Viewpoints and experiences about alcohol included: 'alcohol consumption at family gathering is a normal occurrence' (70%). 29% of HHs consumed alcohol in the presence of children. HHs that consumed alcohol were significantly more likely to report in the last 12 months HHs members falling sick, experiencing lifestyle related illnesses, having relationship problems between partners, having strained relationships within the HH, HH members calling in sick to work, behavioural problems of children at home, anti-social problems of children at home/school and violent behaviour by a member of the HH (p)

Conclusions: Approximately 2/3 of HHs in T&T report using alcohol. These HHs are more likely to report psychological, physical and social problems. These findings should guide the creation of new policies, laws, regulations and strategies to reduce the impact of harmful alcohol consumption in T&T.

PRESENTED BY: Rohan Maharaj

REFERENCE NUMBER: 2571

25. It Begins with YOUTH

Pumuzile Mguni (Blue Cross Zimbabwe, Zimbabwe), Lucia Gunguwo (Blue Cross Zimbabwe, Zimbabwe), Mduduzi Dube (Blue Cross Zimbabwe, Zimbabwe), Pumuzile Mguni (Blue Cross Zimbabwe, United Kingdom), Busisiwe Dube (Blue Cross Zimbabwe, Zimbabwe)

Abstract

It begins with YOUTH is a project helping those abusing and being pressured into using alcohol, drugs and other related substances, we strive to be heard through running awareness programs in schools and communities. Zimbabwe has a draft of the alcohol policy and we have taken the initiative of running this project to speak out on behalf of the youth so we may have a policy through this means of action. Our desire is to help the youth in Zimbabwe that is clearly being lead into the wrong direction of alcohol, drugs and other related substances back into the right direction of prosperity for greater sense of awareness in Zimbabwe. This project will help bring down the rate of gender based violence, crime, street children just mentioning a few. Our program is based mainly on Life-skills. What the government has not realized is that the unfinished alcohol policy is destroying the future of the Youth by letting those in power not value the importance of their future. By advocating for the rights of marginalized groups (i.e. those affected by alcohol and drug abuse) it is hoped suitable policy documents will be drawn up at a national level. By being involved in policy development we have the opportunity to ensure policies developed are going to benefit all beneficiaries on the ground. By engaging the youth in healthy alternatives to alcohol and drugs and not giving them the opportunity to engage in negative pastimes we hope to lower opportunities for petty crime and gang violence as well as develop positive self-image within those participating and in turn strengthen communities.

PRESENTED BY: Pumuzile Mguni

REFERENCE NUMBER: 2575

Building Support for Protecting Children's Right to Grow up Free from Alcohol Marketing

26. Impact On Media Influence On Children And Strategies To Minimize The Effect

H. Sampath Damika De Seram (Alcohol and Drug Information Center Sri Lanka (ADIC), Sri Lanka)

Abstract

Background Television and Internet is popular among children. Most children are glued to their favourite cartoons and soap operas. Watching television has many adverse effects. Children are exposed to alcohol and tobacco promotions as other unhealthy behaviours via media. Most of the programmes they watch have advertisements or product placement and indirect advertisements. Mostly children are unable to identify and analyze what is good and bad while watching TV. Study conducted with a group of student at Gampaha district in Sri Lanka. 278 students from age 10-16 years were selected from both genders.

Method: Trained teachers and volunteers were involved in the implementation of this project. Awareness programmes, discussions and media analysis methods were carried out using multimedia and printed materials. Follow-ups and monitoring and evaluation sessions were carried once a month throughout the six month project period. Baseline and post evaluation surveys were carried out to monitor the knowledge and attitudes towards the media. Students were selected randomly (n=125) for the evaluation.

Results: 11% were aware of promotions in media on alcohol, tobacco and other unhealthy practices before the intervention. However, it increased up to 78%. There was a significant increase from 6% to 71% in terms of increased ability and capacity to identify and explain direct and implied promotions aired on media. There has been a remarkable decrease from 66% to 39% in perceiving alcohol as pleasurable experience. The realization and understanding that alcohol users are aware of their actions had increased from 10% to 78%. At the initial stage 55% of the children believed it is normal to use alcohol when they become an adult and it has reduced to 13%. More than 75% children were able to explain the harm caused by alcohol

PRESENTED BY: H. Sampath Damika De Seram

REFERENCE NUMBER: 2597

27. Alcohol Truth Advocacy Project

Jane Wilson (Alcohol Focus Scotland, United Kingdom), Colin Morrison (Tasc Agency Scotland, United Kingdom)

Abstract

The Alcohol Truth Project is an innovative new approach which encourages young people to critically analyse three key themes; the impact of alcohol on their life and their communities; the role and impact of alcohol advertising within social media; how and why this medium is being increasingly utilized by the alcohol industry. The programme is delivered over a series of sessions which seek to support young people to reflect and discuss the key themes. The final sessions provide an opportunity for them to identify what action they can take in response to their investigations, and create their own social media message based on their learning. Key findings from an initial pilot showed that young people recognise that Scotland has a significant problem with alcohol harm. Those completing the programme were more likely to agree that alcohol advertising encourages young people to buy alcohol and that adverts on social media influence their choices. Young people also agreed that their friends needed more awareness about how advertising influences what people feel and buy. They identified that current guidance on alcohol marketing is regularly ignored and supported better enforcement to reduce their exposure to alcohol marketing. A second pilot is currently being delivered to 17 young people aged 15-16 years. Initial findings indicate the development of young people's critical awareness of the social and cultural context of alcohol harm and the key role of alcohol industry marketing strategies in shaping attitudes to alcohol consumption. It is anticipated the evaluation will demonstrate the need to develop an approach which moves from a traditional focus which seeks to modify young people's behaviour to one which promotes critical thinking in relation to the wider impact of alcohol in contemporary public life. Evaluation findings and further development of the programme will be presented at the conference.

PRESENTED BY: Jane Wilson

REFERENCE NUMBER: 2602

28. Policy And Advocacy Work In Alcohol: Involvement Of Young People

Rogers Kasirye (Uganda Youth Development, Uganda) Anna Nabulya (Uganda Youth Development Link (UYDEL), Uganda)

Abstract

Introduction: Alcohol abuse has reached unprecedented level among young people in Uganda due to proliferation of production and extensive unregulated marketing. Young people need to contribute to policy work.

Intervention: UYDEL implemented a two year project to empower young people to be involved in prevention and disseminate policy information on alcohol. Activities were based on the concept of "Participatory Inquiry in Practice (PIP)" that recognizes slum youths hold a sense of common identity and shared fate. The project started with identification of 40 young people to act as peer in the age of 10-24years from five division of Kampala city. Trained in basic concepts of prevention, data collection, policy and advocacy work using the WHO Alcohol global strategy, peers developed research questions and conducted the study. The report noted that use starts earlier, marketing unregulated and targeted youth. Peers designed key messages and materials; undertook slum community dialogues to help increase slum youth ability to resist alcohol and drugs. Helped youth who had not started to keep away from drugs. Conducted policy community leader's dialogues targeting city authorities, parents, local leaders. Additionally, 10 school outreaches, use of UYDEL newsletter, 200 slum youth were referred for counselling and livelihood skills support. Peers used social media to educate the slum youth to live a healthy lifestyle.

Discussion: Youth need to recognize the inequalities between marginalized slum communities and use the knowledge of the community, thus helping trust build and partnership involving dissemination of messages. Reaching the 10-14 years category with appropriate information where some are not using drugs at all can be a challenge. Lessons Learnt slum youth become shareholders in the problems which need to be addressed through advocacy.

PRESENTED BY: Rogers Kasirye

REFERENCE NUMBER: 2635

29. Underage Alcohol Consumption And Risky Sexual Behaviours In Kampala And Wakiso Districts, Uganda.

Rogers Mutaawe (Uganda Youth Development Link (UYDEL), Uganda)

Abstract

Introduction: Uganda Alcohol Policy Alliance (UAPA) received a grant from the International Organization of Good Templers (IOGT-NTO) to implement an initiative on advocacy for effective alcohol legal and policy environment in Uganda, covering a period 2014-2016.

Objectives: To assess the situation of underage alcohol consumption to inform the coalition's advocacy agenda 2014-2016. To examine the sexual risk behaviours of young people in relation to alcohol use.

Methods: It took a quantitative approach and involved administering questionnaires to establish the magnitude of alcohol use and related harm among young people in Wakiso and Kampala Districts. Data collection instruments were checked for consistency to ensure that expected outputs of the assessment are obtained.

Results: Majority respondents (37%) revealed having their first alcohol drink between the ages 12-19 years, majority (39%) having been introduced by their friends. More than half of the respondents (55%) revealed that they had taken alcohol in the last 6 months and the most common type of alcohol consumed was beer (49%). The main reason for drinking alcohol was peer pressure as revealed by 40% of the respondents. More than half (56%) of respondents who reported having drunk alcohol had never sought help for alcohol drinking, had not got in trouble with police (50%) and had not separated with a partners as a result of drinking (54%). More than half (56%) of the young people who drank alcohol had engaged in unprotected sexual activity, suggesting a high risk of sexually transmitted diseases including HIV and unintended pregnancies.

Conclusions: The study reveals that majority young people engaged in sexual activity prior to consuming alcohol which further strengthens the argument that alcohol use is one of the drivers of the HIV/AIDS pandemic. The media exposure especially through television adverts (55.8%) may in away contribute to increased underage alcohol consumption.

PRESENTED BY: Rogers Mutaawe

REFERENCE NUMBER: 2669

30. Alcohol and Drug Preventer Badge Programme to Train Children in Alcohol Prevention and Protect Children from Initiating Alcohol Use

Shakya Nanayakkara (Foundation for Innovative Social Development, Sri Lanka), Shahila Siddeeqe (FISD, Sri Lanka), Chamika Jayasinghe (Healthy Lanka, Sri Lanka)

Abstract

The Alcohol and Drug Preventer Badge Programme for children was introduced by Foundation for Innovative Social Development and Healthy Lanka Alliance for Development during the years 2012-2014 in 90 selected communities in Sri Lanka. Children were gathered and divided into three age-groups; 6 to 10 years, 11 to 14 years, and 15 to 17 years. A course on creating awareness on and empowering children to participate in alcohol and drug prevention activities was designed and workbooks were developed for each group containing age-appropriate written and practical activities. The workbooks aim at guiding children to view alcohol and drug use as the behaviour of those who are unintelligent, deceived, and trapped in a tedious cycle ; creating media literacy in order to enable children to recognize strategies used by the alcohol industry, through monitoring cartoons, TV series, and other popular TV programmes; enabling children to recognize the overt and covert promotions of alcohol use and developing cognitive resistance to prevent positive outcome expectancies from developing through these promotions; creating awareness on the real harm of alcohol use, particularly in terms of economic cost and social injustice; developing the necessary skills to challenge and change the permissive environment towards alcohol use; and empowering children to conduct advocacy activities. Those children who successfully completed the programme were presented with certificates and badges. 4128 children, 76% of all those who participated in the programme, qualified as Alcohol and Drug Preventers during the years 2012 to 2014. Evaluations following the completion of the badge programme revealed that approximately 60% of all participants in the programme see the special rituals and antics of alcohol use as silly and a cause for amusement, recognize how their less mature or more gullible friends are made to think highly of alcohol and are being targeted by industry.

PRESENTED BY: Shakya Nanayakkara

REFERENCE NUMBER: 2679

31. Program for “Drug Free Family & School: Child’s Right”

Suneel Vatsyayan (Nada India Foundation, India)

Abstract

Background: Children can't easily describe what is wrong with them, but they exhibit evidence of guilt and all kinds of things that have happened to them. They're not able to say what their problem is, and they resent teachers suggestions, guessing, and counsellor contact with them. We have to help them gain strength before one can start communication. Nada Education is a skills-building program designed to decrease impact of alcohol use by parents on children as part of child right strategy for prevention and to counter alcohol marketing. Drug Free Family & School: Child's Right campaign is to inspire students, teachers and management to initiate and to support alcohol prevention at school level Goal: To develop and implement peer based alcohol prevention programs in a school of Delhi.

Objectives:

- To increase the level of awareness and understanding of alcohol related issues
- To provide protection and support through peer based interventions.
- To strengthen resources for students in need of counselling and guidance

Methods: Nada has been reaching out to the young people by organizing a series of events like painting, Radio Clubs, peer counselling and helpline. Radio clubs, life skill workshops are specialised social interventions to help adolescent to make healthy choices. A peer counselling program was developed as a method to reach out students having alcohol use in the family.

Results: The program was implemented and the results were monitored to evaluate the impact of the program on the students. Our experience showed that the students were able to learn and utilize peer counselling skills but that the prevention of drug abuse could not be documented. Subjective reports, however, were found to support the effects of the program. Conclusions: Child right based approach offers an enabling environment in reaching out children having alcohol use in the family.

PRESENTED BY: Suneel Vatsyayan

REFERENCE NUMBER: 2710

32. Capacity Building For Marginalised Rural Women In Protecting The Rights Of Children.

Sylvia Musonda (Zambia Heart And Stroke Foundation, Zambia), BRENDA CHITINDI (Zambia Heart And Stroke Foundation, Zambia)

Abstract

Objectives: Raise public awareness on harmful use of alcohol and building community support among the women.

Background: Due to lack of policy and inadequate enforcing mechanism for existing laws, control of alcohol consumption, places of drinking, times of operation and the illicit brewing, have been of a grave concern for many Zambians. Alcohol use has now become an epidemic and one of the risk factor to non-communicable diseases especially to young people who have become vulnerable to the epidemic.

Method: Women sensitization on the health effects of alcohol abuse. Mobilization and empowerment of women with knowledge and skills of entrepreneurship to overcome their economic circumstances that make them vulnerable to the use and sale of alcohol. The use of children to purchase the commodity making them to be exposed to attempt to testing alcohol and marketing strategies.

Women form support groups as peer educators in the community, to raise awareness on the ills of alcohol miss-use.

Results: Women are custodian of children, with the new entrepreneurship the business of selling alcohol reduced tremendous and children are seeing less of alcohol products in their homes. Women are aware of the health effects of alcohol use and have become volunteer peer educators in their community. Children have no access to alcohol marketing.

Conclusion: The eight policy thematic issues accompanying measures outlined in the National Alcohol Policy of Zambia, have some weakness in that they focus on reduction of harmful use of alcohol, but do not provide interventions in skills training as coping strategies for poverty reduction. Given that alcohol marketing exposure to children is a consequent to social and economic development, objective that are important to reduce poverty as a possible underlying cause of marketing alcohol to children.

PRESENTED BY: Sylvia Musonda

REFERENCE NUMBER: 2731

33. An Attempt To Protect Children's Future From Alcohol Marketing ;Sri Lankan Perspective

Rakhitha Asela Dissanayake (University of Sri Jayawardenepura, Sri Lanka)

Abstract

Objectives: Considerable majority of children in Sri Lanka are suffering from painful and traumatic childhoods because of family relationships which are destroyed by alcohol marketing. This study was conducted to synthesize qualitative evidence to identify the ways which build the support for protecting children's right to grow up free from alcohol marketing in Sri Lanka and aimed to enhance the awareness of both children and parents to being protected from alcohol related harm.

Methods: Searches of credible databases of related authorities and organizations which actively work for preventing alcohol and protect child right were carried out. Reference is made to considerable collection of secondary sources on the subject such as journal article and key judgments made by judiciary. Especially policies regarding pricing, sale time, drinking patterns and environment which affect for alcohol market are highly reviewed

Results: The results show that the country has liberal imports of alcohol beverages and alcohol products are generalized in the market using new advertising trends and sale promotions through the cyber. As a result of that many persons including children can easily access to alcohol without obstacles. Also there has been no clear and clean market behaviour, ethics, policies and designed programme to protect children from alcohol industry and related impressive alcohol marketing. Most of child rights which have established in Child Rights Convention (CRC) and domestic laws have been violating because of the alcohol marketing and its bad mix consequences.

Conclusion: The findings that encourage for children friendly alcohol policies and related mechanisms is associated with awareness and better market practices and behaviour. If we implement sensible and undoubted alcohol policies to protect children from alcohol free marketing that will be a path to protecting of thousand rights of children as well as general public.

PRESENTED BY: Rakhitha Asela Dissanayake

REFERENCE NUMBER: 2738

34. Alcohol Industry in India: “Games The Industry Plays”

Binoy Mathew (Voluntary Health Association of India, India)

Abstract

Alcohol industry is one of the most profitable industries in the world. It uses enormous money and influence, locally and globally, to market its deadly products. Even as advocacy groups and policymakers work to combat the alcohol industry's influence, new and manipulative tactics are used by the alcohol lobby and its allies to circumvent alcohol control efforts.

Objectives: To track and monitor alcohol industry tactics·

To understand and present an overview of alcohol advertising promotion and sponsorship

Methodology: Reviewing print, outdoor and electronic media such as newspapers, magazines, radio and TV, films, websites and social networking mediums for surrogate advertisement and marketing tactics. Rapid assessment of city outlets, shops and kiosks for tracking product placement and packaging. Corporate Social Responsibility (CSR), awards, promotional events and sports activities.

Results: Product Placement in Movies, Fashion Week Shows: Product placement in movies and giving alcohol brands a glamorized and hip image through film stars and celebrities is a widely used method by the industry. Sports and Corporate Social Responsibility Activities: As part of their image building exercises, most alcohol companies promote their corporate logo and brand names under the guise of philanthropic activities, sports and celebrity events.

Trademark Diversification: The industry uses alcohol brand trademarks to sponsor non-alcoholic activities such as awards and events.

PRESENTED BY: Binoy Mathew

REFERENCE NUMBER: 2768

35. Advocacy For Regulating Alcohol In Films

Rahul Sharma (Voluntary Health Association of India, India)

Abstract

Background: India, the world's largest producer of movies produces more than 1000 movies a year in several languages. Bollywood represents the Indian Hindi movie industry and the worldwide viewership for their movies is estimated to be about 3 million. Bollywood movie stars in India are public figures, have large fan followings and exercise tremendous influence on the behavioural attitudes of adolescents. One of the major influences on the uptake of teen alcohol use is the glamorization of alcohol use in movies and on television. Movies are seen as very influential for kids and teens. Advertising alcoholic beverages is banned in India as per the Cable Television Network (Regulation) Amendment Bill, which came into effect on 8 September 2000.

Objective: To create pressure on the policymakers and Government to ensure implementation of the rules related to alcohol advertising which firmly intended to regulate the depiction of alcohol use in Films and Television. To do so, VHA decided to increase consumer awareness about the issue of alcohol scenes in films.

Results: 10% of Indian students aged 12-16 had tried alcohol, students who were most exposed to alcohol use in Bollywood films were 2.78 times more likely to have tried it, compared to those who were least exposed. Even when adjustments were made for aspects such as demographic variables and social influences, students most exposed to the alcohol use in these films were 1.49 times likelier to drink (Source: Health Related Information Dissemination Against Youth (HRIDAY). Conclusion: Alcohol advertising is banned in all Indian media and scenes that justify or glorify drinking are not allowed in Bollywood films, there is no dedicated health legislation that prohibits the depiction of alcohol in these films and there is a clear need for an immediate alcohol control policy.

PRESENTED BY: Rahul Sharma

REFERENCE NUMBER: 2781

36. Creating Environments And Empowering Children Towards An Alcohol-Free Lifestyle

Johnson Edayaranmula (Alcohol & Drug Information Centre (ADIC)-India, India)

Abstract

Projects: Alcohol & Drug Information Centre (ADIC)-India, during the past 25 years has initiated different innovative Projects & Campaigns focusing on Children like 'Drug Abuse Resistance Education (DARE)', 'Drug-Free School Project', 'Jyotirgamaya', 'Navjeevan Centre' and 'Street Children Project' covering millions of Children with the support of concerned Government Departments and Other Agencies.

Objectives: Creating Alcohol-Free Environments by influencing policies and thereby empowering Students/Children through appropriate life-skill education and Government Legislations.

Methodology: Project DARE was launched in the Schools jointly with the Education Department. 'Drug-Free School Project' was implemented in 140 High Schools jointly with the Trivandrum District Panchayat. 'Jyotirgamaya School Project' was launched in 12 selected Schools at NCT, Delhi with the Ministry of Social Justice, Govt. of India. 'Navjeevan Centre' was started inside Special Home for Children and through 'Street Children Project' several Street/Centre/Community based activities were implemented. Basic amenities, medical care, counselling support, motivation and skill development, sports and recreation, meditation and yoga, formal and informal education and focus group discussions were among the intervention strategies. Results: These Projects had made significant influence in the life of School Students about alcohol harm and the need to adopt a Healthy Lifestyle. Around 12,000 Students were directly intervened and more than 5,00,000 Students have benefitted from the School Intervention Project. These Navjeevan and Street Children Projects have made significant impacts in the life of hundreds of unfortunate children. Several Missing Children were traced and brought back to their own homes. Community Advisory Committees, Save Children Campaign, Children's Day Rally, Rights of the Child Award, Jyothigamaya and Self-Employment were the positive outcome. The Centre provided excellent opportunities for the reformation and rehabilitation of hundreds of unfortunate children. These Projects have influenced the Government for enacting several new Policies and Legislations for protecting Children from Alcohol Harm.

PRESENTED BY: Johnson Edayaranmula

REFERENCE NUMBER: 2812

37. Global Alcohol Consumption during Pregnancy: Prevalence, Risk Factors, National Policies and Guidelines

Lana Popova (Centre for Addiction and Mental Health, Canada)

Abstract

The World Health Organization global strategy to reduce the harmful use of alcohol, endorsed by the Sixty-Third World Health Assembly, highlighted the importance of the prevention and identification of the harmful use of alcohol among pregnant women and women of childbearing age. However, prenatal alcohol exposure continues to be a widespread public health concern and has been linked to numerous adverse health consequences for both the mother and developing foetus.

The objectives of this study were two-fold:

1) to estimate the prevalence of alcohol consumption during pregnancy worldwide; and 2) to explore the differences and similarities in national policies and guidelines pertaining to alcohol use during pregnancy in all countries, where such policies and guidelines exist. 1) A comprehensive systematic literature search of i) published and unpublished studies reporting on the prevalence of alcohol consumption during pregnancy, and ii) all existing national policies and guidelines pertaining to alcohol use during pregnancy;

2) a meta-analysis using the Mantel-Haenszel method, assuming a random-effects model; and 3) mapping the prevalence of alcohol consumption during pregnancy for all countries with available data.

The results of this systematic review and meta-analysis revealed that the prevalence of alcohol use during pregnancy varies greatly across countries, as well as within countries. Between country variations likely stem not only from differences in maternal drinking behaviours, but also from the political, religious, ideological, and cultural differences between the countries.

Conclusions: The high prevalence of alcohol consumption during pregnancy reported in many countries supports the urgent need for education and targeted interventions for women of childbearing age worldwide. The role of risk factors in the wide range of prevalence rates observed will be discussed. Finally, prevention strategies, as well as the national policies and guidelines on the use of alcohol during pregnancy in different countries will be outlined and compared.

PRESENTED BY: Lana Popova

REFERENCE NUMBER: 2862

Implementing Effective Alcohol Policies

38. The Use Of Psychoactive Substances Among Street Teenagers In Ouagadougou

Franck Garanet (Research Institute of Health Sciences, Burkina Faso), **Christian Mesenge** (University Senghor, France), **Seni Kouanda** (Research institute for Health sciences, Burkina Faso)

Abstract

Objectives: To study determinants of psychotropic drug consumption ones at the street teenagers living in Ouagadougou.

Methods: Qualitative interview with street teenagers living to the academic campus of Zogona in Ouagadougou, September 2012. A focus group has been achieved with eight members of the group investigated.

Results: The qualitative interview has been achieved with 31 street teenagers. The median age was 16 years with the extreme ones going from 12 to 20 years. Various psychotropic were the tobacco, alcohol, the gasoline, the adhesive with sniffer and the cannabis. Among the 31 teenagers, 17 had already been in a center of the reintegration. At the time of the collection no teenager none of them left to the school at the time the data-gathering. But, before the entry in the street 12 teenagers had already been at the school. The principal reasons of the presence of these teenagers in the street were "poverty in the family" ", "the deaths of the parents ", "the coranic school ". The principal reasons evoked by teenagers for consumption were "to have courage", "to calm the hunger", "" to resemble the other ", "To be to accept in the group "" to protect itself from cold time "" The determining from this consumption were primarily social exclusion, adhesion with the groups, identification with the groups.

Conclusion: The consumption of psychotropic forms integral part of the life of the teenagers in the street. It blocks the attempts at reintegration.

PRESENTED BY: Franck Garanet

REFERENCE NUMBER: 2576

39. Current Status And New Strategies For Declining Alcohol Use In Turkey

Faruk Asicioglu (Institute of Forensic Sciences, University of Istanbul, Turkey)

Abstract

The article 58 of the Constitution of the Republic of Turkey gives state the duty to take necessary measures to protect youth from addiction to alcohol. The preventive actions are addressed by a number of different institutions and organizations in Turkey, however there is no single countrywide standard program for the prevention. As for treatment, public hospitals, medical schools, and some private hospitals provide treatment for alcohol addiction in Turkey. There are 27 treatment centers designed for alcohol, where 706 beds that are allocated both to alcohol and substance addicts. These are called AMATEM (Alcohol and Substance Addiction Treatment Center) and the SAMBA (The Tobacco, Alcohol, and Drug Addiction) treatment program is used as a standardized, psychosocial program. Some improvements were done by amendments of previously established laws and regulations related with alcohol at recent years. Article 48 of the Highway Traffic Law numbered 2918 was one of them in which methods and procedures were regulated to find out suspected drivers who are under the influence of alcohol. The last amendments in 2013 of article 6 of the law numbered 4250 enacted many provisions to control alcohol such as prohibition of advertisement, promotion, and sponsorship. It is also banned selling and serving alcoholic beverages to people under the age of 18, as well as employing them in the production, marketing, sale, or serving. Another amelioration was held by mass media sector in which educational activities carried out. The results of the most recent and extensive survey titled "Attitude and Behaviour Survey on Tobacco, Alcohol and Drug Use in the General Population in Turkey" indicated that alcohol use prevalence in Turkey remains at a certain level, but it cannot be underestimated, and Turkey should take unique steps for prevention by cooperation with some prominent NGOs such as Green Crescent (Yeşilay).

PRESENTED BY: Faruk Asicioglu

REFERENCE NUMBER: 2578

40. Capitalizing On Religious Capital To Encourage Abstinence: Evidence From Thailand

Somtip Watanapongvanich (Center for Alcohol Studies, Thailand), Nopphol Witvorapong (Center for Alcohol Studies and Center for Health Economics, Faculty of Economics, Chulalongkorn University, Thailand)

Abstract

Introduction: The fact that one of the main ethical principles in Buddhism, known as the “five precepts”, suggests alcohol abstinence implies that predominantly Buddhist countries should witness a low drinking prevalence. However, despite the fact that approximately 95% the Thai population are Buddhists, reports from the National Statistical Office in the past ten years have shown that drinkers make up over 30% of the population aged 15 and over. The phenomenon raises a question as to whether and how religion (Buddhism in particular) affects the decision to drink at the individual level. It also calls into question the effectiveness of social marketing campaigns that attempt to convince drinkers to refrain from drinking, capitalizing on religious homogeneity in the country.

Methods: Using nationally representative data collected annually during 2008-2014 with the number of observations of 47,274, logistic and ordered logistic regressions are used to estimate the relationship between the individual's belief that drinking constitutes a sin (“religious guilt”) and three outcomes: whether the individual is a current drinker; whether the individual drinks at religious ceremonies and their drinking frequency. The last two outcomes are asked among drinkers only.

Results: Religious guilt decreases the probability of drinking versus not drinking (OR = 0.489). The effect of religious guilt remains positive but seems to be weaker among drinkers. Once the sample of drinkers alone is considered, religious guilt decreases the probability of drinking at religious ceremonies and having a higher drinking frequency (OR = 0.569 and 0.785 respectively) but has a smaller magnitude compared to when non-drinkers are included in the sample.

Conclusions: Religious capital can be utilized to encourage abstinence and should prove to be an effective tool among those on the brink of making a decision on whether or not to drink.

PRESENTED BY: Somtip Watanapongvanich

REFERENCE NUMBER: 2579

41. Responsibility Deal: Has The UK Billion Unit Alcohol Reduction Pledge Really Been Achieved? Implications For Future Policy

Christopher Record (Newcastle University, United Kingdom)

Abstract

Introduction: A reduction in the overall strength of alcohol products with stable alcohol volumes has the potential to considerably reduce alcohol harm. In 2011 a consortium of alcohol producers and retailers pledged to remove 1 billion units from the market by reducing product strength and on Dec 19th 2014 the Health Improvement Analytical Team of the Dept of Health reported (1) that 1,346 million units were removed from the market between 2011 and 2013. If true, this is a substantial improvement and will be welcomed by those concerned with alcohol harm reduction.

Method: UK HMRC alcohol clearance (consumption) data (2) over the past 10 years was analyzed.

Results: The reduction in the number of units between 2011 and 2013 has mainly been achieved by reductions in the average strength of beer, which has reduced from between 4.53 and 4.40% in the years 2004 to 2011 to 4.14% in 2013. This accounted for 1.2 billion of the 1.3 billion total reduction. Since there were only minor reductions in the strength of wine and cider while spirit strength increased the evidence suggests that the reduction in beer strength is most likely to have been due to the simultaneous introduction of a 25% tax supplement on high strength and a 50% tax rebate on low strength beers rather than through the operation of the pledge.

Conclusion: The UK Government should encourage and support the removal of alcohol units from the market by relating duty on all alcohol products more closely to their strength. In particular they should reduce the strength of beer attracting the high strength tax supplement from >7.5% to >5%, apply the high strength supplement to cider >5% and to wine >10%, and apply the tax rebate to cider <2.8%.

PRESENTED BY: Christopher Record

REFERENCE NUMBER: 2585

42. The UK's First Alcohol Harm Reduction Unit - Using A Partnership Approach To Tackle Alcohol Harm.

Michael Urwin (Durham Constabulary, United Kingdom), Claire McNaney (Durham Constabulary, United Kingdom)

Abstract

The question of how best to tackle alcohol harm reduction in partnership is regularly debated. In 2012 Durham Constabulary and its partners recognised that partnership working could be more efficient and cost effective. The Unit is a small police team co-located alongside the local authority, including Licensing, Food & Hygiene, Trading Standards and Noise Pollution. Not physically present, the Unit also encompasses Public Health, Revenue & Customs and Fire & Rescue. Other partners can be called upon and multi-agency operations form part of day-to-day business. The Unit's vision is to 'increase confidence by reducing alcohol related harms that impact upon the quality of life of local communities and individuals.' Three main areas of focus are – alcohol licensing, prevention of harm and crime reduction, specifically organised crime disruption. Child Sexual Exploitation is a fundamental area of operation, identifying links and taking action against premises and individuals who are involved in CSE. The Unit provides awareness training and reporting mechanisms to those in a position to identify CSE.

Partnership working has become more streamlined with daily contact being maintained, resulting in reduced bureaucracy, increased sharing of intelligence and greater productivity. Since the inception of the Unit, alcohol related ASB has reduced by 15-20%, licence reviews have increased by 700% and 4,500 young people have been referred to brief intervention services. Policies and procedures have been created to increase awareness of alcohol harm in young people and figures show that the number of young people drinking alcohol is falling. The Unit is cost effective, using existing resources in a smarter way. It is seen as best practice and regularly visited by other police forces and partners. The Unit has involvement at national level in licensing enforcement and harm reduction. Prevention policies have been highlighted as good practice by the UK Home Office.

PRESENTED BY: Michael Urwin

REFERENCE NUMBER: 2598

43. Alcohol Policies Implemented by Tobacco and Alcohol Market Regulatory Authority (TAPDK) in Turkey

Ayşe Gokalp Kirca Celik (Tobacco and Alcohol Market Regulatory Authority, Turkey), Murat Doganay (Tobacco and Alcohol Market Regulatory Authority (TAPDK), Turkey)

Abstract

Alcohol Policies Implemented by Tobacco and Alcohol Market Regulatory Authority (TAPDK) in Turkey Purpose: The purpose of the poster is to provide information on Turkey's alcohol policies implemented by TAPDK who plays a significant role on alcohol policy issues, as a governmental authority, with its autonomous administrative and financial structure.

Scope:

The poster covers Turkey's alcohol policy legislation and implementations have been carried by TAPDK. The poster mainly includes:

1. Alcohol legislation: Laws, policies, regulations
2. Implementation of alcohol policies: Competent authorities, the role of different institutions, authorized people, sanctions.
3. Evaluating of Turkey's alcohol policies by comparing them with the World Health Organization (WHO)'s key areas of policy options and interventions,
4. Statistical data from a research recently conducted by TAPDK, on alcohol use and effectiveness of alcohol policies.
5. Focusing specially on TAPDK's role about alcohol policies in Turkey.

Methodology:

1. Alcohol policy measures of TAPDK and their situation within Turkey's alcohol policies are explained in the framework of laws and implementation.
2. The WHO key policy areas and Turkey's policies are compared.
3. Statistical data from a research is given.

Legislation has a significant role to prevent detrimental effects of alcohol use. Studies and suggestions of WHO provide support to countries which intend to take step forward on the area. Turkey's comprehensive law entered into force in 2013, involves lots of WHO's key policy areas on alcohol policy. TAPDK plays a central role on the implementing of some measures envisaged in the law.

PRESENTED BY: Murat Doganay

REFERENCE NUMBER: 2603

44. Local Government Declaration on Alcohol

Alice Wiseman (Gateshead Council, United Kingdom), Susan Taylor (Balance, United Kingdom), Colin Shevills (Balance - The North East Alcohol Office, United Kingdom)

Abstract

Background: The personal, social and economic cost of alcohol has been estimated at £55bn for England and alcohol-related harms impact upon the full range of local services. Local authority colleagues across the North East have responded to these harms, by developing a "Local Government Declaration on Alcohol", learning from the experience of the recent Tobacco Declaration.

The aim of the Declaration is to demonstrate local authority leadership on tackling alcohol harm, whilst simultaneously calling for evidence-based action locally and nationally. **Description** The Declaration was requested by North East Regional Directors of Public Health, following a BALANCE conference in November 2013 and its development has been led by Gateshead Council, supported by BALANCE. It is a bottom-up commitment which will result in local authority action to tackle alcohol-related harms, in addition to enhancing awareness of the evidence base and leading to calls for national legislation, linked to price, promotion and availability of alcohol.

Results: The Declaration has been agreed and considered at the Association of North East Councils' (ANEC) Chief Executives and Leaders and Mayors Forums, with extensive support from both groups. In addition, ANEC has committed to promoting the Declaration via the Local Government Association, requesting wider local authority sign up for the initiative. Finally, the document has been shared with NHS and police partners, to facilitate wider support.

Conclusions: Alcohol is a major cross-cutting theme for local authorities. It stretches across the health agenda, whilst also impacting upon community safety, regulation and economic regeneration. It is a key role for leaders at a local level to work together and deliver evidence-based approaches aimed at reducing alcohol consumption and securing safer, stronger and healthier communities. The Declaration sets out the local authority's commitment to this, whilst advocating for evidence-based national action to limit the affordability, availability and promotion of alcohol.

PRESENTED BY: Alice Wiseman

REFERENCE NUMBER: 2609

45. Analysis of existing alcohol control policy assessment tools: guidelines to facilitate international comparisons

Robert Geneau (Public Health Agency of Canada, Canada), Norman Giesbrecht (Centre for Addiction and Mental Health, Canada), Rachel Rodin (Public Health Agency of Canada, Canada)

Abstract

Background: The adoption and implementation of alcohol control policies remain sub-optimal in many jurisdictions, despite the presence of extensive international evidence supporting specific programs and policies. It is however difficult to obtain a global view of the state of implementation of alcohol control policies and to make rigorous international comparisons. Several different policy assessment tools have been used over the past few decades at the country, regional or international levels, but there are important differences between them in the policy domains included and indicators used.

Objectives: To review and compare all existing alcohol control policy assessment tools and to analyse their utility in different contexts.

Methods: Database and grey literature searches for studies and reports that present results derived from the use of a policy assessment tool. Three reviewers will independently analyse the content of the different tools to compare similarities and differences and provide an assessment of the strengths and weaknesses of each tool. Tele-meetings will be held to develop a consensus view about the desirable core dimensions and indicators to be included.

Results: Through preliminary work, we have identified seven distinct policy assessment tools. There are important variations among the tools in: the number of strategies and interventions assessed; the effectiveness rating weighting systems used; and rating the level of enforcement. Some tools include the dimension of implementation costs. One tool used correlation and regression analyses to examine the relationship between alcohol policy scores and income-adjusted levels of alcohol consumption per capita.

Conclusion: We will provide methodological guidance on a core set of dimensions and indicators that will facilitate international comparisons. We will also discuss complementary strategies, dimensions and indicators that can be added to maintain flexibility in taking into account context-specific issues and challenges across jurisdictions, considering data availability and quality.

PRESENTED BY: Robert Geneau

REFERENCE NUMBER: 2622

46. The Alcopop-Free Zone Campaign: An Environmental Prevention Strategy

Michael Scippa (Alcohol Justice, United Kingdom)

Abstract

Introduction: The Alcopop-Free Zone campaign is an environmental prevention strategy that focuses on reducing the availability of youth-attractive alcopops, also known as flavoured malt beverages (FMBs), in retail alcohol outlets to reduce underage drinking. It is implemented by active participation of diverse communities of youth and adults. This poster will equip participants with the knowledge, skills, and action steps necessary to create an Alcopop-Free Zone in their communities to reduce alcohol consumption and alcohol-related harm.

Objectives:

1. To learn why youth-attractive alcopops are a danger to public health
2. To learn to effectively create an Alcopop-Free Zone.
3. To learn key steps and community organizing tools to make this environmental prevention strategy successful.

Methods: Alcopop-Free Zone poster presentation and handout materials. Results:

1. An Alcopop-Free Zone campaign will provide research and educational materials about alcopop advertising and marketing to youth. The campaign will bring together a community coalition of health care, education, youth and faith-based groups. The coalition will approach retailers to seek agreements to limit or eliminate alcopops from their shelves.
2. An Alcopop-Free Zone campaign will encourage community engagement with petition signature drives, environmental scans, retailer accountability, and a series of community meetings aimed at passing county and city legislation calling for restrictions on alcopop sales and advertising.
3. An Alcopop-Free Zone campaign will create lasting partnerships with community health leaders and community-based organizations to support the concept of removing alcopops from retail stores.

Conclusions: Reducing the availability of alcohol products such as alcopops may be a promising strategy to reduce alcohol consumption and alcohol-related harm, especially among youth. Organizing and conducting a successful Alcopop-Free Zone Campaign will help reduce the need for prevention, treatment, emergency and medical recovery services in a community.

PRESENTED BY: Michael Scippa

REFERENCE NUMBER: 2624

47. How Is New Zealand's New Alcohol Law Working? - An NGO's Perspective

Rebecca Williams (Alcohol Healthwatch, New Zealand)

Abstract

Objective: To ascertain how New Zealand's new alcohol legislation is working after the first year of implementation.

Method: The Sale and Supply of Alcohol Act 2012 is now the primary piece of alcohol legislation in New Zealand. It was passed into law on 18th December 2012, and came fully into force in December 2013. The object of the new legislation is that the sale, supply and consumption of alcohol be undertaken safely and responsibly and the harm from alcohol is minimised.

During 2014 Alcohol Healthwatch had numerous engagements with the new legislation, including making submissions on many draft Local Alcohol Policies, developing submission guides and resources to support communities to engage with Local Alcohol Policy consultation processes, providing information and advice on these Policies and other provisions of the Act.

In March 2015 Alcohol Healthwatch and the Health Promotion Agency co-hosted three regional forums focussed on the new Act. These forums canvassed three main questions which were asked in the context of the object and intent of the Act; what's working well, what challenges have been faced and what could be done to improve the implementation of the Act. These were attended by over 300 people representing the agencies with responsibilities to implement the new legislation and communities who have engaged with it.

Results: Alcohol Healthwatch will draw on the findings of these forums and other experiences to provide an NGO's perspective on how well the new Act is working to reduce alcohol-related harm.

Conclusion: While there have been some positive outcomes as a result of the new law, there has also been significant challenges to overcome. There is much work to do in order to address these challenges and ensure the legislation achieves its purpose.

PRESENTED BY: Rebecca Williams

REFERENCE NUMBER: 2625

48. Alcohol Prevention Programme With 4 Districts Of Sri Lanka In Focus

Indika Rajapaksha (ADIC, Sri Lanka), prof, Diyanath Samarasinghe (University of Colombo, Sri Lanka), Pubudu Sumanasekara (Alcohol and drug Information Center, Sri Lanka), Duminda Guruge (Rajarata university, Sri Lanka)

Abstract

Background and Challenges: A comprehensive programme has been launched in four selected Districts of Sri Lanka of Kurunegala, Kegalle, Kandy and Matale beginning from the year 2013. The following is the list of groups and networks targeted by the team, The owners of boutiques, Universities, Technical Colleges, 200 schools in the 4 Districts mentioned, Community connected to Samurdhi Movement, Youth Corps Policy Makers, Public Servants, Health Network. A step of challenges. Having worked with the relevant structures for 2 years, we were able to bring down the use of alcohol considerably (Source ADIC spot survey 2013-2014). Intervention or response: Empower Policy makers to introduce effective Policies, creating no alcohol zones, Encourage people to quit alcohol, Campaigns, youth programs.

This programme in workshops organized along with youth networks, they targeted small towns in their areas and carried out propaganda for minimizing the use of alcohol, cutting down sales, preventions of new persons taking to alcohol and by creating awareness among the people about subtle ways adopted by alcohol companies to increase alcohol etc.

Results and lessons learnt: Some people among the general public, who become knowledgeable through our programmes. Volunteered to help us giving their active support. The sale of alcohol in 06 small towns in the District of Kandy, Kurunegala, Matale and Kegalle has been completely stopped.

How to Evaluate Results: Before and after every activity we carry out evaluations.

Conclusions and key recommendations: Having worked with the relevant structures for 2 years, we were able to bring down the use of alcohol considerably (Source ADIC spot survey 2013-2014). During the period 2013-2014,

PRESENTED BY: Indika Rajapaksha

REFERENCE NUMBER: 2632

49. Ensuring Regulation of Availability of Alcohol

Arul Rathinam (Pasumai Thaayagam Foundation, United Kingdom), Savariyar Adimai Angelis (Pasumai Thaayagam Foundation, India)

Abstract

Objectives: Strategic actions pressurized the Government in regulating the hours of retail sales of alcohol. Methods: WHO recommends that member governments should begin to reduce per capita consumption by reducing the availability of alcoholic beverages. Under the Seventh Schedule of the Constitution of India, alcohol is a subject in the State Governments' List. Hence the laws governing alcohol vary from state to state. The level of regulation on the availability of alcohol depends on local circumstances. In the state of Tamil Nadu, the state-owned Tamil Nadu State Marketing Corporation (TASMAC) has a monopoly over wholesale and retail vending of alcoholic beverages. The government allows the TASMAC retail outlets to be open from 8 a.m. to 12 p.m. This warranted for a formal control on sale of liquor. The author and team organized a series of actions to influence the state government to come out with a policy for regulating the days and hours of retail sales and regulating modes of retail sales of alcohol and regulating retail sales in and around educational institutions. The author mobilized the support of an influential political leader and with his support formulated an alternate alcohol policy. The policy was released through a media meet. A consultation was held with the community and religious leaders. Their opinions were documented. Along with the same, a team obtained appointment with the Chief Minister of Tamil Nadu and submission was submitted. Results: The Chief Minister of Tamil Nadu assured his support for ensuring regulation. A new policy on the timing of the sale hours of the TASMAC retail outlets has been formulated. The timing has been reduced by 4 hours accordingly; the outlets are allowed to be open from 10 a.m. to 10 p.m. Conclusions: Strategic measures can ensure regulation of availability of alcohol.

PRESENTED BY: Arul Rathinam

REFERENCE NUMBER: 2647

50. Impact Of Alcohol On Paramedics In The North East Of England

Neil Martin (Balance - The North East Alcohol Office, United Kingdom), Colin Shevills (Balance - The North East Alcohol Office, United Kingdom), Dorothy Newbury-Birch (Teesside University, United Kingdom)

Abstract

Aims: The National Health Service in England has been experiencing unprecedented pressure with alcohol related cases making up a sizeable proportion of the overall total. We wanted to use the impact that others drinking has on paramedics in the North East of England to promote prevention driven approaches to alcohol harm. Helping to also influence wider policy change at both a regional and national level and tackle an underlying issue affecting health services.

Methods: Balance surveyed 358 paramedics (32% workforce prevalence) working in the North East, through a mixture of paper based and online questionnaires to collect qualitative and quantitative data.

Results: 64% stated that alcohol related incidences accounted for at least 50% of their workload on a weekday evening. 59% disagreed that they should have to deal with the consequences of the excessive consumption of alcohol. 92% agreed that dealing with alcohol related callouts places an unnecessary burden on time and resources.

Private residences pose the highest fear of risk from drunken public, with 44% stating this to be the most risky location for them whilst on duty. 47% have been physically assaulted, and 42% sexually assaulted, by drunken members of the public. Lone workers and longer serving paramedics were statistically significantly more likely to be assaulted whilst on duty.

Conclusions: Public consumption of alcohol clearly has wide ranging impacts on paramedics in the North East, placing burden on resources and with both fear and actual assault commonplace. The findings from this research are currently being developed in conjunction with the North East Ambulance Service to develop media and advocacy messages raising the profile of the issue.

PRESENTED BY: Neil Martin

REFERENCE NUMBER: 2650

51. Alcohol, Domestic Violence And Sexual Assault

Jon Foster (Institute of Alcohol Studies, United Kingdom), Katherine Brown (Institute of Alcohol Studies, United Kingdom)

Abstract

This report outlines the evidence on the relationship between alcohol, domestic abuse and sexual assault and makes policy recommendations for tackling the problem in the UK. There is a strong relationship between alcohol and domestic abuse, violence and sexual assault. Whilst alcohol is no excuse for those who perpetrate violence and abuse, its influence cannot be ignored. Research typically finds that between 25% and 50% of those who perpetrate domestic abuse have been drinking at the time of assault, although in some studies the figure is as high as 73%. Cases involving severe violence are twice as likely as others to include alcohol. Where alcohol is involved in domestic abuse it is not the root cause, but rather a compounding factor. Alcohol use by the victims of domestic abuse is a complicated issue. At times it can be misinterpreted and used against the victim, yet in some scenarios victims are likely to turn to alcohol as a means of coping with their experiences of abuse. This presentation will examine emerging evidence and trends in alcohol related domestic violence and sexual assault: Research suggests that those who mix energy drinks and alcohol are almost twice as likely to be taken advantage of sexually. There is a strong link between alcohol and violence, and data suggests pricing policies such as minimum unit pricing would reduce rates of sexual assault. In light of poor conviction rates and general misunderstanding about alcohol, sexual assault and rape, there have been calls for a change in the law around consent so that intoxication is seen as a possible indicator that abuse has taken place. This report discusses the need for improved training for law enforcement agencies on the impact of alcohol, sexual assault and highlights the complexities around alcohol's impact on the capacity to consent.

PRESENTED BY: Katherine Brown

REFERENCE NUMBER: 2653

52. Alcohol, Health Inequalities And The Harm Paradox: Why Some Groups Face Greater Problems Despite Consuming Less Alcohol

Jon Foster (Institute of Alcohol Studies, United Kingdom), Katherine Smith (University Of Edinburgh, United Kingdom), Katherine Brown (Institute of Alcohol Studies, United Kingdom)

Abstract

Drawing on international evidence looking into alcohol and health inequalities this report attempts to explain why lower socioeconomic groups experience greater health problems due to alcohol, despite drinking less than those on higher incomes. It describes the current data available on health inequalities in the UK and provides an overview of the policy context, and makes recommendations for action to reduce alcohol related health inequalities. Data shows that in England, alcohol-related mortality is 1.5–2 times higher than average within lower socioeconomic groups, and that the most deprived 20 per cent of local authorities have alcohol-specific mortality rates 5.5 times the rate of the least deprived. The report finds that wider social, economic, cultural and environmental factors relating to overall health inequalities appear to influence the differences in alcohol consumption and harm outcomes. It investigates ‘poly-behaviours’, including the “supra-additive interaction” between obesity and alcohol consumption, and the combination of smoking and drinking that accelerates cancer risk. The report identifies policy options supported by evidence of effectiveness in reducing health inequalities. One notable example is the minimum unit pricing of alcohol, which research indicates will have a greater impact on harmful drinkers of a lower socioeconomic status (SES). The report also found significant evidence highlighting a strong association between social deprivation and alcohol outlet density, with the likelihood of increased consumption potentially resulting in disproportionately more alcohol-related harm in deprived neighbourhoods. A subsequent recommendation is the addition of a public health licensing objective so that local authorities can better implement their public health responsibilities.

PRESENTED BY: Katherine Brown

REFERENCE NUMBER: 2654

53. Alcohol Related Harm In Scotland: Trends And Patterns Of An Epidemic

Lesley Graham (National Services Scotland, United Kingdom), Annemarie van Heelsum (NHS National Services Scotland, United Kingdom), Ruth Gordon (National Services Scotland, United Kingdom)

Abstract

Objectives: At a time when indicators of alcohol related harm were falling in most countries in Western Europe, those in the UK and Scotland in particular were rising. In 2009, the Scottish Government published a multifaceted alcohol strategy which aimed to reduce population alcohol consumption and related harm. As part of the national programme to monitor and evaluate the strategy (MESAS), key indicators of alcohol related harm were tracked.

Methods: A range of robust and timely indicators of alcohol related harm were chosen to measure both health and social harm including alcohol related mortality and morbidity broken down by variables such as age, gender and deprivation. Where possible, comparisons were drawn with England and Wales as a control. Findings are reported annually as different elements of the strategy are implemented and are widely disseminated.

Results: In Scotland, alcohol related mortality more than doubled from the 1990s to a peak in 2003. Alcohol related hospitalisations showed a similar pattern with rates rising more than five times from the early 1980s to a peak in 2007/8. As alcohol consumption has fallen in recent years, so has health harm with mortality rates falling by 35% and hospitalisations by 19%. Key indicators of alcohol related crime harm have also fallen in recent years against a background of a general fall in crime.

Conclusions: Scotland has experienced an epidemic of alcohol related harm in recent years. Scotland’s alcohol strategy may have contributed to a degree in the recent fall in harm but external factors such as the recession will also have had an effect. Indicators of harm are central in any evaluation of an alcohol strategy.

PRESENTED BY: Lesley Graham

REFERENCE NUMBER: 2658

54. Hazardous Use of Alcohol among Zambian Youth: A Multivariate Analysis

Molly Crane (Northwestern University, United States of America), John Mayeya (Ministry of Health, Zambia)

Abstract

Early alcohol use can be a predictor of impaired health status and increased risk for long-term alcohol dependence and abuse; the detrimental effects are particularly acute for youth, who may be more vulnerable to alcohol-related harm than any other age group (WHO Global Status Report on Alcohol and Health 2014). In Zambia, 45.1% of students exhibit problem drinking and 42.4% report drunkenness, and though nearly half of youth report receiving alcohol-related education these behaviours persist, indicating a need for improved information regarding drinking choices to generate evidence-based interventions (Swahn, 2011). As constructed in conjunction with the Zambian Ministry of Health, this research adds to the knowledge of alcohol abuse and correlates among youth, using surveys examining individual, environmental, political and economic factors. The multivariate survey was developed to ensure sensitivity to local, contextual factors while also posing transferrable questions representative of broader global trends. This research currently contributes to the development of youth intervention programs and policy across Zambia.

PRESENTED BY: Molly Crane

REFERENCE NUMBER: 2666

55. Advancing Alcohol Policy Across Other Policy Frontiers.

Raj Singh (Alcohol Healthwatch, New Zealand)

Abstract

Objective:

1. Achieve integration of evidence-based alcohol harm prevention policies with injury and family violence prevention action plans.
2. To enhance collaboration and coordination across sectors and build new champions for alcohol harm prevention.

Methods: We have explored opportunities to progress alcohol harm prevention policies with those working in the injury and violence prevention sectors. We have been a member of a number of coalitions and working groups to develop and advance policy in these areas. This has involved proactively engaging and contributing to planning workshops, providing evidence and feedback on planning documents and actively promoting strategies and actions that would support the reduction of alcohol-related injuries and violence.

This presentation will draw on these experiences to share the successes and challenges and ideas for building knowledge and support, overcoming resistance, promoting and progressing alcohol harm reduction policies in other sectors.

Results: A regional injury prevention plan has been developed and includes a specific alcohol indicator to measure alcohol-related road traffic crashes involving 0-14 year olds in the Auckland region. A regional violence prevention plan is being developed and we are making sure that alcohol is on the agenda. Trusting and collaborative relationships have been developed to progress the work together.

Conclusions: While there are always challenges with collaboration, there is value in teaming up with other issue sectors such as the injury and violence prevention sector. Coalitions and reference groups can be a useful mechanism to progress alcohol harm reduction policies. A void in national or regional strategy can provide an opportunity for local stakeholders to work together to foster alcohol harm prevention efforts at a regional level.

PRESENTED BY: Raj Singh

REFERENCE NUMBER: 2668

56. Challenging Alcohol Related Positive Outcome Expectancies In A Four Hour Training Workshop

Shakya Nanayakkara (Foundation for Innovative Social Development, Sri Lanka), Shahila Siddeeque (FISD, Sri Lanka)

Abstract

The Expectancy Challenge Approach used in Sri Lanka by Foundation for Innovative Social Development and Healthy Lanka Alliance for Development, has been pre-tested by both organizations in their respective working locations with 3628 youths and children. The approach sought to reduce the attraction to alcohol and prevent the initiation of its use by challenging widely existing positive outcome expectancies on alcohol. The process involved awareness creation through a series of four-hour workshops in communities. The first session of the workshop was an open discussion of the question “Why do people drink?” through which it was revealed that alcohol was used mostly to feel “macho” or daring, to forget problems, for fun and enjoyment, for easing weariness, for enhancing creativity, for warmth in cold weather, for increasing appetite, and as a symbol of sophistication. These expectancies were challenged through direct counter arguments. For example, the view that alcohol enables one to forget problems or remember the past was counteracted by questioning participants on how the same substance (i.e. alcohol) could be used by the same person on different occasions to either forget or remember. Similarly, the view that alcohol increases fun and enjoyment was negated by bringing to light the actual effects of alcohol such as dizziness, nausea, and lack of coordination and participants were questioned on how these experiences could be considered enjoyable. It was also revealed that users become “macho” or daring because of the tolerant permissiveness of others towards alcohol induced misbehaviours, alcohol becomes a symbol of relaxation through social conditioning, and marketing strategies make alcohol a symbol of sophistication and glamour. The post-evaluation conducted at the end of all training sessions revealed that approximately 70% of the participants viewed alcohol use as unpleasant, silly, and stupid.

PRESENTED BY: Shakya Nanayakkara

REFERENCE NUMBER: 2672

57. Lessons from the Enforcement of the 2008 Alcoholic Beverage Control Act in Thailand: What Role does Civil Society Organization Play?

Theera Watcharapranee (IOGT International, Thailand)

Abstract

In the past, enforcement of laws pertaining to the control of alcoholic beverages had at best been arbitrary. The Stopdrink Network, a civil service organization (CSO) that promotes policy advocacy, recognizes the importance of involving the public at all stages of the policy process, from formulation to implementation. Stopdrink has been instrumental in encouraging a stricter enforcement for many alcohol control laws, notably the 2008 Alcoholic Beverage Control Act.

First, during the ratification stage of the Act, Stopdrink mobilized the public and was able to obtain 13 million signatures in support of the Act. The organization also closely monitored how the Parliament then interpreted provisions in the Act. An example was when the Parliament expressed an interest in defining alcoholic beverages such that only those with more than 25% alcohol content would be subjected to the Act; Stopdrink promptly voiced concerns and was successful in striking out the definition.

Second, now that the Act has come into effect, Stopdrink has been collecting surveillance data, documenting violations of provisions in the Act and publicizing these data to ‘nudge’ law enforcers.

Third, the organization has supported the expansion of the regulatory scope of alcohol control, including, for instance, the prohibition of alcohol sales on 4 Buddhist holidays.

Finally, since the alcohol industry has replaced explicit television advertising of alcohol products with sponsorship at sports and cultural events, Stopdrink has been convincing organizers to take their sponsorship instead and, in 2014, 42 out of 77 events previously funded by the industry became alcohol-free.

Within the past seven years since the Act was passed, many lessons have been learned but one in particular stands out: that it is crucial for CSOs to persevere and believe in the power of the grassroots.

PRESENTED BY: Theera Watcharapranee

REFERENCE NUMBER: 2673

58. Community-Based Interventions To Alleviate Domestic Violence: Towards A Shift In Drinking Cultures

Angkana Intasa (Women and Men Progressive Movement Foundation, Thailand)

Abstract

Based on a research project titled "The Impact of Alcohol Consumption as a Confounding Factor for Domestic Violence" commissioned by Thailand's Women and Men Progressive Movement Foundation, it is found that alcohol consumption breeds domestic violence. Males in the sample drank an average of 3-8 glasses per occasion, spent approximately an equivalent of 3-10 USD and a substantial number of them admitted that their abusive behaviour was influenced by alcohol. Findings from the research have motivated a pilot project comprising community-based interventions at Kam-Klang Village in Muang District, Amnat Charoen Province, Thailand, with the hopes of reducing domestic violence. The project began with establishing contact with community leaders, community networks and villagers and promoted, among drinkers, awareness of consultation sessions and community-level activities that were being provided.

The interventions resulted in, inter alia,

1. personal development, i.e. a change in drinking behaviours of drinkers, some of whom were subsequently selected as role models for alcohol abstinence in the community, and went on to speak motivationally to the other drinkers;
2. family development, i.e. an improvement of intra-family relationships and economic status;
3. community development, i.e. a stronger intra-community bond arising from non-alcohol activities and
4. provincial development, i.e. an expansion of the application of the same interventions to cover 13 other villages and the establishment of a Province-level Committee that would oversee the implementation of the 2008 Alcoholic Beverage Control Act.

PRESENTED BY: Angkana Intasa

REFERENCE NUMBER: 2682

59. Local Experience of Implementing National Licensing Policy - the Scottish Borders

Fiona Doig (Borders Alcohol & Drugs Partnership, United Kingdom), Susan Walker (Borders ADP, United Kingdom)

Abstract

Objectives: Scottish Borders Alcohol and Drug Partnership (BADP) is responsible for reducing alcohol and drug related harm in Scottish Borders which includes taking action to address access and availability. Scottish Borders is a rural area covering over 4700 square kilometres with 114,000 population.

This submission will: Give an overview of local structures and activity outline challenges to local implementation. Suggest potential solutions Results BADP membership includes the Chair of the Local Licensing Board and Police Scotland. BADP is represented on many local strategic and tactical groups and is a member of the Local Licensing Forum which oversees local implementation of Licensing (Scotland) Act 2010 by the Licensing Board.

Challenges include:

1. Different agendas and understanding of alcohol issues.
2. Understanding of licensing objectives and challenges for decision makers to ignore wider environment including rurality and economics Capacity and skills of BADP team and local decision makers as Licensing is one aspect in a wider area of work.

Solutions developing a shared understanding e.g. through developing an 'Alcohol Profile' outlining alcohol related harm in local area and membership of the Local Licensing Forum. Make the most of partnerships e.g. use of data analysts, Police colleagues, national support including from Alcohol Focus Scotland, Implementing a local tactical group to take forward responsible drinking work; Having a clear structure to allow; Public Health input to Licensing Board; Not losing heart.

Conclusions: Local implementation of national Licensing Policy requires creativity and a commitment to ensure positive partnership working.

PRESENTED BY: Susan Walker

REFERENCE NUMBER: 2685

60. African School Survey Project on Alcohol and Other Drugs (ASPAD), Namibia

Jan Swartz (Polytechnic of Namibia, Namibia), Rene Adams (Ministry of Health and Social Services, Namibia), Verona Du Preez (Ministry of Health and Social Services, Namibia), Salme Ahlstrom (Ministry of Health and Social Services, Finland), Leena Warsell (Ministry of Health and Social Services, Finland)

Abstract

Objectives: The main purpose of the African School Survey Project on Alcohol and Other Drugs (ASPAD) was to collect comparable data on substance use among high school students in Namibia and use this information as the basis for a prevention Strategy.

Methods: The target population was students between the ages of 14-16 years during the year of data collection. This includes children in grades 8-10 in the sample frame. Finnish team conducted a training course for 40 social workers chosen from the 13 regions of the country in Windhoek in February 2014. The main aim was to gather data in Namibian schools about alcohol and drug use. During the training the most important task was to adjust the survey questionnaire to the Namibian alcohol and drug culture. The social workers were chosen, because they knew the area and their special needs, i.e the language difficulties. In addition, one person from the administration team of the Ministry of Health and Social Services assisted the local social worker. The team finished the data collection after 2-3 weeks in February 2014, altogether 6200 questionnaires filled by 14-16 year-old students. Finnish experts examined a sample of questionnaires in Windhoek and assisted in planning the analysis and reporting.

Results: Out of all respondents, 52,6% indicated that they never had any alcohol beverage. About 48% said they drank alcohol beverages in their lifetime. Only 4% indicated that the last day they drank alcohol they were heavily drunk. About 87% said they were not involved in physical fights the last 12 months they used alcohol. About 95% indicated that they never use marijuana in their lifetime.

Conclusion: School surveys possible to conduct in Africa. The results will benefit the planning and implementation of the coming prevention strategy for students in all 13 regions of the country.

PRESENTED BY: Rene Adams

REFERENCE NUMBER: 2689

61. Lets End Alcohol Drinking (Lead) Zambia Project

Albert Ngimu (Citizens Welfare Concern, United Kingdom)

Abstract

Problem statement: The problem of alcohol abuse is very serious in Zambia. The government was recently forced to ban the infamous tujilijili- an alcohol beverage with alcohol content as high as 40% in some cases. Male youths as young as 16 years, are treated for mental illness in Chainama Hospital due to alcohol abuse. Zambian women were reported to be among the highest alcohol takers in the world. Men loiter around as early as 06AM drinking at alcohol pubs. **Motivation:** We are taking measures that will not only end alcohol use but also enlighten the people particularly Youth on the dangers that alcohol and drug use brings i.e. death, physical prison etc. Our efforts will derive policies that will prevent the intolerable use of alcohol and other destructive drugs.

Approach: The Lead Approach

- 1 Leaders: Involving leaders both as role models and for policy formulation
 - Workshops for parliamentarians, chiefs, government officials
 - Intensive lobbying mechanisms
2. Engagement of society.
 - Stop Alcohol Drinking and Drug Abuse sessions
 - School Debates
 - Stop Alcohol Drinking and Drug Abuse School Clubs
 - Influencing and networking with parents against alcohol.
 - Linkage with Health Facilities for Alcohol and drug counselling
3. Activism:
 - Peaceful demonstration against Alcohol
 - Community Alcohol & Drug outlets

4. Dissemination of information.

- Media outreach initiative
- Act on Alcohol Bulletin

Results:

- Over 2 million Youth accessing Alcohol free messages.
- Enactment of an Alcohol policy in Zambia
- Reduced incidences of targeted population participating in alcohol and drug abuse
- Increased access to alcohol information

Conclusions: The Let's End Alcohol Drinking (LEAD) Zambia Project addresses the issues of alcohol and in the process also helps avert HIV/AIDS among the Zambian people. It is a project that must be supported in order to save lives.

PRESENTED BY: Albert Ngimu

REFERENCE NUMBER: 2692

62. Regional Status Report on Alcohol and Health in the Americas

Blake Smith (Pan American Health Organization, United States of America), Maristela Monteiro (Pan American Health Organization, United States of America)

Abstract

The Regional Status Report on Alcohol and Health in the Americas provides an overview of the situation of alcohol consumption and harms in the WHO region of the Americas. It was produced with data from the 2014 WHO Global Status Report and additional studies, mainly from countries in the region. The report examines consumption patterns and harms across countries in the Americas, focusing on factors such as sex/gender, age, and socioeconomic status where possible. It provides a historical lens, comparing the most recently available data with results from the previous Global Status Report. As a region that is rapidly developing and remains the most unequal in the world, the Americas would greatly benefit from a reduction in the harmful use of alcohol. The report therefore also includes evidence of the most cost-effective policies, barriers to implementing these policies, and recommendations on how countries can improve their outlooks.

PRESENTED BY: Blake Smith

REFERENCE NUMBER: 2695

63. Disseminating Alcohol Screening And Brief Intervention In Public Healthcare System In Thailand

Sawitri Assanangkornchai (Prince of Songkla University, Thailand), Suwanna Aroonpongpaisal (Khon Kaen University, Thailand)

Abstract

Although there is evidence for the effectiveness of a screening and brief intervention service for alcohol misuse, implementing it in routine healthcare is difficult. To promote the diffusion of SBI in Thailand, an Alcohol, Smoking, and Substance Involvement Screening Test and its linked brief intervention (ASSIST-BI) programme was initiated in 2011.

Objective: To describe the steps taken to implement and disseminate ASSIST-BI in public healthcare services in Thailand since its initiation and report the results of an evaluation. Methods: A multi-faceted approach, involving on-site training, monitoring and audit, to facilitate implementation in five pilot primary care settings, 2011-13. A randomized controlled trial comparing the effectiveness of BI and simple advice (SA), following screening with the ASSIST, in reducing alcohol and substance use conducted in eight primary care settings. The cost of the service from the provider's perspective and cost-effectiveness from a societal perspective were assessed. Meetings were conducted with policy makers, academics and healthcare workers to advocate the integration of ASSIST-BI into a health benefit package.

Findings: The ASSIST-BI programme was well accepted by all stakeholders in the pilot sites. Success in implementation was associated with strong support from hospital leaders and enthusiasm of service staff, while the main barriers were lack of skill and competing priorities. Both BI and SA were equally effective after six months in changing a substance user from moderate- to low-risk. Based on the willingness to pay 4000 USD per QALY gained, ASSIST-BI is likely to be cost-effective for Thai society in preventing a quality-life year lost from alcohol or drug misuse. Because of this work, the ASSIST-BI service has been integrated into a benefit package under the Thai Universal Health Coverage scheme. Annual screening with the ASSIST is recommended for patients aged 25-34 years attending public healthcare settings.

PRESENTED BY: Sawitri Assanangkornchai

REFERENCE NUMBER: 2700

64. Steps In Development Of Law On Alcohol Control, Efforts And Challenges

Kong Mom (Cambodia Movement for Health, Cambodia)

Abstract

Alcohol consumption is on increasing trend, particularly among teenagers and young adults. Alcohol advertising and promotion are huge and aggressive targeting youth and alcohol is available everywhere counting from restaurants, convenient stores, gas station kiosks to street vendors nearby schools. The price of alcohol is comparable cheap and no minimum age of purchase.

The law on alcohol control was drafted in late 2012 by the Ministry of Health (MoH). The draft law needs to get through the steps set by the legal system. After it is drafted by the technical department, with technical inputs from WHO and NGOs, it is reviewed by inter-departments within the MoH, and endorsed by the Minister of Health. Then it is submitted to the Technical Review Meetings joint by the members from the Council of Jurists, Economic, Social and Cultural Council and the MoH. Then the Ministry of Justice (MoJ) reviews and comments on penalty and inspection. After endorsement from the MoJ, the MoH needs to ask for a permission from the Prime Minister to host inter-ministerial meeting to further review the draft. If it gets full support from members of the inter-ministries, it is submitted to the plenary session, chaired by the Prime Minister for endorsement.

After it is endorsed by the government, it is submitted to the National Assembly for further review and approval. Finally it is stamped by the chair of the senate and the King. Currently the draft law on alcohol control is under review of the MoJ. Advocacy through media, briefings, workshops and public mobilization and support have been done to move the draft law forward. Alcohol industry has been identified as the main obstacle to the whole process of the law development. The industry has influenced some policy makers to delay and weaken the draft law.

PRESENTED BY: Kong Mom

REFERENCE NUMBER: 2705

Exploring Perceptions of Alcohol Use in Two Indian States: A Qualitative Study from Delhi and Haryana, India

Monika Arora (Public Health Foundation of India, India), Abha Tewari (Health Related Information Dissemination Amongst Youth (HRIDAY), India), Shalini Bassi (Health Related Information Dissemination Amongst Youth (HRIDAY), India), Ann-Sofie Bakshi (Karolinska Institute, Sweden), Sven Andréasson (Department of Public Health Sciences, Karolinska Institutet, Stockholm, Sweden)

Abstract

Background: India has approximately 70 million alcohol users with 12 million dependent on alcohol. Alcohol consumption is increasing among adults and adolescents in India. Their perceptions of alcohol use and contextual understanding of determinants influencing their environment will aid in tailoring interventions to target these determinants from policy and community outreach perspective. Objective: To explore people's perceptions on determinants that is influencing alcohol consumption to inform development of high impact alcohol control policies in India.

Methods: Focus Group Discussions-FGDs (n=24) were conducted among rural and urban population in two Indian states: Delhi (n=16 FGDS; 113 participants) and Haryana (n=8 FGDS; 58 participants). Participants were recruited using purposive sampling approach from both high and low socio economic status groups (SES) in the age group of 18-58years. NVIVO software was used to facilitate the development of the coding scheme.

Results: Study highlighted key differences in factors that influence alcohol consumption in high and low SES groups. Respondents reported that age of initiation has lowered to as low as 10-12 years and this was attributed to recent trends of access being made very easy. Alcohol consumption increases on festivals, marriages, social gatherings and election time. Study participants all agreed that alcohol had become a more accepted part of daily life, whereas it earlier had been reserved for special occasions, and that this had contributed to increase drinking. Earlier there was a strong taboo against drinking among women, but now women are often seen drinking at social gatherings, even if this still mainly holds for the upper social strata. Respondents highlighted weak enforcement of regulatory policies.

Conclusion: This study highlighted clear shifts in attitudes to drinking. Drinking is increasingly seen as a normal part of daily life. Availability is perceived to be increasing and restrictions are not enforced. From a public health perspective these observations call for an urgent reappraisal of alcohol policy.

PRESENTED BY: Monika Arora

REFERENCE NUMBER: 2706

65. An Ecological Assessment Of Alcohol Use In Late Adolescence (17/18 Years Old)

Leane Ramsoomar (University of the Witwatersrand, South Africa), Shane Norris (Developmental Pathways For Health Research Unit, MRC; University of the Witwatersrand, South Africa), Samuel Manda (Medical Research Council, South Africa), Neo Morojele (South African Medical Research Council, South Africa)

Abstract

Background: Alcohol use is a formidable problem facing South African youth. This study employed the socio-ecological framework to examine the role of community socio-economic status (SES), individual and interpersonal factors on three alcohol outcomes: lifetime alcohol use, past month alcohol use and past month binge drinking among adolescents in a birth cohort in Soweto, South Africa, when they were 17/18 years old.

Methods: Data were collected from 1 647 adolescents via computer-based questionnaires. Bivariate and multivariate logistic regressions were conducted to establish associations between predictor and outcome variables. Multilevel logistic regression analyses were conducted to account for possible clustering effects of subject outcomes in the same community, on all alcohol outcomes.

Results: Sixty five percent of the participants reported consuming alcohol by 17/18 years, 60% were current users, and 54% had had past month binge drinking episodes. The results support our hypothesis that multiple factors in the individual (alcohol refusal self-efficacy, alcohol expectations), and interpersonal (peer influence, household SES) domains of the socio-ecological framework are significantly associated with lifetime alcohol use. In addition, alcohol refusal self-efficacy, alcohol expectations, peer influence, household SES, perceived school problems and community SES were significantly associated with past month alcohol use. Finally, alcohol refusal self-efficacy was significantly associated with binge drinking. Despite variation in communities in the sample, we found no significant associations in the multi-level model between variation in community level SES and any of the alcohol outcomes.

Conclusions: Alcohol use and misuse are prevalent in the Bt20 cohort at age 17/18 years. Lifetime, past month and binge drinking are differentially predicted by individual, interpersonal and distal influences. These multiple influences can usefully inform the design and implementation of alcohol prevention programmes that adopt both individually and ecologically oriented approaches. Alcohol policies must take account of the multi-faceted nature of adolescent drinking.

PRESENTED BY: Leane Ramsoomar

REFERENCE NUMBER: 2718

66. Tackling Alcohol-Related Harm In Sport: A Cluster Randomized Controlled Trial With Football Clubs

Melanie Kingsland (The University of Newcastle, United Kingdom), Luke Wolfenden (The University of Newcastle, Australia), Jenny Tindall (Hunter New England Local Health District (Population Health), United Kingdom), Bosco Rowland (Deakin University, Australia), Karen Gillham (Hunter New England Population Health, Australia), Pennie Dodds (The University of Newcastle, Australia), Christophe Lecathelinais (Hunter New England Population Health, Australia), Patrick McElduff (The University of Newcastle, Australia), Maree Sidey (Australian Drug Foundation, Australia), Ian Crundall (Australian Drug Foundation, Australia), John Rogerson (Australian Drug Foundation, Australia), John Wiggers (The University of Newcastle, Australia)

Abstract

Background: Worldwide, greater proportions of sportspeople and fans consume alcohol at risky levels and are involved in alcohol-related harm than people not involved in sports. Research also suggests that large proportions of sports clubs do not undertake recommended responsible alcohol management practices and many are sponsored by the alcohol industry.

Objectives: To examine the effectiveness of an alcohol management intervention in reducing risky alcohol consumption by football club members and associated alcohol-related harms.

Methods: The study, conducted in Australia, was a cluster RCT with football clubs randomized to control or intervention groups. Players, fans and officials of football clubs participated in the study. The intervention was implemented over 2.5 years and involved multiple strategies to decrease supply of alcohol to intoxicated members, increase attractiveness of non/low-alcoholic drinks and cease drinking games and discounted/free alcohol. Risky alcohol consumption (5+ drinks) at the club and overall risk of alcohol-related harm (AUDIT) were measured at pre- and post-intervention.

Results: Eighty-eight football clubs agreed to participate in the trial (43 control; 45 intervention) and 1411 and 1143 club members completed pre- and post-intervention surveys. Post-intervention, significantly more intervention clubs had implemented at least 13 of 16 alcohol management practices (88% v 65% OR:3.7; p=0.04) and significantly lower proportions of intervention club members reported: risky alcohol consumption at the club (19% v 24%; OR:0.63; p=0.05); overall risk of alcohol-related harm (38% v 45%; OR:0.58; p<0.01); alcohol consumption risk (47% v 55%; OR:0.60; p<0.01) and possible alcohol dependence (1% v 4%; OR:0.20; p<0.01). **Conclusions:** Sports clubs can reduce risky alcohol consumption at the club as well as overall risk of alcohol-related harm to members. With large numbers of people worldwide playing, watching and officiating sport, club-based alcohol management interventions could make a substantial contribution to reducing alcohol-related harm in communities without the need for formal enforcement.

PRESENTED BY: Melanie Kingsland

REFERENCE NUMBER: 2729

67. Building Network For Effective Alcohol Policy In Zambia

Sylvia Musonda (Zambia Heart And Stroke Foundation, Zambia), Cleopatra Serenje Chitanda (Tobacco Free Association Of Zambia, Zambia)

Abstract

Introduction: Globally alcohol abuse has been recognized as one of the four main risk factors for Non-Communicable Diseases, such as Cancer, Cardiovascular Diseases, and Mental Health and Zambia has not been spared, non-communicable diseases are a growing epidemic, and threat to the Zambia's economy.

Methods: Advocacy approach.

- Promote public awareness of the risk factors and prevention of non-communicable diseases caused by abusive use of alcohol
- Build capacity of women in advocacy and form support groups in the community, to enhance effective public health initiatives and reduction of the impact of alcohol on individuals, families and communities at national and global level.
- Builds the required involvement of all relevant stakeholders to achieve a shared objective and overarching goal of reducing alcohol related harm Results;
- Increased awareness reduces alcohol products use including unregulated and illicit trade.
- Reduction use of alcohol products increases productive and poverty levels reduced.
- Reduces crime, gender based violence, sexual abuse and underage marriage Conclusion;
- Increased funding on advocacy at national, regional and global level.
- Alcohol policy should be established in relation to other health, welfare, and economic policies.
- A single agency or committee with strong leadership to be established to provide coordination and accountability, while the responsibilities for implementation will cover a wide range of sectors.
- Ban advertisements, marketing and promotions of alcohol beverages targeted at children and adolescents.
- Provide support to community organizations to promote advocacy
- Enforcement of laws to prevent alcohol-related crime and disorder.
- Establish and enforce regulatory mechanisms for alcohol beverages
- Develop a national public health oriented, evidence based alcohol policy, appropriate to individual and national contexts
- Establish taxation alcohol revenue to support advocacy activities.

PRESENTED BY: Sylvia Musonda

REFERENCE NUMBER: 2732

68. Use Of The Toll-Free Hotline In The Alcohol Campaign: Key Lessons To Inform Policy In Uganda

Lawrence Engurat (Communication for Development Foundation Uganda (CDFU), United Kingdom), Gloria Karungi Kabwama (Communication for Development Foundation Uganda (CDFU), Uganda)

Abstract

Background: The Global Status on Alcohol and Health 2014 indicates that 23.7 liters of pure alcohol are consumed per capita by drinkers annually in Uganda higher than other east African countries. At least 89 per cent of the alcohol consumed in Uganda is unregulated, home brewed and illegally sold. Against this background Communication for Development Foundation Uganda (CDFU) operates a toll-free Hotline to provide information, counselling and referral alcohol usage among youth 15-25years. A number of feedback from the beneficiaries has been documented.

Objectives: To find out how the Hotline has helped to deal with the alcohol problem in Uganda by looking at some of the feedback and success stories from the callers in the last five years.

Method of study: The data capture tool was designed for the Hotline to record statistics and feedback from callers. Specific questions were designed to help counsellors probe callers to get details of how their lives had changed. A sample of caller feedback was selected and analyzed to find out the impact of the Hotline to the people of Uganda.

Results: The findings indicated that the majority of the callers reported several months and years of sobriety after telephone counselling. Callers admitted to have had a number of problems when while still drinking alcohol and confessed that their lives had changed and they are now able to save money, their relationships with others has improve and spend their time on constructive work.

Conclusion: The Hotline has proved to be an effective way to give information, counsel, refer and collect feedback which can be used to generate lessons learnt from callers in alcohol issues. These lessons learnt can help in policy formulation to address the global alcohol burden.

PRESENTED BY: Lawrence Engurat

REFERENCE NUMBER: 2734

69. Effective Model To Curb Alcohol Problem

Kaveesha Galappaththi (Alcohol and Drug Information Centre, Sri Lanka), Pubudu Sumanasekara (Alcohol and Drug Information Centre, Sri Lanka)

Abstract

Alcohol use is a global problem affecting individuals, communities and countries in terms of health, social, economic and development aspects. Hence, it is important to address the problem in a holistic manner. Alcohol and Drug Information Centre (ADIC) in Sri Lanka follows a scientific evidence based model to gradually reduce the use of alcohol and contribute to its vision of creating a world where everyone realises that alcohol use at whatever level is an impediment to happiness.

Key objectives of ADIC model include; Identifying and neutralising influences that promote alcohol use and creating a social milieu in which use is discouraged and initiation of alcohol use is prevented. Discouraging and controlling alcohol use through the formulation of effective policies and implementation of existing policies. Integrating alcohol prevention into programmes of GOs, NGOs, INGOs, Corporate Sector and other structures. To achieve above-mentioned objectives, ADIC utilises following strategies (Samarasinghe, 2005); Reducing the attractiveness of the image of alcohol use. Reducing unfair privileges attached to alcohol use. Improve recognition of the real harm of alcohol use. Encouraging quitting or reduced use. Counteracting forces that promote consumption. Preventing 'alcoholisation' of all social events and activities. Implementing appropriate restrictions on availability. Encouraging the implementation of local and national policies. The biannual trend survey conducted by ADIC in 10 districts reveals a declining trend in alcohol consumption. The interventions have resulted in development of groups of women, children and youth who are engaged in conducting activities related to alcohol prevention in their localities. Government and non-governmental organisations have integrated prevention of alcohol into their agendas. To curb the problem of alcohol, a holistic approach which look into social, economic, and political aspects is required. The effectiveness of ADIC model relies on the participatory approach it follows and transfer of ownership of interventions to community.

PRESENTED BY: Kaveesha Galappaththi

REFERENCE NUMBER: 2741

70. The Evaluation Of A Tailored Training Programme For NHS Dental Practitioners On The Delivery Of Alcohol Brief Advice

Antiopi Ntouva (University College London, United Kingdom), Porter Jessie (University College London, United Kingdom), Mike Crawford (Imperial College London, United Kingdom), Annie Britton (University College London, United Kingdom), Christine Gratus (Clinical Trials Unit, United Kingdom), Timothy Newton (Kings College London, United Kingdom), Georgios Tsakos (University College London, United Kingdom), Anja Heilmann (University College London, United Kingdom), Pikhart Hynek (University College London, United Kingdom), Richard Watt (University College London, United Kingdom)

Abstract

Introduction: Alcohol misuse is a significant public health problem with major health, social and economic consequences. Numerous systematic reviews have reported positive outcomes of brief advice interventions delivered in various health service settings to reduce risky drinking. However this type of intervention has not been tested in general dental practice, with dentists reporting lack of training and confidence as the main barriers.

Objectives: To evaluate a training programme designed to provide dental professionals with the skills, confidence and knowledge to deliver a brief alcohol advice intervention in NHS general dental practices. **Methods:** As part of a feasibility cluster randomised controlled trial, 12 dentists from intervention practices attended a tailored training programme which focused

on essential theoretical knowledge of issues surrounding alcohol misuse including the public health burden and the links between alcohol consumption and oral health. Role plays were used to develop skills and confidence in discussing alcohol. The training programme was comprehensively evaluated using pre- and post-training questionnaires which assessed participants' knowledge, skills and attitudes towards screening for alcohol misuse and providing brief advice.

Results: There were significant improvements in levels of confidence and positive changes in attitudes towards alcohol across all dentists attending the training sessions. Specifically, mean confidence scores in providing alcohol brief advice to dental patients increased by 36%, ($P=0.006$). All dentists rated the content and quality of the training as very high and strongly agreed that they gained new knowledge and skills. Awareness of key aspects of alcohol epidemiology and its relationship to oral health also increased significantly (mean improvement 29%, $P<0.001$).

Conclusions: The training programme enabled all dentists to overcome their initial barriers to providing alcohol advice to patients. The intervention trial is on-going and includes a comprehensive process evaluation to assess the acceptability of the intervention to both dental professionals and their patients.

PRESENTED BY: Antiopi Ntouva

REFERENCE NUMBER: 2753

71. How Has Alcohol Consumption In England Changed Since The 2003 Licensing Act?

Manjula Nugawela (University of Nottingham, United Kingdom), Sarah Lewis (UK Centre for Tobacco and Alcohol Studies, Division of Epidemiology and Public Health, University of Nottingham, United Kingdom), Tessa Langley (UK Centre for Tobacco and Alcohol Studies, Division of Epidemiology and Public Health, University of Nottingham, United Kingdom), Lisa Szatkowski (UK Centre for Tobacco and Alcohol Studies, Division of Epidemiology and Public Health, University of Nottingham, United Kingdom)

Abstract

Background: The 2003 Licensing Act came into effect in England and Wales on November 2005 allowing more flexible and longer opening hours for licensed premises selling alcohol. This study aimed to assess changes in alcohol consumption in England since the implementation of this Act using nationally representative survey data.

Methods: An interrupted time series design was employed to estimate the changes in adult ($\text{age} \geq 16$) alcohol consumption since the implementation of the Act. Health Survey for England alcohol consumption data from 2001 to 2012 were used. The main outcome measure was average alcohol consumption on the heaviest drinking day in the last week. Data were aggregated by month, yielding a total of 144 observations. Changes to alcohol unit calculations from the 2006 survey onwards were taken into account by recalculating units according to the revised method for the period of 2001-2005.

Results: Prior to the implementation of the Act there was no change over time in adult alcohol consumption on the heaviest drinking day in the last week. After the Act, there was no immediate change in consumption, but there was a significant downward trend in heaviest drinking day consumption, which decreased by 0.01 units of alcohol per month (95% CI -0.012 to -0.008, $p<0.001$). Among adults who had consumed alcohol in the last week there was no immediate change in consumption after the Act, but there was a significant downward trend in heaviest drinking day consumption, which decreased by 0.01 units of alcohol per month (95% CI -0.013 to -0.006, $p<0.001$).

Conclusions: The 2003 Licensing Act increased the availability of alcohol in England. However, there has been a gradual decline in heaviest drinking day alcohol consumption since the implementation of this Act, which could have been partly due to the Act or other concurrent interventions, such as mass media campaigns.

PRESENTED BY: Manjula Nugawela

REFERENCE NUMBER: 2760

72. Recognizing and Reducing the Real Harm of Alcohol Use: An Action Research Project Conducted in Five Districts in Sri Lanka

Upul Kariyawasam (Foundation for Innovative Social Development, Sri Lanka), Shakya Nanayakkara (Foundation for Innovative Social Development, Sri Lanka)

Abstract

During the past five years, Foundation for Innovative Social Development (FISD) conducted alcohol prevention programmes using the Expectancy Challenge Model, a pioneering approach in the field of prevention work in Sri Lanka, which involves creating awareness on the real harm of alcohol use. This paper discusses one such programme conducted by FISD over a period of five years in communities in five districts. The programme commenced with a baseline survey for measuring the existing knowledge of community members on alcohol related harm. Materials were then developed taking the findings of the survey into account, specifically aiming at creating awareness on the real harm of using alcohol such as economic difficulties, social problems, physical harm, and lower levels of personal happiness. Separate groups for children, youth, women, and men were formed in each community and training workshops were conducted for each group. Discussions were also conducted with government officers working at grassroots level in each district, and community Based organizations. Additionally, campaigns and competitions were held in each community to create awareness on alcohol related harm such as the loss of family income and community resources. The progress of the programme was evaluated each year. At the end of the five year period, it was found that while there was an overall decrease of 20% in the total expenditure on alcohol among communities, awareness on other alcohol related problems such as physical harm and impotence showed a significant increase. More families had begun saving the portion of their income otherwise spent on alcohol and invested it instead on family needs. There was also a significant decrease in alcohol related violence within the community as well as permissiveness towards such behaviour. Educating communities on the harm of alcohol use thus proved effective in reducing its initiation and continuation.

PRESENTED BY: Upul Kariyawasam

REFERENCE NUMBER: 2774

73. Towards A Research Informed Alcohol Control Policy: Turkey's Body Of Evidence On Alcohol Consumption

Perihan Torun (Bezmialem Vakif University, Turkey), Sumeyye Mercan (Bezmialem Vakif University, Turkey), Ceyda Acar (Bezmialem Vakif University, Turkey), Osman Hayran (Medipol University, Turkey)

Abstract

In Turkey alcohol use is not common as abstinence is an acceptable option. Policy makers view drinking as a problem due to high per capita pure alcohol consumption in the "drinkers only" group and the increasing population consumption.

We aimed to determine whether alcohol control policies could be justified based on the current evidence. Methods We have initially determined the type of information which would be required or useful in estimating the scale of the problem and shaping the policies. Information on the level of consumption and changes in the drinking behaviour over time and between regions would be needed to describe the extent of the problem. Protective and promotive factors associated with underage or harmful drinking would also need to be known. We have then reviewed the sources of information in terms of availability of such types of information.

Findings: A large body of research on alcohol use, especially among the young age group, was published. Alcohol consumption of the adult population was not a well-researched area, with a limited number of studies and limited type of data collected in each. Consumption frequency and the amount consumed were asked in most studies, although not in a standardised manner to allow of reliable estimations and comparisons between locations and over time. Determinants of age at first drink and harmful drinking were not analysed, as was not the alcohol related harm. Factors related to abstinence and also to changes in the drinking habits as a result of measures and regulations did not emerge as areas of research. Success in the implementation of regulations was another neglected area.

Conclusion: Research informed alcohol control policy necessitates the availability of relevant information. The implication is then that the alcohol studies should be designed with an aim of informing policies and from a prevention perspective.

PRESENTED BY: Perihan Torun

REFERENCE NUMBER: 2784

74. Rethinking Alcohol Licensing: Strengthening The Role Of Public Health In The Regulation Of Alcohol Availability

Jennifer Curran (Alcohol Focus Scotland, United Kingdom), Gemma Crompton (Alcohol Focus Scotland, United Kingdom)

Abstract

In the UK most alcohol is now bought in supermarkets and drunk at home. This shift in buying and drinking patterns, combined with a broader understanding of the wider health and social consequences of alcohol use, has driven the need to re-think how the sale of alcohol is regulated to ensure it best serves the public interest. The Licensing (Scotland) Act 2005 placed Scotland in the unique position of requiring the wider public health impact of alcohol to be considered in local licensing decisions. It also shifted the licensing system from an application-led to policy-led process.

Objectives: Alcohol Focus Scotland has undertaken a comprehensive programme of work to support the development and implementation of licensing policy and practice. This has focused on building the capacity of licensing stakeholders to give meaningful effect to the legislative changes, and maximising the potential of licensing to contribute to the reduction of alcohol harms.

Methods: A national project was undertaken to support the translation of public health evidence into licensing practice. This involved capacity building in the licensing system; facilitating closer working between licensing and health stakeholders; convening an expert panel who produced a set of recommendations on how the licensing system could be further improved; and disseminating learning. Outputs included local discussion events; development of a toolkit for licensing stakeholders; and the Re-thinking Alcohol Licensing report.

Results: Increased partnership working across licensing and health sectors; increased use of health evidence in local licensing policies and practice; further national legislative changes are in progress as a direct result of the work undertaken.

Conclusions: This work has increased understanding and effectiveness of the new licensing regime and progress has been made on reflecting public health in local licensing practice. Further improvement is now needed to increase transparency, accountability and public engagement in the process.

PRESENTED BY: Jennifer Curran

REFERENCE NUMBER: 2792

75. A Mixed Methods Evaluation Of A Local-Level Alcohol Availability Intervention: "Reducing The Strength"

Triantafyllos Pliakas (London School Of Hygiene And Tropical Medicine, United Kingdom), Daniel Grace (University of Toronto, Canada), Sarah Milton (London School Of Hygiene And Tropical Medicine, United Kingdom), Karen Lock (London School Of Hygiene And Tropical Medicine, United Kingdom), Matt Egan (LSHTM, United Kingdom)

Abstract

Introduction: Reducing the local availability of alcohol may reduce alcohol-related harms. UK local authorities are increasingly interested in an intervention called 'Reducing the Strength' (RtS) whereby off-licence retailers voluntarily stop selling inexpensive super strength ($\geq 6.5\%$ alcohol by volume) beers and ciders. We conducted a mixed methods evaluation to describe, measure and understand the effects of this example of local policy innovation.

Methods: The quantitative phase involved difference-in-differences analysis of data from a large retail chain. Data on unit alcohol sales were obtained for three UK counties (131 stores). In one county the intervention started 12 months earlier than the others, allowing for a pre-post study design with a delayed implementation comparator. The qualitative phase involved documentary analysis and interviews with public health, police, licensing and retail professionals (n=15) to gain multi-sectoral perspectives of the intervention, its aims, implementation and perceived impacts.

Results: Retail analysis of all alcohol sales found that the intervention area experienced a 2.5% increase in average units of alcohol sold per store. In contrast, the comparison area experienced a 10.0% increase. These figures suggest a less steep increase in the intervention area but statistical analysis was inconclusive ($p=0.690$) – the reasons for which we explored. Qualitative findings from stakeholders highlighted multiple perspectives regarding the intervention's aims, implementation and outcomes. Street drinkers were the initial target for the intervention, with participants generally agreeing that the intervention helped reduce this perceived problem. Public health practitioners also considered mechanisms for broader population impacts through reduced purchasing and consumption. Those responsible for intervention development emphasised the need to link it with support services, policing strategies, and to tailor it to specific geographical contexts.

Conclusion: Findings from our quantitative analysis were inconclusive. The implementation did demonstrate the feasibility of co-opting retailer and public sectors into strategies that linked community safety, store security and public health goals.

PRESENTED BY: Triantafyllos Pliakas

REFERENCE NUMBER: 2793

76. Implementation and Enforcement of Alcohol Control Policy in Thailand: The Alcohol Environment

Sopit Nasueb (International Health Policy Program (IHPP), United Kingdom), Surasak Chaiyasong (Health Promotion Policy Research Center, IHPP and MSU Faculty of Pharmacy, United Kingdom)

Abstract

Introduction: Alcohol control policies, particularly restriction on availability of alcohol, taxation and pricing, and marketing control are recommended for states and nations to reduce harmful use of alcohol. Effective implementation and strong enforcement of the policies is one indication to achieve the reduction of alcohol-related harm. This study aimed to assess situation of alcohol policy environment regarding implementation and enforcement of alcohol control policy in Thailand.

Methods: 33 key informants, including local academia, government officers and civil society members who were knowledgeable about alcohol control policies were interviewed using a semi-structure questionnaire translated from the Alcohol Environment Protocol of the International Alcohol Control Study. They were asked to identify implication in terms of content of the policy and determine compliance and enforcement levels (rating scale 1-10) of taxation and pricing, restriction on physical availability, marketing control and drink-driving countermeasure together with suggestions for policy improvement.

Results: Most of alcohol control measures were implemented in Thailand, except restriction on production and zero tolerance. Compliance with the existing measures were rated around 5 where the highest score was 8 for alcohol sale in off-premise convenience store and the lowest score was 4 for alcohol sale in off-premise grocery store. Enforcement results were similar to the compliance ones. For implementation and enforcement in Thailand, key informants indicated that taxation and pricing had highest score (6.40) whereas measure to prevent minors from alcohol had lowest score (5.09). Additionally, key informants pointed several issues to improve the policies, particularly restriction of alcohol sales to minors.

Conclusion: The findings of this study ensure that the Alcohol Environment Protocol is applicable to study the current situation of alcohol control policy implementation and enforcement in Thailand. A strong enforcement of the alcohol control policy is a high priority agenda to reduce alcohol related harm.

PRESENTED BY: Sopit Nasueb

REFERENCE NUMBER: 2796

77. Reaching A Better Regulation On Alcohol Marketing

Sara Heine (The International Institute of IOGT-NTO, Sweden)

Abstract

Sweden lost its ban on alcohol advertising in 2003. Since then, investments in alcohol advertising has increased substantially, not only in magazines but also from UK based television channels which broadcast towards a Swedish audience. IOGT-NTO has since 2011 conducted a campaign to strengthen the regulation of alcohol advertising. Various methods have been used against a variety of target groups and has raised the interest and led to action among politicians, government bodies and media. In March 2015, the part of the campaign aimed towards social media, won gold in two classes at an American contest for political campaigns, the Pollie Award. IOGT-NTO would like to show the different parts of the campaign through a poster during the GAPC.

PRESENTED BY: Sara Heine

REFERENCE NUMBER: 2808

78. Translating Policies Into Programmes: Need For Greater Focus On Communities In Transition

Girish N Rao (National Institute of Mental Health and Neurosciences, Bangalore, India), Vivek Benegal (National Institute of Mental Health and Neurosciences, Bangalore, India), G Gururaj (National Institute of Mental Health and Neurosciences, Bangalore, India),

Abstract

Classifying communities into urban and rural is widespread and common. However, practitioners realize and indicate the myth of the monoliths. Urban encompasses communities with diverse characteristics and include metropolis, large cities, towns in transition to large cities, apart from the under-privileged areas (peri-urban fringes) within these 'urban' areas. Amidst a fast paced trend of urbanisation in India and the proposed paradigm of Harms to Others (H2O) from alcohol, we explored H2O from alcohol-use in 4 distinct communities: Urban, Slum, Town and Rural areas in the state of Karnataka in India. We adopted the WHO – Thai Health protocol for documenting H2O from alcohol-use and interviewed 3403 individuals at their door-steps: 1103 Urban, 898 Rural, 644 Town and 758 slum (underprivileged areas in urban). Greater proportions of respondents from town areas reported at least once on the brief assessment of H2O from alcohol (Table). The responses from slum areas were near similar to those from rural areas. Not surprisingly, responses from those in urban areas were the least. This brings to the fore a need for larger focus on the communities in transition: Towns and Slum (the underprivileged communities of urban localities). Assuming the reasons for lower reporting in urban areas to reflect the better awareness/implementation, we posit that the added focus on Towns and Slums in urban areas would accelerate reducing harms to others from alcohol use.

PRESENTED BY: Girish N Rao

REFERENCE NUMBER: 2815

79. Compliance And Enforcement Of Legislation On Drink Driving In Uganda

Gloria Agaba (Makerere University, Uganda), Nazarius Mbona Tumwesigye (Makerere University, Uganda)

Abstract

Introduction: In Uganda, laws on drink driving are provided for in the Traffic Road and Safety Act, 1998 – CAP 36 under Section 111/112 that prohibits driving while under the influence of alcohol, driving after consuming alcohol beyond the prescribed limit. When a driver's Blood Alcohol Concentration (BAC) is 0.25mg/l he/she is charged or receipted express penalty scheme of USD 70 payable to the bank and if default the car is impounded and taken to police and is charged in courts of law. There are two ways of enforcement; use of police book 36 which is complaint and charge express penalty scheme (EPS) under offence code 16 and the accused are taken to court for legal proceedings. Heavy vehicle drivers should have 0.0ml of alcohol in their breath, small vehicle drivers should have below 0.35mg/l of alcohol while driving and Motorcycle drivers also should have less than 35mg/l of alcohol in their breath while riding. A study was carried out to assess the alcohol policy and legislation in the country and drink-driving control legislation was one of the target themes of the study.

Methods: The study was conducted in three districts of Kampala city, Wakiso and Mukono. Results on the situation of drink driving were achieved through key informant interviews with the police, stakeholders from relevant Ministries like Transport and Works and by reviewing secondary data.

Results: The average score of compliance to drink driving was 5.3 (sd=2.3) implying it was just average. Interviews with police show that drivers with money continue committing the offense and pay while others comply. However, results also show that the arrest of many drivers found driving under the influence of alcohol has significantly reduced. The police reported that drink driving among motorcycle riders is complied with because fellow riders report culprits. Police uses breathalyzers and drivers comply though the challenge is lack of enough manpower to enforce as well as lack of enough breathalyzers. Another challenge is that the Breath Alcohol concentration (BAC) spot checks are in specific places and on specific days and mainly target car drivers and this makes the enforcement less effective. During enforcement of drink driving many government officials are netted and this shames the government. Results also show that 16% of drivers are violent to police.

Conclusion: The most commonly used enforcement method is Random testing (testing of all or random sample of drivers) at stationary roadside police checkpoints. Though commonly used, it is not effective and hence need for a modern way of enforcement. Installing cameras on all roads, frequent checks instead of routine ones on weekends, sensitizing drivers about BAC and its equivalence in number of liquor bottles or pure alcohol percentage consumed before getting on the road.

PRESENTED BY: Gloria Agaba

REFERENCE NUMBER: 2859

80. Impact Of National Alcohol Policies On Emergency Room Injury Patients Between Korea And China

Miriam Welch (Sahmyook University, Korea, Republic of)

Abstract

The purpose of this study was to observe the impact of national alcohol policies by exploring a comparison of risk factors of alcohol-associated injuries of entered Emergency Room (ER) visits in Korea and China. Each risk variable was analyzed by different age groups to ascertain the vulnerable age-specific monitoring group for future national alcohol policies. The data used was from the WHO International Collaborative Studies in connection with the 2007-2009 national intervention policies. The data collection venue was interviews during ER visits in the respective countries. Alcohol-attributable injuries occurred in relatively young and middle aged people below 50; specifically aged between 18-29 and 40-49 of Korean ($p < .001$) and between 18-29 and 30-39 of Chinese ($p < .001$, $p < .05$). One of the most injury risk factors found in Korea and China was late drinking time. Of Korean patients, the drinking time between 21:01-24:00 and 24:01-03:00 was highly associated with injury. This was significant in all Korean age groups ($p < .001$) with a greater risk in the young and middle aged. Among the Chinese, the most vulnerable time was from 21:01 to 24:00 with greater risks among those 18-29 [OR=4

PRESENTED BY: Miriam Welch

REFERENCE NUMBER: 3458

81. Challenges Developing Alcohol Legislation

Cecilia Hegamin-Younger (St. George's University, United Kingdom)

Abstract

Historically, Grenada, like other Caribbean nations, economically evolved through the production of alcohol. Resulting in the consumption of alcohol being embedded in the culture. In 2014, The World Health Organization ranked Grenada as 13th in the world for per capita pure alcohol consumption among adults 15 years and older. In addition, the Drug Secretariat conducted survey in the high schools to determine the use of alcohol among adolescents. Seventy-two percent of high school students reported consuming alcohol, with an average age of initiation of 11 years old. Of the students that consume alcohol, 43% reported drinking at social events and 6% at sporting events, 35% have gotten drunk in the 30 days prior to the survey and 36% reported consuming five or more alcoholic drinks at once. Suggesting that alcohol consumption is an issue. However, changing well-embedded cultural habits is challenging. Currently, Grenada is developing national alcohol legislation to move away from the legislation adopted in 1901. Using evidence from focus groups, interviews and surveillance systems, this poster will discuss some of the challenges of developing enforceable laws and policies to protect the health of a nation.

PRESENTED BY: Cecilia Hegamin-Younger

REFERENCE NUMBER: 3461

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